



MENTAL HEALTH AND QUALITY OF LIFE

HEALTH UNDER OCCUPATION: CHAPTER 3

EXECUTIVE SUMMARY

Physical and psychological wellbeing are equally intrinsic aspects of the right to health. As the occupying power with effective control over Gaza and the West Bank, including East Jerusalem, Israel has an international legal obligation to respect, protect and progressively realise the right to health for Palestinians residing there.ⁱ

Israel's 50-year occupation of the West Bank and Gaza nevertheless poses significant and well-documented challenges to the physical health of Palestinians. Restrictions on free movement, military action, and breaches of international humanitarian and human rights law in the West Bank and Gaza have resulted in deaths and injuries, and impeded the accessibility and availability of medical care.

Equally important, but less focused-upon, are the mental health impacts of the insecurity, humiliation and exposure to violence which are inherent in life under occupation. This briefing exposes how the political and social conditions endured by Palestinians undermine their psychological wellbeing and cause unnecessary trauma and suffering.

RECOMMENDATIONS FOR ACTION

Palestinians' right to health cannot be realised under perpetual occupation, which poses constant threats not only to physical safety, but also psychological and emotional wellbeing. After 50 years of occupation, influential Governments such as the UK should pursue its immediate end in order to support the health and dignity of Palestinians and peace for Palestinians and Israelis alike.

In addition, Governments can support the Palestinian right to physical and mental health by:

- **Placing pressure on the Government of Israel to end practices which constitute both violations of Palestinians' human rights and threats to their mental health**, including military attacks on hospitals and civilian objects, the demolition of homes, detention of children, restrictions of movement, and blockade and closure of Gaza;
- **Supporting all international efforts to ensure accountability for suspected attacks on civilians and civilian infrastructure** by the Israeli military and settlers, not only to ensure essential enforcement of the law and ensure redress and dignity for victims, but also to reduce the likelihood of future recurrence and consequent traumatic impact on Palestinian communities; and
- **Supporting the sustainable development of the Palestinian health sector** and other vital infrastructure, with particular emphasis on developing services prepared to respond to current mental health challenges and able to provide effective local models of care.

"Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family."

Article 25 of the Universal Declaration of Human Rights, 1948ⁱⁱ

INTERNATIONAL LAW

International humanitarian law stipulates that, as the occupying power, Israel is responsible for the health and welfare of the Palestinian population under its control. As a State Party to the International Covenant on Economic, Social and Cultural Rights (ICESCR), Israel has also recognised *"the right of everyone to the enjoyment of the highest attainable standard of physical and mental health"* and committed to take steps to achieve the full realisation of this right.ⁱⁱⁱ

The Government of Israel is therefore obliged to:

- *Respect* the right to health of Palestinians, by refraining from taking actions which undermine their physical and psychological wellbeing;
- *Protect* the right to health of Palestinians, by preventing violations of this right by third parties; and
- *Fulfil* the right to health of Palestinians, by taking action to ensure equal access to healthcare and the determinants of physical and mental health such as clean water and adequate housing.

Where international humanitarian law appears to have been violated, attacks must be investigated promptly, impartially, and in a credible and effective manner. Civilians who suffer injury or damage due to unlawful attacks must have access to redress and appropriate reparations.

"The right to health includes entitlements to both healthcare services and certain pre-conditions which support mental health – social and underlying determinants. The longstanding biomedical tradition of medicalizing various forms of psychosocial distress and human suffering has cast a long shadow over the importance of addressing the social and underlying determinants of health"

Dainius Puras, UN Special Rapporteur on the Right to Health, 2017^{iv}

MENTAL HEALTH AND QUALITY OF LIFE



JUSTIN MCINTOSH



MAP

2016 saw the highest rate of demolition of Palestinian homes in seven years

“An increase in the burden of mental and psycho-social disorders can be expected in a population experiencing prolonged occupation, lack of personal security, severe movement restrictions and human rights violations, including displacement in a post-conflict situation.”

