

I prefer to stay silent

Exploring opportunities
for and challenges to
adolescents' psychosocial
and mental health in Gaza

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1 Overview and objectives

Adolescence is a critical stage during which individuals can gain positive health and social behaviours and attitudes, and is thus critical in determining life-course potential (UNICEF, 2011; Crone and Dahl, 2012). Yet adolescents' psychosocial wellbeing is often overlooked, particularly in conflict-affected settings (Samuels et al., 2017). Psychosocial ill-being has long-term negative effects on development and economic growth: it worsens poverty for affected individuals and families, increases inequality, reduces social capital, and hinders development (World Health Organization, 2010). Evidence suggests that psychosocial services can strengthen the capacity of individuals and families to cope with stressors and seek appropriate services when needed (Gupta and Zimmer, 2008). As such, they can contribute to better quality of life and positive life outcomes (ibid.).

In the protracted conflict setting of the Gaza Strip, interest in the psychosocial and mental health of young people has only emerged in recent years (Samuels et al., 2017). Gaza has been devastated by decades of occupation and military conflict with Israel. Besides the direct consequences of military attacks, Israeli policies have isolated Gaza's population and depressed its economy, which has had severe impacts on human development.¹ Moreover, internecine violence between Hamas and Fatah has put additional stress on Palestinian society, with repeated attempts at political reconciliation failing to succeed. With regard to the compound vulnerabilities facing adolescents and their families, economic hardships – the direct consequence of political turmoil – have the greatest influence on adolescents' deteriorating psychosocial wellbeing (Abu Hamad et al., 2015).

Adolescent girls in Gaza are arguably among the most vulnerable to psychosocial ill-being. Their opportunities and trajectories are sharply constrained not only by violence and poverty but also by gender norms that limit their mobility and thus access to social support – especially

after puberty (Samuels and Jones, 2015). Accordingly, this briefing draws on participatory and qualitative research findings from 2016-2017 to explore the extent to which age- and gender-sensitive psychosocial and mental health services are available for Gazan adolescents, and their experiences when accessing such services. The briefing concludes with a discussion on policy and programming implications so as to better support adolescent psychosocial wellbeing and resilience.

1.1 The state of the evidence on adolescent mental health

The magnitude of the mental health problems experienced by people in the Gaza Strip is not fully known due to the lack of community-based prevalence studies or baseline information (Ministry of Health, 2014). A key challenge is the limited availability of age- and gender-disaggregated data on adolescent psychosocial and mental health (Abu Hamad et al., 2014; 2015). However, humanitarian organisations have reported that an estimated 51% of Gaza's children exhibited symptoms of post-traumatic stress disorder in the aftermath of the 2014 conflict (UNICEF, 2017). The United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNRWA) estimates that, due to the impact of the blockade and recurrent conflicts, approximately 30% of its students require some form of psychosocial intervention (UNRWA, 2017). Moreover, adolescents reported feeling unsafe, fear of upcoming wars, and increasing suicidal thoughts and behaviours (ibid.).

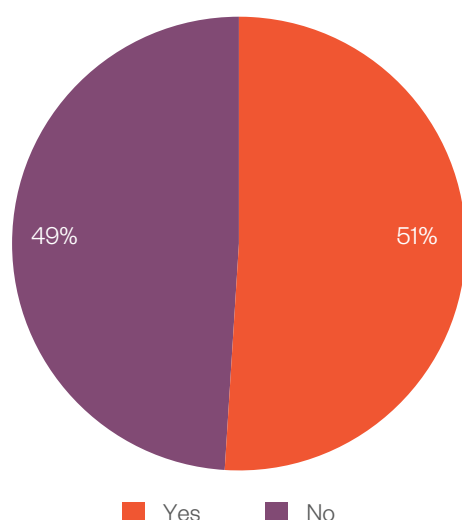
Adolescents in Gaza face multi-faceted and compound challenges and stressors. A study by Birzeit University shows that 46.2% of adolescents in Gaza reported ill-being (based on the WHO-5 Well-Being Index²), 12.4% were moderately to severely distressed, and the vast majority (76.5%) reported moderate to high levels of human

¹ According to the United Nations Office for the Coordination of Humanitarian Affairs (UN OCHA), approximately 50% of all households in Gaza are food insecure and 80% of the population need humanitarian assistance. Around 100,000 people are enrolled in social protection programmes and receive social assistance. The youth unemployment rate is 58% (OCHA, 2016).

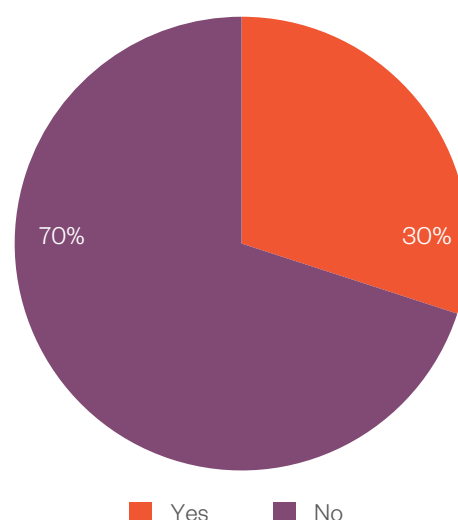
² The WHO Well Being Index is a validated scale, composed of five simple and easily administered questions which measure current mental wellbeing (in the past 2 weeks).

Figure 1: Gaza's children suffer from symptoms of post-traumatic stress disorder

Children exhibiting symptoms of post-traumatic stress disorder after 2014 conflict



Refugee students in UNRWA schools requiring some form of PSS intervention



Source: UNRWA, 2017; UNICEF 2017

insecurity (Hamayel and Ghandour, 2014; see Figure 2). Other studies show that adolescents in the Gaza Strip suffer from symptoms of post-traumatic stress disorder (PTSD) and other forms of anxiety, as well as depression, attention deficit disorder, conduct disorders, increased violence, loss of hope, bad memories, nightmares and bed-wetting (Abu Hamad et al., 2015).

In a 2013 study, most Gaza adolescents (82%) scored 'normal' in a strengths and difficulties questionnaire (SDQ) (Pereznieto et al., 2014). In terms of the hope scale, which measures an individual's belief in their ability to complete tasks and reach goals, 40% of Gaza's adolescents scored low while only 20% scored high (ibid.). The self-esteem index (with questions on adolescents' images/perceptions about their house, clothes, school items and work) showed an overall score of 73% (ibid.). Moreover, on the self-efficacy scale (which is used to predict ability to cope with daily stresses as well as adaptation after experiencing traumatic events), among poor adolescents in Gaza, the overall score was 70.5% (ibid.). The same study, however, also highlighted that adolescents' perceptions reflect prevailing norms about gender roles: two-thirds believed it is acceptable for parents to put more restrictions on teenage girls' movement outside the home than on boys' movement, while 44% reported that it is acceptable for parents to expect teenage boys to do fewer household chores than teenage girls (ibid.).

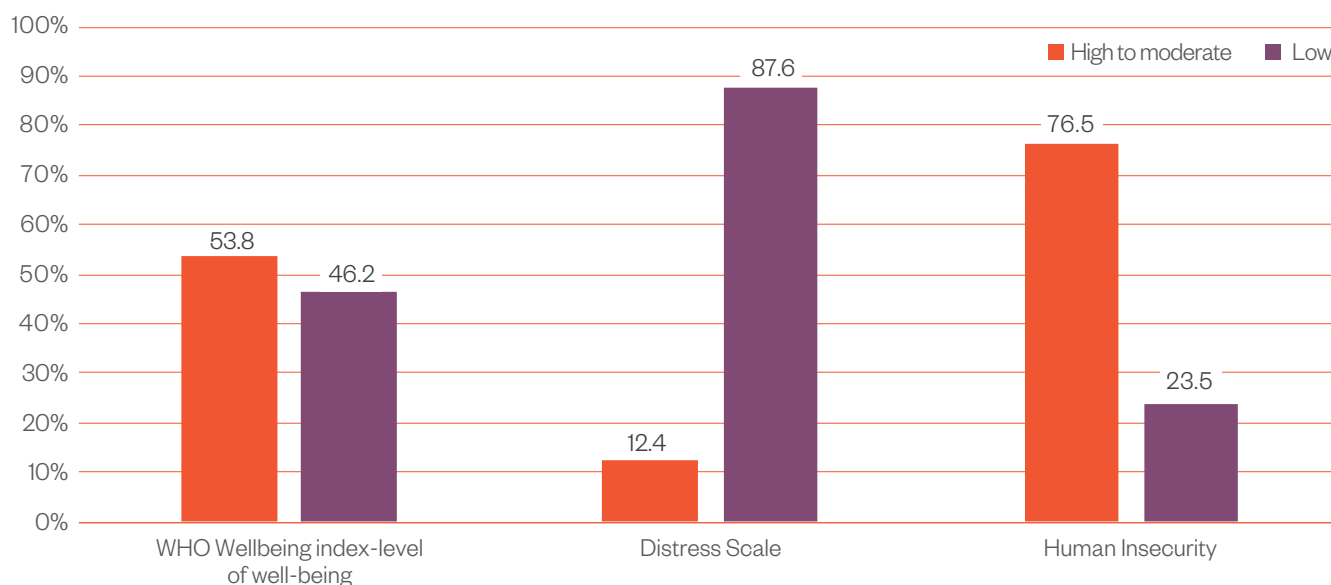
To develop to their full potential, adolescents must be able to exercise their right to interact and socialise

with others and to engage in a wide range of community and recreational activities (American Psychological Association, 2002). However, economic hardship and political and environmental factors – including a context of violence, mobility constraints, cultural norms and stress in the household – can all affect adolescents' capacity to exercise this right. A 2013 study showed that adolescents in Gaza, particularly those from poor families, do not socialise and interact often; 40% reported not being invited to go out with friends, although adolescent boys (33%) were able to do so significantly more than females (64%), reflecting cultural restrictions on girls' mobility (Pereznieto et al., 2014). Only 7.4% of youth in Gaza (aged 15-29 years) reported being a member of a sports club – with a significant gender imbalance: 13.8% boys and 0.8% girls.

