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# Psychosocial concerns in a context of prolonged political oppression: Gaza mental health providers perceptions

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## Abstract

In this qualitative exploratory study, we investigated the perspectives of mental health providers in Gaza, Palestine, regarding the primary concerns of their clients who are exposed to low-intensity warfare and structural violence. We conducted qualitative interviews with 30 psychologists, social workers, psychiatric nurses, and psychiatrists providing services to communities in Gaza. Participants were asked to discuss their clients most commonly occurring mental health problems, diagnoses, and psychosocial conditions. Thematic analysis identi ed one superordinate theme Impact of the Blockade on Mental Health and Quality of Life) and four second-order themes Concerns about Social Problems, General Concerns about Quality of Life, Concerns about the Mental Health of the Community, and Concerns Related to Children s Mental Health). Participants indicated that the social and political dimensions of mental health and the economic, educational, and health-related consequences of the ongoing blockade of Gaza were the main determinants of psychological burden among their clients. Findings demonstrated the importance of adopting an approach to mental health that includes understanding psychological indicators in a broader framework informed by human rights and social justice. Implications for research and clinical work are discussed, including the role of investments in social capital that may provide individuals with access to resources such as social support, which may in turn promote overall mental health.

## Keywords

Community mental health, mental health providers perceptions, Palestine, political oppression

## Introduction

Gaza has been under continuous military attack since 1967 and under a strict militarily enforced blockade since 2006. There are signi cant restrictions on movement in the area as well as limited access to clean water, health care, and medical services. Unemployment, lack of educational opportunities, and food insecurity exacerbate health risks (Giacaman et al., 2009; Mason, 2009). Moreover, poor and worsening quality of life and an increased level of human insecurity have negatively affected the psychological and physical health of the population of Gaza (Giacaman et al., 2011, 2007a).

Existing research on mental health in Gaza indicates high levels of psychosocial distress, including mood disturbance, feelings of hopelessness, and suicidal thoughts among residents (Elessi et al., 2019), as well as local idioms such as feeling "broken," "crushed," "shaken up," "destroyed," "exhausted," and "tired" (Barber et al., 2016a, p. 7). These characterizations of suffering suggest a sense of despair and psychological desperation among the inhabitants of the Occupied Palestinian Territories (oPts) (Barber et al., 2016b).

Considerable research indicates that war trauma harms children s mental health and cognitive and emotional development (Khamis, 2015; Reed et al., 2012; Thabet et al., 2014). For example, Gazan children have expressed fear of losing their homes and close family members and experience considerable separation anxiety (Diab, 2018; Qouta & El-Sarraj, 2004). Other contributing risk factors for mental health problems include low family income, lack of family and community support, high levels of unemployment, large family size, and overcrowding due to poverty (Thabet & Vostanis, 1999, 2000). These risk factors contribute to the development of a range of mental health conditions such as post-traumatic

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stress disorder, anxiety, depression, conduct disorders, and substance abuse (Thabet & Vostanis, 2011).

Psychosocial services in Gaza are provided by various governmental and non-governmental organizations. Specialized mental health services are provided by the Gaza Community Mental Health Programme through three community centers and the Ministry of Health (through six community centers that are integrated into the Primary Health Care system). Following the 2014 war in Gaza, it has been estimated that of the approximately 1.8 million population, between 160,000 and 360,000 individuals have experienced mental health problems for which psychosocial interventions were indicated (OCHA, 2014; UN-OCHA, 2016). Psychosocial services include individual, family, and group counselling, and parent psychoeducation programs. These services aim to reduce distress and promote mental health through targeting at-risk individuals. They are provided by psychologists, social workers, psychiatric nurses, and mental health practitioners. Psychiatric services including medication management and cognitive and person-centered therapy aim to diminish symptoms and enhance overall functioning of individuals diagnosed with mental disorders. Such services are provided by psychiatrists and other mental health specialists, under the supervision of psychiatrists (Betancourt et al., 2013; Inter-Agency Standing Committee, 2006).

The paucity of data on the mental health needs of the population of Gaza is a barrier to the development of effective interventions to ameliorate psychological distress. The aim of the study was to determine the perspectives of mental health providers regarding the concerns of their clients, as there are no such published studies in this area. We also explored the speci c features of individual and collective suffering and their political correlates in a context characterized by ongoing military violence and low intensity warfare (see also Afana et al., 2020; Giacaman, 2018).

### *Theoretical framework*

This study is informed by Bronfrenbrenner s (1979) *ecological systems model* which considers the role of the microsystem, mesosystem, exosystem, macrosystem, and chronosystem on individual functioning. The *microsystem* contains the structures with which the individual has direct contact. It incorporates the relationships and connections that people have with their immediate surroundings such as the family, home, school, or work environment. The *mesosystem* provides the connection between the various structures of the microsystem such as the community and religious institutions and neighborhood. The *exosystem* is the larger social system that includes culture, the political system, and the socio-economic context of the society. The chronosystem refers to the dimension of time as it relates to people s environment (Ferguson & Evans, 2019; Paat, 2013).

The ecological systems model allows interventions to be conceptualized in terms of mental health promotion, prevention, treatment, and rehabilitation rather than in terms of diagnosis and treatment (De Jong et al., 2015). To conceptualize and intervene in situations of conflict and human-made disasters, public mental health approaches must systemically combine individual micro-level interventions with community-based meso- and macro-level interventions. Interventions at the micro level may include diagnosis and treatment of psychological and psychiatric disorders (Betancourt & Fazel, 2018). Interventions at the meso and macro level focus on understanding the collective, historical, and social suffering of people, as they intervene at the population level (Wind & Komproe, 2018).

In this qualitative exploratory study, we explored mental health providers concerns about the most commonly occurring mental health problems, diagnoses, and psychological conditions among Gazan civilians who had been referred to community mental health centers for mental health services.

## Methods

### *Participants*

Thirty mental health providers, 20 male and 10 female, were recruited for the study. The sample consisted of nine psychiatrists who were Directors of the centers), and 21 members of multidisciplinary teams consisting of social workers ($n$ 3), psychiatric nurses ($n$ 9), and psychologists ($n$ 9). These mental health providers were employed at one hospital, six governmental community centers from the Ministry of Health, and three specialist centers of the Gaza Community Mental Health Programme (GCMHP). The community centers were included on the basis of the following criteria: (1) we sought to collect data from all geographic locations of the Gaza strip (North, Gaza city, Middle area, Khanyonis, and Rafah); (2) the specialized services were part of a multilayer system of mental health and psychosocial services as recommended by international guidelines (Inter-Agency Standing Committee, 2006); and (3) there was a psychiatrist as acting director of each center. Community centers that did not offer psychiatric services and were not registered at the Ministry of Health and the Ministry of Interior as specialized services for community mental health were excluded from this study.

Participants were selected from each of the community centers based on their years of experience as mental health professionals (more than three years), as well as on diversi ed areas of expertise (psychiatrists, psychologists, psychiatric nurses, and social workers). We excluded participants who were volunteers, internship students, non-specialized mental health workers, and those working in the centers for less than three years. The average age of the participants was 42 years (range: 34 to 58, SD 12.5)

and participants had an average of 21.5 years of experience in the eld of mental health and psychosocial services.

### Instruments and procedures

Semi-structured interviews were conducted in Arabic by ve trained researchers. Examples of interview questions included: "What kind of clients do you see?," "What are the main problems that your clients come to see you for?," "What are the main mental health problems that people in Gaza have?," and "How do you think the blockade on Gaza affects people living in the Strip?" The interviews lasted an average of 35 min (range: 30–45 min). Data were collected from February to May 2018 at the community centers of GCMHP and at the General Directorate of Mental Health of the Ministry of Health. The study received approval from the Ethics Committee of Stellenbosch University (protocol number REC-2017-0371) where one of the authors is based. The research protocol was also approved by the local Helsinki committee, an ethical board governed by the Ministry of Health in Gaza (protocol number MOH-1-2017) and af liated with the Palestinian Health Council. Participants were informed about the aims of the research and verbal consent to participate was obtained and recorded. Participants were informed of their right not to answer certain questions, to stop the interview at any time, and to decline participation without jeopardizing their relationships with staff at the community centers or researchers.

