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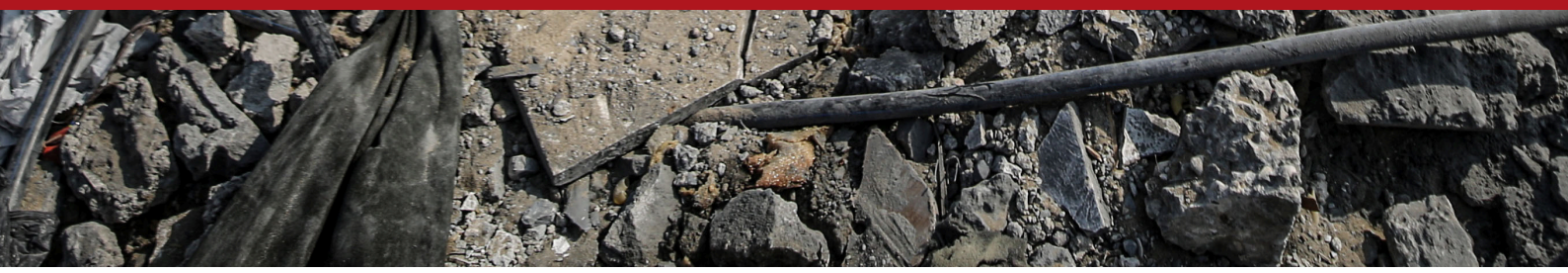
INVISIBLE WOUNDS

The life-saving imperative of mental health in Gaza and lessons learned



ACKNOWLEDGEMENTS

This report was co-written by Felicity Butterly, PhD, MHPSS expert, whose analysis and technical input were central to documenting the findings and lessons presented here.

We would also like to thank our partners; the Women's Affairs Center (Gaza) and Humanity Crew, for their vital contributions, insights, and continued dedication in some of the most challenging circumstances. Their frontline experience and testimonies provided the foundation for this report.

Finally, we acknowledge the many staff and community members who shared their time, experiences, and perspectives. Their voices shaped this work and remind us why principled, people-centered responses remain essential.

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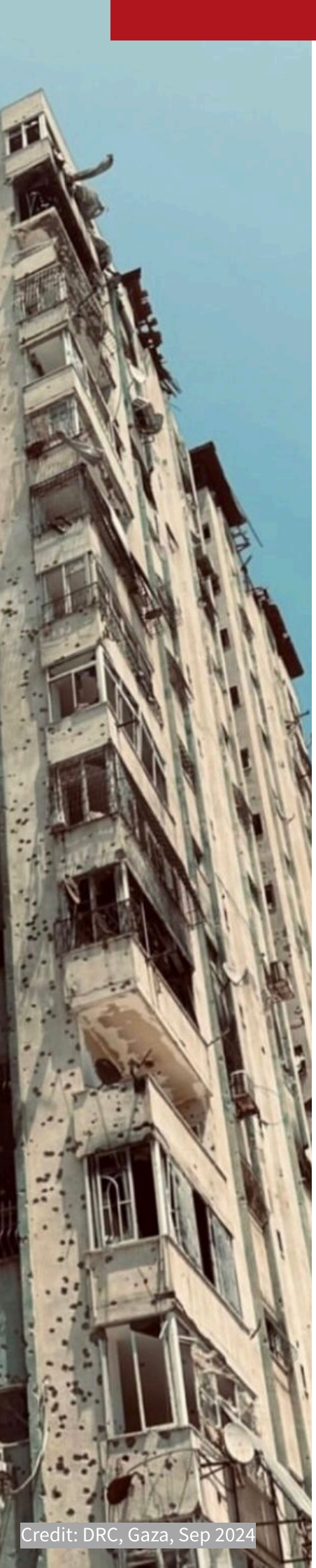
Credit: DRC, Gaza, Sep 2024

EXECUTIVE SUMMARY

The war in Gaza has unleashed a mental health crisis of a staggering scale. Pervasive psychological suffering, including widespread symptoms of trauma and stress-based disorders, anxiety, depression, and psychosomatic conditions, has intensified across all affected populations. Yet, mental health remains sidelined in humanitarian responses that traditionally prioritize immediate physical needs. This briefing argues that Mental Health and Psychosocial Support (MHPSS) interventions are unequivocally life-saving and essential for psychosocial functioning, personal well-being, and meaningful engagement within families and communities. Ignoring MHPSS overlooks the full scope of suffering, what is life threatening, and undermines recovery.

