

Impact of the conflict on mental health and psychosocial support needs in Gaza

OVERVIEW

Over ten months of intense conflict in Gaza have caused and aggravated mental health and psychosocial support (MHPSS) needs. MHPSS needs were already high prior to October 2023, as decades of occupation, conflict, and economic deprivation contributed to widespread depression, post-traumatic stress disorder (PTSD), and other mental health and psychosocial problems.

Since October 2023, the 2.1 million Palestinians living in Gaza have witnessed or experienced an unprecedented number of violent and traumatic events, including direct violence, repeated displacement, and the loss of loved ones, homes, and belongings (NRC 13/12/2023; Protection Cluster 24/05/2024; KII 09/08/2024). Such experiences have increased anxiety, depression, and other mental health and psychosocial problems. Extensive destruction of the healthcare system prevents even basic treatment of these conditions in the immediate and long term (Health Cluster 05/05/2024; CSIS 22/01/2024; KII 09/08/2024; KII 13/08/2024).

KEY MESSAGES

- While intense conflict and severe access constraints have prevented comprehensive assessments and studies since 7 October 2023, humanitarian responders and those affected in Gaza have reported a significant increase in MHPSS needs, including widespread depression, anxiety, and trauma (MSF 29/04/2024; KII 09/08/2024; KII 12/08/2024 b). Both adults and children are expressing the wish to die rather than live through further displacement, violence, and deprivation (KII 28/08/2024; KII 12/08/2024 a). **As traumatic experiences are relentless and continuous, 'post-trauma' is not necessary to diagnosing PTSD** (UNRWA 13/08/2024; KII 28/08/2024).
- **Almost all of the estimated 1.2 million children in Gaza are in need of MHPSS** (UNICEF 14/07/2024). Problems include depression in children as young as five, anxiety, regressive behaviours (e.g. bedwetting in children as old as 14), and suicidal thoughts. High numbers of unaccompanied and separated children are at particularly high risk of developing mental health and psychosocial problems.
- Women are experiencing a significant increase in MHPSS needs, aggravated by the challenge of meeting their family's basic survival needs, increased gender-based violence

(GBV), and urgent sexual health and reproductive rights needs because of minimal access to WASH, health, and NFIs.

- Many men are unable to provide for or protect their families, damaging their sense of self and agency. Social norms and assumptions about masculine displays of emotion lead to under-recognition of men's MHPSS needs.
- Older people and people with disabilities have lost access to essential healthcare, social support, and assistive devices, causing feelings of helplessness, isolation, and a higher risk of mental health and psychosocial problems. People with pre-existing mental health and psychosocial conditions have no access to consistent medication or treatment.
- **Healthcare and other frontline workers providing MHPSS are experiencing the same stressors and needs as their patients**, compounded by exhaustion from overwork and the constant need to make ethically challenging decisions.
- **Security is a basic minimal requirement for effective psychosocial support and treatment, but there is no safe place in Gaza.** Without physical and emotional security, Gazans' MHPSS needs will continue to increase rapidly (MSF 29/04/2024; KII 09/08/2024; KII 12/08/2024 a; KII 12/08/2024 b).
- Recurrent conflict, the Israeli blockade, and domestic governance problems were among the factors contributing to Gazans' high MHPSS needs prior to 7 October. The 2022 PPCS found that **an estimated 70% of Gazans screened positive for depression** (WB et al. 22/11/2022).

TABLE OF CONTENTS

About this report	2
Terminology	2
MHPSS needs and drivers	3
MHPSS resources and capacities	4
Mental health and psychosocial needs within specific groups	7

ABOUT THIS REPORT

Aim:

This report analyses pre and post-7 October MHPSS needs in Gaza, the drivers of needs, and MHPSS resources and coping capacities, highlighting the specific needs of people of different genders and ages, people with disabilities, healthcare workers, and detained Palestinians. The most recent information available, primarily from 2020 onwards, is used for pre-7 October analysis.

Methodology:

This report is based on secondary data review, corroborated and elaborated on by key informant interviews with eight humanitarian responders, clinical psychologists, and other healthcare professionals with both pre and post-7 October experience at UN agencies, INGOs, and local authorities in Gaza.

Analysis of pre-crisis MHPSS drivers and needs, resources, and capacities draws primarily on two recent studies.

- **The 2022 Palestinian Psychological Conditions Survey (PPCS)** – conducted by the Palestinian Central Bureau of Statistics (PCBS), World Bank, The International Security and Development Centre, and Zentrum Überleben – surveyed 2,600 adult respondents in Gaza from March–April 2022. The PPCS looked at five mental health indicators (depression, PTSD, risk for common mental health problems, aggression, and life satisfaction), which were measured using common tools based on self-reported symptoms and experiences. These tools included the WHO 5 Wellbeing Index¹ to assess depression risk and the International Trauma Questionnaire² to assess the severity of reported PTSD symptoms. This study is referred to here as the 2022 PPCS and cited as *WB et al. 22/11/2022*.
- **The 2022 Multi-Sectoral Needs Assessment (MSNA)**, conducted by REACH, surveyed 4,150 households across Gaza from May–July 2022. The MSNA assessed self-reported psychosocial distress and trauma based on whether one or more surveyed household members reported experiencing such problems in the 30 days prior to data collection. Problems included: nightmares, lasting sadness, extreme fatigue, frequent tearfulness, bedwetting, extreme anxiety, significant social withdrawal, unusual aggressive behaviour, and/or decreased appetite or sleep. This study is referred to here as the 2022 MSNA and cited as *REACH/OCHA 01/11/2022*.

Limitations

Healthcare access constraints and the use of different evaluation tools, some of which relied on self-reported information rather than professional diagnosis, limit pre-7 October information on the prevalence of specific mental health and psychosocial conditions in Gaza. Post-7 October, severe humanitarian access constraints and the destruction of most health services have prevented the collection of detailed data on mental health and psychosocial problems.

