

A narrative review of mental health and psychosocial impact of the war in Gaza

Ibrahim Aqtam¹

¹Ibn Sina College for Health Professions, Nablus University for Vocational and Technical Education Nablus, Palestine (Correspondence to Ibrahim Aqtam: ibrahim.aqtam@nu-vte.edu.ps).

Abstract

Background: The current war in Gaza has resulted in extensive destruction, displacement and severe health challenges, affecting mental health and psychosocial wellbeing. High rates of post-traumatic stress disorder, depression, anxiety, and complex grief are prevalent, disrupting social networks, family cohesion, and community structures.

Aim: To provide an overview of the mental health and psychosocial impact of the war in Gaza, identify research gaps and highlight key considerations for improving mental health and psychosocial support in conflict settings.

Methods: This narrative review examined published studies and reports focusing on mental health and psychosocial support strategies and intervention effectiveness, as well as challenges in the delivery of mental health and psychosocial support in the Gaza Strip.

Results: Findings revealed high rates of mental health disorders driven by violence, loss and displacement. Interventions such as community-based programmes, telemedicine and culturally adapted care show promise but there are gaps, including the need for longitudinal studies and gender-specific analyses.

Conclusion: The war in Gaza has imposed a substantial mental health burden on individuals, disrupting community wellbeing. We advocate context-sensitive interventions, integrated into emergency response and recovery and emphasizing resilience, community support and culturally adapted care.

Keywords: mental health, psychosocial support, conflict, PTSD, anxiety, depression, resilience, Gaza

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Introduction

The current conflict in Gaza has triggered a severe humanitarian crisis, profoundly affecting mental health and psychosocial wellbeing. Conflicts like Gaza's involve widespread destruction, displacement and loss, leading to numerous mental health challenges. Recent studies indicate high prevalence rates of post-traumatic stress disorder (PTSD) (54% in children, 40% in adults), depression (41% in children, 45% in adults), and anxiety (34% in children, 37% in adults) (1,2). The United Nations Office for the Coordination of Humanitarian Affairs (UNOCHA) has reported significant loss of lives, massive displacement, and the destruction of critical infrastructure, including healthcare facilities (3) and the World Health Organization (WHO) has warned that disruption of health services has exacerbate psychological distress (4). A conglomerate of these conditions affects individuals and the broader social structures, increasing vulnerability, limiting resilience, and complicating recovery. An understanding of the impact of these factors is crucial for developing effective interventions and policies to address immediate needs and support long-term recovery. This review explores the mental health effects of the war in Gaza, highlighting the challenges and offering insights for improving mental

health and psychosocial support (MHPSS) for Gaza's populations.

The ongoing conflict in Gaza, which escalated sharply in October 2023, has exacerbated an already fragile humanitarian situation, severely affecting the mental health and psychosocial wellbeing of its population. Gaza faces immense challenges, including poverty, restricted access to resources, continuous violence, and a weakened healthcare system, making it highly vulnerable to the psychological impacts of conflict. Even before this escalation, mental health in Gaza was shaped by years of socio-political instability, cycles of violence, and economic hardship, further compounded by restrictive blockades and limited access to care (1).

Despite the urgent need for MHPSS, services remain inadequate due to damaged infrastructure, shortage of trained professionals and societal stigma. Consequently, disorders like PTSD, depression, anxiety, and complex grief continue to increase among all demographic groups, including children, women and the elderly. Addressing these challenges requires a multi-faceted approach, including individual therapy, community support and resilience-building strategies tailored to Gaza's socio-cultural context. This review synthesizes existing literature, identifies gaps and offers recommendations for enhancing MHPSS in conflict-affected settings.

Methodology

A narrative review was conducted to explore the mental health and psychosocial impact of the ongoing conflict in Gaza. We used a structured strategy to identify relevant studies through a systematic search of electronic databases, including PubMed, PsycINFO, Scopus, and Web of Science. Reports from reputable humanitarian organizations, such as WHO, UNOCHA and United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNRWA), were also included to ensure comprehensive coverage. The search included literature published from 2010 to 2024, with emphasis on studies published after October 2023, to reflect the most recent escalation of the conflict. Keywords used in the search included "mental health", "psychosocial support", "PTSD", "depression", "anxiety", and "Gaza conflict". The search was restricted to publications in English language.