This brief highlights urgent needs, evolving coping strategies, and critical program adaptations. It calls on donors to prioritize technically sound (quality) MHPSS as a lifesaving, recovery-critical intervention. Further, the provision of MHPSS is arguably critical to uphold the "do no harm" principle, which mandates minimizing adverse consequences to communities while delivering assistance. This includes providing essential MHPSS services to national frontline staff, who are the backbone of the response but are also directly affected by the conflict.

In the context of the occupied Palestinian territory including both Gaza and the West Bank, the profound impacts on the mental health and psychosocial wellbeing of affected communities cannot be viewed in isolation; they must be understood in the context of pre-existing violence and occupation, which have subjected communities to decades of compounding trauma. In this context, the ongoing humanitarian catastrophe in Gaza and a severe worsening of the protection crisis in the West Bank must be understood as interconnected parts of the same crisis.

A pilot initiative was launched by the Danish Refugee Council (DRC) in partnership with Humanity Crew to provide tailored, context-specific Mental Health and Psychosocial Support (MHPSS) to staff of DRC's national partners. Leveraging their deep understanding of the Palestinian context, Humanity Crew delivered interventions through Arabic-speaking therapists, ensuring support that was both culturally and linguistically relevant. This approach proved highly effective and uniquely responsive to the acute needs in Gaza. The Women's Affairs Center (WAC), also partnering with DRC, benefitted significantly from the pilot. While WAC was delivering critical MHPSS services in displacement sites—primarily to women and girls as per their mandate—its own staff were under immense strain, tasked with supporting others while coping with the same realities of conflict and displacement. Through this duty of care initiative, WAC staff received direct psychosocial support, enabling them to continue their frontline work with greater resilience and wellbeing. The pilot has demonstrated that MHPSS standards can be implemented even during an emergency. Observed outcomes from this pilot, detailed in this paper, include improved emotional regulation, healthier coping mechanisms, and a renewed sense of dignity and purpose, which is vital for survival.
While using programme experience in Gaza, this briefing argues that the humanitarian response in the OPT must be guided by a broader and more comprehensive understanding of civilian harm and suffering. It urges policymakers and donors to recognize that untreated trauma is not only debilitating but life-threatening for countless Palestinians, and to ensure that funding and policies reflect this reality.

1

The Staggering Scale of Psychological Suffering

The war in Gaza is having a profound impact on the mental health and psychosocial well-being of affected communities, and its long-term consequences remain largely unexamined. **All MHPSS specialists involved in the response over the past two years, including DRC partners WAC and Humanity Crew, both on-site and remotely, emphasize that the situation does not reflect Post Traumatic Stress Disorders (PTSD) presentations, but rather a highly complex pattern of trauma- and stress-related responses.** Observed symptoms build on unresolved pre-existing conditions from decades of compounding trauma that are aggravated by the relentless attacks on civilians, other appalling violations and the systemic dehumanization of Palestinians.

The dehumanizing treatment of Palestinians has been a hallmark of this military offensive, with the most recent, glaring example being the militarization of aid through the establishment of the American and Israeli backed distribution scheme. This follows months of blockade on aid and food supplies, destruction of infrastructure and farmland, and repeated mass forced displacement, leading to a famine officially declared in August 2025. DRC protection monitoring data has continued to document deliberate shooting of civilians queuing in designated areas to receive limited food items distributed under this scheme. This is compounded by relentless other direct or indiscriminate attacks on civilians that are direct violations of international humanitarian law.

