Improving the quality of life of people who live in developing countries and suffer from mental health problems is a difficult and challenging task. If circumstances include war, poverty, and unemployment, among many others, it is not surprising that according to the World Health Organization - WHO, three quarters of the world’s neuropsychiatric disorders are in low to low-middle income countries.

What started out in 1988 as a seemingly brief intellectual encounter of colleagues would turn into a long term relationship spanning 25 years. We met Dr Eyad El Sarraj, then the only psychiatrist in Gaza, in Stockholm, Sweden where he spoke at a meeting concerning the situation in Palestine. The following week we saw Eyad quite frequently at home in Uppsala where he was staying with a relative. Two years later we began professional work together in Gaza and that would last the time out, as would the friendship that subsequently developed. It has been a privilege and a pleasure to have had this time together with Eyad El Sarraj and we have written this article as a token of our appreciation. We hope our story gives a just picture of a courageous man and his accomplishments.

What were some of the subjects we discussed in pre-GCMHP times, in Sweden, and/or continued into the development of the Gaza Community Mental Health Programme. With whom do one work? How can so few professionals, make an impact on a whole traumatized society? Who will even train the few professionals available? How would an ‘Open Door Policy’ help? How do we combat the stigma of mental health care? How does Human Rights play a role in GCMHP? From where do we get a cadre of mental health workers? What is the role of research?

**An Open Door Policy** When Eyad started the GCMHP, he immediately opened up the door to the outside world. He already had contacts in Israel and had played an important role in helping to establish the Association of Israeli and
Palestinians Physicians for Human Rights, together with Dr Ruchama Marton, who also volunteered with other colleagues for training the therapeutic staff at GCMHP.

It wasn’t long before professionals from many countries were frequent visitors to GCMHP, for shorter and longer periods. Eyad also arranged for this open door policy to be institutionalized at GCMHP. An Academic Board was created with resource persons from many countries, representing many different disciplines within psychiatry. A Board of Advisors was also created, that worked more directly with the planning and functioning of GCMHP, and was also composed of many foreign specialists. During the 90s, International Conferences were held by GCMHP every other summer concerning special topics, relevant to mental health. These, too, were attended to a great degree by foreign delegates, including, in fact, a large number of Israelis. In general, this outside input and influence was very prevalent and important for the training and development of GCMHP in the early years. However, with time, this help diminished, down to a trickle, because of Israeli policy. Gaza itself was closed off from the world, a process which continues to this day. Israeli citizens were no longer allowed entrance to Gaza, not even journalists. Permits for foreigners were difficult, and time consuming, to obtain.

**Stigma** In general, nobody enjoys seeking mental health care but this is even more pronounced in Gaza. GCMHP dealt with this by taking an active position against the taboos directed towards mental health illnesses. The staff of GCMHP spends a great deal of its time educating the community. This takes place in frequent public lectures, workshops and courses. Information is further disseminated through radio, TV, newspapers and a regularly published Mental Health Magazine. Eyad was himself, also a prolific writer and perhaps one of the few Palestinians published often in western newspapers.

When GCMHP flew the banner of Mental Health and Human Rights, they also began to give an explanation as to why so many people were suffering from mental health problems. Demystifying the cause of many (most) mental health problems was an important step forward in breaking down stigma. And a good way to illustrate the connection between Health and Rights, was choosing as a target group for GCMHP the men who had been in Israeli prisons, suffering under severe conditions. This is not to deny biological vulnerabilities, but
emphasizes the role of the environment and supports what we know today, namely that problems with mental health depend also on the interactions of biology with environments. Poverty and violence create a very fertile ground for mental health problems.

**Community Mental Health Models** How could a so limited staff expect to have any impact on the mental health of the large, distressed population of Gaza, where, for instance, more than 50 per cent are under the age of 18 years? Emphasis was placed on transferring knowledge and skills from the limited number of professionals to the non-professional network around the different clients. For children this implies working with parents, teachers, school counselors, recreational staff, and so forth. Today this strategy, named ‘Task Shifting’ or ‘Training Trainers’ has enabled mental health to gain global attention, even in low income countries, and in fact has become the cornerstone of the work of GCMHP.

Initially, GCMHP was a service oriented organization. After some years, GCMHP developed into an information resource for the community, working also through partners when it comes to service delivery, and of course the network around clients.

**Childrens Committee** Eyad had always a strong concern for the children in the Gazan society. It was the ever present violence in the society that was distressful to him. Claiming that stone throwing by children was an important part of the resistance to occupation he found to be a bad excuse for not working with the younger generation and blamed the leadership for not taking a more active and progressive role. He would say, “The stone throwing youth of the first Intifada are now the suicide bombers of the second Intifada, and we are not sure how we will describe the next generation.”

