Get to know us!

Our lives with mental illness in the Palestinian community

Group of Friends with Mental Illness
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For Atta

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INTRODUCTION

In the community we are called crazy. We want you to know that we aren't. We are mentally ill, but not crazy. This book is an invitation for you to get to know us and to bust your negative attitudes towards mental illness. This is needed because the existing fear and false ideas around mental illness lead to unjust exclusion and discrimination of people like us in our society.

In this book, we will tell you about our life with mental illness in the Palestinian community to make you understand that we are people like yourself who want equal treatment, respect, and support to lead the lives we value.

Who we are

We are a group of persons with mental health problems who are working with researchers from King's College London in the UK and Birzeit University in Palestine, with the support of the Palestinian Counseling Center, to raise awareness about the challenges we are facing. We like to call ourselves a group of mentally ill friends. Since many years, we meet regularly in a rehabilitation centre run by the Palestinian Counseling Center. We are three women and seven men aged between mid-20s and early 70s. While we would like to tell you our real names, we feel that we cannot because of the prevailing stigma and discrimination in the community which affects us as well as our families. You will, therefore, get to know us by our pseudonyms – Layla, Wedad and Fatima are the women and the men are called Shaheen, Mazen, Rami, Mahmoud, Adel, Khaled, Fares, Mustafa, Ayman and Hasan.


المركز الفلسطيني للارشاد
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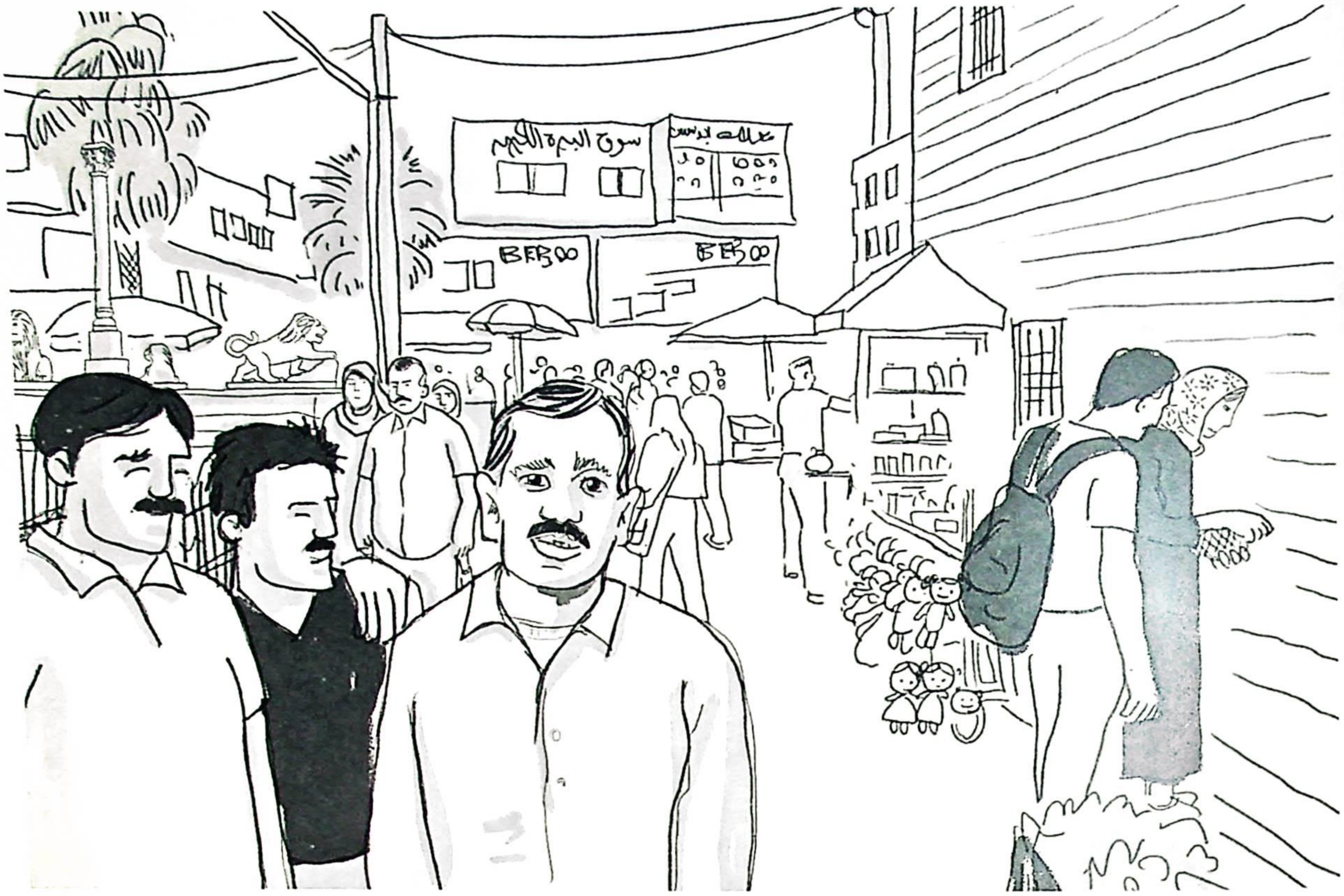
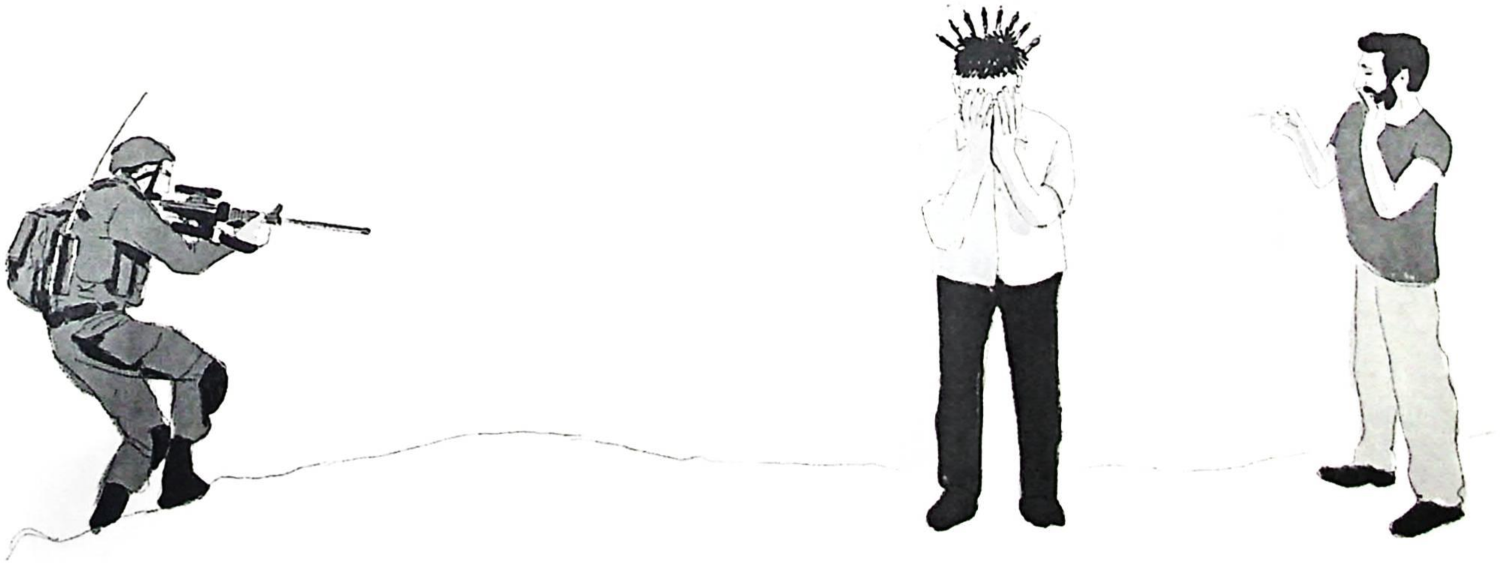


We suffer from various mental illnesses, including schizophrenia, bipolar disorder, obsessive compulsive disorder, and post-traumatic stress disorder, but we do not let our diagnoses define us. Instead, we identify as friends, sons and daughters, mothers and fathers, and even grandparents. A few of us are holding jobs while most of us are unemployed, working at home and contributing in various other ways to family and community life based on our abilities. And like all of you, we have hobbies, passions, plans, and hopes for the future. Yet, unlike many of you, we have the experience of living with a mental illness and suffering its effects. Consequently, we have experienced illness and we have looked for and tried different treatments and rehabilitation, and developed our own coping strategies.

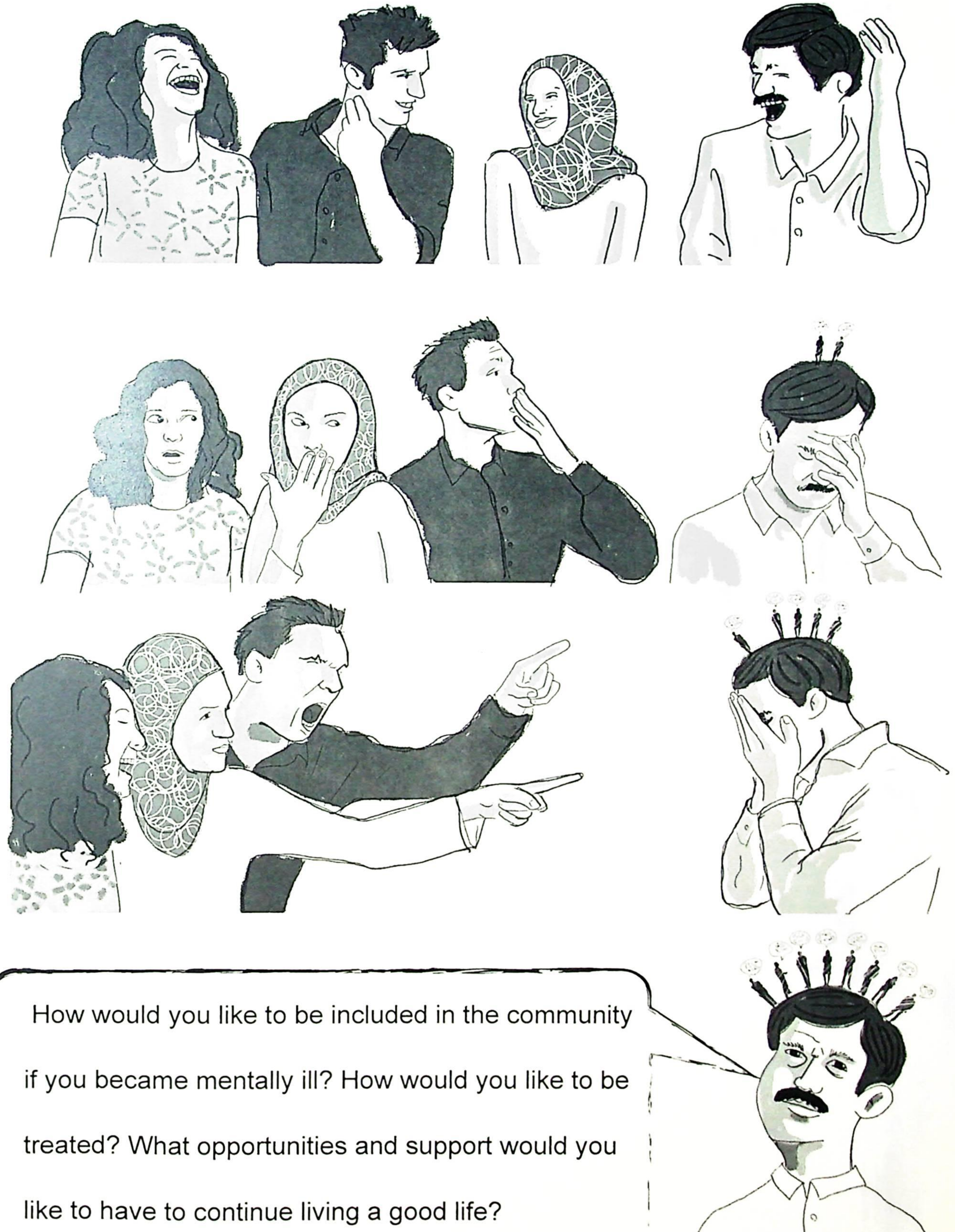
People often forget that we used to have what they call “normal lives”. We weren’t always mentally ill. We went to school, where some of us did really well, we held jobs, many of us got married and built families, and some of us were politically active. Like everyone else in Palestine, we are living under Israeli military occupation. Our towns and villages are regularly raided and put under curfew by the army. In fact, some of our villages get locked down for days – nobody can enter or leave them while Israeli soldiers search our houses and imprison our people, including our children.

Some of us have experienced the violence of the occupation. We have been shot at, injured, imprisoned and tortured which has left us physically and mentally scarred for life. All of us feel the direct and indirect consequences of political insecurity in Palestine, such as restriction of movement, unemployment, limited social opportunities, and lack of quality medical care. Being mentally ill while living under such circumstances and, on top of that, being excluded by our own community, can feel like a triple whammy.



Our experience – our rights – our demands

We are excluded, the community is not interested in us, and it often feels like we don't have any rights. Faris once said during a meeting, "In the community they call us crazy. Therefore, the best thing is to just stay at home. We feel excluded from everything." He said what many of us were thinking. People stigmatise us and mock us behind our backs or ridicule us in public. Wedad told us with frustration, "People just keep looking strangely at me. Every time I go to the garden or the park, people look at me. This is why I don't like to go out."; while Mustafa complained about how the stigma in the community affects his life saying, "I am always told that I am not supposed to embarrass my family so that other people don't talk about us." Because of this stigma, we struggle to find work, we tend to be excluded from social events, have almost no social support, and even our medication is not always available at the mental health centres as psychiatric medication is not considered a priority. While people exclude us like this, they don't realise that mental illness can happen to absolutely everyone. It can happen to you.


How would you like to be included in the community if you became mentally ill? How would you like to be treated? What opportunities and support would you like to have to continue living a good life?

For people with mental health problems to live and participate in the community with equal choices as others is not too difficult to achieve. It is not a fantasy. It is our right. Faris rightly stated, “It is the government’s responsibility to ensure equal treatment and institutions need to be made aware of the needs of people with mental health problems.” It is only when the government has our backs that we will be guaranteed access to employment, have our medical needs met, and live where and with whom we wish. However, besides the government we also want ordinary people like yourself to recognise, respect, and help enable our right to participate in the community, the right to leave the house, the right to employment and to earn a good income, and the right to be included in family and community events like everybody else. Layla said it simply but powerfully, “People need to know that we need to go outside and that we need to see our friends. I like to see my friends, but my family doesn’t take me.” We need you to understand deep down that we have the right to be happy, to be respected and to be treated as equals. As Shaheen put it, “We are like everybody else. We have the right to be happy and not be looked down upon by other people. It is important to give us extra support so that we can have equal opportunity in life.” We don’t think that this is too much to ask.

Our research journey

To raise awareness about what it means for people like us to live and participate in the Palestinian community, we worked in partnership with researchers from Palestine and the UK, counsellors from the Palestinian Counseling Center, and a famous Palestinian artist. We had regular meetings over two consecutive years to research different aspects of what living and participating in the community means to us. To unlock our stories and insights we always had pens, paper, post-its, water colours, recorders and cameras to hand. We told our stories and experiences by working creatively. We often visualised what we felt through collages, images, colour schemes, and drawings. We also interviewed each other and filled out charts to compare our experiences and we went on community walks to explore and reflect on our surroundings together. These activities helped us to talk through important and sometimes painful topics like:

- the meaning of community
- who we were before and after the onset of our illness
- the availability and effects of medication
- equal treatment in society
- our right to work
- how to live the lives we value

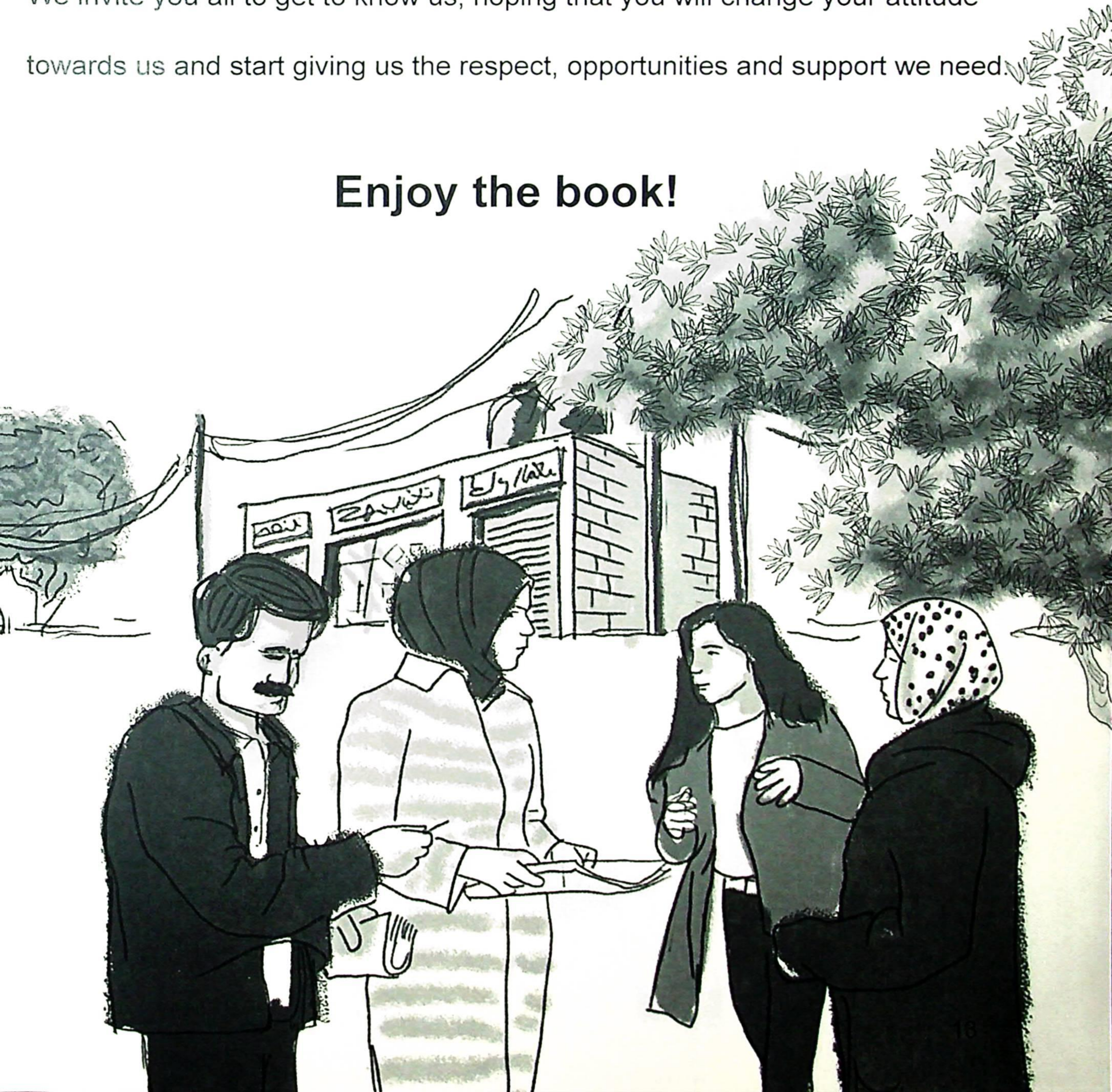

1. معنى المجتمع لدينا
2. من كنا قبل وبعد المرض
3. توفر الادوية وآثارها
4. المساواة في المعاملة
5. حقنا في العمل
6. كيف نعيش الحياة التي نريدها

During our group discussions, we made sure everyone's voice was heard, listened to diverse opinions, and to took time understand what is valuable to each one of us. As a team, we also met with experts such as the Director of the Mental Health Unit of the Ministry of Health, psychiatrists, and social workers to discuss our life histories, needs and rights. And, importantly, we advocated for our rights at a university and a public library and by disseminating colourful cards featuring our most important advocacy messages in public spaces. This kind of labour did not come easy to use considering that we had to enter spaces where we often feel stigmatised and even mistreated. Contrary to our expectations, we were always welcomed warmly and with respect. The researchers helped on every step of the way and captured our stories during

group discussions and events through recordings and detailed notes which we later jointly discussed and amended as they were written up into stories. In cooperation with the artist, the stories were then illustrated to make them accessible for a wide audience to read – the general public, persons with mental health problems and their families, students, and professionals from various fields.