Additional contributors to worsening mental health include repeated forced displacement that resulted in the complete breakdown of the social fabric and family and wider community supports to help cope with the immense psychological pressure and fear. Individuals interviewed for DRC's protection monitoring have reported being displaced on average 6 times since 7 October 2023, with 12 times being the greatest number of displacements experienced by a single individual. This has led to changes in behaviour and strained relationships, with rising family tension and violence, including against children and partners. This is often linked to men losing their role as breadwinners and family protectors, noting increased anger and harmful coping mechanisms such as early marriage or spouses abandoning families. One WAC staff member noted: **"Men who experience violence also tend to show more anger and are more easily triggered, which can sometimes lead to harming others."** WAC staff also reported a return to harmful coping mechanisms such as early marriage and an observed dysfunction where one spouse leaves the family to pursue another relationship. Of particular note, Gender-based violence (GBV) has escalated beyond any prior baseline. Verbal abuse, sexual harassment, and exploitation are frequently reported by women, and highlighted by men as key concerns affecting wives and daughters.

The accumulation of wide-spread pre-existing mental health conditions and those resulting from present military operations lead to widespread symptoms of trauma and stress-based disorders, anxiety, depression, and psychosomatic conditions across all affected populations. Distress levels have become more severe, urgent, and prolonged. Commonly self-reported mental health symptoms among displaced communities include depression (e.g., thoughts of death, feelings of hopelessness), severe anxiety (e.g., intense panic, shaking or trembling), and constant fear of death or losing family members. Cognitive symptoms, particularly forgetfulness and disorientation, are increasing. As one man interviewed at a makeshift site shared: **"I feel pain in my chest, and I get upset over small things — not because I want to, but because it's all too much. I do not show it to the young ones, but it's there. It builds up quietly, like the heat in this tent."**

The psychological impacts of the crisis are not temporary. The war in Gaza is having a profound and long-term impact on the mental health and resilience of affected communities. These impacts must not be viewed in isolation; they must be understood in the context of pre-existing armed violence, occupation and blockade, which have subjected communities to decades of compounding trauma, and require a technical understanding to support programming and its necessary adaptations. Without adequate support, these devastating psychological consequences can hinder long-term recovery and healing.

2

Restoring Dignity and the Will to Live


Credit: DRC, Gaza, May 2025

In the midst of an acute crisis MHPSS interventions are vital in providing early intervention to the emotional distress people are experiencing. They are critical in restoring a sense of dignity and purpose in a context that constantly seeks to dehumanize and humiliate.[1] **Restoring a sense of dignity and worth is vital for individuals to re-establish agency and control over their lives. This can be life-saving in situations where people endure extreme circumstances, such as bombings and constant displacement, or the psychological toll of dehumanisation, where they must regain critical thinking, memory, and resourcefulness to survive.** MHPSS interventions help mitigate dangerous psychological states that can arise from continuous exposure to terror and trauma.

These interventions counter cycles of disempowerment where people experience an eroded sense of control over their circumstances and question their capacity to change them. **MHPSS interventions also address cognitive shutdown triggered by acute stress, which impairs the ability to process information and make decisions. A person in such states might have delayed or paralyzed reactions and might not be able to take effective decisions when faced with life-threatening situations.** For example, when forced to flee after a displacement order is issued, a person's ability to plan a safe route, gather essentials, or assist family members might be severely compromised.