TERMINOLOGY

- The Inter-Agency Standing Committee (IASC) defines **mental health** as “a state of [psychological] well-being (not merely the absence of mental disorder) in which every individual realises his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community” (*IASC 23/09/2021*).
- While there are varied definitions of **psychosocial wellbeing**, the term is often used to describe how the interplay between social factors – such as interpersonal relationships, social values, and community life – and psychological factors, such as emotions, behaviours, and coping strategies, influences overall wellbeing (*IASC 23/09/2021*).
- This report uses the IASC definition of **mental health and psychosocial problems**, which include one or a combination of social problems such as interpersonal violence or discrimination; psychological distress; mental, neurological, and substance use disorders; and intellectual disability (*IASC 23/09/2021*).
- **Mental health and psychosocial support (MHPSS)** describes local or outside support to protect or promote psychosocial wellbeing and/or prevent or treat mental disorders (*IASC 01/06/2007*).
- **Post-traumatic stress disorder (PTSD)** is a psychiatric disorder that can occur in people who have experienced or witnessed one or more traumatic events. People with PTSD generally have symptoms that involve repeatedly re-experiencing the traumatic event, including through intrusive flashbacks and dreams; avoiding situations, people, and other things that remind them of the event; altered cognition and mood, including distorted beliefs about the event and their self-worth; and hyperarousal (a sense of heightened danger) (*WHO 27/05/2024; APA accessed 20/08/2024*).
- **Depression** is a mental health condition characterised by low mood or the loss of pleasure or interest in regular activities for a prolonged period, often for at least two weeks (*WHO accessed 20/08/2024*).

¹ This index is a self-reported indicator of current mental health, initially developed to measure subjective wellbeing and more recently used as a screening tool for depression (*WB et al. 22/11/2022*).

² The International Trauma Questionnaire is a simply worded self-reporting set of questions that focus on the core features of PTSD and Complex PTSD (*ITC accessed 29/08/2024*).

MHPSS NEEDS AND DRIVERS

Repeated conflict and violence, severe economic deprivation, and associated health, shelter, livelihood, and other humanitarian needs are all linked to poor mental and psychosocial health. These pre-7 October drivers and associated MHPSS needs have intensified dramatically since the renewed outbreak of conflict in Gaza.

Pre-7 October

Nearly 60 years of occupation and conflict in Gaza have exposed the population to repeated violence and traumatic experiences, increasing the risk of mental health and psychosocial problems (NRC 13/12/2023; CARE 15/05/2024; CFR 15/08/2024; AP 25/08/2021). Between Hamas's election in 2007 and October 2023, four Israel-Hamas military escalations killed around 4,100 Palestinians, injured over 20,300, and caused over USD five billion in damage in Gaza, including damage to over 245,000 homes (AP 25/08/2021; OCHA 11/03/2017 and 25/01/2023; UNHRC 06/03/2013 and 24/06/2015; AJ 10/05/2022). The 2022 PPCS found a strong association between direct experiences of conflict-related events and the severity of PTSD symptoms among surveyed Gazan households. Property destruction, violence against civilians, and explosions/remote violence correlated with particularly high levels of psychosocial distress (WB et al. 22/11/2022). Similarly, the 2022 MSNA found that symptoms of psychosocial distress and trauma were more prevalent among households in areas affected by the 2014 and 2021 wars (REACH/OCHA 01/11/2022).

Interpersonal and criminal violence not directly related to conflict also causes mental health and psychosocial issues in conflict-affected communities (Østergaard et al. 02/01/2023). The most recent PCBS survey on violence, conducted in 2019 and updated in 2022, indicated high levels of intimate partner violence in Gaza, affecting around 70% of married or previously-married women respondents (aged 15–64) in the year preceding the survey (OCHA 25/01/2023). The 2022 PPCS found higher levels of both depression and PTSD in Gazan households that reported physical violence against a woman and/or child by another member of the household (WB et al. 22/11/2022).

Poverty, lack of access to livelihoods, and aid dependence have also contributed to mental health and psychosocial problems in Gaza, heightening the population's feelings of disempowerment, helplessness, and lack of agency (WB 14/06/2023). Israel's 15-year blockade and conflict-induced damage have crippled the Gazan economy and severely constrained access to livelihoods and services. Prior to 7 October, the blockade prevented many workers and those seeking medical treatment from leaving Gaza; restricted use of agricultural land and fishing waters within Gaza; and strictly controlled goods entering Gaza, leading to severe shortages of construction materials and other equipment critical to the functioning of health,

education, and WASH services (OCHA 30/06/2022 and 25/01/2023; UNCTAD 13/08/2020). Egypt's blockade of the Rafah Crossing for long periods between 2014–2018 aggravated these shortages (OCHA 30/06/2022 and 25/01/2023; MEPC 25/03/2014; CEIP 26/07/2021).

Palestinian political divisions and governance issues compounded poverty and livelihood, food security, and other critical needs. Hamas, which has governed Gaza as a de facto one-party state since 2007, has faced allegations of corruption in public service and aid provision (Freedom House accessed 08/08/2024). The Palestinian Authority, which governs the West Bank and transfers revenue to Gaza to fund public services, has intermittently decreased or suspended these transfers in response to political tensions with Hamas, hampering service provision in Gaza (ECFR accessed 08/08/2024; STC 15/06/2022).

By 2023, these economic stressors had contributed to a 65% poverty rate, 46% unemployment rate, and 55% food insecurity rate in Gaza (WB 23/05/2024; PCBS 08/08/2023; OCHA 25/01/2023). High livelihood and food security needs fuelled widespread aid dependence, with around 75% of Gazans receiving humanitarian assistance in the six months prior to 2022 MSNA data collection (REACH/OCHA 01/11/2022). The 2022 PPCS found a strong association between depression, PTSD symptoms, and perceived poverty among respondents in Gaza, as well as identified higher levels of both depression and PTSD among people with worsening food security and those less economically active (WB et al. 22/11/2022).

