

## Research Article

# Health Care Access Difficulties of Palestinian Patients in the Context of Mental Health: A Literature Review Study

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The blockade of the Gaza Strip and presence of Israeli settlements in oPt (occupied Palestinian territories), and the Separation Wall around Jerusalem are all these obstacles that affect the patient's right to access health care services. Barriers can lead to a very stressful atmosphere and result in developing mental problems. This paper aims to provide an overview of the literature and established studies about health care access difficulties of Palestinian patients and mental health consequences related to access limitations policy to health care services system in Palestine.

**Methods:** PubMed and Google Scholar were used to search for materials for the literature review.

**Results:** Eleven related articles were founded including review studies, 3 WHO reports, and 2 Palestinian government statistical reports.

**Conclusion:** Limited access to health-care services for Palestinian patients affect negatively the patient's quality of life and mental health mainly led to mental illness due to the Israeli Separation Wall.

**Keywords:** Limited access; Health care services; Mental health; Palestinian

**Abbreviations**

**WHO:** World Health Organization; **oPt:** Occupied Palestinian territory; **MOH:** Ministry Of Health.

**Background**

Historical Palestine includes occupied lands by Israel in 1948 and 1967. Palestine is located in the eastern Mediterranean region that includes the occupied Palestinian territories containing both the Gaza Strip (along the Mediterranean coast) and the West Bank (the area west of the Jordan River) [1]. The Gaza Strip and the West Bank are geographically separated due to Israeli occupation, which no clear pathway between them except via checkpoints that reflect Palestine remains a conflict zone [2].

The material and legislative division of Occupied Palestinian territory(oPt), both in terms of the separation of the Gaza Strip from the West Bank, and the fragmentation of the occupied West Bank into areas A, B, C, and Israeli control in Area H2 in Hebron and East Jerusalem following the Oslo II Agreement, with Palestinian civilians and military control in Area A; Palestinian civilian control and Israeli military control in Area B; and Area C Israeli civilian control that led to the expansion of its settlement infrastructure. While development efforts have led to 300,000 Palestinians living in the area including the development of health services, which have been severely hampered (occupied areas of historical Palestine since 1948).Palestine is one of the 50 countries with global conflict over the past three decades that the struggle has impacted the civilian health needs access [3], along with reduced infrastructure affecting the quality of life of Palestinians, including insecurity, inequality in access to all forms of health care services, and health [2].

In addition to the Palestinian civilians who stay in East Jerusalem inside the Separation Wall. After 1967, Israel incorporated East Jerusalem into the Jerusalem municipality; according to its residents for Palestinians who live in East Jerusalem can move freely within Israel, while most Palestinians from the rest of the oPt need permits to enter Israel (occupied areas of historical Palestine since 1948).

**The Israeli separation wall and barriers in Palestinian land**

Israel's construction of the Separation Wall in 2002 controlled the infrastructure and restricted the fuel supplies and access to water and sanitation. Palestinians are tortured in Israeli prisons and humiliated at Israeli barriers, and their dignity is not respected [2]. The Separation Wall and barriers complicate Palestinian access to work and healthcare facilities. Taking alternative roads to nearby towns and health facilities between the Green Line, which separates Israel from the West Bank by the separation wall, Poverty rates have risen sharply, and nearly half of Palestinians depend on food aid. The social cohesion that kept Palestinian society intact, including the healthcare system, is now tense [2,4]. On the other hand, over 700 obstacles on the roads that control the Palestinian movement in the West Bank include 140 barriers that are permanent infrastructure, and 64 of them were equipped by permanent security forces, including 32 barriers located along with the Separation Wall or on roads leading to Israel, and 20 barriers in the Israeli-controlled area in the city of Hebron, and another 12 points elsewhere in the West Bank [5]. The other 76 (partial) barriers are either operating from time to time or having security personnel present in a tower. And the main barriers for Gazan patients are the Erez barrier crossing into oPt and Israel, and the southern Rafah Crossing into Egypt [5]. In 2017, According to a report of a field assessment of health conditions in the oPt: patients applying to use health care from Gaza had the lowest

approval rate and delay than before. Permit denial or delay among Gaza patients/companions to access hospitals outside the Gaza Strip was higher for a young age compared with children below 17 years old and older age more than 60-year-old [6].

### Health care access limitations

World Health Organization (WHO) defines a health attack as 'any act of verbal or physical violence, the threat of violence or other forms of psychological violence or obstruction of the availability, access, and delivery of therapeutic and preventive health services. Access to health care remains hard because of health attacks imposed through restrictions on movement. In 2017, seven mobile clinics providing primary care to these communities were denied access for more than two months to more than nine months [7], all of the previously mentioned literature negatively affects the health status of Palestinians.

### Organizations of health care in Palestine

The organizations of health care in Palestine include primarily: the Government of Health Organization as Ministry of Health (MOH), the United Nations Relief and Works Agency (UNRWA), and the Palestinian Red Crescent. UNRWA provides primary health care to Palestinian refugees, a non-governmental organization that provides third-degree primary care services, particularly in East Jerusalem, and secondary care services, to a lesser extent, some primary healthcare services, additionally, the Augusta Victoria hospital located in East Jerusalem had Mobil clinics provide services for diabetic patients and mammography for candidate women [8]. The UNRWA for Palestine Refugees in the Near East has been supporting Palestine refugees in the Gaza Strip and the West Bank since the 1950s. Because of conflict, and violence, Israeli occupation, high levels of poverty and other social determinants of health threaten the well-being of Palestinian refugees [9]. The Palestinian Red Crescent, which provides ambulance services and some clinics, and the private sector that covers private doctors, is new to the health service delivery sector in Palestine. There is a lack of effective coordination between these different sectors, and there is a severe shortage in many areas, for instance: child protection, mental health, and child disability services [8]. There is also a shortage of medical personnel in many sectors and specialties in neurology, oncology, pediatric surgery, and psychiatry [6], such as schizophrenia [10] and anxiety disorder [11] revealed that Palestinian health affected. Soothe Palestinian refers patients of the West Bank and Gaza Strip to specialized care institutions whenever the service is not available in the local MOH hospitals, and financially covers their treatment in outpatient medical facilities from external help but they don't work well together [6]. According to the Palestinian Central Bureau of Statistics in 2016, about 82% of the Palestinian population living in the West Bank and Gaza Strip are covered by some form of prepayment of health care. The main providers of health coverage, namely government health insurance and the UNRWA for Palestine Refugees in the Near East, account for more than 90 % of the coverage provided; in addition, the MOH gives some cases 100% governmental coverage as oncology cases referrals [4].