Psychological stress may also be intensified due to the lack of opportunities open to young people in the Gaza Strip: nearly one-third of those aged 12-18 reported wishing to migrate abroad, mainly for economic reasons (40.8%), lack of work opportunities (15.1%) or wanting to attend education abroad (12.5%) (PCBS, 2016).

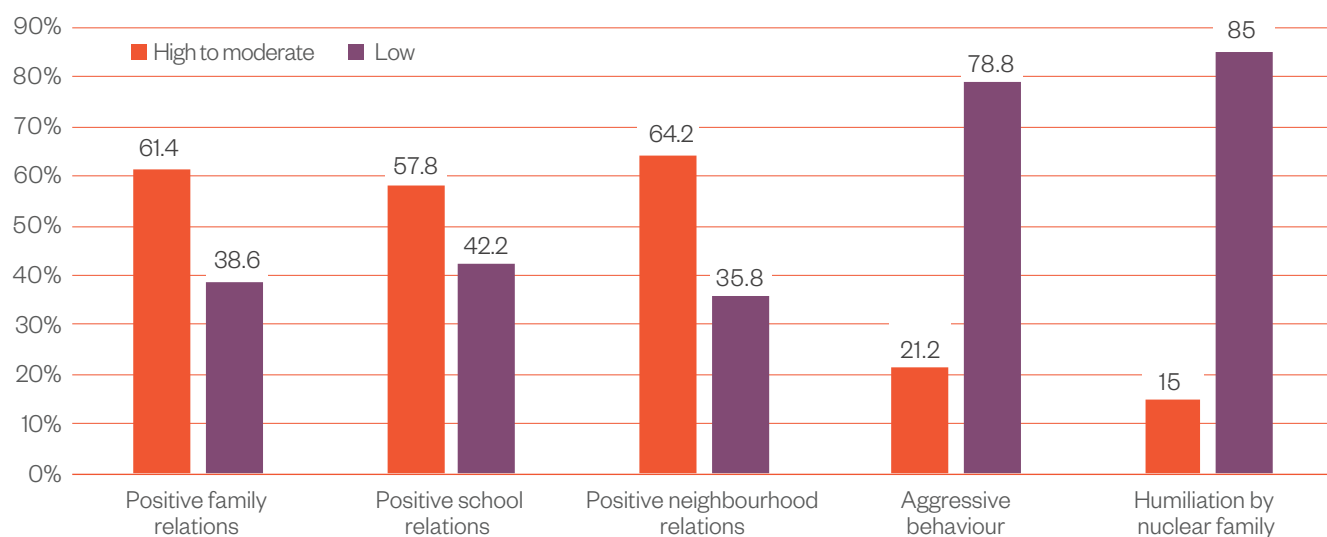
Recent studies reveal an increase in the number of adolescents adopting harmful risky behaviours such as drug use or even attempting suicide (there are 10,047 high-risk male drug users in Gaza), with Tramadol and Lyrica the most common prescription drugs used (The Palestinian National Institute of Public Health, 2017); other studies

Figure 2: Results of psychosocial scales among Gazan adolescents (aged 12-18 years)



Source: Hamayel and Ghandour, 2014

Figure 3: Results of psychometric scales, focusing on relations and violence, among Gazans adolescents (aged 12-18 years)



Source: Hamayel and Ghandour, 2014

Box 1: Wellbeing of Palestinian children, including those with disabilities

The KIDSCREEN wellbeing scale was used to evaluate the wellbeing of Palestinian children with disabilities. Results showed that about 40% are 'very often' or 'always' full of energy and able to be physically active (Jones et al., 2016). Only about 15% are happy with how things are and about 60% had felt so bad in the previous month that they did not want to do anything. Nearly half of children with disabilities reported that they could never rely on their friends; only about 5% said they could always rely on them (ibid.).

Some important differences emerged around wellbeing and quality of life among different groups of children. Older adolescents with disabilities also reported lower satisfaction – possibly because of increased psychosocial and financial demands.

Similarly, using psychometric scales, Birzeit University conducted a study on adolescents' wellbeing and concluded that 38.6% of adolescents in Gaza reported a low level of positive family relations, 42.2% reported poor positive school relations, 35.8% reported poor positive neighbourhood relations, 21.2% reported experiencing moderate to severe aggressive behaviours and 15% reported moderate to severe humiliation by nuclear families (Hamayel and Ghandour, 2014; see Figure 3).

report that addiction to Tramadol affects between 50% and 80% of the male adult population in Gaza (Billing, 2016).

1.2 Gendered vulnerabilities

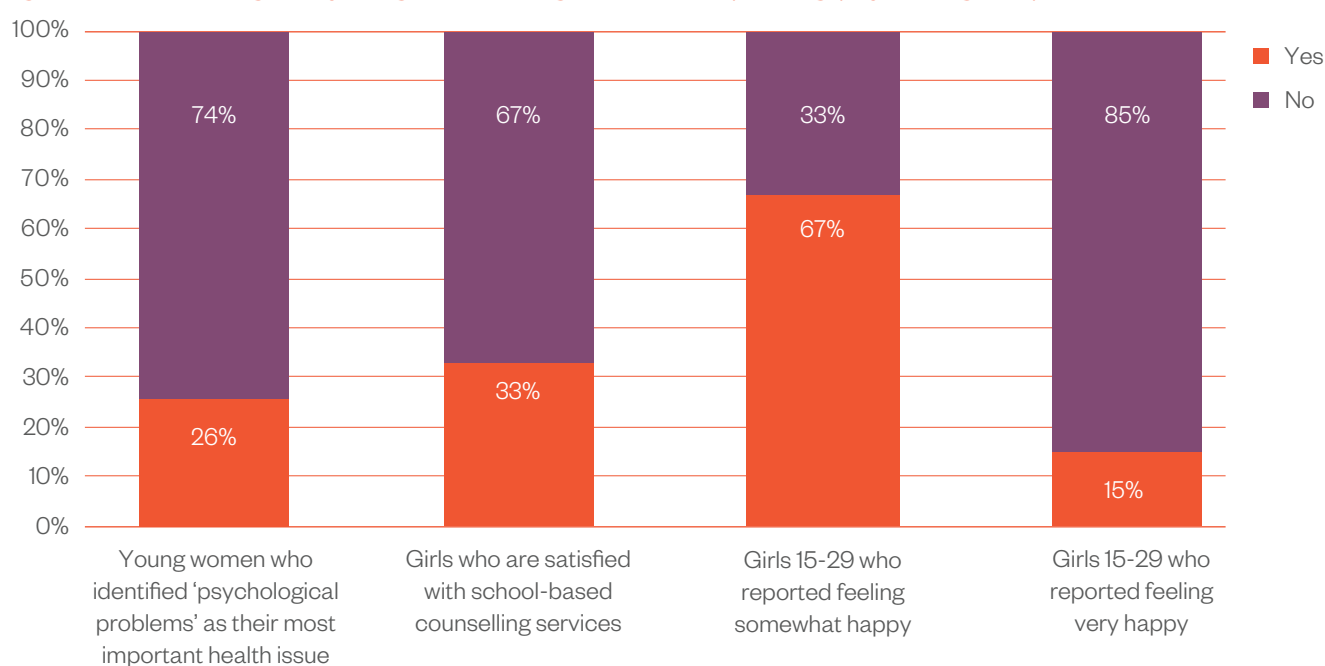
Perhaps surprisingly, adolescent girls in Gaza report high (67% somewhat happy, 15% very happy) overall levels of happiness and satisfaction with their lives (PCBS, 2016: graph 2; see also Figure 4). Yet, despite this, 26.1% of young women (aged 15-29) reported that psychological problems were a major health concern for them (UNFPA, 2016). The effects of stress appear to increase with age, as only 16.6% of all Palestinian girls aged 15-17 reported psychological distress as a factor impacting their overall health (ibid.). This echoes the findings of other studies, which show that strict conservative social norms create additional stressors that particularly affect older adolescent girls, such as early marriage, restriction on movement, overprotection, 'family honour', lack of understanding/support, sexual harassment, and lack of privacy at home (Abu Hamad et al., 2015).

Girls who have dropped out of school are among the most vulnerable, as they are often homebound and therefore much more socially isolated, and tend to score lower for psychosocial wellbeing (Abu-Hamad et al., 2014; Abu Hamad et al., 2016). A study by the Palestinian National Institute of Public Health (2017) indicates that school dropouts are more likely to commit risky behaviours and to become addicted to drugs.

