



Fact sheet: Impact of Corona Virus on Mental Health in the Gaza Strip

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This paper comprises qualitative and descriptive data on the general psychological situation of the Gaza Strip population and some of the psychological consequences of COVID-19 pandemic. The information provided in this paper has been collected by GCMHP via a quick online survey.

GCMHP has used in this survey a questionnaire with open-ended questions. The questionnaire was filled in by some of active important organizations working in the field of mental health and psychosocial support which are working with the people in the quarantine centres.

GCMHP has concluded through data analysis that coronavirus pestilence has had a negative psychological impact on people in Gaza – especially on those who have been quarantined. This impact is presented in stress, anxiety and depression.

In addition, the survey has concluded that there is a necessity to create mechanisms of monitoring and evaluation for the psychosocial interventions and to know at what layer of the psychological pyramid – approved by IASC – these interventions are provided.

Besides, there is a distinct lack of surveys and researches monitor the psychological state of the directly and indirectly from COVID. Thus, it is also a pressing necessity for such studies and surveys to be conducted.

It has also been noticed that there is a shortage in the interventions made for the frontline caregivers and their families.

It is vital to activate referrals for specialized mental health interventions – through cross-sectoral cooperation – to support people with psychological disorders.

Overview of Coronavirus crisis management in Gaza

The outbreak of COVID-19 pestilence has made the world exert great efforts to combat it and to stop its spread. In Gaza, although the means are very poor due to the 13-year Israeli blockade, the concerned sides have taken precautionary measures. The Ministry of Health crews started testing the incomers who arrive through Rafah Crossing on 15 February 2020. At the same time, the MoH quarantined those who came from China in Rafah Terminal premises.

Four days later, the quarantine circle was expanded to include arrivals from other countries that registered COVID-19 cases. On March 3, 2020, home quarantine was put into effect and arriving passengers signed a commitment document to abide by home quarantine.

Following that a decision of putting the arrivals, who crossed in from Rafah and Beit Hanoun (Erez) terminals, in quarantine was enforced on May 15, 2020. The arriving passengers were quarantined in school buildings, hotels, hospitals and health centers.

70 COVID-19 cases were registered in the Gaza Strip, 41 of whom were announced to have recovered, 28 active cases and 1 death case to the date of this sheet issuance.

According to the MoH reports most of the patients have not showed any symptoms, nor are there critical cases.

The quarantine period is 21 days. The Ministry of Health is hosting now 1971 arrivals in 28 quarantine centers.

The quarantine procedures were concomitant with banning public gatherings, closing schools and campaigns for following safety and preventive measures in the community.

Mental Health and Psychosocial Support offered in Gaza

Through analysing the most important services offered to the quarantined and the affected people, and the community as a whole, by the organizations working in field of MHPSS in the Gaza Strip, it has been concluded these services are as follows:

- Awareness activities for the quarantined, their families and the community as a whole;
- Free telephone counselling;
- Psychological first aids;
- Offering presents for the quarantined children and the children whose caregivers are quarantined;
- Providing consultations and psychological support for the quarantined and their relatives through distant communication;
- Providing psychological training for the staff members working in the quarantine centres;
- Providing psychological sessions for the people working in the quarantine centres;
- Preparing interventions protocols for the people infected with COVID-19 virus.
- Individual consultations or self-care, stress management, solving problems, techniques of protection against violence that results from COVID-19 crisis situation;
- Case management services.
- Organizations that Provide Psychosocial Support in COVID-19 crisis

Among the active bodies organisations that provide services in the current crisis are the Ministry of Social Development; the Ministry of Education; the General Administration of Mental Health at the Ministry of Health; the UNRWA; the UNICEF; the Palestinian Red Crescent Society; Gaza Community Mental Health Programme; the Islamic Relief - Palestine; Aisha Association for Women and Child Protection; the Palestinian Center for Democracy and Conflict Resolution; TJH - Swiss; Ma'an Development Center; Woman Affairs Center; the Center for Mind-Body Medicine; Safe the Children, in addition to other organizations that could not have been included in the survey.

Challenges faced by Mental Health and Psychosocial Support organisations:

Most of the organisations working in the MHPSS have agreed that they are facing various challenges. These challenges are of different levels and have been summarized as follows:

First: challenges related to working with the Quarantined:

- Difficult accessibility to the quarantined
- There is a large number of people in quarantine, and therefore a large number of their relatives which makes it challenging to reach their homes.
- The varying needs of the quarantined and the difficulty to respond to these needs, especially the logistic ones.
- Direct intervention with the quarantined is denied and the difficulty to obtain data from them.

