



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

Joost Vintges, Bassam Abu Hamad, Riyad Diab, Stella Leung and Nicola Jones

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

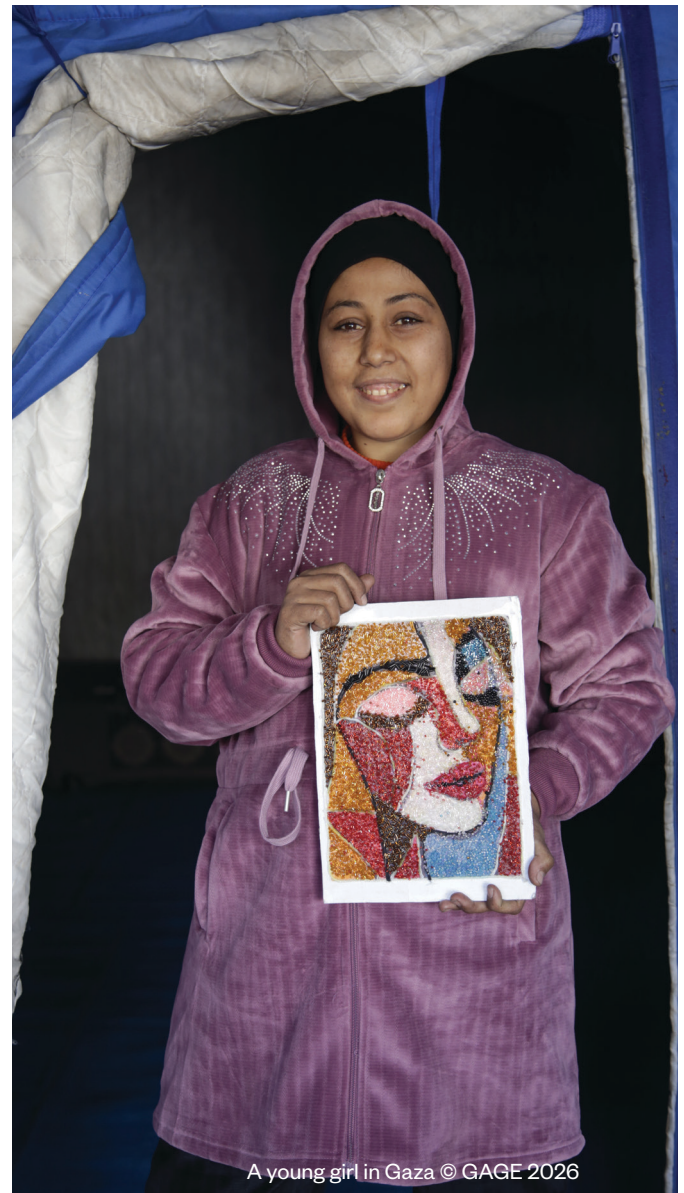
The brief is based on longitudinal mixed-methods data collected in August and September 2024 (Round 1) and October and November 2025 (Round 2) (shortly after the ceasefire of 3 October 2025) to assess young people's experiences and perceptions of the conflict and to show changes over time. The research sample was proportionately sampled across all five governorates of Gaza: Rafah; North of Gaza; Gaza; Khan Younis; 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 (837 females and 543 males) (Annexes: Table 1). Throughout this brief, age groups are referred to as follows: 'young adolescents' or 'boys/girls' for those aged 10-14 years, 'older adolescents' or 'older boys/girls' for those aged 15-19, and 'young adults' or 'young men/women' for those aged 20-25. Collectively, all three groups are referred to as 'young people'. We were able to reach 76% of the original sample and applied the same sampling selection approach to select replacements. In order to better understand the challenges facing some of the most disadvantaged young people, we purposely oversampled married adolescents (aged 15-19), young people with disabilities, and, for Round 2, included an additional sample of orphaned children to reflect the experiences of the many orphaned adolescents (aged 10-19) in Gaza as a result of the war (Annexes: Table 1). We use survey weights in analysis of Round 2 data. 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=772) (Annexes Table 2). This data is presented in Box 2, page 7.

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; an adaptation of 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 provides 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, in addition to reported increases in anger, arguments and worries about their own lives and those of their loved ones. These problems are especially pronounced among young people with disabilities and those aged 20-25 years, especially men.