We invite you all to get to know us, hoping that you will change your attitude towards us and start giving us the respect, opportunities and support we need.

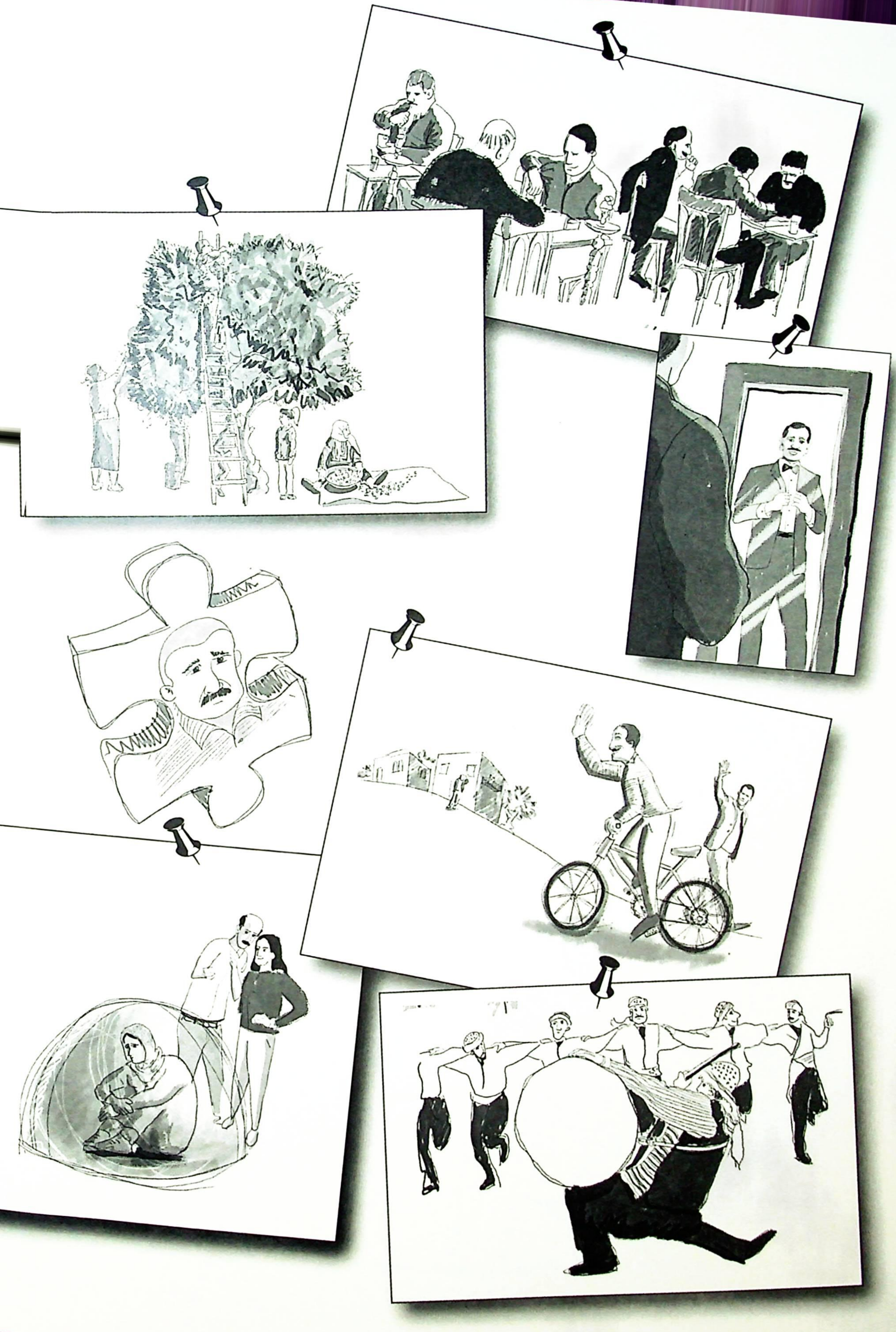
Enjoy the book!



LIVING AND PARTICIPATING IN THE COMMUNITY

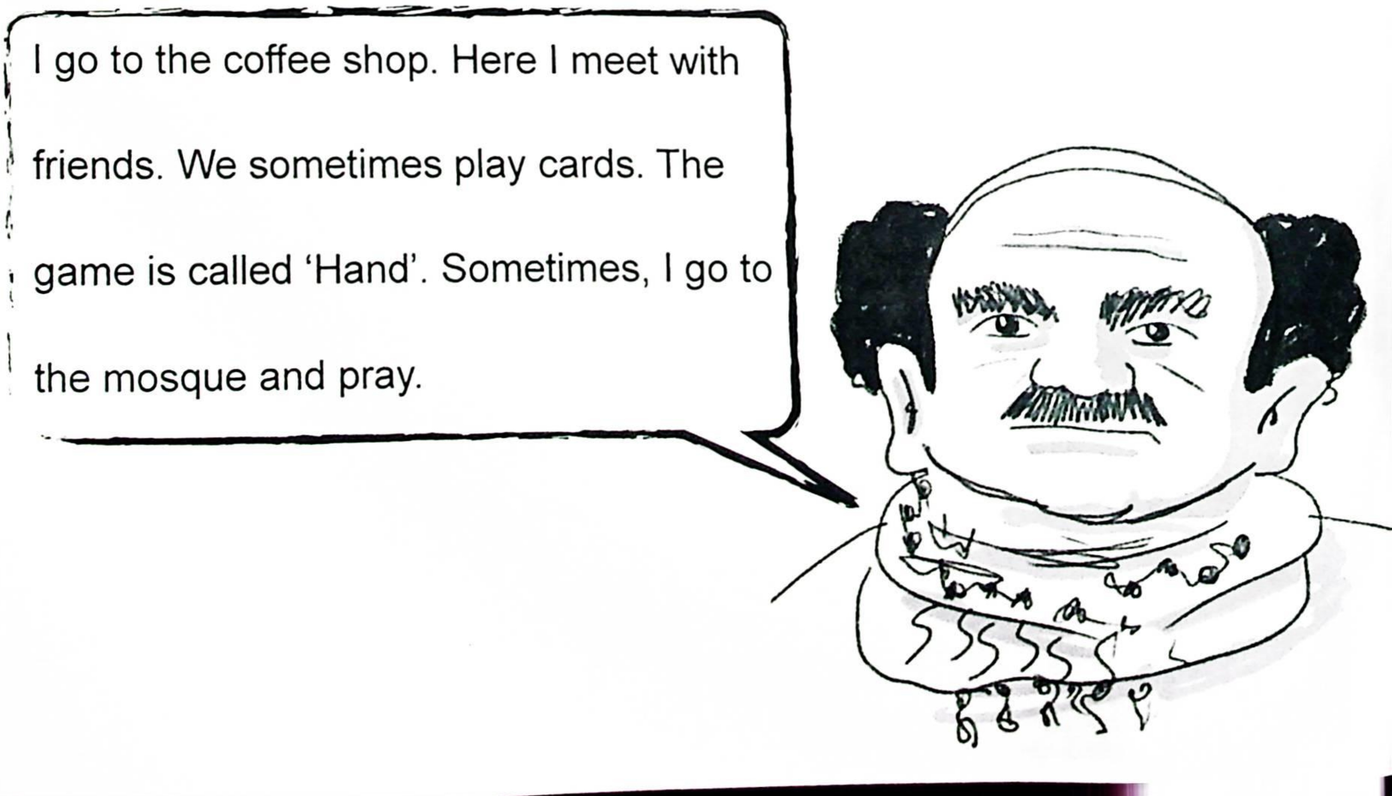
Exploring community

During our research meetings, we discussed several key aspects of community. Research group members mentioned that community consists of various components including institutions, activities, and values, and they highlighted the importance of history and culture for understanding its character. We also recognised that people can participate variously in their communities through communication and other forms of social interaction related to education and work, political engagement, family events and celebrations, and leisure activities such as sports. Overall, we found community to be a complex idea. Positively, it brings people together through socialising, providing mutual help and support, and by being politically active. Yet, as persons with mental illness, we are well aware that we don't have the same opportunities to live and participate in the community in the same way that other people do.



Connecting through communication

Communication is important for building contacts and for feeling connected to other people in the community. For example, we value sitting and chatting with family members and friends. We also keep in touch and are able to meet new people through social media, such as Facebook, Messenger, and WhatsApp. But there are obstacles to our communicating in other ways. People in the street often avoid us and talk about us behind our backs, as they consider us crazy. That really hurts. Having said that, it is also important to admit that communication does not come easily to many of us. For those of us with speech problems it is difficult to articulate words, while others may be more introverted or are less able to make sense of what other people say or do. But, it would be wrong to conclude from this that people who face communication challenges don't participate in the community – they participate in their own ways.

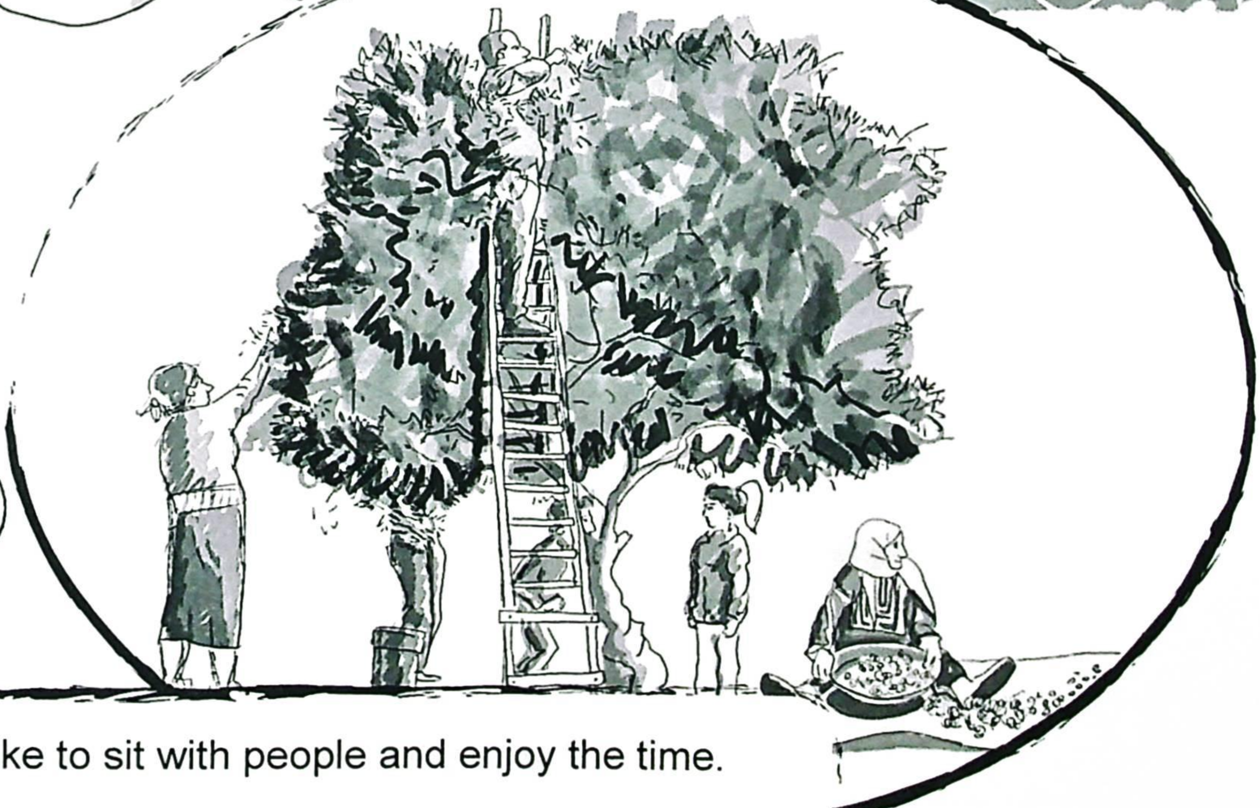


Going out and interacting with other people

Other important ways that we participate in the community are by going out with family and friends and by working. We enjoy going to places like the cafes and parks in our neighbourhood, shopping in the city centre, or meeting with people and praying at the community mosque. Besides going out and socialising, we very much value the opportunity to work in order to contribute to community life. We do so by helping out in the household, gardening, by picking olives during the harvest season, and also by trying to earn an income to provide for our families. While we participate in the community in many ways, we sometimes feel excluded. For example, going out is not always possible for all of us. Sometimes our own families exclude us from family events, either by not inviting us or refusing to take us along altogether. Moreover, it is often difficult to find employment, to communicate, and to be understood. In order for this to change, we feel strongly that other people need to be aware, and to show understanding, that we are part of the community and that we need to feel accepted and comfortable just like everybody else. Being integrated and able to participate helps us to feel better socially, physically, and mentally.

I don’t like it when I am left at home to watch television when my family goes to a wedding. I like going out too. I like to talk to people, and I like it when people ask me questions. Like here in the group.

We are not well integrated in the community. This makes us feel uncomfortable and we keep thinking why we are not like them! We can be like other people but they don’t allow us.



I like to sit with people and enjoy the time.

I like activities that are social, like olive picking.

OUR LIVES BEFORE AND AFTER THE ONSET OF OUR MENTAL ILLNESS

Before and after

In one of our research meetings, we set ourselves the task of exploring how our lives had changed since the onset of our mental illnesses. We found that most of us had fairly normal childhoods – we went to school, made friends, played, and went on trips. As we became older, many of us found work and some of us got married and had children. In that sense, our lives were similar to others in our respective communities.

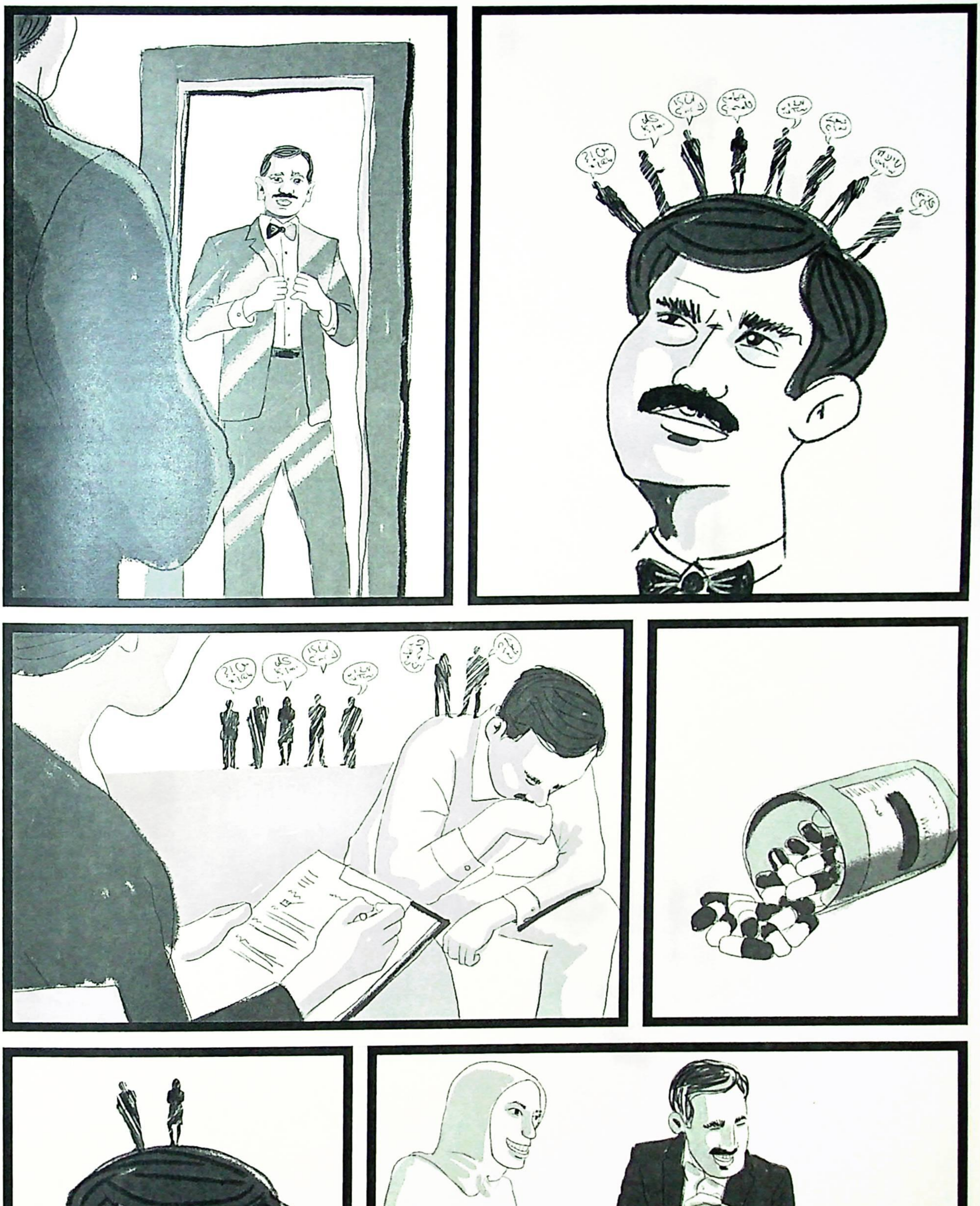
Our lives changed dramatically, however, with the onset of mental illness. Each one of us experienced the first signs of our illnesses differently. Most of us can link them to a particularly stressful period or event in our life, such as a long recovery period after a severe car accident in childhood, or to hardship and difficult times in the family, but also to the pressures of school exams, the injuries obtained at demonstrations, and the maltreatment we were subjected to in Israeli prisons. It was after these particularly stressful events or periods in our lives that, not only we, but also our family and friends noticed we had started to behave and talk strangely. Sooner or later, each one of us was diagnosed with a mental condition. Since then, we have fewer friends, most of us are unemployed, and we often feel excluded and discriminated against despite the family support and medical treatment we receive.

