



GCMHP Website



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MENTAL HEALTH CRISIS: TWO YEARS LIVING THROUGH THE GENOCIDE

A Special Report on the State of Mental Health After
Two Years OF The Israeli War on the Gaza Strip

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The genocidal war in Gaza has created not only a humanitarian catastrophe but also **a profound and escalating mental health crisis**. The suffering of children, women, elderly, and persons with disabilities goes beyond physical wounds - psychological trauma is widespread, severe, and risks becoming a generational legacy unless urgent action is taken.



Purpose of the Report

The report seeks to:

- Document the scale and depth of the mental health crisis in Gaza during the ongoing war.
- Highlight the collapse of existing mental health systems and the urgent gaps in services.
- Provide evidence-based analysis that underscores the need for immediate, large-scale psychosocial and mental health interventions.
- Amplify the voices of the most vulnerable groups—children, women, the elderly, and persons with disabilities—whose suffering is often unseen.
- Mobilize donors, policymakers, and humanitarian actors to recognize mental health as lifesaving, not secondary, in the Gaza humanitarian response.

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A MESSAGE FROM GCMHP

In the midst of this difficult moment, our people in the Gaza Strip are going through. As we release this important report documenting the scale of the ongoing psychological and humanitarian catastrophe since October 2023, we at the Gaza Community Mental Health Programme can only affirm that our tragedy today is no longer confined to facing physical destruction alone, but has reached deep into the human soul. The wounds left by the genocidal war on the spirits of children, women, the elderly, and the hearts of families who have lost their loved ones are the most painful and enduring.

Since its establishment in 1990, the Gaza Community Mental Health Programme has stood as a beacon safeguarding what is most precious to humanity: dignity, resilience, and psychological well-being. Today, after two years of genocide, the programme continues its mission despite overwhelming challenges, determined to alleviate suffering, provide care and treatment wherever possible, and raise its voice so that it may reach every living conscience.

This report does not merely present figures, as the world has become accustomed to hearing over the past twenty-four months since the beginning of this genocide, for we are not numbers to be counted in reports. Instead, it is a living, documented testimony of a renewed human tragedy, echoing with the voices and pain of the victims. It is also a heartfelt message to the world that the catastrophe is far from over, and that an entire population is living on the edge of psychological collapse. We raise our voices to declare that mental health is not a luxury, nor a secondary concern, but a fundamental human right. Protecting and preserving it is the final lifeline for the future of Gaza and its generations to come.

It is our collective responsibility- locally and internationally- to stand with our people in Gaza, to break the silence, to transform pain into strength, and despair into hope. Despite the harshest of circumstances, there are still those in Gaza who insist on surviving, on living, and on passing to their children the ability to cling to humanity even in the darkest of times.

We call upon the international community, donors, and all those who believe in justice to turn their solidarity with Gaza into tangible action and to place mental health at the very heart of every humanitarian intervention. We also call for the care and protection of service providers themselves, for they are the frontline defenders of the dignity and resilience of those who remain alive among our people.

In conclusion, we say: Gaza, despite the pain, continues to pulse with life. And the Gaza Community Mental Health Programme will remain a witness and a steadfast advocate to ensure that hope endures

Gaza Community Mental Health Programme



A MESSAGE FROM THE PEOPLE OF GAZA

We write to you—we, the people of Gaza: children robbed of their innocence, women weighed down by grief and sorrow, men exhausted by relentless loss, the elderly waiting only for mercy, and the disabled struggling to survive in a land encircled by fire. We write to you from beneath the rubble and the smoke, from homes once filled with life now reduced to ruins, from schools that once rang with laughter but have since become overcrowded shelters—or nothing more than dust.

For decades, we have endured blockade and deprivation, stripped of the most basic rights of human existence: the freedom to move, the medicine to heal, the right to a dignified life. Through each recurring aggression, we gathered what strength we could, bound our wounds, and somehow stood again. But the aggression that began on 7 October 2023 has left us with almost nothing. It has stolen our homes and our dreams, and buried thousands of souls beneath the wreckage. Every day we lose loved ones; every day, a child is laid to rest, a family searches desperately for bread, a community waits in vain for a drop of water.

Our children no longer know the taste of play. Our women bear the burdens of displacement and loss. Our men swing between fear and despair. Our elders die of grief before hunger or sickness overtakes them. Even the disabled—who once met life with patience and courage—are now abandoned without medicine or care. We live in a catastrophe without pause, a history stained with sorrow, yet also marked by an unbroken will to survive.

We do not ask for the impossible. We ask only that you see our humanity, that you hear the cries of our children, that you help bring an end to this relentless bleeding. We ask simply to live as others do: in peace, in dignity, and with the hope of a better tomorrow.

To the International Community: Words of condemnation alone will not rebuild a shattered home, nor will they return a child to a mother's embrace. What we need is true justice, real protection, and an end to this collective punishment. The power to decide lies with you. The power to lift this unbearable weight rests in your hands.

We are the people of Gaza. Our wound runs deep, yet our voice still rises. We write to you today not to seek pity, but to affirm a simple truth: we are human beings, and we deserve to live.

Mohammed (31), Laila (25). This letter was written by these young people during the current aggression on the Gaza Strip.

EXECUTIVE SUMMARY

In the heart of besieged Gaza, people are living thru one of the harshest humanitarian crises of modern times, where homes have turned to rubble, livelihoods have been lost, and families have been torn apart under the relentless impact of war. The pain is no longer limited to physical wounds; deep psychological trauma now threatens their present and future. Children, women, and the elderly face fear, loss, and deprivation of safety daily. It is a tragedy that cannot be measured by numbers alone, but by a renewed human suffering that cries out to the world to act before the remnants of hope are lost.

This report provides a comprehensive analysis of the worsening mental health crisis in the Gaza Strip amid the ongoing genocidal war since October 2023. Which have left and continues to leave severe psychological consequences on the population, affecting children, women, the elderly, people with disabilities, internally displaced persons, frontline workers, and survivors of detention and torture. The mental health of the population in the Gaza Strip has deteriorated due to repeated exposure to trauma, loss, displacement, and the destruction of basic infrastructure, including healthcare services. The GCMHP conducted a comprehensive desk review of most local and international literature and reports that addressed the psychological conditions, in addition to analysing clinical data and GCMHP-specific reports during the war period. The review and analysis processes led to the identification of the following key findings:

1. The spread of mental health disorders: The review revealed a significant increase in the prevalence of mental health disorders, with a sharp rise in rates of depression, anxiety, and post-traumatic stress disorder (PTSD), with a clear reservation on the concept of post-trauma (as the trauma is ongoing) due to the ongoing war, social and economic difficulties, and limited access to mental health services.

2. The impact on children and youth: Data shows that children and adolescents, who represent a large portion of Gaza's population, are particularly vulnerable to psychological stress. The impact on children and youth: Data shows that children and adolescents, who make up a large portion of Gaza's population, are particularly vulnerable to psychological stress. A large number of children suffer from trauma-related symptoms, including nightmares, aggressive behavior, and a sense of impending doom. Reports also highlight a significant increase in the number of children who have lost their parents and become orphans, as well as those who have had their limbs amputated and those who have been separated from their families due to displacement.

3. Displacement and its psychological impact: More than 1.9 million people in Gaza have been displaced due to the recent conflict, with the vast majority of them residing in temporary shelters that offer little psychological support. This forced displacement, along with the lack of stable housing, severely affects the mental health of both adults and children, leading to increased anxiety, depression, and psychosomatic symptoms.

4. Gaps in psychological and social support: The review identified critical gaps in mental health services. Despite the presence of community organizations and some international interventions, the sector lacks a sufficient number of trained mental health professionals, psychiatrists and psychologists available to meet the increasing demand for mental health care. The mental health sector in Gaza has also faced extensive damage to its infrastructure, making it more difficult to provide services.

