

## **Mental Health and Safety Are Paramount Amidst Israel-Gaza Humanitarian Crisis for Both Immediate Support and Prevention of Future Harm**

The GAP Committee on Disasters, Trauma and Global Health is deeply attuned to the myriad emotions, including sadness, heartache and anger, triggered by the ongoing violence, moral injury and trauma in the Middle East, Gaza and Israel. We seek to craft a statement which is least likely to provoke reactions and invite dialogue and suggestions.

We condemn all acts of violence, hate, and actions leading to human suffering. We are presenting this high-level overview, based in preventive views and emphasizing the ongoing need to continue to collectively work toward universal adoption and commitment to basic human rights and well-being for all people.

We extend our heartfelt sympathies to the Israeli and Palestinian children, adults, families and communities directly and indirectly affected by the evolving tragic events and their global ripple effects.

We understand that throughout history, these ideals have been established more firmly over time, while there is much work to be done. As many specific groups are currently offering support for those affected, we are advocating to both emphasize ideals as well as point to increasing efforts to resolve conflict and acknowledge the impact of multicultural and generational trauma. Unrecognized collective trauma, moral injury and cultural divides interfere with effective problem-solving and increase the risk of resorting to armed conflict to resolve problems. These “sociogenic” factors, which increase the risk of future aggression and individual pathology, are recognized but insufficiently incorporated.

We recognize that there are no easy solutions to entrenched conflict reaching back centuries, while also noting that peace and resolution efforts have been shown to be effective in providing spaces for effective dialogue, for example programs bringing together Palestinian and Israeli youth, who when enabled to interact recognize commonality and are able to move beyond learned destructive patterns and reactive behaviors.

We recognize the strong emotions that these recent events evoke and the humanitarian crises they represent. As we communicate about these matters, we prioritize inclusivity among psychiatrists and allied mental health professionals. We recognize with compassion that while for many, there is room for dialogue and competing perspectives, or the potential capacity to set aside irreconcilable views for common humanitarian action, for others at present, there is no room for constructive conversation.

Our Committee has an unwavering commitment to advocate for and protect all children, adults and family mental health and well-being, as well as to support broader efforts to protect and build resilience for communities and prevent collective trauma, moral injury and avoidable harm. Offering support and resources to vulnerable groups has to be a priority.

With this mind, we articulate the following principles and concrete recommendations:

- Safety and health are basic human rights;
- The holding captives of human beings against their will, whatever the circumstances, is the least desirable alternative and is morally distressing;
- Resources devoted to the destruction of human life and harm to human bodies goes against the public good and ultimately hold back human advancement;
- Conflict between nation states are best resolved without violence, according to basic universally compassionate humanistic principles and mutually-determined rules of discourse and decision-making.

Ending war is not the same as building peace. Ensuring violence does not recur or is limited, and transitioning from conflict psychology to peace psychology is an important leadership priority and for peace patronage;

- We recommend that leaders and governing bodies avail themselves of existing resources to both address entrenched large group trauma which drives cycles of injury and retaliation, and adopt known systems for preventing armed conflict before it starts;
- Communities should strive to reflect upon and recognize the impact of multicultural intergenerational trauma and use tools to prevent the repetition of trauma and virulent spread of conflict, recognizing that there are many sources of miscommunication which, if clarified thoughtfully, prevent escalation;
- Reducing exposure to violent imagery and direct trauma, for example through limiting traditional and social media use, is recommended to reduce the intensity of traumatizing both to immediately reduce distress and to reduce the likelihood of post-traumatic reactions driving future individual and group pathology;
- Proper support, evaluation and mental healthcare as appropriate for those directly and indirectly involved is available from multiple sources, rendered into different languages and tailored for different affected group in order to mitigate the impact of violence and loss;
- We hold that through concern, effort and intervention over time, it is possible to mitigate the impact of armed conflict to reduce the intensity of future conflict, and eventually sustained peace, while also providing direct support for those immediately impacted. These efforts go hand-in-hand, with short- and long-term synergies.