- **Anxiety.** Just over 2 in 5 (41%) reported moderate-to-severe anxiety (GAD-7 ≥ 10), including 20% with severe anxiety (≥ 15). Rates were higher among young people with disabilities (56% versus 39% among peers), young adults aged 20–25 (48% versus 26% among those aged 10–14), and those who were not orphaned (41% versus 32%; see Figure 1).
- **Depression.** 41% reported moderate-to-severe depression (PHQ-8 ≥ 10), including 19% with severe symptoms (≥ 15). Young people with disabilities again reported higher levels (57% versus 39%), as did those aged 20–25 (47% versus 27% among those aged 10–14; see Figure 2).
- **General psychological distress.** Over 9 in 10 (93%) met the cut-off score for mental health disorders (GHQ-12 ≥ 3), and 15% showed symptoms of severe distress (≥ 10). Young people with disabilities scored higher than those without (98% versus 93%; see Figure 3).
- **PTSD.** More than 6 in 10 (62%) met all four criteria for PTSD (PCL-5). Rates were higher among young people with disabilities (76% versus 60%) and young adults aged 20–24 (68%), compared to those aged 15–19 (61%) and 10–14 (58%; see Figure 4).

Mental health disorders affected young people's normal functioning. Nearly 8 in 10 (79%) reported feeling so sad or hopeless that they had stopped doing usual activities. This was more common among young men (aged 20-25; 87% versus 75% of young women), young people with disabilities (85% versus 79%), and orphaned youth (86% versus 77%). Feelings of anger and worry were also more pronounced during the war – more than 8 in 10 (84%) reported feeling angrier than before the war, and nearly 2 in 3 (65%) reported arguing more than before. Almost all participants (99%) reported an increase in worries about their personal lives and those of their loved ones.

Despite this, there are signs of resilience. Over three-quarters (77%) believed they would be better off a year from now, with never married adolescents (84% versus 75%) and orphans (86% versus 76%) being more hopeful.

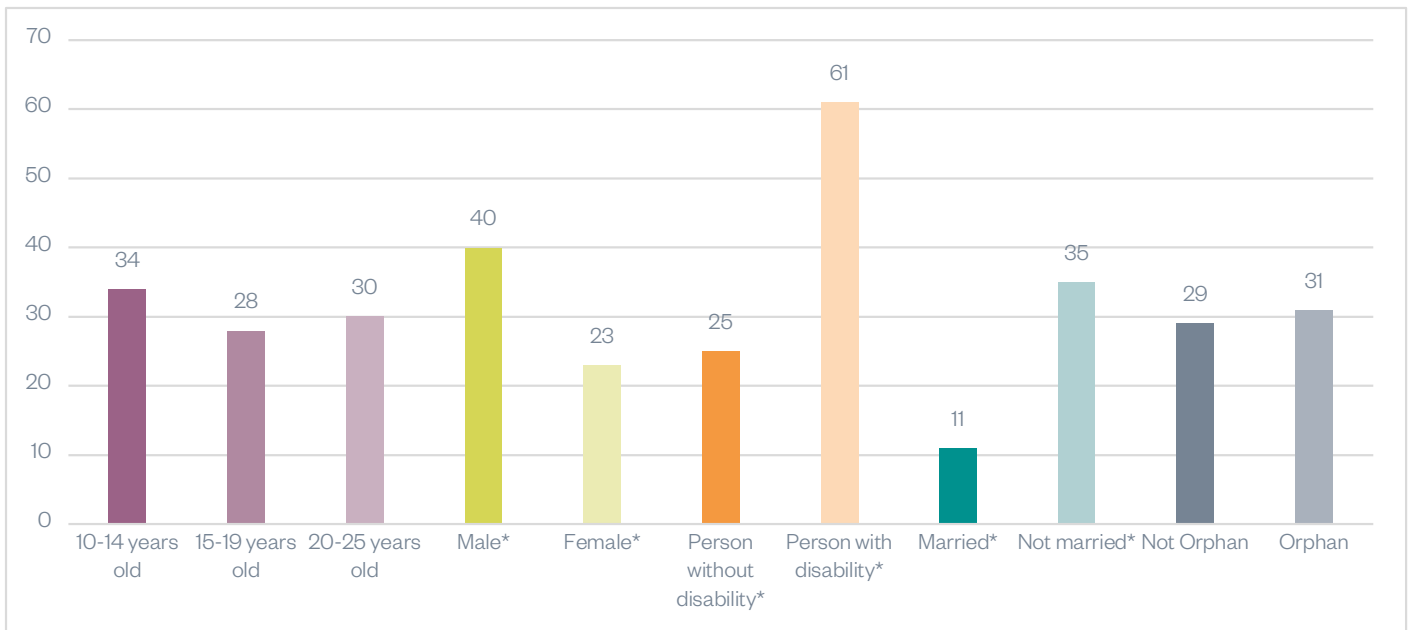
Young people's accounts vividly illustrate the high mental health toll of the war evidenced in the survey data. Repeated displacement, harsh living conditions and the loss of basic services have made many feel they are '*just trying to find a way to survive*' rather than planning for their education 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 summarised starkly, '*after 7 October, the psychological health is zero*,' underscoring how the war has eroded young people's sense of safety, dignity and hope.