5. The impact of trauma on families: Prolonged exposure to violence, the loss of family members, and economic collapse have rendered many families unable to provide the emotional support their children need. The impact of trauma on families: Prolonged exposure to violence, the loss of family members, and economic collapse have rendered many families unable to provide the necessary emotional support for their children. In particular, many parents struggle to cope with their trauma, further weakening the family structure and its ability to provide care.

6. High levels of psychological distress among the displaced: Individuals living in shelters report high levels of psychological distress, with a disproportionately high number of women and children showing signs of severe psychological trauma. The review highlights that more than 80% of the displaced reported feelings of anxiety, despair, and helplessness, with many expressing their fear of violence and instability in the future.

7. Strain on the healthcare system: The ongoing conflict has burdened the already fragile healthcare system in Gaza, which has been further strained by the increasing need for mental health services. The destruction of healthcare infrastructure has left many individuals without access to basic psychological support, and the remaining mental health services are overwhelmed and lack resources.

8. The impact of mental health on vulnerable groups: Vulnerable groups, including the elderly, people with disabilities, and women, were affected directly by the crisis. The review indicated that these groups face increased risks of psychological trauma due to the loss of social support networks, disruption of daily routines, and lack of specialized care.

In this report, GCMHP also provides important recommendations (see page 21), that can be summarized as follows:

•End the aggression and Protect Civilians: Above all, no mental health intervention can succeed without ending the aggression. The ongoing aggression and acts of genocide are the root cause of Gaza's mental health catastrophe. The international community must act decisively to stop the violence, uphold international law, and guarantee the right of Palestinians to live in safety, dignity, and peace.

•Invest in Mental Health as a Lifeline, Not a Luxury: Donors must provide sustained and flexible funding for MHPSS. Without investment in trained professionals and essential medicines, thousands of children, youth, and displaced families will remain without critical support. Mental health must be recognized as a lifesaving service.

•Bring Services to the People, Wherever They Are: Mobile and community-based services must be scaled up urgently. Displaced families living in overcrowded shelters and destroyed neighborhoods cannot reach distant clinics — services must reach them, not the other way around.

•Break the Silence, End the Stigma: Communities in Gaza are suffering in silence. Community activists and leaders, educators, and families should join efforts in normalizing mental health care, creating safe spaces for dialogue, and building resilience from within. Healing begins when stigma ends.

•Make Mental Health Central to Every Humanitarian Response: Mental health and psychosocial support cannot remain an afterthought. It must be fully integrated into health, education, protection, and shelter responses — ensuring every displaced child, mother, and elderly person has access to holistic, trauma-informed, and culturally sensitive care.

•Care for the Caregivers: Frontline mental health and psychosocial workers are themselves survivors of aggression. Their protection and well-being must be prioritized through supervision, training, and psychological support. Without caring for them, we cannot expect them to continue caring for Gaza's most vulnerable.

BACKGROUND AND CONTEXT

The current aggression is considered one of the fiercest aggressions in Palestine's history since the Nakba in 1948. Israel has carried out a wide-ranging military campaign that included intensive airstrikes, ground assaults, and a suffocating blockade that has affected all aspects of life. As time passed, the aggression was no longer just military campaigns; it transformed into a comprehensive humanitarian crisis that affected every home and Palestinian family in the Gaza Strip.

In Gaza, numbers are no longer just statistics; they have become faces, pain, and names etched in memory. To the date of this report, the Strip has lost no less than 64,964 martyrs, while 165,312 others were injured and 11,200 people were considered missing, according to the [Palestinian Central Bureau of Statistics](#). Behind every number lies the story of a family torn apart by loss, a child waiting for a return that will never happen, and a mother searching thru the rubble for remnants of her home.

According to a recent statement from the [Rehabilitation Sector](#) in the Palestinian NGOs Network , this aggression has resulted in more than 32,000 new cases of disability, 70% of whom are children and women, raising people with disabilities in the Gaza Strip by 55%, which amounts to more than 90,000 people with disabilities, in addition to 107,000 elderly individuals, which is equivalent to 12% of the population of the Gaza Strip.

Children, who are supposed to be symbols of life and hope, have become symbols of tragedy. About [18,592](#) children have been killed, and more than [25,000](#) have been injured, while 864 children have lost their limbs due to shelling. According to reports from UNICEF and international agencies, [17,000](#) children unaccompanied or separated from their parents. Meanwhile, [38,000](#) children have become orphans; some have lost their fathers, some have lost their mothers, and others have lost both at once. These children are growing up in a world without a hug, without a home, and without the certainty that tomorrow will be better.

The elderly, in turn, did not escape death either, as the killing of no less than [3,535](#) people over the age of sixty was recorded. A whole generation carried the memories of the Nakba and the siege, ended up under the rubble or in a displacement tent, witnessing a wound that has not healed for decades.

In terms of displacement, the disaster is unprecedented. About 1.9 million people – 90% of Gaza's population – have been forced to leave their homes, according to the United Nations. Entire families have moved dozens of times in search of safety, only to find that the "safe areas" themselves were not safe. Displacement has become a daily fate, and moving from one neighborhood to another is a journey fraught with fear, hunger, and thirst. The reporting period witnessed a temporary ceasefire (January 19 - March 18, 2025), during which a large number of people returned to northern Gaza, while others remained in southern Gaza. Some displaced from Rafah to Khan Younis, others from eastern Khan Younis to western Khan Younis, and displacement continued from east to west and from south to north. It is worth noting that Palestinian families in the Gaza Strip have experienced repeated displacement, with each family being displaced at least two to three times during the aggression.

BACKGROUND AND CONTEXT

In a recently published research study titled "The Psychological Impact of War and Forced Displacement in Gaza: A Study on Anxiety, Post-Traumatic Stress Disorder, and Depression," were the majority were unemployed (73.7%) and more than half of the participants were displaced to camps (55.6%), 40.4% lived in shelters, while nearly one-fifth of the participants (20.3%) lost a first-degree relative, 12.7% were injured, and 4.8% were detained by the army. 79.3% and 84.5% reported moderate or higher levels of anxiety and depression, respectively. The rate of post-traumatic stress disorder with symptoms was 67.8%, and 63.1% suffered from significant symptoms of all three accompanying disorders. Additionally, a high frequency of migration was closely associated with the presence of one, two, or three disorders, compared to the absence of any disorders. Those exposed to more forms of harm were more likely to suffer from all three disorders.

Israel has halted the entry of humanitarian aid and food supplies into the Gaza Strip, causing severe famine for most Palestinian families. Hunger has become another weapon against the population. More than 65,000 children have shown symptoms of malnutrition, while at least 100 people have died from starvation or malnutrition-related diseases. In Gaza, death no longer comes only from the sky, but from an empty plate and a cup of contaminated water.

The healthcare system, which was barely holding up before the aggression, has almost completely collapsed. More than 80% of healthcare facilities were destroyed or rendered out of service, and only 16 out of 36 hospitals are partially operational. And even those doctors and nurses who remained in the hospitals paid with their lives, as more than 1,411 medical staff have been killed since the aggression began.

The destruction left by the aggression is almost unbelievable. Thousands of residential buildings were demolished, and the basic infrastructure collapsed: no clean water, no electricity, no communications. Schools turned into overcrowded shelters or rubble, depriving children of education for more than two consecutive years. Sewage and water networks were destroyed, increasing the spread of diseases and epidemics.

As for daily life, the scene is extremely harsh. Families live in tents or among the ruins of their homes, relying on meagre aid that is insufficient to satisfy hunger or provide medicine. The search for water and food has become a daily battle, and moving from one neighbourhood to another is fraught with danger. Children and women are the most affected; they have lost stability and security and now live under the constant fear of raids and shelling. Many families are living the tragedy of losing their loved ones, leaving deep psychological scars that are no less severe than physical wounds.

