



## Young people's mental health during the war on Gaza: longitudinal evidence from GAGE

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### Introduction

Since the Hamas attack of 7 October 2023, Israel has carried out actions that amount to genocide. It has systematically destroyed the Gaza Strip, killed tens of thousands of people, and deliberately deprived Gaza's population of life-saving humanitarian aid (Amnesty International, 2024; HRW, 2024; Asem, 2025; B'Tselem, 2025; Forensic Architecture, 2025; UN, 2025). Given the unprecedented level of violence, young people in Gaza are in danger of severe mental health disorders as a result of traumatic events, loss of loved ones, and the everyday stressors of struggling to survive with limited food, water and shelter. Although the ceasefire in place since 10 October 2025 has brought some relief to young people in Gaza, humanitarian aid continues to be obstructed, and hundreds of Palestinians have been killed because of Israeli hostilities (OHCHR, 2026).

This brief explores the impacts of the war on young people's mental health so as to inform the post-ceasefire humanitarian response, paying particular attention to the impacts of the destruction of Gaza's care system, the erosion of social support networks, and the heightened vulnerabilities of young people with disabilities and orphaned youth. It draws on two rounds of data collection (in 2024 and 2025) with more than 1,000 young people undertaken by the Gender and Adolescence: Global Evidence (GAGE) longitudinal research programme. The brief concludes by discussing the implications of the GAGE findings for the post-ceasefire humanitarian response.

## Methods

This brief is based on longitudinal mixed-methods data collected by GAGE in August and September 2024 (Round 1) and October and November 2025 (Round 2), to assess young people's experiences and perceptions of the conflict and to show changes over time. The research sample was proportionately sampled across all five governorates of Gaza: Rafah, North of Gaza, Gaza, Khan Younis, and Middle Area. In Round 1, we collected data with 1,011 young people (526 females and 485 males aged 10–24 years). For Round 2, we surveyed 1,380 young people (543 males and 837 females) (Table 1). We were able to reach 81% of the original sample and applied the same sampling selection approach to select replacements; the remainder did not participate (199), for a range of reasons: their phone was not working (159), they were beyond the age limit (9), they had been killed (9) or had travelled away (5). In order to better understand the challenges facing some of the most disadvantaged young people, we purposely oversampled married girls and young women, young people with disabilities and, for Round 2, included an additional sample of orphaned children to reflect the experiences of the many newly orphaned young people in Gaza as a result of the war (Table 1). Although this brief primarily focuses on data from Round 2 (n=1,380), changes over time are examined using the panel of young people who took part in both rounds (n=812). This data is presented in Box 2. In order to measure impacts of the war on young people's mental health specifically, we used the following internationally validated screening scales: the Patient Health Questionnaire-8 (PHQ-8) for depression; the Generalised Anxiety Disorder (GAD-7) scale for anxiety; the 12-item General Health Questionnaire (GHQ-12) for emotional distress; the Brief Resilient Coping Scale (BRCS) for resilience; and the post-traumatic stress disorder (PTSD) checklist for DSM-5. These tools are intended to identify possible mental health concerns and are not meant to be used as diagnostic instruments.

Applying a sequenced mixed-methods approach, qualitative data for Round 1 was collected after the survey, in November and December 2024, with 100 young people (56 females and 44 males). The team also conducted 24 key informant interviews with service providers and community leaders. Round 2 interviews included in-depth individual interviews (IDIs) with 86 young people (44 females and 42 males), 10 focus group discussions (81 young people), 30 IDIs with caregivers (20 mothers and 10 fathers), and 24 key informant interviews with service providers and community leaders. The qualitative pool was selected from the larger quantitative sample, again deliberately oversampling the most disadvantaged individuals in order to capture the voices of those at risk of being 'left behind' (see Box 1 for experiences

of young people with disabilities). Table 3 provide more details about the qualitative sample.

Ethical clearance for the research was granted by the Helsinki Committee (PHRC/HC/1245/24), the Gaza Ministry of Health and Ministry of Education, and the ODI Global Ethics Committee (ODI R025002). All procedures strictly followed international ethical guidelines, including the principles of informed consent, privacy, confidentiality and voluntary participation. Written consent was obtained from participants aged 18 years and above; those aged under 18 provided verbal assent in addition to consent from their caregivers.