### Data analysis

Interviews were audio-recorded, transcribed, translated into English by two local bilingual researchers, and uploaded into Atlas.ti (version 8) software for data management and analysis. The data was analyzed using data-driven thematic analysis (Braun & Clarke, 2006; Jack et al., 2018), resulting in a composite list of primary themes representing the concerns, issues, and problems experienced by the people of Gaza, from the perspective of mental health providers. Two experienced international researchers (GV & AK) and authors of this article read the rst few transcripts, developed a coding system, and created a codebook. A list of codes and themes was generated using open coding and selective axial coding that were contrasted and compared. The codebook was discussed among the research team to identify any cultural biases. Two locally trained independent coders who are co-authors of this article coded the rest of the interviews using the codebook as a template. When discrepancies occurred, they were resolved by means of discussion and consensus building. The coded materials were then discussed with a senior researcher. Themes and subthemes were constructed by the research team (Boyatzis, 1998; Glaser & Strauss, 1967) and the results were nalized based on continuous dialogue and consensus-building among team members.

## Results

The rst order theme that emerged from the data was the impact of the blockade on mental health and quality of life. This broad theme encompassed second-order themes that included, "concerns about social problems," "general concerns about quality of life," "concerns about the mental health of the community," and "concerns related to children s mental health."

We organized our data in accordance with a socio-ecological perspective that distinguishes micro, meso, and macro levels (Bronfenbrenner, 1979). The micro level includes individual- and family-related concerns and perceptions of mental health. The meso level includes community-related concerns. The macro level involves culture, society, religion, and related problems.

### The impact of the blockade on mental health and quality of life of clients

The impact of the blockade was the dominant theme that influenced participants perceptions of the mental health needs of their clients. The main recurrent Arabic words that emerged from our analysis were *Makhnogeen* (feeling suffocated), *Masjoneen* (feeling imprisoned), and *Maazoleen* (being segregated). These expressions indicate manifestations of distress in relation to personal and cultural meaning (Desai & Chaturvedi, 2017) and reflect the psychological and emotional state of people living under conditions of strict blockade (Elessi et al., 2019). These idioms communicate the collective nature of suffering rather than only individual experiences. They are not diagnostic entities that require treatment but terms through which distress is expressed and by means of which social support is mobilized (Afana et al., 2010). In a study by Afana et al. (2010), Palestinian people living in Gaza used speci c idioms to describe their traumatic experiences, depending on their severity and social context. For example, the idiom *sadma* refers to sudden shocks (Faji a) or tragedy, such as a major loss and as a severe, long-lasting traumatic event (Afana et al., 2010). *Musiba* (calamity) refers to a loss with long-term consequences and is seen as testing a person s endurance and ability to handle adversity (Afana et al., 2010). Trauma and war-related suffering in Palestine have been both individually and collectively expressed on a continuum of severity with no clear boundaries that can be labelled as distinct syndromes (Giacaman et al., 2011). Furthermore, in a study of Palestinian youth, Ungar (2008) found that youth did not use 'I when they referred to their identity, but de ned themselves through the pronoun 'we , reflecting a communal identity.

### Micro level

In our study, the interviewees indicated that their clients felt segregated and abandoned by the international community at large because of the blockade. Study participants noted that expressions of suffocation that were reported to them occurred as a result of restrictions on movement and being imprisoned by the Israeli army that controls the borders of Gaza.

Participants stated that Palestinian families endure a struggle for survival that is exacerbated by the blockade. A 42-year-old male psychiatrist from Middle Gaza stated, "people cannot escape to look for opportunities. It is like a big prison. They cannot get in or out." He spoke about clients having a pervasive sense of being constrained and controlled, which contributes to their mental distress. He also indicated that this control limited their opportunities for social and economic development and inhibited a collective sense of ef cacy (Darawshy & Haj-Yahia, 2018).

### Meso level

At the meso level, the disruption of daily routines, due to the 12-year blockade, was described by a 54-year-old male psychiatric nurse from North Gaza: "the blockade affects the situation in Gaza in very hard ways, as it encountered many levels, health, education, food and electricity." In fact, in the last 12 years, electricity was only available between 4 and 8 h a day (Smith, 2015). Furthermore, the quality of life relating to health is interconnected at different levels; for example, food insecurity leads to malnourishment and unhealthy diets, which in turn can lead to conditions such as diabetes and heart and circulatory diseases (Butt & Butt, 2016; Jalambo et al., 2018). In addition, issues related to the shortage of electricity increase the sense of psychological uncertainty because of its disruptive effect on daily life, communication, and community well-being. Electricity blackouts can result in the deterioration of food reserves and may compromise the functioning of health facilities at hospitals and medical clinics, often worsening the condition of clients in critical conditions (Martin et al., 2018). Blackouts also disrupt the delivery of vital services such as water supply, sewage treatment, and health services (Jomaa & Thabet, 2015). Sewage treatment plants are often shut because of the limited electricity supply and, consequently, the contamination of the seashore with sewage has become a major public health hazard (Batniji et al., 2009).

Environmental contamination by heavy metals and other polluting agents is associated with severe health problems (Ellulu & Abed, 2017; Manduca et al., 2017, 2014). This concern was voiced by a 33-year-old female social worker, who stated that "the blockade affects all facets of life including the physical environment. Pollution and contamination are spreading within the community." Similarly, a 52-year-old male psychologist from Gaza stated, "the electricity cut-off and water pollution also affect people s lives." This sense of precarity was considered by participants to be a major contributor to psychological distress among their clients.

Gaza s educational system has also been severely compromised by the blockade and is dependent on external aid from the United Nation Relief and Works Agency for Palestine Refugees in the Near East (UNRWA) and other international bodies (Høigilt, 2019). A chronic lack of resources and poor infrastructure have diminished the quality of education due to overcrowded classrooms and disrupted working conditions. The disrupted school and educational system have reduced the quality of life in the Gaza population (Veronese et al., 2015, 2018, 2018a).

### Macro level

At the macro level, our analysis showed that the moral, social, and religious values of the Gazan population were affected by long years of isolation and blockade. A 48-year-old male psychiatrist stated, "some people avoid mosques to reduce interacting with others as much as possible … the religious af liations and moral behaviors were negatively affected" As a result, social suffering has negatively affected the collective resources and psychological functioning of community members (Giacaman, 2018). A 44-year-old male psychiatrist stated, "the blockade added another blockade on people s mentality, people mainly react by anxiety and fear. The internal political divisions meant that the right of expression was curtailed by the government. Many people were imprisoned due to their political opinions." The collective trauma described by our participants conveys a sense of social disintegration, internal divisions, and uncertainty that suggest that suffering is both social and individual in nature (Giacaman, 2017).

*Concerns about social problems.* The social fabric of the Palestinian community has been affected by fragmentation and internal division and severely undermines the sense of belonging and security of individuals, families, and communities (Barakhat et al., 2018). Our participants used the terms *Laween Rayheen* (where are we heading to?), *Tayheen* (we are lost), *Maswoohen* (feeling drowsy), and *Fesh Amal* (there is no hope) to convey a sense of uncertainty and of being depleted of resources.

### Micro level

The mental health providers indicated that their clients experienced a sense of loss due to their unclear and uncertain future, leading to a sense of hopelessness and despair.

A 44-year-old female psychologist from Gaza stated, "we feel that people have lost positive energy and they

[clients] are not motivated to participate in social activities and cannot look after one another. Also, people have no savings and are anxious about their future." A 40-year-old female psychologist indicated that, "people are anxious about what might happen in the future, they do not know what is happening and nothing is clear." The most recurrent words expressing mental health providers concerns about mental health were Madghoteen (feeling pressured), Khayfeen (feeling scared), and Galganeen (feeling worried). Participants stated that such terms are repeated by their clients as an indication of the daily fear and worry about their own experience and of their children s future. They also stated that daily tension resulting from living under constant fear and anxiety was common among their clients.

