

# MENTAL HEALTH AND PSYCHOSOCIAL IMPACTS OF OCCUPATION-RELATED VIOLENCE IN PALESTINE

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NOVEMBER 2017



**Médecins du Monde France (MdM) has been working in Palestine since 1996 and has been always considered since Mental Health and Psychosocial Support (MHPSS) as one of its core activities. Yet most of these problems are nurtured by harmful occupation policies which clearly affect the foundations of the Palestinian society and prevail its fulfilment. While 2017 marks anniversary of 50 years of occupation and 10 years of blockade in Gaza, it is more than time for the international community to take concrete action to have these daily violations on right to health immediately ceased.**

“WHEN I ASKED THE CHILDREN TO DRAW THE SEA, ALMOST ALL OF THEM PUT AN END TO IT. LIKE THEY KNOW IT IS THEIR BORDERS”

CFTA STAFF, GAZA

## **MÉDECINS DU MONDE FRANCE (MdM) INTERVENTION ON MHPSS IN PALESTINE**

“Mental health is much more than the absence of a diagnosable mental illness. It is a state of emotional and psychological well-being allowing for the realization of a person's potential and optimal functioning in daily life. It is a capacity to interact with others and the environment with a sense of well-being.” (WHO World Health Report 2011)

**In Palestine, occupation policies in both West Bank including East Jerusalem and Gaza Strip have created a coercive environment which takes a toll on health of Palestinians.** According to a study published in 2017<sup>(1)</sup>, “Palestine had the largest burden of mental disorders among Eastern Mediterranean Region. (...) General and chronic exposure to trauma and violence related to the military occupation of Palestine may also explain the high burden of mental disorders.”

In West Bank, MdM implements therefore a psychosocial program aiming at preventing and limiting the psychosocial impacts of occupation related violence on Palestinian communities within Nablus, Qalqilya, Salfit and North Jordan Valley in Tubas governorates. Emergency psychosocial support is therefore provided to people directly or indirectly affected by violent events and peer support groups and psychoeducation sessions are conducted to increase resilience and reinforce positive coping mechanisms.

MdM teams mainly intervene in 3 types of incidents<sup>(2)</sup>:

- **Incidents related to Israeli military interventions:** injuries by live ammunition, violence against schools and injuries after physical assault, etc.
- **Settler's violence** casualty/injuries, killings, property damages, intimidation or harassment, etc.
- **Demolitions:** demolition of houses and structures in area C for lack of building permits by the Israeli authorities

In Gaza, MdM is working since 2015 with the Gazan organization “Culture and Free Thought Association” on developing the capacities of 14 MHPSS staff members within 5 different community centers who directly receive and respond to psychological needs of the vulnerable population. Specialized and personalized approaches have been developed in partnership with psychologists and social workers to answer various concerns such as protection, trauma management, couple counselling, etc. resulting from the **impact of different wars and ten-years blockade.**

<sup>(1)</sup> Charara R, Forouzanfar M, Naghavi M, Moradi-Lakeh M, Afshin A, Vos T, et al. (2017) The Burden of Mental Disorders in the Eastern Mediterranean Region, 1990-2013.

<sup>(2)</sup> For operational and strategic reasons, our teams cannot cover all types of incidents happening in the communities, and are generally focusing on the types of events that most commonly happen in our area of intervention, and for which there is no overlapping with the intervention of other organizations providing mental health and psychosocial support (MHPSS).

<sup>53</sup> MdM figures do not represent the total number of critical incidents in Palestine over the term (which is necessarily higher) nor an overview of the types of incidents in general, but only give inputs about the violence and the psychosocial impacts that our teams witnessed in the field out of 568 persons within communities affected in North-West Bank.

<sup>54</sup> Monthly Humanitarian Bulletin, July 2017

<sup>55</sup> Psychological First Aid is defined as the first support to people affected by critical incidents, using active listening and reflecting emotions skills to mitigate the impact of the reactions linked to the incident within 72 hours.

