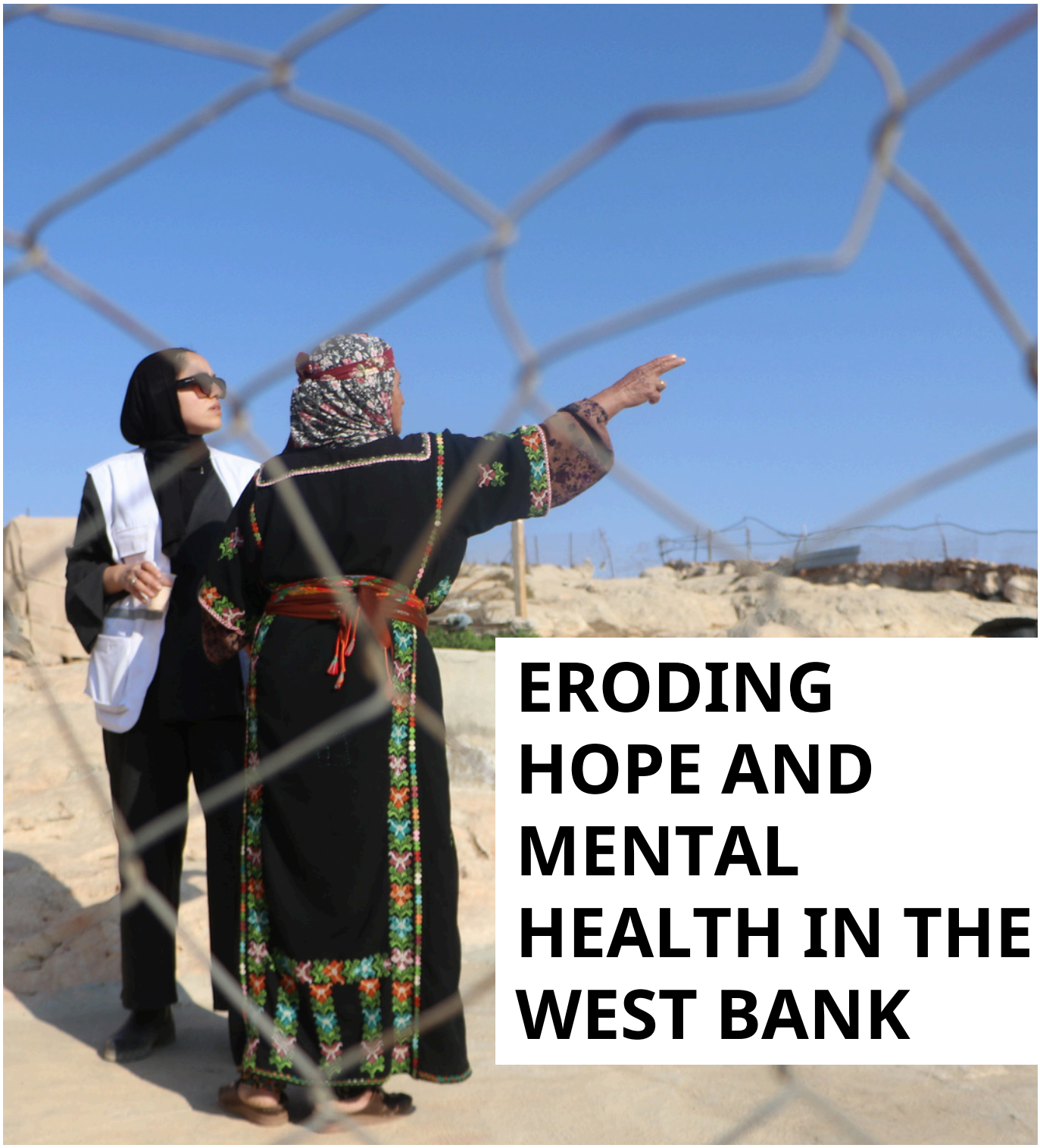
MEDECINS SANS FRONTIERES

THE BURDEN OF OCCUPATION



ERODING HOPE AND MENTAL HEALTH IN THE WEST BANK

November 2026 - MSF Palestine

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ACRONYMS LIST:

GBV – Gender-based violence
ICJ – International Court of Justice
ICRC – International Committee of the Red Cross
IDP/IDPs – Internally Displaced Person/s
(I)NGO – (International) Non-Governmental Organisation
MHPSS – Mental Health and Psychosocial support
MSF – Médecins Sans Frontières/ Doctors without Borders
NCD – Non-communicable Disease
OCHA – Office for the Coordination of Humanitarian Affairs (United Nations Agency)
PCBS – Palestinian Central Bureau of Statistics
SRH – Sexual and Reproductive Health
UN – United Nations



EXECUTIVE SUMMARY

Since October 2023, the situation in Palestine – including health, dignity and living conditions – has dramatically deteriorated. Across the West Bank, from the northern cities of Jenin and Tulkarem to southern Hebron Governorate, this period has been marked by accelerated and unprecedented **military operations, annexation practices, expansion of settlements** and **settler violence, tightened movement restrictions,** and **economic collapse**. At the time of the drafting of this report, there are more than 900 checkpoints and other barriers that restrict movement and access to services, while settlement expansion and legalization of outposts entrench **irreversible territorial and demographic changes**, annexation and **ethnic cleansing**. **Israeli settler terror**, backed by the State and Israeli military, poses an existential risk to Palestinians.

Médecins Sans Frontières' (MSF) mental health programme began in 1996 and has since become one of its longest-running and most sustained medical and humanitarian interventions in the region. Through its mental health and psychosocial support (MHPSS) activities across the West Bank, MSF has witnessed the profound impact of prolonged adversity and instability on people's daily lives. Mental health is not only a clinical specialty; it is also **a lens through which to understand the human impact of life under occupation** in the West Bank. Most importantly, mental health **reveals collective impact through individual experience**. Over time, cumulative stressors, together with shifting social roles, can strain households and shape wellbeing for generations. Mental health care **has a preventive function as well**, helping individuals, families, and communities develop and strengthen adaptive coping mechanisms, maintain social connections and reduce the risk of further psychological deterioration. Even during conflict and occupation, mental health must be promoted and protected as an integral component of the right to health.

At a critical moment for MSF's presence in Palestine, this report brings together **in-depth interviews with healthcare workers and patients** and **medical data collected between October 2022 and April 2026** to document the suffering, coping mechanisms, and unmet needs of Palestinians in the West Bank. Drawing on years of programme experience across different locations and communities, it identifies systemic factors, examines patterns of psychological distress, and frames patients' experiences within the broader reality of life under occupation.

MSF findings indicate that:

1. Firstly, mental health issues in the West Bank are **best understood not as a series of isolated clinical problems, but as the result of cumulative exposure** to patterns of violence, restriction, displacement, uncertainty, separation and loss, driving depression-related symptoms and anxiety.

2. Secondly, **distress** is not only individual; it **reverberates through families and communities**. The distress, hopelessness, and exhaustion documented in this report stem from systemic conditions that extend far beyond individual agency. For some patients, coping is rooted in solidarity and collective support. Yet the conditions of life in the West Bank are weakening the very social network bringing them comfort, eroding community and fragmenting the social fabric.

3. Finally, **mental health needs are rising while access to care is shrinking**. Following the loss of its registration status with the Israeli authorities in January 2026, MSF has been prevented from entering international staff and supplies into Palestine, and Israeli military coordination offices suspended communication with MSF. Without security guarantees, MSF was forced to sharply reduce activities. Additionally, escalating violence and movement restrictions across the West Bank have created additional barriers to healthcare access. Ambulance movements are disrupted, patients face difficulties reaching health facilities, and emergency responses are frequently delayed. Intimidation, settler violence and military operations also hinder the work of humanitarian organisations and limit their ability to safely access communities outside major urban centres.

This surge in mental health needs and violence is not an isolated event, but part of a long history of systemic oppression by Israel. In July 2024, the International Court of Justice (ICJ) found Israel's continued presence in the Occupied Palestinian Territory to be unlawful, citing its prolonged occupation, settlement expansion, annexation practices and discriminatory measures, and called for an end to the occupation and settlement activity. The Court further found that Israeli legislation and measures imposed on Palestinians breach the international prohibition of racial segregation and apartheid.

Therefore, it is critical to stop exposure to violence and coercive conditions; to protect access to healthcare and continuity of care; and to sustain community-based mental health support.