There are many reasons explaining low rates of psychosocial wellbeing among girls in Gaza. Girls (particularly younger girls) have a limited role in family decisions, which adversely affects their sense of self-worth and wellbeing (as illustrated in the briefing on 'Voice and agency', Abu Hamad et al., 2018). Also, widespread and escalating gender-based violence (GBV) severely damages girls' self-esteem and mental wellbeing (see Figure 5) (PCBS, 2011; see also the forthcoming briefing on 'Bodily integrity', Abu Hamad et al., 2018). In addition, studies show that girls and boys receive inappropriate disciplining practices (Pereznieta et al., 2014); for example, parents and older siblings were reported to yell and shout (more than 60%), not allow children to leave the house (over 40%), shock (nearly 50%), slap the child/adolescents with a bare hand or object (45%), and use insulting language (30%). Some 11.3% of adolescents perceived it as natural for parents to use physical punishment to discipline children, with the rate higher among males (15%).

In summary, statistical evidence gives a general idea of the psychosocial situation of adolescents in Gaza but does not provide a clear picture of the gendered experiences and perceptions of adolescents on their psychosocial and mental wellbeing. This briefing explores the extent to which age- and gender-sensitive psychosocial and mental health services are available for adolescents, and their experiences when accessing such services.

Figure 4: Percentage of young women (aged 15-29) reporting psychological problems

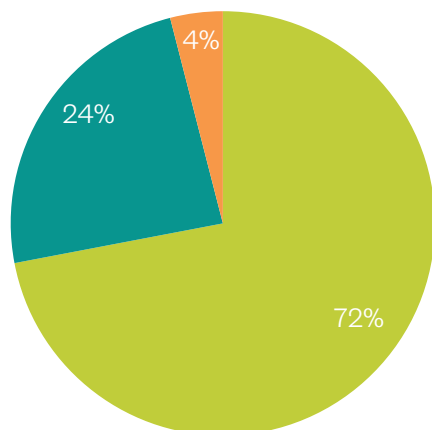


Source: PCBS, 2014

Figure 5: Violence against women and children



Violence against girls



- Parents who report violent methods of discipline within last month
- Parents who report 'severe' methods of discipline within last month
- Parents who report not using violent methods of discipline within last month

Source: PCBS, 2014

Image 1: An 18-year-old girl dropped out of school so she could take care of her family. She would have loved to stay in school. She now has a limited social circle – her friends are still at school.



2 Methods, research sample and research ethics

This paper explores the following key research questions:

- What are the psychosocial and mental health challenges facing adolescent girls and boys in the Gaza Strip, and how are these shaped by gender relations and social norms?
- What gender- and age-friendly psychosocial and mental health services and information aimed at increasing adolescent psychosocial wellbeing and development are available to adolescents and their families in the Gaza Strip?
- How relevant, accessible, user-friendly, effective and of what quality are the available psychosocial and mental health services in the Gaza Strip according to the beneficiaries of those services?

To explore these questions, the Gender and Adolescence: Global Evidence (GAGE) research programme employed a mixed-methods approach, using online and offline service mapping exercises with service providers and adolescents, a tablet-based QuickTapSurvey™ module completed by 107 adolescents, and a range of qualitative research tools with adolescents, their peers and families in two research sites: Shajaia neighbourhood and Jabalia refugee camp. These tools included focus group discussions (FGDs) and in-depth interviews (IDIs), visual participatory methods (including object-based interviews), community mapping exercises, vignette, time use and social network mapping exercises (see the participatory research guide for GAGE Jones et al., 2017) (see Table 1).

2.1 Research sites

Shajaia was chosen because of its central location in Gaza city and the availability of specialised services offered by humanitarian partners and the government, which are often not available in other areas of the Gaza Strip. It also has the highest concentration of 'in need' people and refugees (UN OCHA, 2016). Shajaia neighbourhood is a non-camp settlement area with around 120,000 residents. It was heavily affected during the 2014 Gaza–Israel war.

The second site, Jabalia camp, is the closest camp to the Erez border crossing with Israel. It is home to nearly 110,000 registered refugees and there is a large presence by UNRWA, non-governmental organisations (NGOs) and governmental institutions. It is, according to OCHA (2016), home to the second largest population in severe humanitarian need, with even higher vulnerability levels than Gaza city.

2.2 Research ethics

The research team adhered to stringent ethical measures to ensure the protection of adolescents and their families as set out under the GAGE Institutional Ethics approval document and GAGE child protection guidelines. Participant anonymity and confidentiality were ensured and data were securely stored. Informed consent was obtained prior to commencing each data collection activity.

In total, research was conducted with 239 adolescents and 69 service providers in Shajaia and Jabalia in the summer and autumn of 2017 (see Table 2 for a demographic breakdown of participants in our qualitative sample).

Table 1: Overview of research methods used

Method	Total participants
Focus group discussions	10 groups with 97 participants in total
In-depth interviews	35 in-depth interviews with adolescents
Adolescent surveys with QuickTapSurvey™	107 survey respondents
Key informant interviews	68 key informant interviews

Table 2: Demographic characteristics of the adolescent sample (N=132)

Type	%
Refugees	61%
Aged 10-14	39%
Aged 15-19	44%
> 19 years	17%
Female	57%
Male	43%
Median age	15 years
Family size 7-9	49%
Family size >9	34%
Family income 501-1000 ILS p/m	42%
Family income <500 ILS p/m	28%
Family income 1001> ILS p/m	30%
In school	64%

Type	%
Out of school	36%
Male headed household	72%
Disability in the family	17%
Social assistance beneficiary	64%
Adolescent services recipient	53%
Single	87%
Married	10%
Divorced	2%
Separated	2%
No children	31%
One child	54%
Two children	15%

3 Research findings

Following the GAGE conceptual framework (GAGE, 2017), we set out our findings according to four outcome-level indicators (see also Figure 6):

1. Developing a strong sense of self, with the emotional capacity to set independent aspirational goals, develop intrinsic motivation and demonstrate resilience in the face of setbacks.
2. Feeling valued and emotionally supported within their families and personal relationships.
3. Acquiring emotional intelligence and communication skills to overcome social isolation and foster positive relationships with peers.
4. Having access to and satisfaction with tailored, stigma-free and age- and gender-friendly psychosocial and/or mental health services.

Figure 6: Main outcome-level indicators

<p>1) Developing a strong sense of self and resilience</p> <ul style="list-style-type: none"> • Ability to maintain hope and motivation • Coping with setbacks and stressors • Influence/ inspiration by surrounding context • Special issues and gender differences
<p>2) Feeling valued and supported</p> <ul style="list-style-type: none"> • Ability and freedom of choice • Heard and respected in family, with friends, school, etc. • Observation of gender- and age-related differences • Lived experiences and reactions of adolescents.
<p>3) Acquiring emotional intelligence and communication skills</p> <ul style="list-style-type: none"> • Spending comfortable times and sharing moments, worries, etc. • Ability to express needs, desires, and values • Socialisation opportunities
<p>4) Accessing quality services</p> <ul style="list-style-type: none"> • Access to existing services • Common perceptions about services • Effectiveness are these services • Differences related to gender, age, or sites • Opportunities for improvement

3.1 Outcome 1: Developing a strong sense of self to set aspirational goals and demonstrate resilience

Adolescents in Gaza are frustrated, worried, anxious and feel hopeless about their current and future situation, which some described as desperate: *'Life is bad but we have to adapt'* (IDI, 13-year-old boy, orphan, Jabalia); *'I don't think there will be future for us. I am desperate about the whole life. I want to commit suicide – it's better than this life'* (FGD, older girls, Jabalia).

3.1.1 The reasons for adolescent girls' and boys' worries

Generally, adolescents believe that life outside Gaza is much better than inside it. Some believe that problems such as lack of electricity and water, and financial hardships, will never end. In an individual interview, a 17-year-old girl summarised adolescents' life experience in Gaza by stating: *'Conflict among politicians resulted in poverty, lack of electricity and water. The occupation, limited service provision, unemployment, siege, lack of electricity are the main source of stress for us as adolescents'* (Jabalia). Almost all participants in focus groups discussed these issues. Another 17-year-old girl said: *'Our situation is tough and making life very challenging for everyone in the Gaza Strip, no one cares about basic livelihood needs'* (FGD, older adolescent girls, Shajaia). Another girl (also 17) said: *'A child would ask for a better supply of electricity. The water supply is not reliable as well and no one cares about these basic needs'* (FGD, older adolescent girls, Shajaia). Many participants described electricity shortages as one of the unsolvable worries, but some thought *'there is a room for improvement if local authorities decide to pay better efforts'* (FGD, older girls, Shajaia).

Fear of further outbreaks of fighting or war were reported as another main stressor. Younger adolescents in particular (those aged below 14 years) who had witnessed and built memories about three periods of consecutive hostilities (in the past five years) were worried about

seeing more blood and death. Fear hinders young people from developing resilience, especially for those who were directly affected during the previous wars. A 14-year-old girl from Jabalia, whose father lost his life in 2014, said during an in-depth interview: *'Two things worry me: the night and the war. I worry about everyone in my family, I don't want them to leave the house. I like to sleep before everyone, I hate staying at night alone.'* Another described her fears, saying *'Since the last conflict in Gaza, I strongly scream when I hear bombing. I feel frightened to go to the toilet alone. Also, if my family members leave me alone, I start screaming'* (FGD, younger girls, Jabalia). In particular, adolescents who were physically affected by the previous wars cannot name any other worry before war and many bear physical as well as psychological scars. A 19-year-old female with a disability said: *'My hand was hit in the last conflict when I was playing with the other kids and the Israelis bombed the house of our neighbour. A big stone fell on my hand and it was broken. I have never received any psychological support after what happened with me'* (IDI, Jabalia).