Shaheen's story

I had a good childhood with friends and work, and was even about to get engaged but there was a lot of tension in the family related to the engagement and I suffered from the pressure. In that period, I started to think a lot more and these thoughts became stronger – this was when my illness began. I started hearing people talking in my head, seeing things that were not really there, and people noticed that I behaved strangely. It became so bad that I had to be hospitalised until I felt better.

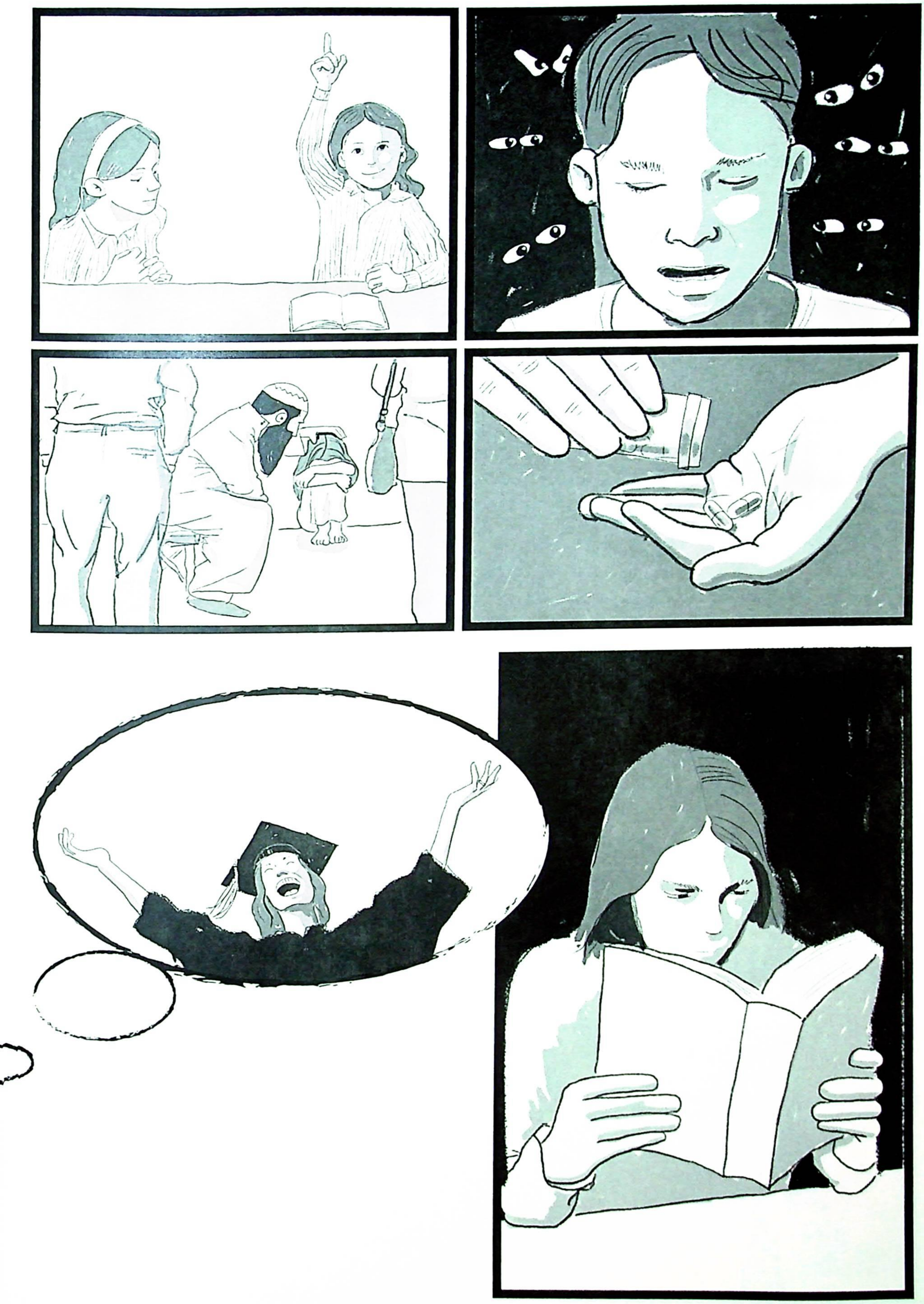
After returning home, we went ahead with the wedding and I was able to live for some years without taking medication. My wife and I had children and I worked on and off. However, the illness returned and it took me a long time until I found a doctor able to treat me.

Now, I make sure to take my medication because it helps me to keep my illness under control. With the medication, I can take care of myself and go out and about. I dress well, make sure that I have a good appearance and don't care too much what people say about me. The voices in my head bother me most when I am alone. When I am outside and with other people they are less. I have become used to them. I recognise that I am sick, but I know that I am not crazy.



Wedad's story

I liked going to school and was a good student with high grades. While studying for the tawjihi (high school exam), I noticed that my teachers and the other students started looking at me strangely, which made me feel uncomfortable. With the permission of my parents, I stopped going to school. At the time, I was terribly scared and tired. I hallucinated, swore, and felt my muscles cramp. To help me, my parents took me to sheikhs who told me I had a jinn inside, read the Quran to me, and gave me an amulet. I was also taken to numerous doctors who prescribed medication, most of which didn't work. However, in the past few years I have finally found a medication that helps me with my symptoms and it makes me feel much better. I am less scared and dizzy, and am much more active, even though I miss my school friends and often feel sad that I wasn't able to finish the tawjihi.



Mazen’s story

I used to go to school with my friends, I was strong and had good relations with other people. During vacations, I worked on the land and picked fruit. My parents spoiled me because I was their youngest son.

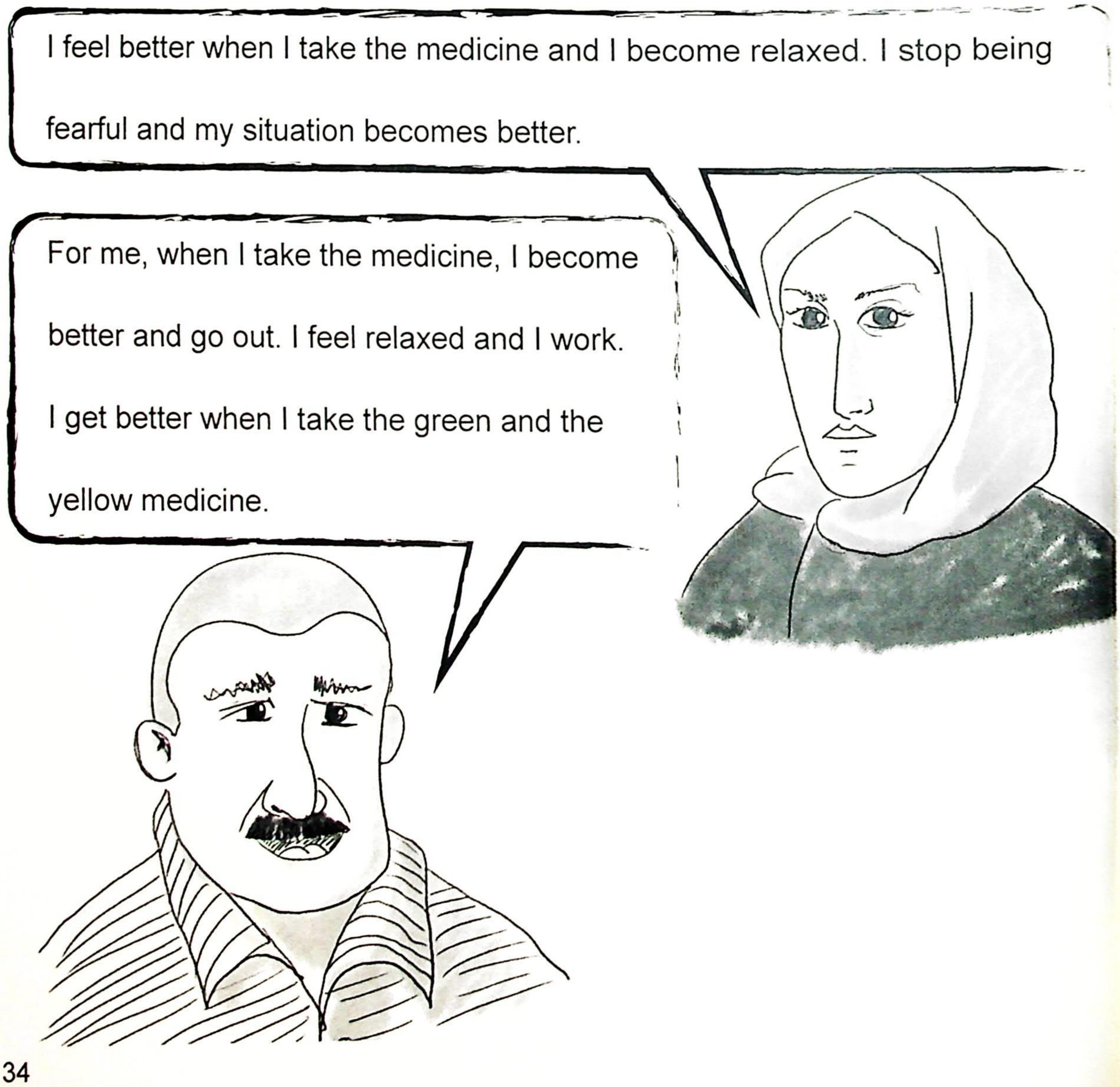
Since the start of my illness I have changed a lot, I have become a different person. It all started when I was imprisoned by the Israelis – I was kept in prison for many days. The soldiers tortured me and beat me on my head. I had to sleep and eat in the prison bathroom. They beat me so hard, I couldn’t stand up anymore. They broke my nerves. From the prison, I was taken directly to the hospital and the doctor explained that I had suffered a mental breakdown. I was given medication that I still have to take to this day.

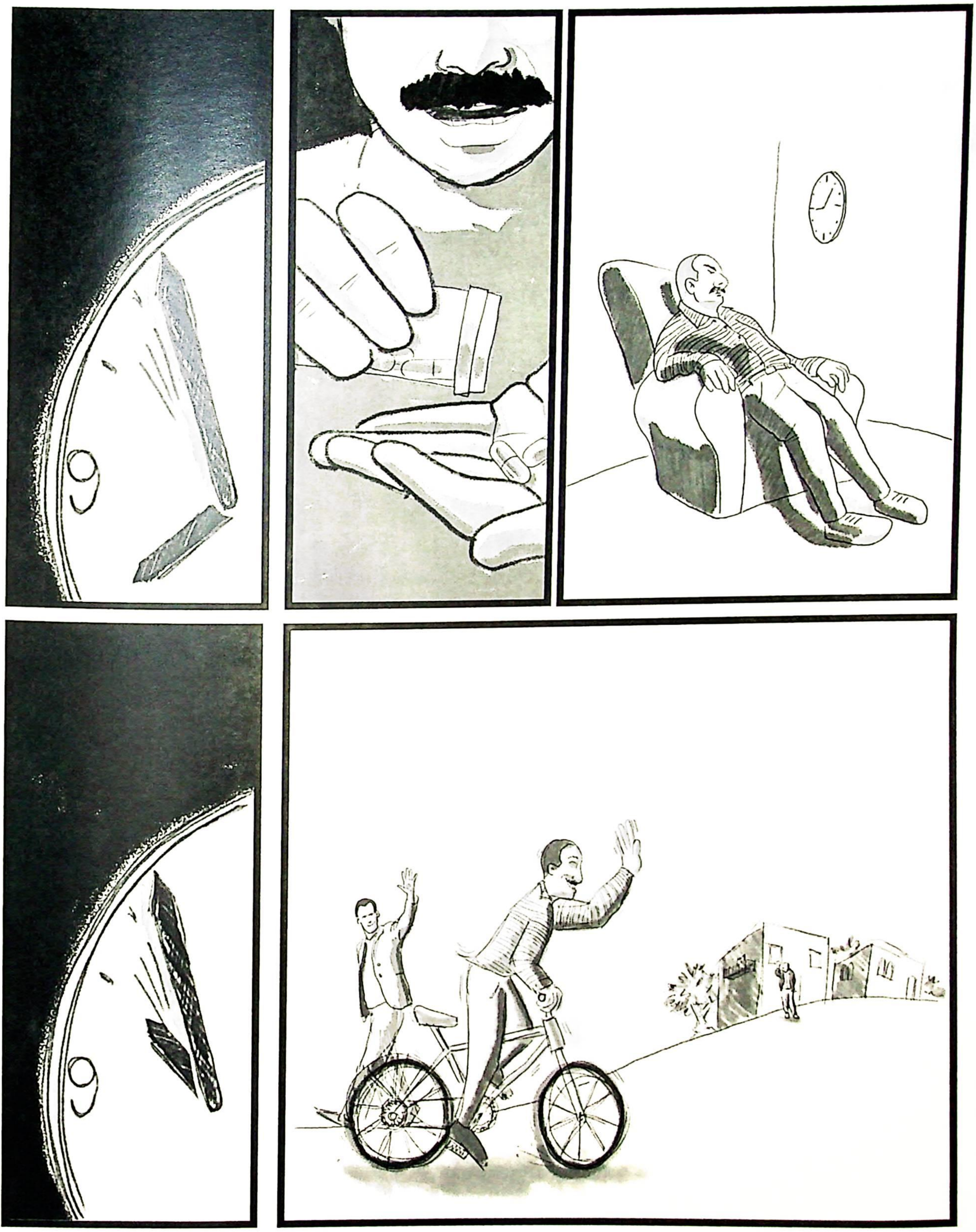
The illness affects, not only me, but also my family – my wife and children. When I am not able to get my medication, I can become quite destructive – just recently I broke plates and cups. People think that I am a crazy person and my friends abandoned me as they don’t understand me. This makes me sad and angry and I think a lot.

MEDICATION

“I feel better when I take the medicine”

Medication is important for us and so we do our best to take it regularly in order to feel better. In the morning, when we take the medication, it might make us feel a bit muhalhal (lethargic) at first. That is, our brain feels numb and our body feels weak, as though we are carrying a heavy weight. But after about two hours, when the medication kicks in, we feel stronger, focused and relaxed, more social, and less fearful. This is what we look forward to when taking the medication.

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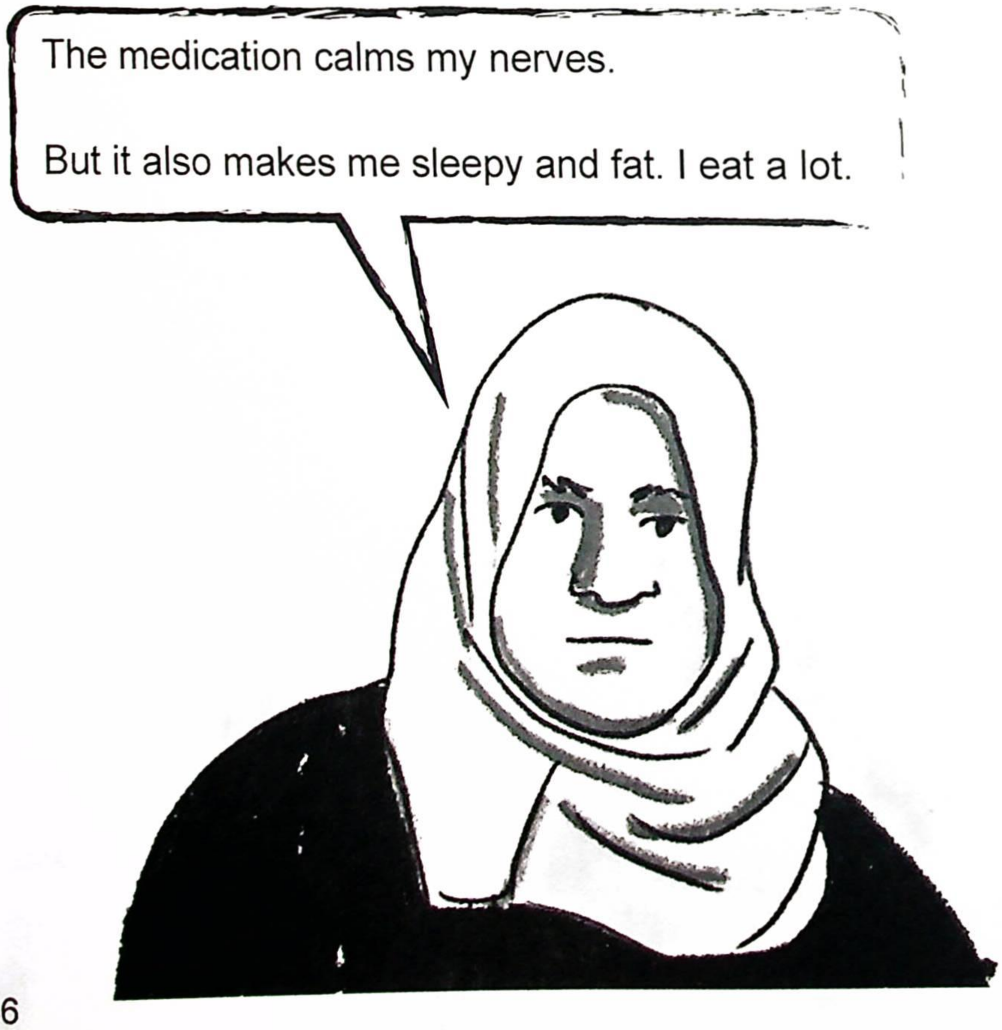
Taking the medication is not always easy

Taking the medication is not always easy because it has unpleasant side-effects. Besides making us feel good, it can also make us feel tired, dizzy, less able to move, and can make us gain weight. Because of these negative side-effects, sometimes we prefer not to take it despite the fact that we know that we won't feel well afterwards. At other times, we forget to take it altogether. When we don't take the medication regularly, we start doing things that are out of the ordinary. We might go mad, feel nervous, walk aimlessly through the streets, randomly talk to people, pick fights, sleep all day, or find that we can't fall asleep at all. While each of us experiences their illness differently, something we share is: If we didn't take the medication, we would be even worse.

