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Risk Factors associated with Mental Health Disorders in the Gaza Strip: Case-Control Study

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Risk factors associated with mental health disorders in the Gaza Strip: Case-control study

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Dedication

I dedicate this work for:

The souls of my parents and my brother Mahmoud.

The souls of all the martyrs who defend the Palestinian cause.

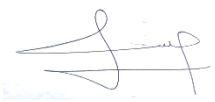
All who suffered and still suffering because they are Palestinians.

Hassan Arafat Ibrahim Elkhawaja

Declaration

I, certify that this thesis submitted for the degree of master is the result of my own research, except where otherwise acknowledged, and that this thesis (or any of its parts) has not been submitted for higher degree to any other university or institution.

Signed:



Hassan Arafat Ibrahim Elkhawaja

Date: 22/11/ 2022

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بسم الله الرحمن الرحيم

﴿ وَمَا تَوْفِيقِي إِلَّا بِاللَّهِ عَلَيْهِ تَوَكَّلْتُ وَإِلَيْهِ أُنِيب ﴾

ولا حول ولا قوة إلا بالله العلي العظيم

والحمد لله الذي اسبغ علينا نعمه ظاهرة وباطنة

وصلى الله على محمد رسول الله واله الطاهرين وأصحابه المنتجبين

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Abstract

Introduction: *Mental health disorders result from a complex interaction between biological, psychological, and social factors. However, most of the literature concluded that the elements associated with mental health and common mental health issues included individual, family, social, environmental, cultural, and community factors. This study aims to identify the main risk factors associated with mental health disorders in the Gaza Strip, namely the schizophrenia, major depressive disorder, and anxiety disorder.*

Methods*: The design of the study is a case-control study. The study sample consisted of 798 participants (399 cases of Schizophrenia, Major depressive disorder, and Anxiety disorder) and (399 controls) aged between (18-60) years old, distributed across the Gaza Strip governorates and were selected by using a simple random technique. The selection of control cases was based on the general health questionnaire, having a score of less than 6. The controls were matched to cases based on age and sex factors to avoid confounding (40.1% males and 59.9 % females); the mean age of cases and controls was the same: 32.01. The study was conducted at six governmental community mental health centers (CMHCs) covering the entire Gaza Strip. A face-to-face questionnaire was to collect the data. SPSS software was used to analysis the collect data and different statistical analysis tests used to analyze the data, including, frequency distribution, Chi-square, t-test, and logistic regression- using SPSS programs.*

Results: *The study results revealed a significant both negative and positive associations between mental health disorders and the different variables. The study found a negative association between mental health and, low income, family discrimination, family history of mental disorder, obesity in childhood, chronic diseases, drug addiction, addicted parents or mentally ill, being bullied, being segregated in the family or in the community witnessing or being exposed to verbal, emotional, physical violence or sexually abused within the family, by parents, peers or society. Losing control and confidence, negative self-image, worthless, facing stress at work, being subjected to a political arrest, being prevented from traveling, being severely beaten or seeing a family member or a friend severely beaten by soldiers, police, militia or gangs, losing a family member or a friend, being injured, seeing people injured or killed because of the bombing, shelling or shooting, being forced to move elsewhere or having the home demolished during the events of the war. Whereas a significant positive association between mental health and years of education, understanding the child's needs, relying on the self, dealing with life problems flexibly, planning for your future, regaining balance after adversity, wishing good and continued blessings for others, always forgiving and sympathizing, being married, having kids, having a job, practice religious rituals and mental health.*

Conclusion: *The study concluded that the risk factors associated with mental health in the Gaza Strip are consistent with those globally. Some of these factors could be avoided by building educational and psychoeducational programs that can address them and thus help prevent or mitigate their impacts on mental health.*

Recommendations: *It is important that the Ministry of Health implement activities that aim to increase access to mental health centers, conducting more training programs , conducting screening programs , implement joint educational programs with the Ministry of Education aiming to raise awareness of the importance of having healthy school environment. Finally, implement educating services for providers and community members specially the parents.*

Table of Content

List of Tables

List of Figures

List of Annexes

List of Abbreviations

ACE	Adverse Childhood Experiences
AD	Anxiety Disorders
CMHC	Community Mental Health Center
DSM5	Diagnostic and Statistical Manual 5th
GS	Gaza Strip
MDD	Major Depressive Disorder
MHD	Mental Health Directorate
MoH	Ministry of Health
PCBS	Palestinian Central Bureau of Statistics
PHC	Primary Health Care
Sch	Schizophrenia
UNRWA	The United Nations Relief and Works Agency for Palestine Refugees
WB	West Bank
WHO	World Health Organization.

Chapter One

Introduction

1.1 Background

The term "mental health" refers to a person's emotional, psychological, and social well-being; it is highly valued because it not only influences one's thoughts, feelings, and behavior, which in turn affects all aspects of life, but also the quality of life for those who are close to mentally ill people (Kaushik & Bhatia, 2013). The World Health Organization (WHO) recognizes the importance of psychological well-being, defining health as “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity” (WHO, 2003).

Having a mentally ill individual within the family is significant because it impacts the individual alone and those who care for him. As it appears in one study can affect their ability to work because of caring for a mentally ill individual. Being mentally ill results in; a decrease in income and puts them at risk, particularly when watching for a violent mentally ill, and limitations on their social interaction, such as caregiving duties, prevent them from attending social events such as funerals and weddings (Mavundla et al., 2009).

Changes in mental health do not come out of the blue. The aspects of our lives that we have little or no control over shape our mental and emotional well-being. Like many physical illnesses, cognitive and behavioral disorders result from a complex interaction between biological, psychological, and social factors (Jacofsky et al.,2013).

Childhood adversity experiences (ACEs), as the study by Su and Colleagues shows, even if it was characterized by abuse, neglect, or household dysfunctions, can produce a significant impact on individuals, families, and society. It also plays a vital role in determining their future outcomes (Su et al., 2015).

Poverty affects mental illness both directly and indirectly, As might be clear from the study by Hudson (Hudson, 2005). The relationship between poverty and mental health is bidirectional. When a person becomes mentally ill, he will be at risk of becoming poor (cost of treatment, unproductivity, and stigma), and vice versa. A poor person will be more vulnerable to witnessing and being a victim of violence than his well-off peers. Moreover,

another study showed that people with the lowest socioeconomic status (SES) have eight times more chance of having schizophrenia than those with the highest SES (Holzer et al., 1986). The study by Robins (Robins, 1991) indicates that People with Mental disorders are four times more likely to be unemployed. This relationship between poverty and mental health constitutes a vicious cycle of mental illness and poverty.

The use of psychoactive substances disturbs the biochemistry of the brain and thus leads to the development of mental health disorders. According to one study, over 50% of people with a mental illness will also develop a substance use disorder at some time in their lives (Ross & Peselow, 2012) and, according to another study, 53% of people who abuse drugs will also have a severe mental illness (Kelly & Daley, 2013).

Mental and addictive disorders affected more than 1 billion people globally in 2016. They caused 7% of all global disease burdens as measured in Disability Adjusted Life Years (DALYs) and 19% of all years lived with disability. Depression was associated with most DALYs for both sexes, with higher rates in women than all other internalizing disorders. In contrast, other disorders, such as substance use disorders, had higher rates in men ((Rehm & Shield, 2019).

Mental health is a significant health concern worldwide. The studies show that untreated mental health disorders, as was clear from the survey (Gonda), especially mood and psychotic disorders, are a significant risk for suicide (Gonda et al., 2007). Also, the (WHO) reported. It causes a substantial burden to individuals and societies across the globe (WHO, 2018). In another report, more than 700 000 people die due to suicide every year, and suicide is the fourth leading cause of death among 15–19-year-olds. In addition, suicide does not just occur in high-income countries but is a global phenomenon in all regions of the world. Over 77% of global suicides occurred in low- and middle-income countries in 2019 (WHO, 2021).

Ghanem's research reveals the prevalence of mental disorders in Egypt. The most common issues were mood disorders (6.43%), anxiety disorders (4.75%), and various disorders (4.72%). Mental problems were linked to sociodemographic characteristics (such as being female, unemployed, or divorced) and physical sickness (e.g. heart disease, kidney disease, hypertension) (Ghanem et al.,2009).

The precise extent of current mental disorders in the Gaza Strip is unknown. However, according to one report from the Mental Health Directorate, it serves nearly 20,000 patients across the Gaza Strip (MoH, 2018). According to another report from the (WHO), an estimated 360,000 persons in the Gaza Strip will require mental health or psychosocial help in the future (WHO, 2014). This figure is likely to be higher due to the progressive increase in population until 2022.

Despite the considerable burden of mental illness, the (WHO) reported that few human and financial resources are directed toward mental health care and that professionals working in the mental health field are far less than needed. Mental health spending in many countries is less than 1% of the health budget, and the number of mental health professionals is grossly inadequate (WHO, 2005).

Unsurprisingly, most people with mental illness remain untreated, even though effective treatments exist. One study shows that the estimates for untreated mental disorders in low- and middle-income countries are as high as 78% for adults (Kohn et al., 2004).

While most people think that medication, visits to a clinic, or hospitalization is an actual economic burden of diseases, in reality, the burden of illness and mental disorders, in particular, goes far beyond these “direct” diagnostic and treatment costs (Trautmann et al., 2016).

In another study, mental and addictive disorders, which present “only” 7% of all burden of disease which affected more than 1 billion people globally, were responsible for 19% of all years of disability ((Rehm & Shield, 2019).

1.2 Research problem

Despite the importance and magnitude of mental health issues, mental health problems affect at least one in four people at some point in their lives (WHO, 2005), and despite the difficult situations that people in the Gaza Strip have lived in for decades, little is known about the main risk factors associated with mental health disorders among Palestinians in the Gaza Strip. There is little information about demographic, socio-economic, history of ACEs, political violence, or whether they are significant risk factors for mental health disorders in the Gaza Strip. This information gap may be an essential obstacle in mitigating and responding to these risk factors, thus preventing eventual mental health issues. Therefore, the

researcher would highlight various risk factors and investigate their association with mental health issues.

1.3 Justification of the study

The challenging conditions in the Gaza Strip make mental health issues significant because their prevalence and magnitude theoretically might increase. Thus, the socioeconomic burden will be of great importance. Furthermore, as a mental health worker with long experience, the researcher is interested in identifying; the main risk factors contributing to the development of mental health disorders.

To the researcher's best knowledge, no studies have been conducted to investigate and explore the variety of risk factors that might predispose and predict mental health disorders in the Gaza Strip. Furthermore, highlighting the risk factors that are typical of the Palestinian people in general, and particularly in the Gaza Strip, where living conditions are difficult, will be critical in responding to them adequately and, thus, developing mental health services based on the evidence generated by this study.

The study's outcome will benefit the decision makers to make suitable decisions to respond to these factors or mitigate their effects on developing mental health disorders. Furthermore, the study may open the gate for further research to investigate the association of each identified risk factor with mental illnesses in depth.

1.4 Aim of the study

This study aims to identify the main risk factors associated with mental health disorders in the Gaza Strip, namely the three main disorders which are the schizophrenia, major depressive disorder, and anxiety disorder. Identifying risk factors of the main mental health problems in the Gaza Strip will support policy makers and service providers to design and implement interventions programs to reduce the prevalence of mental health issues, thus, improving the overall mental health welling of Palestinians in the Gaza Strip.

1.5 Study objectives

The objectives of this study are to

- Identify the main risk factors, schizophrenia, major depressive disorder, and anxiety disorders, associated with mental health disorders in the Gaza Strip.
- To examine the main environmental and social risk factors related to the main mental health disorders in the Gaza Strip, schizophrenia, major depressive disorder, and anxiety disorder.
- To assess the impact of the current economic and cultural risk factors on mental health disorders in the Gaza Strip.
- To propose interventions that might help the improvement of the overall mental health and well-being in the Gaza Strip.

1.6 Context of the study

1.6.1 Socio-demographic

The Gaza Strip encompasses the southern governorates of the state of Palestine, boarding Egypt on the south of the border and the Mediterranean Sea on the east. The Gaza Strip is home to approximately 1.9 million people (Palestinian Central Bureau of Statistics (PCBS, 2018), including some 1.4 million Palestinian refugees. For the last decade, the socioeconomic situation in the Gaza Strip has been in steady decline (The United Nations Relief and Works Agency for Palestine Refugees -UNRWA-, 2019). The lack of a political trajectory either to end the conflict with Israeli occupation or reconciliation between Palestinian parties contributes to the overwhelming sense of frustration (McGoldrick, 2018). The blockade on land, air, and sea imposed by Israel has a devastating effect on the people of the Gaza Strip.

1.6.2 Political

Three devastating wars, several terrible fights and invasions, and years of the blockade have left 80 %t of the population dependent on international assistance. At the same time, the continuing intra-Palestinian divisions serve to exacerbate the humanitarian and service delivery crisis on the ground. The economy and its capacity to create jobs have been

devastated, resulting in the impoverishment and de-development of a highly skilled and well-educated society (UNRWA, 2019).

In 2018, the average unemployment rate reached over 50 percent – one of the highest in the world, according to the World Bank (World Bank, 2018). The number of Palestine refugees relying on UNRWA for food aid has increased from fewer than 80,000 in 2000 to almost one million in 2019 (UNRWA, 2019). Over the past year, significant salary cuts imposed by the Palestinian Authority on tens of thousands of employees in the Gaza Strip have resulted in a collapse in socio-economic conditions in the Gaza Strip.

All these problematic situations paved the ground for multiple risk factors that might predispose the already vulnerable conditions with a complex interaction both directly and indirectly.

1.6.3 Mental health services in the Gaza Strip

In the Gaza Strip, the primary four providers of mental health services are

1- The MoH:

1.1 Mental Health Directorate:

Consider the primary provider of mental health services for more than 20,000 patients all over the Gaza Strip (MHD, 2018). The Mental Health Directorate encompasses the Hospital, the Rehabilitation Center, and the 6 CMHCs. CMHC for each of the five [Kh5] Gaza Strip governorates, except Gaza, which has two CMHCs. The CMHCs and the hospital provide services at the secondary and tertiary levels. The MHD deliver all types of mental health services, drug therapy, psychotherapy, and in-patient admissions, and work at the primary, secondary and tertiary level.

1.2- The Primary Health Care Centers:

Of the 57 governmental PHC[Kh6] clinics in Gaza, almost all (81-100%) had assessment and treatment protocols for crucial mental health conditions; however, only a few (1-20%) made at least one referral per month to a mental health professional (Saymah et al., 2015). PHC doctors are allowed to prescribe psychotropic medicines with restrictions. For the majority of the therapeutic categories (antidepressant, anxiolytic, and antiepileptic), a few

PHC clinics (1–20%) had at least one psychotropic medication available year-round in-house or at a nearby pharmacy (Saymah et al., 2015).

2- The UNRWA primary Health Care Centers

Recently integrated mental health into the scope of work. Provide only direct mental health services.

3- The local and international NGOs

mainly provide psychosocial interventions, except for the Gaza Community Mental Health Program, which provides all types of secondary and tertiary mental health services.

4- Private Sector

Provide mainly drug therapy by psychiatrists and psychotherapy by trained psychologists at the primary level.

1.7 Operational definitions

Mental health disorder: any psychiatric disorder diagnosed and meets full criteria according to the Diagnostic and Statistical Manual 5th edition. (DSM-5) In this study, only the most common mental health disorders will be studied: Schizophrenia, Major Depressive Disorder and Anxiety disorders.

- Schizophrenia: any patient with symptoms that meet the criteria of schizophrenia according to the (DSM-5).
- Major Depressive Disorder: any patient with symptoms that meet the criteria of major depressive disorder according to the (DSM-5).
- Anxiety disorders: any patient who has symptoms that meet the criteria of one of the following disorders: Separation Anxiety Disorder, Selective Mutism, Specific Phobia, Social Anxiety Disorder (Social Phobia), Panic Disorder, Agoraphobia, Generalized Anxiety Disorder, Substance/Medication-Induced Anxiety Disorder, Anxiety Disorder Due to Another Medical Condition according to the (DSM-5).