Constrained access to healthcare and humanitarian assistance, along with studies' use of different evaluation tools, some of which relied on self-reported information, make it difficult to determine **the pre-7 October prevalence of specific disorders – such as PTSD and depression – and other mental health and psychosocial problems in Gaza**. A 2019 WHO meta-analysis of studies on mental health in conflict contexts worldwide indicated that, on average, an estimated 22% of people who have experienced conflict in the past ten years have depression, anxiety, PTSD, bipolar disorder, or schizophrenia (WHO 16/03/2022; Charleson et al. 11/06/2019). Based on this study, the WHO estimated that at least 453,000 people (around 22% of the population) were living with these mental health disorders in Gaza by 7 October 2023 (WHO 17/05/2024).

Several Palestine-specific studies and assessments provide additional indications of common disorders and other problems in Gaza pre-7 October, although such studies are not definitive and often rely on self-reporting. Recent examples include the 2022 PPCS, which found that over 70% of Gazan respondents screened positive for depression. The 2022 PPCS also found that 7% of respondents fulfilled the diagnostic criteria for PTSD, which is a lower percentage than several PTSD estimates in Gaza since the blockade began, partly because the PPCS used a diagnostic rule that habitually yields more conservative PTSD estimates than other common tools. By contrast, a 2010 survey of around 440 men and women in Gaza found that, based on self-reported symptoms measured using a different tool, around 22.5% of men and 24% of women respondents in Gaza had PTSD (WB et al. 22/11/2022; Canetti et al. 01/09/2010).

More generally, the 2022 MSNA found that **psychosocial distress or trauma affected one or more people (including children) in 40% of Gazan households** surveyed. Signs and indicators of trauma and distress included, but were not limited to, lasting sadness, extreme fatigue, bedwetting, nightmares, decreased sleep, extreme anxiety, significant social withdrawal, unusual aggressive behaviour, and decreased appetite (REACH/OCHA 01/11/2022).

Post-7 October

With 40,602 Palestinians killed and 93,855 injured by 29 August, this war in Gaza is the most violent since the beginning of the Israeli occupation (OCHA 30/08/2024; The Guardian 15/08/2024). Gaza's 2.1 million inhabitants have either experienced or witnessed violent and traumatic events, including direct violence and threats to life; the death of relatives, friends, and community members; and/or the loss of physical capacity because of injury. All of these experiences aggravate people's pre-existing mental health and psychosocial conditions and increase their likelihood of developing new ones (NRC 13/12/2023; Protection Cluster 24/05/2024; KII 09/08/2024).

Repeated displacement has decreased people's coping capacities and heightened stress and uncertainty. Responders reported that MHPSS needs increase with each new evacuation and displacement (KII 09/08/2024; KII 12/08/2024 b). By 30 August, 1.9 million people had been displaced, many multiple times (UNRWA 30/08/2024).

There is no safe shelter or space in Gaza, creating constant fear of further violence and displacement. Indiscriminate aerial bombardment and other armed conflict repeatedly target traditionally safe spaces, including schools, health facilities, and religious buildings. High levels of interpersonal violence, theft, and a lack of privacy affect IDP sites, with worse levels in informal sites (CARE 15/05/2024). People are living in a constant state of alert in anticipation of further attacks, increasing anxiety and preventing them from sleeping (MSF 29/04/2024; KII 09/08/2024; KII 12/08/2024 b).

An inability to work and provide for (and protect) their families has left people feeling helpless, depriving them of agency and self-esteem (KII 12/08/2024 a). By June 2024, unemployment in Gaza had reached 80%, up from the reported 46% in 2023 (ILO 07/06/2024). An estimated 95% of people in Gaza have been facing Crisis (IPC Phase 3) or above levels of food insecurity between May–September 2024 (IPC 25/06/2024). As described in the following section, armed conflict and Israel's restrictions on goods and assistance entering Gaza have deprived the population of essential goods and services, undermining their dignity and access to MHPSS.

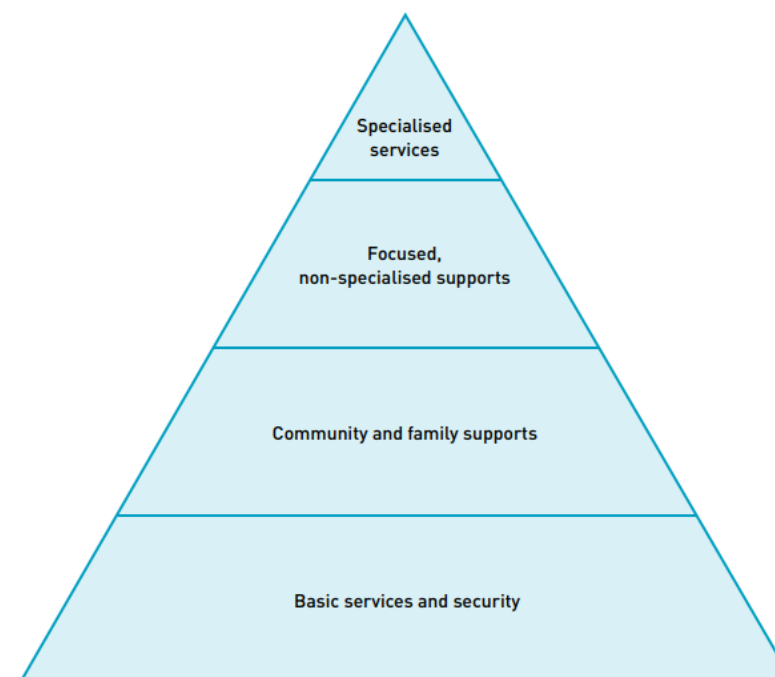
As a result of these stressors, humanitarian responders have observed significant increases in anxiety and depression, psychosomatic problems (often headaches and body aches),