The cornerstone of the work around violence and consequently PTSD was to disseminate knowledge so that non-professionals were empowered to take on much of the treatment, in schools, summer camps, sport activities and so forth. This was the beginning of “Task Shifting” or “Training Trainers” which only years later would receive recognition as a means of working with mental health. The School Mediation Program, was another such approach which equipped children with mediation techniques to hinder violence. And without a lot of resources, the program can easily reach out to large numbers of students.
It is very difficult to be a parent in Gaza. That is why it is so important for the parents to use suitable parenting practices when they are confronted with behavioral problems or children with special needs, in an atmosphere which only exasperates the problems. *Community Parent Education*-COPE, was also a technique now taught and used in GCMHP.

We are now also beginning work within neuropsychiatry, Autism, using the techniques of training the network to carry out the evidence based treatments.

**Mental Health Workers** Absent from the Gazan society was a cadre of persons trained in Community Mental Health.. Here again Eyad looked for support from outside Gaza and started a two year Post Graduate Diploma School which was in cooperation with seven universities around the world. Subsequently GCMHP has been supplying Gaza with a continuous flow of mental health workers, who in fact mostly work outside of GCMHP.

**Research** The GCMHP has been well situated to document the cumulative impact of trauma on the Mental Health of a population, particularly children. For GCMHP research was a means to document mental health problems in the international scientific literature as well as use it as a guide to what work should be prioritized. Researchers also examined the effect of different treatment alternatives used at GCMHP.

**Human Rights Defender** In a sense Eyad was an aristocrat, besides growing up in an affluent home. He felt he had the right to say what he thought and did so often in the cause of justice. From 1996-1998 he was the commissioner general of the Palestinian Independent Commission for Citizen Rights, a watch dog body formed by decree by Chairman Yassir Arafat. Yet the Palestinian Authority didn’t always appreciate his political opinions and in the late 90s he was arrested on several occasions and subject to harsh conditions of imprisonment.

**Friendship** Coming to Gaza always meant being able to spend time with Eyad. Days would begin with Eyad picking us up at six in the morning and having our runs/walks along the beach, time for talking about everything, and culminating in swims in the sea. Then some of Eyads young friends grilled us a fresh fish/shell fish breakfast.

On one of these earlier walks, I commented on the poor condition of the beach,
garbage and strewn glass, which made it more of a hazard than a potential playground for the population. Eyad was quiet and I thought I had stepped over a red line. Two days later he called me in Ramallah where I was working that year (helping to start the Abu Raya Rehabilitation Center), and said that GCMHP was now starting a ‘Beach Cleaning Campaign’, so I should bring my work clothes when I came next week (I had a weekly Epilepsy Clinic at GCMHP). And so began GCMHP years of weekly beach cleaning, adding to its special image and making an appreciable environmental impact, or as Eyad has said, “I also resist by making my surroundings a little more beautiful. Evening were often spent at home with Eyad which was often filled with very enjoyable people, both from inside and outside of Gaza.

**Awards** Eyad and GCMHP have received numerous awards for the work with Mental Health in Gaza, and most recently in 2011 the Olof Palme Prize. Because of his illness, he was not able to attend the ceremony but had asked us to speak for him. He also sent these words, concerning his acceptance of the Olof Palme Prize for 2010.

"I am honored to receive the very distinguished prize that carries the name of a man who was committed to justice and peace and was on the side of the victim. Olof Palme was a giant who inspired me and opened a window for me and my generation to Sweden that defends human rights. Sweden has stood firm on the issue of human rights, peace and justice. In my work in Gaza I am grateful for all the support from Sida over the last twenty years. Sweden is a special place because it was in Uppsala that I started to formulate with David Henley and Henrik Pelling the plans for the establishment of Gaza Community Mental Health Programme. It has been an inspiring relationship with them and the Swedish Palestine Solidarity Association over all these years, which has brought with it strong support through solidarity and professionalism."

**And time goes on** We visited Eyad in November 2013. We knew that Eyad was not doing well and spent a long evening with him. He had worsened appreciably since our last visit, was nearly totally confined to bed and needed much assistance with all daily activities. And yet we had an enjoyable time, going through our history and talking about all the charming, silly, outrageous,
and important happenings we had together. We could say things to each other that hadn’t, maybe, been expressed previously. Perhaps we sensed that this would be our last time together.

Several days after returning home we checked the Facebook, and there Eyad had posted several communications. There were pictures of us together, one from a walk on the beach, with the words, “The good old days and the daily walk on the beach”, the other, from our recent evening together, with a message saying something like, ‘Thanks for the evening and for what started in Uppsala 24 years ago’.

We scrolled down a little further to a new message from Eyad, a video with Frank Sinatra, who was singing “My Way”. Then the tears came.

Eyad passed away on December 18, 2013