These are not just numbers, but a desperate humanitarian call. Behind every number, a child is waiting for medicine that never arrives, a grandmother dying in a bread line, or a father carrying his child's body with trembling hands. Gaza today tells the story of a people facing extermination, and with its blood, it writes a message to the world: We are human beings, we deserve to live.

METHODOLOGY

GCMHP conducted a comprehensive Desk Review of literature, reports, articles, research studies, and case studies published by local, international, and UN organizations over the past two years. The aim was to gain an understanding of the situation based on reliable sources. This process contributed to the preparation of this report. The following figure illustrates the methodology used:



DESK REVIEW FINDINGS- PSYCHOLOGICAL SITUATION ANALYSIS

FIRST: THE MOST AFFECTED GROUPS

1. CHILDREN

The psychological effects of the unjust aggression on the children of Gaza are staggering. A recent assessment conducted by War Child organization reveals that 96% of children feel that death is imminent, indicating a profound sense of insecurity that characterizes their daily lives. Moreover, 92% of the children struggle to accept the current reality. It is concerning that 87% show signs of severe fear, while 79% suffer from persistent nightmares that disrupt their sleep and emotional regulation. Nearly four out of five children (77%) avoid talking about the traumatic events they witnessed, indicating long-term psychological damage. Aggressive behavior was also observed in 73% of the children, reflecting how trauma manifests in their personal interactions. Perhaps the most concerning aspect is that 49% of the children report wishing for death, which is an indicator of severe despair and emotional breakdown.

A UNICEF report reveals that all children under the age of five, numbering 320,000, are at risk of acute malnutrition, which will lead to the deterioration of their physical and mental health in the long term.

While the World Health Organization's report indicates that there are approximately 1.2 million children currently living in the Gaza Strip under genocide and in need of psychological and social support.

This is supported by UNICEF, which confirms that all children in Gaza need mental health services and psychosocial support, whereas only half of them needed it before the aggression. The Gaza Community Mental Health Programme, through its reports issued in 2024, indicates that Palestinian children in Gaza suffer from ongoing complex psychological trauma, characterized by prolonged and repeated exposure to multiple, continuous, and cumulative traumatic events that will burden the individual's ability to cope and adapt.

According to a recent study published in the leading medical journal "The Lancet," which showed that the impact of conflicts in many countries on mental health over a period of years was, on average, 22% of children suffering from severe trauma related to this conflict. In the case of the Gaza Strip, four out of five children show signs of severe trauma, such as nightmares, anxiety, withdrawal, and silence, in addition to physical pain, not due to bodily injury, but due to psychological trauma.

Through the analysis of the content of these reports and literature, it was found that the most significant factors contributing to these effects are as follows:

1) repeated and severe exposure to violence (such as bombing, witnessing death, injury). 2) Repeated mass displacement and loss of homes/properties/safety. 3) The uprooting of children repeatedly, with few or no safe places for recovery. 4) A collapse or severe interruption of essential services (healthcare, education, and child protection), 5) a shortage of trained personnel in the field of mental health and medications, and 6) in addition to malnutrition, disease outbreaks, separation from caregivers, and damage to social support networks. All of this adds to the loss of access to all formal educational activities for at least 658,000 school-aged children, as most schools are being used as shelters. Additionally, nearly 90% of schools have been damaged and will require significant repairs or complete reconstruction before they can be reopened.

DESK REVIEW FINDINGS- PSYCHOLOGICAL SITUATION ANALYSIS

2. WOMEN

A recent survey conducted by [UN Women](#) in Rafah revealed concerning mental health challenges among women, with more than 80% reporting symptoms of depression, 66% suffering from insomnia, and over 70% experiencing increased anxiety and nightmares. These results are reflected in a study published in the Eastern Mediterranean Health Journal, which found that 99.7% of internally displaced persons in Gaza showed signs of anxiety, 99.5% suffered from depression, and 93.7% experienced chronic psychological stress, highlighting the widespread psychological impacts of displacement and war.

According to [a study recently published in the Springer Nature Link journal](#) titled "Surviving Trauma: The Mental Health of Women in Gaza During the Genocide," interviews conducted with women and thematic content analysis of the words of Gazan women identified five main axes of the crisis: the collapse of maternal healthcare services, the emotional burden of motherhood, displacement and its impact on dignity, food insecurity and maternal guilt, and resilience in the face of collective trauma.

The study also indicated that the genocide in Gaza has led to a mental health crisis for women, affecting them more severely due to their societal roles and vulnerabilities. The destruction of homes in Gaza by Israel and the displacement of families have eroded women's sense of stability and security, leading to post-traumatic stress disorder, anxiety, and depression.

Since nearly half of the displaced people in Gaza are women, their experiences with brutal Israeli violence and displacement have significantly exacerbated their psychological challenges. Additionally, the difficult and unsuitable conditions of the displacement shelters worsen the challenges faced by the women of Gaza. With the deprivation of private spaces or basic necessities, the women of Gaza are suffering from increasing psychological distress. According to the article, studies conducted on the women of Gaza during the genocide in Gaza have highlighted a concerning rate of mental health issues, with 80% of women experiencing severe anxiety and 70% showing symptoms of depression.

Another [study published in 2024](#) revealed the prevalence of depression, anxiety, and insomnia and their associations among a group of Palestinian refugee women in Jordan, whose family members were subjected to genocide in Gaza. Where high rates of severe depression (73%), anxiety (60%), and insomnia (65%) were observed in the group of women.

What exacerbates these psychological challenges is the sharp rise in gender-based violence, with numerous reports of physical and psychological abuse against women during the aggression, as documented by [Middle East Eye](#). The destruction of healthcare infrastructure has exacerbated the situation, reducing women's access to essential medical, psychological, and social services, according to the [UN Women Arab States](#). These conditions have created a severe and multifaceted mental health crisis among women in Gaza.

DESK REVIEW FINDINGS- PSYCHOLOGICAL SITUATION ANALYSIS

3. PEOPLE WITH DISABILITIES

The suffering of people with disabilities in Gaza does not stop at the loss of material possessions; it extends to leave deep psychological wounds that are difficult to heal. Human Rights Watch documented harsh scenes of children with disabilities who experienced traumas beyond their capacity to endure, children whose hearts are filled with fears of abandonment and betrayal after witnessing their homes being destroyed before their eyes, and losing the assistive devices that granted them the ability to move and maintain their dignity. One of the girls, 14 years old and suffering from cerebral palsy, recounted her painful story after losing her wheelchair and everything she relied on in her daily life, finding nothing but despair weighing down her spirit and doubling her suffering.

United Nations reports confirm that these individuals are among the most vulnerable groups in this war, as they face cumulative psychological effects due to repeated displacement, the collapse of support networks, and lack of access to healthcare and psychological support.

4. THE ELDERLY

The psychological and health situation of the elderly in Gaza constitutes a silent humanitarian tragedy that rarely receives attention. Instead of living their final years in comfort and safety, the elderly find themselves in the heart of a devastating aggression, moving between displacement and constant fear, enduring both physical frailty and the weight of the soul together.

Reports from the GCMHP, the WHO Regional Office for the Eastern Mediterranean, and the Eastern Mediterranean Health Journal indicate that the elderly are in a recurring conflict environment and particularly suffer from high rates of chronic stress, sleep disturbances, and severe depression symptoms. This psychological suffering does not come in isolation from their exhausted bodies; rather, it exacerbates their existing health problems: high blood pressure, heart disease, diabetes, and joint pain, placing them in a vicious cycle of physical and psychological pain simultaneously.