## Meso level

At the meso level, the continuous internal political and social conflict in Gaza has contributed to an impaired sense of community, social cohesion, and support. A 45-year-old male psychologist explained that, "there is an extensive fear and anxiety about the future, anger at authority, 'fawda (chaos), limited social visits, repressions, fear in general, and loss of social and human values." The sense of chaos that prevails is the result of the ongoing violence of Israel against the Palestinian community and the internal unsettled conflict between Hamas and Fatah, two factions within the Palestinian movement (Singh, 2021). Both sources of conflict have created a sense of fear and anxiety about the future of Palestine. Participants stated in various ways that chaos is present in the streets, schools, hospitals, borders, markets, and most aspects of life as people struggle to survive.

Participants noted that social relations, which were traditionally considered a key protective factor, have partially lost their effect of protecting people s psychological well-being. A 48-year-old male social worker stated, "people become aggressive, anxious and social relations are not like before. Aggression in the community [has] increased and social relations [have] deteriorated which has led to an increase in hopelessness among people."

The social problems are exacerbated by the limited health care resources, including lack of medication and medical supplies, obsolete and poorly maintained medical equipment, hospitals and health centers operating beyond their capacities, and a lack of adequate training for practitioners, creating critical health conditions and drastically reducing health-related quality of life among people (Abu-Rmeileh et al., 2011; Giacaman et al., 2009). The shortage of medical supplies coming into the Strip has created a severe social emergency, placing the health system seriously at risk of collapsing (OCHA, 2018). A 46-year-old female psychiatrist from Gaza noted that the:

> lack of medications affect people as we follow the medications distribution policy and we tend to provide people with minimal amounts. The people don t have money to pay for the medications; they don t have money to come to the clinic.

A 42-year-old female social worker added that "relapse rates have increased, and this has resulted in disturbances in management plans and a poor quality of service."

## Macro level

At the macro level, military attacks, the killing of demonstrators against the occupation, and the blockade in general have resulted in additional societal emergencies that undermine the overall wellbeing of Gazan society. Poor sanitary conditions have contributed to a pervasive sense of health and social insecurity and instability in the population, which has resulted in deterioration of customs and habits related to the health and general wellbeing of the population in Gaza (Mosleh et al., 2018). This situation was reflected on by a 42-year-old male psychiatrist from Deir-Balah middle area who stated, "There is a shortage and inconsistency in medication and clients suffer more. Also, the quality of professional services is limited, resulting in low quantity and quality services." This shortage of medication may result in medical relapse of clients. This sentiment was echoed by a 46-year-old male psychiatrist who noted that "due to the blockade we do not have enough medications, we cannot provide medication for all cases, clients are not able to buy them which will lead them to a major setback." The limited health resources severely impair the provision of health care, including mental health care, in the Strip. Various barriers limit the provision of mental health services in low- and middle-income countries. These include the low priority of mental health, resistance to decentralization of mental health services, an inability to implement services in primary health care, and the low number of trained and supervised professionals in mental health and supervision (Saraceno et al., 2007).

People living in Gaza have experienced a progressive and dramatic deterioration of individual and collective resources that has negatively impacted on cultural norms and habits such as mutual support and reciprocal assistance. A 52-year-old male psychologist stated, "We feel that social relations are weaker than before, and it is dif cult to help others when you need help. We feel that our energy levels are exhausted." The powerlessness to change the external world and the loss of resources for survival such as salary cuts due to internal conflicts have created a loss of self-reliance.

*Economic concerns and quality of life.* Recurrent Arabic idioms of distress such as *Jehanam* (hell) and *Sejen keber*

(big prison) were used to describe the deterioration in quality of life of the Gazan people. A 48-year-old male psychiatrist stated that "people cannot escape to look for opportunities … they feel they are living in a big prison. They cannot get in or out … their life is very bad, and they are not happy with it." The reference to 'living in hell is due to the ongoing stress and inability to meet basic needs.

## Micro level

Economic deterioration has created a generation of unemployed youth who, despite their quali cations and competencies, have been unable to nd opportunities for employment. According to the Palestinian Central Bureau of Statistics (PCBS, 2015), in 2017, unemployment in Gaza reached 43.6 , with youth unemployment at 58 (World Bank, 2021). Among university graduates, 53 were unemployed during the rst quarter of 2017 (PCBS, 2017). This has contributed to the exacerbation of a sense of dependency and loss of hope. As stated by a 40-year-old female social worker:

> people cannot complete their studies due to economic hardship. Also, poverty represents an environment [in which] to develop mental health problems. I believe that poverty is the worst violence against humankind and economic conditions influence all social conditions of people. This leads to development of traumas.

A 40-year-old female psychologist from Khanyounis also indicated that:

> there are no jobs and quality of life has deteriorated as the rate of unemployment and poverty increased. We can see begging in the streets is spreading, which causes the increased rate of mental health problems, including an increase in suicidal behavior and addiction rates.

The participants in this study attributed the increased cases of suicidal behavior and addiction to poverty and economic hardship. As expressed by a 52-year-old male psychologist from Rafah, "suicide appears in the community, aggression has increased, and social relations are disrupted." A 45-year-old male psychiatrist also indicated that "hopelessness [has] increased among people and this may lead to development of depression in addition to an increase rate of substance abuse." The economic disruption has increased individuals aggression, as indicated by a 40-year-old psychologist who noted that "people have become more violent and they can be easily provoked because of their terrible conditions."

Family violence was one of the most critical concerns among mental health providers. A 45-year-old psychiatrist stated, "Family conflicts have erupted due to unemployment and poverty. Husbands have become aggressive, they hit their wives and children."

## Meso level

At the meso level, accumulated and ongoing distress among communities has led to an increased level of violence within the Palestinian community. As a result, family cohesion and social ties, considered important structures in Arab-Muslim societies, have been disrupted. A 48-year-old female social worker from Khanyounis explained that:

> social relations deteriorate, and there are changes in social and recreational priorities due to economic hardships. The family as a system of support for its members within the Palestinian community is burdened and weakened due to the ongoing stress.

Such conditions have contributed to reducing the role of the family as the primary source of support and healthy interactions.

Economic problems, including high rates of unemployment, have disrupted the protective function of the patriarchal gure within the family and have contributed signi cantly to changing culturally informed roles of parents within the traditional family. Family violence limits the protective function of the family in promoting subjective and collective wellbeing (Daher-Nashif, 2021; Fitzgerald & Chi, 2021). A 52-year-old male psychologist explained that "there has been an increase in social problems such as couple conflicts and domestic violence, and analgesia use has increased, and this has led to substance abuse and addiction."

Regular military strikes from Israel have resulted in the forced displacement of families to UNRWA schools, shelters, and to live with extended family members. A 51-year-old female psychologist from Gaza noted that "you can see a collapsing community, fatigue, hopelessness, helplessness, loss of positive energy." This quotation suggests that the family is a pivotal structure for Palestinian society that has partially lost its protective role due to massive displacement and challenges of the family system (Barber, 2001; Diab, 2018).

*Concerns about mental health.* Participants explained that socio-political concerns rather than individual problems and symptoms were more salient for their clients. They reported that the key words used by their clients were "*Inhyar*" (collapse), "*Mostanzafeen*" (exhausted), "*Garfaneen*" (feeling disgusted and fed-up), and "*Izzhegna men HalWadee*" ("we are sick and tired of this situation"). From the perspective of mental health providers, clients do not focus on the mere symptoms of speci c disorders as they feel that their whole lives are affected by the trauma and ongoing stress associated with the blockade.