MSF is urgently calling for:

- **Israel** to end policies and practices driving forced displacement, insecurity, fear and psychological harm, including settlement expansion, demolitions, land confiscation, forced evictions, mass arbitrary detention, movement restrictions and coercive living conditions.
- **Israel** to urgently facilitate access to NGOs and international organisations based on humanitarian principles and ensure a safe operational environment, and enable participation in security coordination mechanisms. Israel must enable humanitarian space, safe movement, and unimpeded access to affected communities.
- **Israel** to ensure compliance with international law, including with its obligations as an occupying power, while working towards ending its presence in the Occupied Palestinian Territory.
- **Humanitarian donors** to support the scaling of MHPSS activities to reach underserved populations, including through flexible funding mechanisms.
- **Health actors** to integrate mental health services into primary healthcare, mobile clinics, community outreach, emergency responses, and other humanitarian interventions and expand access to underserved populations.
- **Third states** to take concrete measures and use all political, diplomatic, economic and legal leverage to ensure Israel's compliance with international law, including with its obligations as an occupying power, and work towards ending the occupation to ensure respect for international law and the rights of Palestinian people.
- **Third states** to honour their obligations under international law not to sponsor, defend or support racial discrimination by any person or organisation.

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BACKGROUND

OBJECTIVE

This paper documents the impact of life in the West Bank on Palestinians' mental health, and the conditions that shape it, based on what MSF has witnessed through its mental health and psychosocial support (MHPSS) activities. Drawing on years of programming across different locations and communities, it identifies systemic factors, examines patterns of psychological distress, and situates patients' experiences within the broader reality of life under military occupation.

The report serves as an analytical and testimonial record and does not seek to establish clinical causality. It contributes to a deeper understanding of the humanitarian consequences of the context in which people live, and ensures that patients' experiences are documented, recognised, and heard through MSF's commitment to témoignage.[1]

WHY MENTAL HEALTH MATTERS

Mental health is a lens on lived reality. Mental health is not only a clinical specialty but also a lens on the human impact of life under occupation in the West Bank. MSF patients consistently link their distress to overlapping pressures, including military and settler violence, forced displacement, movement restrictions, economic hardship, uncertainty, and strain on family and community life.

Mental health reveals collective impact through individual experience. Over time, cumulative stressors, together with shifting social roles, can strain households and shape wellbeing for generations. Patients frequently describe how their distress affects family relationships, their capacity to care for others, their children's wellbeing, and ties within the wider community.

Mental health must be promoted and protected, even during conflict. International human rights and humanitarian law recognise mental health as an integral component of the right to health, and safeguards exist to preserve the dignity, safety and wellbeing of civilians during conflict and occupation. Safeguards against violence, forced displacement, and unstable security environments are fundamental for protecting and preserving mental health.

Mental health care has a preventive function. Although primarily viewed as a response to existing suffering, MSF's experience demonstrates that access to timely psychosocial and mental health support can help individuals, families, and communities develop and strengthen adaptive coping mechanisms, maintain social connections, and reduce the risk of further deterioration in psychological wellbeing.



[1] Témoignage, or bearing witness, is one of MSF's core principles. It provisions the duty of MSF to speak out and raise awareness, either in private or in public, about what MSF sees through its humanitarian mission.

MSF'S MENTAL HEALTH RESPONSE

Mental health and psychosocial support have been one of MSF's longest-standing medical interventions in the West Bank. MSF has continued to adapt its approach in response to changing needs, access constraints, and evolving patterns of violence and instability. Its mental health programmes have evolved significantly since their launch in Hebron (1996) and Jenin (2002), expanding beyond clinic-based care to include mobile teams serving hard-to-reach communities and scaling community-based approaches after waves of violence (2015–2016).[2]

Today, MSF continues to provide mental health and psychosocial support across multiple areas of the West Bank. MSF's programmes support adults, adolescents, and children experiencing a broad range of mental health and psychosocial difficulties. Activities range from psychosocial support for people with mild to moderate distress to specialised psychological and psychiatric care for those with more intensive needs. Healthcare is delivered by multidisciplinary teams of psychologists, counsellors, social workers, and community mental health workers, with referral pathways to specialised networks.

Mental health interventions are delivered through multiple modalities, in clinics and mobile services. These include individual and group consultations, psychoeducation, community outreach, and emergency mental health support following acute incidents such as attacks, demolitions, displacement, or military operations. Beyond direct care, MSF teams also support community-based coping mechanisms and strengthen local mental health capacity through training, clinical supervision, and collaboration with Palestinian health and social care actors.

In 2025 alone, MSF teams provided:

>10,000
mental health consultations

>1,800
mental health group sessions

OPERATIONAL REDUCTION FOLLOWING ISRAELI DEREGISTRATION

In 2025, Israel introduced a new framework governing the registration of international organisations, under which MSF lost its registration status. Even if duly registered under the Palestinian Authorities, MSF has been prevented from entering international staff and supplies into Palestine from January 2026. By 1 March, the remaining international staff were forced to leave the territory.

Israeli military coordination offices, which control movement in the West Bank, subsequently suspended communication with MSF. Without security guarantees, MSF was forced to sharply reduce activities to mitigate risks to staff and patients, who must navigate countless Israeli military checkpoints and movement restrictions, as well as increasing insecurity. INGOs operating in the occupied Palestinian territory all face similar operational constraints, such as movement restrictions, military operations, settler violence and intimidation, access issues, and lack of Israeli registration.[3]

In the north, MSF was compelled to close all activities in Jenin and Tulkarem, including its mobile clinics and outreach activities. Clinics in Tubas and Qalqilya were centralised to Nablus, limiting care only to those patients who can reach the city. This meant that over 200 patients had to be discharged, and over 200 patients on the waiting list had to seek alternative possibilities, though limited options exist. In the southern Hebron Governorate, MSF closed 7 of its 12 mobile clinics, providing services in H2,[4] South Hebron Hills and Masafer Yatta. Three new clinics opened in May 2026 as a partial reorientation to address gaps in patient care, yet this partial expansion has failed to respond to all identified needs.

[2] For a detailed account of MSF activities in the West Bank, please refer to Annex I.
[3] AIDA, INGO operational presence in Palestine_April 2026, survey results from 40 of AIDA's 103 members.
[4] Eastern sector of the city of Hebron in the West Bank. For further details, see page 14.

METHODOLOGY AND CONCEPTUAL APPROACH

SCOPE AND DATA SOURCES

The report draws on anonymised and aggregated **medical data** from MSF mental health programmes across the West Bank, collected **from October 2022 to April 2026**. Data for Jenin and Tulkarem was only available from April 2025 onward. Adopting a non-diagnostic and community-centred approach, it examines patterns of distress as observed through care provision rather than through psychiatric categorisation or population-level prevalence estimates.

Programme data are complemented **by patient and staff testimonies**, collected following trauma-informed approaches that prioritised participant safety, dignity, and control **during July 2026**. These testimonies provide insight into how distress is experienced and navigated by patients, families, and healthcare providers. Interviews focused on lived experience, daily life, coping resources, and the perceived impacts of current conditions, while deliberately avoiding detailed recounting of traumatic events, chronological reconstructions, or clinical diagnostic framing.

These sources are further **contextualised** through MSF operational and security reporting, as well as documentation from other organisations. These include humanitarian and protection actors; public health, legal, human rights, and socio-economic analyses; as well as academic sources. To provide the most relevant contextual background, supporting sections incorporate information gathered until **August 2026**.

DATA ANALYSIS

In line with MSF confidentiality standards, programme information was analysed using monthly aggregate data, rather than individual patient records. To enable comparison across MSF programmes, precipitating events were harmonised into five overarching categories: violence, separation and loss, medical conditions, disasters or catastrophes and other. All recorded precipitating events and symptom presentations were included in the analysis. Frequencies, therefore, reflect recorded occurrences rather than individual patients.

Trends were examined over time, with particular attention to developments following 7 October 2023 and the intensification of Israeli military operations in northern West Bank refugee camps in early 2025. The analysis focuses on identifying recurring patterns in drivers of distress, symptom presentation, and the ways patients describe the impact of the broader environment on individual, family, and community wellbeing.

Testimonies were used to contextualise and illustrate these patterns, and to connect aggregated trends with the broader environment.