Risk factors: Any attribute, characteristic, or exposure of an individual that increases the likelihood of developing a disease or injury (WHO, 2015).

Chapter Two

Literature Review

2.1 Conceptual framework

A conceptual framework is a structure that the researcher believes best explains the natural progression of the phenomenon to be studied (Camp, 2001). The conceptual framework presents an integrated way of looking at a problem under study (Liehr & Smith, 1999). The researcher listed below the possible main categories of risk factors associated with mental health disorders.

Determinants of mental health and well-being

According to the WHO the definition of mental health is “a state of well-being in which the individual realizes his or her abilities, can cope with the normal stresses of life, can work productively and fruitfully, and can make a contribution to his or her community” (WHO, 2005). The definition suggests that mental health or psychological well-being is not only influenced by individual characteristics or attributes but also by the socioeconomic circumstances in which they live and the broader environmental factors.

According to the WHO classification of risk factors associated with mental health disorders, we have three levels of risk factors (Thomas, 2013).

1-Individual attributes and behaviors

These relate to a person's innate as well as learned ability to deal with thoughts and feelings and to manage himself in daily life ('emotional intelligence), as well as the capacity to deal with the social world around him by partaking in social activities, taking responsibilities or respecting the views of others ('social intelligence'). Genetic and biological factors can also influence an individual’s mental health; that is, determinants that persons are born or endowed with, including chromosomal abnormalities (e.g., Down's syndrome) and intellectual disability caused by prenatal exposure to alcohol or oxygen deprivation at birth(Abdullah2017).

2-Social and economic circumstances

The immediate social surroundings – including their opportunity to engage positively with family members, friends, or colleagues and earn a living for themselves and their families – and the socioeconomic circumstances in which they find themselves. Restricted or lost opportunities to gain an education and income are especially pertinent socio-economic factors.

3-Environmental factors

The sociocultural and geopolitical environment can also affect mental health status. Including levels of access to basic commodities and services (water, essential health services, the rule of law), exposure to predominating cultural beliefs, attitudes, or practices, as well as social and economic policies formed at the national level. Discrimination, social or gender inequality, and conflict are adverse structural determinants of mental well-being.

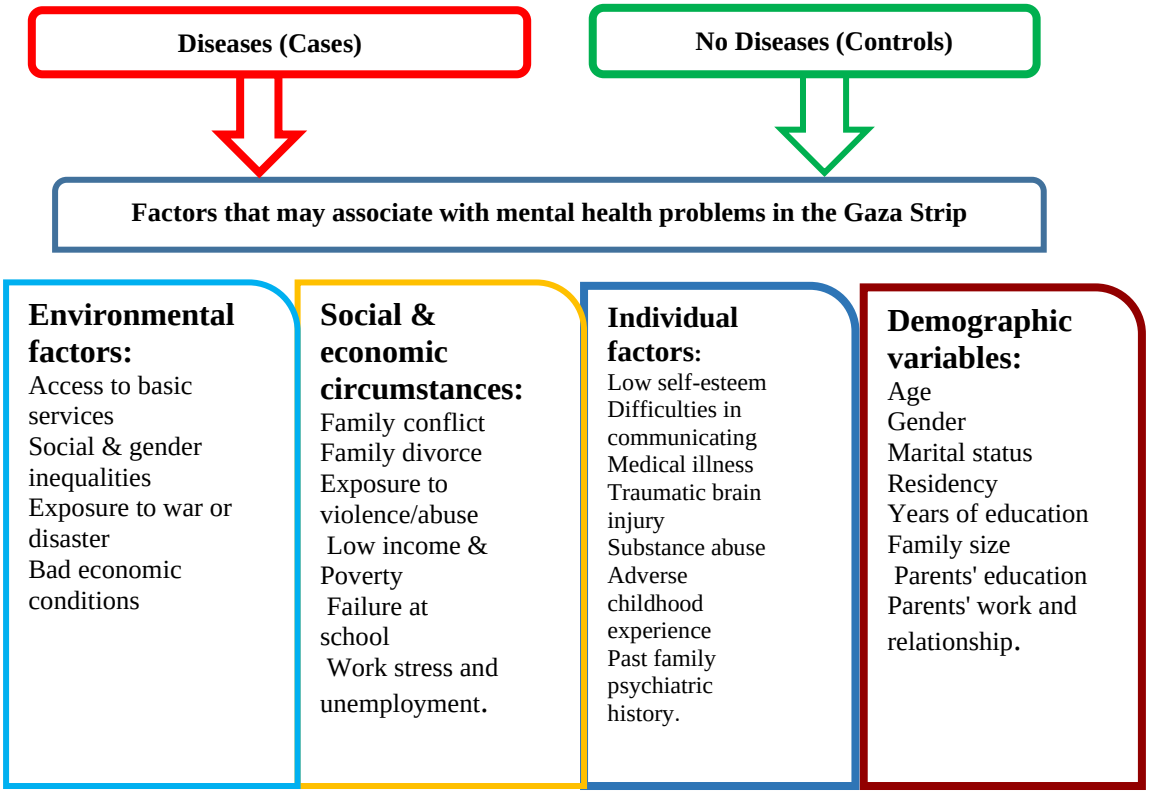

Figure (2.1): Framework

2.2 Definition of risk factors

The concept of a risk factor has changed from a fixed, specific circumstance or life stress to a broader, more general phenomenon that may be modifiable or malleable and related to a developmental phase. These findings have shifted risk factor research in emphasis and complexity (Mrazek & Haggerty, 1994). Risk factors are those characteristics, variables, or hazards that, if present for a given individual, make it more likely that this individual, rather than someone selected at random from the general population, will develop a disorder (Werner & Smith, 1992). From the above definition, we can conclude that to qualify any factor as a risk factor. It must predate the onset of the disorder. To be variable means, it may be a risk for a particular life stage but not for other stages of life.

2.3 Definition of mental health disorders

According to the WHO, "they are generally characterized by a combination of abnormal thoughts, perceptions, emotions, behavior, and relationships with others (WHO, 2018). Another definition, according to the American Psychiatric Association (APA), is that mental illnesses are health conditions involving changes in emotion, thinking, or behavior (or a combination of these). Mental illnesses are associated with distress and problems functioning in social, work, or family activities (Keyes, 2005).

2.4 Prevalence of mental health disorders

Globally, mental and substance use disorders are prevalent, as around 1-in-6 people (15-20 percent) have one or more mental or substance use disorders. According to (Dattani et al., 2021), it is estimated that 970 million people worldwide had a mental or substance use disorder in 2017. The most significant number of people had anxiety disorders, estimated at around 4 percent of the population.

2.5 Disease burden of mental health disorder

Health impacts are often measured in terms of the total number of deaths. However, a focus on mortality only means that the burden of mental health disorders can be underestimated (Prince et al., 2007). The "disease burden" measured in Disability-Adjusted Life Years (DALYs) – considers not only the mortality associated with a disorder but also years lived with a disability or health burden (Dattani et al., 2021). Mental and substance

use disorders accounted for around 5% of the global disease burden in 2017, reaching up to 10 % in several countries. These disorders contribute to the highest overall health burden in Australia, Saudi Arabia, and Iran (Dattani et al., 2021).

2.6 The eventual risk factors

2.6.1 Individual factors

These factors related to the person's emotional and social intelligence are the most studied; many studies have emphasized the role of the individual in predisposing mental health disorders.

2.6.1.1 Emotional regulation and self-esteem factors

Emotional regulation deficits appear to play a role in developing and maintaining various mental health disorders. According to a study by Berking, deficiencies in the capacity to adaptively manage challenging emotions are associated with depression, borderline personality disorder, substance use disorders, eating disorders, somatoform disorders, and some other psychopathological symptoms (Berking & Wupperman, 2012).

The meta-analysis study by Hu examined the relationship between emotion regulation strategies (cognitive reappraisal, expressive suppression) and mental health (Hu et al., 2014). The results showed that cognitive reappraisal was correlated significantly and positively with positive mental health indicators.

The literature review also shows that the feeling of worthlessness is a risk factor for mental disorders; the study by Zahn concluded that feelings of inadequacy and self-blaming were strongly correlated with depressed mood. (Zahn et al.,2015). In the Jeon study, feelings of worthlessness are more strongly associated with suicide attempts (Jeon et al., 2014).

Another study concluded that having a sense of control is a protective factor for mental health outcomes. The study results demonstrated that a higher sense of enduring power predicted lower levels of psychological distress for new parents and increases in power over time predicted decreases in depression and anxiety (Keeton et al., 2008). Another study focused on the links between eating too much and having a poor control sense in those who were infected with a coronavirus. The link between eating too much and having a poor control sense was stronger in those who had less coronavirus stress (Ye et al., 2021).

Also, in another study, the self-concept was found to be a significant predictor of depression and anxiety symptom levels, with more extensive relationships among teenagers, and cultivating a good attitude about oneself is associated with improved mental health (Busch et al., 2021). Also, the study by Aradilla-Herrero, concluded that depression and emotional attention were significant predictors of suicidal ideation, with a substantial negative relationship between self-esteem and emotional clarity and suicidal ideation is significantly influenced by despair and emotional attention (Aradilla-Herrero et al., 2014). low self-esteem was the best predictor of increases in sadness. We also found that sadness predicted decreases in self-esteem (Ciarrochi et al., 2007). Another study concluded that low self-esteem was strongly associated with mental distress. Female students were at higher risk of mental distress. (Gidi et al., 2021).

Another study emphasized the role of self-esteem in developing mental health disorders. In their study, Henriksen and Colleagues (Henriksen et al., 2017) examined the role of global self-esteem in developing symptoms of anxiety/depression and attention problems. The study concluded that results highlight the relevance of global self-esteem in clinical practice, not only concerning emotional problems but also attention problems. Another study highlights the medical condition as predisposing to mental disorders.

2.6.1.2 Life adversity, communications, and empathy

the literature review show that adversities in life have a complex impact on mental health; on the one hand, Early caregiving adversity is associated with poor mental health outcomes. Nevertheless, on the other hand, early life adversity leads to accelerated maturation of emotional circuits in the brain and behaviors (Höltge et al., 2019). Also, a high level of individual quality of success was related to a moderate amount of early life adversity (Cosco et al., 2019). Moreover, the higher number of life adversity is related to higher distress and well-being (Keinan et al., 2012).

Problem-focused or approach-oriented coping techniques are linked to more excellent mental health, whereas avoidance-oriented coping methods are linked to poor mental health. Emotion-focused coping was linked to both poor mental health and good mental health. (Krattenmacher et al., 2013).

Empathy is defined as a complex consisting of at least two components: cognitive (knowing or grasping what another person is feeling) and affective (sharing or feeling another person's emotional state) (Lawrence et al., 2004).

Empathy is the ability to empathize with another's feelings while maintaining one's own (Chiu & Yeh, 2017). Empathy is a type of interpersonal emotion management that has been proven to be healthy and effective and improve one's emotional state (Zaki, 2019). Depression and cognitive and affective empathy, and anxiety and affective empathy had clear correlations (Jütten, Mark, & Sitskoorn, 2019).

2.6.1.3 General health, lifestyle, and addiction

Children and adolescents with chronic illnesses often have more difficulties navigating adolescence than their healthy peers. Chronic diseases can impact children's physical, cognitive, social, and emotional development, which puts children and adolescents at a higher risk of acquiring a mental illness than their healthy counterparts.

The study by Ducat and Colleagues concluded that people with type 1 or type 2 diabetes are more likely to suffer from depression, anxiety, and eating disorders. Women with type 1 diabetes are two times more likely than those without diabetes to have an eating disorder and are 1.9 times more likely to acquire subthreshold eating disorders (Ducat et al.2015).

The study by McGrath and Colleagues has found a significant association between psychiatric impairments and chronic diseases, and the odds of having a psychiatric disorder increase with the number of chronic illnesses affecting an individual (Momen et al., 2020).

For most cancer patients, it impacts their mental health, like sadness and worries, but others may develop mental health issues like anxiety, depression, or post-traumatic stress disorder. According to studies, 30 to 35 percent of cancer patients have a psychological or neuropsychiatric illness, with the percentage varying depending on the stage of the disease (Caruso et al.,2017).

According to studies, mental health issues are minimized in the cancer care field because professionals may misidentify mental health symptoms (hopelessness, helplessness, suicidal ideation, excessive worrying) as normal emotional reactions to a cancer diagnosis, resulting in not receiving the treatment they require (Grassi et al., 2017).

Another study found that cancer patients who developed a psychological problem after their diagnosis had a higher mortality rate, highlighting the need for early detection and treatment of mental health concerns (Lee et al.,2020).

Children of parents with a mental illness and addiction are at high risk for developing a mental illness. Leidesdorff and Colleagues showed that parental mental illness is highly prevalent, leading to a serious number of children at high risk (Leijdesdorff et al., 2017).

The study by Jones& McCance-Katz showed that Co-occurring substance use and mental disorders are common among adults with opioid use disorder (Jones& McCance-Katz,2019).

Also, the study by Sacks showed a significant association between the number of women entering the criminal justice system and the co-occurring substance use and mental disorders in the lives of female offenders (Sacks, 2004).

Another type of addiction is internet addiction. The study findings of Lebni conclude that excessive internet usage by students leads to anxiety, depression, and adverse mental health, which affect their academic performance (Lebni et al., 2020).

Another attribute that may predispose mental disorders is brain hypoxemia or brain injury, affecting millions of people yearly. The study by Bryant has illustrated how psychiatric illness has developed after traumatic injury. It also explored the impact of traumatic brain injury on psychiatric illness. His study showed that after injuring twelve months, 31% of patients reported a psychiatric disorder, and 22% developed a psychiatric disorder that they had never experienced before (Bryant et al., 2010).

2.6.1.4 Adverse childhood experiences and past family history

The Kaiser study in the late 1990s showed that people who have suffered several adverse childhood events had poor long-term health outcomes. People with four or more adverse childhood experiences (ACEs) are at a higher risk of developing chronic diseases like cancer, heart disease, and diabetes, as well as mental illness and unhealthy habits.

Adversities have been demonstrated to impact a child's molecular and genetic makeup and the development and function of the neurological, immunological, and endocrine systems. Given the evidence of their long-term influence on health, adverse childhood experiences are a major public health problem. (Boullier&. Blair, 2018).

Adverse childhood experiences (ACEs) have been related to children's poor physical and mental health. Aces were linked to a higher chance of all current mental health problems, especially in children exposed to four or more ACEs. The link to substance abuse disorder was robust. (Bomysoad & Francis, 2020).

Child maltreatment contributes significantly to child mortality and morbidity and has long-term impacts on mental health, drug and alcohol abuse (particularly in females), dangerous sexual behavior, obesity, and criminal behavior, all of which remain into adulthood. In the long run, neglect is just as harmful as physical or sexual abuse, yet it receives far less scientific and public attention. Multiple types of maltreatment and repeated incidents of maltreatment are linked to a higher risk of severe abuse and psychological repercussions (Gilbert et al.,2009).

The relationship between adverse childhood experiences and mental health. Zhang and his colleagues (Zhang et al., 2020) found that child abuse, substance abuse, and parents' divorce were frequent risk factors. On average, the occurrence of emotional, sexual, and physical child abuse was the most critical risk factor for the development of depression. The most significant risk factors for anxiety disorders were sexual child abuse and family violence. Strong correlations were also found between family violence, physical neglect, and substance abuse.

Furthermore, a different study found that latent liabilities mediate the relationship between childhood abuse and common psychiatric disorders to experience internalizing and externalizing psychopathology suggest that preventing abuse could have various advantages in terms of reducing the prevalence of common mental disorders. The study also found that different types of abuse kinds have gender-specific implications on how internalizing and externalizing behaviors occur. Internalizing psychopathology, revealing gender-specific etiological factors. (Keyes et al.,2012).

The study by Mortensen showed that Schizophrenia is strongly associated with a family past history of schizophrenia and related disorders among first-degree relatives. Moreover, any other psychiatric disorder among first-degree relatives increases the individual's risk of schizophrenia (Mortensen et al., 2010).

The study by Weismann of the history of psychiatric illness in biological relatives was a risk factor for most psychiatric illnesses. The family psychiatric history screen was best valid for major depression, anxiety disorders, substance dependence (alcohol and drug dependence), and suicide attempts (Weismann et al., 2000).