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.

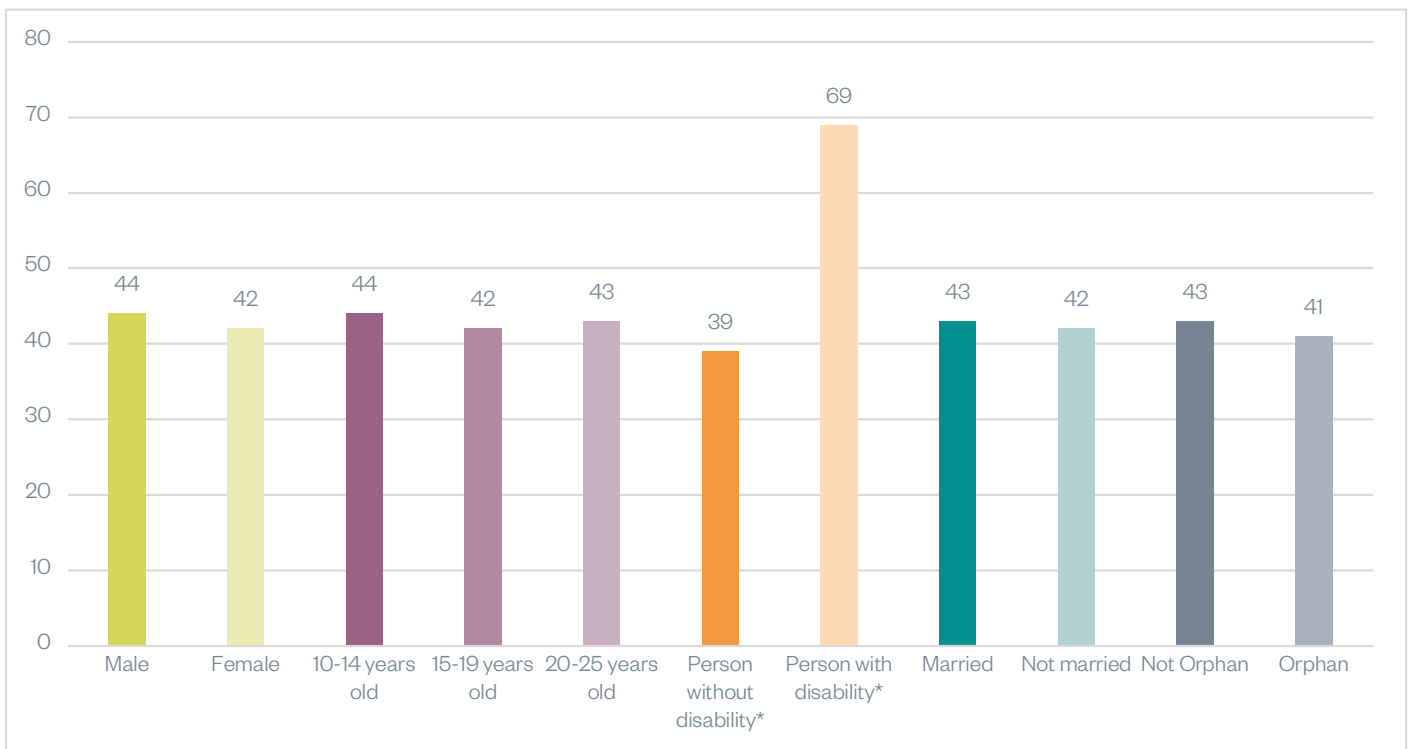
A 19-year-old young man with a severe war-related injury described his fears when sleeping: '*I wake up suddenly, scared. I can't sleep. I feel anxious... I say "when?" For example, I mean that I feel scared about when the rocket will come. At which moment?*' Fear of bombardments or sudden displacement 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*.'

