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## Palestine meeting Gaza's mental health crisis

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We thank *The Lancet Psychiatry* for drawing attention to the Middle East by publishing the letter by Zohar Elyoseph and colleagues<sup>1</sup> about mental health volunteers in Israel after the October 7 Gaza border crisis. We would like to share some of our observations regarding mental health in Gaza—a place that unfortunately does not have the possibility of a similar crisis response.

Our immediate challenges are these: the constant bombardment in Gaza makes it impossible to find a safe place anywhere and the lack of food, water, fuel, and electricity precludes the meeting of basic human needs. The once-functional mental health system has thus in the past weeks experienced a progressive shrinking of services to the degree that of six public community mental health centres, the lone remaining centre in the south has now closed and has run out of

medications. The inpatient psychiatric hospital has been shelled since the first week of the assault and is no longer functioning. Teletherapy cannot be implemented because of the lack of internet connection. The current situation is one of total collapse of mental health services.

Therefore, we must consider how to conceptualise meeting tremendous mental health needs in the future. Gaza had a functional and effective mental health system despite its history of meagre governmental financial support and investment in staff members; mental health services had been integrated in schools and in primary health care. Hundreds of doctors and nurses were trained to provide psychological first aid and to implement WHO's Mental Health Gap Action Programme Humanitarian Intervention Guide.<sup>2</sup> But Gaza's professional staff, accustomed to the constricted circumstances of the longstanding siege, have now experienced far deeper trauma. Therapists often possess nothing but the clothes on their backs and must frequently relocate from one house to another—the loss of spouses, children, and other family members has touched almost everyone. We must face the reality that we will be unable to rely on local capacity-building to fulfil the psychological needs of the community in Gaza. The famous *sumud* or steadfastness of the Palestinian people has not forsaken us, but it is possible to overemphasise it and to glorify our capacity to withstand any amount of loss.

Many individuals and organisations internationally have contacted us and asked, how can we help?

As to therapeutic approaches, we observe that medication is frequently offered by well meaning international donors, but mass medication is not the answer to war. Similarly, the notion of self-care, oft-mentioned by those in Europe, North America, and other high-income regions, tends to presume an individualised perspective on suffering. By contrast, we believe that forms of

care that emphasise the collective and the communal are most appropriate to the challenges in Gaza. Group approaches to recovery are needed, such as leading children in expressive play, art, music, or drama and bringing together adults who share a common focus, such as journalists, lawyers, or rescue workers who have toiled amidst the rubble. Tele-help workers and responders on telephone hotlines represent other groups who could benefit from such interventions. Health professionals, doctors, and nurses have been targeted (200 health professionals have been killed so far)<sup>3</sup> and are overwhelmed and helpless. Therefore, we encourage the formation of rapidly trained corps of group leaders—people who can coach and engage the community in narrative therapy, theatre, dance, art, or sports—and wish to guide non-governmental organisations who want to help towards the development of a cadre of such workers, in addition to rebuilding better the mental health system that had been destroyed.

In conclusion, we must emphasise that the overwhelming need now is not mental health but ceasefire. In comparison to ending the immediate assault, the meeting of mental health needs—important as they are—cannot claim the highest priority.

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