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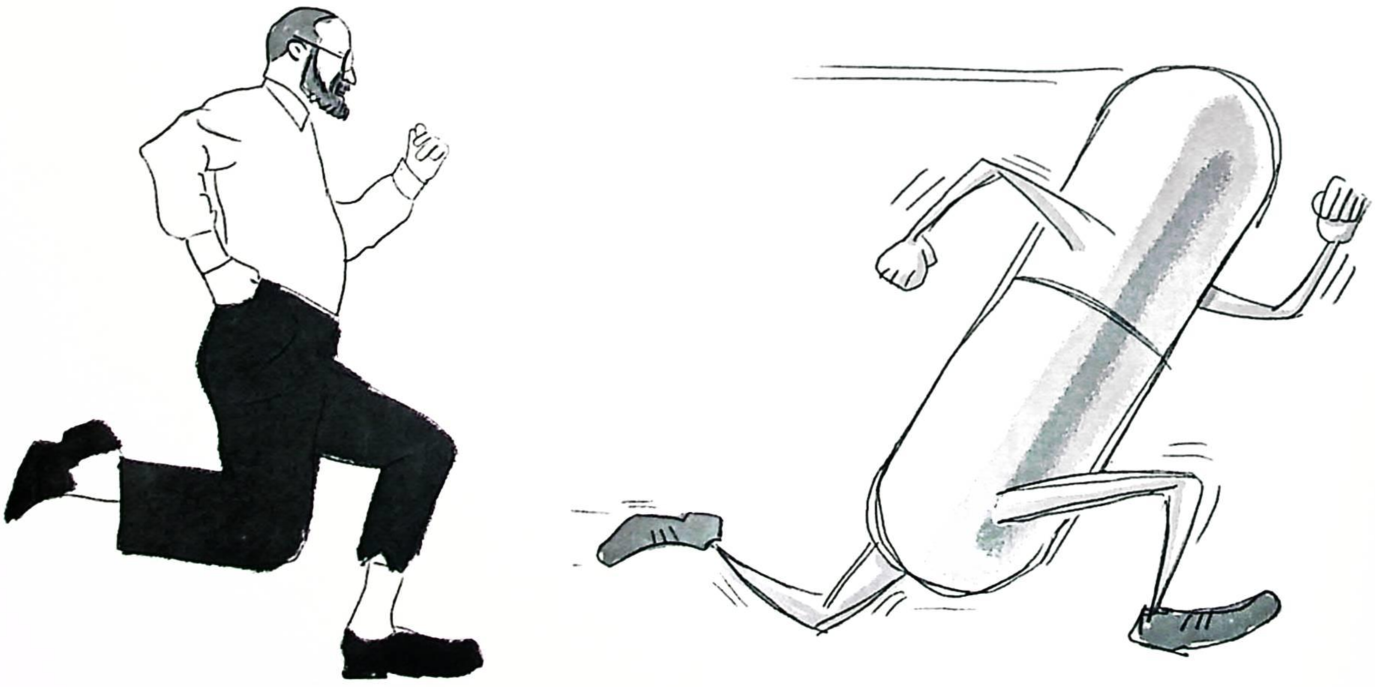
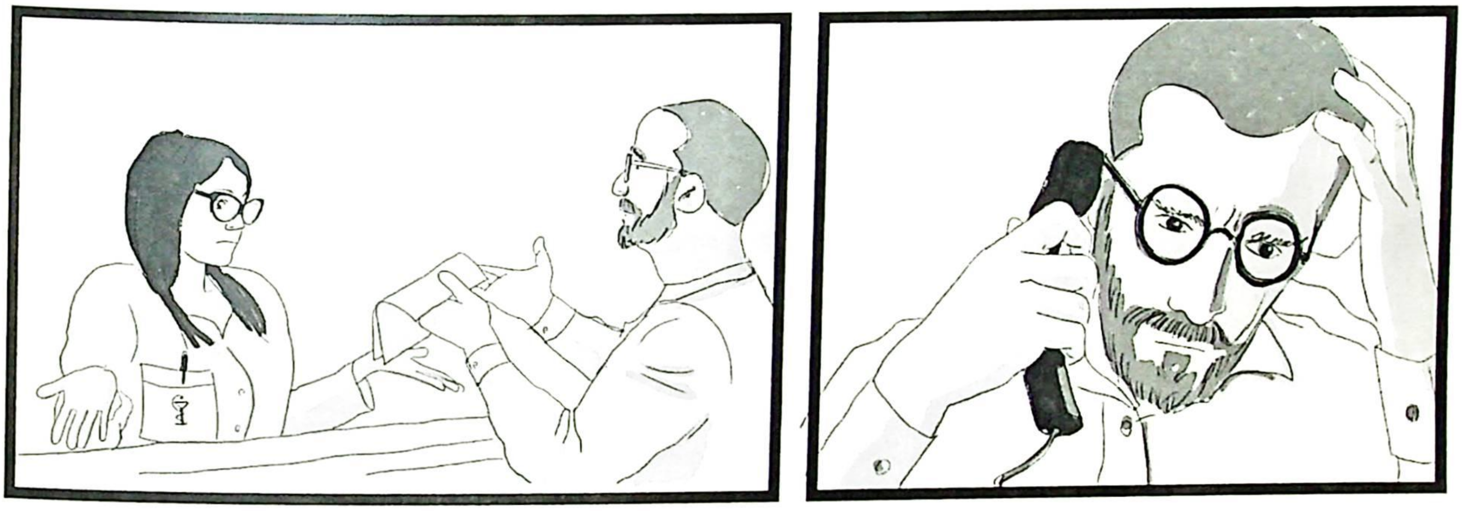
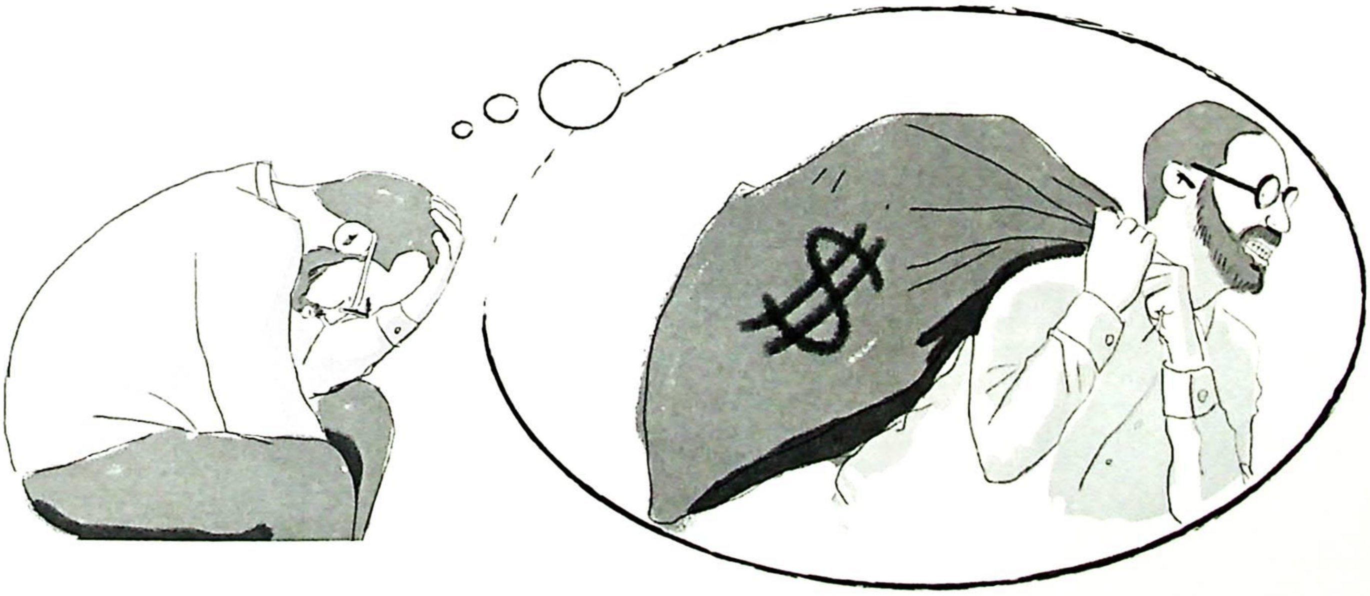
Access to medication

For some of our mental health problems we can get medication for free at the Ministry of Health clinics, but for other mental health problems, we have to pay a small fee. What people do not realise, however, is that accessing the medication is not always easy for us. Sometimes the doctor is not there and we need to come back another time; sometimes we don't know which medication is actually free and which medication we have to pay for; and sometimes it's not available at all. If the medication is not available, we have to go to the pharmacy. Buying the medication at the pharmacy can be expensive as most of us don't have jobs, don't earn an income, and don't receive welfare. Our families help us with accessing the medication but it can be hard for them too.



The situation can become worse when the medication is not even available at the pharmacy. Then we have to go without – sometimes for weeks or even months on end. For example, recently the Modecate injection, which many of us need to take once a month, was nowhere to be found for several months – not in the Ministry of Health clinics, not in the pharmacies, and not in the '48 area[1], or Jordan.





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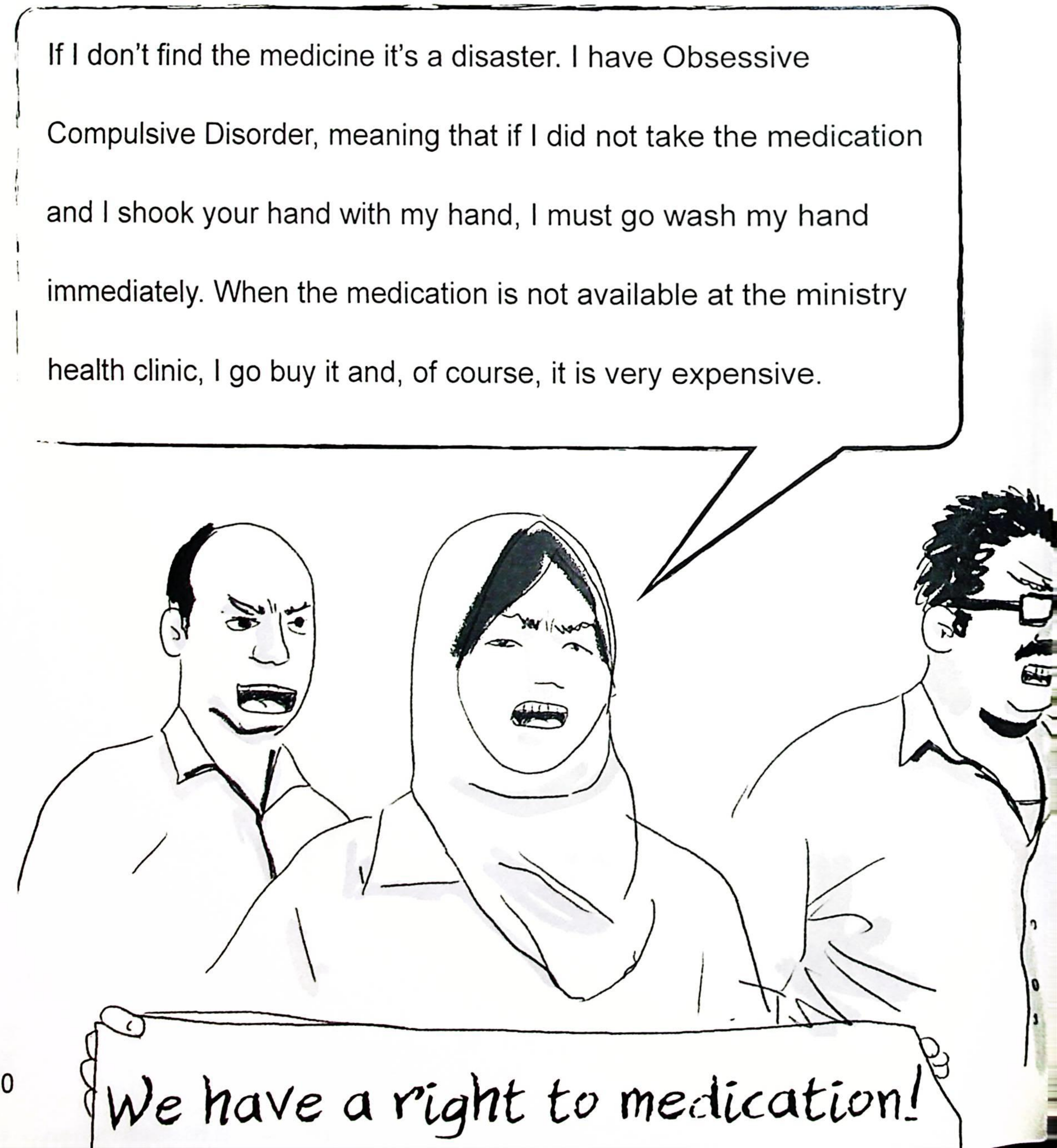
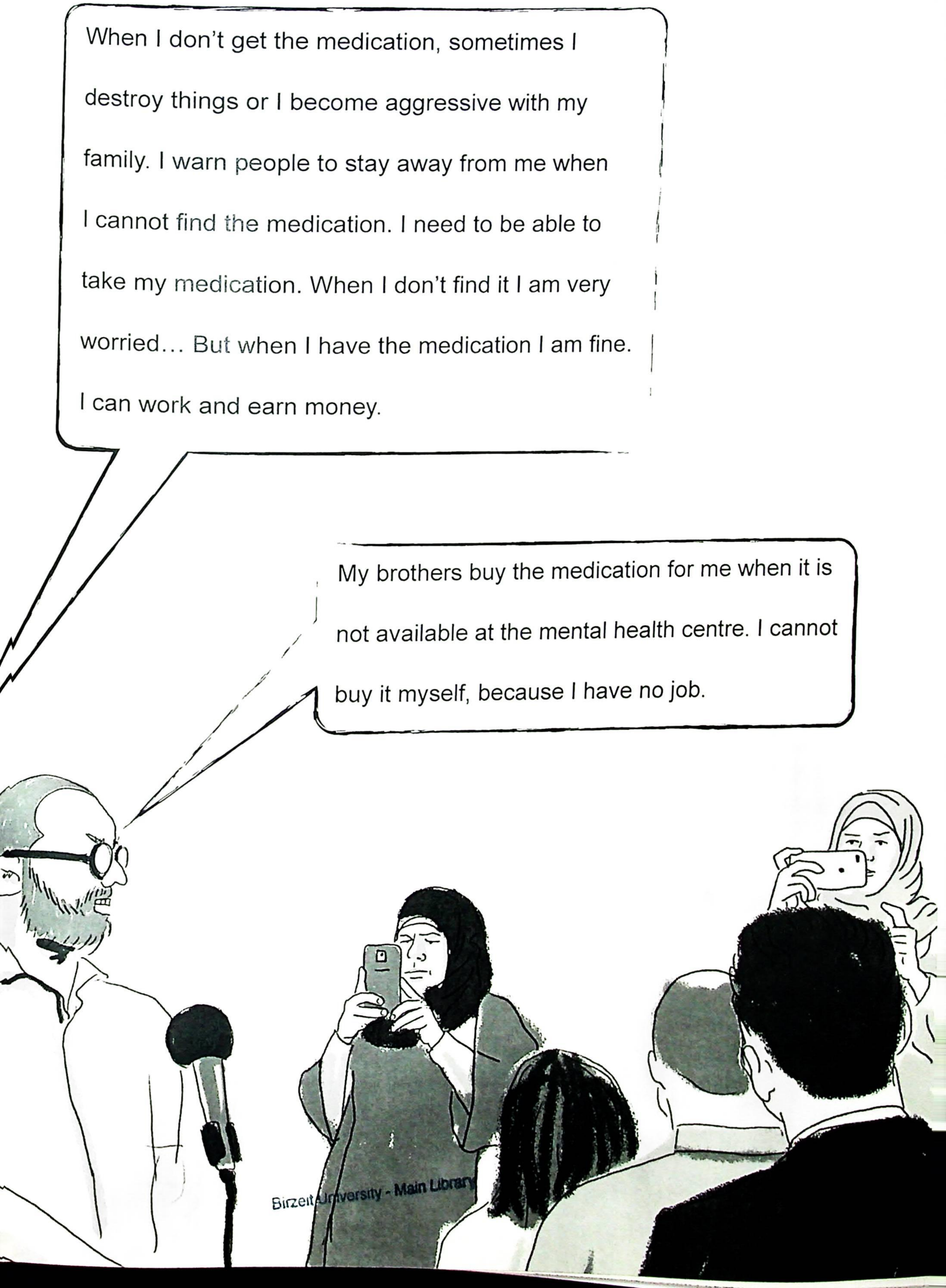
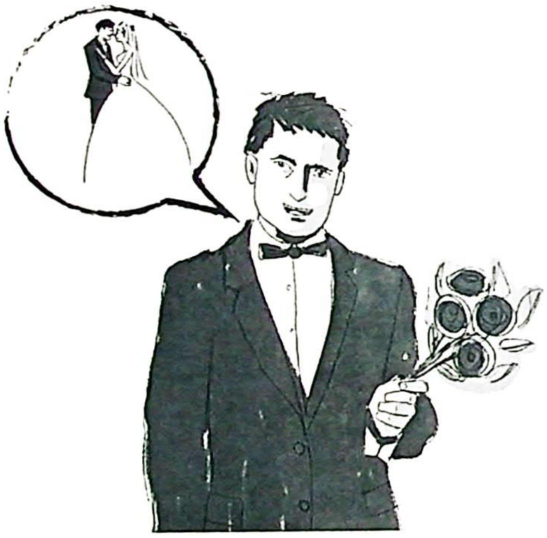
[1] Many Palestinians refer to Israel as 'the '48 area', the land they lost during the nakba, or "catastrophe," when hundreds of thousands of Palestinians were expelled from their homes by Israelis in 1948.

This was terrible, not only for us and our health, but also for the wellbeing of our families who take care of us. While there is often not much we can do about this, the Palestinian Counseling Centre supported us by organising a protest campaign in front of the Ministry of Health. During the protest we demanded access to much needed medication and gave interviews to the press to raise awareness of our situation.