2.6.1.5 Religiosity and holding responsibility

The shared goals of psychiatry and religion to promote individual and communal resilience, growth, and well-being have led to reconciliation. Psychiatry, religion, and spiritual disciplines could determine an individual's future and public and global mental health (Jakovljević,2017).

Holding responsibility can decrease resulting from stressful situations in contrast to self-blame.To facilitate learning and development, it is critical to preserve responsibility and accountability while avoiding blame (Pickard, 2014). There is a link between social problem-solving skills and mental wellness. Somatic symptoms, anxiety and insomnia, social dysfunction, and severe depression were all linked to social problem-solving capacity (Ranjbar et al., 2013).

2.6.2 Social and economic circumstances

2.6.2.1 Poverty

Another issue that might affect mental health is: poverty (Entin, 2011); in his article Poverty and Mental Health: Can the 2-Way Connection Be Broken? Illustrate how people who live in poverty are at increased risk of mental illness compared to their economically stable peers. The converse is also true: When people are mentally ill, they are at increased risk of becoming and staying poor. They have higher health costs, difficulty getting and retaining jobs, are less productive at work, and suffer the social stigma and isolation of mental illness. It is a vicious circle where poverty seems linked to a greater rate of mental

illness, and in some cases, certain kinds of mental illness seem linked to a greater likelihood of living in poverty.

In his study, Hudson looked at 34,000 patients hospitalized at least twice for mental illness over seven years (Hudson, 2005). He found that poverty: which is acting through economic stressors such as unemployment and lack of affordable housing, is more likely to precede mental illness, except in patients with schizophrenia. Hudson asserted that his data suggests, “Poverty impacts mental illness directly and indirectly.

Another study (Lund et al., 2011) looked at the relationship between mental illness and poverty in various regions of the world, including Africa, India, Mexico, Thailand, and China. He found that poverty and mental illness share a close, complex relationship worldwide.

2.6.2.2 School and workplace

Mental health problems impact school performance and academic achievement. Students may be unable to reach their academic potential when their mental health problems are not tackled (Puskar& Marie Bernardo2007).

Another study showed that attention problems, delinquency, and substance use were strongly associated with decreased academic achievement (McLeod et al., 2012).

The work stress impacted the male and female workers differently. The study by Wang concluded that high demand and low control in the workplace were significantly associated with major depression and any depressive or anxiety in male workers. In contrast, high demand and low control were only associated with having any depression or anxiety in female workers. Job insecurity was positively associated with major depression in men but not women. However, the strongest factor associated with having mental disorders, regardless of gender, was the imbalance between family life and work (Wang et al.,2008).

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Nevertheless, the most potent factor associated with having mental disorders, regardless of gender, was the imbalance between family life and work (Wang et al., 2008).

Another study showed that most conditions affected mental health where the state of mental health was strongly and significantly associated with job stress. The following conditions were strongly associated with mental health; when there is too much trouble at work, too much responsibility, not being allowed to make mistakes, poor relationships with superiors, and not keeping up with technology (Shigemi et al., 1997).

2.6.2.3 Family

Family plays an essential role in determining the mental health of its member Azman's study found that whether controlled or caring, a good maternal care model was associated with a lower risk of eating, social phobia, alcohol abuse/dependence, and behavioral disorders; on the other hand, a strict parental control model was associated with a higher risk of agoraphobia and alcohol abuse/dependence but a lower risk of attention-deficit/hyperactivity disorder (Azman et al., 2021). The study showed that the differences between the permissive and the authoritative parenting styles were minor. However, the difference was significant between the demanding-controlling and emotional distancing styles for both the mother and father (Eun et al.,2018).

Another study concluded that dysfunctional parenting styles are associated with mental illnesses and low self-efficacy. Maternal affectionless control increases the risk of anxiety, depression, suicidal ideation, and low self-efficacy. In contrast, maternal neglectful parenting increases the risk of depression, and that affectionate paternal decreases suicidal ideation (Siqueira-Campos et al., 2021).

Regarding family size, the literature shows contradictory results. In contrast, one study shows that living within a family with more siblings allows play, comfort, and a sense of security which protects against developing internalizing and externalizing behavioral problems—the number of siblings correlated with better mental health at ages (3, 5, and 8

years). The study concluded that large family size is associated with fewer mental problems in children.

The more siblings, and the closer in age, the more the positive impact. In addition, the study found that girls were slightly more responsive to the presence of siblings than boys (Grinde &Tambs,2016). Another study shows that living with other siblings appears to be a protective factor against the development of Emotional Disorders or Attention Deficit Hyperactive Disorder. At the same time, the study found that living in large families increases the risk of receiving a Conduct Disorder, Mental Retardation, or Pervasive Developmental Disorder diagnosis (Carballo et al.,2013).

Another family factor related to mental health is birth order. Previous studies showed that a higher birth order correlated with an increased risk of suicidal behavior and mental health problems. However, the mechanisms underlying this association are not precise. A study investigating the association between birth order and mental health found that higher birth order was associated with an increased risk of suicide attempts and psychiatric disorders (Easey et al., 2019).

The disturbance of the relationship, especially family relationships, increases the risk of mental health disorders and can be both a causal factor and a consequence of mental health illness. McCloskey tried to explore the effect of family violence on mental health" (McCloskey et al., 1995). The study examines the link between different forms of family aggression and children's symptoms of psychopathology. The study aimed to understand what forms children's problems might take in violent homes and whether close ties within the family (to the mother or a sibling) buffered children. He found that different forms of abuse in the house were highly interrelated and that children of battered women were at risk for child abuse. Domestic violence predicted children's general psychopathology, but he found little evidence of specific disorders because of family dysfunction. There was also less sibling and parental warmth in families marked by aggression.

2.6.2.4 Pregnancy

While pregnancy has long been seen to be a period of mental well-being, research suggests the prevalence of maternal depressive symptoms during pregnancy was 7.0% (Eastwood et al.,2017); this figure reaches 37.5% of women experience clinically severe depressive

symptoms during their pregnancy when there is an association with other risk factors such as Presence of domestic violence (Sheeba et al., 2019).

The impact of stress during pregnancy seems to have an impact on the child's cognitive development as the study suggested clinically significant correlations identified between maternal prenatal anxiety and child behavioral and cognitive outcomes; projections to stress physiology, immunology, and neurodevelopment have been recorded, but effect sizes and clinical relevance are less obvious (O'Connor et al.,2014).

Smoking during pregnancy can affect the child's mental health, as the likely role of confounding factors is shown by the considerable cross-cohort change in correlations between maternal smoking and child conduct problems, hyperactivity, and literacy. (Sellers et al.,2020).

Another study shows that consuming four alcoholic drinks per day on an infrequent basis during pregnancy may raise the risk of a child's mental health problems. The primary dangers appear to be related to issues with hyperactivity and inattention (Sayal et al.,2014). Even at low to moderate levels of alcohol usage, maternal alcohol intake during pregnancy is linked to offspring mental health problems (Easey et al., 2019). Binge-pattern and everyday drinking in both genders were independently correlated with teacher-rated hyperactivity/inattention and lower academic performance. Even if daily average levels of alcohol intake are moderate, occasional drinking of 4 drinks per day during pregnancy may raise the risk of a child's mental health disorders and lower academic success. In the absence of everyday drinking, an episodic binge drinking pattern appears to be a risk factor for these outcomes, particularly hyperactivity and inattention difficulties (Sayal et al., 2014).

2.6.3 Environmental factors

The sociocultural and geopolitical environment can also affect mental health status, including the low socioeconomic level (Lorant et al., 2003), political oppression and discrimination(Sutin et al., 2015), acts of war (Mataria et al., 2009), and other situations.

2.6.3.1 Occupation, wars, and blockade

The Gaza Strip has been under blockade for more than fifteen years, which may expose people to a significant environmental risk factor.

Surveys using the WHO's 'quality of life assessment tool, which measures subjective well-being, have shown a lower self-reported quality of life among people in Palestine compared to other countries" (Mataria et al., 2009).

A less obvious, significant, and tangible psychological effect of the blockade's combined impacts has been felt by the residents of Gaza. Being eroded daily while the siege goes on. In Gaza, tension and distress are rising steadily for the population.

"The reporting of suicide cases across the Gaza Strip, once unheard of but now becoming a regular occurrence, clearly suggests that the coping capacity of Palestinians is being exhausted." Bo Schack, (Director of UNRWA Operations in Gaza, 2017).

Armed conflicts have a negative impact on mental health and psychosocial well-being, including psychological distress, mental disorders, and family distress (Barenbaum et al., 2004).

Armed conflicts' mental health can have immediate and long-term implications on people's well-being in war-torn countries. According to new WHO estimates, the age-standardized and comorbidity-adjusted point prevalence for mild forms of depression, anxiety, and post-traumatic stress disorder in conflict settings is estimated to be around 13%. For bipolar disorder, schizophrenia, and severe forms of depression, anxiety, and post-traumatic stress disorder, it is reported to be 5 % (Charlson et al., 2019).

The impact of occupation, wars, and blockades had short-term and long-term effects. which affect the whole society. "In the Gaza strip, people have also endured the effect of occupation, which negatively impacts mental health. The painful experiences of families, including those who have suffered loss or trauma or have had their houses destroyed, as well as the sense of humiliation, lack of security, and persistent fear, are all integrally linked to the violence of the occupation" Dr. Jawad Awwad, Minister of Health, 2016.

Also, the long-term effects had impacted the society. “There are often long-term feelings of frustration, lack of opportunity, and crushed dreams. Indeed, the indirect consequences of the occupation and the restrictions placed on the lives of Palestinians have a huge effect on mental health and amount to much more than simple psychological disturbances.” Dr. Jawad Awwad, Minister of Health, 2016.

Not to mention intergenerational trauma, according to Cerdea's study, which demonstrates disparities in outcomes between quantitative and qualitative investigations. Quantitative studies typically framed intergenerational trauma within frameworks of structural vulnerability and historical and political violence, whereas qualitative studies more commonly framed intergenerational trauma within frameworks of structural vulnerability and historical and political violence (Cerdeña et al.2021).

Women subject to military occupation tended to view their surroundings as extremely dangerous and their experiences as stressful. They also thought they had enough resources to deal with the stressors, particularly regarding group and ideological resources. Particularly among victims of political violence, this trend was evident. Compared to less traumatized women, women who had experienced the challenges of military occupation tended to engage in more significant social and political involvement and fewer passive and accommodating coping mechanisms (Punamäki, 1986).

Depressive and anxiety disorders are the second and seventh most common causes of impairment in the oPt, among the most common mental health problems. In the first five years of Gaza's tighter blockade, the Gaza Community Mental Health Program noted an 18% increase in the prevalence of depression (2007-2012). Another connection has been made between the blockade and military actions and Gaza's rising drug addiction rate, according to Y. Progler (2010). According to Al Jazeera, the rising suicide rate in Gaza may be a significant concern and indicates a lack of mental health (2016).

Another method is to classify risk factors for mental health using age and time. Mental health risks can be seen at every stage of life. A life-course perspective demonstrates how risk exposures early in life can have long-term effects on mental health. The mental resources and overall mental health of a person significantly impact their course in life.

Additionally, they are crucial for the healthy operation of families, communities, and society. They collectively influence behavior, social cohesiveness, social inclusion, and prosperity (Kirkwood, 2008).

2.6.3.2 low socioeconomic level, discrimination, and political oppression

According to the study by Lorant and Colleagues a low socioeconomic position is linked to higher psychiatric morbidity, more disability, and less equitable access to healthcare. Depression displays a more contentious association with socioeconomic position than other psychiatric diseases (Lorant et al., 2003). Another study also linked low socioeconomic status with low mental health. Higher mental health issues were closely associated with persistent low socioeconomic position. Increased mental health issues were linked to a decline in socioeconomic level (Reiss,2013).

Discrimination also was linked to low mental health status. The study by Sutin and Colleagues concluded that Discrimination has a negative impact on physical and emotional health that is not just confined to young adults but also carries over into old age and continues to be a factor in health and well-being. Instead of discriminating based on more stable factors, such as age or weight, these effects were predominantly driven by prejudice based on personal qualities that change over time (e.g., race, sex) (Sutin et al., 2015).

In another study, findings showed that more exposure to racial socialization messages weakened the association between reports of racist incidents and worsening mental health. Self-esteem moderated the relationship as well, although opposite from what was anticipated. The relationship was not controlled by African American social networks or theories of racial socialization (Fischer& Shaw,1999).

The findings of the study by Diab show that the key factors influencing psychological load were the economic, educational, and health-related effects of the prolonged blockade of Gaza and the social and political aspects of mental health (Diab et al., 2022).

Mental disorders can be aggravated or started by feeling unsafe or insecure. One of the leading causes of Stanley's mental illness is oppression. A person's mental health could be negatively impacted by oppression, and Stanley's persona is the ideal illustration of this (Giacaman et al., 2011).

Chapter Three

Methodology

3.1 Introduction

This chapter sheds light on the study's methodology, starting by illustrating the study's design, the data collection and analysis method, the sampling technique, the study population, and the study setting. They are followed by ensuring the validity and reliability of the study instruments, ethical considerations, and at the end, pointing out the eventual limitation of the study.

3.2 Study design

The study design depends significantly on the nature of the research question. In other words, knowing what kind of information the study should collect is the first step in determining how the study will be carried out. The research design is the set of methods and procedures used in collecting and analyzing measures of the variables specified in the problem research (Creswell & John, 2014).

The study's design is analytical, case-control, and used to identify the possible risk factors associated with mental health disorders.

The study compares patients who have a mental health disorder or outcome of interest (cases) with patients who do not have a mental health disorder or outcome of interest (controls) and looks back to compare how frequently the exposure to a risk factor is present in each group to determine the relationship between the risk factor and the mental health disorders.

Case-control studies are observational because no intervention is used to alter the course of the disease. The goal is to retrospectively determine the exposure to the risk factor of interest from each of the two groups of individuals: cases and controls.

Case-control studies have specific advantages compared to other study designs. The study shows that they are comparatively quick, inexpensive, and easy to conduct (Lewallen & Courtright, 1998). Case-control research is considered a vital tool that helps researchers to identify the factors affecting the health and illness of the population (Debra, 2018).

To avoid confounding, which arises when exposure and an outcome are strongly associated with a third variable, we have to match controls to the cases selected based on age and sex factors.

3.3 Study settings

The study was conducted at the six governmental community mental health centers (CMHCs) in the Gaza Strip that provide mental health services. The six centers are distributed across the Gaza Strip, one clinic per governorate, except two clinics in Gaza governorate. The centers are Abu Shabak CMHC, Al Sorani CMHC and West Gaza CMHC, ALzawayda CMHC, KhanYounis CMHC and Rafah CMHC. The participants were selected randomly from the six CMHCs using simple random sampling.

- Cases were patients diagnosed with one of the following mental health disorders major depressive disorder, Anxiety disorders, and schizophrenia, according to the DSM-5 (Diagnostic and Statistical Manual the 5th edition).
- Controls are individuals who do not meet the diagnostic criteria for any of the mental health disorders. The participants were be selected randomly from the Primary Health Care Centers (PHCC), representing the entire Gaza Strip.

3.4 Sample size

Study population consists of 9690 patients representing the main mental health disorders from the total mental health disorders (20940) registered at the six CMHCs in the Gaza Strip, according to the MHD report (MHD, 2018). Both males and females are diagnosed as having one of the following mental health disorders (Major Depressive Disorder, Anxiety Disorder, and Schizophrenia according to the DSM5, aging between 18 and 60 years old and following up in the six CMHCs.

Table (3.1) the study population and the study sample by gender

Total number	**MDD**	**AD**	**SCH**
Pop (9690)	4850	2211	2629
Percentage of the total Pop	50%	23%	27%
Female	870	1371	868
Male	3980	840	1761
Sample total (400)	134	133	133

To calculate the sample size, the researcher used the "Raosoft" website, an online sample size calculator. The sample size estimation was "371" participants at a 95% confidence interval and a margin error of 5%. The researcher preferred to increase the sample size to 400 clients (Table 3.1) to compensate for any possible non-respondents, get a representative sample and increase the statistical significance of the study.