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



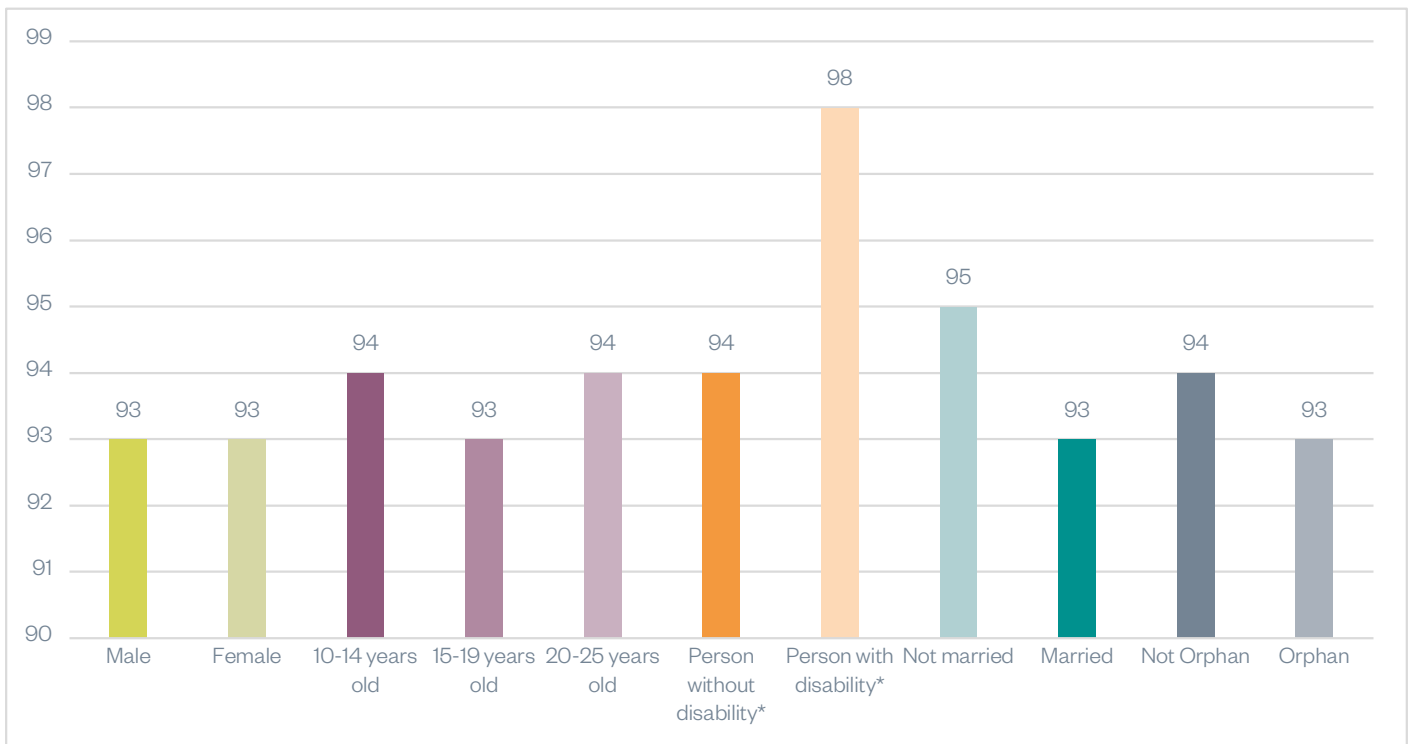
The percentages above are based on the full sample of young people (n=1,380); categories noted with an asterisk (*) demonstrate statistically significant differences at the 0.05 level.

