Mental Health is Still a Human Right During Times of War

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The Middle East is again amid a devastating war in Gaza and Lebanon that risks expanding regionally and beyond. For over a year, we have witnessed horrific scenes involving systematic terror inflicted on civilian populations. Despite millions of adults and children being mentally affected by this conflict, the psychological toll remains largely overlooked. The Universal Declaration of Human Rights and the World Health Organization emphasize that health includes mental well-being (1, 2). Mental health is therefore unequivocally a fundamental human right. A right that is being violated, not only through exposure to real or perceived threats of harm but also through disinformation, psychological operations, forced displacement, food insecurity and restricted access to healthcare. This war occurs alongside ongoing violent crises in Ukraine, Sudan, Myanmar and elsewhere.

Information overload and disinformation fueled by intrusive and dominant technologies, sow doubt, cognitive dissonance and hyperarousal that generalize beyond war themes. The ongoing conflict between Palestinians and Israel, fosters aggressively competing narratives and uncertainty about the past and future, leading to mental exhaustion (3). The absence of concrete hopeful scenarios and a path for peace and security further adds to

this confusion. Simultaneously, the population of Lebanon has faced an eleven-month moratorium culminating in a conflagration beyond their worst expectations. The lingering traumas of the 2006 war have been reignited or replaced by more extensive and dramatic experiences.

Forced displacement uproots families and destroys cultural and community identity, leading to loss of identity and ongoing uncertainty, contributing to mental suffering such as chronic depression and post-traumatic stress disorder[4]. In Gaza and Lebanon, abrupt evacuation orders of under thirty minutes targeting entire neighborhoods have undermined all sense of safety. It is also accompanied by food insecurity, known to significantly increase the risk of anxiety and depression in conflict zones [5,6]. War induced food insecurity in Gaza – where about 90% of the population has been displaced and blockades disrupt food supply – has left 96% of the population facing acute food insecurity, exacerbating civilian suffering with the psychological stress of hunger [5].

The destruction of healthcare facilities and resources, including mental health services, intensifies psychological suffering. When mental health care is inaccessible, untreated psychiatric symptoms erode resilience and delay recovery [7]. In Gaza, a tight blockade continues to severely limit access to medical care for recent injuries and chronic conditions. In Lebanon, direct attacks on health facilities and personnel, prevent rescue missions. The forced displacement of 1.2 million people within 72 hours has overwhelmed an already fragile healthcare system countrywide. The inability to protect or care for loved ones amidst disruptions is profoundly distressing, compounding the suffering of the most vulnerable with enduring effects.

Modern warfare employs tactical and strategic psychological terror to weaken the resolve of civilian populations. Technology– including unmanned drones, AI driven robotics, and control over communication channels– adds dehumanizing elements to warfare, fostering paranoia and disrupting normal social functioning. The changing face of war, which had already revealed itself in Ukraine, took another dimension in Gaza and Lebanon. The ubiquitous use of drones and the stealth operations such as the infamous exploding pager, reveal a new threat dimension for which society is unprepared [8].

Migration has further globalized war-related distress, with communities, diasporic and others, experiencing signs of depression and anxiety. Social media spreads violent rhetoric and imagery worldwide, leading to unidentified pathological and traumatic responses. With geographical location no longer offering protection from the effects of war, trauma recovery – which inherently depends on reestablishing trust in one's environment – becomes increasingly challenging when nowhere seems safe.

As global citizens and mental health professionals we urge the international community to recognize mental health as a fundamental human right, even during war. Deliberate and systematic assaults on the psychological well-being of civilians must be considered a war crime, with state and non-state actors held accountable. An immediate ceasefire is the first intervention to prevent further irreversible damage. The provision of mental health support should accompany the restoration of physical safety [9]. Post-conflict reconstruction plans must prioritize mental health and community interventions [10]. The well-being of future generations depends on the actions we collectively take today to ensure that war is avoided, stopped or at the very least spares civilian lives and minds.

References

1. United Nations. (2024). *Universal Declaration of Human Rights, Article 25* [Internet]. United Nations General Assembly. https://www.un.org/en/aboutus/universal-declaration-of-human-rights

2. World Health Organization. (2024). *Constitution of the World Health Organization* [Internet]. World Health Organization. https://www.who.int/about/governance/constitution

3. Amnesty International. (2023). *Israel/OPT: Urgent need for a sustained ceasefire to end civilian bloodshed and mass suffering as fighting resumes* [Internet]. Amnesty International. https://www.amnesty.org/en/latest/news/2023/12/israelopt-urgent-need-for-a-sustained-ceasefire-to-end-civilian-bloodshed-and-masssuffering-as-fighting-resumes/

4. Porter, M., & Haslam, N. (2005). Predisplacement and postdisplacement factors associated with mental health of refugees and internally displaced persons: A meta-analysis. *JAMA, 294*(5), 602-612. https://doi.org/10.1001/jama.294.5.602

5. Stamatopoulou-Robbins S. *The Human Toll: Indirect Deaths from War in Gaza and the West Bank, October 7, 2023 Forward* [Internet]. Costs of War Project, Watson Institute for International and Public Affairs, Brown University; 2024. https://watson.brown.edu/costsofwar/files/cow/imce/papers/2023/2024/Costs%20of%20War_Human%20Toll%20Since%20Oct%207.pdf

6. Hadley, C., & Patil, C. L. (2006). Food insecurity in rural Tanzania is associated with maternal anxiety and depression. *American Journal of Human Biology, 18*(3), 359-368. https://doi.org/10.1002/ajhb.20505

7. Summerfield D. (2000). War and mental health: A brief overview. *BMJ, 321*(7255):232-235. https://doi.org/10.1136/bmj.321.7255.232

8. Helou M, Weinstein ES, Kalaji J, Chaaban T, Yammine K. (2024). Pager Explosion in Beirut: An Unprecedented Event. *Disaster Medicine and Public Health Preparedness, 18,* e215, 1–2. https://doi.org/10.1017/dmp.2024.281

9. Médecins Sans Frontières. (2024). *The invisible wounds of Syria that quietly deepen* [Internet]. Médecins Sans Frontières. https://www.msf-me.org/mediacentre/news-and-stories/%E2%80%9C-invisible-wounds-syria-quietlydeepen%E2%80%9D

10. Abed Alah, M. (2024). *Shattered hierarchy: how the Gaza conflict demolished Maslow's pyramid of needs.* Current Psychology, 43, 19562–19568. https://doi.org/10.1007/s12144-024-05784-1