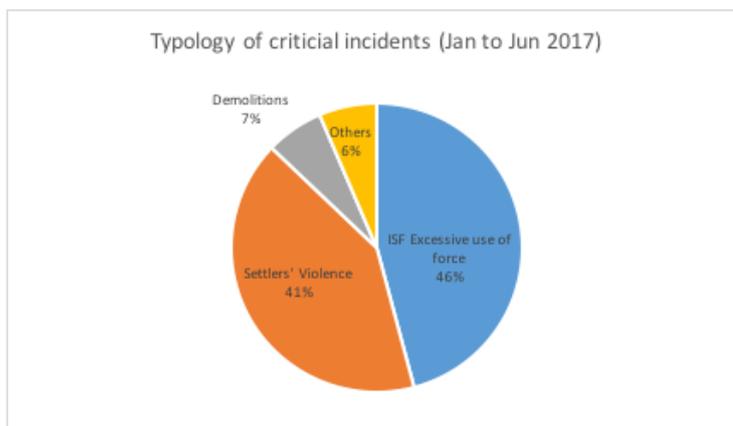
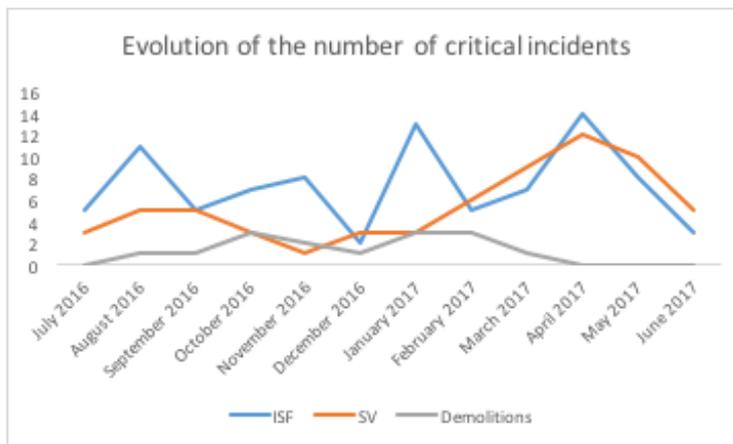
<sup>56</sup> <http://www.who.int/features/2014/gazans-mental-health-services/en/>

## MAIN DATA REGARDING MDM MHPSS PROJECTS IN PALESTINE

### IN WEST BANK, CRITICAL INCIDENTS REMAIN A GLOOMY NORM

From the 1st of January 2017 to the 30th of July 2017, MdM teams have intervened following 109 critical incidents<sup>53</sup>, those in which a person or a group is exposed to death, death threat, actual or threatened serious injury, reaching a total number of 568 persons.

This figure shows a **clear increase of the number of critical incidents** over the last six months when compared with the previous period. Thus MdM noted an average of 3 incidents per week from May 2015 to September 2016 while nowadays is of 4 incidents per week.



The majority of MdM interventions is devoted to incidents related to Israeli Security Forces (ISF) use of force (62%), followed by settlers' violence incidents (32%) and demolitions (4%). The **context remains extremely volatile** but some trends could nonetheless be developed:

- There is a **notable increase of settlers' violence attacks in the first 6 months of 2017** compared to the previous period, which is in line with OCHA data<sup>54</sup>. The evacuation of the Amona outpost in February 2017 could also have an impact on the statistics with attacks "in response" to the decision of the Israeli High Court to evict settlers from the illegal outpost and relocate its habitants
- The evolution of incidents related to ISF or settlers can be explained by many different factors: political situation, escalation of violence and deployment of the army, actions leading to price tag attacks, etc.

The demonstrations during Palestinian prisoners' hunger strike in April and May 2017 might also have an influence on the increase of incidents and confrontations.

### TOWARDS RECURRENT AND CONTINUOUS TRAUMA

These incidents have different impacts:

- A minority of people presents **severe and moderate disorders** and needs the intervention of mental health professionals
- A large percentage of people experiences legitimate **distress and other psychological reactions**, which regularly and continuously affect them and increase the risk of developing long term mental health difficulties such as for example post-traumatic stress disorder, anxiety, depression, substance misuse, precipitation of psychosis or other severe mental disorders.

Over the 568 persons individually visited, it appeared that more than 27% (156 people, the most affected ones) **were in need of Psychological First Aid**<sup>55</sup>. They are being considered like the most impacted persons as they report more signs of acute stress and are at risk of developing Post-Traumatic Stress Disorders.