If I don't find the medicine it's a disaster. I have Obsessive Compulsive Disorder, meaning that if I did not take the medication and I shook your hand with my hand, I must go wash my hand immediately. When the medication is not available at the ministry health clinic, I go buy it and, of course, it is very expensive.


When I don't get the medication, sometimes I destroy things or I become aggressive with my family. I warn people to stay away from me when I cannot find the medication. I need to be able to take my medication. When I don't find it I am very worried… But when I have the medication I am fine. I can work and earn money.
My brothers buy the medication for me when it is not available at the mental health centre. I cannot buy it myself, because I have no job.

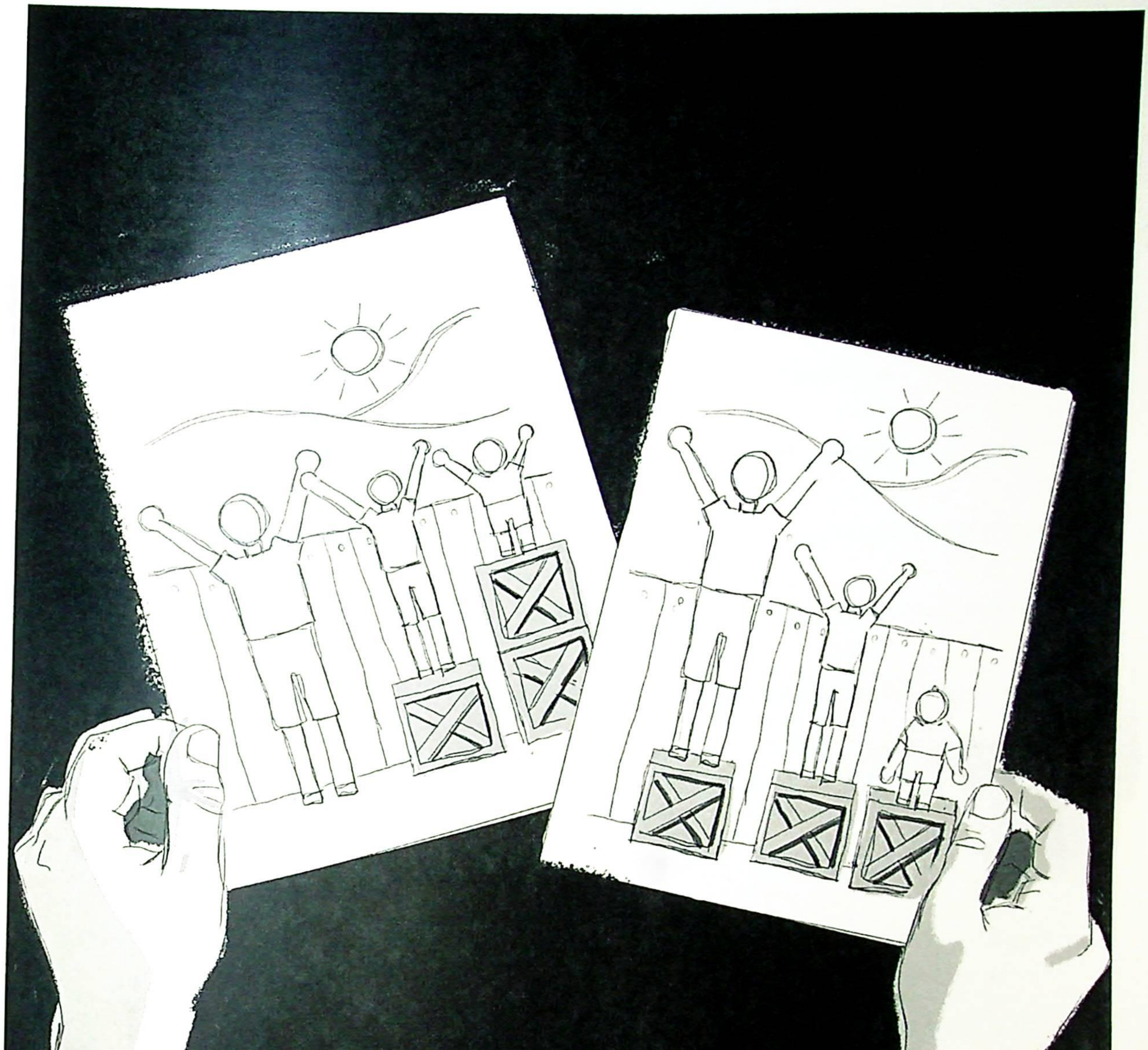


EQUAL TREATMENT

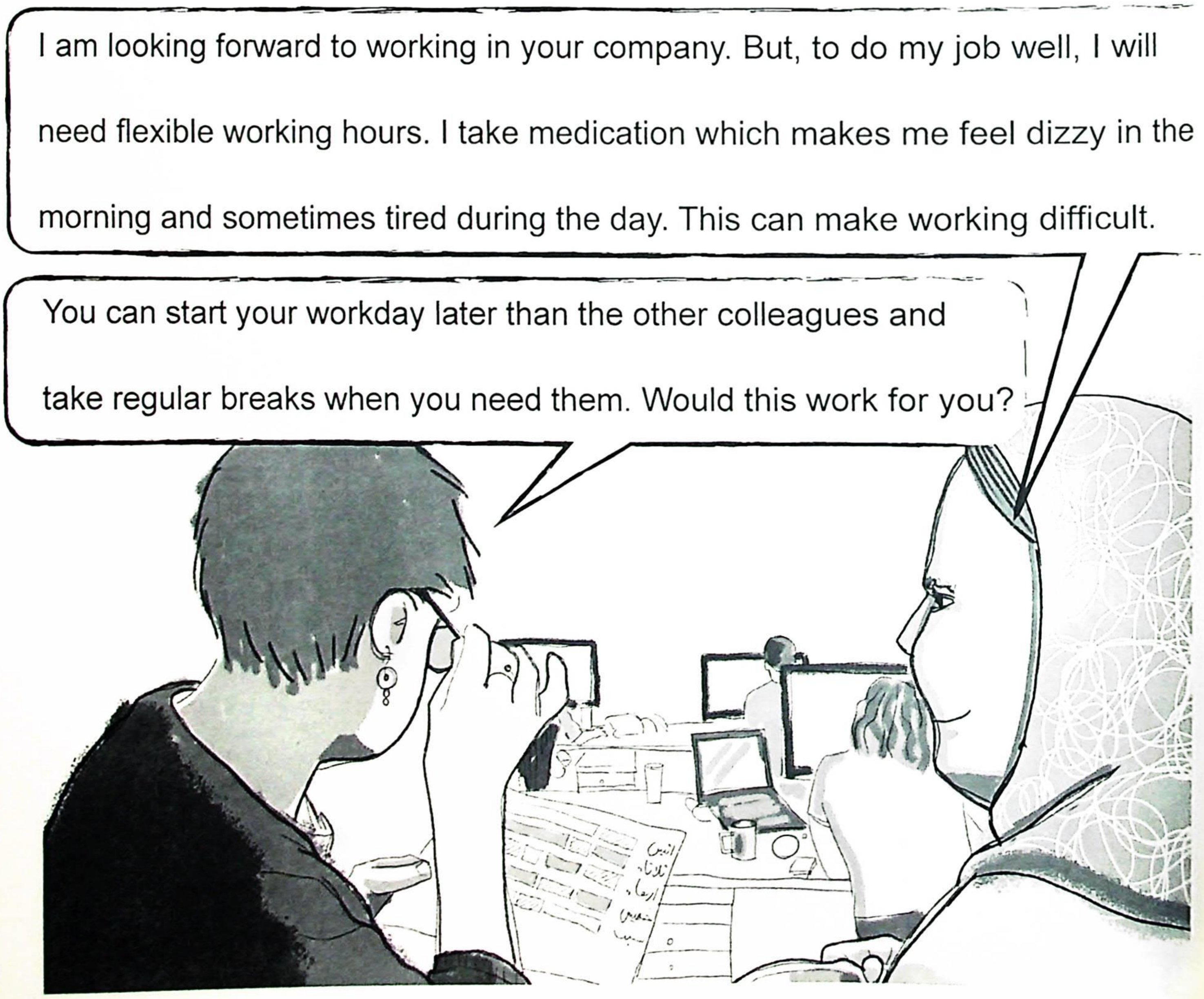
Equality – What it is and why it is important

People with a mental illness have the right to be treated equally like everybody else. We have the right to live, to be integrated into the community, to be respected by our families, to receive an education and have access to paid work, to attend social events, and to receive the medication and treatment we need. We also have the right to be happy and not to be looked down on by other people.

In order for us to have equal chances in life, it is not enough to be treated "equally" by simply providing us with the same type, or number of resources, as others. Instead, we need to be treated "equitably" with access to resources and support that correspond to our individual circumstances and needs. We discussed what this means in our research group by examining two pictures that show three people of different heights peering over a fence to watch a football game. In the first picture, all three are treated equally by standing on the same-size boxes. However, their ability to actually see the football game is not equal as the shortest person is still unable to look over the fence. In the second picture, the three people are treated equitably as they are all able to watch the game. What this requires, however, is for the shortest person to have two boxes to stand on instead of only one!



This is also true for us. Let us take a concrete example to help explain. Many of us could work in a cafe serving coffee and tea, just like any other person, but we are unable do this in the early morning when we are still dizzy from our medication. We require flexible working hours to give us a little more time to get ready to start the working day. So, if we could start work a little later and take breaks when we need them, then we could actually do the job well. In summary, in order for us to have equal opportunities, we might need three rather than two boxes to stand on.



Experiencing unequal treatment

We are generally not treated equally in society and sometimes it appears to us that people think we don't even notice how they talk behind our backs. They are wrong – we hear very well when they call us "crazy" or "useless" and it really hurts. Wedad shared with us how uncomfortable it makes her feel when people talk about, and look strangely at her. She said, "I get tired from how people look at me. They talk badly about me. When they talk badly, I get a headache. They say that I am sick and don't have the right to live like everyone else." Talking behind our backs and unfair treatment happen not only in the community, but even within our own families.

People look at mentally ill people with prejudice. I can do everything. I can work, I can be in the street. But, I get angry when I am in the street. If people say bad things about me, I don't remain quiet. I talk back in double force and I swear. We are the same, we have the same blood!

This should stop! We are not crazy. I have a good heart and people's bad words hurt me. If I do something wrong, then I apologise. Not everyone apologises to me when they do something wrong and, if they do, I don't always accept their apology.

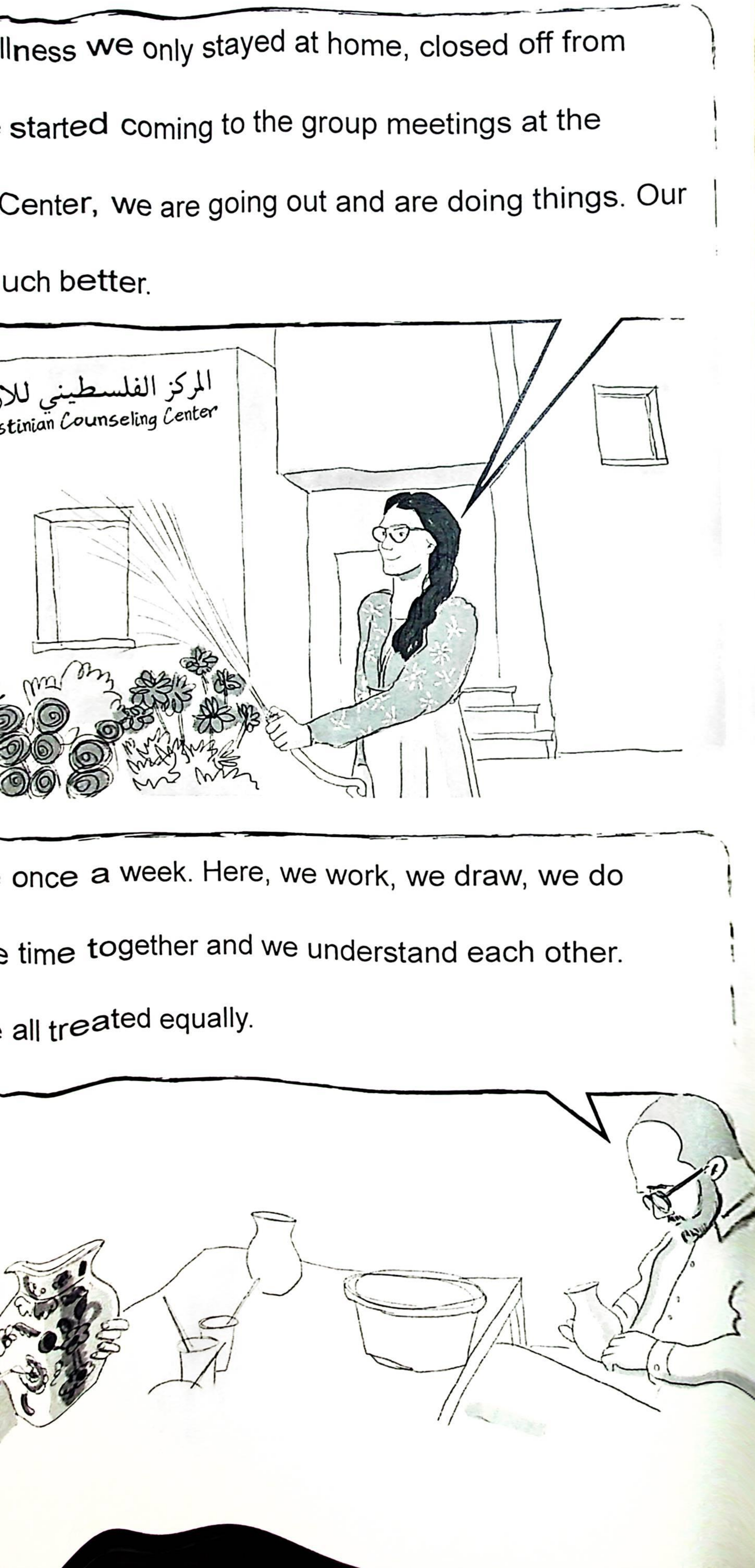
In our families we are sometimes excluded from events, are not allowed to leave the house, or are talked down to. Also, for many of us it may be very difficult to find a marriage partner, now that we are ill. While the younger ones among us still have the hope of finding a husband or a wife in the future, they also know that their diagnosis makes this very difficult as there is so much stigma attached to it. This makes them very sad. Outside family life, it is difficult for us to get access to jobs or to receive equal treatment and fair pay at work. Similarly, it is very difficult for us to continue our education, get learning support, or develop our skills. We believe that this situation has to change in order for us to lead valuable and meaningful lives.

Creating spaces where people feel safe and respected

While we experience unequal treatment on a regular basis, there are few places where we feel safe, respected, and valued. Here, we would like to provide some positive examples to show that it is possible to understand us, live with us, and integrate us into community life.

First of all, our families are most of the time very important sources of support and warmth. After all, it is family members who help us to integrate into social activities, support us financially, and accompany us to the doctor or hospital if we don't feel well. It is thanks to their help that some of us are able to work, have some degree of independence, and can take care of our children.

Outside our immediate family circles, there are relatively few places where we feel truly accepted. One such place, however, is the rehabilitation programme for people with chronic mental illness run by the Palestinian Counseling Centre where we come together once a week to engage in social activities, share our experiences, and give each other support. The staff working here give us the opportunity to do activities we enjoy.


llness we only stayed at home, closed off from
started coming to the group meetings at the
Center, we are going out and are doing things. Our
uch better.
المركز الفلسطيني للا
stinian Counseling Center
once a week. Here, we work, we draw, we do
time together and we understand each other.
all treated equally.

For example, some of us take care of the garden ar sure that the plants are watered, the weeds pulled, plants planted. Not only is this type of work enjoyab atmosphere that makes us feel better. Sometimes w including painting and pottery. It is through these me ourselves and even release some of our frustrations

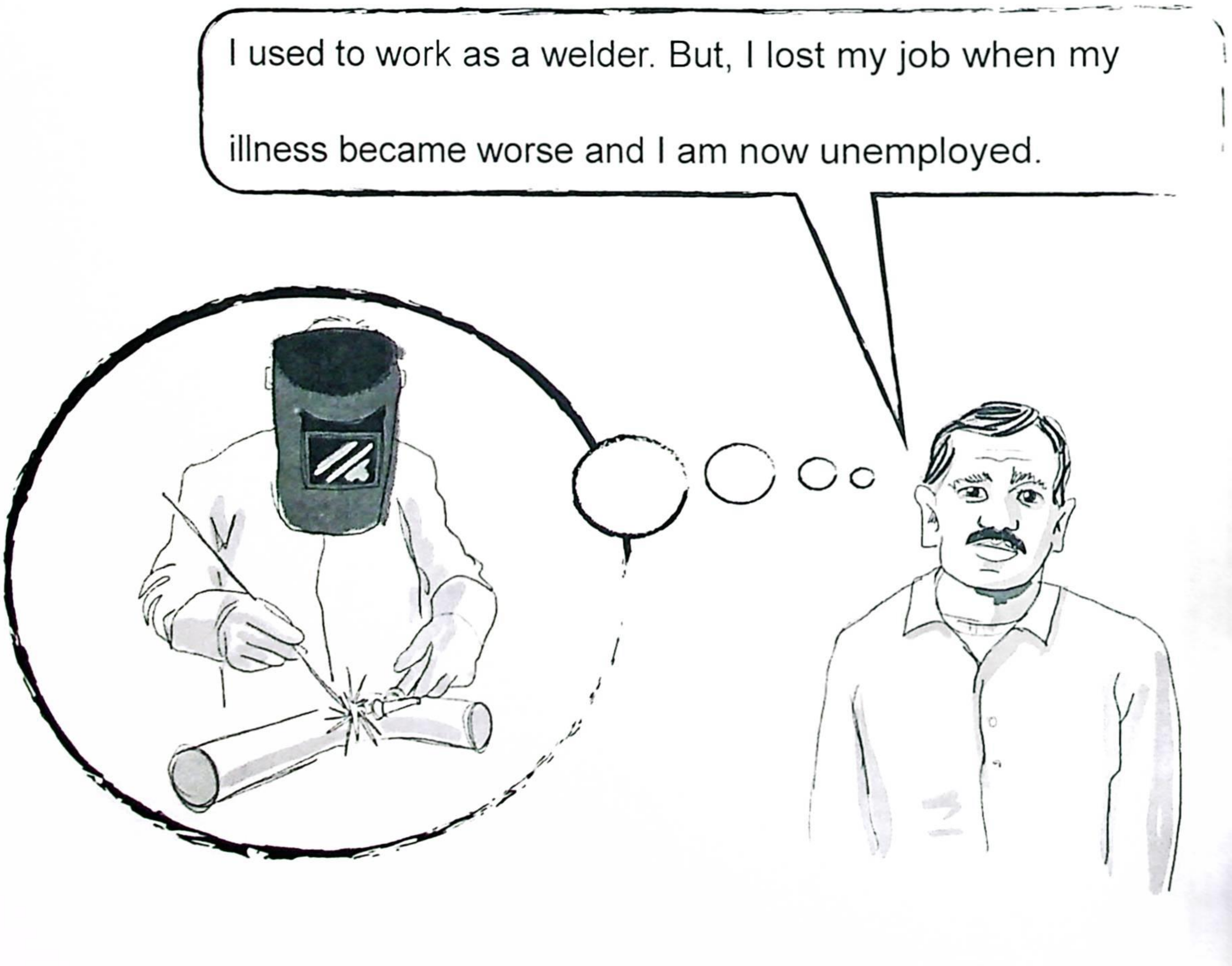
There should be equity. My family should take weddings and social events like my siblings. T and include me in the discussions. If they go t should go too. I should be like them. My sibling

believe that it is important to have more places where people like us can safe, respected, and valued. A first step towards this would be to make e community centres available. For example, each regional Community ntal Health Centre could be turned into a space for people with mental lth problems to receive their medical treatment and come together to ialise, take courses, do handicraft, and work on projects to help the wider nmunity understand what it is to live with mental illness. While these special ntres provide a safe space for us, it is nevertheless very important that ople treat us with respect in the wider community and we are given equal cess to education, work, and healthcare. We should also be able to walk und freely and have the opportunity and support to take part in leisure ivities, just like everybody else.