anger, frustration, flashbacks, nightmares, and emotional withdrawal among people in Gaza (KII 12/08/2024 b; KII 09/08/2024; UNRWA 13/08/2024; GCMHP 16/07/2024). UNICEF has also received reports of substance abuse and addiction via its hotline, which is available to the general population in Gaza (UNICEF 02/07/2024). Minimal access to healthcare and severe humanitarian access constraints prevent accurate, comprehensive assessment of the prevalence of specific disorders. Many cases are complicated, going beyond a single problem or disorder, because there are so many compounding risk factors (KII 12/08/2024 b).

MHPSS RESOURCES AND CAPACITIES

The IASC generally categorises MHPSS interventions based on the following pyramid. Pre-7 October gaps across all layers of the pyramid have widened significantly in Gaza over the past ten months.

Figure 1. Intervention pyramid for MHPSS in emergencies



Source: IASC (01/06/2007)

Pre-7 October

As discussed in section 1.1, recurrent conflict, the Israeli occupation and blockade, and domestic governance challenges meant that **basic services and security** were minimal in Gaza pre-7 October. The 2022 MSNA found that, in the month prior to data collection (May 2022), 65% of surveyed households faced cost-related obstacles to obtaining healthcare; 55% to obtaining utilities (electricity and water); nearly 50% to using transportation; and 45% to meeting essential shelter needs (REACH/OCHA 01/11/2022; OCHA 25/01/2023). The 2023 Humanitarian Needs Overview classified around 1.15 million people in Gaza (around 55% of the population) in need of protection assistance, largely because of conflict, violence, and the blockade (OCHA 25/01/2023).

Before 7 October, **community and family support** was generally strong in Gaza, where kinship extends beyond nuclear families to include large numbers of relatives, often living in the same compound and supporting each other financially and emotionally (KII 13/08/2024; Independent 17/06/2024). Life under blockade strengthened these networks, providing social support to those affected by conflict (CARE 15/05/2024; Rita Giacaman 15/11/2019). Islamic faith and religious community also provided meaning and emotional support for many people in Gaza, where the majority of the population is Sunni Muslim (KII 13/08/2024; CARE 15/05/2024; AJ 18/06/2017; US Dept. of State 22/04/2024). Further, Gazan communities derived resilience from cultural concepts such as *sumud*, which has varied definitions generally relating to steadfast connection to Palestinian land and resistance in the face of occupation and other chronic adversity (Marie et al. 08/02/2017; Hammad and Tribe 31/03/2020).

Social stigma around mental health disorders was also present in Gaza, although several humanitarian responders reported that stigma had decreased under the blockade, as people were experiencing 'endemic' needs and the MHPSS response gained a higher public profile (KII 12/08/2024 b; KII 13/08/2024).

Focused, non-specialised support – including basic mental healthcare by primary healthcare workers and basic emotional support from teachers, social workers, and other community workers – was under-resourced and difficult to access prior to 7 October 2023 (IASC 23/09/2021; CBM 23/08/2023). From 2016, the WHO Mental Health Gap Action Programme trained non-specialist healthcare workers (i.e. healthcare workers who are not psychologists and psychiatrists), mostly in government and UNRWA primary healthcare clinics, to provide focused MHPSS (WHO accessed 12/08/2024; Ubaid et al. 05/07/2021; KII 12/08/2024 a; KII 12/08/2024 b; KII 13/08/2024). Despite this programme, services were still insufficient to meet increasing needs (KII 13/08/2024; KII 28/08/2024).

Further, conflict and the blockade limited access to and the capacity of primary and other non-specialised healthcare facilities, meaning that people could not necessarily access

basic MHPSS in these facilities (OCHA 25/01/2023; STC 15/06/2022). The 2022 MSNA found that, of the 90% of surveyed households with at least one member in need of healthcare, 99.8% reported barriers to healthcare, primarily cost (77%) and the unavailability of specific treatments (22%) or medication (20%) (REACH/OCHA 01/11/2022).

Specialised services were also limited prior to 7 October, with only one psychiatric hospital in Khan Younis and six Ministry of Health community mental health centres across Gaza (UN News 04/09/2022; CSIS 22/01/2024; KII 13/08/2024; The Guardian 01/12/2023). These facilities faced constant human resources and psychotropic medication shortages, largely as a result of the blockade (KII 13/08/2024; KII 12/08/2024 b; KII 28/08/2024). A second in-patient MHPSS facility was planned for northern Gaza, but was not completed before 7 October (KII 13/08/2024). The Gaza Community Mental Health Programme also provided specialised care for acute mental health and psychosocial problems in its three community centres, which employed professional psychiatrists and psychologists (KII 28/08/2024; GCMHP 16/07/2024). UN agencies and INGOs supplemented government and national NGO services with some specialised programming (KII 28/08/2024).

Post-7 October

By 2 September 2024, basic services and security had become effectively non-existent in Gaza. For example, by July 2024, Gazans were surviving on less than five litres of water per person daily, only one-third of the internationally accepted minimum standard of 15 litres in humanitarian emergencies (Oxfam 18/07/2024). By the end of June, Israeli forces had destroyed 70% of sewage pumps and 100% of waste treatment facilities, leaving sewage running through the streets. Negligible access to WASH has left Gazans with high rates of water-borne and skin diseases, hepatitis A, and a polio outbreak. There is minimal access to healthcare to treat these diseases (PAX 18/07/2024; Oxfam 18/07/2024; UN News 12/08/2024). By 30 August, 1.9 million people had been displaced, with many living in inadequate, overcrowded, and unsafe shelters, causing significant emotional distress (GCMHP 16/07/2024; UNRWA 30/08/2024).