The tragedy intensifies due to the collapse of healthcare services, the shortage of essential medicines, and the difficulty elderly people face in reaching medical centers due to their mobility impairments or the conditions of repeated displacement. Many have lost the simple medical devices they relied on, such as canes, wheelchairs, or blood sugar and pressure monitors, turning their daily lives into a bitter struggle with disability.

In overcrowded shelters, the elderly face harsh emotional isolation, as they feel they are a burden on their families, who are already weighed down by worries, deepening their sense of despair and loss of value. This psychological breakdown makes them more susceptible to succumbing to diseases, threatening their lives not only with direct danger but also with the erosion of their spirit and dignity.

Ignoring the suffering of the elderly in Gaza means abandoning a generation that has devoted its life to building and nurturing younger generations. They require a comprehensive humanitarian response that extends beyond providing medicine and food, encompassing specialized mental health care, social support, and interventions that ensure a safe environment that preserves their dignity.

DESK REVIEW FINDINGS- PSYCHOLOGICAL SITUATION ANALYSIS

5. INDIVIDUALS WITH MENTAL HEALTH DISORDERS

The World Health Organization, in its general health situation analysis issued in September 2025, points to an escalating psychological crisis in the Gaza Strip. There are approximately 20,000 people in urgent need of specialized mental health services, including essential medications, while living in extremely hazardous conditions with almost no availability of these services.

The situation is harsher for children: about 1.2 million children in Gaza urgently need psychological and social support today, in the absence of mental health services for patients with chronic mental illnesses, and with access to psychological and social support remaining extremely limited. Since the ceasefire ended in March 2025, 134 safe spaces designated for providing psychological and social support have been closed or disrupted, leaving only 88 spaces operational. These spaces are severely overcrowded, reducing privacy and limiting the effectiveness of the response.



DESK REVIEW FINDINGS- PSYCHOLOGICAL SITUATION ANALYSIS

SECOND: COMMON PSYCHOLOGICAL SYMPTOMS

The psychological situation in Gaza in 2025 reflects a tragic picture of prolonged suffering, where humanitarian crises intersect with the ongoing aggression, destruction, and repeated displacement. The context has transformed into a profound collective psychological crisis that affects all segments of society, from children to the elderly, and from women to the disabled. The most common psychological disorders are no longer only defined by their medical diagnosis; they have become a daily reality that people live with, affecting their ability to adapt and threatening their collective future.

A study published in the Eastern Mediterranean Health Journal titled "Prevalence of Mental Health Disorders and Associated Factors Among Internally Displaced Persons in Gaza" indicates a very high prevalence of depression, anxiety, and stress among internally displaced persons. According to the study, the prevalence rates of depression, anxiety, and stress were 99.5%, 99.7%, and 93.7%, respectively. Participants over the age of 40 had a significantly higher likelihood of developing mental health disorders. The majority of participants (89.8%) were forced to change their residences at least twice. As for those who were forcibly displaced more than 4 times, the likelihood of them suffering from mental health disorders was much higher.

We have found that children are the most vulnerable group to psychological disorders, as they live under the weight of constant fear from the sounds of shelling and the loss of parents and friends, and they suffer the effects of living in an unsafe environment. They experience recurring nightmares, constant anxiety, and social isolation, and many of them suffer from post-traumatic stress disorder, which manifests in various forms such as bedwetting or sudden confusion upon hearing loud noises. The absence of school and safe spaces has made their childhoods incomplete and filled with feelings of deep anger and sadness.

According to a report by the GCMHP published at the end of 2024 entitled (There, People Suffer and Die: A Qualitative Analysis), common psychological symptoms among women and men included: (1) Avoiding thinking or talking about the traumatic incidents; avoiding places, activities, or people who remind them of the traumatic event; recalling the details of the psychologically painful event as if it were happening again; disturbing dreams or nightmares about the psychologically traumatic event; severe emotional tension or physical reactions to something that reminded them of the traumatic event.

(2) Negative thoughts about themselves and others; pessimism about the future; memory problems, including not remembering important aspects of the traumatic event; difficulty maintaining close relationships; feeling isolated from family and friends; loss of passion for activities they always enjoyed; difficulty in feeling positive emotions; easily startled or fearful; always feeling insecure. (3) Difficulty sleeping; difficulty concentrating; easily irritable, angry outbursts, and aggressive behaviour; feelings of guilt or embarrassment are difficult to bear. (4) Persistent feelings of sadness, guilt, or despair; significant changes in sleep patterns, such as difficulty falling or staying asleep or hypersomnia. (5) Fatigue, unexplained pain, or other physical symptoms with no apparent cause; problems in concentrating or remembering things; changes in appetite leading to noticeable weight loss or gain; physical pains; feeling like life is not worth living or having suicidal thoughts; crying more than usual; low self-esteem; inability to take care of their infants; thinking about harming their babies.

What the residents of Gaza are experiencing today-anxiety, depression, accumulated trauma, and sleep disturbances- is not just transient symptoms, but a deep humanitarian wound that threatens to leave its marks on entire generations. Supporting Gaza does not only mean rebuilding its destroyed homes but also rebuilding the weary souls of its people. It is a pivotal moment that requires a comprehensive humanitarian response, placing mental health at the core of interventions, granting people the opportunity to live with dignity, and restoring hope for a safer and more humane future.

DESK REVIEW FINDINGS- PSYCHOLOGICAL SITUATION ANALYSIS

THIRD: ANALYSIS OF THE GCMHP'S CLINICAL DATA

1. Analysis of 2024 Clinical Data

The Gaza Mental Health Programme reveals thru analysis important patterns and trends in mental health issues by age and gender.

General Diagnostic Trends

The analysis shows the diagnostic results for cases that received specialized therapeutic services in 2024 as follows:

- Depressive disorders are the most common overall, accounting for 25% of total cases. Women are particularly affected, with 38% of female cases diagnosed as depression, compared to 20% in men, and even less in children.
- Followed by trauma and stress-related disorders, accounting for 18% of total cases. This percentage is particularly high among children (27% males, 34% females), indicating the presence of strong trauma symptoms, which may be related to ongoing conflict or environmental instability.
- Schizophrenia spectrum disorders and other psychotic disorders form 11% of total cases, affecting adult men (17%) more than women (10%), while being less common among children.

Notes specific to age and gender

Children (boys and girls)

- The prevalence of disorders related to psychological trauma, indicating that they have been exposed to stressful or violent experiences.
- Elimination disorders (such as enuresis) are prominently observed in boys (12%) and girls (8%), but are almost absent in adults.
- Epilepsy is another notable concern among children, affecting 6% of both boys and girls.

Adults (men and women)

- Women record the highest number of cases with depressive disorders.
- Men also show significant rates of depression, psychosis, and trauma-related disorders.
- The distribution of anxiety disorders is relatively equal between men and women, but it is lower than the global averages (8% men, 5% women), which may indicate underreporting or cultural stigmas surrounding this diagnosis.

Implications and Interpretation

- The increase in the rate of disorders related to trauma and depression, especially among women and children, reflects the prevailing psychological and social pressures in the local context shaped by aggression, economic difficulties, and displacement.
- The gender disparity in depression and psychosis diagnoses may indicate differences in help-seeking behaviors or societal roles that affect the expression of mental health.

DESK REVIEW FINDINGS- PSYCHOLOGICAL SITUATION ANALYSIS

1. Analysis of 2025 Clinical Data (First Half)

An analysis of clinical data during the first six months of 2025 reveals patterns and trends in observed mental health problems across age groups and genders. This analysis will allow for early comparison with previous periods and highlights emerging patterns.