A young girl in Gaza © GAGE 2026

## Findings

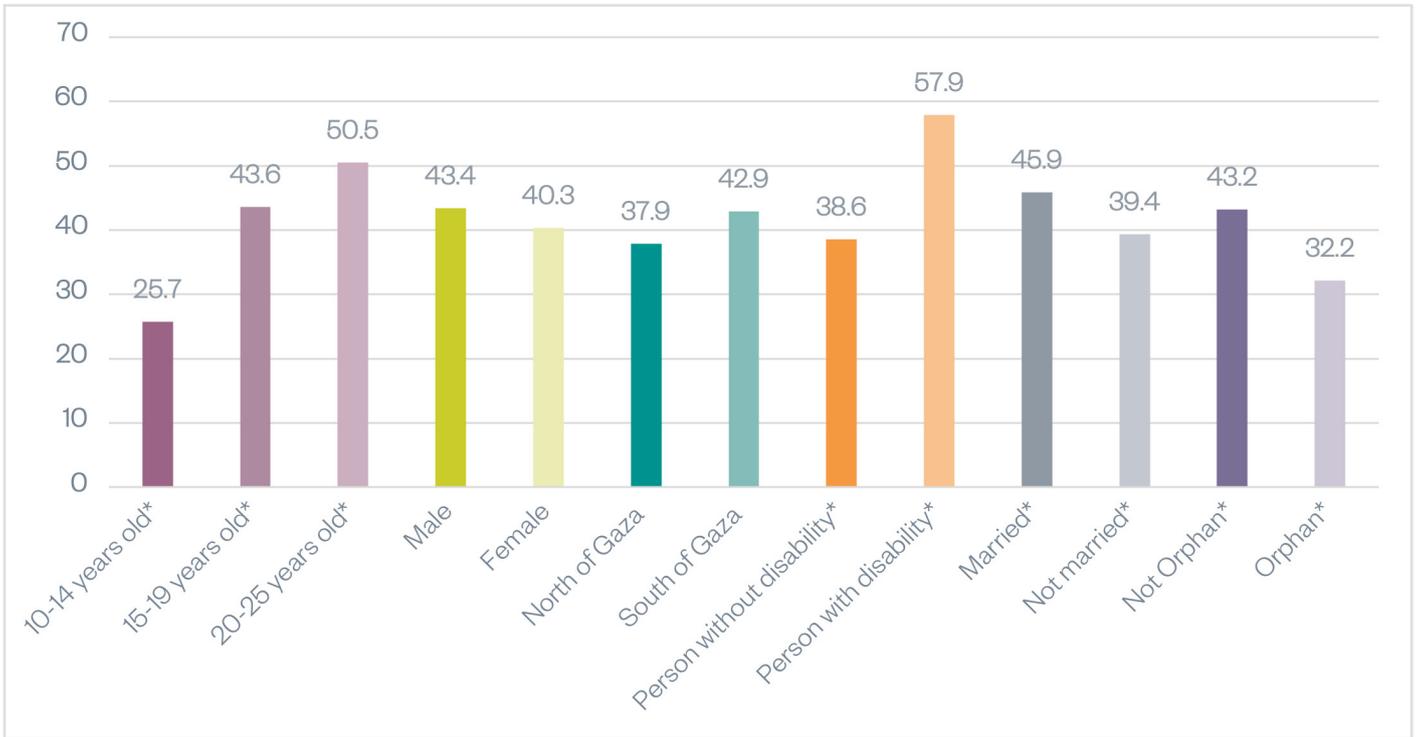
The findings show a very high burden of mental health problems among young people. Many report experiencing significant anxiety, depression, PTSD symptoms and general psychological distress that affects their daily functioning. Feelings of sadness, hopelessness, misery, tiredness and helplessness are widespread, alongside reported increases in anger, arguments and worries about their own lives and those of their loved ones. Many young people reported feeling pessimistic about their future and expected their situation to deteriorate. These problems are especially pronounced among young people with disabilities, older youth, those who have been displaced more often or receive less assistance, those living in the north and, for some indicators, orphaned youth.

Key findings include the following:

- Just over two fifths of respondents (41.5%) reported experiencing moderate-to-severe anxiety (GAD-7 scale), including one-fifth (20.3%) reporting severe anxiety. Young people with disabilities scored significantly higher than their peers on the anxiety scale (57.9% versus 38.6%). Young adults (aged 20-25 years) (50.5% versus 25.7% of those aged 10-14 years), married participants (45.9% versus 39.4%) and those who were not orphaned also scored higher (43.2% versus 32.2%) (Figure 1).
- Over a third of respondents (37.5%) reported moderate-to-severe depression (PHQ-8 scale), including 7.3% reporting symptoms of severe depression. Young people with disabilities (54.6%) and older young people (46%) reported higher levels of depression than their younger peers (34.7% and 38.7% respectively) (Figure 2).
- Close to 9 out of 10 respondents (87.4%) reported meeting the cut-off score for mental health disorders (GHQ-12). Some groups scored significantly higher than others: young people with disabilities compared to those without disabilities (70.8% versus 51.2%); those who were displaced more often compared with those displaced less often (57.9% versus 52.6%); and those who received less assistance compared with those who received more (62.5% versus 49.2%) (Figure 3).
- More than 6 out of 10 (62.1%) met the four criteria for PTSD, including 18.5% scoring severe-to-extremely severe on the PTSD checklist (PCL-5). Young people with disabilities (75.6% versus 59.6% peers without disabilities), young adults (68.4% aged 20-24 years versus 57.8% aged 10-14 years), and those who are living in the north scored higher (67.4% versus 60.1% of those in the south (Figure 4).
- Close to 7 out of 10 (68%) respondents reported feeling so sad or hopeless that they had stopped doing some usual activities, with higher levels among orphaned youth (86% versus 76.4%); and 6 out of 10 (61.8%) reported feeling miserable, tired and helpless during the war, with higher levels among young people with disabilities (88% versus 77%).
- More than 8 out of 10 (84.4%) reported feeling angrier than before, and more than 6 out of 10 (65.7%) reported arguing more than before.
- Almost all participants (98.9%) reported an increase in worries about their personal lives and the lives of their loved ones compared to before the war.
- On a more positive note, over half (54.9%) reported that they thought they would be better off a year from now, while only 27.4% reported expecting to be worse off a year from now.

Young people's accounts vividly illustrate the high mental health toll of the war evidenced in the survey data. Repeated displacement, harsh living conditions and the loss of basic services have made many feel they are *'just trying to find a way to survive'* rather than planning for their education and future. Several described feeling *'suffocated'* and so overwhelmed that they resorted to self-harm, with one 18-year-old married woman reporting: *'Once I hit my head out of frustration... Blood started flowing from here... I pretended I slipped [so as to hide this from my family]'*. Economic hardship compounded these mental health struggles, with a 22-year-old married man describing himself as *'a body without a soul... alive but not living'* because he could not find food or milk for his baby, and feeling there was *'no purpose in life'*. As one 19-year-old young man summarized starkly, *'after 7 October, the psychological health is zero,'* underscoring how the war has eroded young people's sense of safety, dignity and hope.

**Figure 1: Participants with scores of 10 plus on the GAD-7 scale suggesting moderate-to-severe anxiety**



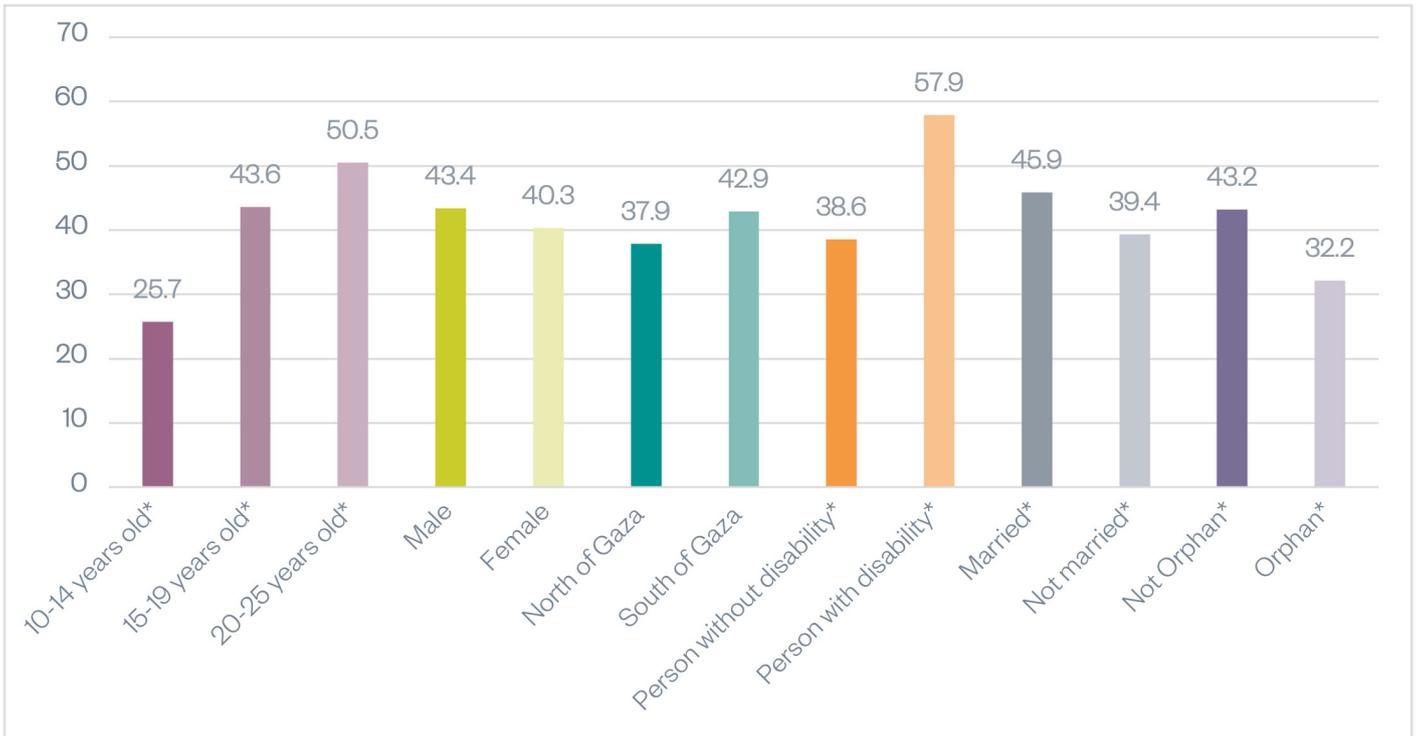
The percentages above are based on the full sample of young people (n=1380); categories noted with an asterisk (\*) demonstrate statistically significant differences at the 0.05 level.