The proportional representation of the participants for each CMHC is summarized in (table 2).

Table (3.2) the proportional representation of the participants for each CMHC

CMHC	MDD	AD	SCH	Total
Abu shbak	21 (14F,7M)	22 (14F,7M)	22 (11F,11M)	65(40F,25M)
Al Sorani	23 (15F,8M)	23 (15F,7M)	23 (11F,12M)	69 (42F,27M)
West Gaza	22 (14 F,8M)	21 (14F,7M)	21 (10F,11M)	64 (38F,26M)
ALzawayda	21 (14F,7M)	22 (15F,7M)	22 (10F,12M)	65 (39F,26M)
KhanYounis	24 (16F,8M)	22 (15F,7M)	22 (10F,12M)	68 (41F,27M)
Rafah	23 (15F,8 M)	23 (15F,8M)	23 (11F,13M)	69 (41F,28M)
Total	134 (88F,46M)	133 (88F,45M)	133 (63F,70M)	400 (242F,158M)

3.5 Selection of participants

Selecting of cases : Enrollment and recruitment of cases was done randomly according to the type of mental health disorder they have, age and gender matching. The required sample was selected using a random sampling technique from the patients following up in the CMHCs.

Selecting of controls: Enrollment and recruitment of controls was done randomly according to GHQ result (less than six) and age and gender matching.

3.6 Eligibility criteria

3.6.1 Inclusion criteria (cases)

Both male and female patients are diagnosed with one of the following mental health disorders (Schizophrenia, Major Depressive Disorder and Anxiety Disorders)according to the DSM-5.

- Patients between 18 and 60 years old.
- Conscious and cooperative patients.

3.6.2 Inclusion criteria (controls)

Both male and female individuals are free of mental health disorders. The 12-Items General Health Questionnaire was be used to assess the mental health status of eligible controls who scored less than six points.

- Individuals and conscious, cooperative patients.
- Individuals between 18 and 60 years old.

3.6.3 Exclusion criteria (cases and controls).

- Patients who are not registered at the relevant CMHC (cases).
- Patients with other mental disorders than those for the study (cases).
- Individuals who have any mental disorder (controls).
- Patients under the age of 18 and above 60 years old both (cases and controls).

3.7 Data collection

For cases the researcher trained (on how to fill the questionnaire and how to intervene psychologically if negative emotions arose because of filling the questionnaire), five assistants for three hours, they collected the data in the six (CMHCs).

The data were collected through direct methods, including an interview questionnaire. The average time for filling out the questionnaire was be about 40 minutes. For controls, the researcher trained another five assistants (on how to fill the questionnaire) after using the GHQ as a screening tool (GHQ must be less than 6) data were collected from the control.

3.8 Study instrument

3.8.1 Interview questionnaire for both (cases and controls).

A face-to-face interview questionnaire was used in this study; after reviewing the literature, the questionnaire was reviewed and modified by expert professionals to validate the questionnaire content. The following components are included in the questionnaire:

Demographic variables and Environmental factors: age, gender, marital status, residency and years of education, family size, parent education, parents' work and relationship, access to essential services, social integration & gender equalities, exposure to war or disaster and bad economic conditions.

Individual attributes: self-esteem, communication patterns, history of medical illness, history of traumatic brain injury, history of substance abuse, presence of adverse childhood experience, and past family history of psychiatric disorders.

Social circumstances: family conflict and social problems, exposure to violence/abuse, income, education level, work stress, and employment status.

3.8.2 General Health Questionnaire, 12. (GHQ12) for (controls)

The GHQ is used to detect psychiatric disorders in the general population and within the community or in non-psychiatric clinical settings such as primary care or general medical outpatients. It assesses the respondent's current state and is sensitive to short-term psychiatric disorders. The Arabic version of the GHQ-12-item Questionnaire is quick, reliable (a Cronbach alpha of .86.) (Daradkeh, Ghubash, &. el-Rufaie. 2001), sensitive, short and self-administered form - ideal for research studies.

The ACE International Questionnaire (ACE-IQ) adopted by the WHO is intended to measure ACEs in all countries and is designed for administration to people aged 18 years and older (WHO, 2012).

This screening tool is used for controls: the score of GHQ12 must be less than six to continue to fill out the interview questionnaire.

3.8.3 Questionnaire design

The study adopted a self-administered questionnaire comprising two sections (section one: 156 items, the second section:36 items) for individuals eligible for the study criteria.

After reviewing the literature related to this study topic, the researcher developed the first section of the questionnaire in Arabic and English. Furthermore, it was reviewed by nine experts (Appendix 3) to ensure the appropriateness and relevance of the items.

For the second section of the questionnaire, the Arabic version (Daradkeh et al.,2001), the researcher used the Adverse Childhood Experiences International Questionnaire (ACE-IQ), translated into Arabic.

The first part of the questionnaire represented the external environment – education, the second part included the social environment, and the third part represented the character features.

The questionnaire includes multiple choice questions that follow the five-points Likert scale; the diversity of questions in these questionnaires aims to obtain the necessary data to support discussion, findings, and recommendations and achieve research goals.

Level	Never	Rare	Sometimes	Often	Always
Scale	1	2	3	4	5

3.8.4 Reliability Statistics

To ensure the instrument's reliability, Cronbach's alpha was used to assess the reliability of the questionnaire items.

Domain	Cronbach's Alpha
external environment – education	0.898
social environment	0.878
Character Features	0.731

Reliability Statistics

3.9 Data management and statistical analysis

After structuring the questionnaire, it was revised by experts to ensure the appropriateness and relevance of the items.

The researcher used the Statistical Package of Social Science (SPSS) program (version 23) for data entry and analysis. The researcher coded the variables of the questionnaire, followed by data entry.

Bivariate analyses were also conducted. Chi-square test was used to compare two or more percentages when satisfied fulfillment conditions. The odds ratio and confidence interval

were used to analyze associations between groups from case-control. Multivariate analyses are carried out: logistic regression is performed when the dependent variable is dichotomous. When the dependent variable is quantitative, the researcher used a multiple regression using the stepwise method after ensuring residual normality and the absence of collinearity.

Data collectors were psychologist assistants who went through training on how to use the questionnaire to ensure the standardization of data collection and collecting reliable data. Re-entry of 5% of the data after finishing data entry to ensure the correct entry procedure and decrease entry errors.

3.10 Pilot study

In addition, a pilot study (for both cases and controls) was conducted, before the beginning of actual data collection, to examine clients' responses to the questionnaire and how they understand it. This enhanced the validity and reliability of the questionnaire. Collecting data from 30 participants (30 cases and 30 controls) is enough to test the appropriateness of the study instrument and to assess the validity and reliability of the study.

The piloting process and results were included in the study.

3.11 Period

The researcher started conducting a study in the year 2021, soon after getting approval from the university and Helsinki committee.

3.12 Ethical and administration considerations

The researcher obtained administrative approval from Al-Quds University. The researcher has obtained ethical approval from the Helsinki committee to conduct this study. Additionally, an official letter from the general director of mental health for each of the six CMHCs was obtained.

Every client in the study received a full explanation on the attached questionnaire, both verbally and written, about the study. This form includes the purpose of the research, assurance of confidentiality of information given, and how to respond to the questionnaire.

The researcher will never reveal any personal information. Moreover, include a statement indicating that his /her participation is voluntary and that he/she can withdraw from participating in the interview. The patient's safety is not to expose the client to physical, psychological, or emotional harm; his information will be used only for this study, without any dissemination or distribution outside of the mentioned purpose.

3.13 Limitations of study

1. The study includes only the patients who follow up in the MoH CMHCs; the other patients from other centers and the private sector were not be included, thus a less real reflection of the risk factors.
2. Due to the retrospective nature of case-control studies, participants might answer certain items relying on the remote childhood memory, making it hard to remember (recall bias).

Chapter Four

Results and Discussion

This chapter illustrates the results and discussion of the quantitative findings. It presents the statistical analysis of the data, including a descriptive analysis of the socio-demographic characteristics of the study sample and the answers to the questions of the study. The Researcher used frequencies, percentages, mean, median, and standard deviation to analyze the questionnaire variables. The inferential analysis examines the relationship between selected variables and other selected covariates.

Sociodemographic characteristic of the study participants

The study sample consisted of 798 participants (399 cases and 399 controls) distributed across the Gaza Strip governorates, with 16% living in the North,33.1% in Gaza city,16.3% in the Middle area,17% in Khan Younis, 17.5% in Rafah with exact matching for cases and controls (Figure 4.1).

Regarding the gender of the study participants, 40.1% were males, and 59.9 % were female which goes along the side with literature showing the females' predominance males in depressive and anxiety disorders (DSM-5). The distributions of disorders for cases to be studied (schizophrenia, major depressive disorder, and anxiety disorders) are illustrated in (Figure 4.2).

The mean age of cases and controls was the same: 32.01, signaling the exact matching of age among cases and controls . The leading age group of the study (25-40) represents more than half of the study population.

Regarding the CMHCs, the study sample was distributed (Figure 4.3) as the following; 16% from Abu Shabak health clinic,17%Sourani health clinic,16%West Gaza health clinic,16.3%,17% Khan Younes health clinic, and 17.5% Rafah health clinic.

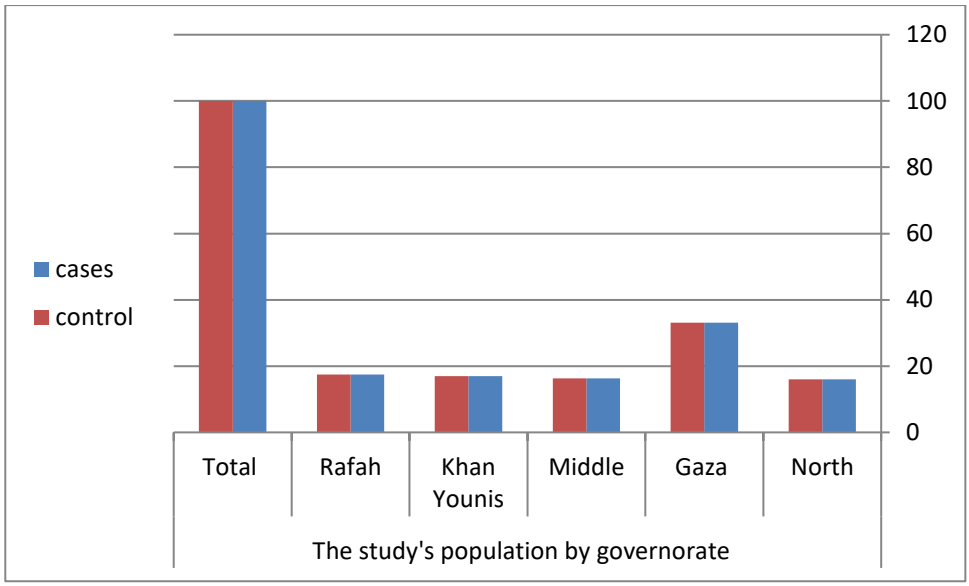

Figure (4.1): Distribution of Study's population by governorate

Figure (4.1): shows the distribution of the study's population according to the governorate

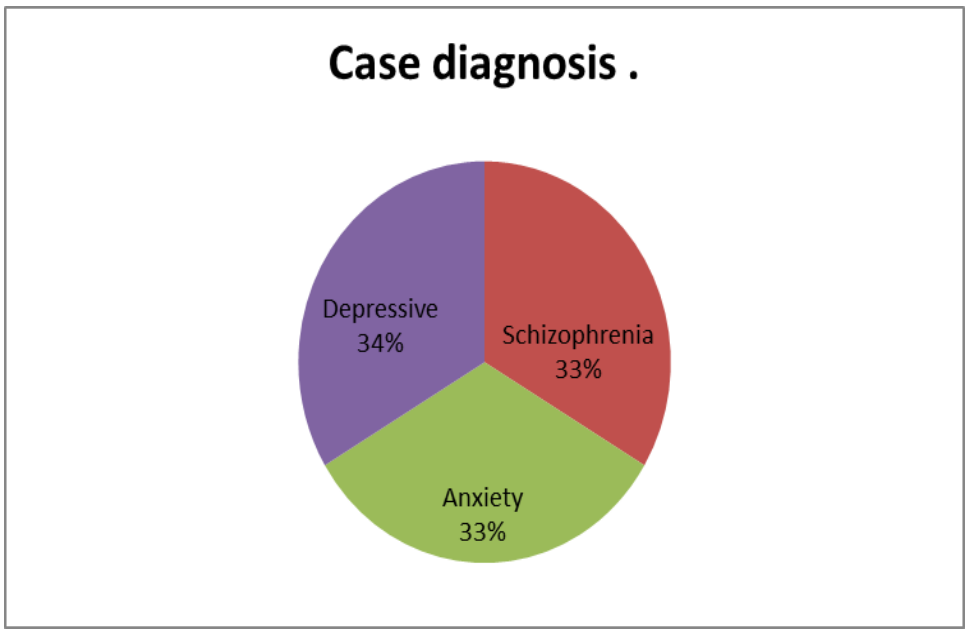

Figure (4.2): Distribution of the study's Mental health disorders.

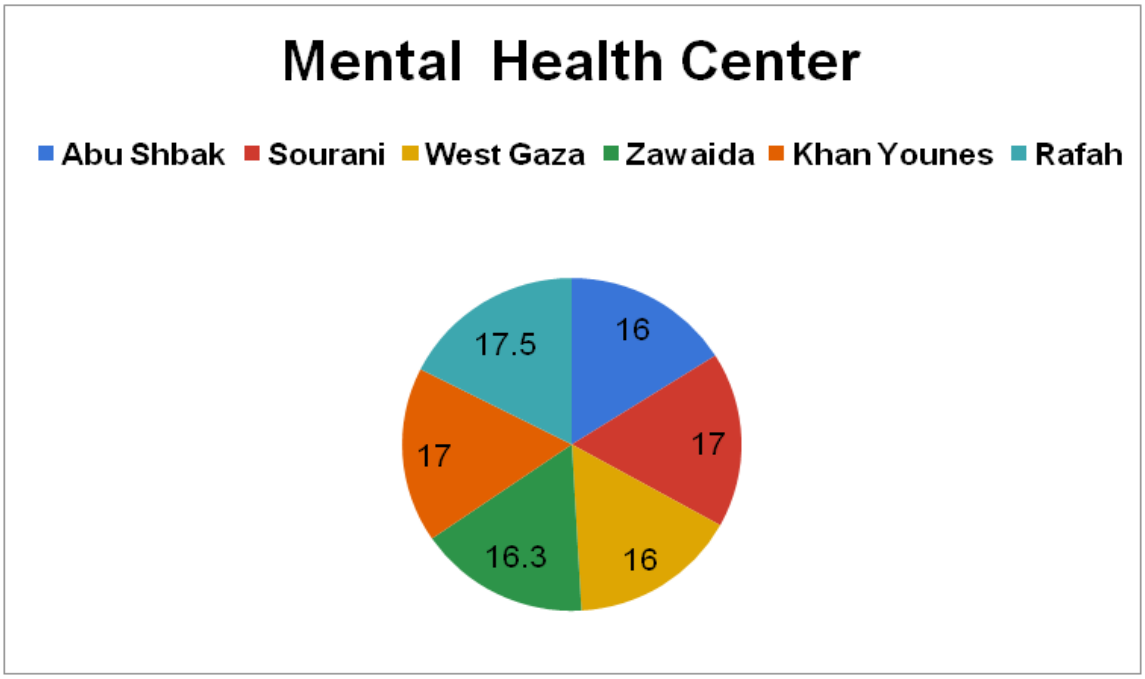

Figure (4.3): Distribution of the study participants by the attending CMHC.

4.1 Socio-demographic characteristics of the study participants

4.1.1 Distribution of the study participants according to their personal data

Socio-demographic characteristics of the study participants according to their Personal data are shown in table (4.1).

Table (4.1) Distribution of the study participants according to their personal data.