WORK

Our dreams

When we were young, just like all young people, we dreamt about what we wanted to be when we grew up. We wanted to be engineers, teachers, doctors, dentists, nurses, gardeners, blacksmiths, and truck drivers. Before we became ill, some of us indeed worked and earned good money in construction, metal works, or gardening, for example. Yet, for most of us our dreams didn't come true. This was partly due to our interests changing over time or because we were taken out of school early and couldn't finish our education; but, in many cases it was because our illnesses excluded us from many types of work. In fact, most of us are currently unemployed and don't earn a salary.

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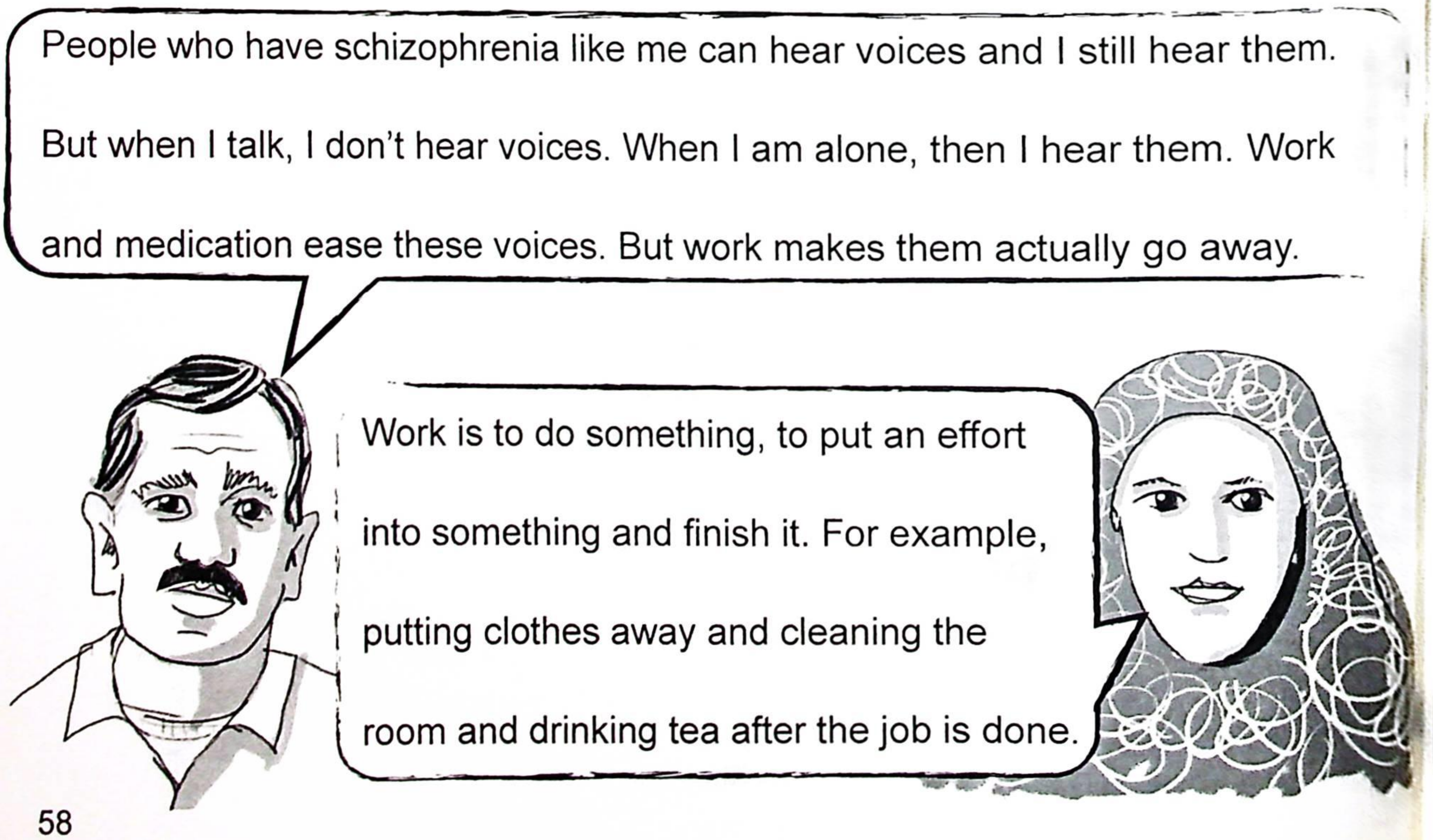
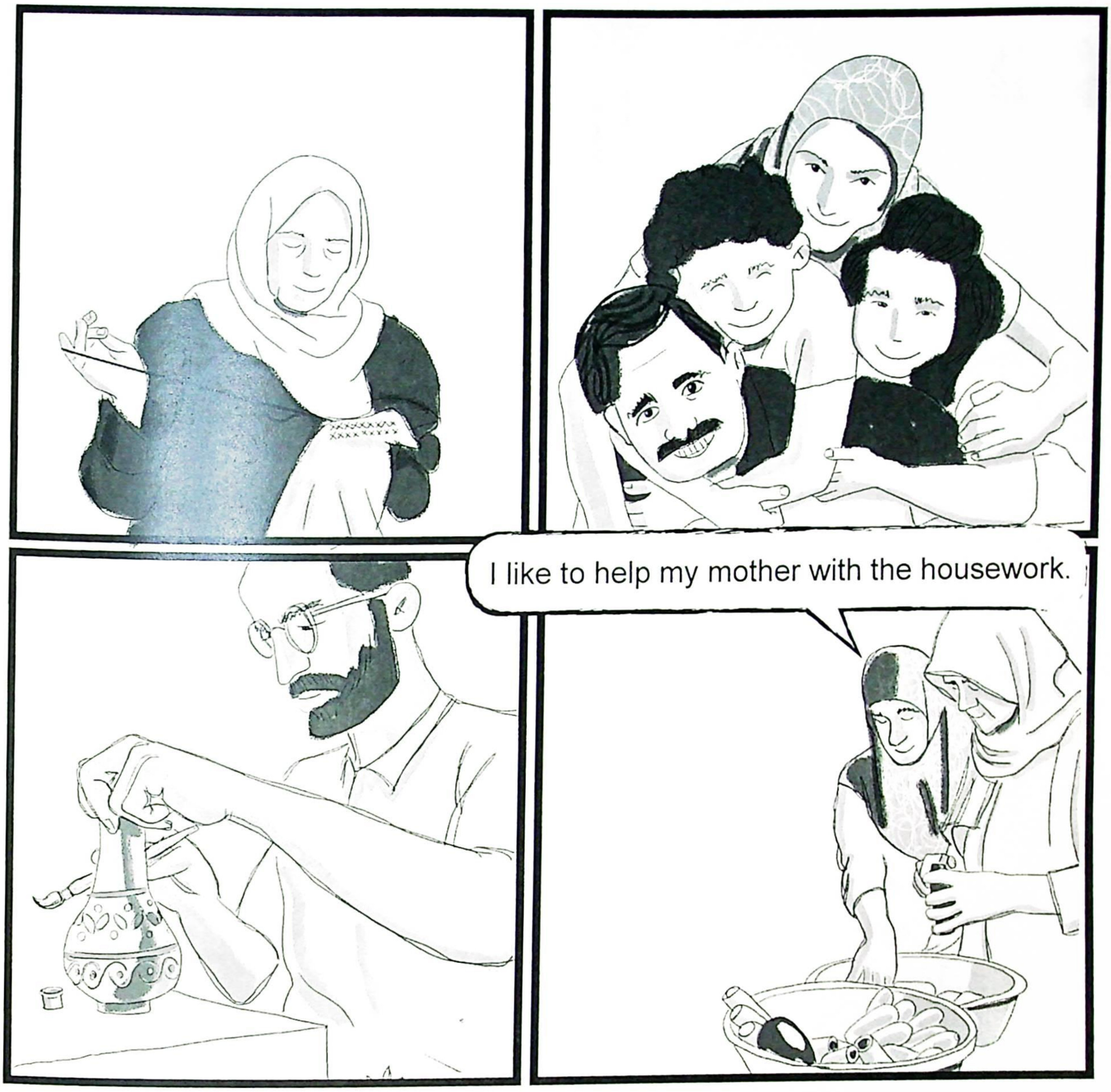
What is work and why is it important?

Although many of us don't have a job now, we believe in the importance of work. We find it relevant because it keeps us active, brings us into contact with other people, makes us produce something, and it can help us to earn an income so that we can provide for our families and take care of our children. What is work? We believe that work includes many activities and goes beyond just being employed or earning an income. Work can also be unpaid activities such as taking care of your family and your children; housework, such as cooking, cleaning, and washing the dishes; working in the fields, tending animals, picking olives; and handicraft. Even though some of us can only do such work for a short period of time because of our limited concentration span, or physical abilities, being active makes us feel comfortable and happy.

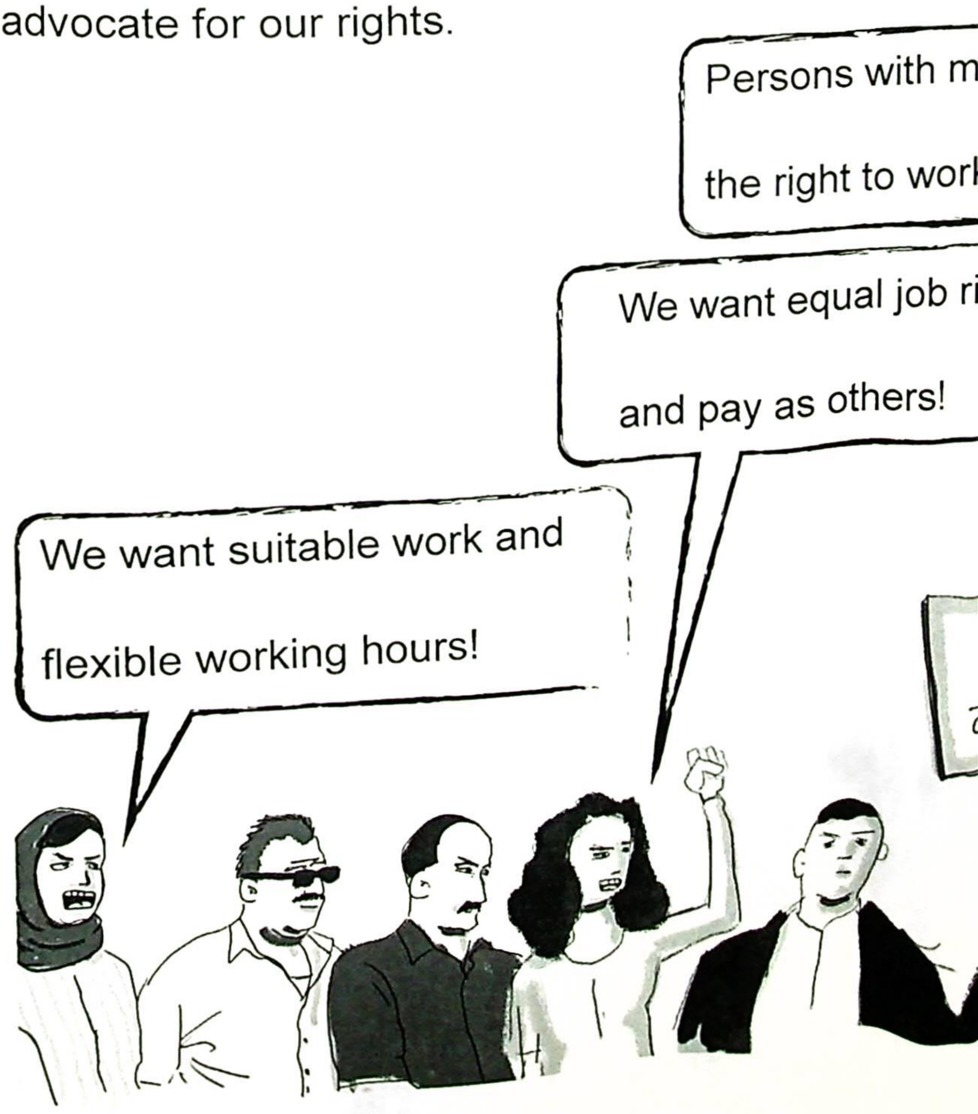



I like to help my mother with the housework.

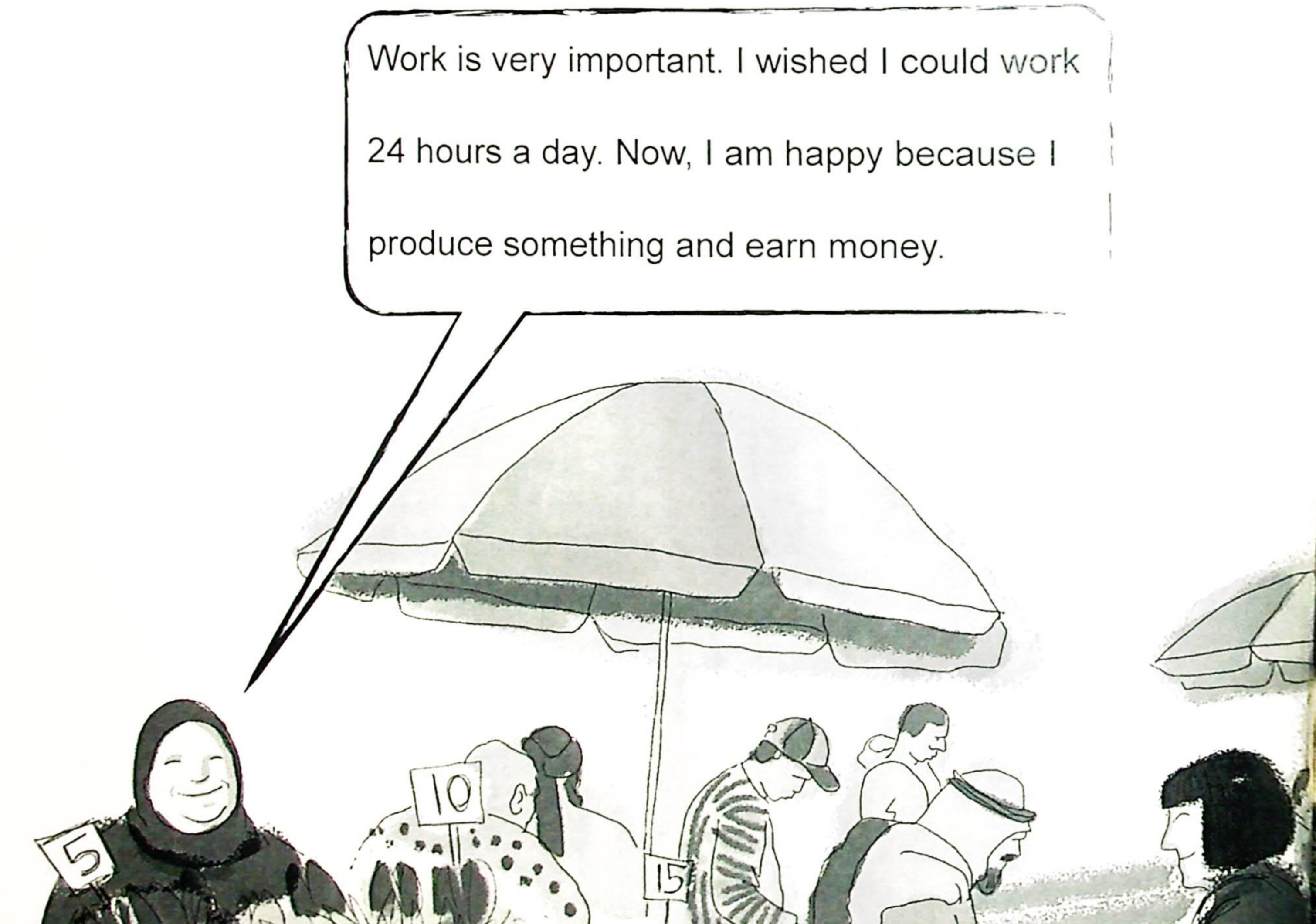
ne right to work

s not actually easy or even possible for many of us to find jobs, and so have to rely heavily on our families. Of course, we know that we are not e only unemployed people in Palestine. There is very high unemployment. t our situation is different to most. On the one hand, our illness itself is y disabling as some of us feel weak physically and have a hard time ncentrating, and those of us who hear voices might feel distracted or even scouraged by them. On the other hand, employers discriminate against us nking that we are unable to perform tasks, that we will cause trouble, and at we might scare away their customers.

Like other people, we want to work and have the rig
representative of the Employment Office of the Mini
and our families to highlight our rights to employme
may not be able to be doctors and teachers, but the
we can do very well such as serving coffee, cooking
agriculture, or doing handicraft. For example, recent
in a project organised by the Palestinian Counseling
and grew flowers in order to sell them at the Farmer
was a great opportunity to earn some money, partici
advocate for our rights.