Conflict and displacement have severely disrupted community and family networks. The family structure in Gaza has completely changed as a result of death, separation, and the need to crowd multiple families into one tent or space, leading to high levels of stress, anger, violence, and competition over scarce resources. These factors are undermining family and social cohesion, contributing to more frequent social problems (KII 12/08/2024 a; GCMHP 16/07/2024; KII 28/08/2024). MHPSS needs often affect multiple family members, leading to tension and sometimes violence as people try to balance their own needs with the pressure of supporting relatives (KII 12/08/2024 b).

The conflict has also destroyed traditional places to socialise, including family compounds and coffee shops. There are generally no safe spaces for social gatherings at IDP sites, making it challenging to develop and maintain new networks. Further, the difficult and time-consuming process of meeting basic needs leaves little time for socialising (KII 12/08/2024 b; CARE 15/05/2024; CSIS 22/01/2024). One responder reported that social stigma continues to prevent people from discussing mental health and psychosocial problems out of fear of appearing weak, encouraging hopelessness, or placing blame on loved ones (KII 12/08/2024 b).

Despite these pressures, family and social networks continue to be positive coping mechanisms for some in Gaza, as basic goods, vital information on security and aid, money, and domestic responsibilities are shared (CARE 15/05/2024). Families not yet separated are living in close proximity, sometimes in one tent. While this creates opportunities for tension, it also allows them to spend time together and support one another (KII 12/08/2024 a). Cultural and religious practices provide additional coping mechanisms, with women relying on prayer and reading the Quran, and men gathering at mosques and prayer groups (CARE 15/05/2024; KII 12/08/2024 a; KII 12/08/2024 b; GCMHP 16/07/2024).

Since 7 October, most of the humanitarian response has been confined to providing basic services, security, and strengthening community and family supports (KII 28/08/2024; Health Cluster 05/05/2024; CSIS 22/01/2024). This includes providing unstructured recreational activities for both adults and children and interventions to support parents and caregivers (KII 28/08/2024). In lieu of the psychosocial support students would otherwise receive at schools, nearly 90% of which had been damaged by May 2024, UNRWA, UNICEF, and other Education Cluster responders provide recreational and other psychosocial programming, incorporating activities such as art and physical exercise (OCHA 12/06/2024; Education Cluster accessed 30/07/2024; UNRWA 13/08/2024; KII 28/08/2024; UNICEF 31/07/2024).

The conflict has crippled both non-specialised and specialised services in Gaza. Many specialised professionals have fled Gaza and some have been killed, leading to severe human resource shortages (KII 28/08/2024; GCMHP 16/07/2024). For those who remain, there are few places left to treat patients. By 28 August 2024, Gaza's only psychiatric hospital remained non-operational after it was severely damaged on 5 November 2023 (OCHA 09/11/2023; WHO 17/05/2024; KII 13/08/2024; KII 28/08/2024). Damage and conflict also forced the Ministry of Health's six community mental health centres to progressively close or relocate, initially from North Gaza to the Middle Area and Rafah. One centre remained in Rafah prior to Israel's ground invasion in May 2024, which forced the centre to relocate to Deir al-Balah. By 28 August, Israeli evacuation orders near this single remaining centre was deterring patients from seeking help there (CSIS 22/01/2024; KII 28/08/2024; KII 13/08/2024; WHO 24/08/2024).

UN agencies and NGOs have minimal capacity to offer specialised treatment for moderate–severe MHPSS needs (Health Cluster 05/05/2024; CSIS 22/01/2024). Still, by 24 August, the WHO had deployed an MHPSS emergency medical team at Nasser Hospital to provide psychiatric care and MHPSS for healthcare workers (WHO 24/08/2024). By 22 August, UNRWA had employed nearly 600 staff whose roles involved MHPSS services, including an unspecified number of psychiatrists (UNRWA 13/08/2024).

Israeli evacuation orders, bureaucratic movement restrictions, constant combat and displacement, and a lack of fuel and internet, preventing telehealth appointments, make it very challenging to even reach patients to provide these limited services (KII 12/08/2024 a; KII 09/08/2024). Lack of privacy at overcrowded IDP site shelters complicates the provision of counselling, particularly one-on-one sessions (UNRWA 24/01/2024; KII 09/08/2024). Sessions take place amid active fighting, including the sound of continuous bombing, undermining patients' feelings of security (MSF 20/06/2024). Several organisations are providing hotlines for MHPSS requests and offer counselling sessions over the phone, although telecommunications damage limits access to these services (UNICEF 02/07/2024 and 13/06/2024; GCMHP 16/07/2024).

Evacuation orders and displacement disrupt case management, although responders try to locate and follow up with patients at new displacement sites (KII 09/08/2024; KII 12/08/2024 b). The constantly changing number of people at displacement sites also prevents pre-planning to ensure MHPSS service coverage (KII 09/08/2024).

Psychotropic medications, including anti-depressants, anti-psychotics, anti-epileptics, and other medications used to treat mental disorders, are in short supply because of pre-existing Israeli import restrictions combined with high domestic prices (KII 12/08/2024 a; KII 12/08/2024 b; KII 13/08/2024; The New Yorker 19/04/2024; WHO accessed 29/08/2024). Responders have also faced consistent difficulties bringing psychosocial support kits, which generally contain educational activities, informational materials, and games, into Gaza (OCHA 01/05/2024 and 18/03/2024; Education Cluster 03/08/2024; KII 12/08/2024 a; IFRC 01/07/2024).