Personal information	Control		Case		χ2 (df)	Crude OR (CI)	p Value
	No.	%	No.	%			
Place of Living							
City	215	53.9	273	68.4	35.010 (2)	0.811 (0.690, 0.953)	0.011
Village	79	19.8	25	6.3			
Camp	105	26.3	101	25.3			
Type of family							
Nuclear	222	55.6	217	54.4	0.127 (1)	1.052 (0.796, 1.39)	0.722
Extended	177	44.4	182	45.6			

Table (4.1): Continued

Personal information	Control		Case		χ2 (df)	Crude OR (CI)	p Value
	No.	%	No.	%			
Residential Unit Type							
Villa	9	2.3	21	5.3	4.957 (2)	0.865 (0.660, 1.134)	0.293
House	272	68.3	264	66.2			
Apartment	117	29.4	114	28.6			
Accommodation type							
Owned	269	67.4	363	91.0	67.224 * (2)	0.277 (0.195, 0.393)	0.001
Rent	107	26.8	30	7.5			
Borrowing	23	5.8	6	3.6			
Marital Status							
Not Married	242	60.7	191	47.9	13.133 * (1)	1.267 (1.267 , 2.223)	0.001
Married	157	39.3	208	52.1			
Was your mother working							
Yes	24	6.0	58	14.5	15.712 (1)	2.658 (1.615, 4.372)	0.001
No	375	94.0	341	85.5			
Total	399	100.0	399	100.0			
15- Family income from all sources							
Below Poverty line	242	62.9	296	83.4	39.199 (1)	2.965 (2.094, 4.197)	0.001
Above Poverty line	143	37.1	59	16.6			
Total	385	100.0	355	100.0			
Receive social assistance							
Yes	149	37.3	225	56.4	29.066 (1)	2.170 (1.634, 2.880)	0.001
No	250	62.7	174	43.6			
Total	399	100.0	399	100.0			
If yes, select the source							
UNRWA	49	32.9	55	24.4	3.724 (3)	0.745 (0.538, 1.033)	0.077
Social Affairs	90	60.4	148	65.8			
Other	6	4.0	14	6.2			
Both	4	2.7	8	3.6			
Total	149	100.0	225	100.0			

Table (4.1) shows the socio-demographic characteristics of cases and controls. On the one hand, a difference in the mean between cases and controls for the following variables: years of education (cases:11.96, controls 13.23), number of years of father's education (cases:10.19, controls: 13.21), number of years of mother's education (cases:10.46, controls: 12.58), all with Crude OR > 1 and "P-value" less than 0.05 %. This means that in relation to mental health, these factors are considered protective, and on the other hand, the income (cases:959.61, controls: 1854.1) and amount of the entire family's expenses (cases:1437.8, controls: 1622.8) with Crude OR < 1 and "P-value" less than 0.05 % which indicate that these are risks factors (Figure 4.4).

These results are consistent with the literature, as shown in the study by Erickson and Colleagues which concluded that a range of psychiatric problems could be prevented by having a higher level of education (Erickson et al., 2016). Another study by Fakhrunnisak and Patria (2022) demonstrated a positive relationship between parental education and children's mental health (Fakhrunnisak & Patria, 2022). Moreover, the study's findings by Sonego and Colleagues demonstrate a significant relationship between parental education and child mental health, as reported by parents and that this relationship is more important than those for social class and income (Sonego et al., 2013).

Regarding low income, we found it a risk factor that goes along the side with the study by Reiss (2013) who found increased mental health issues were linked to a decline in socioeconomic level. The study also concluded that age and various socioeconomic level variables affected the correlation's strength (Reiss, 2013).

In another study by Yang and Colleagues during the COVID-19 pandemic, who studied different factors together; marriage, exercise frequency, and education level, he found a significantly positively correlated with mental health (Yang et al., 2022).

The results of the study are consistent with the study by Yang and Colleagues, which in contrast, has a negative correlation with mental health.

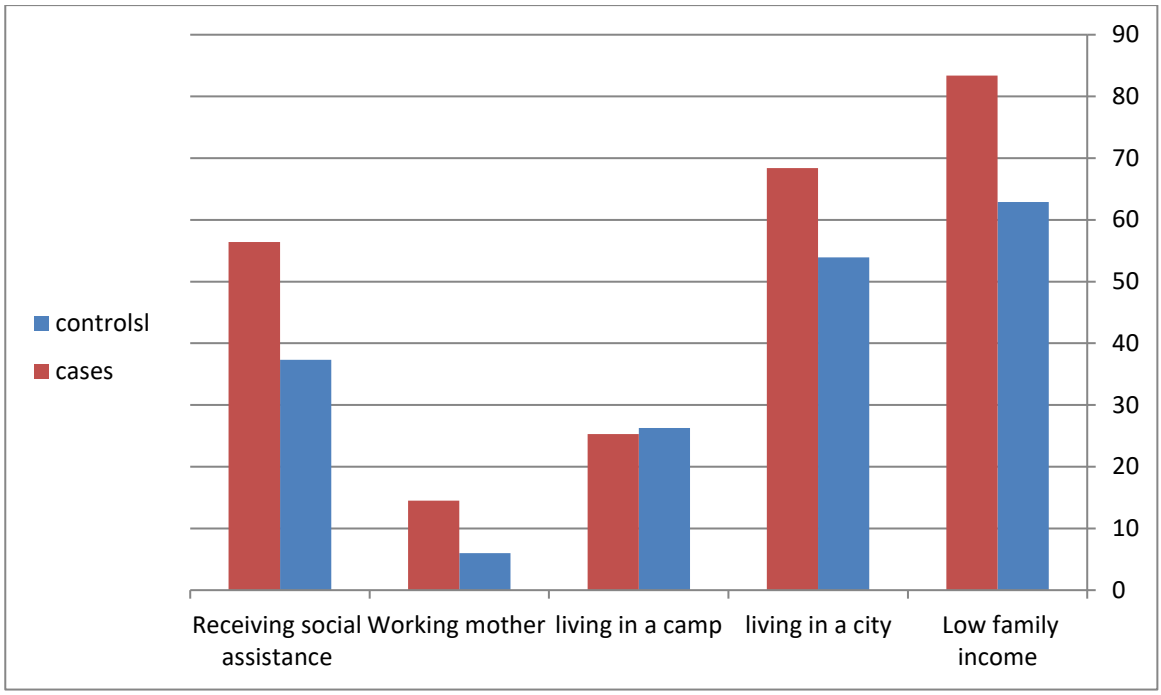

Figure (4.4): Distribution of the study participants by their Socio-demographic status.

4.2 Distribution of the study participants according to the family and childbirth

Table (4.2) Distribution of the study participants according to the family and childbirth.

Personal information	Control		Case		$\chi 2$ (df)	Crude OR (95%CI)	p Value
	No.	%	No.	%			
Rank among your siblings							
First	95	23.8	90	22.6	4.534 (1)	0.898 (0.878, 1.114)	0.855
Second	109	27.3	102	25.6			
Third	60	15.0	83	20.8			
Fourth and more	135	33.8	124	31.1			
Total	399	100.0	399	100.0			
Number of male individuals							
2 and less	160	40.2	141	36.2	3.184 (2)	0.854 (0.710, 1.028)	0.095
3 to 4	161	40.5	153	39.3			
More than 4	77	19.3	95	24.4			
Total	398	100.0	389	100.0			

Table (4.2): Continued

Personal information	**Control**		**Case**		**χ2 (df)**	**Crude OR (95%CI)**	**p Value**
	No.	**%**	**No.**	**%**			
Number of female individuals							
2 and less	161	40.7	183	46.8	4.222 (2)	1.099 (0.917, 1.316)	0.308
3 to 4	152	38.4	124	31.7			
More than 4	83	21.0	84	21.5			
Total	396	100.0	391	100.0			
The family discrimination between males and females							
Yes	51	12.8	143	35.8	57.642 (1)	3.812 (2.664, 5.453)	0.001
No	348	87.2	256	64.2			
Total	399	100.0	399	100.0			
If "Yes", select "Does it prefer							
Male	34	68.0	99	69.7	0.051 (1)	1.083 (0.541, 2.168)	0.821
Female	16	32.0	43	30.3			
Total	50	100.0	142	100.0			
Is the father married to another wife							
Yes	16	4.0	84	21.1	52.865(1)	6.383(3.664, 11.120)	0.001
No	383	96.0	315	78.9			
Total	399	100.0	399	100.0			
If yes, how many wives							
One	8	50.0	47	56.6	0.239(1)	1.36 (0.447, 3.813)	0.626
More than One	8	50.0	36	43.4			
Total	16	100.0	83	100.0			
Do you have Stepsiblings							
Yes	9	56.3	70	84.3	6.564 (1)	4.188 (1.324, 13.247)	0.015
No	7	43.8	13	15.7			
Total	16	100.0	84	10.0			
If Yes how many brothers							
Three and less	6	66.7	31	43.7	1.700 (1)	0.864 (0.657, 1.136)	0.294
More than three	3	33.3	40	56.3			
Total	9	100.0	71	100.0			
If Yes how many Sisters							
Three and less	5	71.4	41	58.6	0.437 (1)	0.780 (0.524, 1.161)	0.220
More than three	2	28.6	29	41.4			
Total	7	100.0	70	100.0			
41- Do you think you are a wanted child by your parents							
Yes	359	90.0	133	33.3	274.803 (2)	0.082 (0.057, 0.119)	0.001
No	37	9.3	186	46.6			
I don’t Know	3	0.8	80	20.1			
Total	399	100.0	399	100.0			

The univariate logistic regression was applied to determine the protective and risk factors associated with depression, anxiety, and schizophrenia (mental disorders). The strength of association was attained using the crude odds ratio (COR) at a 95% confidence interval (CI). Several socio-demographic factors were significant risk or protective variables for developing mental disorders.

Table (4.2) shows the characteristics of the family structure and relationships among, cases and controls participants. There was statistical significance between cases and controls in being in a family that discriminates between males and females where, 12.8 % of controls and 35.8% of cases (p-value = 0.001) which, means that the family discrimination between males and females was a risk factor to develop mental health disorders(Figure 4.5). Also the table shows that having the father married with another wife where, 4.0 % of controls and 21.1 % of cases (p-value = 0.001) which, also makes it a risk factor to mental health, the same was, in being a non-wanted child where, 9.3 % of controls and 46.6 % of cases (p-value = 0.001) (Figure 4.5).

Regarding family size, the literature shows contradictory results, while one study shows that living within a family with more siblings allows play, comfort, and a sense of security which protects against developing internalizing and externalizing behavioral problems. (Grinde &Tambs,2016). Another study found that living in large families increases the risk of receiving a Conduct Disorder, Mental Retardation, or Pervasive Developmental Disorder diagnosis (Carballo et al., 2013).

Also, being an unwanted child may increase the risk of having mental health disorders (Figure 4.6), as the study by David shows that unwanted children are associated with a higher risk of poor psychosocial development and mental health in adulthood compared to both the accepted pregnancy controls and their siblings (David, 2011).

Regarding polygamy, similar findings were reported by Al-Sharfi, where his study showed that, polygynous families had more children and adolescents with mental health issues, social issues, and poorer academic achievement than monogamous families did (Al-Sharfi et al. 2016).

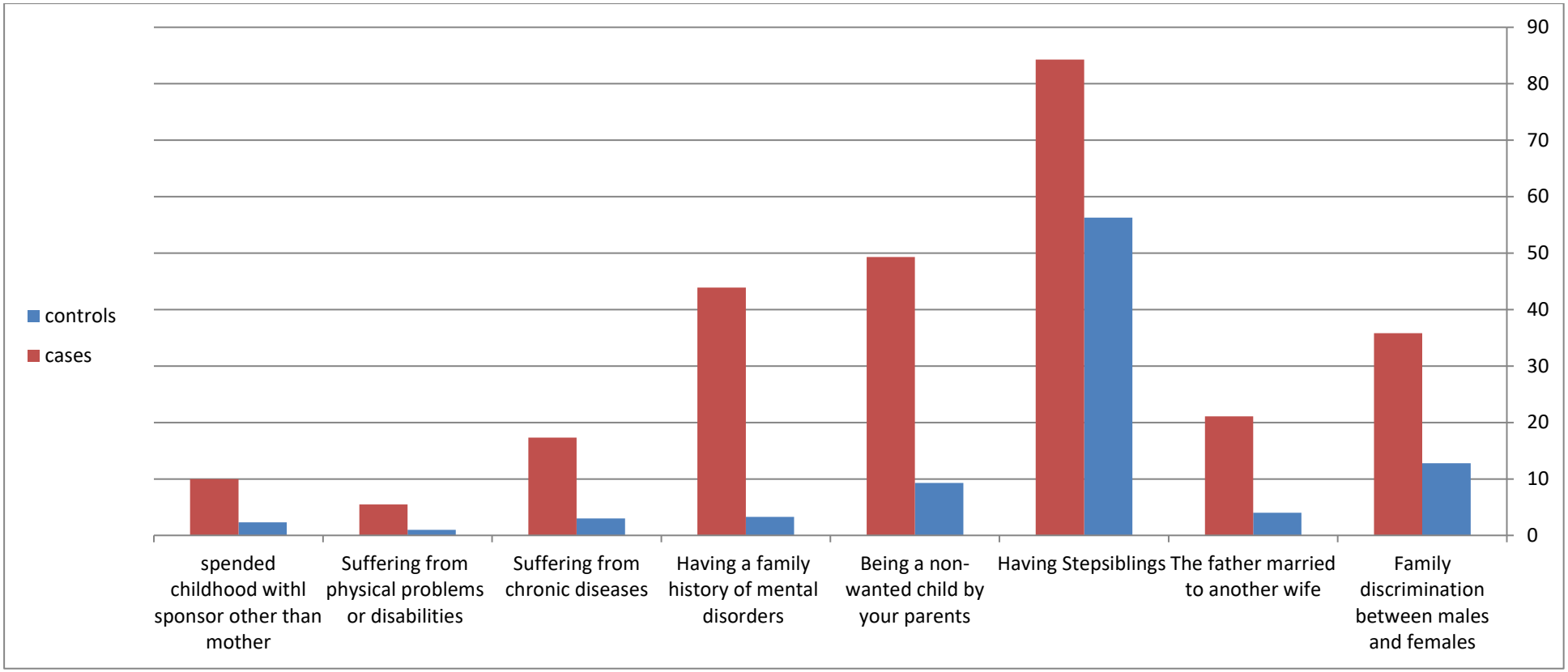

Figure (4.5): Distribution of study participants by their socio-economic status.

4.3 Distribution of the study participants according to selected variables

Table (4.3) Distribution of the study participants according to selected variables

Personal information	Control		Case		χ^2 (df)	Crude OR (95% CI)	p Value
	No.	%	No.	%			
family history of mental disorder (first and second degree)							
Yes	13	3.3	175	43.9	182.619 (1)	23.197 (12.988, 41.721)	0.001
No	386	96.7	224	56.1			
Total	399	100.0	399	100.0			
Family relative suffer from a diagnosed mental disorder							
Yes	5	1.3	87	21.8	82.611(1)	21.973 (8.814, 54.780)	0.001
No	394	98.7	312	78.2			
Total	399	100.0	399	100.0			
Have you suffered from chronic diseases							
Yes	12	3.0	69	17.3	44.642 (1)	6.743(3.590, 12.666)	0.001
No	387	97.0	330	82.7			
Total	399	100	399	100			
Did you suffer from physical problems or disabilities (amputation, paralysis, deformity, loss of senses, etc.) as a result of an incident							
Yes	4	1.0	22	5.5	12.881(1)	5.763 (1.967, 16.879)	0.001
No	395	99.0	377	94.5			
Total	399	100.0	399	100.0			
Did you spend your childhood in a private nursery or under a special sponsor other than your mother							
Yes	9	2.3	40	10.0	20.895 (1)	4.828 (2.310, 10.091)	0.001
No	390	97.7	359	90.0			
Total	399	100.0	399	100.0			

Table (4.3) shows that there was statistical significance between cases and controls in having a family history of mental disorder, namely first and second degree, where, 3.3 % of controls and 43.9% of cases (p-value = 0.001) which, means having a family history of mental disorder, namely first and second degree was a risk factor to develop mental health disorders(Figure 4.5). Also the table shows that suffering from chronic diseases where, 3,3 % of controls and 17.3 % of cases (p-value = 0.001) which also means that suffering from chronic diseases was a risk factor to mental health(Figure 4.5), the same was, suffering from physical problems or disabilities where, 1.0 % of controls and 5.5 % of cases (p-value = 0.001) . Finally the table shows that spending childhood in a private nursery or under a special sponsor other than your mother was also a risk factor to develop mental health disorders where, 9 % of controls and 10 % of cases (p-value = 0.001) (Figure 4.5).