World Health Organization, 2016 ^x

The prolonged occupation of the West Bank and Gaza is characterised by frequent violations of international human rights and humanitarian law, including the detention of children, demolition of homes and livelihoods, and restrictions on movement. Palestinians are frequently exposed to violent conflict, especially those in Gaza who have also endured a decade of blockade and closure. Demonstrating the impact of Israel’s 50-year military occupation on physical health therefore only tells part of the story, as Palestinians are also exposed to constant insecurity and significant threats to their mental health and psychological wellbeing.

The World Health Organization (WHO) established mental health as being an essential component of health in its 1946 Constitution, which states: *“Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity”*.ⁱⁱⁱ The organization has further determined mental health and wellbeing to be *“fundamental to our collective and individual ability as humans to think, emote, interact with each other, earn a living and enjoy life.”*^{vi}

Physical and mental health are also functionally linked. Just as poor physical health can affect mental health, experience of psychological stress and trauma is associated with physical health complaints including the two highest causes of deaths in the occupied Palestinian territory (oPt): cerebrovascular and cardiovascular disease.^{vii}

Mental health is therefore also an essential component of the right to health that States are obliged to respect, protect, and progressively realise. Israel, as a State Party to the International Covenant on Economic, Social and Cultural Rights (ICESCR), has recognised *“the right of everyone to the enjoyment of the highest attainable standard of physical and mental health”* and committed to take steps to achieve the full realisation of this right. As the occupying power in the West Bank and Gaza, the Government of Israel is obliged to protect and promote this right amongst the Palestinian population under its control in international humanitarian law.

Furthermore, frequent, large-scale military offensives have caused heavy damage to civilian infrastructure such as homes and hospitals, and exposed the entire population of Gaza to traumatic events. Given Israel’s failure to adequately investigate and prosecute the perpetrators of possible war crimes,^{viii ix} the international community has a duty to ensure accountability for suspected violations of international law during these periods of heightened violence in order to deter recurrence, provide dignity to victims, and protect the population from further physical and psychological trauma.

The personal insecurity, restrictions on freedoms and humiliation experienced by Palestinians living under occupation as explored in this report are harmful to mental health and wellbeing, and therefore indicate Israel’s failure to meet its obligations under international law. Ultimately, the “highest attainable standard” of health – both physical and mental – can only be met once the occupation of Palestinian territory and the blockade and closure of Gaza are ended.



CASE STUDY:

SHAYMA, 13, WHOSE HOME WAS DESTROYED DURING THE 2008-9 MILITARY OFFENSIVE ON GAZA

"Before the offensive, I had my own room. I had pictures of Barbie posted in every corner of my room. Now I sleep with my three sisters and three brothers in the same area. Before the offensive, I used to go to school, come back, have a shower, eat, study and then sleep. Now I go to school and come back without taking a shower because we always have a water shortage. I don't study, because I'm not comfortable. I don't feel at home at all. I stopped doing all the things I like, such as drawing and playing. I don't even like watching TV now, which was my favourite hobby of all. My academic achievement is much worse than before the offensive. I was getting very good marks but now I'm not that good at all, and I'm afraid that now I won't be able to be a doctor."^{xvii}

EXPOSURE TO VIOLENCE

In Gaza, the past 10 years of intensified blockade and closure have been punctuated by three large-scale military offensives, in 2008-9, 2012 and 2014, causing mass casualties and significant damage to homes and infrastructure. Israel's 2014 offensive resulted in the deaths of 2,217 Palestinians – including 556 children – and injuries to a further 11,000 people.

The Israeli military also conducts regular cross-border raids and firing into Gaza, attacks on Palestinian fishing boats, and violent and sometimes deadly repression of protests close to the wall.