Further, people in Gaza have little time to consider their mental health and psychosocial wellbeing and actively seek support, as they spend most waking hours trying to meet basic survival needs. Humanitarian responders have observed a sense of apathy around MHPSS among people in Gaza, based on a lack of belief that the situation will improve (KII 09/08/2024; KII 12/08/2024 a).

MENTAL HEALTH AND PSYCHOSOCIAL NEEDS WITHIN SPECIFIC GROUPS

This section's classification and inclusion of different groups is not exhaustive or definitive, but instead highlights major, overarching factors (such as age, gender, and ability) that influence a person's experience of MHPSS needs. While other important factors, such as sexual orientation and gender identity, are not discussed in this section because of insufficient available information, these also play a significant role in MHPSS needs.

Children

Prior to 7 October, an estimated 816,000 children in Gaza required MHPSS after living through six phases of conflict since 2008, experiencing varied conflict-related traumatic events and inheriting trauma from their caregivers' experiences and memories (UNICEF 17/10/2023; CARE 15/05/2024; Abudayya et al. 28/11/2023). A 2022 Save the Children study based on interviews with nearly 500 children aged 12–17 and 160 caregivers in Gaza found that 84% of children reported feeling scared and 78% reported feeling grief. These feelings manifested in an array of mental health and psychosocial problems, including bedwetting (around 80%), language and communication difficulties (around 60%), aggressive behaviour (reported by almost all caregivers), self-harm (reported by 60% of caregivers), and suicidal thoughts (reported by 55% of caregivers) (STC 15/06/2022).

Following 7 October, it is estimated that nearly all of Gaza's 1.2 million children require MHPSS (UNICEF 14/07/2024). Humanitarian responders have observed a range of mental health and psychosocial changes in Gazan children's behaviour and mental state since the outbreak of conflict. Such changes include fear, nervousness, anxiety, distraction and loss of focus, violence, recklessness, a loss of social and educational motivation, regressive behaviours (e.g. increased bedwetting in children as old as 14), disordered eating, hypervigilance, sleep problems, refusal to breastfeed, developmental delays, and depression in children as young as five. Some children struggle with feelings of guilt for being unable to protect relatives and friends who were killed. Others express a desire to die in order to escape their situation and join their parents and loved ones (CARE 15/05/2024; STC 12/03/2024; Anera/IRC 12/03/2024; KII 12/08/2024 a; KII 28/08/2024). There is a high risk that these problems will lead to long-lasting developmental, mental health, and psychosocial issues (UNRWA 13/08/2024; GCMHP 16/07/2024).

Children with injuries or disabilities are at particularly high risk of experiencing MHPSS needs (UNICEF 14/07/2024). While there is a lack of recent, disaggregated data on the number of injured children, UNICEF reported that at least 12,320 children had been injured by the end of April 2024 (UNICEF 31/07/2024). This includes over 1,000 children who lost one or both legs between October–December 2023 alone (UN News 19/12/2023). High stress has also contributed to increased violence against children, particularly girls, in the home (CARE

15/05/2024). Children with injuries and disabilities are at particularly high risk of being killed, further injured, or experiencing other protection violations, as their parents or caregivers often lack the time and resources necessary to provide care, and specialised care is no longer available (KII 28/08/2024).

By June 2024, at least 17,000 children in Gaza had become unaccompanied or separated, although humanitarian responders estimate that number could actually be over 50,000, as parents and other caregivers are continuously killed, injured, or separated by fighting, arrest, detention, and displacement (IRC 02/06/2024). The presence of caregivers and other social and emotional support is a key psychosocial protective factor for children (STC 15/06/2022). The loss of caregivers and the associated struggle to survive has caused particularly significant distress for unaccompanied and separated children (Bond 28/02/2024; UNICEF 14/07/2024).

Families and communities are often forced to prioritise basic survival activities over protective routines that support children's mental health and psychosocial wellbeing, such as regular play and time with family and friends. Boys are increasingly sent to work or otherwise provide for their families, while girls are often confined to their tents for security. There are reports of both boys and girls begging on the streets (CARE 15/05/2024; STC 15/06/2022; KII 12/08/2024 a; GCMHP 16/07/2024; KII 28/08/2024). Further, stressed caregivers who have themselves experienced traumatic events have less capacity to emotionally support children, who also may worry about their caregivers' wellbeing, increasing children's vulnerability to mental health and psychosocial problems (NRC 13/12/2023).

All enrolled children in Gaza have lost nearly an entire academic year, depriving them of social networks, extracurricular activities, and other formal and informal MHPSS (UNICEF 31/07/2024). The invasion of Rafah and frequent evacuation of other parts of Gaza have also disrupted temporary learning spaces set up since 7 October, which provide MHPSS services in non-formal settings (UNICEF 02/07/2024; CARE 15/05/2024; Education Cluster 03/08/2024). Children have lost access to basic spaces to play and develop socially outside of school, as public spaces have been destroyed or are filled with debris and solid waste, which children play with in the absence of toys (KII 12/08/2024 a).

Women

Prior to 7 October, women in Gaza faced high MHPSS needs related to, in particular, GBV. Stigma around intimate partner violence and other forms of GBV prevent women from seeking support (OCHA 25/01/2023).

Since 7 October, women have reported a significant rise in stress and associated MHPSS needs, particularly depression (KII 12/08/2024 a; KII 12/08/2024 b). **Increased domestic and care responsibilities** – including difficult, time-consuming tasks such as waiting for water and aid

distribution in dangerous environments – play a large role in women’s increasing stress levels. Women are also primarily responsible for providing care and education for children, including a growing number of unaccompanied or separated children (CARE 15/05/2024; KII 09/08/2024; KII 12/08/2024 a). An increasing number of women heads of households, either separated from or who have lost their partners, face particularly intensive duties (KII 09/08/2024; KII 12/08/2024 b). Caring responsibilities expose women (and male carers) to feelings of stress and worry on behalf of those they care for (STC 15/06/2022). Constant domestic and care responsibilities also leave women socially isolated and confined to tents (KII 13/08/2024).