We urge psychiatrists and allied mental health professionals to advocate for the principles of safety as a basic human right and the use of non-violent methods whenever possible and safe to resolve geopolitical differences in the course of providing more immediate support and services. Providing well-designed psychoeducation regarding intergenerational trauma, nonviolent communication, cultural humility and competency, moral injury, collective trauma and large group dynamics for different stakeholder groups is expected to have a positive impact for prevention as well as recovery. Research should be conducted to determine and implement effective tools to integrate this understanding for communities and their leaders.

We remain deeply committed to the well-being of all children, adults and families, particularly those directly and indirectly impacted by this unrest.

This statement of our Committee is intended to offer guidance and support for children, families and all affected, and provide resources for further inquiry.

### **Mental Health Resources**

Center for the Study of Traumatic Stress <https://www.cstsonline.org/resources/resource-master-list/202310-israel-hamas-war-mental-health-resources>

National Child Traumatic Stress Network <https://www.nctsn.org/resources/talking-to-children-about-war>

American Academy of Child & Adolescent Psychiatry  
[https://www.aacap.org/AACAP/Families\\_and\\_Youth/Facts\\_for\\_Families/FFF-Guide/Talking-To-Children-About-Terrorism-And-War-087.aspx](https://www.aacap.org/AACAP/Families_and_Youth/Facts_for_Families/FFF-Guide/Talking-To-Children-About-Terrorism-And-War-087.aspx)

American Psychiatric Association <https://www.psychiatry.org/patients-families/coping-after-disaster-trauma>

American Psychological Association <https://www.apa.org/news/press/releases/2023/10/middle-east-violence-statement>

Languages of Care <https://languagesofcare.org/>

### **Systems and Conflict Resolution Resources**

Chronic Cyclical Disasters Model <https://chroniccyclicaldisasters.info/>

Human Dignity and Humiliation Studies <https://www.humiliationstudies.org/>

Hands of Peace <https://handsofpeace.org/>

Seeds of Peace <https://www.seedspeace.org/programs/developing-leaders/middle-east/>

The Center for Nonviolent Communication <https://www.cnvc.org/>

The Sanctuary Institute <https://www.thesanctuaryinstitute.org/about-us/the-sanctuary-model/>

Chatham House <https://www.chathamhouse.org/publications/the-world-today/2022-04/conflict-prevention-taming-dogs-war>

### **Selected Academic References**

Journal of Traumatic Stress *Virtual Issue on War & Terrorism*  
[https://onlinelibrary.wiley.com/doi/toc/10.1002/\(ISSN\)1573-6598.war-and-terrorism](https://onlinelibrary.wiley.com/doi/toc/10.1002/(ISSN)1573-6598.war-and-terrorism)

International Journal of Environmental Research and Public Health *Mental Health Costs of Armed Conflicts*  
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9957523/>

Frontiers in Psychology *Collective Trauma and the Social Construction of Meaning*  
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6095989/>

Journal of Religious Health *Moral Injury* <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8270769/>

BMJ Global Health *Creating Health by Building Peace* <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9535165/>

BMJ *Peace Building through Health Initiatives* <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1118283/>

Singapore Medical Journal *Health and Human Rights* <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5331127/>

Journal of the Royal Society of Medicine *Kidnapping and Hostage-Taking: A Review of Effects, Coping and Resilience* <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2627800/>

Journal of Clinical Psychiatry *Impact of Captivity and PTSD on Cognitive Performance among Former Prisoners of War* <https://pubmed.ncbi.nlm.nih.gov/29701936/>

European Journal of International Relations *Civil War Recurrence and Postwar Violence Integrated Research Agenda* <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8427816/>

Journal of the Royal Society of Medicine *Witnessing Images of Extreme Violence, Psychological Study of Journalists* <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4100239/>

International Journal of Mental Health Systems *The Battle for Mental Health in Ukraine* <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10518916/>

JAMA Network Open Findings From the World Mental Health Surveys of Civil Violence Exposure and Its Association With Subsequent Onset and Persistence of Mental Disorders <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10282884/>