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



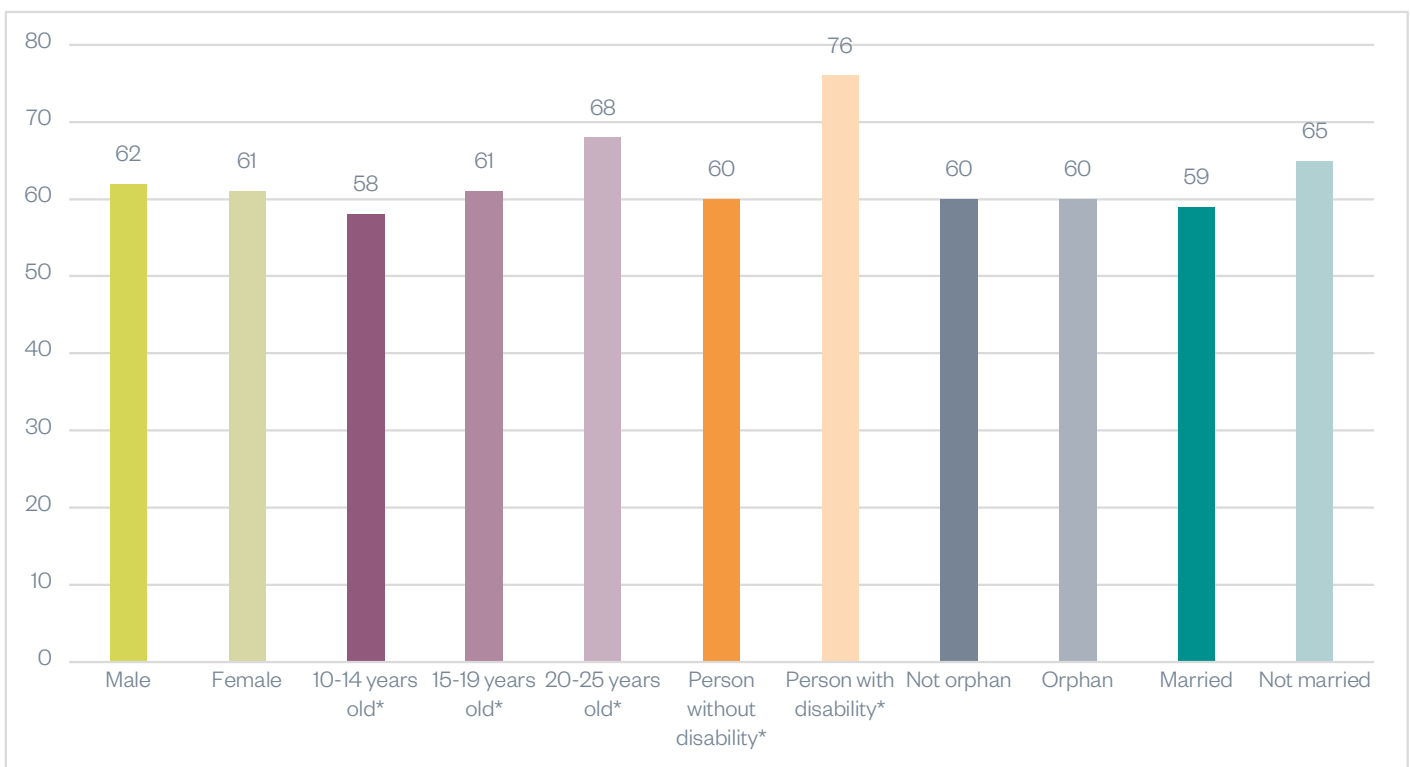
The percentages above are based on the full sample of young people (n=1,380); categories noted with an asterisk (*) demonstrate statistically significant differences at the 0.05 level.

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=1,380); 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.

Table 1: Reported traumatic experiences

Experience reported	% of respondents
Own neighbourhood bombed or destroyed by the Israeli occupation	94%
Seeing an Israeli raid	94%
Personal fear of death during bombardments	93%
Own house destroyed by the Israeli occupation	90%
Losing a close family member	80%
Seeing the remains of dead people	77%
Losing a friend (outside the family)	67%
Property stolen	65%
Injured (by gunshots or shrapnel)	20%
Family members arrested	11%
Assaulted/insulted by Israeli soldiers	9%

Most participants reported 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 had family members injured, or 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.'*



Shelter conditions in Gaza © GAGE 2026

Box 2: Changes over time

Among the 772 young people who participated in both survey rounds, the picture is mixed. Symptoms of anxiety and depression fell, but PTSD became more common, resilience weakened and social interaction as a coping strategy declined.