Pre-crisis gender and social norms, combined with destroyed telecommunications infrastructure, limit women’s ability to receive vital information, including about aid distribution and security updates. This, along with the risk of physical danger and low access to services, increases their isolation. IDP sites generally lack dedicated spaces for women to gather and provide peer-to-peer support, heightening their social isolation (CARE 15/05/2024).

Since 7 October, there have been increasing reports of physical and verbal GBV against women, particularly intimate partner violence. Women’s significant responsibilities in Gaza expose them to blame and abuse in response to domestic problems, such as insufficient food and water. Heightened stress, frustration, fear, loss of livelihoods, and overcrowded shelter conditions also contribute to this trend. The crowding of multiple families and community members into small spaces has increased reports of sexual abuse and exploitation, leading to cases of adolescent pregnancy and early marriage (CARE 15/05/2024; KII 28/08/2024). Women and girls face heightened social stigma when reporting mental health and psychosocial problems related to GBV (OCHA 25/01/2023; KII 09/08/2024). GBV services are limited and GBV-related MHPSS referral pathways are difficult to maintain amid the conflict, leaving many women without support (KII 12/08/2024 b).

Women are also experiencing increased stress, anxiety, and compromised self-esteem related to sexual and reproductive health and personal hygiene. Stress increases the risk of pregnancy-related complications, including miscarriages and stillbirths, while a lack of access to healthcare and other basic services increases illness and death among newborns and children, causing anxiety and grief for their mothers. These conditions increase the risk of depression, including post-partum depression (CARE 15/05/2024; ACAPS 03/05/2024).

Further, a lack of adequate menstrual health management products has forced women and girls to use makeshift, unhygienic methods of managing menstruation. Many women have lost access to bathing facilities and been forced to cut their hair because of widespread lice and scabies. The inability to adequately manage menstrual and personal hygiene creates feelings of shame and undermines women’s dignity and self-esteem. This inability also prevents girls from socialising and accessing education, depriving them of key positive coping mechanisms. Responders report that women and girls avoid looking at their reflection and keep themselves covered more frequently (CARE 15/05/2024; KII 09/08/2024; KII 12/08/2024 a).

Men

Prior to 7 October, exposure to violence, economic pressures, and associated social norms exposed men to various mental health and psychosocial conditions. The 2022 PPCS found that, among those surveyed, men had higher PTSD symptom severity scores than women (1 and 0.8 respectively), likely because of men’s higher exposure to violence. Scores were particularly high (1.2–1.4) among men aged 18–30 (WB et al. 22/11/2022). Pressure to provide for their families, and significant barriers to doing so, also contributed to a high suicide rate among men aged 18–30, who comprised an average of 75% of all reported suicide deaths between January–October 2023 (UNRWA 23/10/2023). Men in this age bracket have spent the majority of their lives under Israeli blockade, a likely factor in why the rates of mental health and psychosocial conditions are particularly high among this demographic.

Since 7 October, these pre-existing pressures have only intensified, contributing to increased mental health and psychosocial problems among men, particularly anxiety, nervousness, and insomnia (KII 12/08/2024 b).

As they are unable to provide for or protect their families from violence, **men have experienced a loss of identity and feelings of helplessness.** This inability undermines traditional gender roles in Gazan society, which play an important role in men’s self-esteem and wellbeing (CARE 15/05/2024; KII 12/08/2024 a; KII 12/08/2024 b). A social taboo on masculine displays of emotion prevents some men and boys from sharing their feelings, which may cause longer-term mental health and psychosocial problems (KII 28/08/2024).

Men are often exposed to more public violence, as they take on responsibilities outside the home, tent, and IDP camp, including the protection of IDP sites, exposing them to injury and death from combat-related violence and crime (for example, during attempted theft) (CARE 15/05/2024). This has likely heightened fear, anxiety, and other problems related to traumatic experiences.

Men are also struggling from a shortage of cigarettes, a limited number of which have been available at much higher prices since 7 October, leaving those who smoke irritable and nervous. A 2021 PCBS survey of over 2,700 Gazan households found that one-third of men (compared to less than 1% of women) smoked cigarettes and/or other tobacco products (PCBS 31/05/2022). There are reports that, in lieu of nicotine, some men are resorting to other recreational drugs available on the black market (KII 12/08/2024 a; KII 13/08/2024).

Several responders reported that there are **fewer services targeting men’s mental health and psychosocial** needs in Gaza, for a variety of potential reasons. Some men in Gaza are less likely to demonstrate help-seeking behaviour because of social stigma. When men do seek help, it can take more time for them to share their experiences and feelings with healthcare professionals (KII 12/08/2024 a; KII 12/08/2024 b).

Older people

Older people, who made up around 5% (105,000) of Gaza's population prior to 7 October, were already vulnerable to anxiety, depression, and other MHPSS needs. An August 2021 survey of around 515 older people (32% in their 50s, 37% in their 60s, 22% in their 70s, and 9% in their 80s and 90s) in Al-Shate' (Beach) camp, Beit Hanoun, Beit Lahia, and Jabalia camp found that around 80% felt anxious all or most of the time in the two months preceding the survey. Over 50% of respondents felt depressed all or most of the time (HelpAge 14/10/2021; CARE 15/05/2024).

Since 7 October, repeated evacuations and loss of access to healthcare, social networks, and other support have further undermined older people's mental health and psychosocial wellbeing. Many households in Gaza are intergenerational, with younger members caring for older relatives. Around 45% of respondents to the 2021 survey reported being entirely reliant on family members or other carers to meet their basic needs. Displacement and death since 7 October have separated families, depleted resources, and increased the time required to ensure basic survival, depriving older family members of care and attention (CARE 15/05/2024; HelpAge 14/10/2021). Further, older people's lesser access to telecommunications and physical mobility restrictions mean they are more likely to experience isolation and less likely to receive vital information on aid distribution and security (CARE 15/05/2024).