Adolescents are also very concerned for their relatives and family members. In a focus group, one girl said: *'War affects our psychological status especially for males because they lack safety in Gaza because of the ongoing conflict; every moment they are exposed to injury or to a gunshot wound by the Israeli army'* (FGD, younger adolescent girls, Jabalia). A girl who evacuated her house with her family during the war described the fear of her younger sister: *'I was afraid like her'*. The girl ranked war as the biggest fear in her life and said: *'When war occurs, no one knows what will happen'* (IDI, 15-year-old girl with a disability, Shajaia). Adolescent boys of all age groups were less explicit in expressing their fears but mentioned anxiety and insecurity for all citizens.

While boys and girls alike are very concerned about financial hardships, boys seemed to be more worried about finding a job, now or in future, as they assumed responsibilities for themselves and their parents, while girls expressed worry about looking after their family's needs and reducing the stresses brought by poverty, on themselves and other family members. This is indirectly linked to the gender roles assigned to girls and boys early on in life, from which both sexes gain their sense of self and value. For example, a 16-year-old boy from Jabalia who dropped out of school said: *'It is really hard. There are no jobs or decent life. When I ask my father to give me only*

one shekel (around GB£0.20), *he tells me to go and work'*. So boys are told to work and bear responsibility for their family, while girls are usually told to manage, adapt or be patient. A 16-year-old girl from Shajaia explained: *'I find no solution for our situation – extremely poor family unless my father or brother find jobs and bring money'*. She added: *'Tomorrow is the wedding party of my sister and we have nothing to wear. My mother managed to borrow for food and she got my little sister a rented dress while she and the rest of us are looking for something from cousins or her friends to wear.'*

Fathers may ask their sons to work at a young age; boys may choose to work to earn income partly for themselves but partly to help their families. Boys typically reported having some degree of agency as to whether to drop out of school. Girls, on the other hand – especially those from poor families or those with strong conservative views – are persuaded or forced to stop school. Some girls reported having to stay at home in preparation for marriage or for other reasons decided by their fathers. As one girl from Jabalia said: *'They sacrifice their daughters' mental health only because they worry about people gossiping'* (FGD, older girls, Jabalia) (see also briefing on 'Bodily integrity').

Sexual harassment worries girls even if they have not experienced it directly. Stories they hear influence them in different ways. Besides the fear of being subjected to sexual harassment, with the psychological burden this fear entails, girls also fear being blamed and punished by their family and community, and the consequences in terms of fewer marriage opportunities. As one girl described: *'Women always feel insecure to go there because they want to protect their reputation. In addition, they are afraid from being perceived wrong. In the organisation, females face blame if she loved a guy, for example, even if she felt guilty and stopped doing such act'* (FGD, older adolescent females, Jabalia).

While many participants blamed men for sexual harassment and criticised their behaviour, many others (boys and girls) put equal or more blame on girls for sexual harassment. Some adolescent girls involved in the research excused the actions of male youths, explaining that they do such actions to cope with other hardships. Girl participants, however, noted that: *'No matter who caused the harassed, the girl takes all the blame'* (FGD, older girls, Jabalia). Even so, there was a sense among some girls that acceptance of this gender discriminatory behaviour was beginning to change: One 14-year-old girl

Image 2: Maha, 18 years old, dropped out from school and spends her days trapped inside her home, 'looking through windows with a lot of sorrow and sadness inside me'.



Image 3: Dalia, 17, participating in a fine arts class. She feels that 'drawing makes me happy, it provides me with a space and I can be myself through drawings'.



from Jabalia, recalled for example *'One day, a boy was talking bad words to me. I stopped and answered him back, so he turned silent and I did not allow him to do that in front of my friends.'*

Consistent with Maslow's hierarchy of needs (Cherry, 2017), adolescents from better-off backgrounds reported more genuine positive feelings about the future. Similarly, boys and girls who are in school were more hopeful about the future. Adolescents with disabilities appeared to face greater psychosocial challenges than adolescents without disabilities (see Seham's story, Box 2).

3.1.2 Context: empowering or restraining?

Adolescent girls and boys report that they have little say in decisions about their lives. Parents and older family members such as grandparents may influence the aspirational goals of girls and impose their views on what girls should do, blaming girls if they are not submissive. A 16-year-old girl in Jabalia, for example, said: *'My family tried to force me to marry my cousin but I refused. Still I am psychologically suffering'* (FGD, older adolescent girls, Jabalia). Younger and older girls alike referred to this during group and individual discussions: *'We think that we need to study and finish our education then live our lives, while an old woman would say that adolescents in our position are supposed to have children. They also say that a girl's place is in the kitchen and for her husband'* (FGD, older females,

Jabalia). Girls who married early and are already divorced are particularly vulnerable; one young woman said: *'I am divorced and I would like to return to school and complete my study to build myself and to participate in community, but my family refused because I am divorced'* (FGD, older adolescents, Jabalia).

Some adolescents reported having role models and supportive family members that have a positive impact on their psychosocial wellbeing. Girls mentioned looking up to their mother to teach them independence and give them strength. They valued how mothers defeated the challenges they have faced and succeeded in raising them well. For example, Maha, 15 years old, was forced to leave school to take care of younger siblings at home: *'Because of many factors I am not happy about life. Particularly I feel distressed from seeing all my brothers sitting in the house doing nothing while mom is struggling to secure our needs. I am proud of her and how she copes. But I hope I don't have to live like her in the future. No one should accept a miserable life like that'* (case study, 18-year-old girl, Khanyounis). For boys, it seemed harder to name or describe a role model. They mentioned being successful and linked this with work and responsibility: *'I saw my father working hard and studying. I like the way he thinks about life and people. He appears to be without any disability. He acts like he doesn't suffer from any disability'* (IDI, 19-year-old, male and son of a man with a disability, Jabalia).

Box 2: Seham's story – 'I blame my mother only for one thing: she convinced me that I am the normal person while everyone else is not, and then when I went out, I found out the reality!'

That is how, Seham, a 19-year-old girl from Jabalia, from a family of eight, shared her pain of not being ready to accept assistance and her reluctance to develop friendships. Seham has a physical disability and has only one kidney that functions partially. She says: *'I left the school when I was 14 years due to maltreatment. Everyone at school was cruel, teachers used to ask me to sit in the back and not to talk with girls because they found me scary! I had only one friend, but she passed away in the last war (2014) when their home was bombed.'* Seham lamented: *'Only she liked me and was not scared being with me, she even described me as a person with super power not special needs. Since she passed away, I was unable to feel sad enough, but since then also, I keep a distance from people, I don't want to get close with them and end up leaving me.'*

Seham strongly dislikes her father. She says: *'My mother is very strong and independent. Without her, my father would abandon us because he is a selfish, violent and unreliable person. He is the worst thing in our lives'*. She added: *'My mother manages everything, I learned from her how to keep moving and ignore my disability. She encouraged me to go to a centre and join a project which empowers and supports people with disabilities. I liked that and feel much better, I even think to have my small project later on. I owe her my strength and resistance.'* Seham did not tell her mother about her project plans and said she will share it only after she becomes sure it will start successfully. She mentioned that she will not say anything right now because she doesn't want to disappoint her mother if she failed as she did when she decided to quit school.

Image 4: A grandmother and the mother of a young researcher exploring their photos, recalling their memories and life events and about having a better life during their adolescence.



3.2 Outcome 2: Feeling valued and emotionally supported within their families

Adults and adolescents have conflicting views on their lives. Consistent with previous studies (Samuels and Jones, 2015), our research found that adolescents feel they are not valued, supported or understood by their parents and the broader community. In a focus group in Jabalia, one 15-year-old boy said: *'Our house is full of hate, it is extremely difficult'*. Adolescents reported that parents did not understand their wishes and how they wanted to spend their free time – for example, online or on social media, with friends – and that this presented them with psychosocial challenges. As a result, girls reported feeling lonely and unheard, epitomised by one girl who said: *'There is no one who could understand us in this context, except God, he only could understand us, but humans could not'* (FGD, older adolescent girls, Shajaia). Some mentioned avoiding older people in general (IDI, 16-year-old boy, Jabalia). Participants emphasised the need to create more understanding between parents and their adolescent children: *'We need to educate parents how*

to deal with their daughters and give attention to their problems and trying to solve it in the right way. The girls can't spend their lives going to psychologists!' (FGD, older adolescent girls, Jabalia).

Most participants mentioned experiencing verbal and physical violence by male adults, particularly fathers and uncles. Boys at all ages reported more concerns about violence from fathers and inside schools. A 16-year-old boy explained why he dropped out of school: *'I decided to stop schooling, I am frequently beaten whenever I make wrong answers. One day I was fed up and decided to stop. A few days later, my father got to know about it and beaten me badly by an electrical cable to return to school, I was beaten anyway so I ignored him'* (IDI, Jabalia). Boys believe they are subjected to physical violence more so than girls, saying that *'girls are dearer and closer to parents'* (FGD, older boys, Shajaia). While girls experience more verbal violence, one said *'verbal violence and discrimination also result in psychological stress'* (IDI, 12-year-old girl, Shajaia). Despite parents explaining that violence is part of raising children, girls still struggle to accept their fathers' contradictory behaviour. An 11-year-old girl said: *'I cannot understand my father, while he always says that*

I am his dear and that he draws a red line against anyone hurting me, he himself beats me frequently' (FGD, younger adolescent girls, Jabalia).