The literature shows consistent results, as the study by Mortensen, showed that Schizophrenia is strongly associated with a family history of schizophrenia and related disorders among first-degree relatives. Moreover, any other psychiatric disorder among

first-degree relatives increases the individual's risk of schizophrenia (Mortensen et al., 2010). Also, the study by Weismann and Colleagues of the history of psychiatric illness in biological relatives was a risk factor for most psychiatric illnesses. The family psychiatric history screen was best valid for major depression, anxiety disorders, substance dependence (alcohol and drug dependence), and suicide attempts (Weismann et al., 2000).

Moreover, the findings of the study by Chenet revealed that 13.2, 21.0, and 16.4%, respectively, of people had PTSD, depression, or anxiety. Hospitalized patients with more traumatic events were more exposed to traumatic events, had poorer perceptions of social support, and experienced higher levels of PTSD, despair, and anxiety (Chen et al., 2021).

4.4 Distribution of the study participants according to selected lifestyle factors

Table (4.4): Distribution of the study participants according to lifestyle factors

Lifestyle	Control		Case		$\chi 2$ (df)	Crude OR (95%CI)	p Value
	No.	%	No.	%			
54- Do you smoke cigarettes or shisha							
Yes	133	33.3	167	41.9	6.175 (1)	1.440 (1.080, 1.920)	0.013
No	266	66.7	232	58.1			
Total	399	100.0	399	100			
57- Do you have the chance to take any drug or drug's street							
No	394	98.7	318	79.7	Fisher's Exact Test 86.898	0.061 (0.025, 0.151)	0.001
Yes (tramadol, weed)	5	1.3	64	16.0			
Stopped	0	0.0	17	4.3			
Total	399	100.0	399	100.0			
61-What is the sleep pattern that suits you the most?							
You sleep early and wake up early	184	46.1	116	29.6	22.935 (2)	Ref.	
You sleep late and wake up late	66	16.5	84	21.4		2.044 (1.490, 2.803)	0.001
I don't have a specific style	149	37.3	192	49.0		1.012 (0.688, 1.491)	0.950
Total	399	100.0	399	100.0			
69-Did you suffer from obesity in childhood							
Yes	32	8.0	90	22.6	32.730 (1)	3.351 (2.178, 5.156)	0.001
No	367	92.0	308	77.4			
Total	398	100.0	399	100.0			

Table (4.4) shows the characteristics of lifestyle among cases and controls. There was statistical significance between cases and controls in having the chance to take any drug or drug's street (Figure 4.6),where, 1.3 % of controls and 16 % of cases (p-value = 0.001)

which, means that, this variable was a risk factor to develop mental health disorders. The table , also, shows that having the sleep pattern ,sleeping late and waking up late (Figure 4.6),where, 16.5 % of controls and 21.4 % of cases (p-value = 0.001) was a risk factor to the mental health The same was for, the suffering from obesity in childhood (Figure 4.6) where, 8 % of controls and 22.6 % of cases (p-value = 0.001) .

The literature goes along the side with the study results, as shown in the study by Leidesdorff and Colleagues, where children of parents with a mental illness and addiction are at high risk for developing a mental illness (Leijdesdorff et al.2017).

Also, the study by Jones& McCance-Katz showed that Co-occurring substance use and mental disorders are common among adults with opioid use disorder (Jones& McCance-Katz, 2019).

Moreover, the study by Sacks showed a significant association between the number of women entering the criminal justice system and the co-occurring substance use and mental disorders in the lives of female offenders (Sacks, 2004).

Regarding obesity, the study by Godina-Flores and Colleagues shows that there is conflicting evidence regarding the link between obesity and anxiety. However, children and adolescents who are overweight or obese are more likely to experience sadness or report greater depressive symptoms than those who are of normal weight. The likelihood is higher for women (Godina-Flores et al., 2022).

Regarding sleep patterns, the study by Orchardet and Colleagues showed that 15-year-olds with depression have issues with both sleep patterns and quality, while those with anxiety only had issues with sleep quality. The degree of anxiety and depressive symptoms and the diagnosis of anxiety and depressive disorders at ages 17, 21, and 24 were all predicted by various sleep factors at age 15 (Orchard et al., 2020).

Table (4.5) Differences between variables, namely hours of watching TV or cell phone, hours of interacting daily face to face with family, hours of interacting daily face to face with friends, and hours of interacting daily with the family.

Table (4.5): Distribution of study participants by selected lifestyle factors

Variables	Case/control	N	Mean	Std	T Test	Sig.
Hours of watching TV or cell phone	Case	399	3.19	2.84	4.560	0.001
	Control	399	4.12	2.89		
Hours of interact daily face to face with family	Case	350	3.01	2.99	8.819	0.001
	Control	389	5.12	3.48		
Hours of interacting daily face to face with friends	Case	336	1.70	2.13	7.913	0.001
	Control	387	2.90	1.96		
Hours of interact daily through the internet with the family	Case	328	1.52	2.40	2.951	0.003
	Control	381	2.03	2.15		

Table (4.5) shows that by using the T-Test hours of watching TV or cell phone (T Test=-4.560, sig.=0.001), hours of interacting daily face to face with family, hours of interacting daily face to face with friends, hours of interacting daily through the internet with the family were all protective factor against developing mental health disorders.

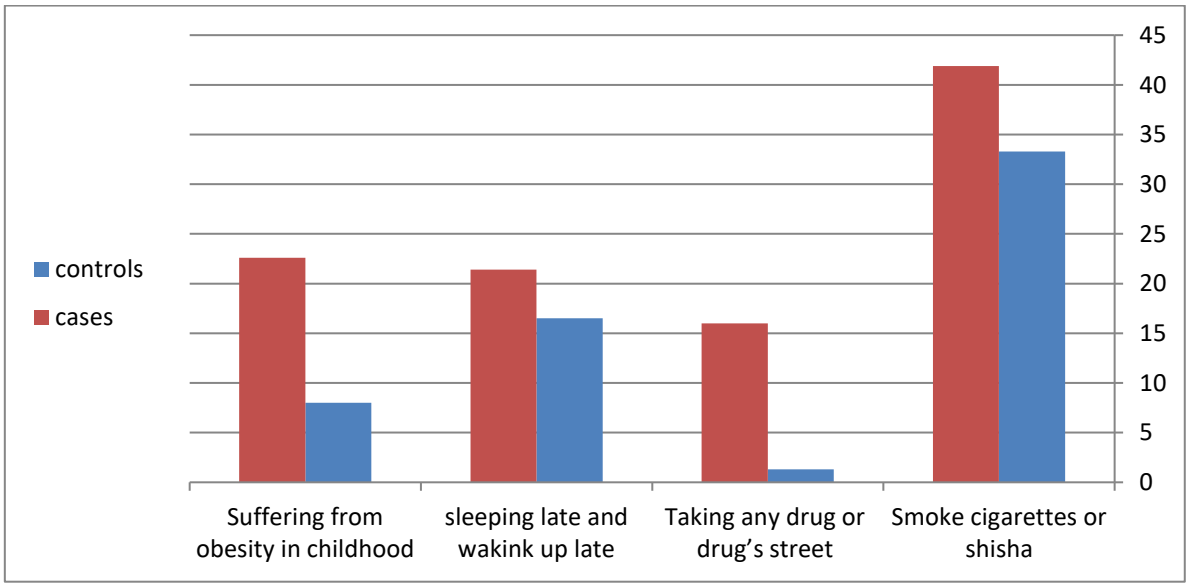

Figure (4.6): Distribution of study participants by lifestyle.

4.5 Distribution of the study participants according to external environment

4.5.1 Distribution of the study participants according to education and school environment

Table (4.6): Distribution of the study participants according to education and school environment

Education	Control		Case		$\chi 2$ (df)	Crude OR (95%CI)	p Value
	No.	%	No.	%			
Have you been subjected to physical violence by teachers at school							
Never and rare	367	92.0	184	46.1	202.782 (3) 0.001	Ref	
Sometimes	24	6.0	85	21.3		35.902 (11.076, 116.372)	0.001
Frequently	5	1.3	76	19.0		5.082 (1.459, 17.699)	0.011
Always	3	0.3	54	13.5		1.184 (0.271, 5.167)	0.822
Total	399	100.0	399	100.0			
Have you been exposed to sexual harassment by teachers at school?							
Never and rare	397	99.5	367	92.0	Fisher's Exact Test 30.126 0.001	0.087 (0.022, 0.348)	0.001
Sometimes	2	0.5	19	4.8			
Frequently	0	0.0	11	2.8			
Always	0	0.0	2	0.5			
Total	399	100.0	399	100.0			
Have you been exposed to emotional violence by teachers at school							
Never and rare	385	96.5	204	51.1	Fisher's Exact Test 250.198 0.001	0.082 (0.049, 0.138)	0.001
Sometimes	13	3.3	94	23.6			
Frequently	0	0.0	64	16.0			
Always	1	0.3	37	9.3			
Total	399	100.0	399	100.0			
Have you been subjected to verbal violence by teachers at school							
Never (Ref.)	374	93.7	173	43.4	238.224 (3) 0.001	Ref	
Sometimes	17	4.3	85	21.3		72.422 (17.542, 299.00)	0.001
Frequently	6	1.5	74	18.5		6.700 (1.495, 30.020)	0.013
Always	2	0.5	67	16.8		2.716 (0.530, 13.920)	0.231
Total	399	100.0	399	100.0			

Table (4.6) Continued

Were you exposed to bullying by classmates							
Never (Ref.)	376	94.2	240	60.2	131.704 (3) 0.001	Ref	
Sometimes	12	3.0	79	19.8		10.340 (3.981, 26.855)	0.001
Frequently	6	1.5	47	11.8		1.003 (0.327, 3.071)	0.996
Always	5	1.3	33	8.3		0.843 (0.237, 2.993)	0.791
Total	399	100.0	399	100.0			
Were you exposed to violence while doing homework							
Never (Ref.)	369	92.5	190	47.6	195.354 (3) 0.001	Ref	
Sometimes	20	5.0	81	20.3		33.016 (13.174, 82.274)	0.001
Frequently	5	1.3	43	10.8		4.198 (1.504, 11.712)	0.006
Always	5	1.3	85	21.3		1.977 (0.543, 7.201)	0.302
Total	399	100.0	399	100.0			

Table (4.6) shows the educational and school environment characteristics among cases and controls. There was statistical significance between cases and controls in frequently, being subjected to physical violence where, 1.3 % of controls and 19 % of cases (p-value = 0.011) (Figure 4.7) and, verbal violence where, 1.5 % of controls and 18.5 % of cases (p-value = 0.013) by teachers at schools which, means that these two variables were risk factors to develop mental health disorders (Figure 4.7) . The table also, shows that frequently being exposed to violence while doing homework where, 1.3 % of controls and 10.8 % of cases (p-value = 0.013) was a risk factor to mental health (Figure 4.7) . The same was for, being sometimes exposed to bullying by classmates where, 3 % of controls and 19.8 % of cases (p-value = 0.001) (Figure 4.7).

These findings are supported by the study by Heilmann and Colleagues, who concluded that Physical punishment consistently raises the likelihood of a kid becoming involved with child protective services and predicts increases in behavioral issues in children over time. (Heilmannet al., 2021) and the study by Kumar also concluded that receiving praise has a positive impact on a child's chances of receiving higher cognitive scores, whereas corporal punishment has a negative impact (Kumar et al., 2022).

The study by Baldry found that preadolescents' aggressive and delinquent behaviors may be signs of issues caused by either direct child abuse by one or both parents and indirect abuse, such as exposure to domestic violence, at home (Baldry, 2007).

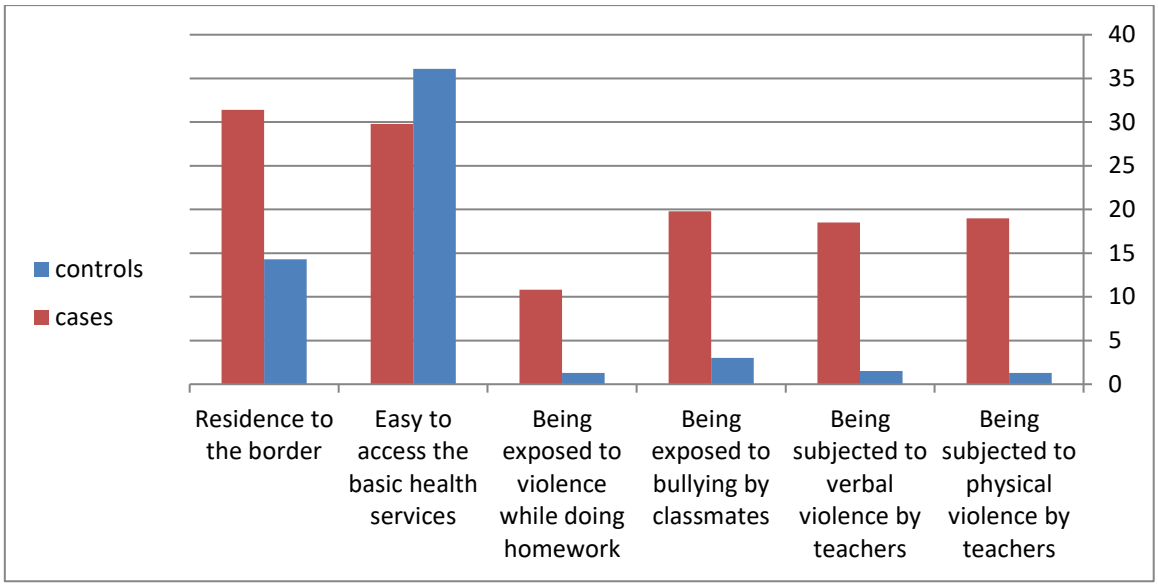

Figure (4.7): Distribution of study participants by their school environment

4.5.2 Distribution of the study participants according to Housing and access to health services

Table (4.7): Distribution of the study participants according to Housing and access to health services.

Housing and access to health services	Control		Case		χ^2	p Value
	No.	%	No.	%		
83- To what extent it is easy to access the basic health services						
Easy	144	36.1	119	29.8	31.401	0.001
Appropriate	224	56.1	197	49.4		
Difficult	29	7.3	63	15.8		
Very difficult	2	0.5	20	5.0		
Total	399	100.0	399	100.0		
85- Do you get treatment for free						
Yes			315	78.9	NA	NA
No			84	21.1		
Total			399	100.0		
86- if it was" Yes "Is it always available in mental health centers						
Yes			209	66.3	NA	NA
No			106	33.7		
Total			315	100.0		
If no, can you cover the cost of treatment?						
Yes,			9	10.2	NA	NA
No			75	89.3		
Total			84	100.0		

Table (4.7) Continued

88- How appropriate is the number of bedrooms in the house compared to the number of family members						
Wide (Ref.)	108	27.1	33	8.4	104.585	0.001
Appropriate	251	62.9	215	54.7		
Narrow	35	8.8	105	26.7		
Very tight	5	1.3	40	10.2		
Total	393	100.0	399	100.0		
89- How close is your area of residence to the border?						
Less than 1 km (Ref.)	41	10.3	53	13.3	42.180	0.001
More than 2 km	57	14.3	125	31.4		
More than 3 km	134	33.6	114	28.6		
More than 4 km	167	41.9	106	26.6		
Total	399	100.0	398	100.0		

Table (4.7) shows the housing and access to health characteristics among cases and controls participants. There was statistical significance in the accessibility to basic health services (Figure 4.8) between cases and controls, where 15.8 % of cases found it easy and 7.3 of controls (p-value = 0.01). This means that easiness of accessing basic health services was a protective factor for mental health; on the other hand, being close to the border is also a risk factor for mental health (Figure 4.8) where the mean for controls (10.3), and the mean for cases (13.3) at (T Test=2.317) and significance (p-value = 0.01).