In an active conflict zone like Gaza, restoring agency and dignity is not merely about psychological well-being; it is a critical component of humanitarian protection, directly impacting survival. When dignity is eroded, the sense of self-worth diminishes, and cognitive abilities are reduced, the self-preservation instinct can be altered to the point of feeling safe in objectively dangerous situations. WAC teams observed dangerous states of withdrawal, with one staff member noting: **"During the war, many women became passive, trying to avoid or escape reality by sleeping for long hours. They also started to feel humiliated and unappreciated."**

[1] UN News. UN rights chief warns of 'dehumanization' of Palestinians amid West Bank violence as Gaza crisis deepens. Available at: https://news.un.org/en/story/2023/12/1145132

3

Adapting Care to a crisis environment

Effective, ethical, and accountable MHPSS programming in emergencies should be designed and delivered in line with the Inter-agency standing committee (IASC) 4 tier Guidelines on MHPSS in Emergency Settings (2007) and the MHPSS Minimum Service Package (MSP) (2022).[2] The MSP, in particular, provides practical tools to operationalize MHPSS in humanitarian settings, including minimum actions for integration into health, education, and protection sectors. The pilot implemented by DRC, WAC, and Humanity Crew has demonstrated that these standards can be applied effectively in Gaza, allowing for quality MHPSS and protection programming to contribute to saving lives.

Prior to October 2023, MHPSS programming was delivered by mandated actors through centralized, static services based in physical centers. These focused primarily on non-specialized group activities (IASC Tier 3), such as psychosocial support groups, structured play, life skills, and awareness sessions (IASC Tier 2). Women and children were the main target groups, with minimal structured support for men, adolescents, or elderly persons socio-cultural norms and biases render men and boys typically more reluctant to seek support for mental health issues. Caregivers and family units were not directly targeted by these activities either. Referral pathways to specialized care (Tier 4) existed in theory but were largely inaccessible or non-functional. The conflict has severely disrupted service provision, as many specialized providers can no longer operate due to shortages of medication and personnel, as well as the destruction of clinics and other facilities.

As the conflict escalated, programming shifted dramatically. Across all groups, **new needs emerged** including suicide risk, psychosomatic symptoms, and the profound loss of home and future. Addressing these acute and widespread needs is consistently hampered by severe resource constraints, including lack of technical supervision, staff working without pay, destroyed facilities, and pervasive burnout. Adding to those, Palestinian staff – the overwhelming majority of aid workers and cornerstone of the response- are equally affected by the well-documented consequences of the military offensive and blatant IHL violations.

To address displacement, infrastructure loss, and access challenges, services shifted to mobile teams, home visits, and digital modalities within just a few months from the start of the crisis. WAC shortened cycles from 7 to 3 sessions, focusing on psychological first aid, CBT techniques, and complementary activities such as art, recreation, writing, and group play. **WAC also demonstrated**[3] in the face of a lack of supplies: **"Women are now encouraged to draw in the sand, sew (if they have materials), or reuse items around them to help reduce stress. They are also encouraged to write if they have paper and a pen, use clay if available, listen to music or Quran, or do gardening near their shelters."**

These adaptations reflect a crisis-response focused on addressing acute distress amid chronic needs. Despite the presence of skilled personnel, **the prolonged crisis and loss of specialist staff** have placed heavy reliance on community actors, and reduced the overall technical depth available on the ground. This highlights the critical gap in services and the urgency to respond. Frontline responders themselves flagged **underserved groups, including adolescent boys, men, people with disabilities, and caregivers.**

A typical workday for frontline responders can include a caseload of 20 people over 16-hour shifts, addressing adolescent psychological stress and trauma symptoms, caregiver anxieties, and unprocessed grief, and all are responded to without any functioning referral system to utilize specialist support. Gaps in service provision include a disproportionate ratio of female and male MHPSS workers compared to the magnitude of needs. A case worker told WAC: **"People prioritize food, but once we sit with them, you see they just need someone to listen."**

[2] IASC. (2022). Minimum Service Package for MHPSS . Available at: https://interagencystandingcommittee.org/iasc-reference-group-mental-health-and-psychosocial-support-emergency-settings/iasc-minimum-service-package-mental-health-and-psychosocial-support

[3] Muslims make up 99% of Gaza's population. Accordingly, ensuring cultural appropriateness and sensitivity in the design and delivery of MHPSS interventions is critical to fostering community acceptance and encouraging help-seeking behaviors.