Not all fathers beat their daughters though, as one girl from Jabalia explained: *'Although my father rarely verbally disciplines me and my sisters at home, if we do something wrong, he has never physically disciplined either me or*

Image 5: An 18-year-old girl expressed frustration that her brothers do nothing other than 'sitting in the house', but when she complains, her brother 'hits me with his belt'.



Image 6: Hassan, 17 years old, is beating his younger brother. 'I beat my young brother because he is not responding to my orders, I need to discipline him.'



my sisters, because my father does not allow any girl to be beaten' (FGD, younger girls, Jabalia). Others reported maltreatment of and by siblings: *'My younger sibling treats me badly. My mother hits him'* (FGD, younger girls, Shajaia).

Another key area that adolescents expressed concern about in terms of communication with parents and close adults in their lives related to how best to manage emerging romantic feelings and interests. Not being able to discuss issues that are important to adolescents was a source of stress for girls in particular. A few girls noted that: *'It is normal to be in love but not normal to allow oneself to be cheated or used by men'* (IDI, female, 14 years, Shajaia). Some other participants indicated hearing stories of girls got themselves in troubles due to relationships: *'At school, a girl whose love left her wanted to throw herself from the third floor, teachers stopped her and called her family'* (IDI, 13 years, Jabalia). However, generally girls who participated in the research noted that they are scared to share such stories with counsellors since they, according to girls, usually tend to involve families. Families usually show no leniency in this regard and consider any such relationship a violation of family honour with serious

consequences for the involved girl. Some girls also noted that they had received guidance from a male police officer who advised them about avoiding contact and relations with boys in order to protect themselves (IDI, orphan girl, 13 y, Shajaia). In short, these findings the challenges that adolescents, and especially adolescent girls face, in expressing and managing their emotions in the absence of adult communication and guidance as they transition from childhood into puberty and early adulthood.

3.2.1 Negative effects of early marriage on girls' psychosocial wellbeing

Despite the legal age of marriage being 16 in Gaza, some families (particularly the poorest) marry their adolescent daughters before they reach this age, usually against their will. Almost all married adolescents who took part in our research expressed despair at their situation. Those who had married before the age of 16 described marriage as a *'jail'*, which *'ended my childhood'*, considering it as *'the end of life'* (IDI, 18-year-old girl, Shajaia). One pregnant 16-year-old said she had tried twice to end her life (IDI,

Image 7: Sawsan is 16 years old. Frustrated by her refusal to comply with restrictions on her mobility and dress, her father arranged to marry her. She destroyed all of her school notebooks and all of her art



Jabalia). Another 18-year-old married girl described early marriage thus: *'You feel you got deprived of everything, indeed, you feel you got kidnapped, this is how I felt. I feel overwhelmed with responsibilities, I can't go out, I lost my childhood, I lost my education, I lost everything'* (IDI, adolescent mother, Jabalia). Moreover, prevailing norms hold that women should sacrifice their personal needs in favour of their families' needs, which means they are asked not to complain and to practice patience, accepting their situation in order to preserve the family reputation.

A married girl's husband, in-laws and extended family often constitute a source of problems, clashes and frustration, with tensions over allocation of resources and the mother-in-law's role in decisions affecting the couple. One focus group participant explained: *'I talked to my mother-in-law because I was pregnant and I was feeling so sick due to not being able to eat healthy food. She told me to go to my parents' house and eat there. She mocked me and told me to find somewhere else that'd provide me good food. She added: 'I cry sometimes when I am hungry and I don't have food. I try to sleep to forget food and my children do the same'* (FGD, older girls, Jabalia).

3.2.2 Who supports adolescents to feel valued?

Participants reported that family members, despite demanding girls' submissiveness, often acted as sources of support. One girl said: *'My sister-in-law was the person that supported me the most and helped me when I was separated and stayed at my parents' home'* (FGD, older girls, Jabalia). Another said: *'I only speak to my brother, he is 25 years and he is the only one who can understand me'* (IDI, 17-year-old girl, Shajaia). Similarly, in Jabalia, in FGDs with older girls, one mentioned *'I would talk to my brother. He is the closest person to me'*.

Others elaborated on their friendships at schools or in their neighbourhood; most enjoyed spending time with peers, while they preferred to seek advice from older relatives. Support and respect from friends was valued highly. A girl referred to a gift from her friends when asked about an object that is very special to her: *'I love the shoes I am wearing. My friends knew that I need shoes and they collected the money among themselves and brought them to me as a gift. They were so kind to me and they respect me also'* (IDI, 17-year-old girl, Shajaia).

3.3 Outcome 3: Acquiring skills to foster positive relationships with peers

Girls make friendships at schools and at activities organised by UNRWA or community-based groups during vacations and out of school hours. However, most research participants referred to fewer opportunities to socialise during the summer since girls are seldom allowed outside the house alone. Sometimes, older adolescents are taken to wedding parties or other social visits to increase their chances of marriage.

People in Gaza, including adolescents, firmly believe that *'good'* friends enhance their standing within the community, and as such, the mosque – stigma free and socially valued – is considered a good place to make friendships. Adolescent girls and boys value the mosque for different reasons: girls primarily attend mosques to attend classes to memorise the Quran while boys also benefit from trips and aid organised by mosques. Some boys also ask for guidance from imams and friends they make at mosques. One 17-year-old boy said: *'I need to be like imam by treating people nicely, pray, good deeds for god, fasting, giving money to the poor, socialising and interaction with people and not to lose them'* (IDI, Shajaia).

Other participants, especially boys, however, indicated that they mistrust religious people and did not like how some of them try to influence young people politically. One boy said *'Mosque is close to me, I used to go there, but stopped since they wanted me to affiliate to them'* (FGD, younger boys, Shajaia). Another boy in the same FGD stated: *'Some people stopped going because mosques are engaged in politics'*. More broadly, girls and boys often perceived politicians and officials as non-caring and not living up to people's expectations or fulfilling their responsibilities. Many participants felt resentment towards political leaders, holding them partly responsible for their suffering. In Jabalia, one young girl said: *'We wish if Abbas [president of Fatah] and Haniyeh [head of Hamas] both die but not in the same day... Abbas cut down salaries of employees'* (FGD, younger adolescent girls).

3.3.1 Barriers to socialising

Structural, cultural and financial barriers restrict adolescents' opportunities to socialise. Boys are allowed to go outside with their peers almost without restriction or interrogation. Similarly, children who work are allowed to

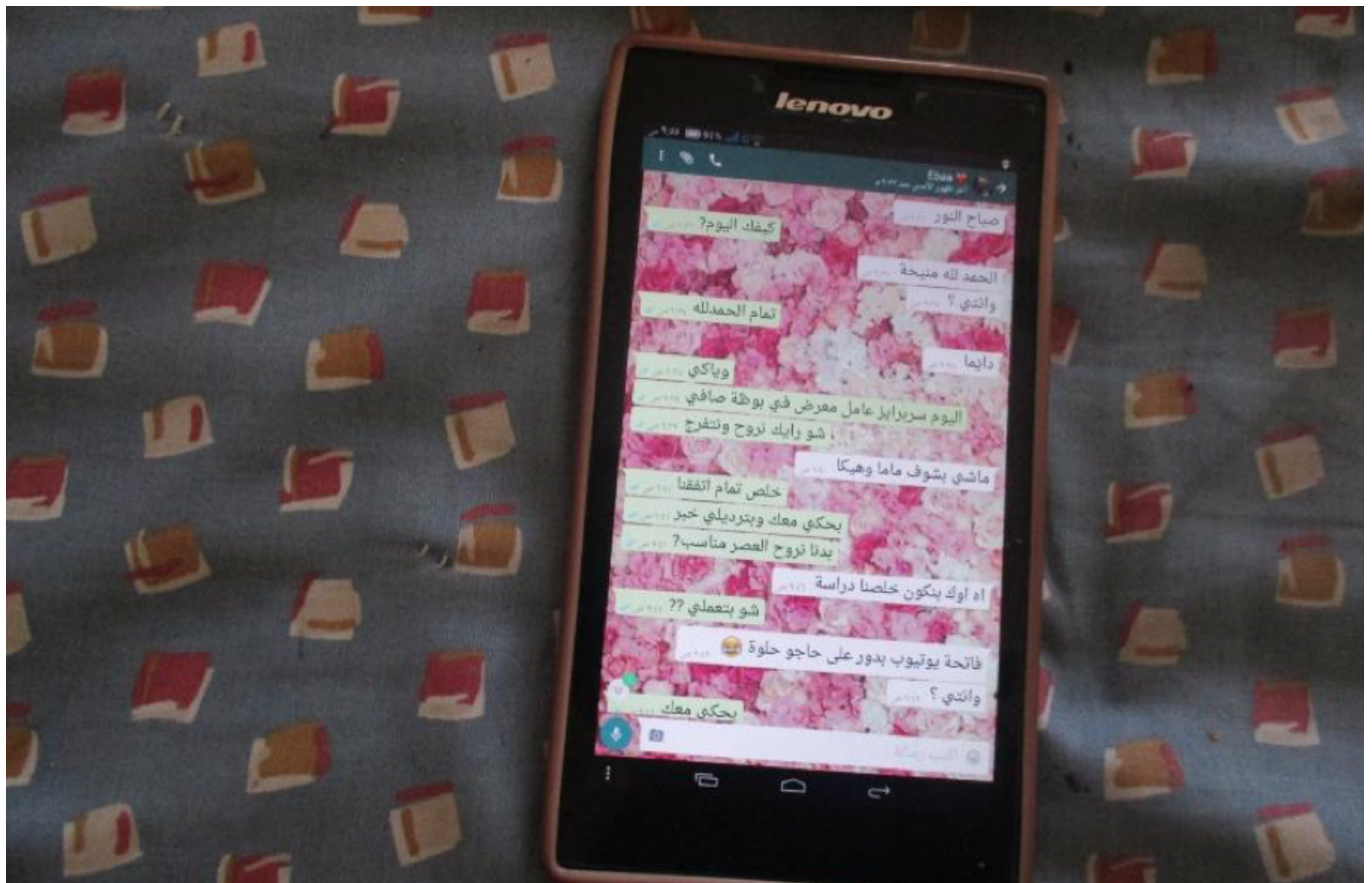
socialise with their colleagues and employees. However, availability of financial resources is essential: the poorer the family, the less chances its members have to socialise outside the house. A boy from Jabalia said: *'You need about NIS 20 to pay a visit or even go out with some members of the family. If all members want to go out together they need NIS 50!*' It was noted that adolescents who participate in activities like summer camps have more opportunities for socialising, as do adolescents who seek services from NGOs or community groups. Interestingly, poorer adolescents criticised the conditions that prevent them from continuing in school or accessing more services.