### Micro level

At the micro level, mental health providers reported a progressive and increasing number of psychological consequences such as helplessness, distress, and frustration, leading to mental health disorders among the most vulnerable groups in the community such as children and women. A 46-year-old male psychiatrist from Gaza described the mental health of the population, indicating that, "PTSD, panic attacks and conversion disorders, and obsessive-compulsive disorders are common. There is an increased number of cases due to dif cult conditions, and malingering cases to get reports from social welfare." Mental health providers perceived psychopathologies as a reaction to abnormal and ongoing stressful and traumatic living conditions in Gaza. The psychosocial consequences of the living conditions in Gaza were acknowledged by participants as the causes of high levels of chronic and ongoing stress and trauma-related psychopathologies that ranged from mild anxiety reactions to the most severe forms of psychosis and depression (Lubbad & Thabet, 2009). A 42-year-old male psychologist from Rafah added, "Addiction is increasing in the community in order to overcome the consequences of stress and blockade. Depression exists also as a result of the hard conditions."

### Macro level

At the macro level, the poor economy of Gaza has affected people s mental health and wellbeing in a severe manner. This was observed by a 35-year-old female social worker, who noted, "the economic status has many effects on an individual s life. As there is economic hardship, no basic needs and no entertainment, the people become anxious. This increases the social conflicts, violence, and relation problems."

Despite strong social cohesion that reduces the risk of addiction and suicide (Diab et al., 2020; Veronese, Diab, et al., 2021), the ongoing deteriorating living conditions and the chronicity of a collective psychological distress have contributed to an increase in social problems such as suicide and drug abuse (Itani et al., 2017). A 40-year-old female psychologist from Gaza City stated that "the hard situation causes the increased rate of mental health disorders, suicide, and addiction in the community—which is new in Palestinian culture." Participants indicated that their clients reported using drugs, speci cally Tramadol (an opioid pain medication), as they believed that such drugs would relieve their psychological pain and make them forget their stressful reality. Participants also stated that some individuals resorted to attempting or completing suicide, a phenomenon that was not previously common due to cultural and religious taboos.

#### *Concerns about children s mental health*

### Micro level

The deteriorating living conditions in Gaza Strip have affected children s health and general quality of life. Children in Gaza suffer from mental health dif culties that have been aggravated by adverse experiences. The most apparent problem is post-traumatic stress disorder (PTSD) that has been observed by nearly all the professionals (Manzanero et al., 2021; Marie et al., 2020).

Participants also reported that management of traumatized children is a challenge because they cannot change the root cause. A 46-year-old female social worker from Gaza city stated that "PTSD is widely common among children because of the unpleasant situation. I face problems in dealing with them as the trauma is continuous and I don t have a role in changing it." Participants stated that children do not have the ability to express their feelings or emotions clearly and use aggression and violence to express their frustration. A 55-year-old male psychiatric nurse noted that "conduct problems have become more common and increased the aggression and violence rate in schools." War trauma negatively affects children s mental health by increasing symptoms such as anxiety and aggression (Attanayake et al., 2009; Dubow et al., 2009). In a study of 197 Palestinian children, aged 9–18 years, Thabet et al. (2008) found that aggressive behavior among refugee youth was considerably higher (53 ) than non-refugees (41 ).

### Meso level

Children have become more prone to aggression and violence when solving problems with peers, which has undoubtedly been a consequence of the normalization of violence in Gaza (Mahoney et al., 2003; Ng-Mak et al., 2004; Qouta et al., 2008).

## Discussion

Participants in this study stated that the political circumstances, blockade, and violence that characterize the Gaza Strip are the major cause of Palestinian collective and social suffering. Chronic and historical trauma affecting Gazan society at large was seen to compromise the mental health of Gazans at the individual, familial, and community levels (Atallah, 2017; Barber et al., 2016a). At the individual level, the effects of the blockade on the lives of the people of Gaza undermine mental wellbeing, resulting in a sense of helplessness, hopelessness, and pessimism about the future on a daily basis, and leading to symptoms of frustration and depression.

Idioms of distress that emerged from our participants narratives reflected the socio-political environment where people remain constrained and oppressed. Several idioms indicated a sense of restriction and suffocation among the

people of Gaza. Therefore, de nitions of illness reflect the sense of imprisonment that people experience as a consequence of the ongoing blockade of the Gaza s borders. Idioms of distress as they emerged in the experts perceptions indicated the sense of oppression and humiliation that Palestinians experience (Barber et al., 2013, 2016b; Lacey, 2011). In contrast, idioms of distress mentioned by authors who studied populations affected by war and political violence in other Arab contexts did not reflect feelings of suffocation and closure (El-Shaarawi, 2012; Hassan et al., 2015; Nasir et al., 2018). For example, El-Shaarawi (2012) reported idioms common among Iraqi refugees in Egypt. In El-Sharawi s study, "*Dayeg*" referred to feelings associated with problems of daily living or uprootedness; and "*Qalbak maqboud*" referred to a heart being squeezed, or crushed, as an expression of sadness, dysphoria, or anxiety. Other idioms of distress identi ed in Syria were *ana ta ban* (I am tired) and *nafsiyti ta banah* (my psyche is tired), indicating emotional exhaustion and fatigue as a result of the prolonged displacement characterizing the Syrian population s human insecurity (Hassan et al., 2015). Nasir et al. (2018) found that the Arabic expression *Hamm* (worry) is a common expression of distress in Gaza. In our study sample, the term *Makhnogeen* ("we are suffocating"), the plural form of the term *Makhnouk* (feeling of suffocation), was commonly used to express the collective and social suffering of Palestinians, whereas Iraqi refugees de ne their suffering using the singular form of the term. In summary, the Gazan local and region-speci c idioms of emotional and psychological suffering reflect a prevailing sense of intense anxiety and stress brought on by the blockade.

The severe deterioration of social capital, community fragmentation, and disintegration due to physical and psychological barriers diminish and impoverish people s sense of belonging and collective resilience (Afana et al., 2010). Feelings of alienation and depression due to the ongoing military violence in Gaza prevail at the individual and collective levels (Barber et al., 2016c). The long-term effects of the blockade on Palestinian individual and social functioning have created a mental health emergency in the Gaza Strip. Hence, our participants emphasized a priority of promoting collective psychological wellness. It has been suggested that without an end to the blockade, interventions focused on reducing psychological symptoms will be ineffective in the long run (Giacaman, 2018).

Considerable research in a conflict and disaster context has supported the role of social capital in promoting mental health among the civil population (Noel et al., 2018). In Gaza, social capital resources are severely undermined by a systematic attack on all social infrastructure including religious institutions and health and educational services (Brück et al., 2019). As stated by Yip et al. (2007), "investments in social capital may provide individuals with access to resources such as social support, which may in turn promote individual health and overall mental health" (p. 37). Social capital is de ned in terms of the value of individuals social networks, social norms, and mutual trust (Helliwell et al., 2014; Veronese et al., 2018a, 2018b). Putnam (1993) de ned social capital as those "features of social organisation, such as trust, norms and networks that can improve the ef ciency of society by facilitating coordinated actions" (p. 167). It has been suggested that people are more likely to have good mental health if they live in communities categorized by high levels of social capital (Flores et al., 2018; Noel et al., 2018).

Promoting and restoring mental wellbeing by acting exclusively on psychological symptoms and syndromes prevents the application of social justice and equity in a society characterized by structural violence and oppression (Diab, 2018; Veronese, Cavazzoni, et al., 2021). Overall, the quality of life and mental health of Palestinian citizens have been affected by the severe lack of clean water, limited access to electricity, poor health and education services, and restricted freedom of movement and travel (Giacaman et al., 2009). These structural factors need to be addressed for improvements in mental health.

The role of professional mental health providers is to alleviate the suffering of their clients. In Gaza and other areas affected by war and conflict, mental health professionals are not only agents to facilitate adaptation and resocialization of their clients to situations of oppression, but may also be thought of as active agents for social change (Kagan et al., 2019). Public mental health initiatives may assist in decision-making at the national level in planning for mental health services and promoting community mental wellbeing.