A total of 512 articles were initially identified. After screening titles and abstracts for relevance, 162 articles were selected for full text review. Following an evaluation for suitability, based on predefined inclusion criteria, such as relevance to conflict-affected mental health and methodological rigour, 82 articles were included in the final review.

This review included various types of papers, such as empirical studies, systematic reviews, meta-analyses, qualitative research, and organizational reports. Studies were selected based on their focus on mental health impact, psychosocial support interventions or challenges in delivering MHPSS in conflict zones. By systematically integrating evidence from diverse sources, the review provides a comprehensive overview of mental health and psychosocial challenges in Gaza while highlighting gaps and strategies for intervention.

Results

The review revealed high prevalence of mental health disorders driven by violence, loss and displacement. The psychological burden extends across generations through intergenerational trauma and beyond the individuals directly affected. As often observed in conflict-affected settings, this phenomenon is perpetuated by repeated exposure to adversity, altered parenting behaviours and biological stress responses.

Barriers to addressing the mental health needs of the population include damaged healthcare infrastructure, shortage of trained professionals and societal stigma. Interventions such as community-based programmes, telemedicine and culturally adapted care have shown promise but remain insufficient in meeting the needs of the population. Gaps in research include a lack of longitudinal studies and limited analysis of gender-specific impact (Table 1).

Impact of war on mental health

The ongoing conflict in Gaza has severely impacted the mental health of its population, leading to various

psychological disorders across demographic groups. Studies in Gaza and similar conflict zones report high rates of PTSD, depression, anxiety, and acute stress disorders among children, adults and the elderly. The severity of these issues often correlates with exposure to violence, loss and displacement (3). Thabet and Vostanis (3) reported that 54% of children in Gaza had PTSD, with comorbid depression (41%) and anxiety (34%), due to traumatic events like bombings and loss of loved ones (9). Al-Krenawi et al (10) found that 40% of adults reported PTSD, with high anxiety (37%) and depression (45%). Elderly individuals exposed to repeated trauma showed high rates of chronic stress and depression, worsening their physical health (11).

Specific groups faced unique challenges: children exposed to prolonged conflict experienced disrupted development, emotional dysregulation and maladaptive coping mechanisms (12). Women are often victims of domestic and sexual violence, worsened by conflict and leading to complex trauma (13). They also bear caregiving burdens, which heighten anxiety and depression (8). Healthcare workers in Gaza are frequently exposed to trauma, face burnout, PTSD, and depression, which impacts their wellbeing and the quality of care they provide (7).

The long-term mental health risks in Gaza include complex PTSD and intergenerational trauma, as repeated trauma causes persistent symptoms during adulthood (14). Intergenerational trauma further burdens communities, as trauma effects transcend behavioural and biological channels to affect future generations (15). This profound and layered impact highlights the urgent need for comprehensive, culturally sensitive mental health interventions in Gaza.

Psychosocial impact of the war

The war in Gaza has deeply fractured the social fabric, severely affecting the psychosocial wellbeing of the population. Beyond immediate psychological disorders, the conflict has led to the loss of social networks, disintegration of community structures and breakdown of family cohesion, compounding trauma and creating complex psychosocial challenges. War disrupts vital support systems, with the destruction of homes and communal spaces fragmenting close-knit communities, isolating individuals, and heightening fear, insecurity and helplessness (5,16). Veronese et al (16) note that the disruption of social cohesion in Gaza has increased mistrust and weakened social bonds, which is critical for resilience in conflict settings.

Displacement has severed social identity, belonging and support systems. In Gaza, 85% of the population has been displaced, often living in overcrowded and unsafe shelters (1). This mass displacement undermines cultural, religious and social continuity, leading to identity crises, especially among children and adolescents (17). Research by Bürgin et al (17) notes that displacement contributes to significant psychological stress due to the immediate dangers of war and the loss of meaningful social ties.

