

Mental health services in Gaza

Gazze'de ruh sađlıđı hizmetleri

Abstract

Due to Israel's decades-long occupation in Palestine, mental health problems have emerged in a large part of the population, especially those living in Gaza, alongside the loss of lives and injuries. While the ongoing war conditions have made it difficult even to meet basic human needs, the provision of mental health services has also been significantly restricted. The aim of this article is to review the data on the epidemiology of mental health among women, children, and adolescents in Gaza over the past 20 years, and to examine the state of mental health services in Gaza, with a particular focus on the periods before and after the events of October 7, 2023. The literature was searched using the keywords "Gaza mental health," "Palestine mental health," and "Gaza child psychiatry."

Keywords: Adolescent; Gaza; mental health; Palestine; war

Öz

Filistin'de İsrail'in on yıllardır süren işgaline bađlı olarak, kaybedilen ve yaralananların yanı sıra özellikle Gazze'de yaşıyan kişilerin büyük bir kısmında ruh sađlıđı problemleri ortaya çıkmıştır. Süregiden savaş koşulları temel insani ihtiyaçların karşılanmasını dahi zor hale getirmişken, ruh sađlıđı hizmetlerinin sunumu da önemli düzeyde kısıtlanmıştır. Bu makale son 20 yılda Gazze'deki kadınlar ile çocuk ve ergenlerin ruh sađlıđı epidemiyolojisine ilişkin verilerin ve Gazze'deki ruh sađlıđı hizmetlerinin durumunu özellikle 7 Ekim 2023 olayları öncesi ve sonrasında ayrı ayrı gözden geçirmeyi amaçlamıştır. 'Gaza mental health', 'Palestine mental health', ve 'Gaza child psychiatry' anahtar kelimeleri ile literatür taranmıştır.

Anahtar Sözcükler: Adolesan; Filistin; Gazze; ruh sađlıđı; savaş

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INTRODUCTION

Following the 1948 war between Arab countries and Israel, which involved the forced displacement and dispossession through violence—referred to by Palestinians as the “Nakba”—Gaza has become one of the most densely populated areas in the world (1). In Gaza, which has been under land, air, and sea blockade for decades, approximately two million people have faced severe consequences since 2006, including inadequate housing and privacy, poor sanitation and hygiene, and limited access to water and electricity. These conditions have also significantly restricted healthcare services (2). Most recently, following Hamas’ attacks on October 7, 2023, Israeli operations have resulted in the bombing of numerous neighborhoods and public institutions. As of January 2024, 25,295 people in Gaza have been killed, 70% of whom were women and children, and thousands more have been injured. (3). The ongoing attacks, indiscriminately targeting homes, schools, mosques, churches, and hospitals, have rendered the situation in Gaza a chronic emergency (4). Psychological distress, which was already severe in Gaza, has intensified due to the enduring conflicts, leading to further deterioration in individuals’ mental health (2). This narrative review investigates the impact of the longstanding blockade in Gaza, along with the recent escalation of attacks that began on October 7, on the mental health of women, children, and adolescents, as well as on the mental health services in Gaza.

METHOD

In this narrative review article, a literature search was conducted to evaluate the impact of the harsh conditions in Gaza on the mental health of individuals living in the region, as well as on the mental health services available in Gaza. The research data were obtained by searching the PubMed/MEDLINE and Google Scholar database for reports, books, randomized controlled trials, reviews, and systematic reviews published between 2004 and 2024 using the keywords: ‘Gaza mental health’, ‘Palestine mental health’, and ‘Gaza child psychiatry’.

Following the keywords’ use, the identified studies’ abstracts were screened. Studies focusing on mental health data from individuals in surrounding regions

outside Palestine, as well as those not addressing mental health practices or epidemiology, were excluded and the data from 24 studies have been included in this review.

RESULTS

Due to the difficulties of conducting research when individuals’ basic needs and safety are constantly under threat, data on the mental health status of the people of Gaza is insufficient. Most of the research on mental health in Gaza has been carried out through non-governmental organizations. Especially, data could only be obtained from 5 studies concerning mental health services and the mental health status of individuals in the region after October 7. The latest findings indicate that the mental health support systems, which had been severely damaged and were in the process of being rebuilt over the last 20 years in Gaza, have become almost non-functional in the year following October 7 (28).