### Cases referral in Palestine

Most referrals were made to private/non-profit health facilities in the oPt for cases that had a load to governmental hospitals or cases need services not available in governmental hospitals, while

one in five cases referred title surrounding countries such as Egypt, and Israel, or Jordan [6]. Referrals to Egypt have steadily declined. Also, Jordan has almost stopped in response to the policies of these governments: Egypt has restricted Palestinian access across the Rafah border (between Gaza Strip and Egypt) and Jordanian hospitals have refused to accept new Palestinian patients from the MOH, because of outstanding debts. As a result, referrals to Israel, which are paid indirectly through deductions from Palestinian customs revenues held by Israel, and referrals to non-governmental facilities within the West Bank and East Jerusalem hospitals, have increased sharply despite outstanding debts [6]. 40,220 referrals to East Jerusalem hospitals from the West Bank and Gaza, 174,444 people in Area C served by mobile health clinics, and 12% of patients denied health access to East Jerusalem and Israeli hospitals. And the Right to access health services indicators for Gaza: 12,075 patients exited via Erez [12].

Oncology cases in Palestine increased and cancer remains the second cause of death in Palestine after cardiovascular diseases. In 2013, the highest referral causes in the West Bank and Gaza Strip were oncology for targeted therapy and bone marrow transplant, ophthalmology for surgical interventions services not available in local regions, and pediatrics especially from Gaza referring the cases of nuclear medicine and orthopedics, and West Bank for MRI diagnosis and internal medical conditions [6]. Oncology for Gaza patients also represents the highest total cost of referrals due to the length of hospital stay required for chemotherapy and radiotherapy and the high cost of medicines. A patient requiring radiation treatment must be referred outside Gaza because the import of radiotherapy equipment to the West Bank or Gaza requires special approval from the Israeli authorities, full access to technical maintenance, and substantial funding that is not available. Patients are also usually referred for chemotherapy because there are one or more ingredients unavailable in the protocols, about (27%) of referrals are to Augusta Victoria Hospital (AVH), which is the most important destination, and the main referral center for cancer patients in the oPt. (25%) to Makassed Hospital in East Jerusalem, which operates as a major center for pediatric tertiary care and cardiology. The most common and important destinations in hospitals after Makassed hospital is Hadassah AinKarim hospital in Israel (7% of permit applications); An-Najah National University Hospital in the West Bank (7%); Tel Hashomer in Israel (6%); and St. John's Hospital in East Jerusalem (4%) [4,6].

Oncology or cancer treatment and diagnosis was the largest medical specialty for patients requiring permits to leave Gaza in 2017, accounting for about one-third (31%) of the applications of patients in Gaza. Other major disciplines include pediatrics (9 %), heart disease (9%) hematology (9%), orthopedic surgery (7%), and ophthalmology (7%) [8].

Palestinians who live in Gaza Strip are referred to other regions due to the lack of radioisotope diagnostic services and radiotherapy because of Israel's very restrictive policies that control the movement of people and goods to Gaza, as well as because of the poor financial status of the Palestinian MOH [6]. The main hospital in Gaza, Al-Shifa Hospital, had planned to establish a special radioisotope center in 2003, for nuclear medicine services, but was unable to secure funds from donors or guarantees from suppliers to provide material needs

and human resources. These restrictive circumstances have led to the current situation of the lack of trained doctors and technicians to support services, as well as the lack of equipment and radioactive isotope materials, some of which Israel considers 'dual' and therefore subject to lengthy coordination procedures [6].

### Health permit requirement of Palestinians in occupied regions by the Israeli

The permit is required to cross the main barriers through the Separation Wall, as the Qalandiah barrier for Palestinians from the West Bank going to East Jerusalem. The Eriz barrier for Palestinians from Gaza Strip going to East Jerusalem and to West Bank through the Qalandiah barrier too. A different situation for Palestinians in the rest of the oPt presented significant difficulties for the cohesion of the health system and the access of staff, ambulances, patients, and their relatives [4]. When Patients require access to medical health services, and they are not available in Gaza Strip they must go through a long bureaucratic process so that they can apply for such a permit. Once the patient's doctor understands the patient's need for referral, he must first submit an application through the Purchasing Services Unit of the Palestinian MOH, which will review the patient's application and, if approved then they can, make an appointment at the hospital and issue financial coverage to refer. After that, the patient can apply to the Israeli authorities through the Palestinian Health Liaison Office in Gaza [6]. According to the Regional Office for South-East Asia of the World Health Organization, when patients need to travel to other cities to access health care, they need a person to accompany the patients. However, less than half of companion permit applications (44%) were approved in 2017. Over half of them (52%) were delayed and 4% were denied. However, there was an increase in the proportion of the permits delayed. A manual examination of applications made at district offices in the fourth quarter of 2013 revealed, that the most common Israeli reason for denial of access was 'security' reasons 35% of relatives who had applied to accompany or visit patients were denied for 'security' reasons because they were not close enough to patients. (20.2%) were denied the permit because of another illness. 7% were denied because another relative had applied for a permit to accompany the patient. The reasons for refusing entry permits to patients in the West Bank varied, including Rejected for security reasons, no medical report, suspected fake reports, no reason, need for hospital confirmation, mistaken identity, treatment available in the West Bank, wrong address, incomplete documentation, invalid magnetic card (card contains personal information taken from Israeli authority with expiry date determine the number of visits to Israel and East Jerusalem). Additionally, in December 2013 the reasons for denying access permits to patient companions in West Bank concluded as the following: Rejected for security reasons, the wrong close relationship from the Israeli perspective, unknown reason, additional companions list statement, Suspected faked documents, identity, address, incomplete documents, no hospital confirmed application, need a detailed medical report [7].

Concerning delayed permits, the Israeli authorities in Erez (Barrier to travel outside Gaza through Israel to East Jerusalem and West Bank) do not provide reasons for refusing a health permit. When permits are delayed after the hospital appointment date, the reasons are sometimes written: Unknown, no response, still under study 28%, must change companion 15%, needs a new hospital appointment

14%, waiting for a security interview appointment 8%, and waiting after a security interview 13%, not suitable for referral outside 3%, a new application needs 2%, returned medical papers 1% [8].

### Violation of the right to access health care services for Palestinians from the West Bank and Gaza

One necessary life element is having access to health care services; it's also a fundamental human right [7]. Inadequate access to health care can be threatening to health [12]. No individual shall get denied to access healthcare services in their country or get arbitrarily rejected when need to leave their country to get health care abroad, the right to have healthcare is one of the most respected and widely recognized human rights and is dedicated to major international laws and conventions as a 'fundamental human being the essential right to exercise most other human rights [13].