The ongoing abnormal conditions under which Gazans live have created an altered normality, where daily life is characterized by ongoing traumatic experiences. In fact, the lack of electricity, dangers derived from a disrupted and unstable living environment, military incursions and shelling from the sea and the sky, the experience of being trapped in an open-air prison, chronic uncertainty, and a lack of hope for the future increase the risks for developing psychological disorders (Rabaia et al., 2018). Despite Gazans attempts to emotionally and psychologically adjust to the hardships through resilience and survival skills (Afana et al., 2020; Nguyen-Gillham et al., 2008; Veronese & Barola, 2018), their powerlessness, hopelessness, and chronic collective psycho-social suffering persist (Elessi et al., 2019). In fact, 13 years of the blockade and regular military strikes have undermined personal and community resources, making it dif cult for people to live a fulfilling life (Lederman et al., 2019; Powers & Faden, 2008).

Even though mental health providers expressed the impact of the current conditions of the Gaza context on socio-political and social justice informed terms, they still appeared to interpret the psychological burdens of their clients within the frameworks of psychological and psychiatric diagnoses. Such unusual and complex conditions of ongoing trauma, blockade, internal division, and material

deterioration create a need for speci c interventions to deal with psychological symptoms while at the same time taking into consideration economic and socio-political factors that lead to psychological distress and disrupted mental health.

## Limitations

Some limitations of the study need to be acknowledged. The interviews were conducted using purposive sampling of mental health providers from the Ministry of Health and the Gaza Community Mental Health Programme. Having other service providers from different NGOs and INGOs would have enriched the study and widened the scope about service provision in Gaza. Some of the interviewers of this study reside in the same communities as the interviewees, which may have influenced the depth of information provided. The interviewers may not have thought they needed to ask more detailed questions due to the common assumption of suffering between the interviewers and interviewees. Moreover, the Gaza is a small area and some of the participants are ex-trainees of the authors of this study, which may have biased the quality of the data.

Finally, participants were part of the Palestinian community and thus shared the same living conditions of their clients and encountered the same stressors due to the blockade and ongoing trauma. Their personal experiences may have influenced their perspectives about various mental health concerns in Gaza. The shared experiences of chronic trauma in which people in Gaza live may affect participants perceptions on psychological suffering. In fact, living in Gaza makes the experience of mental health providers similar to that of their clients (Blome & Safadi, 2016; Dekel & Baum, 2010).

## Conclusion

This study of the perspectives of mental health providers in Gaza underscores the profound effects of the ongoing blockade on the mental health of the population. In terms of clinical implications, it points to the need to develop public mental health interventions at primary, secondary, and tertiary levels. This means that health providers should not only work in terms of trauma-focused and counseling-oriented frameworks (Diab et al., 2018a) but also at the level of supporting the affected population and mobilizing their personal and collective resources of resilience and resistance (Bourbeau & Ryan, 2018). We also believe that mental health providers in Gaza, and more generally in areas affected by chronic war and intractable conflicts, should focus on helping clients raise awareness of their political and social rights, even under conditions of oppression (Giacaman, 2018). The international scienti c community should be encouraged to respond to the need for justice and equity of the people of Gaza by calling for an end to the blockade on Gaza (Diab, Abu Jamei et al., 2018a; Diab, Veronese et al., 2018b; Mosleh et al., 2018). In addition, intervention programs should be adapted to changing community and family needs and the dynamics of recovery. Programs should include socio-ecological components from the micro level (individuals, families) to the macro level (community) to ensure psychosocial well-being, protection, and resilience for people living in situations of ongoing and severe violations of human rights (Berliner et al., 2012; De Jong et al., 2015). At the micro level, counseling and psychotherapy interventions must be implemented together with support to vulnerable individuals and families for improving their coping competencies and skills for surviving the ongoing crisis of Gaza (Afana et al., 2020; Diab et al., 2018b). At the macro level, programs aimed at improving awareness about mental health issues such as help-seeking behaviors, prevention of stigma and prejudices about mental health, as well as reducing gender gaps within the Palestinian society, are recommended (Afana, 2003, 2006; Marie et al., 2018). Further research, including qualitative, quantitative, and mixed methods approaches, is required to better understand the perspectives of those living under conditions of prolonged oppression and the consequences of chronic violations of human rights on public mental health.

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### References

Abu-Rmeileh, N. M., Hammoudeh, W., Mataria, A., Husseini, A., Khawaja, M., Shannon, H. S., Hogan, D., Watt, G. C. M., Zurayk, H., & Giacaman, R. (2011). Health-related quality of life of Gaza Palestinians in the aftermath of the winter 2008–09 Israeli attack on the strip. *The European Journal of*

*Public Health*, *22*(5), 732–737. https://doi.org/10.1093/eurpub/ckr131

Afana, A. H. (2003). A model for community care in Gaza. *Palestine-Israel Journal of Politics, Economics, and Culture*, *10*(4), I1. https://www.proquest.com/scholarly-journals/model-community-care-gaza/docview/1737413809/se-2?accountid=16562

Afana, A. H. (2006). The mental health situation for Palestinians. In Kuriansky, J. (Ed.), *Terror in the holy land: Inside the anguish of the Israeli-Palestinian con ict*, (pp. 31–42). Praeger.

Afana, A. H., Pedersen, D., Rønsbo, H., & Kirmayer, L. J. (2010). Endurance is to be shown at the rst blow: Social representations and reactions to traumatic experiences in the Gaza Strip. *Traumatology*, *16*(2), 43–54. https://doi.org/10.1177/1534765610365913

Afana, A. J., Tremblay, J., Ghannam, J., Rønsbo, H., & Veronese, G. (2020). Coping with trauma and adversity among Palestinians in the Gaza Strip: A qualitative, culture-informed analysis. *Journal of Health Psychology*, *25*(12), 2031–2048. https://doi.org/10.1177/1359105318785697

Atallah, D. G. (2017). A community-based qualitative study of intergenerational resilience with Palestinian refugee families facing structural violence and historical trauma. *Transcultural Psychiatry*, *54*(3), 357–383.

Attanayake, V., McKay, R., Joffres, M., Singh, S., Burkle, F., & Mills, E. (2009). Prevalence of mental disorders among children exposed to war: A systematic review of 7,920 children. *Medicine, Con ict, and Survival*, *25*(1), 4–19. https://doi.org/10.1080/13623690802568913

Barber, B., McNeely, C., Allen, C., Giacaman, R., Arafat, C., Daher, M., Eyad El Sarraj, E., Abu Mallouh, M., & Belli, R., & (2016a). Whither the "children of the stone"? An entire life under occupation. *Journal of Palestine Studies*, *45*(2), 77–108. https://doi.org/10.1525/jps.2016.45.2.77

Barber, B. K., McNeely, C. A., El Sarraj, E., Daher, M., Giacaman, R., Arafat, C., Barnes, W., & Mallouh, M. A. (2016b). Mental suffering in protracted political conflict: Feeling broken or destroyed. *PloS One*, *11*(5), e0156216. https://doi.org/10.1371/journal.pone.0156216

Barber, B. K., McNeely, C., Olsen, J. A., Belli, R. F., & Doty, S. B. (2016c). Long-term exposure to political violence: The particular injury of persistent humiliation. *Social Science Medicine*, *156*, 154–166. https://doi.org/10.1016/j.socscimed.2016.03.011

Barakat, S., Milton, S., & Elkahlout, G. (2018). The Gaza reconstruction mechanism: Old wine in new bottlenecks. *Journal of Intervention and Statebuilding*, *12*(2), 208–227.

Barber, B. K. (2001). Political violence, social integration, and youth functioning: Palestinian youth from the Intifada. *Journal of Community Psychology*, *29*(3), 259–280.