Humanity Crew adapted its MHPSS programming dedicated to frontline workers by facilitating group and individual sessions online despite challenges such as frequent electricity outages and disrupted connectivity. They focused on emotional decompression and stress management, providing a critical psychological safe space for staff to process feelings they had been suppressing. This required strong commitment, with Humanity Crew staff offering sessions outside regular working hours whenever connectivity in Gaza allowed, including during evenings and holidays. Through these adaptations, special emphasis was placed on supporting frontline staff to overcome initial reluctance to engage in mental health sessions. This hesitation stemmed from a combination of factors, including socio-cultural stigma around psychological support and the perception that personal well-being was a 'luxury'—not a priority amid overwhelming humanitarian needs. As one Humanity Crew staff member reports: **"This hesitation stemmed from a combination of factors, including socio-cultural stigma around psychological support and the perception that personal well-being was a 'luxury'—not a priority amid overwhelming humanitarian needs."** These programmatic adjustments have minimized disruptions and ensured the continuity of MHPSS services to communities and frontline workers throughout the crisis.

Credit: Hassan Jedi, Getty Images (via DRC subcription), Gaza, Sep 2025

4

Upholding 'Do No Harm' through MHPSS

Humanitarian responses must be grounded in a broader understanding of civilian harm. **The current legal and policy definitions of civilian harm, which primarily focus on direct physical injuries, overlook the profound and lasting psychological and social consequences of conflict.**

Some narratives often highlight the remarkable fortitude and resilience of Palestinians in the face of an appalling humanitarian catastrophe and conflict. These narratives while true, frequently overshadow the immense psychological toll of prolonged conflict and overlook communities' diminished capacity to cope with additional stressors over time. As a result, this perspective contributes to deprioritizing MHPSS in resource allocation for the response. The Protection and Health sectors – both including MHPSS –remained severely underfunded throughout 2024, with funding coverage fluctuating between only 30–40% at different points in the year. Changing how these narratives and assumptions drive funding and programmatic decisions is paramount given the unprecedented magnitude and impact of the current crisis on Palestinians. Resilience is not limitless; over time, the capacity to cope with ongoing trauma can diminish, making it harder for communities to adapt and recover. **We are seeing a critical erosion of both individual and community functional resilience, with a prevalence of dysfunctional resilience; the latter including strategies that help individuals survive in the short term but are maladaptive or harmful for long-term well-being.**

WAC and Humanity Crew documented examples of this among displaced populations. WAC's work in displacement sites reports a sharp decline in people's ability to face ongoing challenges in functional and healthy ways. In interviews conducted by WAC in 2024, several women already expressed feeling overwhelmed, describing the sense of having **"taken on more than they can handle."** Cultural norms also shape these coping mechanisms. Women and girls carry disproportionate emotional and logistical burdens with limited support, while cultural expectations for men to "remain strong" inhibit their help-seeking and emotional expression.

Frontline staff face similar pressures, with their own psychological well-being impacting their operational effectiveness. Humanity Crew's observations highlight that aid workers face distinct psychological challenges, including chronic stress, vicarious trauma, and suppressed emotions, leading them to over-functioning, neglecting their needs for rest and recovery, and engaging in excessive phone use late at night. Other negative mechanisms include denial of personal headspace, physical space, time for grief or even acknowledge personal need or loss. This is a core driver of dysfunctional resilience.

The provision of MHPSS is therefore critical to upholding the "do no harm" principle. A stronger commitment to the duty of care for national frontline staff is essential for principled humanitarian action. In Gaza, national actors have remained the backbone of the response as contextual experts and due to security challenges or other direct impediments limiting the movement of international staff. Without adequate MHPSS support and technical supervision, frontline providers themselves risk negatively affecting the people they are trying to support.