ETHICAL CONSIDERATIONS AND LIMITATIONS

All medical data were analysed in anonymised and aggregated form in accordance with MSF data protection and confidentiality standards. Testimonies were collected using trauma-informed approaches intended to minimise the risk of harm and re-traumatisation, with **explicit informed consent** obtained in line with MSF's ethical protocol.

Care has been taken to preserve the substance, meaning, and context of their accounts, without altering or reinterpreting their experiences. The testimonies included in this report remain grounded in patients' own accounts of what happened and how they lived it. These views do not reflect the views or opinions of MSF.

The findings reflect patterns observed across MSF programmes, but are not intended to establish prevalence, causality, or epidemiological estimates. Variations in programme design, geographical coverage, and data collection practices also limit direct comparison across MSF programmes in different areas. Recorded figures may have been affected by changes over time in access, displacement and programme activity, including reduction of activities following deregistration in early 2026.


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CONTEXT: THE OCCUPIED, FRAGMENTED, ENCLAVED WEST BANK

The mental health and wellbeing of Palestinians, as documented in this report, cannot be understood separately from the broader Palestinian political reality, of which the West Bank, including East Jerusalem, and Gaza are constituent parts. Although geographically separated, they are subject to the same occupying power, and its mechanisms of fragmentation, oppression and territorial control. Since October 2023, this shared political reality has intensified dramatically, and living conditions have severely deteriorated across the occupied Palestinian territory.

In Gaza, Palestinians have been living through a period marked by unprecedented levels of death, destruction and displacement. MSF has documented the devastating human toll of the genocide, including repeated attacks on civilians and healthcare, mass displacement, and the systematic destruction of conditions necessary for life.[5] Across West Bank, from the northern cities of Jenin and Tulkarem to the southern Hebron Governorate, this period has been marked by accelerated military operations, annexation practices, expansion of settlements and settler violence,[6] tightened movement restrictions, and economic collapse.

Under the 1995 Israeli-Palestinian Interim Agreement on the West Bank and the Gaza Strip (Oslo II), the West Bank was divided into Areas A, B, and C. Area C, covering over 60% of the territory, was placed under full Israeli civil and security control.[7] These arrangements were intended to last for a five-year interim period, during which control of Area C was to be gradually transferred to the Palestinian Authority and permanent status negotiations had to be concluded by 1999. Neither happened. Instead, Israeli control over movement, construction, land use and access to resources has increased, producing territorial fragmentation and exacerbating discriminatory treatment of Palestinians. This has taken place alongside the continued expansion of Israeli settlements and measures amounting to de facto annexation, which are illegal under international law.

In July 2024, the International Court of Justice (ICJ) concluded that Israel's continued presence in the Occupied Palestinian Territory is unlawful, finding that its prolonged occupation, settlement policies, annexation practices, and discriminatory measures violate international law. The Court further found that Israeli legislation and measures imposed on

5 MSF, "Gaza: Life in a death trap", December 2024.

6 "Settlements" refer to the transfer of the occupying power's citizens into the territory it occupies. It also refers to structures that have been approved and administered by the Israeli government within the occupied Palestinian territory, for the use and enjoyment of Israeli citizens. They receive protection and services by the government and its army. "Outposts" refers to settlements, whether caravans, housing units or farms, that have been established by settlers without a building permit, which is illegal under Israeli domestic laws.

7 OHCHR, "Thematic Report: Israel's discriminatory administration of the occupied West Bank, including East Jerusalem", January 2026; Al Haq, "Israeli Apartheid: Tool of Zionist Settler Colonialism", November 2022; Amnesty International, "Israel's apartheid against Palestinians: Cruel system of domination and crime against humanity.", February 2022; B'Tselem, "A regime of Jewish supremacy from the Jordan River to the Mediterranean Sea: This is apartheid", January 2021.

Palestinians breach the international prohibition of racial segregation and apartheid, and called for an end to the unlawful presence, the cessation of settlement activity, and the evacuation of settlers from the Occupied Palestinian Territory.[8]

Since October 2023, escalating military operations, increasing settler violence, growing movement restrictions, and forced displacement in the West Bank have further affected an already concerning situation. More than 900 movement obstacles, including checkpoints, gates, and roadblocks, continued to restrict movement and access to services for Palestinians across the territory, exacerbating displacement and resource inequities.[9] This is aggravated by a deteriorating economic situation, fiscal pressures on Palestinian institutions, and growing strain on the health system, including medicine shortages and disruptions to healthcare provision. Its effects are immediate and compounding, impacting communities' ability to access healthcare, education, livelihoods, and other essential services.

Settlement expansion remains a critical concern, with frequent approvals for new housing units to be built and assigned to Israeli settlers in Palestine, and the retroactive legalisation of outposts. These developments create "facts on the ground", with irreversible territorial and demographic changes, entrenching annexation and ethnic cleansing.[10] In summer 2026, new tenders for the development of E1 area were issued, expanding the Ma'ale Adummim settlement with nearly 4,000 housing units for Jewish Israelis east of East Jerusalem. It would effectively sever territorial contiguity between northern and southern West Bank.[11] Some other prominent cases include the re-establishment of Israeli settlements previously withdrawn in 2005, including Homesh, Sa-Nur, Ganim, and Khadim, which will increase movement obstacles, military presence, and control in northern West Bank.[12] On July 13, Israel committed over $2.3 billion to build 12,000 housing units in northern West Bank, with the long-term goal of housing one million Israeli settlers in the region.[13] Israeli forces established a new army base in Jenin in June 2026,[14] demolitions and land seizure orders have already been implemented to clear space for settler populations.[15]

Surging "Israeli settler terror" has been flagged as an existential risk to Palestinians.[16] As settlements expand onto Palestinian land, settlers gain greater access and control over grazing areas, roads, and residential communities, leading to repeated assaults, livestock theft, arson, property destruction, and intimidation.[17] More than 1,600 settler attacks resulting in Palestinian casualties or property damage were documented between January and August 2026, averaging 6.7 attacks per day, up from five per day in 2025, and 1.5 in 2021.[18] Within a broader pattern of settler attacks, this includes sexualised violence and other forms of gender-based abuse by Israeli settlers.[19] From 1 January to 31 July 2026, 76 Palestinians were killed by Israeli forces or settlers.[20] More than 1600 were injured, and over half of these injuries were in the context of settler attacks. [21]

[8] International Court of Justice, Advisory Opinion on the Legal Consequences arising from the Policies and Practices of Israel in the Occupied Palestinian Territory, including East Jerusalem, 19 July 2024.

[9] OCHA, "Movement and Access in the West Bank", Fact Sheet, April 2026.

[10] Kerem Navot & Peace Now, "Annus Mirabilis: Actions by the Israeli Government to Annex the West Bank 2023-2025", May 2026.

[11] Drop Site, "The Crimson Thread: The Israeli Military Barrier Cutting Off Palestine's Breadbasket", 8 July 2026; UK and other States, "Joint Statement on the situation in the West Bank: 22 May 2026", 22 May 2026. For more info:https://imeu.org/resources/resources/fact-sheet-israels-e1-settlement/129; see also https://www.britannica.com/place/E1-West-Bank.

[12] Israeli Knesset, "Knesset Plenum passes bill to change name of Disengagement Plan Implementation Law, repeal clauses banning Israelis from entering or staying in evacuated areas in northern Samaria", 21 March 2023; Times of Israel, "Defense minister confirms government approval of 22 new West Bank settlements", 29 May 2025; Haaretz, "Israel Legalizes 19 West Bank Settler Outposts, Reversing Disengagement Policy", 21 December 2025.

[13] Israeli Government announcement, https://www.gov.il/he/pages/declaration1407, 14 July 2026.

[14] Haaretz, "IDF Builds First Permanent Military Post in Palestinian-controlled West Bank Since 1990s", 11 June 2026.

[15] Reuters Connect, "Israeli settler push to rebuild former West Bank outposts sparks fear among Jenin residents", 7 August 2026.

[16] OHCHR, "Occupied Palestinian Territory: UN experts alarmed by escalating settler terror and displacement", 1 June 2026. Haaretz, "U.S. Ambassador Huckabee Calls Settlers Besieging West Bank Palestinian Family 'Israeli Terrorists'", 13 August 2026.

[17] MSF, "Five months after start of Israeli military operation, humanitarian needs escalate in the West Bank", 1 July 2025; Forensic Architecture, "The Genocide's Spillover: The Israeli Military Campaign in the West Bank between January and April 2025", 25 April 2025.