**Figure 2: Participants scored 10 and more on the PHQ-8 scale suggesting moderate-to-severe depression**



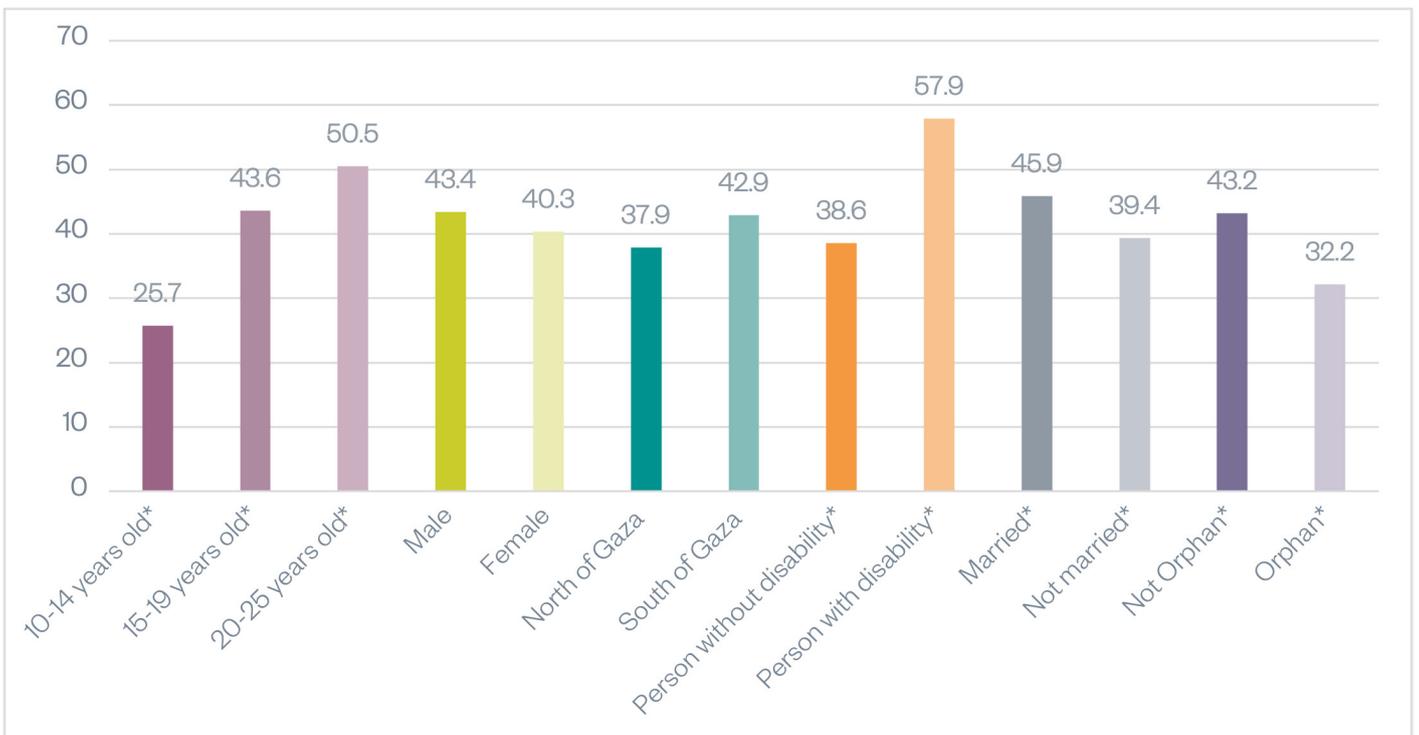
The percentages above are based on the full sample of young people (n=1380); categories noted with an asterisk (\*) demonstrate statistically significant differences at the 0.05 level.