The relationship between exposure to conflict and human rights abuses and psychological trauma and affective disorders such as depression and anxiety is well established.^{xi} ^{xii} Exposure to multiple violent events is also associated with higher levels of trauma and depression symptoms in conflict-affected communities.^{xiii}

Military offensives on Gaza have had an undeniable impact on the mental health and psychological wellbeing of the population. One study of adolescents conducted after the 2008-9 offensive found that 91% had seen mutilated bodies on TV, 86% had heard or seen artillery shelling or jetfighters and 67% had witnessed deaths as a result of rocket attacks. Most reported some symptoms of Post-Traumatic Stress Disorder (PTSD) such as re-experiencing, avoidance or hyperarousal, with 30% reporting symptoms meeting the criteria for full diagnosis of PTSD.^{xiv}

Among children living in bombarded areas of Gaza, the rate of severe PTSD has been recorded as 54%.^{xv} Immediately after the 2014 offensive, the WHO estimated that up to 20% of the population of Gaza may have developed mental health conditions, corresponding to 360,000 people requiring mental health or psychosocial interventions.^{xvi} Six months later, UNICEF estimated that more than 300,000 children in Gaza required some form of psychosocial care.^{xvii}

To focus only on those identified with clinically significant psychological conditions such as PTSD would, however, understate the true scale of the mental health effects of exposure to violence in Gaza. As one of the most densely populated areas of the world, few people – if any – would be free from experiencing chronic stress, fear and diminished quality of life as a result of military offensives.

Prolonged stress can cause lifelong impairments to children's educational achievement, physical and mental health, and cognitive functioning.^{xviii} The cumulative effects of a decade of blockade and violence mean there is arguably no 'Post' to Post-Traumatic Stress in Gaza. This is of critical concern in a population where 43% of people are below the age of 15.^{xix}

Research in the West Bank after the Second Intifada (2000-5) also found a strong relationship between the level of exposure to violent events – such as witnessing shootings or being beaten by soldiers – and self-reported depressive symptoms, somatic complaints and emotional problems among adolescents.^{xx}

The UN Special Rapporteur on the Right to Health has stated that exposure to violence constitutes a threat to this right not only because of its direct physical and medical impact, but also because it *"often results in significant ... psychological and emotional harm to individual victims and contributes to social problems for individuals, families and communities."*^{xxi}

Israel's obligation to protect the population it occupies therefore extends to curbing its use of violence not only for the sake of protecting the lives and physical health those directly impacted, but also for the wider communities whose quality of life and mental health are harmed by it. It is imperative that States act to ensure Israel meets this obligation.

QUALITY OF LIFE UNDER OCCUPATION

The trauma caused by violent conflict is only one aspect of the threat posed to the mental wellbeing of Palestinians living under occupation. In the West Bank, constant restrictions on free movement as a result of checkpoints and barriers, harassment by settlers, regular contact with a foreign occupying military force, and demolitions of homes and livelihoods feed pervasive experiences of humiliation, personal insecurity, and 'feeling broken or destroyed' among Palestinians.^{xxiii}

A survey conducted by the Palestinian Center for Policy and Survey Research found that 78% of Palestinians reported having had their home raided, 62% had been verbally abused, and 43% had been physically assaulted by soldiers or police between 1987 to 2011. A further 68% reported being unable to access medical care at some point due to movement restrictions including checkpoints, barriers and curfews.^{xxiv}

Surveys using the WHO's 'quality of life' (QoL) assessment tool, which measures subjective wellbeing, have shown lower self-reported quality of life among people in the oPt when compared to other countries where the tool has been used:

"In a population that has endured generations of war-like conditions and chronic exposure to violence, the results potentially point to the influence of the political context in explaining QoL differences." Mataria et al, 2007^{xxv}

Humiliation – *"an internal experience where the victim has feelings of having been unjustly treated and debased"*^{xxvi} – is a commonly expressed emotion among Palestinians living under occupation. Chronic exposure to humiliating experiences has been associated with higher levels of fear, depression and stress among Palestinians in the West Bank.^{xxvii}

A 2007 study of 3,415 adolescents living in the West Bank found that 23% reported having been humiliated themselves, 67% having seen a stranger humiliated, and 29% having seen a family member humiliated in the preceding year. Those experiencing higher levels of humiliation also reported a higher number of health complaints, highlighting a nexus between the context of protracted military occupation, psychological wellbeing, and physical health.^{xxviii}

