

# Repercussions of the destruction of Gaza's sole psychiatric hospital

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The Gaza Strip has faced continuous humanitarian crises due to ongoing conflicts with Israel. However, the recent destruction of Gaza's sole psychiatric hospital has intensified mental health crisis to an alarming level. Psychiatric patients—many of whom suffer from chronic conditions such as schizophrenia, bipolar disorder and severe depression—now face a loss of life-saving treatments. Estimates show that approximately 452 600 individuals (22.1% of the population) in the Gaza Strip are believed to be living with mental health conditions, with 104 450 (5.1% of the population) experiencing severe disorders (1). The destruction threatens not only individual lives but the collective mental health of the community.

Before the destruction, Gaza's mental health service was already operating under strain. While the psychiatric hospital served as the primary institution, community mental health centres played a crucial role in providing psychological services, counselling and treatment to those unable to access hospital-based care. The loss of the hospital now places immense pressure on these community-based services, which are insufficient to meet the current needs, especially with the siege and mobility restrictions compounding the situation (2).

Gaza's psychiatric patients, who are already vulnerable, now face dire consequences due to the hospital's destruction. These patients are often those diagnosed with severe mental illnesses such as schizophrenia, psychosis and bipolar disorder, conditions that require continuous medical management and therapy (1). The interruption of services has left them without access to essential medications, such as antipsychotics, antidepressants and mood stabilizers, exacerbating their conditions. The affected population ranges widely in age, with many long-term sufferers of chronic mental illnesses (3,4).

Without adequate psychiatric care, patients are not only at risk of deteriorating mental health but also face physical dangers. Their ability to relocate to safer areas during active bombardments is severely compromised due to their mental state, making them especially vulnerable during conflicts. Those who have been displaced into shelters are often left untreated, posing risks to themselves, their families and the general

population, as untreated psychiatric conditions may lead to aggressive or unpredictable behaviours.

The broader societal implications of this crisis are profound. Families are left with the overwhelming burden of caring for mentally ill relatives without the support of healthcare professionals. Communities are destabilized, with increased rates of untreated mental illness contributing to social disruption and further exacerbating poverty and hardship. Untreated psychiatric patients also face heightened stigma, which, combined with the deteriorating social fabric of Gaza, only worsens their isolation and suffering (3).

Suicide rates have increased sharply as desperation mounts (5). For many, suicide has become the only perceived escape from their unrelenting torment, a tragic reflection of the complete breakdown of mental health services. The lack of mental health support has far-reaching consequences for productivity, social cohesion and the future wellbeing of the population (6).

The destruction of Gaza's sole psychiatric hospital is not just a loss of infrastructure, it is a humanitarian disaster with far-reaching consequences. The mental health crisis in Gaza cannot be ignored, and urgent international intervention is required to address the immediate needs of psychiatric patients. Prioritizing mental health services in conflict zones like Gaza is crucial for the wellbeing and future stability of its people. Without this, the consequences will only become more severe, leaving an entire generation scarred by the invisible wounds of war.

Given the catastrophic loss of psychiatric services, immediate and long-term interventions are necessary. Prioritized interventions should include the deployment of mobile units to provide urgent psychiatric care and counselling for those unable to access other health centres; remote psychiatric consultations to extend mental health services, even with limited infrastructure; establishment of reliable supply chains for psychiatric medications to ensure consistent access for patients; training of local health professionals to handle mental health issues, filling the gaps left by the hospital's destruction; engagement of communities to reduce stigma, offer education and create support networks for

patients and families; and research to gather data on the mental health impact of the conflict to inform targeted, evidence-based interventions.

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