[18] OCHA, Humanitarian Situation Report 11 September 2026, 11 September 2026.

[19] According to a report by the Norwegian Refugee Council focused on Palestinian communities in the Jordan Valley, the South Hebron Hills and the central West Bank, there were at least 16 cases of sexual violence attributed to Israeli settlers and soldiers, and more than 70% of displaced households interviewed for the study identified threats to women and children, particularly sexualised violence, as the decisive reason for leaving their homes and land. Norwegian Refugee Council, "Sexual violence and forcible transfer in the West Bank", April 2026.

[20] OCHA, "Humanitarian Situation Report | 31 July 2026", 31 July 2026.

[21] OCHA, Dashboard: Settler-related violence; OCHA, "Humanitarian Situation Report | 31 July 2026", 31 July 2026.

Israeli military operations and settler violence are increasingly interconnected and collaborative. Settlers are protected by or act in conjunction with the Israeli army, as settler violence is used to advance annexation. It is also reinforced by systematic impunity granted to perpetrators – while cases filed for settler violence against Palestinians increased fivefold over 6 years, only 6.6% resulted in indictments.[22]

Humanitarian actors had recorded more than 41,900 displaced people across the northern West Bank from January 2025 until August 2026, in addition to the large-scale displacement from Jenin, Tulkarem, and Nur Shams refugee camps in 2025, due to Israeli forces operations.[23]Displacement puts people at further risk, exposing them to violence in various forms and leaving them with limited —if any— access to food, water, shelter, and other assistance, causing yet further harm.[24]

Together, these conditions have generated a prolonged humanitarian crisis affecting virtually every aspect of life.[25] For many patients seen by MSF in the West Bank, these challenges extend beyond their immediate surroundings.

> *There's no longer the sense of safety there was before October 7th — the uncertainty has really reduced the feeling of safety, of truly being alive. We always feel like yesterday was better than the day coming. Life feels stuck — instead of moving forward, I keep wondering why bother, when life is just passing by anyway. And that lack of safety spreads to the family too — the sense that everything could disappear. Even wanting to grow as a person, all the fears are tied to the unknown. There's no enjoyment of life, no quality, no rest. All of this ends up affecting oneself.*
>
> **MSF staff, Hebron, July 2026**

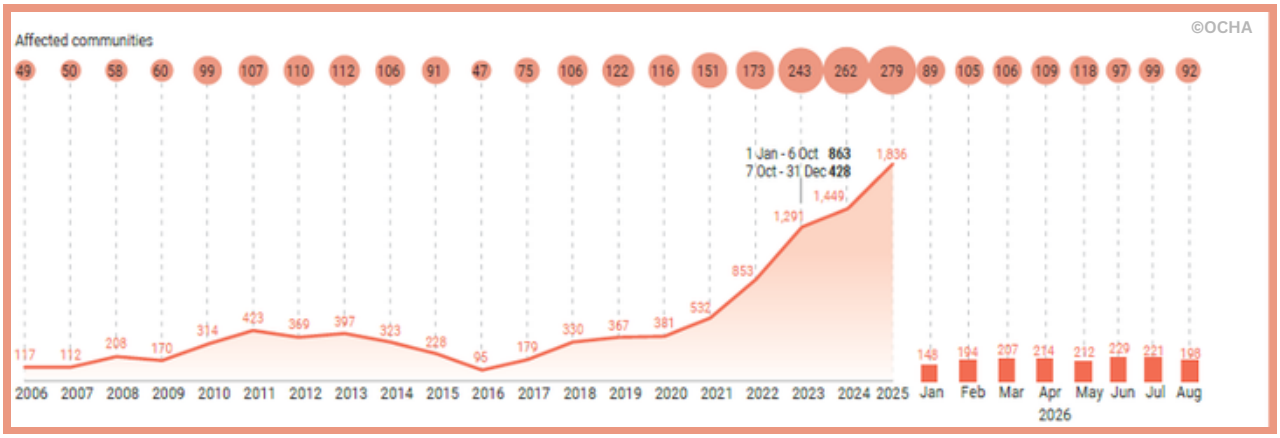


Figure 1: Attacks by Israeli Settlers Against Palestinians that resulted in casualties and/or property damage, extracted from OCHA systematic documentation.[1]

22OHCHR, "Utilized, Militarized, Shielded: Three reasons why settler violence is state violence" Haaretz, "With Very Few Indictments | Probes Into Israeli Settler Violence in West Bank Rose 560 Percent in 6 Years, Police Data Shows, 8 July 2026".

23OCHA, "https://www.ochaopt.org/content/west-bank-monthly-snapshot-casualties-property-damage-and-displacement-august-2026", 17 September 2026; MSF, "Five months after start of Israeli military operation, humanitarian needs escalate in the West Bank", 1 July 2025; Forensic Architecture, "The Genocide's Spillover: The Israeli Military Campaign in the West Bank between January and April 2025", 25 April 2025.

24UN Secretary-General, "Protection of civilians in armed conflict: Report of the Secretary-General", UN Doc. S/2024/385, 14 May 2024, para. 54.

25UN, "UN Deputy Special Coordinator for the Middle East Peace Process, Ramiz Alakbarov's Remarks to the Security Council on the Situation in the Middle East, including the Palestinian Question", 11 August 2026 stated that "While the fragile ceasefire in Gaza and regional tensions consume much of the international community's attention, the West Bank is at the breaking point… The situation in the West Bank must be treated as an emergency requiring urgent action. The concern is not only the continued expansion of settlements, but the speed and systematic manner in which new facts are being created on the ground."

FINDINGS

HOW IS DISTRESS EXPERIENCED?

MSF mental health services provide support to patients in the most vulnerable situations. This section describes the most common mental health symptoms observed among patients, which have been harmonized in the following categories:

1. **Anxiety-related** – all responses to feared or threatening conditions, where the anxiety reaction occurs frequently and the fears are out of proportion to the situation.
2. **Depression-related** – state of low mood and aversion to activity that can have a negative effect on a person's thoughts, behaviour, feelings, world view and physical wellbeing.
3. **Trauma-related** – a range of emotional, cognitive, behavioural, and physical reactions that may develop following exposure to an extremely threatening, horrific, prolonged, or repetitive event, particularly when the person perceives a lack of safety, control, or possibility of escape.
4. **Psychosomatic** – medically unexplained physical problems, where mental suffering may manifest as physical symptoms.
5. **Behaviour and substance problems** – mental and behavioural problems that develop as a result of the use of predominantly psychoactive substances, including medications, or specific repetitive rewarding and reinforcing behaviours.
6. **Psychosis-related** – mental state involving a loss of contact with reality.
7. **Cognitive problems** – cognitive deficits or dysfunction, difficulties processing information.

> *In the past we used to set goals for the future; now we've started only thinking about tomorrow.*
>
> **MSF patient, 35 years old, resident of refugee camp, Hebron, July 2026**

According to MSF analysis, anxiety and depression-related symptoms are the most common mental health presentations among MSF patients in the West Bank, representing more than 65% of the mental health conditions reported by MSF patients. This was persistently high throughout the timeframe of the medical data analysed, spanning from October 2022 to April 2026.

MSF's clinical data suggests that distress is not driven by isolated incidents alone, but by **long-term, ongoing tensions** and the cumulative exposure to violence, restriction, and uncertainty. In this setting, distress often reflects not only acute shock but prolonged exposure to conditions that erode predictability, autonomy, and hope. This helps explain why anxiety- and depression-related presentations remain persistently high across programmes, and why mental health needs should be understood as inseparable from the wider environment.

This is consistent with what we hear from our patients, who describe constant worry, fear, emotional exhaustion, and difficulties coping with daily pressures. Signs of mental health and psychosocial distress include sense of hopelessness about the future, and a feeling of powerlessness.

> *Recently, my feeling about life is that it has no taste, no flavour. We live in an illusion and a cycle. We just call it life and it has to continue, even though it is not the life we wish for or the life we aspire to. We live just to get through our role in it, and that is it; there is nothing else. There is no glimpse of hope ahead that makes us feel we are preparing for something, although hope always remains in God... Life as a whole is not understandable. Sometimes you feel that you understand everything, but then a situation happens and you feel that you do not understand anything. Like being lost*
>
> **MSF patient, 55 years old, Nablus, July 2026**

Hopelessness arises when structural circumstances limit people's choices and opportunities. Military occupation limits control over personal and collective futures, narrows the limited prospects for self-determination and deepens perceptions that a viable future is out of reach.[26] This utter collapse of hope and existential despair is laid bare in accounts of suicidal thoughts and attempts, as reflected in the testimonies of our patients.