General Diagnostic Trends

The analysis shows the diagnostic results for cases that received specialized therapeutic services in the year 2025 as follows:

- Depressive disorders constitute the largest percentage of diagnoses, representing nearly one-third of all cases (31%). Adult women are significantly affected (46%), while men are affected at a rate of 34%, and children show much lower rates (2% for both boys and girls).
- Followed by trauma and stress-related disorders, which are the second most common group among all cases (20%), and are most prevalent among children - 41% among boys and 44% among girls - indicating that children are still highly exposed to traumatic experiences.
- Anxiety disorders have slightly increased (7% overall), with a more balanced distribution among all categories. It seems that girls (6%) and women (10%) are more affected, indicating an increase in general distress or fear symptoms.

Conclusion:

- Data from 2025 confirm the heavy burden on the mental health of children and women, with depression and psychological trauma being the most prevalent categories. There is clear evidence of the continuation of social and environmental pressures. The results confirm the need for:
 - Early psychological intervention models
 - Strategies for the mental health of children and adolescents that take into account psychological trauma
 - Expanding the scope of diagnostic and psychological and social support systems
 - Developing stronger personnel in the field of mental health.

Notes specific to age and gender

Children (boys and girls)

- Disorders related to trauma are significantly high, indicating continuous exposure to violence, insecurity, or displacement.
- Elimination disorders (e.g., enuresis/encopresis) remain common among boys (11%) and girls (15%), consistent with the trends of 2024.

Adults (men and women)

- Women still represent the largest proportion of cases and bear the greatest burden of depression disorders, and this strong trend has continued since 2024. It may reflect specific social factors such as caregiving roles, economic difficulties, and psychological trauma.
- Men also suffer from high depression rates (34%), but their mental health profile is more diverse, including cases of major psychosis (15%) and some trauma (11%).
- The signs of "consultations" and "undiagnosed" appear in 10% of total cases, indicating that a large number of individuals suffer from complex or subclinical symptoms.

Compared to the data from 2024:

- The rate of depression among women increased (from 38% to 46%), indicating a rise in psychological and social distress.
- The rate of trauma diagnoses among children has sharply increased (from 27% to 41% among boys, and from 34% to 44% among girls), indicating an increase in exposure to traumatic events.
- Anxiety disorders have seen a slight overall increase, particularly among girls and women.
- The percentage of psychotic disorders among men decreased from 17% to 15%, possibly due to differences in access to services or a reduction in cases in the first quarter.
- "Other diagnoses" remain low overall, but they indicate the continued presence of behavioral issues and rare cases.



GCMHP EMERGENCY RESPONSE PLAN 2024-2025 & ACHIEVEMENTS

Through its emergency response plan, GCMHP aimed to strengthen the capacity for effective and timely response to urgent mental health and psychosocial needs arising from current crisis in the Gaza Strip, ensuring protection and psychological support for affected populations.

The key areas of interventions included:

A. Service Continuity through Temporary Facilities

- Rent and equip temporary buildings and safe spaces to ensure uninterrupted service provision in areas where GCMHP's main facilities are damaged.
- Establish temporary community mobile clinics to maintain access to MHPSS services for displaced and affected populations.

B. MHPSS Services

- Deploy mobile teams to provide Psychological First Aid (PFA).
- Conduct individual and group counseling in shelters and displacement communities.
- Provide individual and group psychotherapeutic services
- Provide child-focused psychological support through recreational activities.

C. Hotline and Remote Counselling

- Operate the free telephone counselling service 1800222333.
- Provide remote sessions via phone or online platforms when access is restricted.

D. Child Protection

- Ensure timely referrals to specialized services.

E. Staff Care and Support

- Group support and supervision sessions for staff.
- Rapid trainings on stress management and self-care.

F. Advocacy, Community Awareness and Outreach

- Disseminate educational materials via media and social media on coping during crises.
- Conduct awareness sessions for caregivers and parents.
- Conduct Advocacy campaigns.

Target groups:

Through its response, GCMHP targeted the following:

- Children and caregivers.
- Women
- Victims of Torture.
- Internally displaced persons (IDPs).
- Professionals and humanitarian frontline workers.



GCMHP EMERGENCY RESPONSE PLAN 2024-2025 & ACHIEVEMENTS

GCMHP Achievements in 2024

In 2024, the Gaza Community Mental Health Programme (GCMHP) achieved the following:

- The specialized mental health, psychosocial and rehabilitation services, as well as psychological first aid reached a total of 66,181 direct beneficiaries. This included 31,174 children (15,762 boys and 15,412 girls) and 35,007 adults (15,346 men and 19,661 women). These interventions played a crucial role in responding to the psychological impact of ongoing crises and displacement.
- The education, capacity building, research services reached a total of 478 adult beneficiaries, including 164 men and 314 women. While there were no direct child beneficiaries under this goal, the impact of these activities contributes to long-term improvements in mental health services and systems through strengthened human resources and knowledge dissemination.

In total, GCMHP reached 67,212 individuals in 2024, demonstrating its comprehensive and multi-tiered approach to promoting mental well-being, capacity building, and social cohesion in Gaza.

GCMHP Achievements in 2025 (Jan.- Jun. 2025)

In 2025, the Gaza Community Mental Health Programme (GCMHP) made significant progress in delivering mental health and psychosocial support across the Gaza Strip as follows:

- Through its community mental health, psychosocial, rehabilitation, and psychological first aid services, GCMHP directly reached 37,112 individuals. Among them were 18,106 children (9,096 boys and 9,010 girls) and 19,006 adults (7,705 men and 11,301 women). These interventions provided vital support in addressing the severe psychological consequences of ongoing crises and displacement.
- In addition, GCMHP's work in education, capacity building, and caring services engaged 556 professionals (326 women and 230 men).

During the first half of 2025, GCMHP reached 37,668 individuals (9,096 boys, 9,010 girls, 7,935 men, and 11,627 women).

GCMHP EMERGENCY RESPONSE PLAN 2024-2025 -PHOTOS





CHALLENGES

GCMHP has faced many challenges and risks that can be summarized as follows:

- Contextual challenges and political risks:** the aggression, violence, strict blockade, and large-scale displacement in Gaza have led to significant civilian casualties and extensive damage to infrastructure, alongside creating an acute healthcare crisis, and lack of food and water. In this context, the burden on the Gazan population has increased, and mental health problems have significantly worsened, including heightened levels of distress, trauma, and psychosocial needs among the population. Mitigation: 1) Mobilizing more psychologists, psychiatrists, and PFA workers through community centers and mobile clinics to improve access and provide critical support and counselling. 2) Strengthening coordination with local and international partners to ensure the continuity and effectiveness of referral pathways. 3) Prioritizing vulnerable groups, including orphans, survivors of torture, the injured, and persons with disabilities, to ensure tailored and urgent care.
- Security concerns, movement and transportation restrictions, constant changes and recurrent displacement:** these limitations restricted the access to the vulnerable people living in unsafe areas to provide necessary support for them. In addition, the ongoing security risks and unstable conditions posed concerns for the safety of both staff and beneficiaries while providing the needed services. Mitigation: GCMHP worked to ensure the continued provision of psychological interventions in light of these challenges considering safety risks through various measures. These included: 1) develop a flexible action plan that aligns with the ongoing changes and emergency conditions, including continuous changes in the beneficiaries' places of residence during the provision of psychological services. 2) find and rent safe locations to be used as community centers and mobile clinics for GCMHP in Gaza, Dair El Balah, and Khan Younis, ensuring continued provision of MH services, while considering all related safety and security concerns. 3) provide remote support and counselling (via phone or WhatsApp) by MH professionals to persons living in inaccessible and unsafe areas. 4) provide transportation means for staff and beneficiaries to ensure safe movement between community centers and workplaces. e) provide the MH and support services in the nearby camps and displacement shelter. 5) coordinate with international organizations, such as OCHA to provide fuel for operating GCMHP's community centers to continue providing the psychological interventions for affected groups.
- People prioritized food, safety, and survival over mental care due to the dire humanitarian circumstances.** Mitigation: Adjusted session content and scheduling to be short, flexible, and stress-reducing, meeting people "where they are" rather than requiring long attendance.