### IN GAZA, A CONTINUOUS DETERIORATION THAT LEADS TO MUCH BEHAVIOURAL PROBLEMS

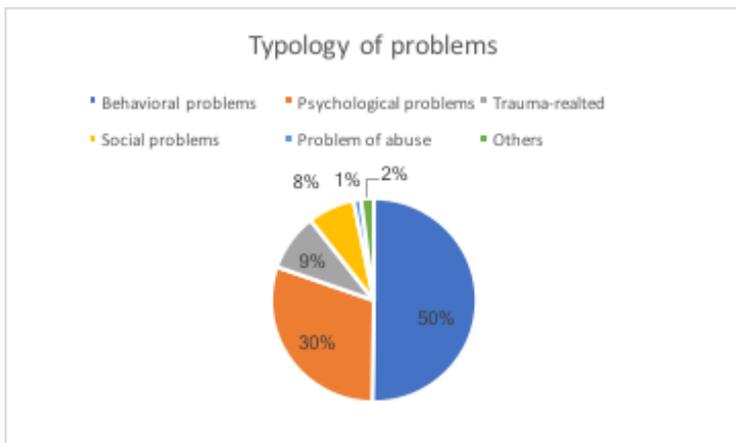
**In Gaza, the repetitive wars and the 10-years blockade have undermined the emotional, cognitive and behavioural structure of the individuals and local communities.** Thus in 2014 WHO was estimating that "20% of Gaza's population was suffering from a range of mental health challenges<sup>56</sup>", with significant levels of depression and post-traumatic stress.

Today, the continuous deterioration in the socio-political situation creates an unpredictable and unforeseen future while the economic conditions of



“I SAW THE TRAIN IN THE CARTOON MOVIE. I WISH WE HAVE ONE IN GAZA. BUT THE TRAIN IS TALLER THAN GAZA”

Y. 7 YEARS OLD



de-development often deprive fulfilment of family expectations in good condition. Positive coping mechanisms and high adaptive behaviour ammunition responses have allowed people to challenge stress and try to minimize the impact to the best extent they were able to. On the other hand, some worrying trends have arisen such as the excessive use and misuse of drugs like Tramadol or increasing suicide rate<sup>(9)</sup>. **More and more people are reporting mild to moderate symptoms which still impede every-day life activities**, such as insomnia, fatigue, headaches, attention problems, etc. Difficulties are also dire for medical staff and it questions how can service providers support the resilience of Gazan people if the helpers themselves are also victims and struggling for their daily life needs. The increase in gender-based violence is also regularly assessed by medical and psychologists' teams despite lack evidence-based figures.

MdM-CFTA own methodology tools and assessment forms implemented in 3 different centers from Khan Younis and Rafah governorates allow the draft of preliminary trends regarding the main typology of problems. They are based on the daily field experience of psychologists and social workers and not on scientific/academic literature which is clearly missing regarding Gaza Strip. One's should also bear in mind that this categorization is mostly used for operational and programing issues; thus they should not be considered as rigid and/or clinical divisions or classification for beneficiaries, which may cause further harm. Moreover, MdM and CFTA acknowledge that

these services are different from the ones received in Mental Health Centers. The scope of MHPSS interventions is indeed limited to assist the community in facing continuous crisis, increase their resilience and coping skills and help them dealing with possible low and moderate symptoms or signs of psychological distress, as per CFTA's mandate.

MdM-CFTA data show a **clear predominance of behavioral problems (50%)**. This category includes issues such as over consumption of alcohol or drugs, aggressiveness, impulsive or unusual behavior, apathy, social isolation or regression in academic process. If they are more easily observable externally, they have also a greater negative impact on the person's social interactions, environment and relationships.

The **second more important item is linked to psychological problems (30%)**, counting anxiety, fear, stress, low self-esteem, frustration, anger, depression and suicidal thoughts. Such feelings are more internal and are not necessary easily noticed by relatives, but they do have a considerable negative impact on the daily functioning of the persons by lowering their abilities.

**Men represent 42% of the total beneficiaries while women are 58%**. The most striking gap is within psychological problems which is made up of 66% of women against 34% of men. In general, women are still likely to be more negatively affected by the continuous deterioration of the humanitarian situation due to a

lack of social support mechanisms, high community expectations and more limited access to rights.