> *"I feel like the days that have passed are better than the days that are coming. All roads are closed in my face and in all directions... I tried to kill myself more than once... Everything is hard, I tell you.*
>
> **MSF patient, 38 years old, mother of 5 children, Nablus, July 2026**

Aside from anxiety and depression, MSF data reflects that trauma-related symptoms are also frequent amongst patients, expressed through psychosomatic or medically unexplained symptoms, such as pain, fatigue, or sleep disturbances. Trauma-related conditions are not just disorders in the traditional sense, but physiological and psychological adaptations developed as unintentional strategies for self-protection.

Other manifestations include disruptions to daily functioning, such as difficulty performing basic tasks or reduced enjoyment, as well as behavioural symptoms. People describe struggling to get out of bed, complete household tasks, care for children, concentrate at work, maintain relationships, or engage in activities that once brought meaning and joy. For some, daily life revolves around managing exhaustion, or physical discomfort. These effects are often subtle, gradually narrowing people's worlds, diminishing their ability to participate fully in family and community life, and eroding their sense of wellbeing over time.

> *How can I enjoy myself with everything happening around me? [...] I personally have become more irritable and on edge, and I try to control these things at the same time.... Life feels stuck – instead of moving forward, I keep wondering why bother, when life is just passing by anyway... We also don't get to enjoy what we have – even if I want to enjoy a moment, we go back afterward to how things normally are (tense).*
>
> **MSF staff, Hebron, July 2026**

WHAT DRIVES DISTRESS?

MSF mental health clinical practice is guided by standardised assessment protocols. These include systematic records of the main stressors or precipitating events, in other words, the factors that triggered the request for mental health and psychosocial support.[27] Patients may seek care for multiple reasons. Across MSF mental health programmes in the West Bank, this can be classified into the following categories:

1. **Violence** – the intentional use of physical force or power, real or by threat, against a person or against a group or community, which results in or increases the likelihood of injury, death, psychological damage, developmental or deprivation problems. It can be either lived or witnessed.
2. **Separation or loss** – the separation of persons from their significant others or loved ones, including death of loved one, loss of significant material things, or loss of family income.
3. **Medical conditions** – patient suffering from medical condition, related or not to conflict or war. It can refer to any condition that causes pain, dysfunction, suffering, social problems or death to the affected person, or similar problems in those in contact with the person.
4. **Disaster/catastrophe** – natural disasters, catastrophes, and accidents.
5. **Other** – financial and other unlisted events.

[26] Israel Prime Minister's Office, Statement by PM Netanyahu, declared "There will be no Palestinian state.", 21 September 2025.
[27] MSF Mental Health and Psychosocial Support Guidelines on Data Collection and Monitoring System.

Violence is the key driver of distress observed by MSF. It accounted for about 70% of overall recorded stressor triggering patients seeking MSF mental health care in the West Bank, between October 2022 and April 2026.[28] This was consistent throughout all MSF operational areas in the northern governorates of Nablus, Tubas, and Qalqilya, and Hebron in the south.

The only geographical areas where violence was not the dominant stressor were Jenin and Tulkarem governorates. Separation or loss was the dominant stressor triggering the need for mental care for these patients in early 2025 before evolving to other reasons. This difference is explained by the different demographics of patients seen in Jenin and Tulkarem, where activities were conducted mostly in IDP camps and patients were affected by forced displacement in early 2025.

A. VIOLENCE

The dominance of violence as a stressor demands closer scrutiny. In MSF MHPSS Guidelines, violence – as defined above - contemplates a wide range of consequences and reflects a growing recognition of the need to include violence that does not necessarily result in harm or death, but that nevertheless creates a significant burden for individuals, families, communities, and health systems.

Within the broader category of violence, observed precipitating events include, but are not limited to:

- Direct victim of violence, including all types of physical, sexual, and psychological violence and abuse
- Threats and intimidation
- Direct witness of violence
- Incarceration or detention, or close relative detained/died/missing/injured
- Domestic violence or other forms of gender-based violence (GBV)
- Forced displacement
- Living in a targeted village or home incursions

Direct violence

Violence is relentless and forces people into a state of constant vigilance. Patients rarely describe violence as a single event. Through consultations, they speak of repeated military incursions, displacement, settler violence, movement restrictions, economic hardship, and uncertainty about the future. What emerges from MSF's mental health patients is a picture of distress generated not only by direct exposure to violence, but by the cumulative burden of living in an environment defined by persistent insecurity, restriction, and uncertainty.

> *There's no safety right now. Whenever the army enters, there's fear and panic because they attack brutally. They've instilled a phobia in us. And there's no stability either.*
>
> **Female MSF patient, 56 years old, Nablus, July 2026**
>
> *Where there's an army, there's no stability. There's no safety or stability. Honestly, there's no safety.*
>
> **Female MSF patient, 46 years old, from Qalqilya, July 2026**
>
> *Nothing has really changed, except that the settlers have become more aggressive — they come more often, and my brother had his legs broken from settlers with a metal object. We are afraid to go out. Around midnight to about one or three in the morning we stay awake, and after three o'clock we get a little rest and feel that the hard part is somewhat over. We never sleep at night — we stay afraid of them.*
>
> **Female MSF patient, 30 years old, Hebron, July 2026**

Patients describe how the omnipresent threat of violence has been absorbed into everyday life, where people maintain a heightened state of awareness and anticipation for the next incident, next incursion, next attack.

28 This is distinct from the proportion of patients who report violence as their main stressor, as the data aggregates the occurrence of these stressors, and some patients report more than one stressor.



©Maen Hammad

We've been subjected to many raids by the occupation forces, whether in our homes or others. They search the houses with insults, but we've gotten used to it. If we don't see them, we say there's something wrong. A life that we have to live with, no matter what it is like.

Female MSF patient, 55 years old, Nablus, July 2026

The prevailing situation – we've gotten used to it; it's become routine. Yesterday my father told me: "Don't sleep, keep watch on the situation," and I sleep, then we switch – this has become our life. And of course, if nothing happens, we get even more afraid – we say they're preparing something bigger for us.

MSF patient, 24 years old, Masafer Yatta, July 2026

CONTEXT IN FOCUS - Hebron: the epitome of the occupation

The 1997 Hebron Protocol divided Hebron into two zones: H1, comprising 80% of the city and placed under Palestinian Authority control; and H2, the Old City and surrounding neighbourhoods, where the Israeli military remained in control.

Under full Israeli military authority, H2 is home to approximately 40,000 Palestinians, around 7,000 of whom live in areas near settlements. Access is limited to Palestinians who are registered residents, and who live alongside 500-800 Israeli settlers. It is the only place in the West Bank, beside East Jerusalem, where Israeli settlers live within a Palestinian urban centre.

Palestinians are subject to different legal regimes and restrictions than Israeli settlers. For example, certain areas are entirely off-limits to Palestinians, who are also prohibited from using specific roads. In some cases, Palestinians are prevented from leaving their own homes through the main entrance.
With some settler homes on top or next to Palestinian homes, settler violence is pervasive and occurs regularly without effective law enforcement and accountability by Israeli authorities. Forms of settler violence documented in Hebron include harassment, physical assault, property damage and confiscation, arson, attack or interference with infrastructure, and threatening with weapons and use of gunfire toward civilians.

Basic services are frequently rendered inaccessible during raids, settler attacks, closures and curfews. For Palestinian residents, every activity like going to work, accessing school, or seeking medical care require navigation through a system of checkpoints and threats form settlers and Israeli army.

Detention or close relative detained

MSF has provided mental health and psychosocial support services to former detainees and their families.[29] People describe detention as a source of prolonged uncertainty, fear, separation, and loss of control, with consequences that can persist long after release. The psychological impact often extends to spouses, caregivers, and children, affecting family relationships, emotional wellbeing, and household stability.