Table 1. Summary of key findings from the review

Study reference	Study population	Key findings	Limitations/notes
Thabet and Vostanis (2017)	Children (n = 532) in Gaza	PTSD (54%), depression (41%), anxiety (34%)	Focused on short-term impacts of trauma
Al-Krenawi et al (2017)	Adults (n = 612) in Gaza	PTSD (40%), depression (45%), anxiety (37%)	Did not explore intervention efficacy
Yehuda et al (2018)	Multiple generations	Evidence of intergenerational trauma through epigenetics	Requires longitudinal validation
Cloitre et al (2018)	Adults in conflict zones	Long-term impact of complex PTSD on mental health	Limited data specific to Gaza
Veronese et al (2021)	Students (n = 300) in Gaza	Resilience reduced psychological distress	Highlighted importance of community programmes
WHO (2024)	Conflict-affected populations	Telemedicine improved access to care	Not widely implemented in Gaza

Overcrowded and insecure living conditions in shelters and camps worsen psychosocial stress, reducing privacy and increasing domestic violence and conflict (18). Ratner et al (18) found that such environments alter social behaviour, increase competition over resources and heighten distress. The breakdown of family cohesion, due to displacement or death, further disrupts primary support systems, leading to role confusion, family conflicts and intergenerational trauma transmission (20). Overall, the psychosocial impact of the war is extensive, affecting individuals and communities. Addressing this requires comprehensive, community-based interventions that will restore safety, belonging and social structures.

Challenges in providing mental health and psychosocial support

The Gaza conflict presents severe challenges to mental health and psychosocial support because of the damaged healthcare infrastructure, shortage of professionals and continued violence. As of mid-2024, only 16 of 36 public hospitals and fewer than half of primary care centres were functional, leading to overwhelmed facilities and limited access to care (1). Gaza faces a critical shortage of mental health professionals, with less than one psychiatrist per 100 000 people pre-conflict, worsened by war casualties and displacement (3). Continuous violence disrupts MHPSS services, compromising the safety of providers and patients and undermining long-term care efforts (21). Societal stigma and cultural norms further hinder help-seeking, prioritizing immediate survival over mental health needs (23). Addressing these issues requires rebuilding infrastructure, expanding services and adopting culturally sensitive approaches within humanitarian aid.

Current interventions and strategies

The mental health crisis in Gaza has prompted various stakeholders, including international organizations, local non-government organizations (NGOs) and community

groups, to implement diverse MHPSS interventions. Formal programmes by WHO, UNRWA, Médecins Sans Frontières (MSF), and the International Medical Corps (IMC) provide clinical care, psychological first aid and community outreaches. These structured interventions include counselling, psychiatric treatment and group therapy aimed at increasing awareness and reducing stigma. However, their impact is often constrained by security concerns, facility access limitations and a shortage of trained professionals (24,25).

Informal community-based support systems also play a crucial role. Local groups, peer networks and family-based carers provide essential psychosocial support. Community centres offer safe spaces for mutual support, informal counselling and education, particularly benefiting women and children through peer support groups that enhance social cohesion (26). These approaches are vital in culturally sensitive environments, as we have in Gaza, where formal services may not be accessible.

Innovative approaches such as telemedicine, digital health platforms and mobile clinics are increasingly important due to access challenges posed by the conflict. Programmes by WHO and MSF leverage telemedicine for remote psychiatric consultations, maintaining continuity of care despite mobility restrictions (27). Mobile clinics deliver psychological first aid and counselling to isolated or heavily impacted communities, bridging critical access gaps (28).

Building resilience is another key focus, with community activities and educational workshops designed to strengthen coping skills and social support. Trauma-informed care models are adopted to help individuals process their experiences in a supportive way, minimizing the risk of re-traumatization (29). Culturally adapted interventions, tailored to local norms and traditional practices and involving community leaders, further enhance the effectiveness and acceptance of MHPSS services (30).