**Figure 3: Participants with scores of 6 plus on the GHQ-12 scale indicating severe distress**



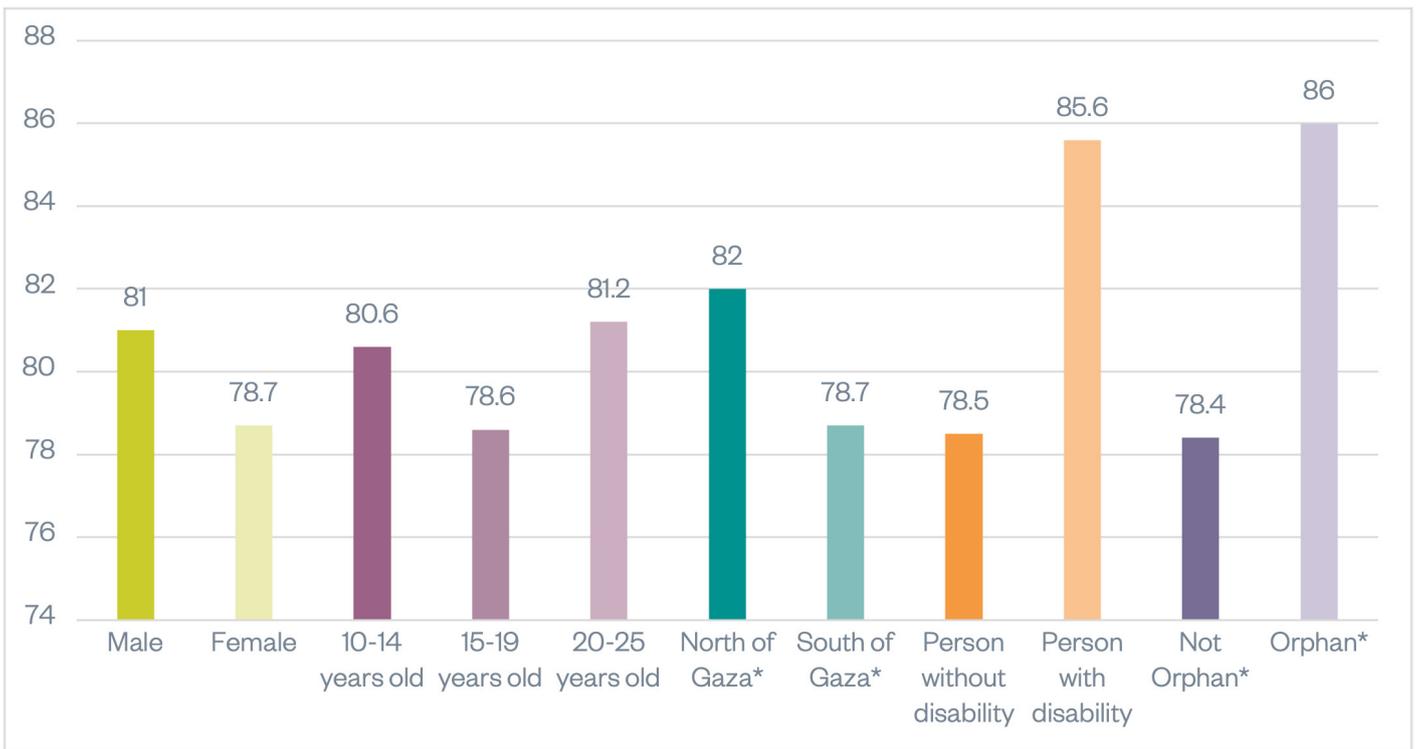
The percentages above are based on the full sample of young people (n=1380); categories noted with an asterisk (\*) demonstrate statistically significant differences at the 0.05 level.

**Figure 4: Participants whose responses on the PTSD checklist met the DSM-5 criteria for PTSD**



The percentages above are based on the full sample of young people (n=1380); categories noted with an asterisk (\*) demonstrate statistically significant differences at the 0.05 level.