MSF patients have provided a poignant account of the anguish, uncertainty, and psychological burden borne by families of detainees:

> *My suffering as a person, knowing my two sons are imprisoned, is incredibly difficult. This feeling is also for every mother whose children are missing without knowing their fate. Just keep thinking if they are eating, drinking, or they have been killed...*
>
> *There are no visits nor phone calls with prisoners. Even a phone call with the prisoners could ease the pain for the mother and father. I'm a mother of two, not just one. It's true that there's a void in the house when my sons and daughters are together. The prisoners are dying a slow death inside. The situation is catastrophic. And the most catastrophic thing for a mother of a prisoner is hearing news of a prisoner's death. God forbid; it could be about someone close to me or my neighbor. No matter what, I have to go to the prisoners' vigil every Tuesday. It's the least I can do for my two sons...*
>
> *I don't like to make dishes that my imprisoned children love because it reminds me of their situation. How can my children eat when I don't know the situation of my imprisoned sons? Are they hungry, asleep, full, or have they been beaten? What is their situation now? This is the pain of every mother. A mother is a mother in all circumstances, but the mothers of prisoners are different from everyone else. The mother of a martyr is not the same as the mother of a prisoner. The martyr has gone to his Lord, but the prisoner dies a hundred deaths, like the situation they are in now: hunger, humiliation, degradation, illnesses, and skin rashes. They sleep naked on the ground with no medical treatment.*
>
> **Female MSF patient, Nablus, July 2026**

This also has an impact on children of detained people, who are profoundly affected by parental absence:

> *There is psychological pressure on me because my son is in prison. His little daughter always says I want daddy, and this puts pressure on me psychologically. I am responsible for everyone, even my married children. I have to be there for them in everything they do.*
>
> **Female beneficiary of MSF services, 62 years old, Nablus, July 2026**



[29] MSF used to provide psychosocial support group sessions for the families of detainees. Some of the patients in these groups were individuals who had received other psychosocial support from MSF in the form of individual therapy sessions.

CONTEXT IN FOCUS - Administrative detention and institutional violence

Israeli law grants military commanders the power to place Palestinians under arrest on preventive basis, without the need to present any evidence or the holding of a trial, and with no time limit.[30] Though International Law permits administrative detention in strict circumstances where there is an imminent threat that cannot be else prevented, this form of detention has become an active tool of oppression and control in the West Bank. Palestinians are arrested and imprisoned without a trial or proper defence, facing an open-ended sentence for an unknown crime.

Over a third of the Palestinian prisoners are held under administrative detention. As of August 2026, Israel continues to detain over 9300 people, of which 3293 Palestinian administrative detainees.[31] At the beginning of July 2026, 164 of them were under the age of 18.[32]

The United Nations have repeatedly denounced that these detention practices form part of a prolonged, systemic policy violating international law, due process, and prohibitions against arbitrary deprivation of liberty.[33]

The ICRC has not been able to visit Palestinian detainees since October 2023, while concerns regarding detention conditions and safeguards have intensified. Following a joint petition by three Israeli organisations, the Israeli Supreme Court has ruled that the ban on ICRC visits to Palestinian detainees contravened Israeli and international law and must be repealed.[34]

Direct Witness of Violence – impact on children

Children and adolescents are particularly exposed to violence and to the effects of witnessing violence. Repeated disruption, insecurity, displacement, and interruptions to education can affect emotional wellbeing, behaviour, learning, and social development. The continuous exposure to militarised operations and multiple forms of violence drives high levels of psychological distress among children, as they are exposed to direct and continuous violence in spaces that should offer safety, such as at home, at school, and in their communities.[35]

> *I have a nine-year-old daughter. While returning home one day, [the daughter] was exposed to a sound grenade fired between her feet. With this situation, along with the sound of aircraft, she developed a fever and high temperature, involuntary urination, crying throughout the night, and nail biting, to the point that she now fears everything and doesn't speak to anyone. During the day, she closes the windows and doesn't let her siblings go outside.*
>
> **MSF patient, 30 years old, mother of 4, Hebron, July 2026**
>
> *Children who see things they shouldn't see and live through things they shouldn't have to live through.*
>
> **MSF staff, Hebron, July 2026**

[30] Order Regarding Security Directives (Judea and Samaria) (No. 1651), 1 November 2009; applies in parallel with Incarceration of Unlawful Combatants Law of 2002 (as amended in 2023) (Amendment No. 4 and Temporary Order – Iron Swords), 5774-2023, חוק (הצעת).

[31] HaMoked, "9,323 "Security" Inmates Are Held In Prisons Inside Israel"; B'Tselem, "Statistics on Palestinians in Israeli custody", updated 29 March 2026. In the occupied West Bank, Israel's administrative detention regime enables the holding of Palestinians without charge or trial, as a preventive security measure based on classified evidence.

[32] Palestinian Prisoners Society, "Mid-Year Factsheet", July 2026.

[33] OHCHR, Detention in the context of the escalation of hostilities in Gaza, 31 July 2024.

[34] ICRC, "Israel and the occupied territories: Addressing misconceptions and false information", 8 October 2025, see the section "Why is the ICRC not visiting Palestinian detainees?"; ACRI, "The Supreme Court Rules: Red Cross Visits Must Resume", 3 June 2026.

[35] UNICEF, "West Bank Situation Update and humanitarian Response", 30 April 2026.

These testimonies of mothers in Hebron describe the reality of growing up in H2:

When my daughter goes to the nursery, my heart is in knots over her — I stand at the door as she goes out and in, and I stay standing at the door all the time. There was one time I didn't go down — a settler on a scooter attacked the young children right there at my door, kids aged five to six. He attacked them and the girls screamed in the street. I went down, opened the door, went out and confronted him, screaming at him until he left, and brought all the girls inside with me.

I was pregnant, three months along. Before they shut down MSF, I had been there, gotten my medication and everything, and gone down to the nursery with my young daughter. Soldiers came and stormed the nursery. We were sitting there playing with the children, having a women's gathering.

MSF patient, H2, Hebron, July 2026

The first hardship is that we can't leave the house, and also our children can't go out to play, not even in the street --- playing is forbidden outside

MSF patient, H2, Hebron, July 2026


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CONTEXT IN FOCUS - Childhood and parents under pressure

In the occupied West Bank, settler violence and displacement is escalating and education is threatened. According to the education cluster, more than 800,000 children in the West Bank, including East Jerusalem, face barriers to safe and continuous education because of school closures, insecurity, movement restrictions, and damage to infrastructure. In 2026 alone, 99 education-related incidents were documented, including children being killed, injured or detained in or on their way to schools; schools being demolished; school buildings being used by military forces; and children being denied access to education.[36]

The UN Independent International Commission of Inquiry on the Occupied Palestinian Territory, including East Jerusalem, identified a "pattern of settlers intentionally targeting Palestinian children while the children were engaged in ordinary activities such as playing near their homes, walking to and from schools, tending to farms or herding livestock, turning everyday spaces into sites of fear". According to the report, "children endured life-threatening assaults in these incidents involving physical beatings, kicks, strikes with objects and degrading verbal abuse and threats, leaving them with injuries including bruises, fractures and psychological trauma. The attacks have instrumentalized children as part of a broader coercive strategy to drive Palestinians off their land."[37]

[36] UNICEF, UNICEF Deputy Executive Director Hannan Sulieman's remarks at the United Nations Security Council meeting on escalating violence in the West Bank, 11 August 2026.
[37] UN Independent International Commission of Inquire on the Occupied Palestinian Territory, including East Jerusalem, and Israel, a-hrc-62-crp-2.pdf, 18 June 2026.

Internal violence

Domestic violence, coercive control, family conflict, and violent disputes between communities unfold against a backdrop of prolonged occupation, economic hardship, movement restrictions, and chronic insecurity. These experiences are not separate forms of violence; they often interact and reinforce one another. As fear, frustration, and loss of sense of agency become embedded in daily life, violence has spilled into homes and communities, further eroding trust, social cohesion, and support networks. In turn, this deepens distress and vulnerability, creating a cycle in which different forms of violence compound one another and become increasingly difficult to escape. For many patients, the effects of violence are therefore felt not only in encounters with external sources of harm, but also in the intimate spaces where safety, stability, and care would ordinarily be found.

Violence has increased a lot, and it's reflected even inside homes, as a result of the occupation, the closures, and the overcrowding this creates – restrictions on people's freedom of movement, and I don't know how people are meant to live with it. Many people have recently lost their jobs, and this genuinely breeds a lot of domestic violence – the rate is high, even among children themselves at school, and it's rising. I also feel there's economic violence: whoever holds the money or power is ready to use it to control the other spouse. I feel this economic violence is increasing too

MSF staff, Hebron, July 2026

The problem of blood feuds between families and villages affects everyone because they're constantly fighting and causing problems; we wake up to the sound of gunfire, burning houses and displacement—all of this has an impact. People don't speak to each other or visit one another.