- This photo shows the main headquarters of the GCMHP before and after the destruction. It included the Gaza Community Center, and the other affiliated clinics of the Programme in the Middle and Southern areas were also destroyed.

CHALLENGES

- **Unstable market prices and a shortage of supplies impeded some procurement processes.** Mitigation: 1) Studying the local market, tracking prices regularly, and monitoring the entry of materials into the Gaza Strip. 2) Coordinating with UN agencies to receive certain materials and supplies, such as medicine and fuel. Redistributing purchasing priorities based on the importance and nature of the services provided. 3) Maintaining standard purchasing practices, including advertising, bidding, and awarding contracts, has contributed to diversifying available offers, examining materials available in local markets, and attracting more qualified, trusted, and eligible suppliers. 4) The procurement team made extra efforts in searching, examining, and selecting the best samples submitted by suppliers.
- **Lack of Medicines in the Local Market:** Pharmaceutical firms and suppliers were unable to supply any medications because of the continuous aggression, border crossing closures, and limitations on the types of items that can enter the Gaza Strip. Mitigation: the Gaza Community Mental Health Programme (GCMHP) coordinated with the World Health Organization (WHO) to facilitate the entry of psychotropic medications, which have already been supplied (as an in-kind donation) in large and regular quantities in the form of medication kits.
- **Telecommunication and networks limitations:** frequent interruptions of internet and mobile networks posed significant obstacles to follow up with staff and cases, and to provide the services required. Mitigation: GCMHP adopted flexible communication strategies to maintain coordination and continuity of services during network interruptions. Furthermore, making additional efforts to follow up with staff via face-to-face meetings, in addition to emails, phone calls, SMS, and WhatsApp.
- **Privacy and confidentiality issues:** it was a major challenge while providing the PFA services due to overcrowded shelters and limited private spaces. This hindered the provision of services in some situations and sometimes affected beneficiaries' willingness to share their experiences and feelings openly. Mitigation: To mitigate this challenge, GCMHP's MH professionals employed several alternatives to ensure confidentiality and privacy while providing MH services and to gain the trust of the targeted groups, thereby providing them with a safe space for expression. It included using designated areas, separated tents, partitions, and quiet areas, among others. In cases where complete privacy could not be ensured, the MH professionals adapted activities by using group-based methods that reduce the need for personal disclosure.
- **Human resources risks:** Staff burnout, secondary traumatization, high stress levels, and emotional reactions related to work in a prolonged emergency context with continuous exposure to traumatic situations. Mitigation: This issue was addressed by GCMHP in several ways: 1) GCMHP focused on intensive training programs for new staff, as well as designing practical training programs within centers. 2) GCMHP provided individual and group supportive supervision and stress management sessions for all employees to help them overcome their challenges. 3) Regular monthly meetings were also conducted between the management and all staff to share problems and discuss possible solutions. 4) The GCMHP management offered all forms of support to the staff (transportation means, incentives, and supportive supervision sessions).
- **Cultural barriers and social stigma towards MH issues:** rejection of mental health services by some affected groups despite their urgent need due to fear of community judgment. Mitigation: GCMHP intensified its efforts to raise community awareness about mental health and encourage individuals to seek help. This included conducting awareness activities, such as psychoeducation and awareness meetings, publishing awareness posts and videos on GCMHP's Facebook page, distributing brochures and awareness materials to the local communities, organizing online workshops, providing advice and guidance to the affected people, and promoting the free telephone counselling line.

RECOMENDATIONS

Based on the comprehensive analysis and key findings, GCMHP puts forward the following recommendations:

1. For Donors:

- Increase targeted funding for mental health and psychosocial support (MHPSS): Prioritize sustained, flexible funding for MHPSS programs, particularly those focused on children, youth, and displaced populations.
- Support the recruitment and training of mental health professionals: Invest in capacity-building initiatives to expand the workforce of trained psychologists, psychiatrists, social workers, and counselors in Gaza.
- Fund mobile and community-based mental health services: To reach displaced and underserved populations, donors should support scalable, community-embedded models that can operate despite infrastructure challenges.
- Integrate mental health into emergency humanitarian response: Ensure MHPSS is a core component of all humanitarian interventions, not a secondary or optional service.

2. For the Community:

- Promote awareness and reduce stigma around mental health: Community leaders, religious figures, and educators should engage in culturally sensitive campaigns that normalize seeking psychological help.
- Strengthen community-based care structures: Encourage the formation of peer support groups, especially for parents, youth, and women, to foster resilience and shared coping strategies.
- Engage families in healing processes: Promote parenting and caregiver support initiatives to help families provide emotional care despite their own trauma.

3. For Mental Health and Social Work Professionals:

- Implement trauma-informed approaches: Mental health interventions should be tailored to the unique and ongoing traumatic experiences faced by Gaza's population.
- Focus on child- and family-centered interventions: Design age-appropriate therapies that involve caregivers, especially in settings with high rates of family separation and trauma.
- Advocate for ethical and context-sensitive care: Professionals must ensure interventions are adapted to local cultural norms and lived realities.

4. For Organizations (Local and International NGOs, UN agencies):

- Prioritize service continuity and adaptability: Develop crisis-resilient mental health programs that can function in displacement shelters and other unstable environments.
- Collaborate for coordinated response: Strengthen partnerships between health, education, protection, and humanitarian actors to deliver holistic and integrated MHPSS services.
- Monitor and evaluate psychosocial programs: Use evidence-based tools to assess the impact of interventions and continuously improve service quality.
- Protect and support frontline workers: Provide psychological support and supervision for mental health and social service providers who are also affected by the crisis.

5. For Networks and Clusters:

- Enhance inter-cluster coordination on MHPSS: Strengthen collaboration between health, protection, education, and shelter clusters to ensure mental health is systematically integrated across all sectors of the response.
- Develop unified MHPSS response frameworks: Establish common standards, referral pathways, and joint action plans to avoid duplication and ensure that services reach the most affected and underserved populations.
- Facilitate information sharing and joint assessments: Promote regular data collection, mapping, and joint needs assessments to guide evidence-based programming and identify service gaps across regions and populations.
- Support capacity-building across sectors: Organize cross-sectoral training on psychosocial support, psychological first aid, and trauma-informed care for frontline staff in various clusters.
- Advocate collectively for MHPSS prioritization: Use the collective voice of clusters to highlight the urgency of mental health in donor appeals, public statements, and humanitarian planning documents.
- Ensure inclusion of vulnerable groups in all coordination efforts: Networks should systematically include the needs of children, women, persons with disabilities, and the elderly in planning and programming discussions.

FROM WOUNDS EMERGE STORIES OF HOPE AND SUCCESS

Zaher's Story- Hope After Trauma

Zaher, a twelve-year-old boy who once lived in a warm, supportive household in western Gaza City. Lavished with the love and care of his parents and embraced by the kindness of his three younger sisters, Zaher enjoyed a childhood filled with warmth and wholesomeness.

During the ongoing aggression, Zaher and his family were forced to flee to south of the Gaza Strip leaving their father behind in the north. A few months later, they received the devastating news of their father's death — the biggest emotional support, the source of strength and safety has gone. Now Zaher and his family have presented with an unbearable fait accompli, marked with loss and emptiness.

Zaher began to exhibit cognitive, emotional, and behavioral changes. His mother noticed his increasing anxiety and became deeply concerned. He experienced recurring frightening images during sleep, sudden outbursts of anger, frequent unprovoked tears, persistent fear, withdrawal from social interactions, and refusal to talk about his father. His attention and focus deteriorated, he struggled to rest, and he experienced repeated bedwetting multiple times a week.