As a Humanity Crew MHPSS staff explained: **"While some (MHPSS) providers are still trying to respond, many are themselves in crisis. Without effective support from personal psychological care and technical supervision, their psychological condition risks negatively affecting the people they are trying to support." MHPSS support for staff helps prevent exhaustion and burnout, preserving their ability to function effectively and enabling them to continue their vital work.** As a REFORM staff member stated: **"The challenges we face include that the team is exhausted and working under difficult conditions, the security situation is tough, resources are limited, and there is no food available."**

5

The Power of Tailored Interventions

The DRC pilot demonstrated the life-saving potential of MHPSS interventions in restoring dignity, agency, and the will to survive for programme participants. The project provided a critical psychological safe space for both affected communities and frontline workers to process distress and reconnect with their emotions. The following key impacts of the intervention have been observed and documented by trained MHPSS professionals and through direct testimonies of those receiving support:

IMPACT ON DISPLACED COMMUNITIES:
Observations from WAC highlighted significant improvements in the mood and emotional awareness of session participants. A MHPSS staff noted: **"After receiving psychosocial support sessions, the women felt much better. Their self-confidence increased, and deep breathing exercises helped improve their mood. The women also expressed that their negative thoughts had decreased, and they became more aware of the importance of self-care and started paying more attention to themselves."** WAC staff observed a significant rise in requests for MHPSS support from communities, a notable increase given the socio-cultural stigma that often hinders help-seeking behavior. Today, nearly all community groups, including the elderly, are seeking psychosocial support services. Following MHPSS interventions, individuals began to experience improvements in their relationships, particularly with family members and neighbours, and became more engaged and attentive to their appearance, which contributed to a greater sense of comfort. There has also been an increase in emotional awareness and understanding of the stages of grief. As a result, people are developing a stronger belief in the benefits of MHPSS. A WAC staff member clarified that this rise in demand underscores the extreme need: **"There is a clear priority for psychosocial support in Gaza. While basic needs are very important, psychosocial support is just as essential. This also means that the current scale of programming for MHPSS activities is not enough as the needs are extremely high. "**

IMPACT ON FRONTLINE WORKERS:
Humanity Crew MHPSS staff described a noticeable impact of their remote intervention. Over the course of several sessions, frontline workers were able to acquire a greater awareness and ability to manage their emotional reactions through healthy coping strategies. Many participants shared how they had been operating on "autopilot," focused solely on survival. A Humanity Crew MHPSS specialist explained: **"Through the sessions, they began to reconnect with their emotions in a safe, guided environment. For some, this was the first time they cried, reflected, or spoke openly about their fears since the beginning of the conflict."**

Direct feedback from frontline staff revealed similar positive impacts. One respondent shared how the sessions helped them reconnect with a passion for film production: **"My teenage son and I have also become closer, and I am now better able to support him emotionally."** Another described becoming more present at home: **"I became more focused at work and more present with my daughters at home. Over time, I found a sense of calm returning."** The support also created a sense of professional solidarity: **"My energy for work increased after attending the sessions, and my colleagues and I started finding time to do simple things to disconnect from work and reduce stress before returning to our tasks. Taking short breaks from work and sitting with our colleagues gave us comfort and motivation to keep going."**

This pilot clearly showed that while the benefits are immediate, acute needs remain and would require a more in depth, long-term and tailored care in order to address them. A REFORM staff member perfectly captured this sentiment, highlighting the need for consistent support: **"I do not want to exaggerate, but honestly, the sessions really helped me although not enough. My mood would improve during and shortly after the sessions, but then we would go back to the reality of the war. We need something that gives us longer-lasting energy for days and support to keep going with life."** To this end, sustained and uninterrupted MHPSS programming, targeting participants of any gender or age, including aid workers, remain critical in the face of a near total societal collapse.

Further, it is critical to understand that positive, and lasting impacts are possible when MHPSS programming is integrated into holistic, multi-sector responses that seek to support both immediate survival and long-term healing of affected communities. Embedding MHPSS within broader service provision also creates opportunities to reach individuals and groups who might otherwise be reluctant to seek support for MHPSS or protection-related concerns. This is particularly relevant for men and boys who, due to socio-cultural norms, are often less likely to access such services. Yet, data from DRC protection monitoring indicates that men and boys are disproportionately exposed to severe trauma linked to specific risks, including detention, torture, and violence.