The jobs we can do, need to be made available to us and we should receive training in order to be able to do more challenging jobs. Appropriate work should not be too tiring, but should keep us active and enable us to earn money, provide for our families, maintain our independence, and be respected by the community.



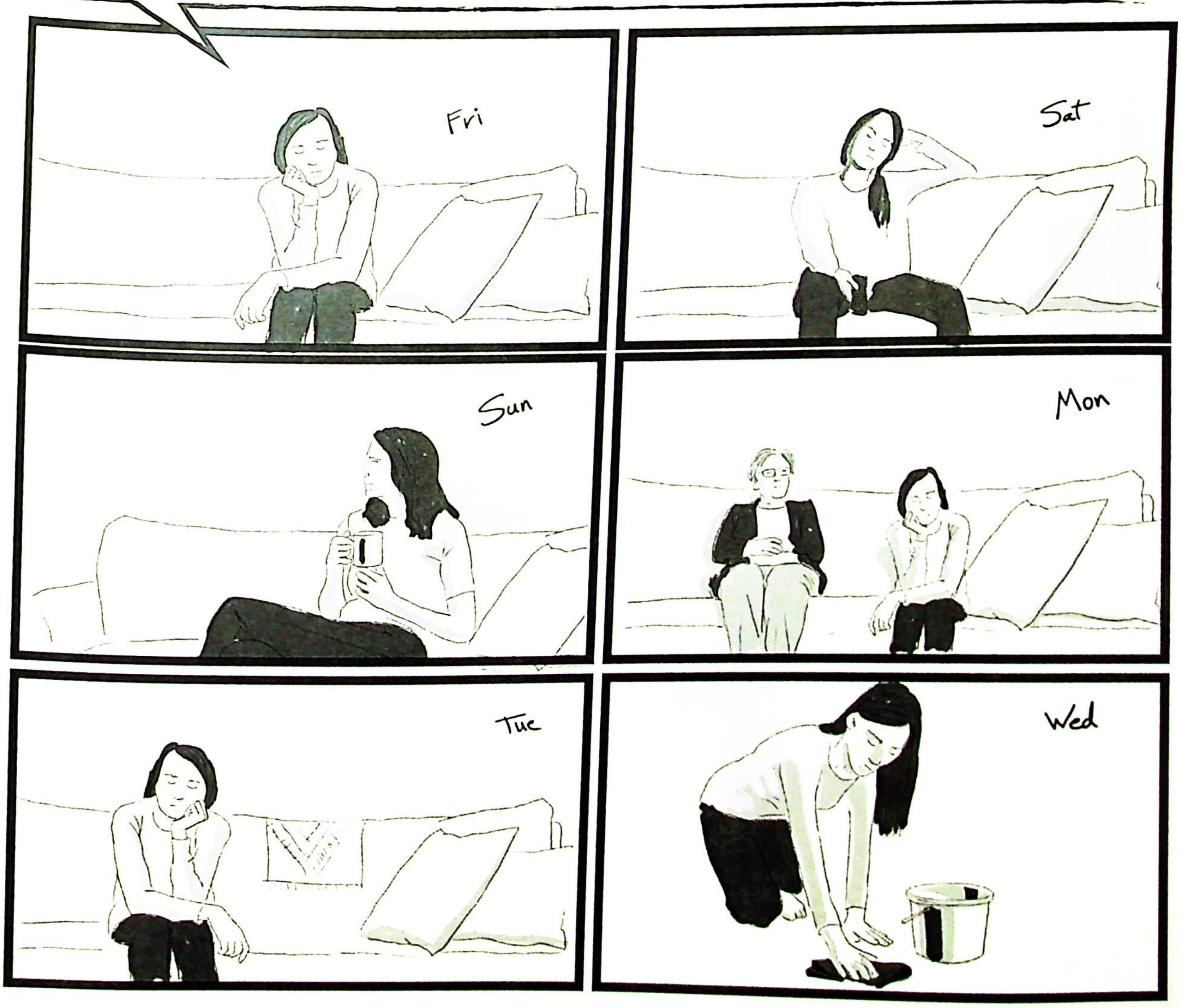
LEISURE
AND
SPARE TIME

What we do in our spare time

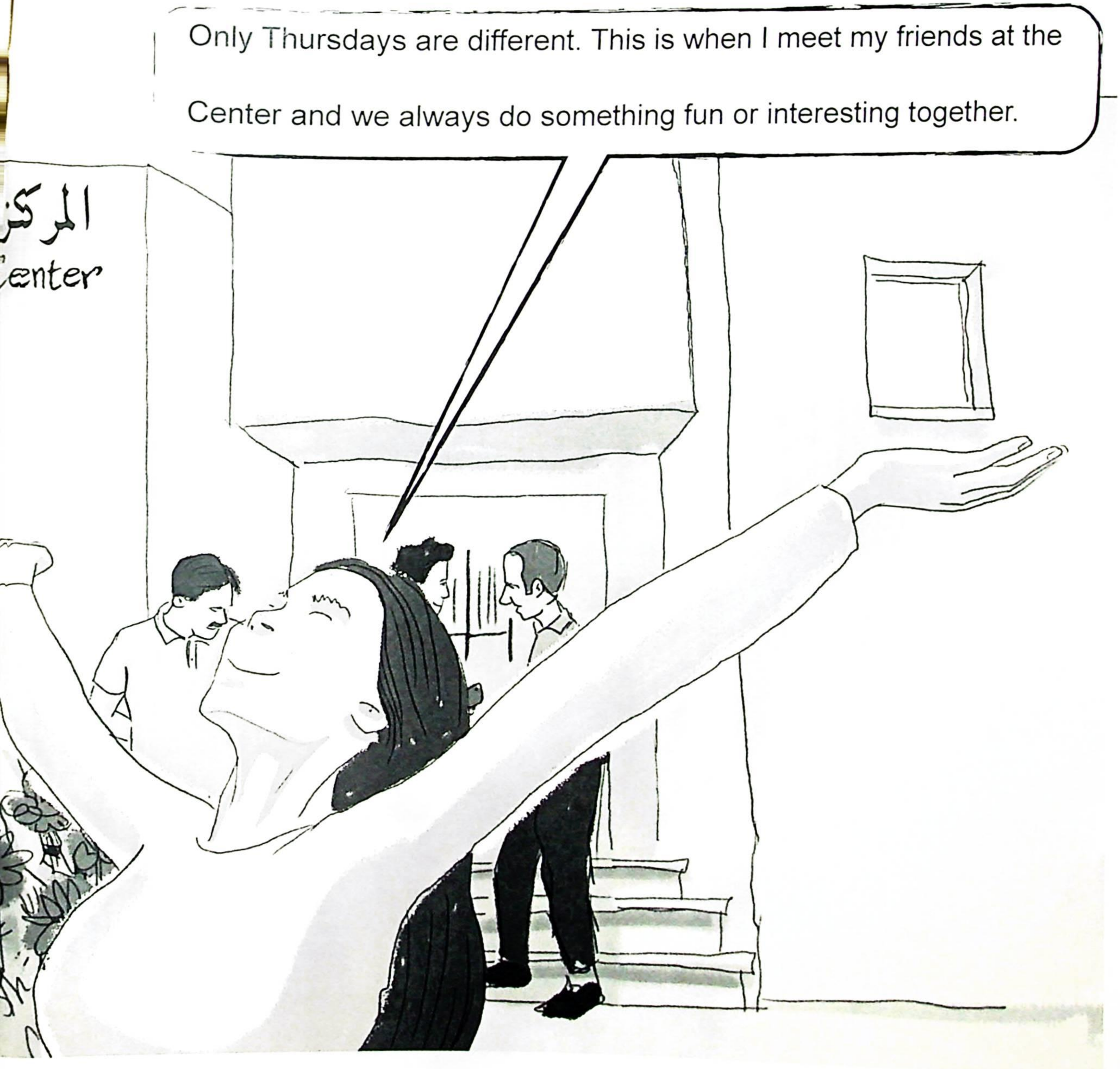
Because some of us have lost our jobs, have stopped our education, or have not been able to get married, we all have a lot of spare time. During one of our research group meetings, we discussed what we do with that time and noticed that we mostly engage in routine activities. Many of us sleep a lot – even during the day, drink tea and coffee, watch TV, go to the mosque for prayer, and help with child rearing, as well as farm and housework. Sometimes, we visit family and neighbours, play cards, surf the internet or socialise with others on Facebook, and, if we get invited, enjoy going to happy events like weddings. But some of us also realised that our illnesses, or the side effects of our medication, affect the way we spend our spare time. For example, we do not do as much sport as we used to and we don't spend as much time with friends or family. Sometimes friends may not understand our situation and stay away from us or, in other cases, quarrels with family members are difficult to resolve and so we do not talk to them anymore. We also don't have the money to go on nice trips since we stopped working and earning a salary. In the past, many of us went on trips to beaches in the '48 area, to pray at the Al-Aqsa mosque in Jerusalem, or to enjoy ourselves in lively cities like Ramallah or Tel Aviv. Some of the women in the group are restricted in the things they enjoy doing, like making tea or cooking meals, because their family members worry for their safety.

So, to summarise, we found that some of us are quite happy with the way we spend our free time, while others would like to be more active or sociable, but don't always know how to make this change in their lives.

I sit. Sometimes, my sister and mother talk and I get involved. Sometimes I clean. I drink tea. But, my mother doesn't allow me to make the tea on my own as she is afraid that I will burn myself. I just sit around a lot. I am always bored and don't know what to do.

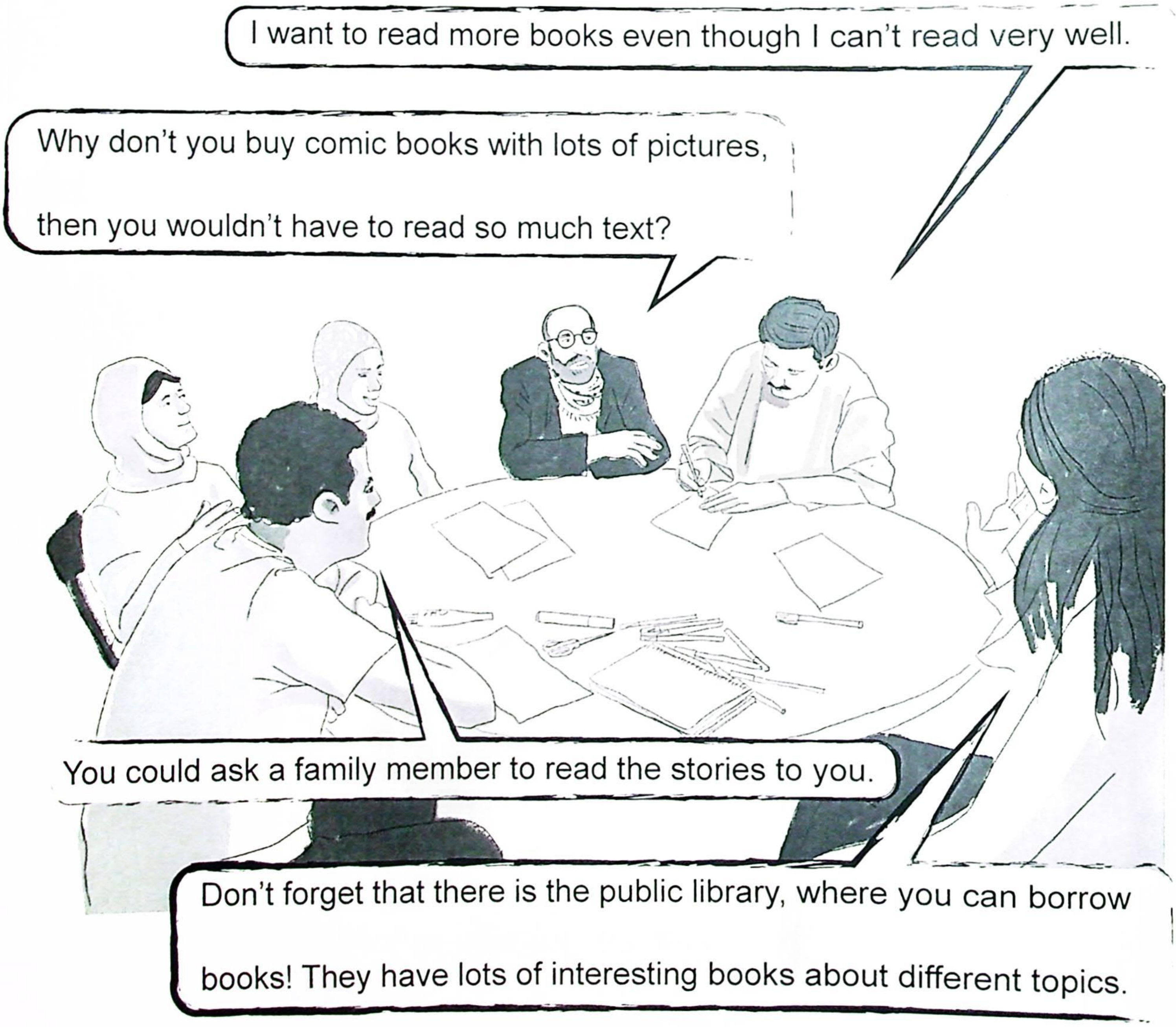


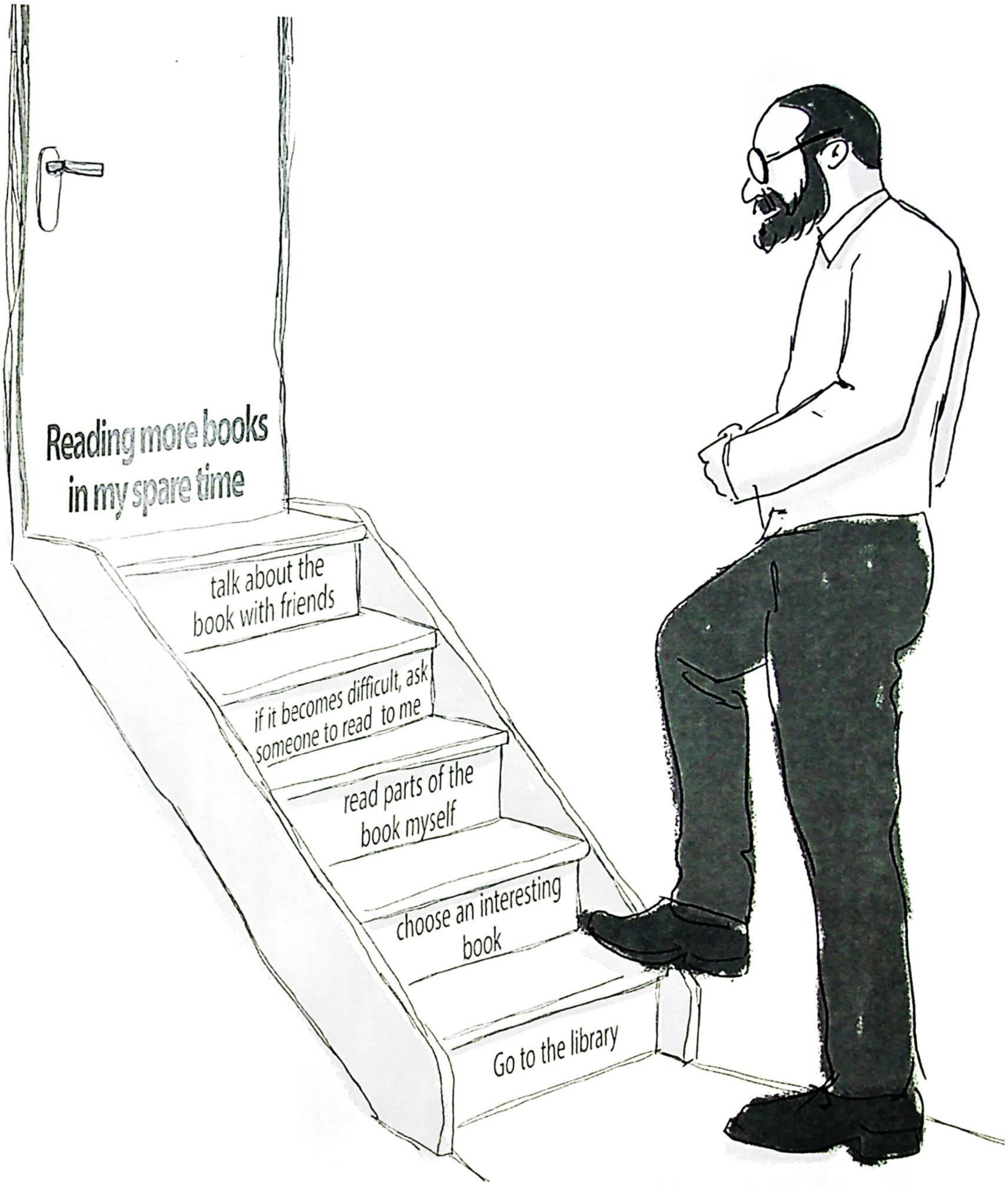
Thursday


Only Thursdays are different. This is when I meet my friends at the Center and we always do something fun or interesting together.
المرك
enter

Step by step

In the second part of our research meeting on spare time, we tried to come up with ideas of how we could change the way we spend our free time. As we were reflecting, we asked ourselves: How could we get some excitement back into our lives? What would we want to do differently? It was not easy to think up these questions and even harder to think of the steps it would take in order to achieve the necessary changes.