Despite his mother's efforts to help him cope, these changes persisted.

Identified by GCMHP psychological first aid team, the boy was referred to the GCMHP community center where an intervention plan was prepared and carried out. The plan included:

- Psychoeducation for both Zaher and his mother about trauma, using language suitable for a child.
- Parental skills sessions to help the mother manage Zaher's symptoms, reinforce bonding, and engage in joint activities at home to build communication and trust.
- Teaching Zaher relaxation techniques, such as diaphragmatic breathing, muscle relaxation, visualization of a safe place, and emotional regulation skills.
- Identifying and challenging negative thoughts and linking them to feelings and behaviors through the CBT triangle.
- Gradual processing of traumatic memories, including narrating and drawing memories.
- Reconstructing the story of his father — transforming a narrative of pain and loss into one of love, pride, and cherished memories.
- Joint sessions between Zaher and his mother to share experiences, discuss feelings, address fears, and strengthen safety and resilience.

Initially, the therapy faced challenges, including difficulty establishing a therapeutic relationship with Zaher and the mother not noticing immediate improvement. However, with consistent attendance, commitment to the exercises, and guidance for the mother on balancing firmness and affection without overprotection, significant progress was achieved.

After four months of therapy, Zaher showed remarkable improvement: he began sleeping better, nightmares ceased, he spoke about his father and his memories with him, his attention and focus improved, and he could express his emotions positively without anger or irritability. His social relationships with his mother, siblings, friends, and relatives strengthened. Bedwetting decreased significantly, and he became more responsible and supportive of his family. In Zaher's own words:

"Everyone around me says I've changed for the better and that I am calmer."

Zaher's journey is a moving reminder of how strong we should remain as a community, with each of us holding on to his role to help others though we ourselves are also victims of this carnage. Yet sometimes providing help for others is in itself a relief and therapy for one's pains – a belief that has been keeping us going on.

FROM WOUNDS EMERGE STORIES OF HOPE AND SUCCESS

Hunted by War's Horrors, Aisha Finds the Strength to Heal

In Al-Nasr neighborhood, Aisha — a devoted mother in her forties — once nurtured a home alive with love, laughter, and purpose. In a single moment, that world was torn apart. A direct airstrike obliterated her house, shattering peace and stealing away her family's sense of safety. When Aisha awoke from the shock, she found only rubble. One of her beloved children had been killed; her own face bore deep wounds. Yet the most painful injury was not physical, but the breaking of her heart.

The rest of her family was not spared. Each carried new scars — some on their bodies, others hidden in their minds and memories. Calamities have struck Gaza's people not once but multiple times; while seeking refuge with relatives, another strike targeted the place Aisha thought was a safe haven and claimed the life of her husband.

Although Aisha and her children survived, their memories became heavier and heavier. Nights were punctuated by panic attacks and restless sleep. A sudden sound sent Aisha trembling. Her sons, Mahmoud and Ahmad, woke screaming in the dark. Farah, her eight-year-old daughter, lay awake for hours, her heart racing as though the battle still raged above. Sarah, her youngest child, endured insomnia, nightmares, and loss of appetite, the echoes of explosions never ceasing to threaten their fragile sense of peace.

Yet amid this pain, Aisha's quiet strength emerged — a survival instinct and a deep sense of responsibility for her loved ones. "I'm okay. My children and I will recover. We will survive and rebuild our lives," she repeated over and over to stay strong.

During an emergency psychological first-aid visit, Aisha and her children received their first steps toward healing — compassionate support designed to rebuild their sense of safety and remind them of their inner resilience. They learned practical coping skills: deep breathing, anchoring themselves in the present, and observing their thoughts without being overwhelmed. They were encouraged to hold on to their personal values as a daily source of strength.

Aisha chose to pause before starting full therapy, but her children began specialized emotional-support sessions to express their feelings, release their fears, and begin healing from trauma. Step by step, the family is moving forward — transforming loss into a journey of resilience and hope.

Today, Aisha's eyes still show traces of her silent war, but they also shine with determination. Her story stands as a testament to the power of timely support and the unbreakable will of a mother determined to heal and protect her children.

FROM WOUNDS EMERGE STORIES OF HOPE AND SUCCESS

Ahmed's Story: Holding on to Hope Amid the Rubble

The psychological first-aid team met Ahmed, a 17-year-old boy, inside a tent that had become a temporary shelter for orphans. He sat with his head bowed, his fingers tightly clutching his grandmother's hand, and his voice barely audible. At first glance, he did not seem like any ordinary teenager; rather, he appeared to be carrying a burden far heavier than his years.

Little by little, Ahmed began to speak. Once, he was like any other youth — doing well in school, dreaming of university, imagining a future he could build. But the aggression shattered all of his aspirations. Most painfully, it took away his family.

The Israeli bombardment turned their little, cozy house where he grew up, in Al-Zaytoun neighborhood, into a mass grave for most of his 8 family members. Only Ahmad's younger brother and two sisters survived. The rest were buried under the rubble.

Life afterwards became even harder. His eldest sister moved in with her husband, leaving Ahmed and the younger ones to fend for themselves. He slept in his uncle's tent while his brother stayed with the married sister. Then, just a month ago, the tent where Ahmed was staying was struck again. He watched his uncle's wife and female cousins die in front of him. Through tears he said: "I was in the tent when my uncle died right in front of me, and my brother was there too... I can't stop thinking about it. I can't sleep. Every night I dream about what happened."

Ahmed now battles constant nightmares, insomnia, flashbacks, intense irritability and crushing survival guilt. His outlook on life has darkened, and the injuries he sustained during the attacks only deepened his suffering.

Having nowhere of his own has further deepened his feeling of instability and uncertainty. "I don't have my own tent. This was my uncle's tent — he's the only one who cared for us. My brother and I have nowhere else."

The psychological first-aid team referred Ahmed to the Gaza Community Mental Health Programme for more specialized intervention considering the severity of his condition. He is now receiving specialized psychological care to help him process his trauma and get past it.

Ahmed's story shows the real impact of aggression on young people — and why it is so vital for humanitarian organizations to keep providing all kind of psychological and humanitarian support for the people of Gaza who are facing alone the result of the world's worst moral setback in history.

With the right help, even a life full of loss can slowly start to feel like a future worth holding on to.

FROM WOUNDS EMERGE STORIES OF HOPE AND SUCCESS

Sarah... Trying to Breathe Amid the Rubble

In Shuja'iyya, one of Gaza's most densely populated and heavily bombarded neighborhoods, Sarah—a 32-year-old woman—was living a simple yet stable life with her husband and two children. She was a loving mother and a supportive wife, residing with her small family in a modest two-room home. Despite the financial hardship, she tried to give her children a sense of warmth and security in a city that had never known stability.

Her husband worked in construction, an irregular job that barely covered the family's daily needs, while Sarah helped however she could by doing seasonal beauty work at a small shop. They were part of the working class, but they were resilient—capable of withstanding the pain of the long-term blockade and chronic deprivation of basic rights. But all of that changed suddenly with the outbreak of aggression.

As the airstrikes intensified, staying at home became a deadly risk. During one aerial bombardment, their neighborhood was directly targeted. Sarah's house was completely destroyed, her mother-in-law was killed, a neighbor was critically injured, and her husband was severely wounded. There was no time for grief, not even for a proper farewell. All Sarah could do was survive.

With trembling hands, she carried her two children and made her way to a UNRWA school in western Gaza, where hundreds of displaced families had sought refuge. There, amid overcrowding, fear, and the lack of water and food, began a harsh journey of displacement toward Khan Younis in search of a relatively safer shelter—but with no guarantees of safety or survival. Sarah and her children spent months in unliveable conditions, facing real homelessness that worsened with every passing day of the escalating aggression.