MHPSS interventions should be a core component of any emergency response, not an activity implemented in isolation. Significant gains can be achieved by combining psychosocial support with other vital services, such as cash assistance, food aid, or dignity kit distributions, to address both physical and safety needs simultaneously.

Credit: DRC, Gaza, March 2025

6

Recommendations for a New Way Forward

The briefing's analysis, drawing on primary data from the DRC-WAC-Humanity Crew pilot, underscores the urgent need for a shift in humanitarian practice and funding. This requires a strong commitment from both implementers and donors to overcome existing barriers and fully integrate mental health into a comprehensive protection framework and larger integrating programming.

RECOMMENDATIONS FOR IMPLEMENTERS

- **Earmark adequate funding for staff care:** Donors and humanitarian organizations must recognize that mental health support is foundational to effective programming, the capacity of responders, and the credibility of the entire humanitarian response. Sufficient resources must be allocated to ensure frontline workers receive appropriate support while operating in crisis settings. Dedicated resources should be invested in initiatives that address the MHPSS needs of frontline staff in crisis settings. Equally important are efforts to shift organizational work cultures—reducing stigma, encouraging help-seeking behaviors, and ensuring access to high-quality support services for staff.
- **Adopt a Tailored, Evidence-Based, and Flexible MHPSS Approach:** MHPSS programming in Gaza must avoid a 'one-size-fits-all' approach. Effective interventions at each crisis stage must be informed by a nuanced understanding of emerging and evolving MHPSS needs, supported by systematic data collection and assessments. The programming should be conflict-sensitive, flexible, and also adaptable to rapidly evolving contexts and access conditions, with built-in flexibility to shift between emergency, medium-, and long-term interventions. This also requires being receptive to the priorities and needs expressed by patients/participants within a rapidly evolving context.
- **Prioritize Targeted and Inclusive Interventions:** MHPSS efforts must include targeted interventions and outreach strategies for all age, gender, and vulnerability groups. This means supporting women and adolescent girls with tailored, sustained, and individualized care, while also implementing culturally informed, stigma-sensitive approaches for men and boys that lower barriers and promote access to care. It is also crucial to ensure access for persons with disabilities and other marginalized groups through integration and coordination with specialized providers and ongoing capacitation of MHPSS professionals on effective communication methods, and requirements for persons with disabilities.
- **Maintain and Strengthen Technical Competence:** To avoid de-professionalization and increase harm, investment in technically sound MHPSS is not optional. This requires funding trained local MHPSS providers and enabling supervision, coordination, and trauma-informed approaches. The humanitarian system in Gaza risks reinforcing short-term, superficial responses without a strong MHPSS technical backbone.
- **Integrate MHPSS with the Broader Emergency Response:** To maximize impact, MHPSS interventions must not be implemented in isolation. They must be integrated with the overall emergency response, addressing physical and safety needs. A holistic response that links MHPSS with legal aid, protection, and basic needs will fully address drivers of suffering and distress.
- **Promote Adaptive Coping and Healthy Resilience:** MHPSS programming should explicitly aim to shift individuals away from dysfunctional coping mechanisms towards healthier, adaptive resilience. This involves providing tools and strategies that empower individuals to process distress constructively, manage emotions effectively, and re-engage meaningfully with their lives and communities.