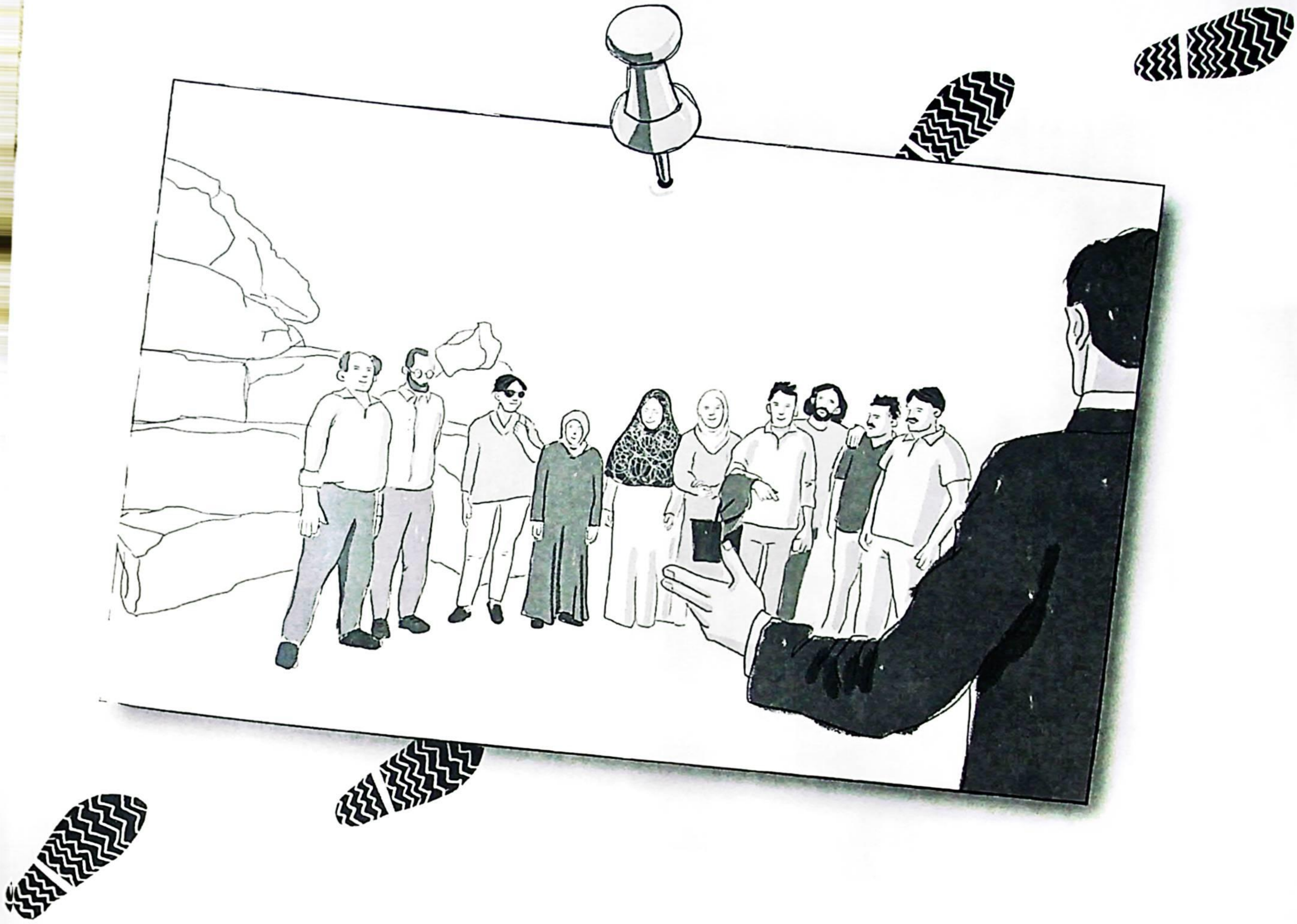
It was helpful to set ourselves goals and then to think of the steps we would need to take to achieve them. This made us realise that we don't have to be afraid of setting bigger goals for ourselves. By breaking the goals down into smaller steps, we can follow them and achieve what we want to do. This approach also made us aware that we don't always have to wait for others to make our lives more meaningful or entertaining – there are situations where we can actually be in charge and make a difference.

COMMUNITY WALK

A community walk

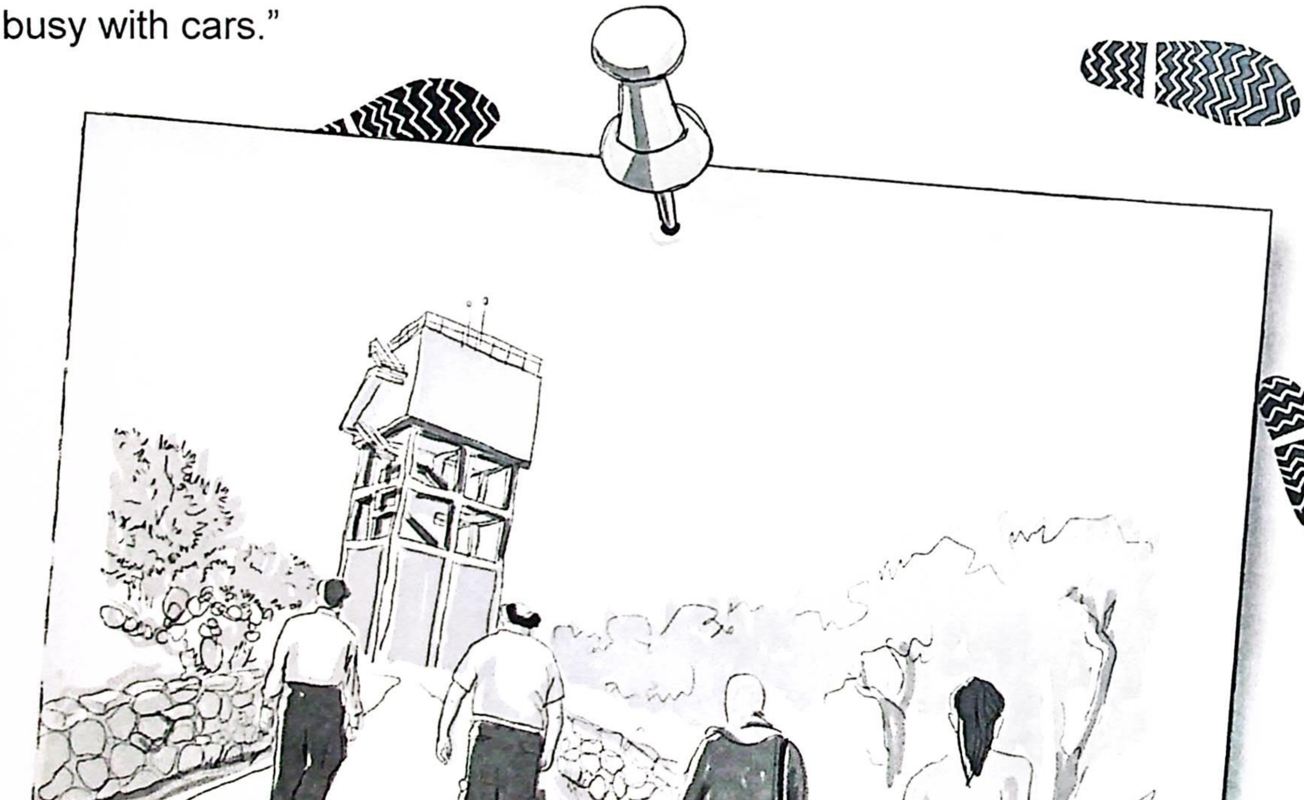
As part of our research about what it means to live and participate in the community, we decided to go on a community walk and reflect on our experiences. While this might sound quite straight forward, it is not so for us. First, we had to decide where to go. While it would have been nice to go to the town centre, walk through the busy streets, and maybe even have a coffee, this was out of the question. Many of us don't feel particularly safe going there fearing that we will be stared at, name called, or otherwise harassed by people. After much discussion, we decided to walk in a quiet neighbourhood on the outskirts of the town.

Leaving the Palestinian Counseling Center, we turned to the left. As we were walking together along the dusty road, cars passed us once in a while, but otherwise it was relatively quiet. People went about their own business. We passed the olive press, which was closed, and then ended up going to one of the stone factories. Mazen suggested that we go in and have a look, so we



proceeded and were greeted in a friendly way. The owner showed us around, offered tea and we took some photos together. This was a nice gesture, but, as Fares pointed out later, people at the factory were probably so hospitable because we arrived in the company of foreigners whom they wanted to impress. We usually don't get special treatment like this when we go places.

We continued on our way, passing houses tucked away behind walls, a few garages, and workshops until we arrived at a small corner shop. This was a welcome place for a break. Some of us went in to buy sweets and cigarettes. We were treated normally – no stares, no name calling, no exaggerated friendliness. After everyone caught their breath, we walked on. Adel remembered a time when this neighbourhood was even quieter, telling us, "The main street used to be empty. There were only one or two buildings. Then the government started to build. Now houses stand right and left and the street is busy with cars."



Soon we came to a water tower that services the whole community and is located close to a park. Unfortunately, the park was closed and so we rested in the shade of the olive trees sitting on wooden logs. Layla noted how enjoyable she found it being outside like that considering that she rarely gets to go anywhere. After a while our conversation turned to the Israeli occupation. Adel started by saying, “At night there are problems in this town with the Israeli soldiers.” Shaheen agreed, explaining that due to the insecurity, “Some of us don’t go out.” Adel continued, “There are always clashes in the afternoon. Almost every night soldiers enter the town early in the morning and arrest people. In the afternoon Palestinian youth defend themselves throwing rocks and then in the evening the soldiers return to arrest people.”

These clashes have a long history related to our country’s occupation. Shaheen explained to us, “The Israelis occupied our country. Our generation will never forget this. In 1967, I was seven years old, we had to flee from the soldiers. We had to walk a lot and sleep under the olive trees. We had no place, we had no

shelter. I remember the soldiers and how the army planes bombed." Others had similar experiences and someone added, "My mother told me that we fled to the village where we were when the war started." The war in 1967 was not the first one our country had endured and each generation has their own memories. "I will never forget," Shaheen continued, "The generations differ from one another – they have different experiences. First the Turkish were here, then came the English and the Jordanians. Now the Israelis are here."

But we did not only talk about the occupation as something that troubled us. We also talked about car theft, drug dealing, and petty crime going on in this area of our country. One of us highlighted, "People sell these drugs. Their main source is from Israel and from the south of Lebanon. There are rumours that Israelis even deal drugs to schools in Palestine to drug our school children." The problem is that people here buy the drugs and get addicted.

As we were speaking and enjoying the shade of the trees, a man approached and offered to open the gates of the park. The park was nice – it contained

several sitting areas, a few trees for shade, a fountain with benches around, and steps leading up to another roofed seating area. Behind the benches was a sand pit for children with swings, slides, and monkey bars. The man explained to us that he was responsible for documenting Israeli human rights abuses in the area and confirmed the stories we had just shared about the occupation's violence and impact on our lives.

After chatting some more, several of us walked around making small talk. It was

nice to be out and about in our group while feeling relatively safe. It was almost noon and we were starting to get hungry, so, we made our way back to the Palestinian Counseling Centre. We passed a car repair shop. The men looked curiously at us but this was probably because they were not used to seeing larger groups of people passing by on foot. In the near distance we pointed out an Israeli settlement. “They built a wall and want to connect it with other settlements through a road. They don’t want to share that road with us and we don’t actually want to see them,” a member of our group told us. Like most of the men in our group, he had first-hand experience of the Israeli occupation having been shot in his leg during the First Intifada. He contemplated as we walked, “I still have metal in my leg from the bullet.”

Despite the difficulties with the Israeli occupation and the harassment many of us are exposed to when walking in the community, we enjoy being outside. Fatima decided to pick a flower before entering the compound of the centre to bring something beautiful from the outside into our safe space and to show her appreciation. The walk was such a treat especially for those of us who rarely have the chance to leave the house.


المركز الفلسطيني للارشاد
Palestinian Counseling Center

Palestinian Counseling Center

The Azzoun Rehabilitation Center was established in 2006 by the Palestinian Counseling Center (PCC) as a contribution to the Palestinian MoH's national plan of deinstitutionalizing mental health by replacing inpatient psychiatric hospitals with community health centers.

Since the Qalqilya area was not included in the MoH's planning and the city itself was cut off due to the Israeli blockade as a result of the second Intifada, the center was opened in the town of Azzoun in the Qalqilya governorate. The Azzoun Center is one of the few remaining daytime community centers that are functioning until this day.

The Center aimed to provide a safe space for individuals with chronic psychotic illnesses, in which they are treated with dignity and respect and where they feel at home. This was even incorporated in the design of the building which included showers, a kitchen and personal lockers to store belongings.

Over the years, the PCC has worked with over 100 patients and over 500 of their family members directly. After several years of marginalization and neglect, the patients were encouraged to maintain a self-care routine and participate in taking care of the Center through cooking together, cleaning and gardening. The patients were also provided with occasional paid work opportunities in sheltered places through various short-term projects.

Initially, the Center had a psychiatric doctor and nurse as well as occupational therapists and would host the patients for the majority of the week but the staff has since been reduced to a psychosocial counselor, due to limited resources as well as lack of new patients who need extensive rehabilitation.

The current Azzoun group who co-authored this book have been coming to the center for several years and currently attend once a week to engage in social and life building skills activities and most recently in the participatory research that produced the stories in the book. We hope that the experiences and needs they have voiced in this book will encourage policymakers to pay attention to individuals with chronic psychiatric illnesses and support rehabilitation and reintegration efforts. We welcome and appreciate any donations from individuals or institutions.

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Academic Researchers

Hanna Kienzler is a Professor in the Department of Global Health and Social Medicine at King's College London. As an anthropologist, with a long-standing interest in the field of global health, Hanna investigates how systemic violence, ethnic conflict and complex emergencies intersect with health and mental health outcomes. She conducts ethnographic research on the impact of war and trauma on women in Kosovo; participatory action research on what it means for persons with mental health problems to live and participate in their respective communities in Palestine; and on humanitarian and mental health interventions in fragile states.

Suzan Mitwalli is an academic researcher at the Institute of Community and Public Health- Birzeit University and assistant coordinator of the Master's program in Community and Public Health (MPH). Suzan's main research interest is mental health, and has worked for many years on an intervention research with the Community-Based Rehabilitation organization (CBR). She has also been involved in several research projects at the Institute including women's health, population health, child health, and occupational health using quantitative and qualitative research methods. Her current research interest is participatory research with people with mental health issues.

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Yoke Rabaia is an academic researcher at the Institute of Community and Public Health – Birzeit University. Her main field is psychosocial health of populations in contexts of military occupation and human insecurity, with a specific interest in community-based interventions. Besides her work in Palestine, Yoke also conducted qualitative field research with local researchers in Benghazi, Libya, and Kakuma refugee camp in Kenya. She strongly believes that participatory action research is crucial in order to understand and work towards better social conditions for people who are stigmatized or looked down upon by others in society.

Illustrator

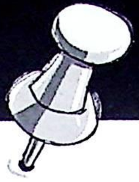
Amer Shomali is a Palestinian multidisciplinary artist, using painting, films, digital media, installations and comics as tools to explore and interact with the sociopolitical scene in Palestine. Much of Shomali's work examines the creation and the use of the Palestinian revolution's iconography.

His art works are part of several collections: The British Museum, The Arab World Institute, Barjeel Art Foundation, The Samawi collection, The Museum of Manufactured Response to Absence (MoMRtA), Birzeit University Museum, and Al-Qattan Foundation. Shomali co-directed an award-winning animated documentary, The Wanted 18, which premiered at the Toronto International Film Festival in 2014. The film was awarded the best documentary award in Abu Dhabi, Carthage, Traverse City, and Al-Jazeera Film Festivals.

Born in Kuwait in 1981, Shomali holds a BSc in Architecture from Birzeit University in Palestine, and a Master's degree in Animation from Bournemouth University in the United Kingdom. He is currently based in Ramallah, Palestine, teaching at the Faculty of Art, Music and Design at Birzeit University.

Acknowledgements

The work behind this book has been a tremendous team effort. We would like to sincerely thank the PCC counsellors who worked in partnership with us throughout the participatory action research project: Maher Salman, Azhar Odeh, and Sondous Othman. We could not have carried the work out without them. We would also like to thank Raneem Amro, Noor Hamoudeh and Dima Masoud for their invaluable research assistance, Ghada Naser for translating the book from English into Arabic, Najeh Abu Shamsiyeh for editing our work, and Burhan Odeh and other drivers for driving us safely to our weekly group meetings. We would also like to thank the Service User Advisory group of the Mental Health and Justice Project who provided important guidance based on their lived experience. We are grateful to the Wellcome Trust and King's Impact Acceleration Award for the financial support.



Almost 1 billion people are living with a mental illness worldwide.
“Mental illness can happen to absolutely everyone. It can happen to you.”
Stigma, discrimination and human rights abuses against people with mental illness are widespread.
Here we want to tell you about our life with mental illness in Palestine to make you understand that we are people like yourself who want equal treatment, respect, and support to lead the lives we value.
Get to know us!

This is the first book I have read that gives space and voice to a marginalised sector that is not spoken about in our Palestinian community - people with mental illness. These are people we tend to forget about even though they live among us, who we not only pretend not to see or acknowledge, but who we also belittle and address in stigmatising terms, even describing them as crazy. In fact what they need from us is empathy, love, understanding, and support.

What is the situation of these people in our Palestinian community? The book answers this question through their voices, as they tell us about their problems, their dreams, and their aspirations, including their unrelenting determination to live and work, to love and be loved, and to form families like everyone else, and all this in a language that captures the heart.

Rajiah Abu Sway
(Director of the Mental Health Project at the Office of the World Health Organization in Palestine)

There is nothing more beautiful than when a person speaks about themselves in their own words straight from the heart, reaching the hearts of others, not just their ears. And therefore, I promote the idea that we listen with their ears and see with their eyes, so we can grasp the meaning of their words, and feel what they go through. This book increases my determination to understand and deepens my conviction that this is a great way to appreciate people’s feelings. There is no more eloquent or deeply insightful way to really comprehend a situation than when those who are affected speak for themselves in their own language, without representative or intermediate. This book embodies the real collaboration between the researcher and the researched, between the narrator and the listener without filter or intervening adjustments.

This book gives us the opportunity to think about how patients with mental illness see thems[illegible] roundings. They spoke in their own way, in simplicity and depth, without affectation or preter[illegible] cepts of safety, dignity and rights, all of which are considered the pillars of humanity. Even t[illegible] know a lot about the subject, the book, with its similes and meanings, increased my knowl[illegible] my perceptions of the void that still exists. It reminds me that we always can and must do what we can as individuals to contribute to an improvement of the situation, either in the cultural, legal or infrastructural dimension.

Doctor Fathi Fleifel (Director of the Mental Health Center of the Palestinian Red Crescent Society)

When people with lived experience speak, we must listen.
This book, with its easy content and beautiful illustrations, teaches us much about living with a mental illness in a community that is afraid of ‘craziness’ and under occupation. The people with lived experience share with us the social challenges they suffer from, like stigma, marginalisation, loss of employment opportunities, difficulties of community integration, and weak resources, and they suggest possible solutions, which includes a chance to exercise their full rights as citizens, the equal right to choose their way, and to seek solidarity from the community.
This participatory research is a vitally important contribution to our knowledge about the experiences of people who suffer from mental illness, and their relations with their families and the community, in a context of limited ncome, and exposure to political violence. And this provides evidence to policy makers, mental health profesionals, and community leaders, so they can realise that treatment is not limited to medication and does not nd between the walls of the hospital. The advocacy for the rights of people with mental illness and a guarantee hat they can be integrated into the community are the main elements for individual and community wellbeing.

octor Samah Jabr (Director of Mental Health at the Palestinian Ministry of Health)