Amid this total collapse, Sarah's pain wasn't only physical. She suffered in silence. Depression overwhelmed her. She began waking up at night, terrified by recurring nightmares—reliving the moment the house collapsed or seeing her husband's bloodied face. She became extremely anxious about her children's safety, lost her appetite, couldn't sleep or concentrate, cried without reason, and withdrew from everyone, even those closest to her.

Her mental state deteriorated rapidly. She no longer felt capable of caring for her children, and she lost any desire to go on living. Every attempt to speak felt like suffocating—as if words were trapped in her chest. When she did speak, she summed up everything she had been through in one simple phrase: "Everything is gone."

One of the volunteers at the shelter noticed her condition and contacted the Gaza Community Mental Health Programme. And so, another journey began. It started with a session of Psychological First Aid that helped her calm the panic that had taken over. This was followed by weekly individual therapy sessions, where she gradually began expressing her emotions, sharing her experience, and crying freely—without shame or constraint.

To be continued.....

FROM WOUNDS EMERGE STORIES OF HOPE AND SUCCESS

She was also prescribed medication under the supervision of a female psychiatrist, and she received guidance on how to support her children during crises and provide them with emotional safety. She participated in group support sessions with other mothers who had lost their husbands. There, she found the courage to speak—and for the first time in months, there was strength in her voice.

Gradually, as the sessions continued, Sarah began to sleep better, her appetite improved, her nightmares became less frequent, and her bouts of crying and anger subsided. She started leaving the shelter to pick up medicine or visit her neighbor, and she regained her ability to communicate with others. Bit by bit, she resumed some of the activities she used to do before the aggression. She began baking, caring for her children's clothes, and even considered returning to simple beauty work to earn a small income.

When asked what psychological support meant to her, she replied: "It was the hand that held mine and pulled me out of the darkness... I felt that I was no longer alone, that someone was listening and trying to understand what I was going through."

In one session, she added: "The burden on my chest used to suffocate me, and being around people felt like a heavy load. Now I feel like I can breathe again."

In a message to anyone going through a similar experience, Sarah said in a quiet but confident voice: "I advise every mother or father who has lost a loved one or a home... my experience taught me that it's okay to ask for help. It's okay to cry and say you're falling apart. We're human, and we need to admit our weakness sometimes in order to grow stronger."

Sarah's experience is not just a personal story—it reflects the wounds of thousands of women in Gaza who have lost their safety, homes, or loved ones. It is a living testimony that pain can be healed—if a helping hand is extended at the right moment.

FROM WOUNDS EMERGE STORIES OF HOPE AND SUCCESS

From the Cruelty of Detention to the Beginning of Recovery

Mohammed, a 21-year-old young man, was a university student living in Khan Younis before detention completely changed the course of his life. On January 22, 2024, while crossing a checkpoint set up by Israeli forces near Al-Shafi'i Mosque in Khan Younis, he was arrested without a court order or legal justification and taken to Sde Teiman Prison, where he spent a year and two weeks under harsh detention.

Inside prison, Mohammed was subjected to the most brutal forms of physical and psychological torture: prolonged shackling to a chair for three consecutive days, electric shocks to his sensitive areas, two months of solitary confinement, threats of rape, sleep deprivation, and religious humiliation. He also witnessed shocking scenes of torture and abuse against other detainees, leaving deep scars in his memory and triggering severe psychological trauma.

When Mohammed was finally released, he carried both visible wounds and invisible scars: partial memory loss, post-traumatic stress disorder, recurring nightmares, social withdrawal, severe mood swings, and a constant feeling of still being trapped inside his cell. His family and social relationships were deeply affected—he lost contact with friends, isolated himself, and dropped out of his university studies.

Despite all this, Mohammed was not left alone to face the pain. After his release, the Palestinian Center for Human Rights documented the violations he endured. He also received medical treatment at Nasser Hospital in Khan Younis, in addition to specialized psychological care through the Gaza Community Mental Health Programme. The team provided Psychological First Aid, individual therapy sessions, and appropriate medication—helping Mohammed embark on a gradual path to recovery.

He spoke about clear improvements in his mood, sleep, and ability to communicate with his family and friends. He regained some of his memory, returned to playing football and walking with his father, and even re-enrolled in his university studies through online education. For Mohammed, psychological support was “the hand that pulled me out of the darkness.” As he said:

“Your visits were the reason I feel better now... Thank you so much.”

Mohammed believes his story is not unique but rather a reflection of the suffering of hundreds of former prisoners who leave detention burdened with deep psychological wounds. His message was clear:

“There must be more attention given to released detainees, ensuring psychological, medical, and social care. What we went through was extremely harsh, and I hope the issue of prisoners is given top priority. I also hope the aggression ends and that every prisoner is reunited with their family.”

Today, Mohammed still requires continuous support, but he has become a living example of how early psychological intervention can make a real difference. His story shows that no matter how severe the pain, it can mark the beginning of a new chapter—if a helping hand is extended at the right time.

FROM WOUNDS EMERGE STORIES OF HOPE AND SUCCESS

Yasser... A Story of Pain and Resilience After Detention

In Khan Younis, among the alleys of the camp, Yasser, 39 years old, lived a simple life as a laborer supporting his family. Married, social, and full of life, he never expected that his days would turn into a nightmare after the moment of his arrest.

On January 30, 2024, while crossing an improvised checkpoint set up by Israeli forces near Al-Aqsa University in Khan Younis, soldiers stopped him without any justification or court order. He was handcuffed and taken directly to Negev Prison, where a journey of torment began and lasted 85 days.

Inside prison, Yasser endured the most brutal forms of physical and psychological torture:

Severe beatings from the very first moment, electric shocks, being stripped of his clothes in the cold of winter, deprivation of sleep and food, harsh isolation, prolonged stress positions until he lost consciousness, dog attacks, a fractured chest, body injuries, nail removal, and burns from cigarettes. On top of that, he was subjected to religious insults, verbal abuse, and daily humiliation that turned his cell into a stage of degradation.

Upon release, he was transferred directly to the European Hospital in Khan Younis, where his injuries were documented, as was his testimony by the Palestinian Center for Human Rights. Yasser walked out physically free, but remained a prisoner psychologically.

Yasser says:

"I came out suffering from sleep problems, nightmares, panic, intense anger, isolation, and long silences. I was no longer the social person everyone once knew. My family life turned into constant tension, and I became irritable and spoke very little."

His work was also affected; the physical injuries prevented him from returning to his job as a laborer. The economic situation grew more difficult, while the scars of prison continued to haunt him in both his waking hours and his dreams.

Yet amid all this darkness, a glimmer of hope emerged. Through the Gaza Community Mental Health Programme (GCMHP), Yasser received specialized psychological support: psychological first aid, individual sessions, psychosocial support, medication, and family support. Follow-up care continued for several months and is still ongoing today.

Thanks to this support, Yasser gradually began to improve: he reconnected with others, his family relationships improved, he slowly came out of his isolation, and he started taking care of himself again. With gratitude, he says:

"Your visits were the reason for the transformation I am experiencing now. I suffered greatly from sleep problems, and today I feel much better... thank you."

Despite all the pain, Yasser still carries a powerful message to the world:

"We are a people who love life and want to live in peace like all other nations. Inside the prisons, detainees suffer unspeakable torment, and no one comes out unharmed. We all leave with severe physical and psychological wounds. I simply ask: Where is humanity? Where is conscience?"

Yasser's story reflects the reality of thousands of Palestinian detainees who face oppression and torture, but it also highlights the importance of psychological and social support, which can offer a person the chance to rebuild themselves despite the devastation of their experience.

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