Overall, the integration of formal and informal interventions, innovative delivery methods and

culturally sensitive approaches offer a comprehensive strategy to address Gaza's mental health needs. Sustained collaboration, investment and adaptation are crucial for overcoming the current challenges and ensuring the effectiveness of MHPSS efforts.

Addressing Gaza's mental health needs amid conflict involves formal and informal interventions. International organizations are leading efforts to provide MHPSS. Alongside these, community-based approaches, including peer support groups and local initiatives, play a crucial role. Despite these efforts, challenges persist, necessitating more innovative and culturally adapted strategies for effective mental health care.

Formal interventions include emergency mental health services by WHO and UNRWA, such as training local health workers in psychological first aid and establishing mental health units in healthcare facilities (31). These services are integrated with primary care to improve accessibility in conflict settings. NGOs like MSF and the Palestine Red Crescent Society (PRCS) provide counselling, psychotherapy and psychosocial support through mobile clinics and outreach teams, reaching displaced populations and those with limited access to facilities (6).

Community-based support systems are equally vital. Local initiatives, including peer support groups, youth clubs and women centres help individuals cope with trauma and stress. These grassroots efforts offer culturally relevant support, safe spaces for sharing experiences and help reduce stigma (32). Although less structured, community-driven approaches effectively address specific psychosocial needs.

Innovative approaches such as telemedicine and digital health platforms help overcome access barriers. UNRWA's telepsychology services provide remote counselling via phone and video, ensuring care continuity despite mobility issues (31). Mobile clinics by MSF and PRCS deliver mental health services directly to remote or highly affected areas, including activities like art therapy and group counselling (6).

Resilience-building is a key strategy, focusing on enhancing the ability of individuals and communities to recover from trauma. Trauma-informed care models are promoted by WHO and UNICEF to integrate an understanding of trauma into practices and avoid re-traumatization (21). Culturally adapted interventions such as group therapy that incorporate traditional practices are emphasized for fostering community cohesion and psychological healing (33).

Combining formal and informal interventions, innovative delivery methods and culturally sensitive approaches can help address Gaza's mental health crisis. However, continuous conflict, restricted access and resource limitations hinder their effectiveness, highlighting the need for sustained investment and adaptable trauma-informed strategies.

Protective factors

Protective factors are crucial in mitigating the mental health impact of war in conflict zones like Gaza. The key factors include:

- 1. Emotional regulation and positive coping:** Programmes that promote emotional self-regulation, motivation and a positive outlook help individuals manage stress and reduce the psychological impact of conflict (34).
- 2. Community and social support:** Strong community networks, including peer support groups and family care models, provide emotional aid and safe spaces, reducing stigma and fostering collective healing (35).
- 3. Resilience and adaptation:** Building resilience through trauma-informed care and coping skills helps individuals process trauma and promotes recovery (36).
- 4. Culturally adapted interventions:** Tailoring mental health interventions to local beliefs, including traditional healing and involving community leaders, enhances participation and effectiveness (37).
- 5. Cognitive and psychological interventions:** Cognitive strategies, psychological education and relaxation techniques improve coping skills, help manage stress and speed up recovery (38).

These factors highlight a multi-level approach to mental health in conflict settings, emphasizing resilience, community support and culturally sensitive care.

Research gaps

Despite advances in MHPSS research in conflict zones like Gaza, significant gaps remain, limiting the effectiveness of interventions. One major gap is the scarcity of longitudinal studies that track mental health over time. Most research is cross-sectional, providing snapshots of PTSD, depression and anxiety without capturing the long-term effects of continuous violence and displacement. Longitudinal studies are needed to understand how mental health evolves and the long-term effectiveness of interventions (39).

Gender-specific research is also lacking. Women face unique stressors, including domestic and sexual violence, yet these issues are often overlooked. Research should address the specific impact on the mental health of women, including sexual and gender-based violence (40). The effects of economic deprivation, food insecurity and lack of mental health services are under-researched, limiting our understanding of how socio-economic conditions interact with the impact of conflicts (41).