Damage and disruption to healthcare services also deprives older people of access to healthcare and medications, exposing them to physical pain and accompanying mental distress. The above-mentioned 2021 survey of older people found that nearly all (97%) of respondents reported having a health condition, indicating the widespread impact of disruption to healthcare for older people since 7 October (HelpAge 14/10/2021).

People with disabilities

The 2022 MSNA, based on a survey of over 4,150 households across Gaza's governorates, found that 21% of households had at least one member with a physical or mental disability (REACH/OCHA 01/11/2022).

The number of people with physical disabilities has increased since 7 October, as fighting had injured 93,855 people by 30 August (OCHA 30/08/2024). People with newly acquired disabilities are struggling to adapt to their new reality and deal with traumatic flashbacks to the violent event of their injury and subsequent lack of treatment, including undergoing operations without anaesthesia (KII 12/08/2024 a). There is also a lack of follow-up healthcare, including access to assistive devices and mental health support, as fighting has damaged specialised rehabilitation services (HI 21/11/2023).

Since 7 October, people with disabilities have lost access to healthcare, support networks, and assistive devices, increasing or instigating stress, anxiety, and other mental health and psychosocial problems. People with physical disabilities often struggle to evacuate or otherwise keep themselves safe, as stairs, rubble, broken elevators, and other damage pose physical barriers to fleeing, while hearing and intellectual disabilities may prevent people from noticing or reacting to violent events. This creates fear and anxiety about not being able to protect themselves and their families (HRW 01/11/2023). Exclusion from non-accessible shelters and lack of access to essential services causes feelings of isolation, which contribute to new mental health conditions or aggravate pre-existing conditions, including anxiety, depression, and PTSD (Atfaluna 11/03/2024). Less access to telecommunications and physical mobility restrictions mean that people with disabilities are also less likely to receive vital information on aid distribution and security, increasing their isolation and anxiety (CARE 15/05/2024; HRW 01/11/2023).

People with pre-existing mental health and psychosocial conditions have lost access to regular treatment, including psychotropic medications and in-patient care. Families are forced to care for people with severe conditions, which can be stressful and dangerous for both the affected person and family members. People with pre-existing conditions are also at risk of being excluded from shelters and communal spaces because of stigma and fear surrounding their symptoms. Losing access to care can aggravate their conditions and increase risks to life (HI 09/11/2023; KII 13/08/2024). Some who have lost access to medication and other treatment are unable to perceive or respond to risk, prompting them to enter active combat areas and exposing them to high casualties (KII 28/08/2024).

Palestinian healthcare and other frontline workers

Healthcare workers, including MHPSS providers, are themselves overworked, overwhelmed, and experiencing the same MHPSS triggers as those they treat, with no time to process their own traumatic experiences (UNRWA 24/01/2024 and 23/10/2023). Healthcare workers are exposed to frequent attacks on health facilities, which have killed 880 healthcare workers since 7 October (MSF accessed 02/09/2024). The death of coworkers and high probability of attack creates feelings of both grief and fear, as going to work means they are likely to experience further violence (MSF 29/04/2024; Alah 14/03/2024). Many have been unable to work consistently since 7 October, depriving them of their sense of identity and meaning (KII 13/08/2024).

Constant fighting and a complete lack of resources force healthcare workers to make decisions and perform tasks that pose significant emotional and ethical challenges. Such challenges include rationing limited medications and medical supplies by deprioritising patients in need; operating on patients without anaesthesia; leaving patients behind when evacuating health facilities under attack; and choosing between assisting patients and healthcare workers' own families. In response, many healthcare workers have developed symptoms of anxiety,

burnout, guilt, insomnia, depression, intrusive thoughts, and nightmares (MSF 29/04/2024; Alah 14/03/2024; KII 09/08/2024).

These experiences and problems raise the risk of healthcare workers developing PTSD, particularly if they lack treatment. The effects of PTSD may persist and worsen over time: a 2016 survey of around 245 healthcare workers who worked in Gaza during the 2014 military escalation, which caused far fewer deaths and injuries than the current conflict, found that 90% continued to exhibit high levels of PTSD two years after the war. 87% had not received any counselling or support after the war ended (Abu-El-Noor et al. 16/10/2017).

Palestinians in detention

Gazans detained by Israel since 7 October have been subject to alleged torture and cruel, inhumane, and degrading treatment, significantly affecting mental health and psychosocial wellbeing. By the end of July 2024, there were around 9,500 Palestinians (including those from the West Bank and East Jerusalem) confirmed to be in Israeli prisons, although 'thousands' more Gazans are suspected to have been detained since 7 October (UNHRC 05/08/2024; B'Tselem 06/08/2024; OHCHR 31/07/2024). While most are men and male youth, detainees also include women, girls, older people, and humanitarian and healthcare workers (OHCHR 31/07/2024).

After several days in Gaza, detainees are generally transferred to the West Bank or Israel, where most are held incommunicado with no access to humanitarian assistance. Gazans released from detention have reported significant overcrowding; denial of food, water, shelter, access to healthcare, and other essential goods and services; threats, humiliation, sexual and GBV, psychological abuse, and other forms of torture (OHCHR 31/07/2024; HRW 23/07/2024; UNHRC 05/08/2024; B'Tselem 06/08/2024). Both physical and psychological torture and cruel, inhumane, and degrading treatment have long-term mental health and psychosocial impacts, including anxiety, depression, PTSD, difficulty concentrating and sleeping, nightmares, and fatigue (CVT accessed 20/08/2024). Gazans released from detention have minimal access to support, given the lack of available MHPSS services in Gaza.