MSF patient, 46 years old, Nablus, July 2026

I used to tell my mother about the violence, and she would silence me. It was a destructive life. When he used to hit me, I would go to my room and cry. Now, I can't stay silent. In 35 years of marriage, I never had a single month where I could say I was living in a happy family. The biggest reason I encouraged my daughter to separate from her husband was my own life experience. I went to court and filed for divorce to seek her rights because she was subjected to violence.

MSF patient, 56 year old, Nablus, July 2026



CONTEXT IN FOCUS - How economic instability deepens distress

Patients and staff also describe how internal political and economic pressures compound existing hardship and contribute to distress. Economic deterioration, unemployment, salary delays and reductions, rising debt, and growing uncertainty about household income place significant strain on families. For many, concerns about meeting basic needs, affording transport, purchasing food and medication, or supporting children have become a constant source of anxiety.

Unemployment in the West Bank has surged dramatically in recent years, reflecting deepening economic instability. According to data from the Palestinian Central Bureau of Statistics (PCBS), the unemployment doubled between early 2023 and the second quarter of 2026, rising from 14% to 27.9%. The most pronounced spike occurred between the fourth quarter of 2023 and the first quarter of 2024, when unemployment skyrocketed from approximately 13% to around 35%, marking an unprecedented escalation. Despite slight fluctuations, the rate remained persistently high throughout 2025 and the first two quarters of 2026, underscoring the prolonged nature of the crisis.[38]

Palestinian labour force accessing Israel and Israeli settlements for work collapsed from roughly 177,000 workers pre-conflict[39] to around 54,000 during the second quarter of 2026.[40]

> *We face many difficulties nowadays. The first one is the occupation. The answer to every question is the occupation. The complete disregard for everything... There are no salaries... Sometimes I find it difficult to find and buy chronic medications, they are not always available. Even when we go to the doctor, it is difficult... Even aid from organisations and associations is very little, unless there is individual aid from individuals. Roads and checkpoints are also one of the difficulties we face. They have an economic impact on the country and the city. Checkpoints are spread across all gates of Nablus. Whoever wants to enter the country should think a hundred times.*
>
> **Female beneficiary of MSF services, 62 years old, Nablus, July 2026**

B. SEPARATION AND LOSS

By separation and loss, MSF refers to the separation of persons from their significant others or loved ones, but also from significant material things, such as a family house and land, as well as the loss of family income.

Separation and loss were the main stressors recorded in MSF activities in refugee camps in early 2025, highlighting the need for mental health support in direct response to the military operations in Jenin and Tulkarem, where MSF operated mobile clinics. The fact that separation and loss became more prominent in Jenin and Tulkarem programmes is consistent with a caseload shaped by displacement, compounded by direct violence exposure. It shows how large-scale military operations and forced displacement reshape how distress is recorded and experienced.

Separation and loss frequently trigger requests for mental health support across the West Bank, as communities are torn apart and experience exodus driven by a coercive environment and harsh living conditions.

[38] Palestinian Central Bureau of Statistics (PCBS), Press Release on the Results of the Labour Force Survey, in the West Bank Second Quarter (April – June, 2026) Round, PCBS, 11 August, 2026.
[39] ILO, The situation of workers of the occupied Arab territories, 2024.
[40] Palestinian Central Bureau of Statistics (PCBS), Press Release on the Results of the Labour Force Survey, in the West Bank Second Quarter (April – June, 2026) Round, PCBS, 11 August, 2026.



Honestly, what affected me most is — how much we used to sit together and enjoy ourselves, gather as young women. Now there's nothing. No one — I'm the only one left in the neighbourhood. Everyone else has left. Now, whoever still lives in the neighbourhood has one or two young sons, not older children, those are the ones still there. And I say the same thing will happen to me — tomorrow, once my daughters grow up, I'll think about leaving too. Right now, the situation is hard, there's no work and no ability to afford rent outside.

MSF patient, 22 years old, H2, Hebron, July 2026

CONTEXT IN FOCUS - Operation Iron Wall

Between 2022 and 2025, Jenin evolved from a hotspot of intensified military raids into the epicentre of large-scale military operations, culminating in Operation Iron Wall in early 2025.

Operation *Iron Wall* was the most prolonged and destructive military campaign in the West Bank in the last twenty years, and involved airstrikes, drones, and tanks. Within days of its launch, Israeli Forces consolidated their control over the Jenin, Nur Shams and Tulkarm refugee camps, displacing their entire population and destroying hundreds of homes, roads and other civilian infrastructure.[41]

This forcibly displaced more than 40,000 people from Jenin Refugee Camp, Tulkarem Refugee Camp, and Nur Shams Refugee Camp in the northern West Bank and nearby villages.[42]

After almost two years, its residents are still prohibited from returning to their homes, the camps have been completely depopulated, and homes and infrastructure destroyed.

HOW DO PEOPLE COPE WITH DISTRESS?

There is no single way in which people cope with the pressures they face, just as there is no single expression of distress. Across consultations and testimonies, patients and staff describe a range of strategies that help them endure daily uncertainty, violence, loss, and restrictions. These coping mechanisms can be individual or collective, offering moments of relief, connection, purpose, and strength; offering relief in a context where the sources of distress remain largely unchanged.

[41] OHCHR, Thematic Report: Destruction of Palestinian Refugee camps in northern West Bank (December 2024-January 2026), 4 September 2026.
[42] MSF, "Five Months under Iron Wall: The Human Toll of Prolonged Displacement & Territorial Fragmentation in the West Bank", 1 July 2025; OHCHR, Thematic Report: Destruction of Palestinian Refugee camps in northern West Bank (December 2024-January 2026), 4 September 2026.

Some patients describe coping through self-reliance, drawing on inner strength, patience, and determination to continue despite immense pressure. For many, expressing vulnerability is difficult, and projecting strength becomes both a coping mechanism and a burden.

For others, coping is rooted in solidarity and collective support: family, community, and shared experience. Patients frequently describe finding comfort in relationships, practical support, and a sense of belonging. Solidarity often becomes most visible during periods of grief, detention, injury, or loss, creating spaces where suffering can be shared and understood.

Nothing is impossible; I can endure. I'll be patient no matter what. I try as much as possible to show everyone that I'm strong. I don't like to show them that I'm weak. But between me and myself, yes. Sometimes I talk to myself and say, "I'm so tired." I might even say the words to myself out loud, "I can't take it anymore.

MSF patient, 55 year old, Nablus, July 2026

It's a beautiful area and the people are kind. We have always incursions as it is near to a refugee camp. But there's also solidarity, love — and sometimes envy and jealousy too. You try to accept everyone, and to settle in and build a life there. My aunts and uncles are around, and my mother lives next to me — I feel that's a real blessing; I can leave the children with people I trust.

MSF staff, Hebron, July 2026

Solidarity shows up most strongly in times of grief and mourning. Families of those killed or detained often find support in solidarity groups, building connections through shared experiences of loss and uncertainty. These groups provide space to process their grief, share information and receive updates about their loved ones, while offering a sense of agency and control in circumstances where both are severely limited.

I used to participate in any activities supporting prisoners and with the mothers of martyrs. I was and still am a companion to the mothers of martyrs. We visit them and offer them psychological support.

MSF patient, 62 years old, Nablus, July 2026

No matter what, I have to go to the prisoners' vigil every Tuesday. It's the least I can do for my two sons.

MSF patient, 55 years old, mother of two prisoners

Yet patients also describe how the conditions of life in the West Bank have **eroded community and fragmentated social fabric**, steadily weakening the very social networks that help people cope. In some areas, neighbours and extended families have left altogether, leaving behind shrinking communities and growing isolation.

Everyone is focused on earning a living just to provide food for their children and support their families. Beyond that, they are not able to do much. The community was not like this. It was close-knit and connected. Currently, the community is "everyone only cares about themselves" because each person is barely managing to meet their needs. There are many social occasions that I do not attend because I do not have anything to offer.

MSF patient, 62 years old, Nablus, July 2026

Patients describe financial pressures, changing family roles, displacement, and insecurity affecting relationships, caregiving responsibilities, and family dynamics. Mental health teams observe how distress within a household reverberates across multiple family members and communities, rather than remaining confined to one person. Across generations, communities carry the effects of repeated violence and instability, raising concerns about the long-term consequences for community life.