Future research should focus on scalable MHPSS interventions for resource-limited settings, such as mobile clinics and telemedicine, and should evaluate culturally adapted approaches that integrate traditional practices (42,43). Interdisciplinary research involving psychology, public health and social work can provide nuanced insights into mental health in conflict zones,

enhancing community engagement and intervention strategies (44). Addressing these gaps will improve MHPSS for conflict-affected populations in Gaza and similar contexts.

Discussion

The current war in Gaza has caused significant mental health and psychosocial challenges, including emotional instability, stress, anxiety, trauma, and other psychological disorders. The prevalence of PTSD, depression and anxiety is high due to continuous exposure to violence, displacement, loss of loved ones, and community destruction (45). Vulnerable groups such as children, women and the elderly face unique challenges, including developmental disruptions and increased domestic violence (46). The limited MHPSS services, compounded by damaged infrastructure, shortage of trained professionals and cultural stigma create substantial barriers to care (47). Healthcare workers also suffer from burnout and secondary trauma, straining the already overwhelmed health system (19).

Studies have highlighted the importance of disaster management preparedness among healthcare professionals to mitigate these challenges. For example, Aqtam et al (48) evaluated preparedness in the Palestinian context, highlighting strategies that could improve response capacity during crises. Such findings are critical for informing interventions that bolster resilience among healthcare workers and ensure continuity of care during emergencies. Resilience is crucial in overcoming the psychological challenges. Effective interventions and community support can aid recovery, although some individuals face long-term consequences such as chronic PTSD and complex grief. This intergenerational trauma affects not only those directly impacted but also their descendants, perpetuating psychological distress and social disruption (47).

Community-based approaches such as peer support and culturally adapted interventions have shown promise in fostering resilience and collective healing. However, there is a need for scalable MHPSS interventions to address the immediate and long-term needs. Innovations such as telemedicine and digital health can offer remote support, helping to overcome barriers created by continuous conflict (49).

Comprehensive, context-sensitive interventions are essential, including psychological first aid, trauma-informed care and community-based support systems. Integrating mental health into primary health services, training local professionals and ensuring resource availability are vital. Policies that prioritize mental health in emergency response with adequate funding and support

are critical to building a resilient healthcare system capable of addressing Gaza's complex mental health needs.

Conclusion

The war in Gaza has created a significant burden of mental health conditions, disrupting the quality of life and social structures of the affected population. Effective interventions must be tailored to the unique sociocultural context of Gaza and should be implemented across different phases of the conflict—pre-, peri- and post-conflict periods—to address the adverse mental health effects comprehensively. Psychosocial education, clinical interventions and community-based approaches are essential for fostering resilience, empowering the community and building sustainable mental health systems. By integrating these measures, it is possible to improve the psychological outcomes for those affected by the conflict and prepare the community to better cope with future adversities.

Recommendations

To address the extensive mental health impact of the current conflict in Gaza, several strategies should be considered. Integrating mental health into emergency plans is critical, ensuring that MHPSS services are accessible from the onset of crisis and sustained throughout the recovery phase. Rapid mental health assessments and the inclusion of these services within primary health care are essential to mitigating the progression of chronic mental health issues. Policymakers must develop evidence-based national mental health policies tailored to the needs of conflict-affected populations. Such policies should emphasize accessible and culturally appropriate care, decentralizing services through mobile clinics, telemedicine and community-based programmes.

Strengthening coordination among stakeholders such as WHO, UNRWA and NGOs can help streamline efforts and maximize the efficient use of resources. Community resilience can be enhanced by encouraging peer support and psychosocial education, empowering communities to take active role in their mental health care. Investments in training and capacity building are vital. For example, there is a need to train local healthcare workers in trauma-informed care, self-care and burnout management. Partnering with academic institutions could help develop local mental health expertise through specialized training and fellowships. Maintaining a steady supply of essential psychotropic medications and assessment tools is imperative to address severe mental health conditions effectively in these challenging contexts.