Referrals and access to tertiary care have a dimension in human rights. In most countries, referral to tertiary care is a simple internal procedure primarily affected by the availability of service capabilities and insurance considerations. In the oPt, it has become a complex process due to the need to cross barriers or border crossings and restrictions on the movement of Palestinian patients and ambulances imposed by the Israeli government. Access to tertiary health care is limited by many obstacles. Data on the referral and authorization process are available from different sources. According to the measures adopted by the security cabinet of the Israeli government, the number of road closures, barriers, and roadblocks increased, in addition to scrutiny and delay in the existing barriers increased. Military barriers were set up next to Augusta Victoria and Makassed and St. Joseph hospitals in East Jerusalem, which negatively affected their work, such as delaying the arrival of staff and patients [14].

The Israeli military occupation of the West Bank and Gaza Strip and the annexation of East Jerusalem, oPt contrary to international law; limit the movement of Palestinians within and between these areas. In addition to the Israeli authorities preventing multidisciplinary communities from accessing specialized healthcare, access to permits, and restrictions on travel routes, as well as the blockade of the Gaza Strip and the presence of Israeli settlements in opt and the separation wall on Jerusalem, cost and time are affected [12].

In 2018, the Human Rights Council reported that the situation of the Palestinians in the West Bank and the Gaza Strip posed a 'serious' threat to the peace process due to the Israeli occupation [12]. and in 2017, Right to health access indicators for the West Bank: 74,400 West Bank referrals to East Jerusalem and Israel, 18% of patient companion applications denied access, 90% of the 2,125 ambulances trips requiring entry to Jerusalem denied direct access, 56% of Gazan patient companion applications denied or delayed access through Erez, 1,405 exited Rafah terminals (Israeli barrier) for health reasons, Rafah terminal open for the exit for 21 days over the year, 46% of patient applications denied or delayed health access out of Gaza via Erez [12]. Patients in Gaza are entitled to only one companion permit at that time, which places a heavy burden on escorts while they are hospitalized for extended periods. Other relatives may also want to visit patients, especially during extended stays in the hospital and if the patient is about to die. This is particularly difficult for children grandparents and other elderly companions who have health needs. As a result, people suffer in the organizing process to bring

an ambulance to the barrier and preventing them from entering Jerusalem and checking process at the barriers that reflect mental health suffering [6].

On the other hand, Palestinians in Gaza, including East Jerusalem, face the demolition of homes and schools, arbitrary arrests and detentions, and restrictions on freedom of movement, which affect all aspects of Palestinian life [16]. Access to medical care leads to a significant and negative impact on the psychological well-being of the population and mental health. Also these restrictions lower welfare levels, economy, and psychosocial aspects [12].

In summary, the Palestinians living in West Bank and Gaza Strip face many difficulties to access health care services, including Gaza patients who need to travel outside Gaza (East Jerusalem, West Bank, or other countries such as Egypt) and patients from West Bank need to travel to East Jerusalem to access health care. These difficulties have many effects on Palestinian quality of life [2,6,8] and increase stress levels as feeling lack of freedom, lack of the right to access health care services, feeling insecure, feeling inequality, they become nervous and later feeling depressed due to high effort taken to access health care services. This study aimed to provide an overview of the literature about health care access difficulties and their mental health consequences for Palestinian patients.

## Methodology

The Data in this literature review was collected by searching electronic databases such as PubMed and Google Scholar. The keywords used in the searching process are (((((((((Mental Health AND (consequences)) AND (limited access)) OR (limited access)) AND (health care services)) OR (health care)) AND (barrier)) AND (Gaza strip)) OR (West Bank)) AND (Palestine). The search process was conducted using the above mesh terms and full-text articles critically appraised were included while the duplicated papers were extracted. The papers in this review follow the IMRAD style (introduction, method, results, and discussion section). Eleven related materials were found including review studies, 3 WHO reports, and 2 Palestinian government statistical reports. The characteristics of the included article studies are presented in Appendix A. The Prisma chart is shown in Figure 1 and the checklist is used too.

## Inclusion and exclusion criteria

Studies were eligible for inclusion if they satisfied the following criteria: the articles discussed the access limitations to health care services either in West Bank or Gaza Strip and mental health consequences.

## Health care access conditions in Palestine (oPt) and permission requirements

MOH referral approval procedures can take a long time. It took days to months in some cases. According to a field assessment of health conditions in the oPt in 2017 Security requirements for the Israeli permit process to access health care services in facilities located in Israeli/occupied regions of Palestine: Patient files are checked individually and patients may be required to attend a special security interview as part of the licensing application process. West Bank patients must obtain valid magnetic biometric cards from Israeli military authorities in the West Bank before applying for a health

access permit. Even patients with serious conditions, unless there is an emergency, must apply personally. Multiple permits to continue the course of medical treatment, For example, cancer patients who require accurate periods of chemotherapy or radiation therapy must apply for a new permit for each appointment at the hospital with a risk of being rejected or delayed each time, which can have serious health consequences. Patients must walk through barriers and carry their personal belongings unless they are transported in an ambulance. This process can take a long and tiring time for elderly, seriously ill, and disabled patients who use medical equipment and new mothers with infants.

Patients applying for permits from the Israeli authorities face additional financial burdens, including travel costs, and accommodation costs for their comrades, as well as the emotional stress of a process lacking transparency, unpredictable, and often long, as the process needs time waiting for months. On the other hand male patients aged 16 to 55 years and female patients aged 16 to 45 years face additional, long security clearance processes, while all patients and fellow patients called for security questioning as a prerequisite for allowing treatment [6].

