

Social determinants of mental health and violence in the Gaza Strip

Taking into account the social determinants of health in conflict, this profile study aims to assess the impact of conflict on the mental health of women and children in the Gaza Strip during the second *Intifada* (2000-Present). Further, the paper links the Israeli measures imposed on the Palestinians mainly closures and attacks, with the social determinants and its implications on mental health.

In this paper, we present two types of social determinants – structural and intermediate: 1) **Structural determinants** are factors that include where people are raised, live, work and deeply rooted social norms and values, like culture of violence against women, and; 2) **intermediate determinants** which are the conditions of daily life and behavior, such as poverty, unemployment, closure, political and family violence, social inequity and inequality. The main cause of human rights violations, inequality and social inequity in the Gaza Strip is attributed to Israeli policies and conducts, which affect both social determinants at the community, household and individual level.

According to this report, structural and intermediate determinants interact with each other and influence negatively the mental health status of women and children. Cases of females with mental disorders in the Gaza Strip have increased over time. Furthermore mental health disorders are highly associated with political and family violence. According to a domestic violence survey conducted by the Palestinian Central Bureau of Statistics (PCBS) in 2005, domestic violence against women and children increased in the Gaza Strip (PCBS 2006a).

Since 2000, coping strategies taken by the population have weakened as economic conditions deteriorated. Thus, roughly two-thirds of households are not able to ensure their daily household goods (food, medicine, transport, education fees and others). This puts additional pressure on household members, especially the mother and her children.

In the Gaza Strip, mental health services are provided through four main health providers, Palestinian Ministry of Health (MoH), United Nation's Relief Works Agency (UNRWA), nongovernmental organizations (NGOs), and the private sector. While the public sector is more oriented towards medical treatments, NGOs and UNRWA adopted a community-based approach and are more active than the public sector in the field of mental health.

Nevertheless, lack of proper coordination among the four sectors is one of the challenges for providing adequate mental health services for women and children. In addition to foreign occupation, there are other challenges affecting the mental health status of women and children, including the lack of reliable data, low quality of health services, the stigma of seeking mental health treatment, especially for women, and lack of trained

human resources. Therefore, a multi-disciplinary approach, taking both proactive and corrective strategies, is needed on different levels in order to face these challenges.

Conclusion and policy recommendations

This paper studies the impact of conflict on the mental health of women and children in the Gaza Strip during the second *Intifada* (2000-Present). Concerning the conflict in the Strip, the current situation of closure, isolation, occupation, and violence make a unique conflict situation. Therefore, a separate study is recommended to be conducted for the West Bank case in order to complete the picture of the oPt .

Israeli measures (closure, shelling, invasions, damaging infrastructure) are the main causes of the loss of human rights including an increase of number of Palestinian's deaths and injuries in the Gaza strip. In addition, they affect negatively the population's mental health during the second *Intifada* in the Gaza Strip. This paper shows that the prevalence of mental disorders increased for children and women in conflict periods.

In addition to occupation, the population's mental health was affected by internal factors (inequity for access to employment, inequality, lack of security and internal clashes). Domestic violence against women and children is correlated with both the political and socioeconomic situations: it increased in the poor and unemployed head of households. Further, social values, such as stigma of going to treatment, and a culture of violence increased the outcomes of the mental health putting more difficulties on interventions.

Internal and external factors together led to a loss of human rights that result from border closure, population displacement and refugee status, unemployment, poverty, demolishing of houses and land, and loss of livelihood. This was described by the author's model on page 18.

Coping strategies taken by the population have weakened as the economic situation deteriorated. It seems that the instability of the political situation filters down to the household level, and many Palestinians hope to leave rather than to stay and repair the situation.

The conflict in the Gaza Strip is chronic. Therefore, preparedness is essential to meet crises in mental health. Tackling the causes of the problem is a political solution (end of Israeli occupation in the Gaza Strip). Yet, under occupation and conflict, different actors are recommended to take effective measures to deal with causes and consequences of conflict in the field of mental health of women and children:

The international community and development agencies:

- WHO, UNRWA and UNICEF to increase technical and field support to the MoH and other actors to target those populations suffering from mental health problems
- Advocate for human rights in the community
- Place pressure on Israel to remove its closure measures imposed on Gaza
- Contribute in building capacity for professionals in mental health

Arab countries:

- Continue to provide humanitarian and financial support to the population in the oPt
- Contribute in building the capacity of mental health sector in the oPt

Palestinian public sector:

- Manage internal violence, ensuring security and equity
- Adopt a social determinants approach in planning for mental health
- Play as a key actor in coordination, policy and planning in mental health
- Integration of mental health services as a main component of primary health care services, bearing in mind the special needs for women and children
- Empower the role of women in the labor market

Civil society:

- Ensure coordination to avoid project duplication in mental health
- Contribute in providing needs assessments and data for planning purposes
- Increase awareness of human rights principals in the community
- Invest in research related to main causes, prevalence and consequences of mental health problems and violence