RECOMMENDATIONS FOR DONORS AND POLICY MAKERS

- As a main priority, **use commensurate pressure and actions** to:
  - **End the protracted and escalating violence, which is the primary driver of psychological suffering and harm among Palestinians.** The relentless cycles of physical and psychological violence, destruction, forced displacement, prolonged siege and blockade, and the deliberate deprivation of aid and essential supplies is driving deep, cumulative trauma and eroding the resilience of entire communities. These man-made conditions are neither inevitable nor acceptable. States and all parties must immediately meet their binding obligations under international humanitarian and human rights law to protect civilians, end practices that perpetuate harm, and take decisive action to prevent mass atrocities. Ending these structural drivers is urgent to stem the widespread psychological crisis and to halt the accelerating collapse of civilian well-being.
  - **Pressure parties for agreeing to an unconditional ceasefire**, including the end of indiscriminate and targeted violence against civilians and other IHL violations in Gaza, which are the primary drivers of widespread psychological suffering. Sustainable improvements in mental health and psychosocial well-being can only be achieved once the root causes of this trauma are addressed through an end to hostilities and the holistic protection of civilian life.
- **Improve the Understanding of Civilian Harm in Aid Policies:** As the aid system is going through a deep reset that risk potentially rolling back on our collective ability to serve those in need, aid policies cannot overlook the shortcomings of the current narrow understanding of harm and its implications. Policies pertaining to protection and related resources allocations must incorporate not only short-term, direct physical harm but also recognize the fundamental importance of addressing patterns of harm produced over time as well as complex psychological harm. This requires a wider understanding of civilian harm and suffering, encompassing the debilitating and life-threatening consequences of untreated trauma for individuals and societies, and how this impacts their capacity to recover and heal.
- **Commit to Sustained MHPSS Funding Across All Crisis Stages:** Donors must ensure continued, long-term, and uninterrupted support for MHPSS throughout all stages of a crisis: from initial emergency response to transitional and post-emergency phases. Crisis-affected communities must consistently access these services. Donor funding should prioritize long-term, uninterrupted support to prevent disruptions that could worsen situations or undo progress made. Continued access to MHPSS interventions will also strengthen capacities of affected populations to have functional resilience, recover, heal, from this crisis
- **Support Essential Duty of Care for National Frontline Staff:** A stronger commitment to the duty of care for national frontline staff is essential for principled humanitarian action. Funding dedicated to the well-being of frontline workers must be prioritized, covering both "soft" MHPSS support and "hard" financial assistance. Interventions for these workers should be tailored and adaptable, going beyond mere compliance with standard protocols.

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Annex 1: Methodology

This briefing synthesizes best practices and insights from a pilot MHPSS implementation by the Danish Refugee Council (DRC) in partnership with the Women's Affairs Centre (WAC) and Humanity Crew in Gaza from June to December 2024. The information presented is drawn from a combination of primary and secondary data sources to provide a comprehensive understanding of MHPSS needs and interventions in the context of severe and protracted crisis.

PRIMARY DATA COLLECTION:

- Key Informant Interviews (KIIs): The briefing is primarily informed by 9 in-depth KIIs conducted remotely by phone in April and May 2025. Interviewees included five female psychologists from WAC), two staff from REFORM (supporting DRC HMA interventions), and two MHPSS specialists from Humanity Crew (one male, one female). These interviews provided qualitative insights into the impact of interventions and the challenges faced.
- Programmatic Data and Observations: The briefing also incorporates findings from programmatic data collected by DRC and its partner WAC in 2024 and 2025. This includes ongoing observations from WAC and Humanity Crew's MHPSS specialists during routine activities, which provided real-time insights into the mental health and psychosocial support needs among displaced communities and frontline workers across Gaza.
- DRC Protection Monitoring Data: Information on community support mechanisms, family separation, displacement patterns, and the broader humanitarian context driving psychological trauma is drawn from DRC's ongoing protection monitoring activities. This data provides crucial contextual evidence that complements the MHPSS-specific findings.

SECONDARY DATA ANALYSIS:

The briefing also draws upon the analysis of secondary sources, including both scholarly articles and grey literature from the humanitarian sector. This includes foundational studies linking mental health to civilian harm in armed conflict and those specifically relevant to the ongoing military offensive in Gaza. These secondary sources provide a broader legal, policy, and empirical context for the arguments presented, strengthening the evidence base regarding the severe and lasting psychological impacts of conflict and the imperative for MHPSS integration into civilian protection frameworks.

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