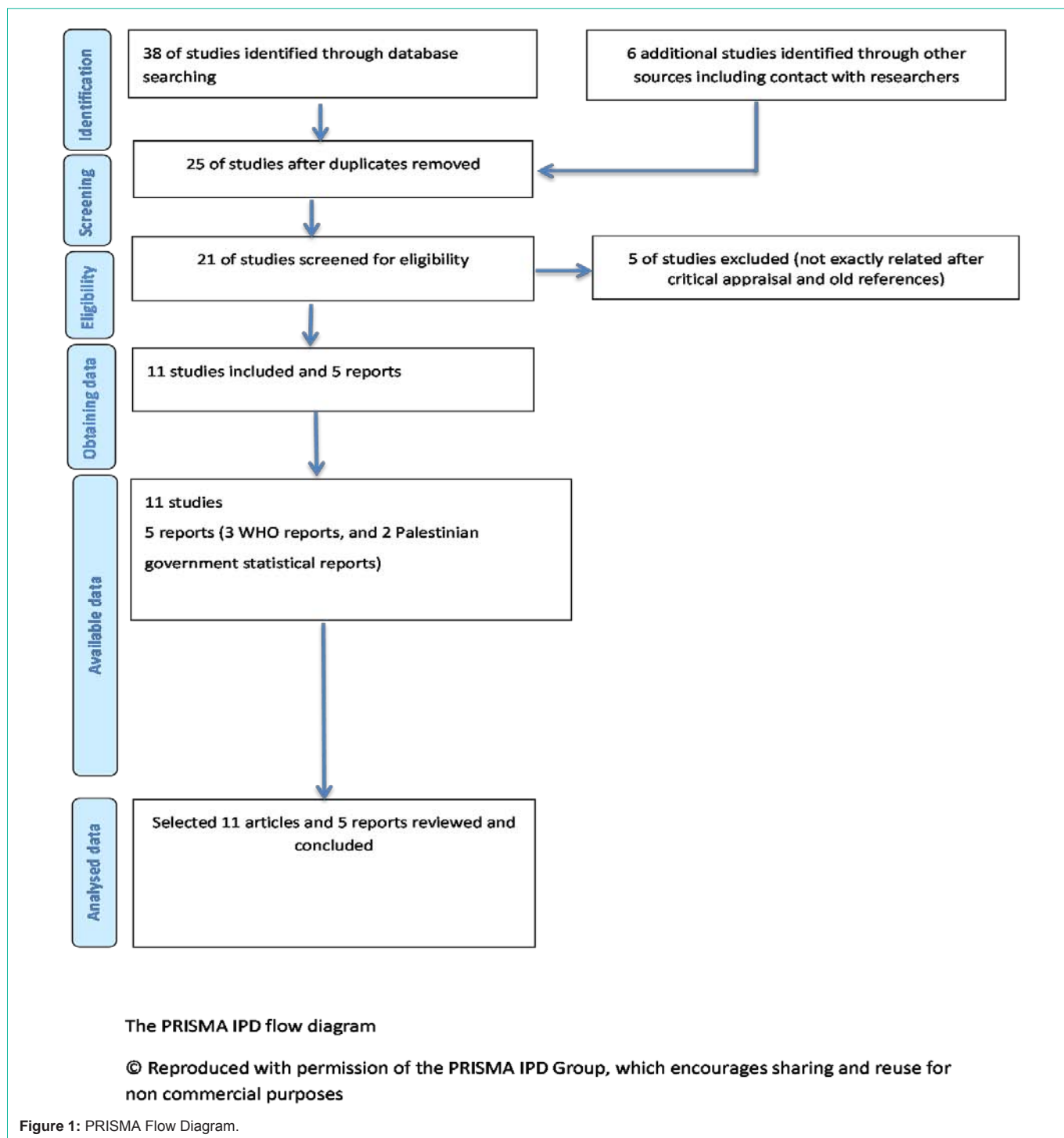
A survey conducted in 2007 and 2008, examined the impact of a lifetime and past 30-day experiences of political violence on the mental and physical health of adult Palestinian women from the West Bank, Professional translators in the West Bank translated the survey from English into Arabic, reported that their access to health care had suffered as a result of the political violence of the occupation forces, 27.5% reported being threatened by Israeli forces and Palestinian mental health affected [16].

The health situation in the oPt remains affected by the Israeli occupation. The long-term blockade and restrictions imposed by the Israeli settlement affect the physical and mental health of the population and the development of quality health services, especially in the Gaza Strip to increased stress levels. In addition, internal Palestinian divisions and financial problems exacerbated the situation [14].

In a descriptive study of the quality of life assessment using a tool from WHOQoL-Bref, conducted by Mataria A, et al, 2008, the design of multi-stage cluster samples for 1,023 adult Palestinians, from the general population living in the conflict zone in the West Bank and Gaza Strip from the end of 2005 to 25 January 2006, concluded that Palestinians suffered from poor quality of neighborhoods due to restrictions on access to health care services due to barriers in the Separation Wall and closures, and in some cases lead to psychological and physical distress and death [17].

## Patient referrals process within Palestinian regions including Jerusalem

Patient referral needs many issues to complete the referral process including Medical decision, medical approval, financial approval, the appointment date from the hospital is indicated by patients according to the urgent situation, applying for a license from the Israeli Authority, the process of authorization: Israeli coordination up to the date of the permit according to the patient's appointment, Gaza patients need to cross the Erez checkpoint to obtain health care in the West Bank, receiving health care and traveling backward. And



rearguing Gaza patient’s referral to West Bank health care services they come through the Erez checkpoint and must also cross the Qalandia checkpoint (located between West Bank and East Jerusalem south Ramallah city), which increases the probability of delays and violence [6].

A cohort study conducted by Vitullo A, et al 2012. used quantitative and qualitative approaches aiming to describe and analyze the experiences of Palestinians in the West Bank and Gaza

Strip who applied for permits from the Israeli authorities in 2011, either to access health care or for travel to work in Palestinian hospitals in East Jerusalem, data for patient referrals were obtained from the Palestinian MOH; data for permit applications and responses were obtained from the Palestinian General Authority of Civil Affairs, West Bank and Gaza Strip, and hospitals in East Jerusalem. The results conclude that the Palestinians who have been transferred to Jerusalem or from the Gaza Strip to West Bank hospitals need permission to enter and access health care services. However, there

are restrictions to granting Palestinians permission from the Israeli government that do not have any standards for it and the clearest denial is for security issues. Patients who are between the ages of 18 and 40 years old had the highest rate of rejected or delayed military permits. Interviews conducted with families of patients in Gaza discovered that six patients whose permits were denied or delayed showed their quality of life negatively affected and lower mental health and they mentioned some patients died while waiting for permits [18].

In 2017, the patient's permit approval rate reached its lowest level since 2006, with 54% of patient requisitions accepted - that is, nearly half of patients' requests were rejected or received no final response by the time of the hospital time. Access to emergencies and emergencies can be handled on the same day, although processing time for these applications can take longer for non-urgent patients. The Israeli authorities had previously required Palestinian patients to apply for permits before 10 working days [6]. About 6% of referrals by the MOH in Gaza were to health care facilities in Egypt, requiring exit through Rafah. Access outside Gaza via Rafah remained limited in 2017, limited to humanitarian cases, including patients seeking health care in Egypt [7]. Patients referred to hospitals outside the Gaza Strip are excluded from the general travel prohibition enforced on Palestinians in the Gaza Strip, according to Charara R. et al 2017, allowing them to petition for leave permits for health care. Because the OPT has one of the highest rates of mental illnesses in the eastern Mediterranean area, the occupation of Palestinian territory, notably the closure of the Gaza Strip, has an impact on the socioeconomic determinants of Palestinian health [4].