Barber, B. K., McNeely, C., Olsen, J. A., Spellings, C., & Belli, R. F. (2013). Effect of chronic exposure to humiliation on well-being in the occupied Palestinian territory: An event-history analysis. *The Lancet*, *382*, S7. https://doi.org/10.1016/S0140-6736(13)62579-9

Batniji, R., Rabaia, Y., & Nguyen–Gillham, V., Giacaman, R., Sarraj, E., Punamaki, R. L., … & Boyce, W. (2009). Health as human security in the occupied Palestinian territory. *The Lancet*, *373*(9669), 1133–1143. https://doi.org/10.1016/S0140-6736(09)60110-0

Berliner, P., Larsen, L. N., & de Casas Soberón, E. (2012). Case study: Promoting community resilience with local values—Greenland's Paamiut Asasara. In Ungar, M. (Ed.), *The social ecology of resilience: A handbook of theory and practice* (pp. 387–397). Springer Science + Business Media. https://doi.org/10.1007/978-1-4614-0586-3_30

Betancourt, T. S., & Fazel, M. (2018). Commentary: Advancing an implementation science agenda on mental health and psychosocial responses in war-affected settings: Comment on trials of a psychosocial intervention for youth affected by the Syrian crisis-by Panter-Brick et al. (2018). *Journal of Child Psychology and Psychiatry*, *59*(5), 542–544. https://doi.org/10.1111/jcpp.12870

Betancourt, T. S., Meyers-Ohki, S. E., Charrow, A. P., & Tol, W. A. (2013). Interventions for children affected by war: An ecological perspective on psychosocial support and mental health care. *Harvard Review of Psychiatry*, *21*(2), 70–91.

Blome, W. W., & Safadi, N. S. (2016). Shared vicarious trauma and the effects on Palestinian social workers. *Illness, Crisis Loss*, *24*(4), 236–260. https://doi.org/10.1177/1054137315597176

Bourbeau, P., & Ryan, C. (2018). Resilience, resistance, infrapolitics and enmeshment. *European Journal of International Relations*, *24*(1), 221–239. https://doi.org/10.1177/1354066117692031

Boyatzis, R. (1998). *Transforming qualitative information: Thematic analysis and code development*. Sage.

Braun, V.,, & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology, 3*(2), 77–101. https://doi.org/10.1191/1478088706qp063oa

Bronfenbrenner, U. (1979). *The ecology of human development: Experiments by nature and design*. Harvard University Press.

Brück, T., & d Errico, M., & Pietrelli, R. (2019). The effects of violent conflict on household resilience and food security: Evidence from the 2014 Gaza conflict. *World Development*, *119*(1), 203–223. https://doi.org/10.1016/j.worlddev.2018.05.008

Butt, K. M., & Butt, A. A. (2016). Blockade on Gaza Strip: A living hell on earth. *Journal of Political Studies*, *23*(1), 157–182.

Daher-Nashif, S. (2021). Intersectionality and femicide: Palestinian women s experiences with the murders of their beloved female relatives. *Violence Against Women*. 1–21. https://doi.org/10778012211014561

Darawshy, N., & Haj-Yahia, M. (2018). Internalizing and externalizing symptoms among Palestinian adolescents from Israel as consequences of their exposure to community violence: Are they moderated by their self-ef cacy and collective ef - cacy? *Child Abuse Neglect*, *79*, 61.

De Jong, J. T., Berckmoes, L. H., Kohrt, B.A., & Song, S. J., Tol, W. A., & Reis, R. (2015). A public health approach to address the mental health burden of youth in situations of political violence and humanitarian emergencies. *Current Psychiatry Reports*, *17*(7), 60. https://doi.org/10.1007/s11920-015-0590-0

Dekel, R., & Baum, N. (2010). Intervention in a shared traumatic reality: A new challenge for social workers. *British Journal of Social Work*, *40*(6), 1927–1944. https://doi.org/10.1093/bjsw/bcp137

Desai, G., & Chaturvedi, S. K. (2017). Idioms of distress. *Journal of Neurosciences in Rural Practice*, *8*(Suppl 1), S94–S97.

Diab, M. (2018). How to help war-affected children: Effectiveness of psychosocial intervention to improve social-emotional competencies and resilience. https://researchportal.tuni. /en/publications/how-to-help-war-affected-children-effectiveness-of-psychosocial-i

Diab, M., Abu Jamei, Y., Kagee, A., & Veronese, G. (2018a). Integrating a public health and human rights approach into mental health services for Palestinians in the Gaza Strip. *The Lancet*, *391*, S27. https://doi.org/10.1016/S0140-6736(18)30393-3

Diab, M., & Veronese, G., Abu Jamei, Y., Hamam, R., Saleh, S., & Kagee, A. (2018b). Community work in the ongoing crisis context of Gaza: Integrating a public health and human rights approach. *Australian and New Zealand Journal of Family Therapy*, *39*(3), 320–330. https://doi.org/10.1002/anzf.1323

Diab, M., & Veronese, G., Abu Jamei, Y., & Kagee, A. (2020). Risk and protective factors of tramadol abuse in the Gaza Strip: The perspective of tramadol abusers and psychiatrists. *International Journal of Mental Health and Addiction*, 1–17. https://doi.org/10.1007/s11469-020-00301-4

Dubow, E. F., Huesmann, L. R., & Boxer, P. (2009). A social-cognitive-ecological framework for understanding the impact of exposure to persistent ethnic-political violence on children s psychosocial adjustment. *Clinical Child and Family Psychological Reviews*, *12*(2), 113–126. https://doi.org/10.1007/s10567-009-0050-7

Elessi, K., Aljamal, A., & Albaraqouni, L. (2019). Effects of the 10-year siege coupled with repeated wars on the psychological health and quality of life of university students in the Gaza Strip: A descriptive study. *The Lancet*, *393*, S10. https://doi.org/10.1016/S0140-6736(19)30596-3

Ellulu, M. S., & Abed, Y. (2017). Effect of socio-demographic factors and obesity on blood pressure among adults based on health status in Gaza, Palestine. *Journal of Public Health*, *25*(3), 289–297. https://doi.org/10.1007/s10389-016-0780-1

El-Shaarawi, N. (2012). *Living an uncertain future: An ethnography of displacement, health, psychosocial well-being and the search for durable solutions among Iraqi refugees in Egypt*. (PhD dissertation, Case Western Reserve University, USA). ProQuest Dissertations Publishing.

Ferguson, K. T., & Evans, G. W. (2019). Social ecological theory: Family systems and family psychology in bioecological and bioecocultural perspective. In B. H. Fiese, M. Celano, K. Deater-Deckard, E. N. Jouriles, & M. A. Whisman (Eds.), *APA handbook of contemporary family psychology: Foundations, methods, and contemporary issues across the lifespan* (pp. 143–161). American Psychological Association. https://doi.org/10.1037/0000099-009.

Fitzgerald, M., & Chi, C. (2021). Factors associated with help-seeking among women affected by intimate partner violence in the occupied Palestinian territories. *Journal of Family Violence*, *36*(2), 153–162. https://doi.org/10.1007/s10896-020-00146-4

Flores, E. C., Fuhr, D.C., Bayer, A. M., Lescano, A. G., Thorogood, N., & Simms, V. (2018). Mental health impact of social capital interventions: A systematic review. *Social Psychiatry and Psychiatric Epidemiology*, *53*(2), 107–119. https://doi.org/10.1007/s00127-017-1469-7

Giacaman, R. (2017). Social suffering, the painful wounds inside. *American Journal of Public Health*, *107*(3), 357. https://doi.org/10.2105/AJPH.2016.303637

Giacaman, R. (2018). Reframing public health in wartime: From the biomedical model to the "wounds inside". *Journal of Palestine Studies*, *47*(2), 9–27. https://doi.org/10.1525/jps.2018.47.2.9

Giacaman, R., Abu-Rmeileh, N. M., Husseini, A., Saab, H., & Boyce, W. (2007a). Humiliation: The invisible trauma of war for Palestinian youth. *Public Health*, *121*(8), 563–571. https://doi.org/10.1016/j.puhe.2006.10.021

Giacaman, R., Khatib, R., Shabaneh, L., Ramlawi, A., Sabri, B., & Sabatinelli, G., … & Laurance, T. (2009). Health status and health services in the occupied Palestinian territory. *The Lancet*, *373*(9666), 837–849. https://doi.org/10.1016/S0140-6736(09)60107-0

Giacaman, R., Mataria, A., Nguyen-Gillham, V., Sa eh, R. A., Stefanini, A., & Chatterji, S. (2007b). Quality of life in the Palestinian context: An inquiry in war-like conditions. *Health Policy*, *81*(1), 68–84. https://doi.org/10.1016/j.healthpol.2006.05.011

Glaser, B. G., & Strauss, A. L. (1967). *The discovery of grounded theory: Strategies for qualitative research*. Aldine De Gruyter.