Girls had few opportunities for socialising. One 17-year-old girl from Jabalia said: *'There are no places for us. There is no cafes for female to socialise. Everywhere you find only men, even in the underwear shop, there are only men and we feel shy to buy underwear from those men'*. Contrary to the findings of a survey by the Palestinian Central Bureau of Statistics (PCBS, 2016), girls reported using the internet more than boys, particularly because of their restricted mobility, but also face more restrictions by their parents than boys. There are few other social activities available to

girls, as one 16-year-old orphan from Jabalia stated: *'The electricity cut badly affects us! Without it, there is no TV, no internet and no lights. The electricity cut increases our worries'*. During both pilot and baseline exercises, older girls who had dropped out of school commented on the consequences for their socialising, with one saying: *'Those at schools or who attend activities interact and socialise more. We are more deprived, isolated, and do a lot of housekeeping. They are happier and have more options than what we have'*.

Adults do not necessarily support their adolescent children to develop emotional or communication skills to overcome social isolation, and men often prevent women (wives or daughters) seeking support. One girl who sought psychological support from a primary health clinic goes there with a friend: *'The most important thing is that I don't want any of my family members to know about me getting a service from a psychiatrist because of their negative attitudes towards psychiatrists'* (FGD, older adolescent girls, Jabalia). Another said: *'I am divorced and I would like to return to school and complete my study to build myself and to participate in community, but my family refused*

Image 8: Ibtisam, 17 years old, talks with her friends when she feels frustrated. Still, she cannot decide how much she uses her phone. Her older sister decides how much time Ibtisam can spend on her phone



because I am divorced’ (FGD, older girls, Jabalia). A young wife also indicated that: *‘Baituna [an NGO] provides awareness sessions to strengthen our personalities, but men in Jabalia prevent females including myself to go to such places, and NGOs support who presents to their centres’* (FGD, older adolescent girls, Jabalia).

Another reason given by adolescents (especially girls who are enrolled in school) for not going outside and engaging with the outside world was the siege imposed on Gaza. One 19-year-old girl from Khanyounis explained: *‘I am holding a model of the globe. I wrote on my hands “siege” on the left hand and “freedom” on the right. Also I am wearing a bracelet with the slogan “free Gaza”. I did this because I need to tell people that we need liberty, freedom of movement and our right to travel’.*

Finally, a number of adolescent participants in the research explained that they had witnessed war-related violence and deaths and tended to withdraw into themselves rather than seek external or professional help. One 19-year-old girl with a disability from Jabalia explained:

‘I usually prefer to stay silent and keep my issues and emotions toward people to myself.... I don’t let people feel that I’m pleased when I’m with them, although I would be very happy with their company, but I never show it. I drive people away from me and when they talk I don’t answer

back so they become uncomfortable with me. I like to keep my relationships with other people at this limit, because I don’t want to get close with them and end up with them leaving me as was the case with my friend Ghader who died after her house was bombed in 2009 and she lost her leg and arm... She died in front of me after saying to me, “Both of us have now become people with disabilities”’.

3.4 Outcome 4: Accessing tailored age and gender-responsive psychosocial/mental health services

There are 162 organisations providing psychosocial services in Gaza, but only two – the Ministry of Health and the Gaza Community Mental Health Programme (GCMHP) – provide specialist services (Saymah et al., 2015). The Ministry is the main provider, supervisor and regulator of mental health services. It also operates six community mental health centres and provides inpatient care (psychiatry) for severely affected people at Gaza’s only mental health hospital (Ministry of Health, 2014). UNRWA is the second major provider, delivering preventive mental health and psychosocial services through counsellors based at UNRWA health and relief centres. Services

Image 9: An adolescent girl from Gaza holds a globe in her hands to symbolise the effects of living in Palestine under the siege



for adolescents are generally not tailored to their age or gender.

Recently, the Ministry, UNRWA and some health-focused NGOs have begun an ambitious process of integrating mental health services into all primary health care (PHC) centres (the Ministry runs 56 centres and UNRWA runs 22). UNRWA and the Ministry of Education both run a large-scale school counselling programme (see

Box 3). Many NGOs in Gaza also provide psychosocial awareness and support through counsellors and social workers, largely through stress management techniques and recreational activities. During our research in Shajaia and Jabalia we mapped 21 organisations, mostly NGOs, providing some type of psychosocial services to adolescents (see Figure 7 and Figure 8).

Figure 7: Services that aim to improve adolescents' psychosocial wellbeing

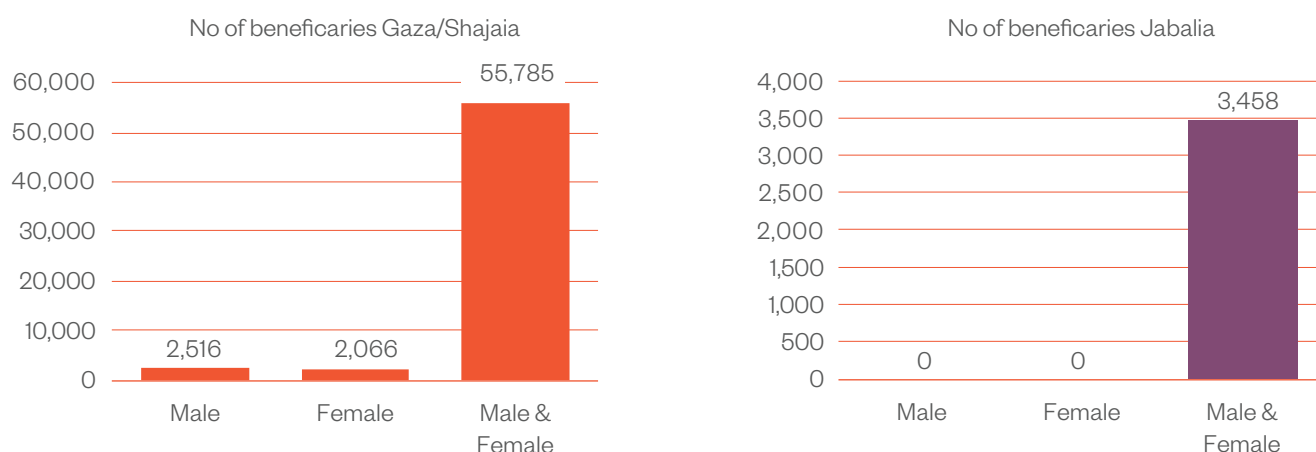
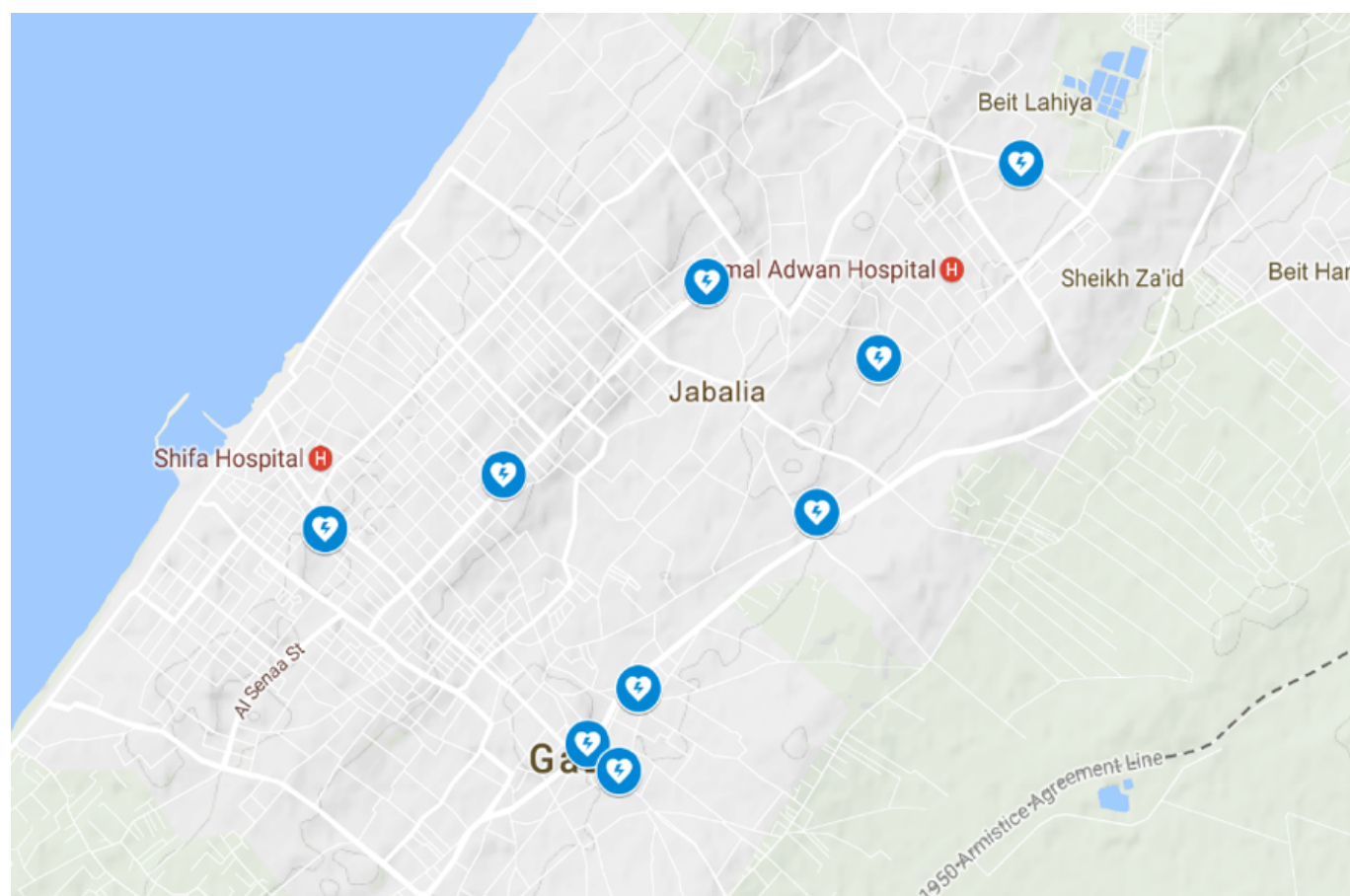


