

Managing psychiatric emergencies in Gaza with a destroyed psychiatric hospital

The running of psychiatric wards during times of war has unique ethical challenges, as discussed by Weiser and colleagues.¹ Unfortunately, in Gaza, we do not have the luxury of adapting inpatient care to the challenges of war, as the only psychiatric hospital in Gaza was destroyed in an Israeli attack in Nov, 2023.² This destruction has left a clinical void for patients with severe mental illness who require hospital admission. As psychiatry residents, we have had to manage these patients in outpatient facilities, which have also been repeatedly targeted.³ We cannot safely treat patients with acute mania or psychosis. We have seen an increase in severe trauma-related presentations, including medication-resistant catatonia, where electroconvulsive therapy is needed but impossible to provide. Young children who witnessed the death of family members are presenting with stupor, unresponsive, and refusing to eat. We feel helpless when we cannot treat or admit these children, and discharge them home to distraught parents. More patients are presenting with complex risks, including repeat suicide attempts, at a time when they have lost access to their social support network and health-care services. We were devastated when a father, who we could not admit to hospital, died by suicide and was later discovered by his young child, leaving the mother as the sole caregiver of the family. Patients who were previously adequately treated have had their care interrupted, leading some of these patients to pose new risks to their families. We provide treatment in overwhelmed outpatient clinics. In the only Ministry of Health psychiatric facility in the north of Gaza, which served more than 1 million people before the war, we are seeing

an average of 160 patients per day. Of these, an average of five patients require admission to hospital, but no inpatient facilities are available. We offer acute management in the clinic (including intramuscular or intravenous medications), give the patient's family clear instructions on how to manage medication and when to return, and try to reassess patients within a week. There is a huge shortage of medications; our options are limited, and we often have to switch medications, which leads to relapse.⁴ Additionally, the frequent Israeli Government evacuation orders interrupt the follow-up of most of our patients, which leaves us feeling helpless and devastated for the families. We live as our patients live—our homes have been destroyed, we struggle to find food and shelter, and we try to fight the fear, chaos, trauma, loss, and fragmentation so we can serve our patients.

A recent UN report concluded that "Israel's concerted policy to systematically destroy health-care facilities and its attacks against health-care professionals have forced Palestinians to live without access to crucial medical care, therefore killing many Palestinians and causing further irreparable harm, both physical and mental, to many others".⁵ We highlight the impact of this destruction on some of the most vulnerable patients. We have chosen a path for healing, when healing seems impossible and the pain is extraordinary, so please speak up with your solidarity now.

We declare no competing interests.

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1 Weiser M, Pessach I, Ziv A. Running a psychiatric ward in times of war. *Lancet Psychiatry* 2025; **12**: 731.

2 Shaheen AA, Ashour Y, Joma A, Abuzerr S. Repercussions of the destruction of Gaza's sole psychiatric hospital. *East Mediterr Health J* 2025; **31**: 79–80.

3 Al-Jamal A. Gaza. *Lancet Psychiatry* 2024; **6**: p414.

4 Alhaj A. Psychiatric care in Gaza: prescribing amid systematic health care collapse. *Lancet Psychiatry* 2025; **12**: 731–32.

5 Human Rights Council. Legal analysis of the conduct of Israel in Gaza pursuant to the Convention on the Prevention and Punishment of the Crime of Genocide—conference room paper of the Independent International Commission of Inquiry on the Occupied Palestinian Territory, including East Jerusalem, and Israel. Sept, 2025. <https://www.ohchr.org/sites/default/files/documents/hrbodies/hrcouncil/sessions-regular/session60/advance-version/a-hrc-60-crp-3.pdf> (accessed Oct 25, 2025).



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