In the literature, we found supporting evidence to the study results as in the study by Thabet, which concluded that children who live in war zones might experience emotional issues that go unrecognized to convey their intense distress from various traumatic occurrences (Thabet et al.2002). in another study, Thabet found that Palestinian children experienced various war-related incidents. The number of exposed traumatic experiences was independently correlated with PTSD diagnosis or scores on the severity of post-traumatic symptoms (Thabet et al.2009) in the third study by Thabet. He found that the overall behavioral and emotional issues scores were substantially correlated with exposure to day raids and tank shelling of the children's homes (Thabet et al., 2006).

Table (4.8): Differences between variables (How far is your house from the nearest health center by walking and car and case-control

Variables	Case/control	N	Mean	Std	T Test	P-value
How far is your house from the nearest health center by walking	Case	349	24.65	21.24	2.317	0.021
	Control	365	21.14	19.30		
How far is your house from the nearest health center by Car	Case	325	10.10	10.13	1.419	0.156
	Control	347	9.06	8.70		

Table (4.8) shows differences between variables (How far are your house from the nearest health center by walking and car and case-control), where there was statically significance between cases and controls (p-value = 0.021) in being close or far away from the nearest health center the mean of control (24.65), the mean for cases (21.14), T Test= 2.317.

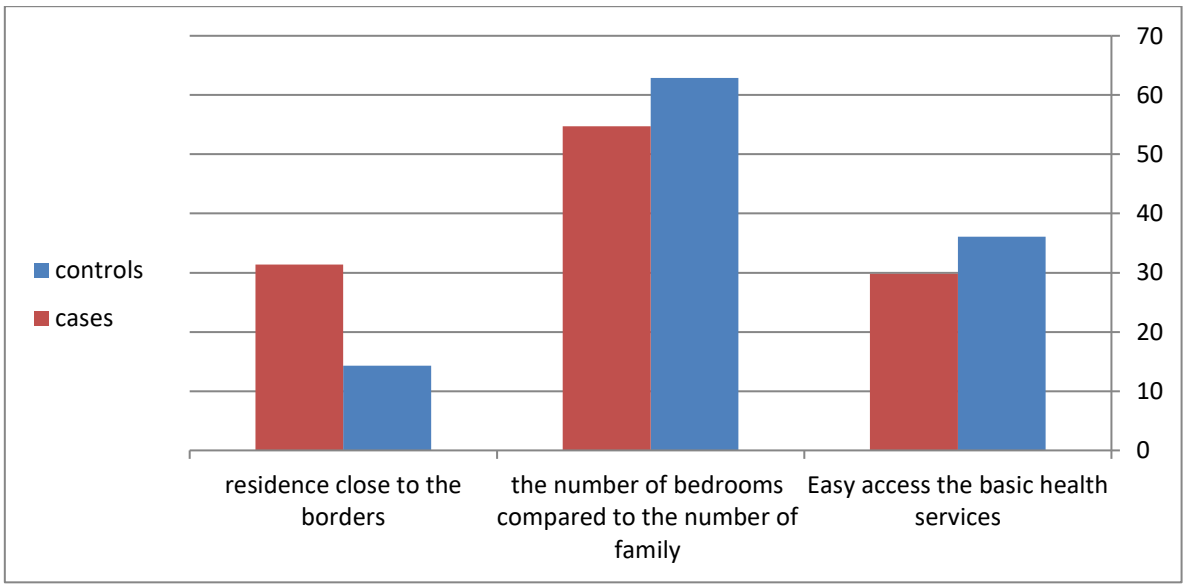

Figure (4.8): Distribution of study participants by accessibility to basic health services.

4.5.3 Distribution of the study participants according to the political environments.

Table (4.9): Distribution of the study participants according to the political environments.

The Political environments	Control		Case		χ^2	p Value
	No.	%	No.	%		
Were you forced to move to live elsewhere because of the war ?						
Yes	118	29.6	188	47.1	25.972	0.001
No	281	70.4	211	52.9		
Total	399	100.0	399	100.0		
Was your house demolished because of the war ?						
Yes	12	3.0	89	22.3	67.209	0.001
No	387	97.0	310	77.7		
Total	399	100.0	399	100.0		
Have you been hit or abused by the military, police or any other party ?						
Yes	9	2.3	47	11.8	27.732	0.001
No	390	97.7	352	88.2		
Total	399	100.0	399	100.0		
Have you seen people killed because of the bombing, shelling or shooting ?						
Yes	67	16.8	115	28.8	16.400	0.001
No	332	83.2	287	71.2		
Total	399	100.0	399	100.0		
Have you seen people injured by bombing, shelling or shooting ?						
Yes	82	20.6	121	30.3	10.049	0.002
No	317	79.4	278	69.7		
Total	399	100.0	399	100.0		
Have you seen people severely beaten during the war by the aggressors						
Yes	23	5.8	32	8.0	1.582	0.132
No	376	94.2	367	92.0		
Total	399	100.0	399	100.0		
Was a family member, friend or neighbor injured in the war ?						
Yes	99	24.8	179	44.9	35.329	0.001
No	300	75.2	220	55.1		
Total	399	100.0	399	100.0		
If yes, was he from Family ?						
Yes	28	28.3	57	31.8	0.381	0.317
No	71	71.7	122	68.2		
Total	99	100.0	179	100.0		
From Friends ?						
Yes	46	46.5	63	35.2	3.396	0.044
No	53	53.5	116	64.8		
Total	99	100.0	179	100.0		
from Neighbors ?						
Yes	51	51.5	98	54.7	0.268	0.347
No	48	48.5	81	45.3		
Total	99	100.0	179	100.0		

Table (4.9): Continued

The Political environments	Control		Case		χ^2	p Value
	No.	%	No.	%		
Has a family member, friend or neighbor been killed during the war ?						
Yes	86	21.6	160	40.1	32.180	0.082
No	313	78.4	239	59.9		
Total	399	100.0	399	100.0		
If yes, was he from Family?						
Yes	17	19.8	46	28.7	2.369	0.283
No	69	80.2	114	71.3		
Total	86	100.0	160	100.0		
From Friends?						
Yes	32	37.2	67	41.9	0.506	0.521
No	54	62.8	93	58.1		
Total	86	100.0	160	100.0		
From Neighbors?						
Yes	44	51.2	81	50.6	0.006	0.174
No	42	48.8	79	49.4		
Total	86	100.0	160	100.0		
Were you injured during the events of the war ?						
Yes	5	1.3	40	10.0	28.849	0.001
No	395	98.7	359	90.0		
Total	399	100.0	399	100.0		
Have you been amputated a limb during the events of the war ?						
Yes	2	0.5	19	4.8	14.134	0.002
No	397	99.5	390	95.2		
Total	399	100.0	399	100.0		
Were you prevented from traveling for treatment or studying because of the closure ?						
Yes	68	17.0	85	21.3	2.337	0.075
No	331	83.0	314	78.7		
Total	399	100.0	399	100.0		
Is the monthly income of the family affected due to the current conditions that the Gaza Strip is going through (siege, war, other things) ?						
Yes,	317	79.4	337	84.5	3.389	0.040
No	82	20.6	62	15.5		
Total	399	100.0	399	100.0		
Has the social and family situation been affected by the current conditions that the Gaza Strip is going through (siege, war, other things) ?						
Yes	288	72.2	353	88.5	33.502	0.001
No	111	27.8	46	11.5		
Total	399	100.0	399	100.0		
Have you ever been subjected to political arrest by the Palestinian Authority?						
Yes	2	0.5	11	2.8	6.334	0.011
No	397	99.5	388	97.2		
Total	399	100.0	399	100.0		
Have you ever been subjected to political arrest by the Israeli authorities ?						
Yes	3	0.8	11	2.8	4.653	0.028
No	396	99.2	388	97.2		
Total	399	100.0	399	100.0		

Table (4.9) shows the political environment characteristics of case and control participants. Statistical significance between cases and controls in being forced to move to live elsewhere because of the war (Figure 4.9), where 47.1% of cases were forced to move and 29.6 %of controls at (p-value = 0.001). This means that being forced to move to live elsewhere because of the war was a risk factor for mental health.

Also, having the house demolished because of the war (Figure 4.9) is a risk factor for mental health, with 3.0 % controls and 22.3% of cases (p-value = 0.001).

The table also shows other risk factors, where there was statically significance in having a family member, friend, or neighbor injured in the war where 1.3% of controls and 10.00% of cases were injured at (p-value = 0.001) (Figure 4.9) or being injured during the events of the war where 24.8 % of controls and 44.9 of cases at (p-value = 0.001) (Figure 4.9).

Another obvious risk factor from the table is the effect of the blockade on mental health, where there was statistical significance in social and family situations affected by the blockade, where 72.2% of controls and 88.5% of cases at (p-value = 0.001).

Also, being subjected to political arrest by the Israelis (Figure 4.9) has a statistical significance with mental health where only 0.8 % of controls while 2.8% of cases at (p-value = 0.001). We found another statistical significance with mental health, seeing people killed because of the events of the war (Figure 4.9), where only 16.8 % of controls while 28.8% of cases at (p-value = 0.001).

The literature goes along the side with these results; the study by Sukale and Colleagues found that children who experience war experience a lot of rapid stress responses, a greater chance of developing certain mental disorders, distress from being forced to be apart from their parents, and anxiety for their own and their family's safety, among other effects (Sukale et al., 2022).

Thabet and Colleagues concluded in his study that Parents and children both reported having encountered a significant number of traumatic experiences, as well as high rates of PTSD and anxiety scores exceeding previously established cutoffs (Thabet et al., 2008). also, Bürgin study concluded that t war-affected communities have high prevalence rates of depression and post-traumatic stress disorder (PTSD), adding to the massive global burden of mental health effects of migration and war (Bürgin et al.,q2022).

Moreover, the findings of the study by Marie & SaadAdeen revealed the effects of home demolition on mental health. The findings reveal that the lives of Palestinian families who have had their homes demolished as well as those who have constantly faced the danger of having their homes demolished share common themes of sadness, stress, anxiety, phobias, and a lack of hope for the future (Marie& SaadAdeen, 2021). another study by Cameron found that for the pre-injury year and each year of the follow-up period, statistically significant variations in the rates of mental health service usage between the injured and non-injured were seen (Cameron et al., 2006).

Also, the results are consistent with the results of the study by Veronese revealed that greater effects of the siege ratings were linked to a sense of hopelessness. Participants' resistance was also weakened by living under siege. The more the siege affected people, the less resilient they were in safeguarding their mental health, and the more hopelessness they felt, the more anxiety, stress, and depression they were susceptible to (Veronese et al., 2021).

Moreover, the study by Elessi concluded that most university students in Gaza experience feelings of imprisonment, unhappiness, discontentment with their existence, hopelessness, and helplessness (Elessi et al. 2019).

Table (4.10): Distribution of the study participants according to the Political environment

Variables	Case/control	N	Mean	Std	T Test	Sig.
Time of move to live elsewhere because of the war	Case	188	2.94	1.99	4.029	0.000
	Control	118	3.97	2.49		
Times of hit or abused by the military, police or anyother party	Case	47	1.79	1.10	0.025	0.980
	Control	9	1.78	0.44		
Times of people killed because of the bombing, shelling or shooting	Case	115	2.11	1.21	1.156	0.249
	Control	67	2.33	1.22		
Time of seeing people injured by bombing, shelling or shooting	Case	101	2.71	1.55	1.242	0.216
	Control	75	3.04	1.95		
Times of seeing people severely beaten during the war by the aggressors	Case	32	2.13	1.68	1.585	0.119
	Control	23	2.91	2.00		
Times of subjected to political arrest by the Palestinian Authority?	Case	11	1.36	0.51	1.721	0.113
	Control	2	2.00	0.00		
Times of subjected to political arrest by the Israeli	Case	11	1.82	0.41	3.402	0.005
	Control	3	1.00	0.00		

Table (4.10) shows differences between variables (time of the move to live elsewhere because of the war), where there was statically significance between cases and controls (p-value = 0.000), the mean of control (1.00), the mean for cases (3.97), T Test= -4.029.

The table also shows differences between variables (Times of being subjected to political arrest by the Israeli), where there was statically significance between cases and controls (p-value = 0.05), the mean of control (2.94), the mean for cases 1.82), T Test= 3.402.

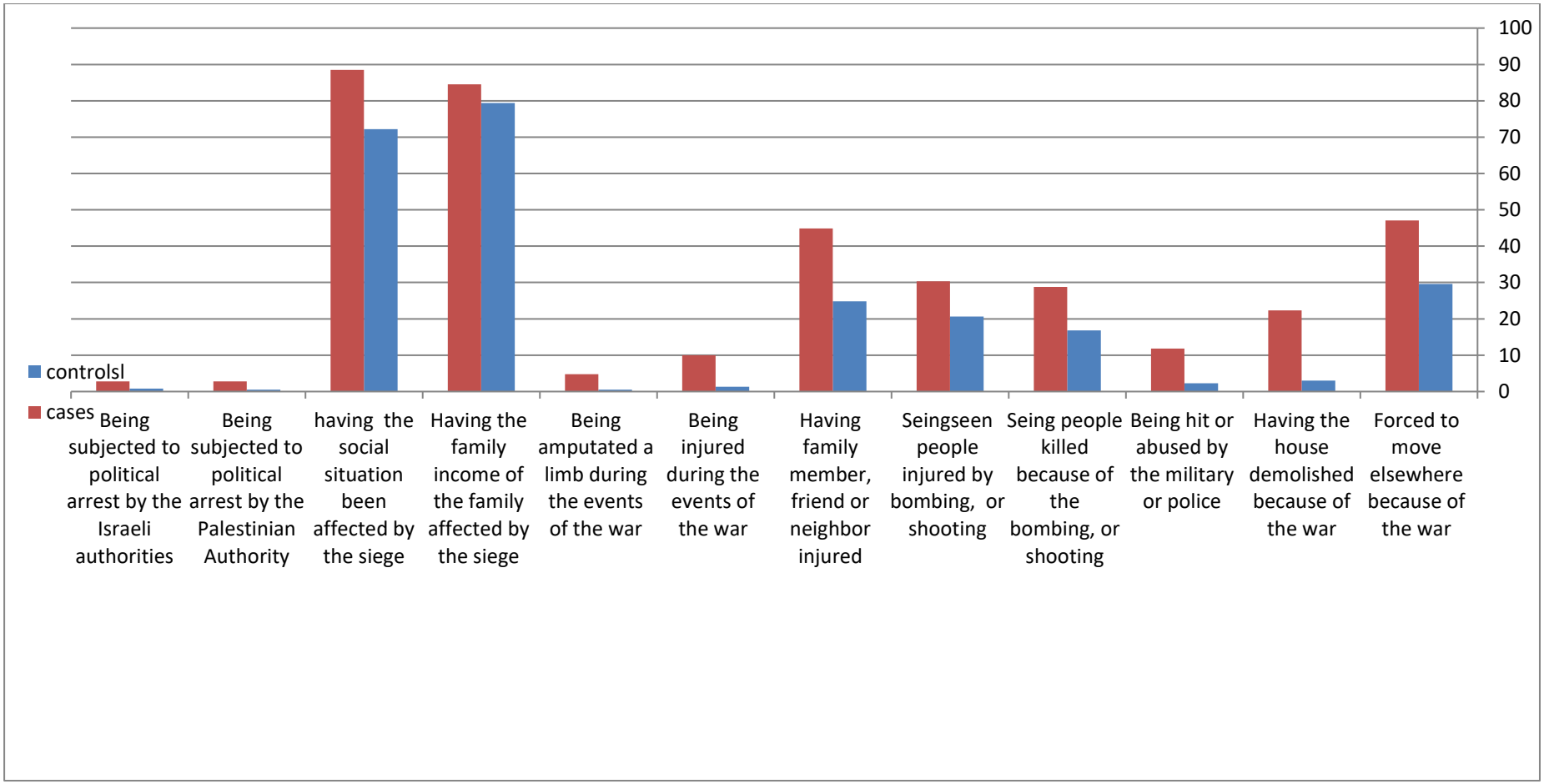

Figure (4.9): Distribution of the study participants according to the political environments.