**Figure 5: Percentage of participants who reported feeling so sad or hopeless that they stopped doing some usual activities during the war**



The percentages above are based on the full sample of young people (n=1380); categories noted with an asterisk (\*) demonstrate statistically significant differences at the 0.05 level.

**Table 1: Reported traumatic experiences**

Experience reported	% of respondents
Their neighbourhood being bombed or destroyed by the Israeli occupation	93.8%
Seeing an Israeli raid	93.7%
Personal fear of death during bombardments	92.8%
Their house being destroyed by the Israeli occupation	89.6%
Losing a close family member	80.2%
Seeing the remains of dead people	77.0%
Property being stolen	65.1%
A family member being injured	52.9%
Seeing a friend being injured	38.3%
Loss of a loved one	35.2%
Seeing a friend being killed	25.9%
Being injured	20.7%
Family members being arrested	10.6%
Being assaulted/insulted by Israeli soldiers	9.4%

## Box 1: Young people with disabilities

Young people with disabilities consistently reported worse mental health than their peers without disabilities, including higher levels of anxiety, depression, PTSD symptoms, general psychological distress, and more frequent feelings of sadness, hopelessness, misery, tiredness and helplessness. They were also more likely to report severe war related emotional reactions (such as feeling miserable, tired and helpless) compared to their peers without disabilities.

A 19-year-old young man with a severe war-related injury described his fears when sleeping: *'I wake up suddenly, scared. I can't sleep. I feel anxious... I say "when?" For example, I mean that I feel scared about when the rocket will come. At which moment?' Fear of bombardments or sudden displacement is exacerbated for young people with war-related and non-war related disabilities. A 24-year-old woman with a non-war related physical disability explained: 'For example, during displacement – how can someone who is wheelchair-bound run?' Being displaced and having to move around in unfamiliar surroundings also exposes young people with disabilities to comments about their disability. A 17-year-old girl reported how children called her 'this disabled girl,' and described her emotional reaction: 'The first time I heard the word, I froze.'* The same girl also described how having access to an assistive device such as a wheelchair can make a significant difference, recalling a time her family took her out in a wheelchair during the war: *'I told you, I'm a content person. Even if you took me to the end of the street, I'd fly with joy, honestly.'*

Most participants reporting having lived through intense war-related trauma, including bombardment and destruction of their homes and neighbourhoods, witnessing raids, and fearing for their lives. Many had lost loved ones, seen dead bodies, been injured or have had family members injured, or have been arrested or assaulted. The most distressing experiences included losing loved ones, seeing raids, having their homes destroyed, and being injured. A 16-year-old adolescent spoke of intense grief after losing thirteen friends, becoming *'depressed for about a month,'* not eating, going out, or talking to anyone at home. Intrusive memories and nightmares were common; one 22-year-old married man described *'abnormal dreams... I dream that and find myself suffocating under the rubble... waking up in terror... and then sitting by the door at night, ready to flee.'*

### Coping approaches

More than half of the young people surveyed showed low resilience, with very few reporting high resilience.

- Just over half of respondents (51.8%) reported low resilience (on the BRCS checklist); very few (3.2%) reported high resilience.
- Young people reported the following methods to cope with stress during the war: religious rituals (praying, reading the Quran, etc.) (26.2%); social interaction (16.4%); avoiding people (15.4%); crying (11.7%); sleeping (10.6%); diversional activities (10.4%); and social media (8.3%).
- In terms of support, respondents cited their sources as being: religion (79.2%); family (77%); friends (38.1%); and other adults (community members, religious leaders, etc.) (14.1%).

To cope with war-related stress, the qualitative findings highlighted that many young people mainly turned to religious practices and social interaction – either in-person or online. One 22-year-old woman reported for example: *'I continue reading the Quran, drawing, colouring. I cope by staying*

*busy.'* Boys reported more internalising behaviours, isolating themselves and avoiding contact. An 18-year-old boy with a visual disability emphasised: *'I just sit alone. That makes me feel better.'* Another 18-year-old boy reported he just *'sits alone and reads the Qur'an, that's all.'* Others reported resorting to crying and sleeping.

### Sources of support

Many young people reported having at least one trusted friend or adult they could turn to during the war but contact with peers in their neighbourhood and online dropped sharply.