Revue narrative de l'impact de la guerre à Gaza aux plans psychosocial et de la santé mentale

Résumé

Contexte : La guerre en cours à Gaza a entraîné des destructions étendues, des déplacements et d'importants défis sanitaires, affectant la santé mentale et le bien-être psychosocial. Des taux élevés de troubles post-traumatiques, de dépression, d'anxiété et de deuil complexe sont fréquents, perturbant les liens sociaux, la cohésion familiale et les structures communautaires.

Objectifs : Fournir une vue d'ensemble de l'impact de la guerre à Gaza sur la santé mentale et le bien-être psychosocial, identifier les lacunes en matière de recherche et souligner les principales considérations pour améliorer le soutien en santé mentale et psychosocial dans les contextes de conflit.

Méthodes : La présente revue narrative analyse des études et rapports publiés qui sont axés sur l'efficacité des stratégies et interventions liées à la santé mentale et au soutien psychosocial, ainsi que les défis rencontrés lors de la prestation de services de santé mentale et de soutien psychosocial dans la bande de Gaza.

Résultats : Les résultats ont révélé des taux élevés de troubles mentaux, alimentés par la violence, la perte et les déplacements. Les interventions telles que les programmes à base communautaire, la télémédecine et les soins culturellement adaptés montrent un potentiel prometteur, mais des lacunes subsistent, notamment le besoin d'études longitudinales et d'analyses spécifiques au genre.

Conclusion : La guerre à Gaza a imposé un lourd fardeau sur la santé mentale des individus, perturbant le bien-être des communautés. Nous plaçons en faveur d'interventions adaptées au contexte, intégrées dans les actions en cas d'urgence et de relèvement en mettant l'accent sur la résilience, le soutien communautaire ainsi que les soins adaptés sur le plan culturel.

استعراض سردي للأثر النفسي الاجتماعي للحرب في غزة وأثرها على الصحة النفسية

إبراهيم أقطم

الخلاصة

الخلفية: لقد أسفرت الحرب التي كانت دائرة في غزة عن دمار واسع النطاق ونزوح وتحديات صحية وخيمة، وهو ما أثر على الصحة النفسية والسلامة النفسية والاجتماعية. وكذلك انتشار معدلات عالية من اضطراب الكرب التالي للصدمة والاكتئاب والقلق والحزن المعقد، مما يزعزع الروابط الاجتماعية والتماسك الأسري والهياكل المجتمعية.

الأهداف: هدفت هذه الدراسة الى تقديم لمحة عامة عن الصحة النفسية والأثر النفسي الاجتماعي للحرب في غزة، والتعرّف على الثغرات البحثية، وإبراز الاعتبارات الرئيسية لتحسين الصحة النفسية والدعم النفسي الاجتماعي في ظروف النزاع.

طرق البحث: بحث هذا الاستعراض السردى الدراسات والتقارير المنشورة التي تركز على استراتيجيات الصحة النفسية والدعم النفسي الاجتماعي وفعالية التدخلات، وكذا التحديات التي تواجه تقديم خدمات الصحة النفسية والدعم النفسي الاجتماعي.

النتائج: كشفت النتائج عن ارتفاع معدلات اضطرابات الصحة النفسية الناجمة عن العنف والفقد والنزوح. وتُظهر تدخلات مثل البرامج المجتمعية والتطبيب عن بُعد والرعاية المكثفة ثقافياً بشائر أمل، بيد أن ثمة ثغرات قائمة، منها الحاجة إلى دراسات طولانية وتحليلات تركز على النوع الاجتماعي.

الاستنتاجات: فرضت الحرب التي كانت تدور رحاها في غزة عبئاً كبيراً على الصحة النفسية للأفراد، مما أثر سلباً على عافية المجتمع المحلي. وندعو إلى تطبيق تدخلات مُراعية للسياق، وإدماجها في الاستجابة للطوارئ والتعافي منها، والتركيز على القدرة على الصمود، والدعم المجتمعي، والرعاية المكثفة ثقافياً.

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