"It is clear that the painful experiences of families, including those who have suffered loss or trauma or have had their houses destroyed, as well as the sense of humiliation, lack of security and persistent fear are all integrally linked to the violence of the occupation. There are often long-term feelings of frustration, lack of opportunity and crushed dreams. Indeed, the indirect consequences of the occupation and the restrictions placed on the lives of Palestinians have a huge effect on mental health and amount to much more than simple psychological disturbances." Dr Jawad Awwad, Minister of Health, 2016^{xxix}

In Gaza, a decade of blockade and closure poses additional challenges to wellbeing, including severe restrictions on movement and a lack of access to basic resources such as water and electricity. The unemployment rate in Gaza is among the highest in the world at 42%, approximately 80% of people are dependent on some form of aid, and nearly 40% live below the poverty line.

Common mental health disorders such as depression and anxiety have been found to be twice as prevalent among people living in poverty compared to higher income groups in international studies, with the association between poverty and mental health conditions mediated by factors such as insecurity, hopelessness, and a lack of opportunities.^{xxxi}

Depressive and anxiety disorders are respectively the second and seventh highest causes of disability in the oPt. The Gaza Community Mental Health Programme reported an 18% rise in depression in the first five years of the intensified closure of Gaza (2007-2012).^{xxxiii} There have also been reports of increasing drug addiction^{xxxiv} and suicides^{xxxv} in Gaza.

"The compounded effects of the blockade have also had a less visible, but yet profound and palpable psychological impact on the people in Gaza. Whatever resilience people have left, it is being eroded with every day the blockade continues ... Palestine refugees in Gaza are experiencing increasingly higher levels of stress and distress. The reporting of suicide cases across the Gaza Strip, once unheard of but now becoming a regular occurrence, clearly suggest that the coping capacity of Palestinians is being exhausted." Bo Schack, Director of UNRWA Operations in Gaza, 2017^{xxxvi}

"The anger we are witnessing is bred from nearly five decades of Israeli occupation. It is the result of fear, humiliation, frustration and mistrust. It has been fed by the wounds of decades of bloody conflict, which will take a long time to heal."

UN Secretary General Ban Ki-moon, 2015^{xxxvii}



Children play on the rubble of destroyed homes in Gaza



Many Palestinian children have to pass through checkpoints on their way to school



CHILDREN IN DETENTION

The presence of an occupying military force can be particularly damaging to the mental wellbeing of children. Since the beginning of the settlers, regular, Israel has convicted an estimated 700,000 Palestinians in military courts.^{xxxviii} Among these, 500 to 700 children are detained and prosecuted each year.

Defence for Children International – Palestine (DCIP) collected affidavits from 429 children detained in the West Bank between 2012 and 2015, and found that three quarters had endured some form of physical violence following arrest. Many also endured verbal abuse, humiliation or intimidation (71%), strip searches (70%), interrogation without a family member or lawyer present (97%) and even solitary confinement of more than two days (15%).^{xxxix}

Arrest and detention can have serious repercussions for long-term psychological wellbeing, causing high rates of stress, anxiety and depression,^{xl} as well as causing attentional and educational difficulties.^{xli} As the UN Special Rapporteur on Torture noted in 2015:

“Even very short periods of detention can undermine a child’s psychological and physical wellbeing and compromise cognitive development. Children deprived of liberty are at a heightened risk of suffering depression and anxiety, and frequently exhibit symptoms consistent with post-traumatic stress disorder. Reports on the effects of depriving children of liberty have found higher rates of suicide and self-harm, mental disorder and developmental problems.”^{xlii}

TAKE ACTION

This briefing is the third in a series highlighting the impact of 50 years of occupation on the health of Palestinians.

To read more, and support our demand for #HealthAndDignity for Palestinians, go to:

MAP.ORG.UK/ACTNOW



For references, visit: www.map.org.uk/HU0c3ref



MAP works for the dignity and health of Palestinians living under occupation and as refugees.

MAP provides immediate medical aid to those in need at times of crisis, while also developing local capacity and skills to ensure the long-term development of the Palestinian healthcare system.

MAP is also committed to bearing witness to the impact of occupation, displacement and conflict on Palestinian health and wellbeing, and campaign for the realisation of Palestinian rights to health and dignity.

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