Hassan, G., Kirmayer, L. J., M.-B., Quosh, C., el Chammay, R., Deville-Stoetzel, J. B, & , … Ventevogel, P., (2015). *Culture, context and the mental health and psychosocial wellbeing of Syrians: A review for mental health and psychosocial support staff working with Syrians affected by armed con ict*. UNHCR. http://www.unhcr.org/55f6b90f9.pdf

Helliwell, J. F., Huang, H., & Wang, S. (2014). Social capital and well-being in time of crisis. *Journal of Happiness Studies*, *15*(1), 145–162.

Høigilt, J. (2019). The futility of rights-based humanitarian aid to the occupied Palestinian territories. *Disasters*, *43*(S2), S169–S186. https://doi.org/10.1111/disa.12334

Human Rights Watch. (2017). Unwilling or unable: Israeli restrictions on access to and from Gaza for human rights workers. 2 April. https://www.refworld.org/docid/58e2112c4.html

Inter-Agency Standing Committee. (2006). *IASC guidelines on mental health and psychosocial support in emergency settings*. IASC.

Itani, T., Jacobsen, K. H., & Kraemer, A. (2017). Suicidal ideation and planning among Palestinian middle school students living in Gaza Strip, West Bank, and United Nations Relief and Works Agency (UNRWA) camps. *International Journal of Pediatrics and Adolescent Medicine*, *4*(2), 54–60. https://doi.org/10.1016/j.ijpam.2017.03.003

Jack, R. E., Crivelli, C., & Wheatley, T. (2018). Data-driven methods to diversify knowledge of human psychology. *Trends in Cognitive Sciences*, *22*(1), 1–5. https://doi.org/10.1016/j.tics.2017.10.002

Jalambo, M. O., Karim, N. A., Naser, I. A., & Sharif, R. (2018). Prevalence and risk factor analysis of iron de ciency and iron-de ciency anemia among female adolescents in the Gaza Strip, Palestine. *Public Health Nutrition*, *21*(15), 2793–2802. https://doi.org/10.1017/S1368980018001568.

Joma a, A., & Thabet, A. A. (2015). Relationship between stressors due to siege of Gaza Strip on anxiety, depression and coping strategies among university students. *Arab Journal of Psychiatry*, *25*(1), 39–48. https://doi.org/10.12816/0010504

Kagan, C., Burton, M., Duckett, P., Lawthom, R., & Siddiquee, A. (2019). *Critical community psychology: Critical action and social change*. Routledge.

Khamis, V. (2015). Coping with war trauma and psychological distress among school-age Palestinian children. *American Journal of Orthopsychiatry*, *85*(1), 72–79. https://doi.org/10.1037/ort0000039

Lacey, D. (2011). The role of humiliation in the Palestinian/Israeli conflict in Gaza. *Psychology Society*, *4*(1), 76–92.

Lederman, Z., Lederman, S., & Daniels, E. S. (2019). A call from justice to support the people in Gaza. *Developing World Bioethics*. *19*(2), 116–122. https://doi.org/10.1111/dewb.12228

Lubbad, I., & Thabet, A. A. M. (2009). The impact of siege on prevalence of depression and anxiety disorder among universities students in Gaza governorates. *Arab Psynet Journal*, *24*, 56–66.

Mahoney, A., Donnelly, W. O., Boxer, P., & Lewis, T. (2003). Marital and severe parent-to-adolescent physical aggression in clinic-referred families: Mother and adolescent reports on co-occurrence and links to child behavior problems. *Journal of Family Psychology*, *17*(1), 3–19. https://doi.org/10.1037/0893-3200.17.1.3

Manduca, P., Diab, S. Y., Qouta, S. R., Albarqouni, N. M., & Punamaki, R. L. (2017). A cross sectional study of the relationship between the exposure of pregnant women to military attacks in 2014 in Gaza and the load of heavy metal contaminants in the hair of mothers and newborns. *BMJ Open*, *7*(7), e014035. https://doi.org/10.1136/bmjopen-2016-014035

Manduca, P., Naim, A., & Signoriello, S. (2014). Speci c association of teratogen and toxicant metals in hair of newborns with congenital birth defects or developmentally premature birth in a cohort of couples with documented parental exposure to military attacks: Observational study at Al Shifa hospital, Gaza, Palestine. *International Journal of Environmental Research and Public Health*, *11*(5), 5208–5223. https://doi.org/10.3390/ijerph110505208

Manzanero, A. L., Crespo, M., Barón, S., Scott, T., El-Astal, S., & Hemaid, F. (2021). Traumatic events exposure and psychological trauma in children victims of war in the Gaza Strip. *Journal of Interpersonal Violence*, *36*(3–4), 1568–1587. https://doi.org/10.1177/0886260517742911

Marie, M., Hannigan, B., & Jones, A. (2018). Social ecology of resilience and Sumud of Palestinians. *Health*, *22*(1), 20–35. https://doi.org/10.1177/1363459316677624

Marie, M., SaadAdeen, S., & Battat, M. (2020). Anxiety disorders and PTSD in Palestine: A literature review. *BMC Psychiatry*, *20*(1), 1–18. https://doi.org/10.1186/s12888-020-02911-7

Martin, A., Barhoum, L., de Bock, C., Dikomitis, E., Gorevan, D., & Ketabchi, D. (2018). Israel tightens Gaza blockade, civilians bear the brunt. Oxfam. https://oxfamilibrary.openrepository.com/handle/10546/620527

Mason, C. (2009). Gaza s health care system crippled before—and after. *Canadian Medical Association Journal*, *180*(6), 608–609. https://doi.org/10.1503/cmaj.090201

Mosleh, M., Dalal, K., Aljeesh, Y., & Svanström, L. (2018). The burden of war-injury in the Palestinian health care sector in Gaza Strip. *BMC international Health and Human Rights*, *18*(1), 1–9. https://doi.org/10.1186/s12914-018-0143-9

Nasir, A. A., Salah, R., Ahmad, A. S., Hijleh, S. A., Kattab, S. E. A., & Al Kurd, A., … & Giacaman, R. (2018). De nition, causes, and consequences of hamm (idiom of distress in Arabic) in the Palestinian context: A qualitative study. *Lancet (London, England)*, *391*, S1. https://doi.org/10.1016/S0140-6736(18)30367-2

Ng-Mak, D. S., Salzinger, S., Feldman, R. S., & Stueve, A. C. (2004). Pathologic adaptation to community violence among inner-city youth. *American Journal of Orthopsychiatry*, *74*(2), 196–208. https://doi.org/10.1037/0002-9432.74.2.196

Nguyen-Gillham, V., Giacaman, R., Naser, G., & Boyce, W. (2008). Normalising the abnormal: Palestinian youth and the contradictions of resilience in protracted conflict. *Health Social Care in the Community*, *16*(3), 291–298. https://doi.org/10.1111/j.1365-2524.2008.00767.x