The epidemiology of mental health in women and children prior to October 7, 2023

The consequences of war and armed conflicts are disproportionately experienced by children, who are already undergoing rapid and complex physiological, cognitive, and emotional changes (5). Previous research has shown that such conflict and terrorism environments disrupt children’s healthy development, leading to high levels of post-traumatic stress, anxiety, depression, and various behavioral and emotional responses (6). In a study conducted in 2014, involving 2,481 Palestinian youth, it was found that 47% of the participants had been victims of violence, 71% had witnessed violence, and 69% reported hearing about violence experienced by someone close to them (7). In addition to the traumatic events experienced, the unstable environmental conditions in Gaza, the disruption of family structures, and the inadequacy of school resources can exacerbate the feeling of insecurity and increase the experienced stress (8). In Gaza, children and adolescents are more intensely affected by mental health risks due to both their direct exposure to conflict and being raised by adults who have been exposed to war (2).

Epidemiological studies report high levels of anxiety, traumatic stress, and other externalizing and internalizing symptoms among Palestinian child populations, attributed to violence, poverty, and insecurity (5). The most frequently reported symptoms include anxiety, social issues, withdrawal, attention problems, aggression, and somatic complaints, with 33.1% of children meeting threshold levels for internalizing symptoms and 24.7% meeting threshold levels for externalizing symptoms (2). The prevalence of suicidal thoughts among students aged 13 to 17 is 24.6%, which is found to be higher than that in neighboring countries (9). In a meta-analysis conducted with 15,121 children and adolescents exposed to political violence in Palestine, it was found that the prevalence of post-traumatic stress disorder was 36%, and this rate did not differ by region (West Bank, Gaza Strip) (10). Studies have found that some adolescents -girls particularly over the age of 15, adolescents directly affected by war, those who have lost their homes, those who have lost their breadwinner or a family member or friend, orphans, adolescents from families with children, adolescents deprived of education, those who are economically disadvantaged, disabled, those living in shelters, individuals who have previously been exposed to trauma, and adolescents living in culturally conservative and physically isolated areas- are more vulnerable to psychosocial stress factors (4). In Gaza, it has been observed that nearly all individuals assessed during the conflicts between 2006 and 2021 were exposed to multiple traumas and that women were more likely to exhibit post-traumatic stress disorder (PTSD) symptoms than men (11). Similarly, while male Palestinian children living in the Gaza Strip are more frequently exposed to trauma than females, female children have reported significantly more symptoms than their male counterparts across all PTSD scales (12). It has been shown that the prevalence of smoking among youth has increased in recent years to 23.5% due to stressors such as anxiety and unemployment, with significant levels of opioid addiction reported (13).

In addition to conflict and war conditions, factors resulting from conservative social norms, such as lack of understanding and support, increased caregiving burdens, lack of privacy in homes, concerns about family honor, and fear of sexual harassment, particu-

larly affect women (14). On the other hand, 53% of young women reported that they were 18 years old or younger at the time of their marriage, and 43% stated that they were 18 years old or younger during their first pregnancy (4). Review studies indicate that Palestinian women experience a range of psychological symptoms, including anxiety related to infertility, pregnancy, and eating disorders (15).

Data indicates that since 2018, there has been a significant decline in the well-being of both children and their caregivers, with individuals experiencing constant anxiety, fear, and sadness. A large number of children are suffering from bedwetting, reactivemutism, and difficulties in concentration (8). Approximately three-quarters of adolescents have reported difficulties in trusting others (4). Caregivers report that they are unable to overcome difficulties, feel useless, and lack self-confidence (8).