### **Ambulances difficulties to access healthcare services for Palestinian patients**

Some of the patients need ambulances to access healthcare services according to their condition, the majority (90%) were ambulances transported from back to back (from ambulance to ambulance because the West Bank ambulance can't cross the barriers) at barriers to East Jerusalem to avoid long- delayed and searches. Ambulances from the West Bank will meet registered ambulances in Jerusalem and transport patients who require transport to hospitals in East Jerusalem. Ambulances can experience time-consuming delays, by being detained by the Israeli military and civilian personnel at barriers, even when the referred hospital and the future hospital have received prior coordination from the Israeli Civil Administration restriction to transport the patient from barriers. To avoid delays in negotiating access to barriers in Jerusalem, the Palestinian Red Crescent Society, the main provider of emergency services to Jerusalem, is using 'successive' procedures to transfer 93% of patients from the West Bank to East Jerusalem. This means that an ambulance license painted in the West Bank will transport a patient by stretcher to a Jerusalem-plated ambulance waiting for an abyss at the barriers. An operation that takes place in the open, delaying the transfer of the critically ill patients for at least 10 minutes and often longer due to security checks by barriers to staff inspection. In some cases, people need to get out while they are sick to cross the barrier and then another ambulance on the other side is there waiting for them [6].

Besides ambulance delays caused by Israeli barriers and road closures, women during pregnancy and childbirth, children and

infants, the elderly, and chronically ill or disabled patients are the most vulnerable groups in Palestine. Knowing that access to health services can be difficult and risky is also additional psychological stress that can directly affect health [19,20].

### **Health care access limitations regarding obstetric, women, and children**

The Palestinian population living in the occupied territories is subjected to ongoing violence as a result of this ongoing crisis. Palestinians, particularly women and children, are suffering from severe psychological distress. Although these patients need immediate and urgent care, usually mental health and social support, access to health care remains difficult because of the settlement policy and the creation of pockets [21]. In a study analyzing data collected from four surveys conducted by the Palestinian Central Bureau of Statistics covering fifteen years (2000-2014) for children (no. 16793) and women (no. 8477) in five areas of the OPT, the conclusion that the location is important with the results shown the negative impact of the severity of the conflict on access to care, particularly in the southern West Bank for maternal health services and the central West Bank vaccination. Also, psychological barriers to access to services are increasing because safety concerns can prevent women and children from trying to access services that increase the psychological stress of patients and adversely affect their quality of life and have fear concerns and unstable living conditions [22].

According to a report of a field assessment of health conditions in the oPt, data collected in November 2015, indicates that some accessibility to some special health services is two to four times more likely to be rejected, 11% of women in the West Bank have unmet family planning needs because the system of permits and barriers adversely affects patients in need of care in the six East Jerusalem hospitals or in Israeli hospitals that provide specialized health services that are not available elsewhere in the oPt. The government's efforts to address the problem of child labor are also being addressed. Barriers to access to healthcare facilities are a serious, permanent, and well-documented problem including mental health problems of stress, maladaptation, and anxiety [23]. Additionally, a regression analysis by Giacaman et al. established the association between dissatisfaction with the place of birth and selected determinants of 2158 women residing in the West Bank and Gaza Strip. The study reported dissatisfaction with their childbirth location referred to the following reasons: 37.5% of respondents stated that the availability of government health insurance and the low cost with low quality of services in governmental hospitals were among the main reasons; 19.3% stated that they were unable to reach the preferred place of birth due to sudden birth; 13.7% stated that reaching the Israeli army impeded access (closures, blockades, and barriers that prevent the movement of people and goods). 14.1% reported that there was no other place available for them to give birth. And 11.7% of other reasons, Palestinian women are concerned about frustration at the lack of certainty of their ability to access the maternity care center. This means living with constant anxiety during their pregnancy where they will go when labor begins, and how they will return to their families, leading to inducing a severely stressful atmosphere [24].

An example of the unique characteristics of this health conflict is the monitoring of birth rates at Israeli army barriers for those who are unsuccessfully trying to reach a health facility to provide Birth. The well-being of people living in this conflict zone is largely affected due to difficulties in access to health-care services, and mortality and morbidity increase too [25]. Another study conducted in 2007 for 2,158 women living in the West Bank and Gaza Strip by Regression analysis demonstrated the association between dissatisfaction with the place of birth and the selected determinants. Concluded quality of life, well-being, mortality, and morbidity of women were adversely increased by limited access to healthcare services resulting from continued closures and blockades [26].

Additionally, restrictions lead to stress and psychological effects have shown from the story of Halla Shoaibi of the University of Michigan in Ann Arbor in the United States, estimates that in the period studied (2000-2007), 10% of pregnant Palestinian women were delayed at barriers while traveling to the hospital for delivery. One result has been increased dramatically in the number of home births; with women preferring to avoid road trips while in labor due to fear of not being able to arrive at the hospital in time, the fear is reasonable. Shoaibi said 69 babies were born at barriers during the last 7 years. About 35 babies and 5 of the mothers have died an outcome which she considered to amount to a crime against humanity [27]. Barriers continue to have economic, medical, and psycho-social effects on Palestinian pregnant women [28]. By year review of worst abuse against Palestinian children in 2017 twelve Palestinian children died in Gaza due to insufficient access to health care, eight of whom were less than two weeks away due to these pediatric cases prevented from leaving Gaza for medical treatment by rejecting or delaying patients' requests and their families suffered [29].

On the other hand, a literature review study in 2017 for Palestinian children explored that 5 million Palestinian refugees currently live in Palestine, Jordan, Syria, and Lebanon, about 40% of whom are children. Palestinian child mortality rates are similar to neighboring Arab states. They are hugely affected by the occupation, which has increased violence against children, mental health problems, and malnutrition, particularly in Gaza, which is suffering from a health crisis, as a result of the restrictions on access to health care in Palestine, children are unable to travel to specialized hospitals in Jerusalem which East Jerusalem hospitals remain the main referral hospitals for Palestinians. The Augusta Victoria Hospital in East Jerusalem is the only hospital that gives treatment to pediatric patients for hematology, oncology, radiation, and kidney diseases. Since there is a permit restriction and limited access to males, most children are cared for by their grandmother or aunt (sometimes the parents are younger than 50), which increases their psychological burden and violates their parents' rights to care supported by their parents. Also; they feel insecure, had nightmares, and aggressive behaviors lead to mental health problems [8].