Noel, P., Cork, C., & White, R. G. (2018). Social capital and mental health in post-disaster/conflict contexts: A systematic review. *Disaster Medicine and Public Health Preparedness*, *12*(6), 791–802. https://doi.org/10.1017/dmp.2017.147

OCHA (United Nations Of ce for the Coordination of the Humanitarian Affairs). 2014. Gaza strip: Humanitarian dashboard, September 2–14. http://www.ochaopt.org/documents/gaza_humanitarian_dashboard_september2014.pdf

Paat, Y. F. (2013). Working with immigrant children and their families: An application of Bronfenbrenner s ecological systems theory. *Journal of Human Behavior in the Social Environment*, *23*(8), 954–966. https://doi.org/10.1080/10911359.2013.800007

Palestinian Central Bureau of Statistics (PCBS). (2015). Palestine in gures 2015. https://www.pcbs.gov.ps/Downloads/book2188.pdf

Palestinian Central Bureau of Statistics (PCBS). (2017). International Youth Day 12/08/2017. http://www.pcbs.gov.ps/portals/_pcbs/PressRelease/Press_En_10-8-2017-youth-en.pdf

Palestinian Central Bureau of Statistics (PCBS). (2019). The International Day of Refugees. http://www.pcbs.gov.ps/site/512/default.aspx?lang en&ItemID 3486

Powers, M.,, & Faden, R. (2008). *Social justice: The moral foundations of public health and health policy*. Oxford University Press.

Putnam, R. (1993). *Making democracy work*. Princeton University Press.

Qouta, S., & El-Sarraj, E. (2004). Prevalence of PTSD among Palestinian children in Gaza Strip. *Arabpsynet Journal*, *2*, 8–13.

Qouta, S., Punamaki, R. L., & Miller, T. & El-Sarraj, E. (2008). Does war beget child aggression? Military violence, gender, age and aggressive behavior in two Palestinian samples. *Aggressive Behavior*, *34*(3), 231–244. https://doi.org/10.1002/ab.20236

Rabaia, Y., Kassis, S., Amro, Z., Giacaman, R., & Reis, R. (2018). Coping and helping to cope: Perspectives of children of Palestinian political detainees. *Children Society*, *32*(5), 345–356. https://doi.org/10.1111/chso.12263

Reed, R. V., Fazel, M., Jones, L., Panter-Brick, C., & Stein, A. (2012). Mental health of displaced and refugee children resettled in low-income and middle-income countries: Risk and protective factors. *The Lancet*, *379*(9812), 250–265. https://doi.org/10.1016/S0140-6736(11)60050-0

Saraceno, B., van Ommeren, M., Batniji, R., Cohen, A., Gureje, O., & Mahoney, J., … & Underhill, C. (2007). Barriers to

improvement of mental health services in low-income and middle-income countries. *The Lancet*, *370*(9593), 1164–1174. https://doi.org/10.1016/S0140-6736(07)61263-X

Singh, S. (2021). The Second Partition of Palestine: Hamas–Fatah Struggle for Power.

Smith, R. J. (2015). Healthcare under siege: Geopolitics of medical service provision in the Gaza Strip. *Social Science Medicine*, *146*, 332–340. https://doi.org/10.1016/j.socscimed.2015.10.018

Thabet, A., El-Buhaisi, O., & Vostanis, P. (2014). Trauma, PTSD, *Anxiety, and coping strategies among Palestinians adolescents exposed to War on Gaza. The Arab Journal of Psychiatry*, *25*(1), 71–82.

Thabet, A., Tawahina, A. A., El Sarraj, E., & Vostanis, P. (2008). Exposure to war trauma and PTSD among parents and children in the Gaza Strip. *European Child Adolescent Psychiatry*, *17*(4), 191–199. https://doi.org/10.1007/s00787-007-0653-9

Thabet, A. A. M., & Vostanis, P. (1999). Post-traumatic stress reactions in children of war. *Journal of Child Psychology and Psychiatry*, *40*(3), 385–391. https://doi.org/10.1111/1469-7610.00456

Thabet, A. A., & Vostanis, P. (2000). Post traumatic stress disorder reactions in children of war: A longitudinal study. *Child Abuse Neglect*, *24*(2), 291–298. https://doi.org/10.1016/S0145-2134(99)00127-1

Thabet, A. A., & Vostanis, P. (2011). Impact of political violence and trauma in Gaza on children s mental health and types of interventions: A review of research evidence in a historical context. *International Journal of Peace and Development Studies*, *2*(8), 214–218.

Ungar,, M. (2008) Resilience across cultures. *British Journal of Social Work*, *38*(2), 218–235. https://doi.org/10.1093/bjsw/bcl343

United Nations Of ce for the coordination of Humanitarian Affairs (UNOCHA). (2016). Gaza: Two years since the 2014 hostilities. https://www.ochaopt.org/content/gaza-two-years-2014-hostilities-august-2016

Veronese, G., & Barola, G. (2018). Healing stories: an expressive-narrative intervention for strengthening resilience and survival skills in school-aged child victims of war and political violence in the Gaza Strip. *Clinical Child Psychology and Psychiatry*, *23*(2), 311–332.

Veronese, G., Cavazzoni, F., & Antenucci, S. (2018). Narrating hope and resistance: A critical analysis of sources of agency among Palestinian children living under military violence. *Child: Care, Health and Development*, *44*(6), 863–870.

Veronese, G., Cavazzoni, F., Russo, S., & Sousa, C. (2021). Risk and protective factors among Palestinian women living in a context of prolonged armed conflict and political oppression. *Journal of Interpersonal Violence*, *36*(19–20), 9299–9327. https://doi.org/10.1177/0886260519865960.

Veronese, G., Diab, M., Abu Jamei, Y., Saleh, S., & Kagee, A. (2021). Risk and protection of suicidal behavior among Palestinian university students in the Gaza Strip: An exploratory study in a context of military violence. *International Journal of Mental Health*, 1–18. https://doi.org/10.1080/00207411.2021.1911381

Veronese, G., Pepe, A., Dagdukee, J., & Yaghi, S. (2018a). Social capital affect balance and personal well-being among teachers in Israel and Palestine. *Teachers and Teaching*, *24*(8), 951–964. https://doi.org/10.1080/13540602.2018.1508431

Veronese, G., Pepe, A., Dagdukee, J., & Yaghi, S. (2018b). Teaching in conflict settings: Dimensions of subjective wellbeing in Arab teachers living in Israel and Palestine. *International Journal of Educational Development*, *61*, 16–26. https://doi.org/10.1016/j.ijedudev.2017.11.009

Veronese, G., Pepe, A., Jaradah, A., Murannak, F., & Hamdouna, H. (2015). Quality of life and determinants of parents school satisfaction in war contexts: A mixed-method exploratory study in Palestine. *Sage Open*, *5*(4), 1–10. https://doi.org/10.1177/2158244015608422

Wind, T. R., & Komproe, I. H. (2018). Closing the gap between disaster mental health research and practice: Evidence for socio-ecological mental health interventions through multi-level research. *Intervention: International Journal of Mental Health, Psychosocial Work and Counselling in Areas of Armed Con ict*, *16*(1), 5–13. https://doi.org/10.1097/WTF.0000000000000153

World Bank. (2021). World Bank in West Bank and Gaza. https://www.worldbank.org/en/country/westbankandgaza/overview

World Health Organization (WHO). (2014). Gaza strip joint health sector assessment report. Health cluster in the Occupied Palestinian Territory. https://www.un.org/unispal/document/auto-insert-192932/

World Health Organization (WHO). (2017). Advocacy actions to promote human rights in mental health and related areas: WHO quality rights training to act, unite and empower for mental health (pilot version) (No. WHO/MSD/MHP/17.15).

Yip, W., Subramanian, S. V., Mitchell, A. D., Lee, D. T., Wang, J., & Kawachi, I. I. (2007). Does social capital enhance health and well-being? Evidence from rural china. *Social Science Medicine*, *64*(1), 35–49.

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