Some other trends could be also developed:

- More than 33% of people followed-up do **cumulate different manifestations and do present more than 1 sign by category of problem**.
- Trauma-related symptoms such as intrusive feelings, flashbacks, nightmares etc, are not amongst the most common identified problems. It seems that Gazans do not develop the full criteria of Post-Traumatic Stress Disorder but rather different low and/or moderate issues and symptoms. This could be explained by the socio-political background which gathers major critical crisis events (wars of 2008-9, 2012 and 2014) and a 10-years blockade which is causing slow but continuous deterioration in the access to basic needs.
- Problems of abuse (sexual or physical abuse, harassment, neglect etc.) are not as high as expected within the data collected (1%) but the sensitiveness of these issues does not allow individuals to likely share such information easily unless they have decided they need assistance.
- There is no significant difference in terms of geographical coverage between centers.

<sup>(9)</sup> This trend is reflected by press articles but to be noted that no research or scientific data does exist on the question.



### **CASE STUDY:** **“THEY HAVE JUST KILLED MY SON’S DREAM”**

Mrs. Fatema (fictive name)<sup>(9)</sup> is a 67 years old lady, living in Qusra, village located in the south eastern of Nablus city. She’s a widow who lives with her 30 years old single son in a simple house closed to one of the surrounding settlements of Qusra.

Fatema seemed really sad, stressed and worried when MdM social worker met her for the first time. In the fifth session, she expressed in a suffocated voice: «My son suffers from mental health as a consequence of ISF demolition. For years, he has had difficulties to sleep and nightmares. The story started 4 years ago when my son decided to start his own business; he invested all his savings and money in a small gas station project in the village. Three months later while the family was happy with the success of such project, my son was shocked to receive a demolition order from Israeli Forces saying that this project is on Area C and should be demolished. My son didn’t believe the demolition would happen. Unfortunately, one week later, ISF came with bulldozers and killed my son’s dream, happiness and future, they demolished the whole project with no mercy.»

Mrs. Fatema continued by crying:

«Since that day, my son has been psychologically sick, he stays at home and does not talk to anyone. I convinced him to go to a psychiatrist. He went once and took some medication, but now he refuses to continue with the medication or any kind of intervention, since the drugs are very expensive and hardly to be found. Four years of suffering, sadness and sorrow, but today I feel good because I can share this with the group, I feel much relieved by talking about this with the group».

The peer-support group supported Mrs. Fatema with encouraging words:

“You are a good mother; despite adversity you are continuously supporting your son” which had a positive impact on her self-esteem. MdM team and the group calmed her down, and finished the session by sharing joyful feelings.

Mrs. Fatema continued attending sessions. In the last one, MdM social worker asked her to meet her individually; as Mrs. Fatema seemed still depressed and really worried. The social worker talked with her about the possibility for her and her son to be referred to advanced mental health services which she accepted, hoping she would gain psychological comfort.

<sup>(9)</sup> Published with the written consent of the beneficiary

## **CONCLUSION: “THERE CAN BE NO HEALTH WITHOUT MENTAL HEALTH AND EVERYONE IS ENTITLED TO AN ENVIRONMENT THAT PROMOTES HEALTH, WELL-BEING, AND DIGNITY<sup>(9)</sup>.”**

In the wake of 50 years of occupation, Palestine has become a complex context in which communities are facing directly or indirectly multiple or continuous potential traumatizing events. **The environment of coercion and chronic violence in Palestine is therefore a serious source of concerns as it undermines communities' mental health and psychosocial balance, but also fuel feelings of frustration that could contribute to perpetuate the cycle of violence in the region**, in a context of prolonged military occupation of Palestinian territory, chronic violations of Palestinian human rights and the lack of accountability for violations of international law.

With provision of Psychological First Aid following critical incident, provision of Peer Support Groups and Psychoeducation sessions, MdM currently strives for a better response to these needs to minimize the impact. If crucial, these interventions remain palliative and **core issues cannot be solved through medical and external protection only and without consideration of the socio-political context**. Indeed, as recognized by the United Nations<sup>(10)</sup>, “Israel's occupation is a key driver of humanitarian need” and must be addressed by the international community.