### **Health Care Access limitations for the Political Palestinian Prisoners in Israeli prisons**

A Report of a field assessment of health conditions in oPt, in 2015 shows the population of the oPt suffers from threats to their mental health including prisoners. The main issues of concern regarding the physical safety of the detainees and the 6,066 Palestinian security

prisoners held in Israeli prisons are lack the access to adequate medical care promptly, whether by diagnosis or treatment, and lack of adequate medical care besides inadequate nutrition, housing conditions, and denial of family visits and contacts. Physical and psychological abuse leads to severe mental health problems and great pain. The use of arbitrary punishments and administrative detention without trial are serious problems for many prisoners. The evaluation team was unable to access Israeli prisons and Palestinian prisoners there and was unable to independently verify the reported conditions to hide the through which some Palestinian patients die in the prison due to preventing them to access their health care needs [14]. Moreover, the prisoners suffer from mental health problems as a result of carelessness, including acute hysterical reactions to interrogation methods involving Israeli interrogators, acute depression and severe introversion from being cut off from their family members, and suicide due to severe psychological stress, as well as insomnia caused by severe psychological stress and anxiety [14].

### **Health care access difficulties for Palestinians living in West Bank**

Palestinians from the West Bank can no longer access specialized health care services in East Jerusalem, and in some cases can't access hospitals in other West Bank cities due to movement restrictions which reflect the lack of freedom, adversely affecting their quality of life [20]. The over-60 age group accounted for 23.3% of referrals in 2015, although they accounted for only 4.5% of the population, reflecting the burden of non-communicable diseases. For Palestinians from the West Bank-except for East Jerusalem-and the Gaza Strip, medical referral centers in East Jerusalem can only be accessed after a permit from the Israeli authorities, a complex process that can lead to delays and denial of adequate care. In 2015, more than half of the referrals were from the MOH to destinations requiring access permits [18].

Based an analysis of the Geographic Information System (GIS) in 1998 and 2007, shows that low- and middle-income countries have difficulty recording high-quality diseases (such as childhood cancer, leukemia, acute lymphocytic leukemia, lymphomas, brain, and Central Nervous System (CNS) cancers and remaining cancers (excluding leukemia, lymphoma, and CNS tumors)) because of the inadequate health care infrastructure and political and economic instability. This article explored the potential of GIS to add value to understanding childhood cancer patterns in the West Bank, despite a variety of obstacles to disease registration. The result shows that the cancer patient faced many difficulties in receiving cancer care that transports them from hospital to hospital because of the lack of all services established in all areas such as bone marrow transplantation and radiation therapy only at Augusta Victoria Hospital in East Jerusalem besides they need to get permission to cross the Israeli checkpoint and if they have security issues they are not allowed to enter East Jerusalem. The large proportion of cases with death certificates compared to other reports is another indicator of the number of cases that do not reach or exceed major treatment centers in the West Bank [30]. Besides Israel deprives some of the patients' companions of crossing barriers due to Israeli security issues, causing limited access to medicines and medical equipment. On the other hand, delays at the checkpoints cause the death of Palestinian patients [3].

A review study for 43 articles in Palestine in the West Bank in 2016, aimed to examine the mental health needs of Palestinians and the availability of services and concludes that unstable conditions for Palestinians affected their mental health due to lack of access to basic needs, such as health care services due to geographical difficulties, 'Separation Wall', lack of freedom and restrictions on movement and political conflict between Palestinians and 'Israeli' Jews. There is a need for mental health care [31], resilience improvement for Palestinians [32], and supporting Sumud culture or steadfastness of Palestinians [33].

### Health care access difficulties regarding Palestinian health care workers

In 2011, a qualitative study for the Palestinian Medical Relief Society (PMRS), an NGO that provides health services in the West Bank, was conducted using participant observation, secondary data analysis, and semi-structured interviews with key informants. The study concluded that Palestinians face difficulties in accessing health care services, either by preventing or delaying them due to restrictions on the movement of patients and healthcare workers, who need permission from the Israeli authorities to cross barriers through the Separation Wall [3].

Moreover, health care providers in Palestine face many difficulties accessing their workplace due to barriers as nurses [34]. Also, Doctors, community health workers, and nurses reported that the persistent psychological pressures of the occupation accelerated the deteriorating effects of many chronic diseases. One of the doctors said, "At barriers, they try to humiliate you because you are a doctor. The medical staff faced delays, harassment, torture, and abuse. That occurred primarily at checkpoints elsewhere [8]. In 2017, seven mobile health clinics run by three health providers were denied access to communities in Area C of the West Bank due to health attacks [7].

### Health care access difficulties for Palestinians living in Gaza Strip

According to a report on an assessment of health conditions in the oPt in 2017, the Palestinian Coordination Office in Gaza obtained data on Israeli responses to requests for patient permits to travel outside Gaza to receive healthcare services through the Erez barrier. The Palestinian General Authority for Civil Affairs received data on Israeli responses to all applications for health service permits and classified them by provincial coordination offices. The Gaza Strip has been under land, sea, and air blockade for more than 15 years, with significant consequences for the health sector and access to health services. The majority of referrals in Gaza (77%) require access through the Israeli-controlled Erez crossing to access hospitals in East Jerusalem and some parts of the West Bank and Israel. All these patients must apply to the Israeli security services for permits to leave Gaza to obtain primary health care [6].

In a cohort study done by Vitullo A, et al in 2012, Of the 168 278 applications for health services permits provided to the Israeli authorities, 16.4% (12.8% for patients and 19.5% for companions) were rejected or received no response. For patients in the Gaza Strip, requests for exit through the Erez checkpoint for a referral to medical care increased by 17% over one year to more than 22,000, while the proportion of applications rejected nearly doubled (from 2.89% to 5.72%). The number of referrals from Gaza to Egypt declined

in 2015 due to the closure of the Rafah border. The reconstruction of health facilities in Gaza was hampered due to the lack of funds, in addition to restrictions on the import of building materials and medical equipment. October 2015, escalating violence in the OPT has led to new roadblocks and barriers, restricting the movement of ambulances with consequent delays in access to health care [18].

Increased bureaucratic delays in processing patient permit applications in 2017, and 596 patients and 91 companions were under investigation for security questioning as a precondition for access to health services outside Gaza [4]. On the other hand, there is a failure in the health care system in Gaza due to workload, especially in case of fire injury during demonstration events with Israeli Jewish at the Gaza Borderlines with Israel, all of that lead to mental health deterioration [35].