Organization and Management of Mental Health Services Prior to October 7, 2023

The healthcare system in Palestine has a fragmented structure that provides services through the Palestinian Authority (Government), the United Nations (United Nations Relief and Works Agency for Palestine Refugees – UNRWA), civil society organizations, and private healthcare services (16). Under the mental health policies developed in 2004 and revised in 2010, there was a plan to prioritize community-based mental health services while reducing the extent of mental health hospitals. Following Gaza's transition to Hamas governance in 2007, healthcare services in the region have been managed through a different Ministry of Health than that of the West Bank (17). The mental health field has not been considered a priority by the Ministry of Health, with only 2% of the total health budget being allocated to mental health (18). Additionally, there is no mental health legislation in Gaza. Although at least 80% of essential psychotropic medications are provided free of charge, the cost of privately purchasing antipsychotic and antidepressant medications is not low due to inadequate access to these drugs (1). In 2010, there was only one psychiatric hospital in Gaza with 30 beds, and the hospital did not have any beds designated specifically for children and adolescents. Additionally, seven outpatient mental health

facilities, referred to as Community Mental Health Centers (CMHCs), provided services to patients diagnosed with neurotic disorders (18%), schizophrenia (14%), epilepsy (14%), intellectual disability (13%), emotional disorders (13%), organic disorders (7%), substance use disorders (4%), personality disorders (3%), and other mental disorders (14%), with 29% being women and 10% being children or adolescents (1).

During that period, regarding child and adolescent mental health, there were part-time or full-time mental health professionals in nearly all primary and secondary schools, along with school-based activities aimed at preventing mental disorders (1). In 2020, although mental health services in Palestine were community-based, there were only 13 community mental health clinics or centers, in addition to a psychiatric hospital in Bethlehem, West Bank (15). In the occupied territories, even before October 2023, there were only 32 psychiatrists available for every 100,000 people (19).

The Contribution of International and Non-Governmental Organizations on Mental Health Services Before and After October 7, 2023

There are many local and international civil society organizations in Gaza. United Nations agencies and international Non-Governmental Organizations (NGOs) contribute to mental health services in areas such as service development, staff training, and the allocation of funds from international donors to projects. Various NGOs develop programs focused on psychosocial support and trauma or provide specialized mental health services. Government institutions, NGOs, and professional organizations collaborate on public education and awareness campaigns targeting the general population, women, trauma victims, and other vulnerable groups (1). The World Health Organisation (WHO) office in Gaza is an international organization that provides significant financial and technical support to the Ministry of Health, particularly to support the integration of mental health into primary healthcare services. Organizations like Save the Children and Médecins Sans Frontières (Doctors Without Borders) directly provide services to the population in Gaza. The UNRWA offers psychosocial and mental health activities in 245 schools and 8 community reha-

bilitation centers (20). The humanitarian organization CARE International has developed an extracurricular support program for late childhood and early adolescence aimed at fostering positive social development in families and school environments severely affected by the war. The six-month program, aimed at creating safe spaces where children in the Gaza Strip can socially interact with peers and mentors, has sought to address the mental health of approximately 5,000 youth (2). In this context, The Palestine Trauma Centre (PTC) is a small NGO founded by Dr. Mohamed Altawil, who was born and raised in the region of Nuseirat, in the north-central part of Gaza. The center offers services for all ages and stages, including family-centered programs, which are disseminated through a strong community network. The Tarkiz program, designed for psychological and social support, aims to help participants understand themselves, communicate with themselves in an effective, compassionate, and non-blaming manner, and then consciously and effectively manage interactions with others. Participants in the Tarkiz program reported a 78% reduction in PTSD symptoms (21).

Unfortunately, the funding for the United Nations Relief and Works Agency for Palestine Refugees in the Near East, which is critical for the two million people living in the besieged area, was disrupted following allegations that some of its employees were involved in the Hamas attack on October 7 (22).

Post-October 7 (and ongoing) epidemiology of mental health

As of January 2024, in addition to thousands of deaths and injuries, at least 1.7 million people (over 75% of the population) have been displaced, with many individuals experiencing displacement multiple times (20). Past research has shown that these severe attacks and the deliberate deprivation of individuals from essential services have led to mental health problems or significantly worsened existing conditions (23).

Children are particularly vulnerable to the consequences of extreme violence, the loss of their parents and other loved ones, the trauma of amputations, and the extreme hunger and thirst they experience on a daily basis (3). In addition to acute trauma responses such as freezing, mutism, convulsions, confusion, and

loss of bladder control, children also suffer from persistent anxiety related to safety (24). Parents feel that their parenting capacities have diminished due to the deeply distressing experience of being unable to protect their children (25). However, due to the practical difficulties of systematically collecting data in areas under ongoing attack (2), there is still a lack of comprehensive information regarding the effects of the relentless attacks and increasingly deteriorating conditions on the mental health of individuals in Gaza.