**Under international humanitarian law, Israel, as the occupying power, has the duty to protect the Palestinian population.** Israeli authorities shall indeed take all measures to ensure respect for the «the right of everyone to the enjoyment of the highest attainable standard of physical and mental health», a fundamental right under the International Covenant on economic, social and cultural rights of 1966. Yet today, it must be noted that such services are not provided by the occupying power. The right to health and the delivery of humanitarian assistance are regularly hampered by the occupying power in violation with international humanitarian law and international human rights law.

Besides, many human rights organizations raised concerns about accountability and law enforcement on ISF soldiers suspected of harming Palestinians and their property and violent settlers. According to Yesh

Din, there is an “ongoing failure to conduct exhaustive investigations that lead to indictments”<sup>(11)</sup>. Over 80% of the complaints following cases of settlers' violence are closed due to a lack of serious police investigation, and the probability that a complaint submitted to the Israel Police by a Palestinian will lead to a conviction is only 1.9%<sup>(12)</sup>. **This impunity encourages the repetition of the attacks and a drop within the official ratio of report and complain while settlement expansion continues in West Bank.**

In Gaza, the 10 years' blockade amounts to collective punishment which is considered as illegal under humanitarian law. The situation of medical patients in need for referral is again direr as according to WHO in 2016 more than 60% of requests were denied or delayed without any further explanation. All these factors nurture a situation of frustration and sense of enclosure for Gazans which takes a toll on coping mechanisms.

Despite existing documentation, all these issues still **lack of comprehensive and robust data** about the MHPSS impact for the whole Palestinian territory, both in quantitative and qualitative way. For example, if United Nations Agencies are collecting and publishing regular data on Settlers' Violence, they remain centered on incidents resulting in casualties and property damage without taking into consideration or disaggregating intimidation and harassment which repetitively continue to have a huge impact on mental health and psychosocial situation of the population.

Today, humanitarian assistance from the international community is needed with sufficient funding to help coping with the situation, notably in context of emergencies. But a more **long-term support is also crucial to strengthen a sustainable national health system in collaboration with national authorities, service providers and civil society organizations**. This is clearly visible in terms of MHPSS intervention where prevention should be developed as well as a better scale-up and geographical coverage of services throughout the territory and its integration within primary healthcare. It is also of paramount importance to raise awareness and counter stigma attached to mental health issues. These issues need to be tackled with the public Palestinian authorities which are also duty-bearers in this regard.

## **RECOMMENDATIONS**

**MdM calls the international community to use all means and actions to ensure the end of the Israeli**

**occupation of all the Palestinian territory. MdM reminds all countries that both the Gaza blockade, the colonization in West Bank and the Separation Wall are illegal under international law. As Third-States Actors, other governments must urge the State of Israel to immediately cease these practices and policies.**

As per legal obligation under International Human Rights Law and International Humanitarian Law, MdM reiterates that Israel, as an occupying power, has the obligation of:

- **Guarantee the right to safety to Palestinian people and protect them from any act of violence, including settlers' violence**
- **Assure that humanitarian assistance is not prevailed or hampered**
- **Ensure the ISF acts in accordance with international law enforcement standards**
- **Hold all perpetrators of violence accountable, notably violent settlers and effectively investigate all cases.**
- **Guarantee that medical patients from all Palestine could effectively and quickly get their medical treatment whenever needed**

As a health actor in Palestine, MdM witnesses daily that the occupation and related practices are structurally at the core of humanitarian and development needs, having notably a tremendous impact on the health of Palestinians. No sustainable change could therefore be achieved while this system prevails. Nevertheless, in order to meanwhile mitigate the impact of the occupation in the right to health of Palestinians, it is crucial that the international community:

- **Maintain a sufficient funding to the health system in Palestine**
- **Support the sustainable development of the Palestinian national health system in collaboration with public stakeholders, notably in efficiently answering MHPSS needs through the integration of MHPSS in primary health care and ensuring a good referral among the different levels of care**
- **Push for the development and monitoring of data collection processes able to monitor the health situation, in collaboration with public authorities and UN agencies.**

<sup>(9)</sup> UN Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, April 7th 2017

<sup>(10)</sup> Occupied Palestinian Territory Fragmented Lives Humanitarian Overview 2016, OCHA, May 2016

<sup>(11)</sup> <http://www.yesh-din.org/infoitem.asp?infocaid=743>

<sup>(12)</sup> <http://www.yesh-din.org/infoitem.asp?infocaid=702>



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