Restrictions on access to health services are one of the main obstacles to the right to health for Palestinians living in the West Bank and Gaza. It affects cancer patients at a weak point in their lives when they need specialized care and services for diagnosis and treatment. Most of the cancer patients from Gaza are referred to West Bank and East Jerusalem due to chronic shortages of medicines and lack of medical equipment in their city. Patients need to wait several months to receive treatment and the process of getting access permission from Israeli authorities to cross the barriers is severely stressful [36]. The following are examples showing patient experiences for Oncology patients from the Gaza Strip with limitations to health care access, which reflect their suffering and that affect mortality and morbidity:

*Samira, 64, was diagnosed with uterine cancer in 2016. She underwent surgery but then needed follow-up treatment not available in Gaza. Doctors referred Samira to radiotherapy in East Jerusalem. It takes her more than 6 months and 5 requests for permits to leave Gaza in June 2018. "All this time, I was suffering from abnormal bleeding. It was a matter of life and death. Why was the permit rejected?" She says.*

*"Khadija, 32, mother of four, noticed something unusual with her breasts in December 2017. Doctors soon confirmed that she had breast cancer. In January 2018, Khadija applied for a permit to go to the Augusta Victoria Hospital in East Jerusalem a plastic surgeon - to see if the cancer had spread and if so, to what extent. She was rejected and started receiving chemotherapy in Gaza, but there was a cosmetic need for optimal treatment surgery. In July, Khadija applied for a permit and was again rejected. She decided to change her medical destination to Egypt. Khadija's second attempt to leave Gaza into Egypt was finally successful. She underwent surgery in August 2018, 7 months after the diagnosis. These obstacles put her life at risk of death and increased her suffering" [36].*

*"Mohammed Abu Harbid, 54, was arrested in Erez on July 10 while returning to Gaza with the body of his brother Suleiman Abu Harbid, 58, who died in Tel Aviv's Akhlilov hospital from stomach cancer. His body was returned to his family in Beit Hanoun, Gaza, while Mohammed was detained for three hours in Erez, and his brother's funeral was lost. The brothers had traveled together to the hospital on June 16, 2013" [6].*

*The following are Examples of Gaza patients and patient companions detained at Erez in 2013:*

*"The risk of being detained while traveling through the Erez*



checkpoint, or after a security interview faces the patients and their families. The Palestinian Human Rights Organization reported that 5 patients and 5 patient companions were detained in 2013; 3 patients and 4 companions were still in detention in 2014. In the following paragraphs, WHO reports on two patients and 3 of his fellow detainees”.

*Detained husband:* “A 35-year-old woman from Gaza applied for a permit to cross Erez, after she was asked to attend an Israeli security meeting. When she arrived in Erez with her husband, the Israeli authorities asked her husband to attend a security interview instead. He was arrested, detained, and then got released in 2014 after 6.5 months in prison and after a court appeal. The patient sought local treatment for her eye aches while awaiting her husband’s release and was able to leave Gaza for surgery. At the time of the interview, the family was unsure whether they would risk a new application for access to the Erez crossing. *Son of the detained patient:* The son of a 48-year-old disabled patient from Gaza was granted permission to accompany his mother to a Jerusalem hospital for bone surgery, but was arrested at the Erez barrier. His mother’s medical treatment was postponed for 3 months. The son is still awaiting trial in Askelon prison”.

*Another example of a patient detained for 12 days in Erez:* “Israeli security forces at Erez crossing detained a 24-year-old patient from Rafah suffering from hearing loss in both ears after he came for a security interview to obtain permission to travel to a hospital in East Jerusalem. He was interrogated for 12 days and then released. He had previously been referred for surgery in Egypt but was unable to travel there in August 2013 after the closure of Rafah. He remains untreated and at risk of total hearing loss”.

*Finally, a patient was arrested at Erez barrier:* “A 33-year-old patient with chronic hepatitis, from Beit Hanoun, was referred for treatment at a West Bank hospital due to an ophthalmology condition. Israeli security forces detained him at the Erez crossing on his way to a hospital in Ramallah. According to his lawyer, he is awaiting trial and is in stable condition, but was not examined by an ophthalmologist and was only a general practitioner in the first days of his interrogation” [37].

### **The effect of health access limitations of Palestinians on mental health**

Palestinians are testing repeated traumas and psychological effects with dire consequences that affect their life quality, such as psychological adaptation and social life, and the restriction of their freedoms and rights, and their bodies [7 p4][11 p][24 p16][33 p19].

In summary, the mental health and well-being of Palestinians are affected. Especially patients in need of health care services through Israeli barriers [17 p13]. Mental health is negatively affected due to the difficulties in accessing healthcare services, and increases the psychological burden, especially among children [2 p3], increases psychological stress [22 p15], emotional stress [7 p4][8 p8], and affects palliative care, especially for cancer patients [2 p3][3 p3][8 p 5][13 p8], patients feel inequality [8 p5], insecure and lack of dignity [38 p23], mortality and morbidity increased [17 p13][26 p17], difficulties face women in childbirth impact women’s psychological status [22 p][23 p16][24 p16][26], also some of the patients die before accessing health care [4 p4][8 p5][13 p][19 p15][25 p16]. While patients from Gaza face more restrictions than those in West Bank [8 p5].

## **Discussion**

This literature shows the difficulties Palestinian patients have in accessing health care services and their impact on mental health, whereby disparities in health in the Gaza Strip usually characterize lower health outcomes than in the West Bank. The population’s mental health is affected as a result. Almost 312,000 children required psychosocial support in 2018 in Gaza according to Charara R. et al 2017, while patients referred to facilities outside the Gaza Strip are exempt from the general travel ban imposed on Palestinians in the Gaza Strip, allowing them to apply for exit permits for health care. The occupation of the Palestinian territory, particularly the closure of the Gaza Strip, affects the social determinants of Palestinian health, as the OPT bears one of the highest burdens of mental disorders in the eastern Mediterranean region [4]. The WHO report described the chronic mental health situation in the Opt, according to Israeli occupation and violence, although mental illness is one of the most important public health challenges in the OPT. In Gaza, in particular, more than half of children affected by the conflict may be affected by post-traumatic stress disorder, whereas several 210,000 people or more than one in 10 people suffer from severe or moderate mental health disorders in Gaza [10].