Figure 8: Psychosocial support services for adolescent girls in Gaza



Specialist mental health institutions are usually understaffed, with a ratio of 0.25 psychiatrists per 100,000 people – six times less than in OECD countries (Saymah et al., 2015). During our mapping exercise, despite the large number of beneficiaries in both localities, the number of staff available to provide psychosocial services was 199 in Gaza/Shajaia and only 32 in Jabalia camp; 70% of those were temporary staff, mostly new graduates with limited experience. Our findings confirm those of other studies, suggesting that service providers need not only technical training on mental health but also on how to deliver age- and gender-appropriate services (Abu Hamad et al., 2015). As these quotes highlight adolescent research participants lamented that existing services were not fit for purpose: *'I went to a psychiatrist, but I didn't feel that he helped me at all.'* (IDI, 19 Female, Jabalia). *'I wanted to go to get psychological support, but I didn't find any.'* (FGD, Young Boys, Shajaia).

Studies in Gaza indicate that in 'normal' and crisis situations alike, adolescents (particularly girls) are not proactively targeted by service providers; in fact, adolescents tend to be overlooked, as these programmes often focus on younger children or older women (Terre des Hommes, 2010). The same source indicates that despite the many psychosocial and mental health service providers in Gaza, organisational, cultural and psychological barriers often prevent young people accessing those services. Donors often provide reactive, short-term psychosocial programmes as part of their emergency response immediately after a period of intensified fighting (Samuels and Jones, 2015).

The overwhelming majority of beneficiaries of psychosocial and mental health services are self-referrals (80%) or recruited through community-based organisations or school counsellors (Abu Hamad et al., 2015). The main drivers encouraging people to seek mental health services for their children included experiencing atypical physical symptoms (such as epileptic fits and bed-wetting), excessive nightmares, and feelings of isolation. In many cases, parents of girls who were suffering from bed-wetting sought support from psychosocial services in order to ready the girl for marriage (ibid.).

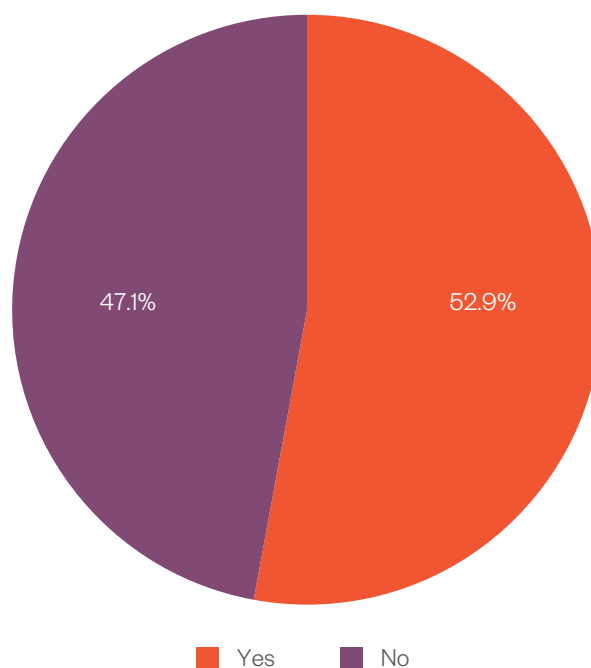
3.4.1 Adolescent perspectives on service provision

During individual and collective discussions, participants commented that psychosocial services were crucial

and very much needed, but many adolescents did not know about the existence of such services in the Gaza Strip. Specific services were only mentioned directly by school counsellors and some participants who had used the UNRWA clinic and government clinic services for victims of violence. One girl lamented the lack of support for adolescents, saying: *'We do not have psychosocial services here'* (FGD, older adolescent girls, Shajaia). Some girls were benefiting from counselling services run by community-based organisations before marriage; yet after marriage, most stopped receiving this service. Findings from the beneficiary survey indicate that nearly half of respondents (53% - 50% girls, 56% boys) reported that adolescents in their community go to see a counsellor or therapist when they are worried or sad (see Figure 9). Of those who reported this, 17 adolescents (16.3%) indicated that they themselves had already approached a counsellor or therapist to talk about how they are feeling.

As well as lack of knowledge about available services, other barriers that limit service uptake include perceptions among the wider community about service users are stigmatised, and factors related to access and quality of services. Some participants, especially boys, influenced by community values and concerned about the stigma attached to seeking psychosocial help, felt no need to approach such services. One 17-year-old boy said: *'It is not about people. It is just that I personally feel that going to the*

Figure 9: Adolescents seeking help from a counsellor when they are worried or sad



counsellor is something people who are psychologically abnormal would do' (IDI, Jabalia). School counselling is less stigmatised than other specialist services, yet boys and girls alike reported controversial experiences about accessing counselling through school (see Box 3).

Girls also reported that some families choose not to send their daughters to psychosocial support services as doing so would ruin the family's reputation and the girl's marriage chances. Surprisingly, some participants confirmed that a man would divorce his wife if she allowed daughters to approach these services. One 14-year-old girl from Jabalia said: *'I asked my mother to go and see a psychotherapist but, she refused'*. These inputs illustrate the degree of stigma still attached to people accessing psychosocial services.

Our findings suggest that many participants were not satisfied with the quality of psychosocial services, which were generally not designed to be age- or gender-sensitive, constituting another barrier to service uptake. One girl doubted the value of these services, saying: *'What will he be able to do for us? I don't understand why we have to speak about our psychological issues'*, (FGD, older girls, Jabalia) while another commented that *'some service providers will judge you and show uncomfortable attitudes'*. Some service providers actually reinforce the stigma associated with seeking psychosocial support. One 19-year-old girl who accompanied her father to a mental health clinic to get his medicine said: *'Even staff, when they saw me there, were surprised and wondered how my father brings his youth daughter to this place when she is okay'* (IDI, Jabalia).

Box 3: Varying experiences with school counselling services

There is growing coverage of school counsellors in Gaza: according to the Ministry of Education and Higher Education (2016), around 80% of schools have at least one counsellor (schools have 625 counsellors – on average, one counsellor for every 700 pupils). Typically, the role of a school counsellor is to support and empower adolescents. Some organise collective awareness sessions for students, and use their experience to respond to the individual needs of boys and girls.