Following the October 7 war, a study on the mental health of Palestinian women living outside of Palestine, particularly those with relatives in Gaza, revealed alarmingly high rates of severe depression (73%), anxiety (60%), and insomnia (65%). Analyses found that severe depression was significantly associated with “having a first-degree relative in Gaza,” while severe insomnia was strongly linked to “losing relatives or friends in the war” and “losing contact with family and friends” (26).

Post-October 7 Status of Mental Health Services

The attacks on health facilities and healthcare workers in Gaza represent an unprecedented situation in terms of both scale and urgency, affecting those managed by the Ministry of Health, NGOs, the private health sector, and UNRWA (20). At least 743 incidents of “obstruction of access to health services or violence” have been reported. In November 2023, the head of Doctors Without Borders in Palestine stated that the Gaza Ministry of Health had been “destroyed” and that Gaza’s health sector was being “systematically dismantled” during Israel’s occupation of the Gaza Strip (27).

As of March 2024, the health system in Gaza has been devastated by over 1,000 documented attacks on health services, resulting in damage to health facilities, the deaths of healthcare workers, and their arrest, while the mental health system has also completely collapsed (28). Six Community Mental Health Centers have closed due to running out of medications, and the only existing inpatient psychiatric hospital has also been bombed (25). The catastrophic level of health conditions in the Gaza Strip underscores the urgent need for a ceasefire that would allow sufficient amounts of essential health supplies (food, water, fuel, medications) and psychosocial support to reach Gaza.

CONCLUSION

The findings of this review indicate that the people of Gaza, who have witnessed war for generations, currently bear deep scars on their mental health (8). Additionally, although the attacks that began on October 7 and are still ongoing have not yet been comprehensively studied, they are likely to lead to a deterioration in individuals’ mental health and mental health services.

Researchers agree that a prolonged life marked by poverty-related stress factors, in addition to traumatic events associated with conflict and war, is likely to increase the likelihood of developing PTSD and other psychiatric symptoms in both children and adults (11). Childhood trauma is particularly significant as it affects developmental processes, placing children at risk for developing PTSD, anxiety, depression, and other psychiatric disorders (29). Such trauma is not limited to the present time or those directly affected (25). Both children of the fifth generation living under conditions of human rights abuses and approximately 50,000 women experiencing pregnancy in the current conflict environment are facing the devastating impact of accumulated trauma passed down through generations, affecting their physical and mental health (1,29). The impact of trauma in a war environment is not limited to the present time or those directly affected. For instance, the current disaster evokes collective traumatic memories of pain for the citizens of the Gaza Strip, whose parents, grandparents, or great-grandparents experienced the trauma of the Nakba (25). Current findings indicate that growing up in an unsafe, unstable environment where real violence is experienced and the potential for further violence is always present can lead to significant and widespread symptom burdens (25). The inhumane conditions in Gaza, particularly as they coincide with critical formative stages of life in young people, increase the risk of mental health issues due to factors such as insecurity, displacement, disrupted education and skill development opportunities, weakened infrastructure, and jeopardized support networks. Unaddressed mental health issues can have negative effects on various development outcomes for young people, including education, employment, protection from violence, and broader health services (4). Although resilience after trauma largely depends on the

availability of economic, social, and physical resources, which are currently severely limited due to ongoing conflicts, a strong community made up of parents, families, schools, social clubs, and religious institutions can help mitigate the harmful effects of trauma exposure, along with the psychological interventions (2).

On the other hand, the authors oppose reducing the crisis in Gaza to a medical condition expressed through psychiatric concepts and diagnoses, arguing that the root causes of the suffering must be considered (30). To truly understand societal suffering and protect human dignity, the focus must shift towards Israel's numerous human rights violations and the inhumane strategies it has employed, alongside a massive, organized global call for a ceasefire.

Conflict-of-interest and financial disclosure

The author declares that she has no conflict of interest to disclose. The author also declares that she did not receive any financial support for the study.

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