Second: challenges related coordination, Intervention and fund:

- Weak coordination between the official sides in charge of the quarantine centres.
- Weak coordination in providing the different services by the organisations.
- Lack of fund hinders immediate intervention by organisations.
- Restricted mobility of branch committees of organisations.
- Poor human and logistic resources and the novelty of the experience and refraining some specialists from working in Quarantine centres.
- Because the crisis is all-new, organisations have faced challenges in following up cases in MH and legal practices.
- Poor means to provide medical prevention for the professionals in the light of the unclear information of the infection and its spread.
- Organisations faced challenges in providing distant Psychological support for the critical cases, especially the suicidal ones.

Third: challenges related to beneficiaries' access to services

The organisations have had varying opinions on the beneficiaries' accessibility to the services. Their rating regarding this ranged between poor and fair. However, some organisations stated that they had no problems so far regarding the clients' ability to reach the services. These organisations are well known and have been working in this field for long years.

It was noticed that the MH patient stigma was still dominating some individuals and that made them not to go to receive the services. Thus, the organisations should announce the services they provide immediately and focus more on the concept MH diseases need treatment just as physical ones do.

Factors that increase the negative psychological impact of the current situation

The organisations agree that there are factors that contribute to increasing the negative psychological impact. These factors include: the deterioration of the economic situation of the financially vulnerable groups, especially the daily-paid such as the cleaners, restaurant workers, and taxi drivers; the suspension of the educational process at schools and universities and the ensuing negative impact on students and their families; the poorness of health care resulting from the big number of cases; the closure of specialized clinics and educational organisations; staying at home for a long time; the shortage in MH medications; the length of the period of the crisis; people's poor faith in the health services and the lack of resources; the varying prevention measures and the absence of clear information about the virus behaviour and the spread of the infection; and the feeling of financial insecurity and the information on a possible economic deterioration. Some organisations have referred to the political divide as the reason for the varying procedures taken by the two governments, causing confusing and stress to the people, in Gaza.

The psychological effects identified during services provision

Through a quick survey conducted by GCMHP using an online questionnaire, which was returned by 11 MHPSS organisations, the most important psychological effects have been summarized as follows:

COVID-19 pandemic has affected the level of wellbeing of Gaza population in general, and the wellbeing of the beneficiaries in particular. Psychological wellbeing is part and parcel of the physical one. When a pestilence breaks out, people fear for their safety and the safety of their loved ones, and the level of fear and anxiety increases.

Quarantine exacerbates isolation, which is one of the worse symptoms that MH patients suffer from and can cause setbacks in their conditions.

The pandemic has negatively affected the beneficiaries, whose level of anxiety increased as a result of being afraid of infection. Added to that anxiety their inability to integrate with the community and their families and the sudden change in people's lifestyles which have been influenced by much sanitisation. Besides, the extensive news coverage and media focus on Coronavirus pandemic aggravated their stress, and therefore increased the intensity of mental symptoms in some cases.

In addition, some beneficiaries stopped going to their therapeutic sessions to avoid mingling with the community.

Most of the quarantined people and their families have experienced bullying and stigmatisation. Some people in the quarantine centres are not staying in a space where protection standards are adequate.

Such a situation has resulted in negative social impacts such as isolation, hostility and depression.

There are other indicators for domestic conflicts that are the reflection of economic deterioration and male partners' long stay at home. Domestic violence has increased, especially against women and children.

Besides, there are general and fear anxiety over infection spread in the community.

Some people among the quarantined felt in distress. Other few cases had suicidal thoughts.

As for women, they have had a heavier responsibility for household management during a crisis that held the rubric of "Stay at home". They are responsible for keeping the household matters and have been placed under more pressure, especially during the economic challenges their inability to meet their families' essentials besides being exposed to more violence.

Most organisations have received reports of tens of social, psychological and legal complaints during the semi-closure of courts and the official organisations that work in the field of protection.

Regarding children, their level of irritability has increased due their long stay at home, which results in fighting among the siblings, and therefore being berated or physically punished by the parents.

The conjugal conflict between the parents is also reflected on the children. This has been clear through the deterioration of children's behavioural problems. The tense atmosphere and the stress created during the parents' conflict cause anxiety among the children.