- Close to half of respondents (44.6%) reported having a friend (outside the family) they trust to talk about their feelings and personal matters or whom they could ask for help.
- Almost three-quarters (72.3%) reported having an adult they can talk to (from their family or outside the family) about their feelings and personal matters or whom they could ask for help.
- Young people report a stark reduction in contact with peers in their neighbourhood (from 47.8% to 15.7%) or online (20.3% to 9.6%).
- Very few (4.3%) reported seeking support or services to help with the mental health challenges and difficulties they face (as reported in the PHQ-8

Despite the high levels of distress, almost no young people sought formal mental health support or services. Part of the challenge was the inability to access services. A 16-year-old boy reported: *'there was no safety'* and this precluded seeking support. Experiences of those who did attend psychosocial support services were mixed with a 24-year-old woman stating that it *'helped'*, whereas another 21-year-old woman reported that she believed such services were *'nonsense... they do psychological support but not something scientific.'*

## Box 2: Changes over time

Using panel data involving 812 young people who were interviewed at both rounds, between Round 1 (August–September 2024) and Round 2 shortly after the October 2025 ceasefire (October–November 2025), young people's symptoms of anxiety and depression decreased. PTSD, however, became more common and resilience weakened. Young people reported increasingly relying on religious practices to cope, while social interaction as a coping strategy declined. Key findings included:

- Moderate-to-severe anxiety decreased from 60.3% to 39.2%.
- Moderate-to-severe depression decreased from 55.4% to 33.5%.
- PTSD symptoms increased from 54.7% to 62.1%, according to the DSM-5 clinical criteria.
- Participants scoring low resilience increased from 45.1% to 51.2% (BRCS checklist).
- In Round 2, those reporting relying on religious practices as a coping mechanism increased dramatically by 50.9 percentage points (23% to 73.9%). Fewer people reported social interaction as a coping mechanism (down from 31% to 20.1%).

Whereas in Round 1, females showed worse outcomes in anxiety (GAD), distress (GHQ-12), and PTSD, in Round 2 there were no significant gender differences.

One 19-year-old young woman described how support from family and PSS interventions helped her deal with the loss of her father. When asked how she managed to overcome the feelings of grief, she responded: *'Maybe my mother and organisations providing support help us release our emotions. When I talk, I feel relaxed.'* But she also highlighted that true recovery is not possible in the current conditions: *'It is all useless as I am in a tent and I just try to pass each day as it comes by but there is no mental comfort.'* Also the 'cease fire' provided some relief as bombardments became less intensive and humanitarian aid was sporadically allowed to enter the Gaza Strip. One 19-year-old young man with a disability described his mental state after the ceasefire: *'it became a little bit better. You can say 10-15% [better].'*

## Policy and programming implications

Since the war on Gaza began, young people have experienced horrific violence and living conditions, with many losing friends and/or family members in traumatic circumstances. Ending the illegal occupation of Gaza and the blockade, and the withdrawal of Israeli soldiers, are essential first steps for enabling young people and their families to rebuild their lives. In order to fulfil Sustainable Development Goal (SDG) 3.4 and promote mental health and well-being for all, the new administration of Gaza, humanitarian agencies and potential donors should prioritise mental health support for young people, specifically:

### Short-term priorities

- Safe spaces and daily structure: Set up youth-friendly spaces in shelters, schools, mosques, community centres, providing routine activities for young people such as games, sports, arts, peer groups, paying specific attention to the needs of and outreach to girls and young people with disabilities.
- Basic psychosocial support: Train teachers, volunteers and health workers in psychological first aid (PFA). Provide simple mental health screening in clinics and schools, through mobile teams, and at aid distribution points, and create clear referral pathways for severe cases (suicide risk, psychosis, severe depression, survivors of gender-based violence).

- Mental health in primary care: Use the World Health Organization's (WHO) Mental Health Gap Action Programme (mhGAP) in primary and emergency care, and train non-specialist doctors and nurses in basic assessment and brief interventions. Make sure that essential medicines are readily available and ideally free or heavily subsidised to promote widespread uptake of support.
- Raise awareness about the importance of MHPSS and address stigma surround mental ill-health, especially for girls and young women, through media, social media, radio, religious institutions and schools.

### Longer-term priorities

- Build a resilient mental health and psychosocial support (MHPSS) system: Secure multi-year funding for community-based MHPSS, not only emergency projects.
- Expand the MHPSS workforce: Train and retain psychologists, psychiatrists, psychiatric nurses, social workers and counsellors to meet anticipated high demand going forward.
- Invest in long-term and predictable social protection building on the previous Palestinian National Cash Transfer programme to tackle economic vulnerabilities that contribute to mental ill-health, and promote linkages to complementary services for MHPSS, for survivors of gender-based violence and for young people with disabilities.