Our findings revealed a wide range of experience with school counsellors and the role they play. Some participants reported positive experiences, especially those with a disability and self-referred boys. Others (particularly older adolescent girls, and boys and girls with modest academic achievement) reported less positive experiences: *'The counsellor himself treats you as if you had a psychological condition'* (FGD, older boys, Jabalia); *'Counsellors at schools make us feel we are crazy'* (FGD girls, Jabalia); *'Counsellors don't help; they only sit down in their office and drink coffee without doing anything else'* (FGD, older girls, Jabalia); *'Counsellors are not empathetic and always blame us'* (FGD, girls, Shajaia); *'They usually tell what we told them to the teachers'* (FGD, girls, Shajaia); *'Sometimes they gossip with each other or tell the stories we discussed with them'* (FGD, girls, Shajaia); *'I tried a lot to meet the school counsellor, but I did not find her at her office'* (FGD, girls, Shajaia). These comments perhaps explain why only 34.8% of young women in the recent Palestinian Youth Survey reported satisfaction with school counselling services (PCBS, 2016).

Generally, boys use school counselling services more than girls, and there is less stigma attached to boys accessing counselling; sometimes they are referred by teachers and management, if they have been involved in trouble or disturbing others. It seems rational to conclude that school counselling is stigmatised not only for cultural reasons but also for its low quality and lack of adherence to ethical and professional standards on the part of service providers. That said, school counselling is much less stigmatised than other psychosocial services, so there is much that could be done to increase uptake among adolescent girls and boys.

Conclusions and implications for policy and programming

Overall, our findings underscore the complex and interlinked challenges to adolescents' full capability development in the Palestinian context, and the critical role that context-specific gendered norms and practices play in shaping adolescent girls' capabilities and psychosocial wellbeing.

Generally, the broader context in Gaza does not seem supportive of adolescents' psychosocial wellbeing. Girls in particular experience a double burden, constrained by the occupation and by restrictive cultural norms that prevent them reaching (or being encouraged to reach) their potential. Political turbulence, ongoing conflict, economic hardship and limited opportunities for socialising (especially girls) are key stressors affecting adolescents, rendering it difficult for adolescents to develop a strong sense of self and to set aspirational goals for their future.

While adolescents cannot easily maintain hope and motivation, they strive to keep looking to the future. They take inspiration from their own self-assertiveness, the power of education (widely appreciated among Palestinians), and from family support networks – especially from mothers, siblings and sometimes friends. Formal services make a minimal contribution to adolescents' support networks.

Our findings indicate that despite the many psychosocial and mental health service providers active

in Gaza, organisational, cultural and psychological barriers often prevent young people accessing those services. Donors often support reactive, fragmented and short-term psychosocial programmes as part of the emergency response immediately after intensified episodes of conflict. These services do not tend to meet people's needs and are generally not proactive in screening, identifying and supporting specific groups that are most in need. Also, these programmes tend to be less accessible to adolescents not only because of the limited number of mental health service providers, but also because they often focus on younger children or adult women. Finally social norms play a key role in hindering service uptake – service users face a high degree of stigma, and especially adolescent girls, because service use is often perceived to constrain marriageability.

In terms of possible implications for policy, programming and future evidence needs, Figure 10 maps out our findings in relation to national policy commitments and international Sustainable Development Goal (SDG)-related commitments. Where relevant, we highlight where additional investments in programming and evidence are urgently needed to support progress towards achieving these.

Figure 10: Summary of key findings (as linked to the relevant SDGs)

Goal 1.5

Build the resilience of the poor and those in vulnerable situations and reduce their exposure and vulnerability to climate-related extreme events and other economic, social and environmental shocks and disasters

- Many problems facing adolescents are linked to the economic hardships facing them and their families: domestic violence, low educational attainment, inadequate opportunities to socialise, insufficient recreational activities, lack of livelihood resources, and dysfunctional relationships between adolescents and their parents. More efforts are needed to promote the key determinants of psychosocial wellbeing among adolescents, including advocating for peace, equity, social justice, livelihoods, employment, education, and women's empowerment.
- There is a need to design cross-sectoral interventions that consider the multi-faceted nature of psychosocial wellbeing. There is also a need to introduce national protective policies for adolescent girls, including legislation on child protection, protection from early marriage, on child labour as well as codes of conduct for services providers in terms of child protection and safeguarding.
- There is a need to improve coordination among psychosocial and social protection actors and programmes to address fragmentation and create synergies, and to address the multi-faceted nature of adolescents' psychosocial vulnerabilities.
- Psychosocial support programmes tend to be reactive, largely serving self-referred cases, and thus are not reaching the neediest populations, including the poorest people. Services should be more proactive in identifying at-risk adolescents and provide tailored activities to meet their needs, targeting particularly vulnerable groups including adolescents from poor families, those with disabilities, those who married early, those from marginalised groups, those directly affected by conflict (e.g. losing their homes or the main breadwinner), and orphaned and child-headed households.

Goal 3.4

Reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being

- The magnitude of the mental health problems experienced by people in the Gaza Strip is not fully known due to the lack of baseline information. Our findings indicate that there are high levels of stress, anxiety, fear, frustration, loss of hope, depression and increased violence, even increased suicide rates. There is an urgent need to strategically address chronic trauma alongside longer-term mental health strategies.
- Tackling adolescents' psychosocial vulnerabilities requires setting comprehensive multi-sectoral interventions and policies. These should include: improving living conditions; increasing understanding (among parents and the wider community) of adolescents' needs and perspectives through community awareness and mobilisation initiatives involving the media and community leaders; introducing legislation and policies to enhance gender equity and mainstreaming at all levels; and mapping the most vulnerable groups, especially older adolescent girls, married girls and girls with disabilities, so that they can be purposively targeted.
- Adolescents sometimes adopt negative coping strategies (e.g. boys becoming violent, dropping out of school, and using Tramadol, while girls prefer to stay quiet and submissive, marry early, or turn to religion). Greater efforts need to be made to enhance positive coping strategies such as: building basic life skills and promoting access to psychosocial support; strengthening ties and nurturing relationships between adolescents and their families (especially at an early age); and investing in education as a means of strengthening children and young people's self-esteem. There should also be greater efforts to monitor and address negative coping strategies through awareness raising, policy setting and multi-sectoral interventions such as protection networks.

Goal 5.8

Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all

- There are many poorly regulated, short-term and fragmented mental health and psychosocial support (MHPSS) services in Gaza; so while access to psychosocial services is (at least theoretically) reasonable, quality remains problematic. As well as increasing coordination among the many MHPSS providers, there is a need to promote regulatory licensing and accreditation. The Ministry of Health should improve regulation and coordination to ensure complementarity and standardisation and to enhance quality.
- Adolescents are rarely targeted by MHPSS programmes, therefore policy-makers should implement more programmes designed specifically to meet adolescents' needs, and direct greater effort to encouraging beneficiaries to increase uptake of services and programmes, and address the barriers that prevent them doing so.
- Policy-makers and service providers should address gaps in adolescents' (particularly girls') access to and utilisation of specialist services through community outreach services, referrals, awareness-raising and early detection work, especially in schools. There is a need to develop more appropriate criteria to proactively screen, identify and serve the neediest groups. To increase service uptake, more needs to be done to reduce the stigma attached to seeking psychosocial support. Efforts should focus on raising awareness through media, education and community mobilisation, and integrating mental health with other services relevant to adolescents.
- Schools provide a good forum to support adolescents' psychosocial and mental health. There is a need to strengthen the role of the school counselling programmes in prevention, early detection and management of mental illness. Gaps in service quality should be addressed, focusing on gender and developing technical standards.

Goal 3b

Substantially increase health financing and the recruitment, development, training and retention of the health workforce in developing countries, especially in least developed countries and small island developing States

- MHPSS services are often linked to short-term, donor-driven emergency programmes. Only around 2% of the Ministry of Health's budget goes to mental health services. There is a need to invest more resources in longer-term sustainable programmes to strengthen the capacity of service providers to respond to increased demand. MHPSS services need support to address drug shortages, procure essential equipment and to improve physical care settings.
- Our mapping shows that there is an acute shortage of health personnel in MHPSS services. This needs to be bridged to ensure that there are sufficient specialist providers to deliver culturally sensitive and appropriate mental health services, particularly for young girls.
- The serious gaps in quality require urgent intervention through further investments in training/capacity building in all areas. Priorities include adolescent and child mental health and psychiatry, and gender mainstreaming.
- MHPSS services are neither age- nor gender-sensitive. Problems rooted in the attitudes of some MHPSS staff could be addressed by adopting age- and gender-appropriate standards for service provision.

Goal 3c

Strengthen the capacity of all countries, in particular developing countries, for early warning, risk reduction and management of national and global health risks

- Due to the protracted and ongoing conflict, it is important to keep the psychosocial section of the emergency preparedness plan updated with adequate involvement of stakeholders in its development and training on its use.
- There is a pressing need to set performance indicators with which to monitor MHPSS services. More attention should be paid to reporting and sharing information and experiences among stakeholders. Promising practices (e.g. primary prevention and early detection; using multiple entry points like school mediation, hotline, active targeting; targeting survivors of gender-based violence and engaging them in long-term programming; implementing a case management model that differs from the traditional disease model, with adequate confidentiality measures; and economic empowerment) need to be disseminated and benchmarked as models to aim for with future funding.
- There is a need to increase community awareness about the needs and perspectives of adolescents (particularly girls).
- There is an urgent need for effective inter-sectoral cooperation between psychosocial and mental health actors.

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About GAGE

Gender and Adolescence: Global Evidence (GAGE) is a nine-year longitudinal research programme generating evidence on what works to transform the lives of adolescent girls in the Global South.

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