Anxiety and depression had improved notably by the immediate post-ceasefire period. Moderate-to-severe anxiety dropped from 61% to 39%, with the sharpest decline among females, particularly young women aged 20–25, among whom it fell by 30 percentage points. Moderate-to-severe depression fell from 56% to 38%, again with the most pronounced improvement among young women (29 percentage points). General psychological distress remained largely unchanged, declining only marginally from 94% to 92%.

PTSD moved in the opposite direction, rising from 55% to 62%. The increase was steepest among young people with disabilities and males – particularly boys aged 10-14, among whom PTSD symptoms increased by 20 percentage points, and young men (17 percentage points).

Resilience also weakened. The share of participants scoring low on resilience rose from 44% to 50%, with the largest increase among young adolescents aged 10-14 (15 percentage points), while the share scoring high remained unchanged at 3%. Social interaction as a coping strategy fell by 10 percentage points between rounds.

Despite this, willingness to volunteer for reconstruction efforts grew, rising from 56% to 63%. Increases were largest among young adolescents (24 percentage points) and females (11 percentage points), though young men remained more willing overall (69% versus 58% among young women).

Coping approaches

More than half of the young people (52%) surveyed showed low resilience, with very few reporting high resilience (3%).¹ Having a disability increased the chance of having low resilience (60% versus 51%). To cope with war-related stress, young people reported the following coping mechanisms:

- religious practices (26%) – highest among orphans (37% versus 23%)
- social interaction (18%)
- withdrawal from others (15%)
- crying (12%) – higher among girls and young women (18% versus 3%)
- not doing anything – higher among girls and young women (18% versus 3%)
- sleeping (10%)
- diversional activities (10%) – higher among young adolescents (16%) and especially girls (21%)
- social media (8%) – higher among young adults (14%)

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

Most young people had at least one trusted person they could turn to during the war. Nearly 3 in 4 (72%) had a trusted adult (within or outside the family) they could talk to about their feelings or ask for help, and 44% had a trusted friend outside the family. Just over 1 in 3 (37%) had been in physical contact with friends in the past seven days, with a similar share (34%) maintaining contact by phone or social media. Girls and young women were less likely to have a trusted friend (39% versus 52% of boys and young men), and this was even lower among married adolescents (27% versus 47% never married).

Despite the high levels of distress documented in this report, almost no young people sought formal support: only 3% reported accessing services or support for their mental health difficulties. 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.'*

¹ The Brief Resilient Coping Scale (BRCS) is a 4-item scale (scored 0–16) that measures the tendency to cope with stress in an adaptive manner, with scores of 0–9 indicating low resilient coping and 13–16 high resilient coping. For this study, the BRCS was adapted by adding contextually relevant items, yielding a 9-item scale (scored 0–36), with scores of 0–20 indicating low resilient coping and 29–36 high resilient coping.

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 and community centres, providing routine activities for young people such as games, sports, arts and 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) with guidance on how to tailor this for adolescents and youth, as well as for caregivers. Low-cost, well-tested programmes such as Problem Management Plus (PM+) can be used for aged 16+ working with trained helpers, and Early Adolescent Skills for Emotions (EASE) can be used for people aged 10-15 years old.
 - **Mental health screening:** 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.
- Longer-term priorities
- **Awareness and stigma reduction:** Raise awareness about the importance of MHPSS and address stigma surrounding mental ill-health, especially for girls and young women and young people with disabilities, 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, including training on tailored approaches appropriate for working with adolescents and youth, and with an intersectional lens so as to ensure interventions are age- and gender-responsive and disability-inclusive.
- **Invest in long-term and predictable social protection:** Build on the previous Palestinian National Cash Transfer Programme to tackle economic vulnerabilities that contribute to mental ill-health, and promote linkages and referral pathways to complementary services for MHPSS, for survivors of gender-based violence and for young people with disabilities.