Add to this anxiety is their fear of the future and the spread of rumours and their parents' failure to answer their questions.

In addition, children's level of anxiety, aggression and hyperactivity aggravated their parents' challenges.

Also, some children became suffering from severe boredom and put on extra weight due to excessive eating and the lack of movement, and many children became over-attached to digital devices.

Bullying spread among siblings and this has been negatively reflected on the general family atmosphere and created more tension between the parents.

Many families have shared their anxiety over their children's school achievement as a result of schools' closure.

As for the 'Great March of Return' casualties and cancer patients, they have a higher level of anxiety because of being more vulnerable to infection and because they understand that the health system in the Gaza Strip is wanting in means and capacities. Besides, the measures of social distancing and the partial lockdown has prevented them from accessing health care services as well as other essential services.

As for the caregivers in the quarantine centres, they have been affected at variable levels by the crisis. Making interventions in the quarantine centres has been an all-new experience and has added to their already existing burdens. Dealing with the quarantined has made them feel concerned about their physical well-being and their families', and has also made them feel concerned about being stigmatized.

In addition, the long periods caregivers spend away from home have been negatively reflected

on the way they deal with the quarantined. Add to that the underestimation of the level of risk and the lack of protective equipment and clothes exposed some of them to the infection and impacted their psychological wellbeing and that of their clients.

GCMHP survey results:

GCMHP conducted cross-sectional online survey, with the purpose of estimating the general ramifications of COVID-19 and understanding how well the population is aware of the available MH services, through using online questionnaire that was returned by 512 participants, 54.6 of whom were men, and 45.4 were women. The average age of the sample - from the Gaza Strip - was 33.5.

The results showed that 87.8% of the respondents agreed that their children needed more information on the coping techniques used to deal with stress resulting from COVID-19 crisis. Moreover, 78% of whom pointed out that they constantly follow coronavirus pandemic.

Pertaining the MH services, 55.8% referred that they have enough information on how to access mental health and psychosocial support services in case of a complete lockdown is enforced. However, 28% mentioned that they knew the alternative mental health services, pointing out that these alternative services can be the use of free telephone counselling which are offered by GCMHP as well as other services provided by other organisations.

In connection with the MH needs, the survey showed that households needed to increase their knowledge on coping techniques related to the stress that results from the pandemic crisis, in addition to furthering their knowledge

on how to manage their stress.

The survey also showed that there was a need for knowing the ways of protection against the pestilence and the mental health and psychosocial support services which are available in the Gaza Strip. Besides, caregivers themselves need intensive supervision sessions to help them overcome their professional burdens, according to the results of the survey.

Aisha Association's specialized survey results – April 2020

Aisha Association has conducted a specialised survey to know the effects of the health crisis, resulting from the new Coronavirus, on the GBV issues and the ensuing psychosocial in the Palestinian society. The online survey was responded to by 1370 people from the Gaza Strip.

The results of the survey showed 42.4% of the respondents faced problems with their partners during the crisis, while 57.6% said they did not face any problems in the same period. 424 of the respondents (36.6%) said that the type of violence the children are exposed to is emotional. 274 of the respondents said that children are exposed to verbal violence, while 152 respondents said they children suffered from physical violence. However, 8 respondents said that the type of violence children face is sexual, taking into account the likelihood that some children face several types of violence at a time.

As for the results pertaining the types of violence against women, they showed that 69.9%, 60.7%, 30.2%, 28.9%, 22.9% of the respondents were exposed to economic, psychological, social, verbal and physical respectively.

Recommendations by MHPSS Organisations

A group of MHPSS organisations provided recommendations with the purpose of improving the interventions, the prevention mechanisms and the cooperation process. These recommendations included:

- **Engaging more organisations in the governmental decision-making process related to prevention and protection.**
- **Reinforcing the Collaboratory efforts between the different organisations and delegating between these organisations based on a MHPSS emergency plan that is agreed upon.**
- **Unifying the service provided to the population in a way that is both organized and specialised and covering all groups so as to save time and effort and prevents duplication.**
- **Forming a national committee that includes both of the official and non-official organisations to manage the crisis and supervise the recovery phase within a clear plan that engages everyone.**
- **Making sure that the households can access the internet so as they can be reached by the professionals and specialists through the social media.**

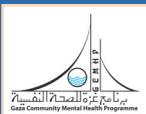
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