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Young girls in Gaza © GAGE 2026

**Table 2: Round 2 survey: distribution of study participants by characteristic variables and living conditions (n=1380)**

Round 1 (n=1,011)		
Variable	Number	Percentage
<b>Age</b>		
14 years-10	304	30.1
19 years-15	397	39.3
24 years-20	310	30.7
Mode 18 SD 4	Mean age 17.14	Median 17
<b>Gender of participant</b>		
Male	485	48
Female	526	52
<b>Place of living (before the war)</b>		
North of Gaza	234	23.1
Gaza	347	34.3
Middle area	132	13.1
Khan Younis	184	18.2
Rafah	114	11.3
<b>Current place of living by governates</b>		
North of Gaza	142	14
Gaza	225	23.3
Middle area	280	27.7
Khan Younis	213	21.1
Rafah	151	14.8
<b>Current place of living (North or South of the Gaza Strip as divided by the Israeli occupation)</b>		
North of Gaza (Gaza City and north)	367	36.3
South of Gaza (middle and south)	644	63.7
<b>Refugee status</b>		
Refugees	332	32.8
Non-refugees	679	67.2
<b>Current marital status</b>		
Married	181	17.9
Not married	830	82.1
Mean age at marriage	17 years	
<b>Child marriage, among those ever-married (n=195)</b>		
Yes	109	55.9
No	86	44.1
<b>Having any sort of disability</b>		
Yes	123	12.2
No	888	87.8

<b>Round 2 (n=1,380)</b>		
<b>Age</b>		
14 years–10	289	20.9
19 years–15	762	55.2
24 years–20	329	23.8
Mode 17 SD 3.527	Mean age 17.32	Median 17
<b>Gender of participant</b>		
Male	543	39.3
Female	837	60.7
<b>Place of living (before the war)</b>		
North of Gaza	361	26.2
Gaza	396	28.7
Middle area	191	13.8
Khan Younis	290	21.0
Rafah	142	10.3
<b>Current place of living by governorate</b>		
North of Gaza	45	3.3
Gaza	332	24.1
Middle area	514	37.2
Khan Younis	487	35.3
Rafah	2	0.1
<b>Place of residence (North or South of the Gaza Strip as divided by the Israeli occupation)</b>		
North of Gaza (Gaza City and north)	377	27.3
South of Gaza (middle and south)	1003	72.7
<b>Refugee status</b>		
Non-refugees	390	28.3
Refugees	990	71.7
<b>Orphan status</b>		
Orphaned	214	15.5
Not orphaned	1166	84.5
<b>Current marital status</b>		
Not married	929	67.3
Married	451	32.7
Mean age at marriage	17.02 years	
<b>Child marriage, among those ever-married (n=433)</b>		
Yes	333	76.9
No	100	23.1
<b>Having a disability</b>		
Yes	209	15.1
No	1171	84.9

**Table 3: Panel data of Round 2**

Panel data during Round 1 (N=812)		
Variable	Number	Percentage
<b>Age</b>		
14 years–10	263	32.4
19 years–15	323	39.8
24 years–20	226	27.8
Mode 15 SD 3.947	Mean age 16.8	Median 17
<b>Gender of participant</b>		
Male	372	45.8
Female	440	54.2
<b>Place of living (before the war)</b>		
North of Gaza	194	23.9
Gaza	232	28.6
Middle area	113	13.9
Khan Younis	168	20.7
Rafah	105	12.9
<b>Current place of living by governates</b>		
North of Gaza	112	13.8
Gaza	128	15.8
Middle area	244	30.0
Khan Younis	197	24.3
Rafah	131	16.1
<b>Place of living (North or South of the Gaza Strip as divided by the Israeli occupation)</b>		
North of Gaza (Gaza City and north)	240	29.6
South of Gaza (middle and south)	572	70.4
<b>Refugee status</b>		
Non-refugees	248	30.5
Refugees	564	69.5
<b>Current marital status</b>		
Not married	673	82.9
Married	139	17.1
Mean age at marriage	17.8 years	
<b>Child marriage, among those ever-married (n=147)</b>		
Yes	84	84
No	63	63
<b>Having any sort of disabilities</b>		
Yes	102	12.6
No	710	87.4

**Table 4: In-depth interviews sample with young people and their caregivers from Round 1 and 2**

Categories	Girls/ young women	Boys/ young men	Young people subtotal	Mothers of adolescents	Fathers of adolescents	Parent subtotals	Total individual interviews
<b>ROUND 1</b>							
Young people	32	24	56				56
Married young people	12	8	20				20
Young people with disabilities	12	12	24				24
Total	56	44	100				100
<b>ROUND 2</b>							
Young people	18	18	36	10	10	20	56
Married young people	8	8	16				16
Orphans	6	4	10				10
Young people with disabilities	12	12	24	10		10	34
Total	44	42	86	20	10	30	116