References

- Amnesty International (2024) 'You feel like you are subhuman': Israel's genocide against Palestinians in Gaza. London: Amnesty International (<https://www.amnesty.nl/content/uploads/2024/12/Gaza-genocide-report.pdf?x90620>)
- Asem, S. (2025) 'Top genocide scholars unanimous that Israel is committing genocide in Gaza: Dutch investigation'. Middle East Eye, 17 May (<https://www.middleeasteye.net/news/top-genocide-scholars-unanimous-israel-committing-genocide-gaza-investigation-finds>)
- B'Tselem (2025) 'Our genocide'. B'Tselem, July (https://www.btselem.org/sites/default/files/publications/202507_our_genocide_eng.pdf)
- Forensic Architecture (2025) *A spatial analysis of the Israeli military's conduct in Gaza since October 2023*. London: Goldsmiths, University of London (https://content.forensic-architecture.org/wp-content/uploads/2024/10/FA_A-Spatial-Analysis-of-the-Israeli-militarys-conduct-in-Gaza-since-October-2023.pdf)
- HRW (2024) *Extermination and acts of genocide: Israel deliberately depriving Palestinians in Gaza of water*. Human Rights Watch (<https://www.hrw.org/report/2024/12/19/extermiation-and-acts-genocide/israel-deliberately-depriving-palestinians-gaza>)
- OHCHR (2026) *Gaza: Civilian killings continue after ceasefire*. Office of the High Commissioner for Human Rights (<https://relief-web.int/report/occupied-palestinian-territory/gaza-civilian-killings-continue-after-ceasefire-enar>)
- UN (2025) 'Legal analysis of the conduct of Israel in Gaza pursuant to the Convention on the Prevention and Punishment of the Crime of Genocide'. United Nations Human Rights Council, 16 September (<https://www.un.org/unispal/wp-content/uploads/2025/09/a-hrc-60-crp-3.pdf>)
- World Health Organization. (2018) *Problem Management Plus (PM+): Individual psychological help for adults impaired by distress in communities exposed to adversity (No. WHO/MSD/MER/18.5)*. World Health Organization (<https://www.who.int/publications/i/item/WHO-MSD-MER-18.5>).
- World Health Organization and UNICEF (2023) *Early Adolescent Skills for Emotions (EASE)*. World Health Organization (<https://www.who.int/publications/i/item/9789240082755>).



Annex: Further information on the research sample

Table 1: Round 1 and 2 participants survey

Round 1 (n=1,011)		
Variable	Number	Percentage
Age		
10–14 years	307	30
15–19 years	392	39
20–24 years	312	31
Mode 18 SD 4	Mean age 17	Median 17
Gender of participant		
Male	485	48
Female	526	52
Current place of living by governates		
North of Gaza	142	14
Gaza	225	23
Middle area	280	28
Khan Younis	213	21
Rafah	151	15
Current place of living (North or South of the Gaza Strip as divided by the Israeli occupation)		
North of Gaza (Gaza City and north)	367	36
South of Gaza (middle and south)	644	64
Refugee status		
Refugees	332	33
Non-refugees	679	67
Current marital status		
Married	181	18
Not married	830	82
Mean age at marriage	17 years	
Child marriage, among those ever-married (n=195)		
Yes	109	55.9
No	86	44.1
Having any sort of disability		
Yes	123	12
No	888	88

Round 2 (n=1,380)		
Age		
10-14 years	289	21
15-19 years	762	55
20-24 years	329	24
Mode 17 SD 3,527	Mean age 17	Median 17
Gender of participant		
Male	543	39
Female	837	61
Place of living (before the war)		
North of Gaza	361	26.2
Gaza	396	28.7
Middle area	191	13.8
Khan Younis	290	21.0
Rafah	142	10.3
Current place of living by governorate		
North of Gaza	45	3
Gaza	332	24
Middle area	514	37
Khan Younis	487	35
Rafah	2	0.1
Place of residence (North or South of the Gaza Strip as divided by the Israeli occupation)		
North of Gaza (Gaza City and north)	377	27
South of Gaza (middle and south)	1,003	73
Refugee status		
Non-refugees	390	28
Refugees	990	72
Orphan status		
Orphaned	214	16
Not orphaned	1,166	84
Current marital status		
Not married	929	67
Married	451	33
Mean age at marriage	17.02 years	
Having a disability		
Yes	209	15
No	1,171	85

Table 2: Panel data, participants

Panel data during Round 1 (N=772)		
Variable	Number	Percentage
Age		
10-14 years	176	23
15-19 years	334	43
20-24 years	262	34
Gender of participant		
Male	365	47
Female	407	53
Current marital status		
Not married	600	78
Married	172	22
Having any sort of disability		
Yes	114	15
No	658	85



Table 3: 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
ROUND 1							
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
ROUND 2							
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