People have become self-absorbed. Every family and every individual is preoccupied with their own affairs, and family bonds have weakened. If we were united as a society, this wouldn't happen to us. I used to have more social connections, but now they are less because of the situation we're in. Any visit I make requires financial contribution, so I've cut back.

MSF patient, Nablus, July 2026

We and the occupation are against each other. We are destroying each other.

MSF patient, Qalqilya, July 2026

For mental health providers, supporting others can be both meaningful and emotionally exhausting. Staff members often face the same insecurity, restrictions, and uncertainty as their patients do. At the same time, hearing about traumatic experiences day after day can lead to vicarious trauma, while the emotional toll of caregiving puts them at risk of compassion fatigue and burnout.

Personally, we're part of this community and this context, and we often find it psychologically exhausting and tiring — we feel everyone's pain and frustration. One of the difficulties is that it's hard to separate yourself from it, and the situation feels like it has no end... Alongside the pain, there's also an inner happiness that I'm able to offer something. And despite that, sometimes I honestly don't want to hear any more.

MSF staff, Hebron, July 2026

In the end, we're all in the fire — it's just that some have only a finger, some a hand, some their whole (self), and so on.

MSF staff, Hebron, July 2026

Individuals and communities continue developing coping strategies, both personal and collective, to foster moments of safety, connection, and meaning. However, these mechanisms alone are insufficient to address the root causes of suffering. The distress, hopelessness, and exhaustion documented in this report stem from systemic conditions that extend far beyond individual agency. Consequently, improving mental wellbeing in the West Bank demands more than targeted mental health support; it needs decisive action to dismantle the structural factors that continue to inflict harm against individuals and Palestinian communities at large.



CALLS TO ACTION

The findings point to three broad implications: the need to stop exposure to violence and coercive conditions, the need to protect access to healthcare and continuity of care, and the need to sustain community-based mental health support. As such, addressing mental health needs in the West Bank requires more than expanding services. It requires action to address the violence, displacement, restrictions, coercive living environment, and prolonged occupation that subject people to chronic psychological harm and undermine wellbeing.

TO ISRAELI AUTHORITIES

- End policies and practices driving forced displacement, insecurity, fear and psychological harm, including settlement expansion, demolitions, land confiscation, forced evictions, mass arbitrary detention, movement restrictions, and coercive living conditions.
- Urgently facilitate access to NGOs and International Organisations based on humanitarian principles, including those previously working in the West Bank, and ensure a safe operational environment, and participation to security coordination mechanisms.
- Enable humanitarian space, safe movement, and unimpeded access to affected communities.
- Ensure safe, timely, and unhindered access to healthcare, including mental health and psychosocial support services, for patients, healthcare workers, ambulances, and humanitarian organisations.
- Enable the safe, voluntary, and dignified return of displaced Palestinians to their homes, including those families most recently displaced as a result of growing settlement expansion, incursions and home demolitions.
- Use all possible means to prevent and effectively respond to settler violence and ensure the protection of Palestinian citizens and communities.
- Ensure compliance with international law, including with its obligations as an occupying power, and work towards ending its presence in the Occupied Palestinian Territory.
- Restore predictable transfer of taxes and revenues and protect, rather than hinder, the functioning of Palestinian healthcare and other essential public services.

TO PALESTINIAN HEALTH AUTHORITIES AND HUMANITARIAN HEALTH ACTORS

- Expand access to healthcare and mental health and psychosocial support in communities affected by violence, displacement, movement restrictions, and prolonged insecurity.
- Integrate mental health services into primary healthcare, mobile clinics, community outreach, emergency responses, and other humanitarian interventions.
- Ensure continuity of care for people affected by displacement, service disruption, and access constraints, including children, adolescents, and people requiring specialised mental health support.
- Support community-based approaches that strengthen social support networks, coping mechanisms, and access to care.
- Defend humanitarian space, safe movement, and unimpeded access to affected communities.

TO HUMANITARIAN DONORS

- Advocate strongly for increased humanitarian access, and ensure sustained, long-term funding for mental health and psychosocial support, recognising mental health as an essential humanitarian and healthcare need.
- Support the scaling of MHPSS activities to reach underserved populations, including through flexible funding mechanisms.
- Advocate for and defend humanitarian space, safe movement, and unimpeded access to affected communities.

TO THIRD STATES

- Take concrete measures to ensure Israel's compliance with international law, including with its obligations as an occupying power, and work toward ending the occupation as a necessary step to reduce violence, suffering, and humanitarian needs.
- Use all political, diplomatic, economic, and legal leverage to ensure respect for international law and the rights of Palestinian people.
- Take concrete measures to prevent further annexation and settler violence, including enforcing accountability for perpetrators, using political, economic and legal leverage to halt settlement expansion, obstructions to healthcare, land confiscations, forced evictions, demolitions, and coercive displacement measures, and ensure effective protection of Palestinian communities at risk.
- Support the safe, voluntary, and dignified return of displaced Palestinians to their homes, including those families most recently displaced as a result of growing settlement expansion, incursions and home demolitions.
- Advocate for and defend the effective, impartial and unimpeded entry of goods and services to cover basic needs, and advocate for the removal of access constraints against supply, humanitarian aid, humanitarian workers, and against the movements of Palestinians themselves.
- Honour their obligations under international law not to sponsor, defend or support racial discrimination by any persons or organisations.

ANNEX I: CHRONOLOGICAL HISTORY OF MSF ACTIVITIES

Year	Context and MSF Milestones
1989	MSF begins working in Palestine.
1996	MSF launches mental health activities in Hebron
2001	MSF established a dedicated mental health programme in Hebron governorate with medical and social components.
2002	Expansion of MSF mental health activities in response to growing needs in northern West Bank, including emergency psychological support following military operations in Jenin.
2004	The northern West Bank programme relocated its operational base from Jenin to Nablus, establishing what would become MSF's principal mental health project in the northern West Bank.
2009	Significant scale-up of specialised mental health services in Hebron, with increased focus on trauma-related conditions and post-traumatic stress.
2015-2016	Wave of violence across the occupied Palestinian territory leads to a sharp increase in mental health needs. MSF expands psychological first aid, community outreach, and group interventions, while shifting towards a more community-based model of care in Hebron.
2017	Expansion of longer-term and specialised mental healthcare approaches for moderate and severe mental health needs in the northern West Bank. Services were delivered through the Nablus clinic as well as mobile teams operating in Tubas and Qalqilya.
2020-2021	Adaptation of services during COVID-19, including remote consultations, support to local health facilities, and expansion of mobile healthcare approaches. MSF also increases services for vulnerable and hard-to-reach communities. In 2020, 5 mobile clinics in Masafer Yatta were launched formalizing a decentralized model of care that year, while H2 mobile clinics began in 2021 to address growing access barriers.
2022-2023	MSF started a new project in Jenin in 2022, providing support to the public hospital, and later expanded to Tulkarem in 2023. In response to the increasingly frequent and intense Israeli raids, mass casualty incidents, and the absence of humanitarian actors in the region, MSF supported emergency care at Khalil Suleiman Hospital in Jenin and Thabet Thabet Hospital in Tulkarem
October 2023	The Hamas-led attacks in Israel and the subsequent war and genocide in Gaza marked the beginning of a period of intensified violence, restrictions, and instability across the occupied Palestinian territory. In the West Bank, MSF witnessed escalating military operations, increased settler violence, growing displacement, tighter movement restrictions, and worsening humanitarian conditions, all of which had profound consequences for people's wellbeing and mental health.
2023-2024	Expansion of mobile emergency mental health responses, and community-based approaches to reach populations increasingly cut off from healthcare due to movement restrictions, violence, and displacement.
2025	Launch of Operation *Iron Wall* by Israel in Jenin, Tulkarem, and Nur Shams, leading to large-scale displacement and increased humanitarian needs. MSF launches mobile clinics in Jenin and Tulkarem.
2025-2026	Continued adaptation of MHPSS activities in response to displacement, escalating violence, and growing access constraints.
2026	Following the implementation of the new registration framework for NGOs imposed by Israel, MSF is forced to significantly reduce activities. Mental health, primary healthcare, SRH, community outreach, and emergency response activities continue despite severe operational constraints.