In case of no access to free health care services in Palestine due to Israeli checkpoints, the Israeli soldiers face Palestinian patients in an unreceptive manner while crossing the Israeli barriers patient’s dignity is affected, and his psychological status is affected too as being a pediatric patient without parents [6,9]. And Israeli responses to requests from parents of children in need of specialized medical treatment in outpatient hospitals are unpredictable. Parents are at high risk of arbitrary denial of permits. The health and well-being of children depend on sourcing them with their parents in the hospital. The government’s decision to re-establish a new government in 2008 was essential. Patients are left in uncertainty by not receiving timely responses to permit applications until the date of their appointment at the hospital has passed. The length of time it takes to process Israeli permits unnecessarily delays their medical treatment. They should give priority to the patients, and give them responses before the appointment date at the hospital [6]. Patients in need of companies risk a delay in obtaining their medical care. Israeli authorities refuse or delay approving their permits until they change their companions. Companions are deprived of permissions without reason. Children should not be denied accompaniment by their parents, and should not be delayed medical care due to a request to change companions. Therefore, they become worried and increase their stress levels, anxiety, and depression. Traveling outside of Gaza for medical treatment for a medical condition can be stressful for any patient and physically difficult to negotiate, and all patients need family or social support in the hospital for their psychological well-being [6]. This affects the patient’s emotional state negatively, because the companion supports the patient in the hospital. Children from Gaza are deprived of their parents to stay with them [39]. Even with a good prognosis, separation during such a critical time is painful for children: babies must be weaned suddenly to travel with another relative, and older children interact with anxiety, refuse to eat, talk or cure completely. Children who have a parent, on the contrary, have better vital signs and a much better chance of recovery. “*Settling for less when it comes to parental accompaniment compromises the child’s recovery prospects and violates*

*their right to health*” Majadli says from Augusta Victoria Hospital [40]. As clinical experience and research in human environments from a child’s perspective in 2005, explores the issues facing child and family mental health after traumatized events in conflict zones. The study concludes that children’s mental health needs vary in terms of crisis and complexity. And intimate attachment to their needs for security, food, shelter, education, and family communication, reflecting the difficulty of accessing health-care services that lead to lower quality of life [21]. The delay and denial in a permit application process increase the patient’s concern about the appointment which leads to anxiety and access to health is not fully respected to the extent required for population health and well-being and the functioning of the Palestinian health system, because this causes psychological burden, stress, and development of a mental disorder if no adaptation as mentioned in the literature [4,17,18,22], but oppositely seen in Western countries as high accessibility, continuity, and coordination of care just [41]. As patients in the United States have quick access to specialized healthcare services. In other countries, such as Canada, patients bear little or no financial burden, but they face waiting times for such special services. The Netherlands, the United Kingdom, and Germany provide comprehensive coverage at low pocket costs while maintaining quick access to specialized services [42]. In the other hand the Arab countries are politically unstable as Iraq has difficulties accessing healthcare. Otherwise, the transportation issues may delay access to health care services in Arab countries [43].

As a result of health care access difficulties in Palestine, patients arrived tired, frustrated, anxious, stressed, and in some cases reported depressed emotions and fear from re-experiencing difficulties that increase the psychological burden and affect their mental health. As supported by a descriptive-analytical study conducted in 2017 for cancer patients from Gaza support this. The study indicated that patients suffer from anxiety and depression due to the siege affecting their medical condition and immune system negatively [44]. And according to the second author’s experience as a mental health consultant, most of Gaza patients treated at An Najah National University Hospital had anxiety and depression symptoms due to their suffering while traveling from Gaza strip to west bank to access health care services as cancer treatments, also some of the patients were requested to work with Israeli intelligence services (spy) to get healthcare services.

Additionally west bank patients who are referred to East Jerusalem also have to cross barriers. Palestinians who live in East Jerusalem have differential access to health services compared to Palestinians from the West Bank. Palestinians in East Jerusalem can apply to Israeli authorities for a ‘residency’ status that entitles them to Israeli health services, on the condition that they continue to live or work in East Jerusalem or Israel [12]. That shows there is inequality in accessing health care services for Palestinians, according to living regions, fragmented by Separation Wall. Most suffering is shown in the Gaza Strip followed by the West Bank and East Jerusalem due to military Israeli occupation, which lowers the quality of life and leads to mental health problems. On the other hand, the Palestinian refugee’s dignity and mental health were affected due to inequality to access health care services [6], difficulties in access to health care needs that affect the quality of life as supported by Ibrahim Maslow’s theory of the Hierarchy of Needs which is where safety comes first

[45]. The minimum basic obligations of the right to health, are the right to access health facilities and services on a non-discriminatory basis, particularly for vulnerable or marginalized groups [38].

Finally the priority needs of Palestinian civilians are to gain their freedom, such as expression, travel, and protection. The unstable environment is constantly causing new mental health problems for civilians. The priority is to establish an effective and supportive mental health system and to stop the occupation as primary prevention [46].

## Conclusion

Palestinian patients faced many difficulties geographically and psychologically because of the Israeli occupation. Patients from West Bank need permission to access healthcare services in East Jerusalem or Gaza, Patients who need a permit to access healthcare services either in East Jerusalem or West Bank need to cross barriers through the Separation Wall checkpoint. Many studies and reports supported that there are negative mental health consequences of difficulties in accessing health care services as a result of the Separation Wall, barriers, and closures by the Israeli Authority [6,8,9,14,17,23,25,33,38]. These difficulties represented in the psychological burden, psychological distress, and abuse, emotional stress, negatively affect the dignity and quality of palliative care specifically for cancer patients who feel inequality, insecurity, and their quality of life is affected [2,6,8,17,29,31,34], more seen in Gaza patients affecting socioeconomic determinants and mental health of Palestinian health due to Gaza strip closure [3,4], that to mental illness. On the other hand, there is a negative impact on the work of healthcare providers, who need access to healthcare places through barriers or road closures represented in psychological and moral suffering [2,9,33]. Frustration and dissatisfaction result in women needing to access health care during childbirth [20,21,27,28] and psychological effects on children [6,17,19]. With all the obstacles to accessing health care services, the Palestinians try to cope with their situation and improve their quality of life and mental health depending on the resilience culture [24] and ‘Sumud’ culture [43], which is a Palestinian idea intertwined with ideas of personal and collective resilience [17,23,39]. Reliance on religious support [13].

## Recommendations

We recommend the need for more studies and policies to address inequalities in access to health care within these areas. And further study about mental health consequences concerning limitations among Palestinian patients crossing barriers. We also recommend ending up the Israeli occupation which is the main cause of prohibiting Palestinians from free access to health care services.

## Limitations

Palestine is an occupied country that is seeking independence with a scarcity of resources. Palestine has been described as “uncharted territories” due to a lack of data, resources, and reports. As a result, there is insufficient data regarding access limitations to health services in Palestine.

## Funding

There is no source of funding for this research.

## Availability of Data and Materials

This is an evidence synthesis study, all data is available from the primary research studies, or can be circulated from the corresponding author.

## Ethics Approval and Consent to Participate

Not applicable in this study.

## Consent for Publication

Not applicable in this study.

## Competing Interests

The authors declare that they have no competing interests in this section.

## Authors' Contributions

Mohammad Marie (MM) conceived the idea for the study from which this article is drawn. Maher Battat (MB) collected the data, analyzed and interpreted the findings and drafted this manuscript. MM supervised the study analysis, interpretation of findings, and made substantive intellectual contributions to the manuscript. All authors read and approved the final manuscript.

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