4.5.4 Distribution of the study participants according to social environment.

Table (4.11): Distribution of the study participants according to social environment.

Social environment	Control (0)		Case (1)		χ^2	p Value
	No.	%	No.	%		
Is there a recurring conflict between the parents						
Never and rare	345	86.5	109	27.3	292.559	0.001
Sometimes	38	9.5	121	30.3		
Frequently	12	3.0	122	30.6		
Always	4	1.0	47	11.8		
Total	399	100.0	399	100.0		
Is there a conflict between family members						
Never and rare	338	84.7	134	33.6	232.242	0.001
Sometimes	49	12.3	117	29.3		
Frequently	9	2.3	78	19.5		
Always	3	70.0	70	17.5		
Total	399	100.0	399	100.0		
Does the family provide you psychological support						
Never and rare	72	18.0	220	55.1	213.515	0.001
Sometimes	47	11.8	103	25.8		
Frequently	93	23.3	30	7.5		
Always	187	46.9	46	11.5		
Total	399	100.0	399	100.0		
Are you married						
Yes	211	52.9	155	38.8	15.828	0.001
No	188	47.1	244	61.2		
Total	399	100.0	399	100.0		
If yes, do you have children						
Yes	211	100.0	133	85.8	31.864	NA
No	0	0.0	22	100.0		
Total	211	100.0	163			
Do you have intimae friends						
Yes	334	83.7	172	43.1	141.742	0.001
No	65	16.3	227	56.9		
Total	399	100.0	399	100.0		
How many hours do you spend in social interaction within the family per day						
2 and less	133	34.4	177	56.9	55.476	0.001
3 to 5	119	30.7	96	30.9		
More than 5	135	34.9	38	12.2		
Total	387	100.0	311	100.0		
	Mean 3.37 Median 3.00 Std. 2.126		Mean 2.49 Median 2.00 Std 1.658			

Table (4.11): Continued

Social environment	Control (0)		Case (1)		χ^2	p Value
	No.	%	No.	%		
Have you ever experienced physical violence?						
Never and rare	364	91.2	176	44.2	213.981	0.001
Sometimes	27	6.8	71	17.8		
Frequently	5	1.3	69	17.3		
Always	3	0.8	82	20.6		
Total	399	100.0	399	100.0		
Have you experienced sexual violence by one of the parents						
Never and rare	396	99.2	357	89.5	36.181	0.001
Sometimes	3	0.8	28	7.0		
Frequently	0	0.0	13	3.3		
Always	0	0.0	1	0.3		
Total	399	100.0	399	100.0		
Have you been emotionally abused by one of the parents						
Never and rare	382	95.7	211	52.9	195.637	0.001
Sometimes	14	3.5	73	18.3		
Frequently	2	0.5	86	21.6		
Always	1	0.3	29	7.3		
Total	399	100.0	399	100.0		
Have you been subjected to verbal violence by one of the parents						
Never and rare	360	90.2	171	42.9	220.246	0.001
Sometimes	35	8.8	83	20.8		
Frequently	2	0.5	57	14.3		
Always	2	0.5	88	22.1		
Total	399	100.0	399	100.0		
Have you been physically abused by one of brothers						
Never and rare	377	94.5	219	54.9	173.384	0.001
Sometimes	19	4.8	65	16.3		
Frequently	2	0.5	72	18.0		
Always	1	0.3	43	10.8		
Total	399	100.0	399	100.0		
Have you been subjected to sexual violence by one of the brothers						
Never and rare	395	99.0	343	86.0	49.054	0.001
Sometimes	1	0.3	27	6.8		
Frequently	2	0.5	20	5.0		
Always	0	0.0	9	2.3		
Total	399	100.0	399	100.0		

Table (4.11): Continued

Have you been subjected to emotional violence by one of the brothers						
Never and rare	380	95.2	225	45.4	166.003	0.001
Sometimes	13	3.3	73	18.3		
Frequently	5	1.3	72	18.0		
Always	1	0.3	29	7.3		
Total	399	100.0	399	100.0		
Have you been verbally abused by one of brothers						
Never and rare	359	90.0	185	46.4	185.666	0.001
Sometimes	31	7.8	87	21.8		
Frequently	8	2.0	68	17.0		
Always	1	0.3	59	14.8		
Total	399	100.0	399	100.0		
Have you been physically abused by one of peers (relatives - friends) in the neighborhood						
Never and rare	385	96.5	284	71.2	95.276	0.001
Sometimes	11	2.8	71	17.8		
Frequently	3	0.8	29	7.3		
Always	0	0.0	15	3.8		
Total	399	100.0	399	100.0		
Have you been sexually abused by one of peers in the neighborhood						
Never and rare	396	99.2	358	89.7	35.097	0.001
Sometimes	1	0.3	21	5.3		
Frequently	2	0.5	14	3.5		
Always	0	0.0	6	1.5		
Total	399	100.0	399	100.0		
Have you experienced emotional-verbal violence one of peers in the neighborhood						
Never and rare	382	95.7	271	67.9	107.575	0.001
Sometimes	15	3.8	65	16.3		
Frequently	2	0.5	33	8.3		
Always	0	0.0	30	7.5		
Total	399	100.0	399	100.0		

Table (4.11) shows the social environment characteristics of cases and controls participants. Statistical significance between cases and controls in the frequent recurring conflict between the parents (Figure 9), where only 3% of controls reported having frequent parental conflict while 30.3 % of controls at (p-value = 0.001, Chi=292.559). This means that having a parental conflict was a risk factor for developing mental health disorders.

The table also shows another statistical significance between cases and controls in always experiencing physical violence where, only 0.8% of controls reported frequently having experienced physical violence where, only 1.3 % of controls while 17.3 % of cases at (p-value = 0.001, Chi=213.981) or frequently experiencing verbal violence where only 0.5 % of controls while 22.1 % of cases at (p-value = 0.001) (Figure 10).

Also, there was statistical significance between cases and controls in frequently experienced physical abuse by one of the peers, where only 2.8% of controls while 17.8 of cases reported frequently experienced physical abuse by one of the peers (p-value = 0.001, Chi=95.276) (Figure 11) or frequently subjected to sexual abuse by one of the peers where only 0.8 % of controls while 7.3 of cases, frequently subjected to sexual abuse by one of the peers (p-value = 0.001, Chi=35.097) (Figure 11).

The literature supported these results as the study by Wang and Colleagues showed that adolescents' perceived level of parental conflict positively predicted adolescents' cognitive evaluation and emotional insecurity, which in turn positively predicted adolescents' depression and social anxiety (Wang et al., 2014).

Moreover, the results of the study by Lin indicated that parental conflict was associated with attachment anxiety and somatic symptoms, and attachment anxiety was associated with somatic symptoms (Lin et al., 2020).

Another study revealed that inter-parental conflict and averseness are two parental traits associated with an increased risk of depression and internalizing issues. For internalizing outcomes, these traits are also associated with less warmth, more abusive parenting, and over-involvement (Yap& Jorm, 2015). Also, the study by Avci showed that physical violence, rage, and signs of anxiety and depression in university students were predicted by post-divorce parental conflict (Avci et al., 2021).

Regarding the experience of peer physical abuse, the study by Wolkeet and Colleagues showed that children who are bullied by both siblings and peers have significantly more emotional issues than children who are just bullied by siblings or peers, which suggests that the consequences are cumulative. This is likely because these children lack a safe place to flee from bullying (Wolke et al. 2015). Moreover, the findings of the study, Ifflande showed that stress reactions to social exclusion are more influenced by prior peer victimization experiences than by having a social anxiety disorder diagnosis. The results show that memories of unpleasant social encounters might influence the first stress response to social risks (Ifflandet al, 2014).

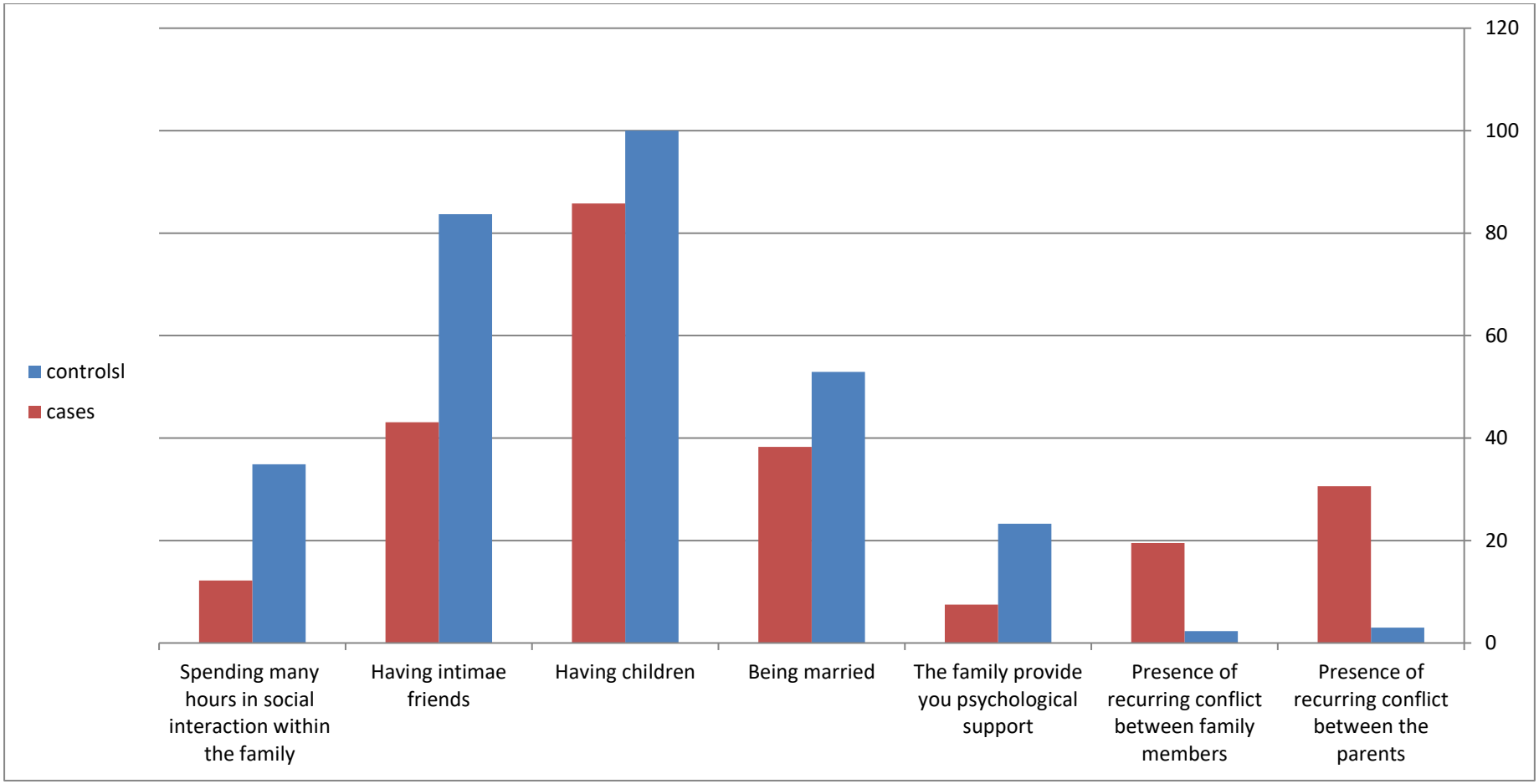

Figure (4.10): Distribution of the study participants according to social environment(family-relations).

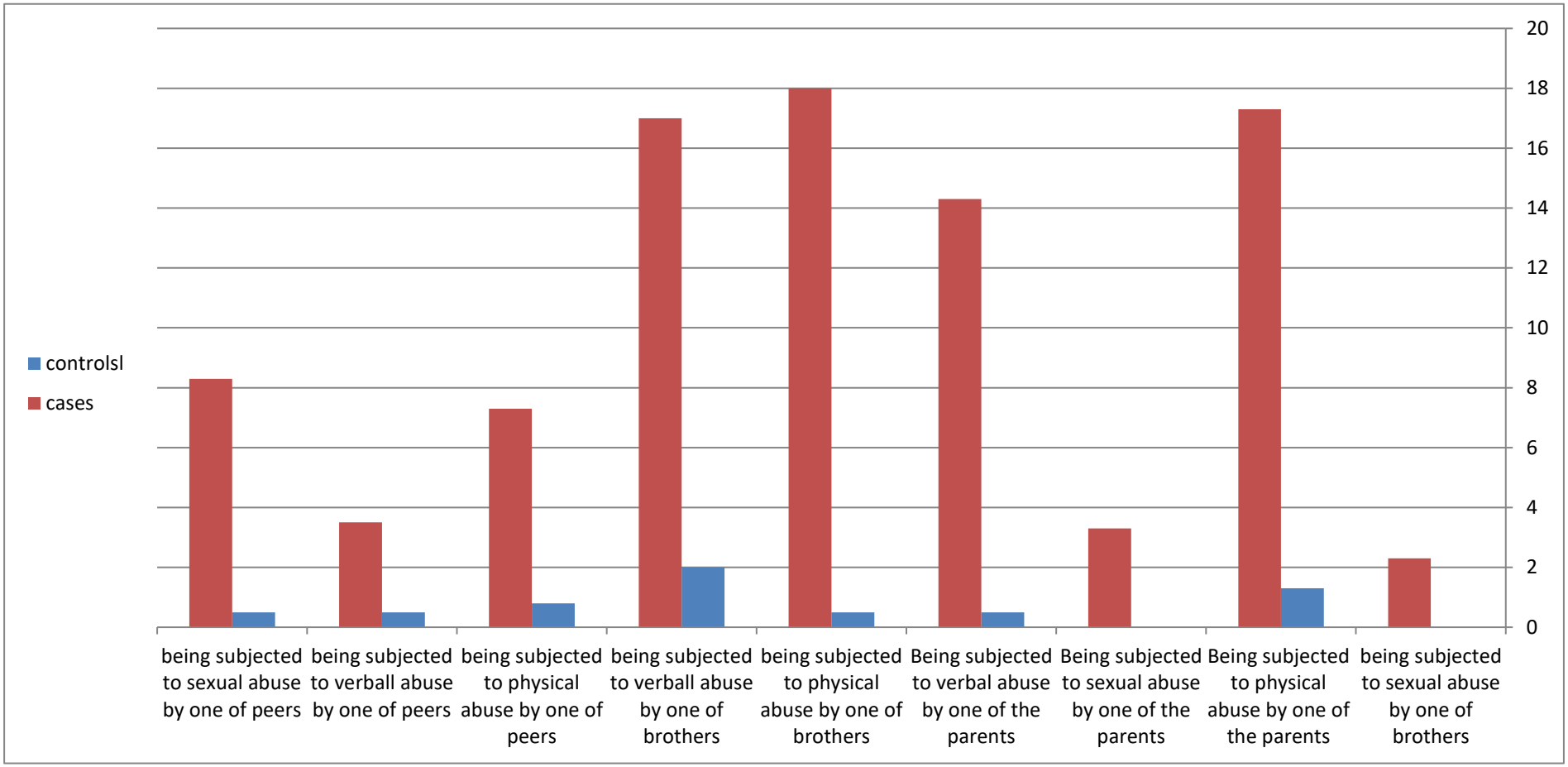

Figure (4.11): Distribution of the study participants according to social environment (family-abuse).

4.5.5 Distribution of the study participants according to work environment

Table (4.12): Distribution of the study participants according to work environment

Work environment	Control (0)		Case (1)		$\chi 2$ (df)	Crude OR (95%CI)	p Value
	No.	%	No.	%			
Do you work							
Not working	150	37.6	293	73.4	122.627 (2)	Ref	
Part time	85	21.3	65	16.3		0.128(0.86, 0.190).	0.001
Full time	164	41.1	41	10.3		0.327 (0.204, 0.523)	0.001
Total	399	100.0	399	100.0			
Does the nature of your work require physical effort							
Never	41	16.6	14	13.7	43.314 (3)	Ref.	0.001
Little	99	40.1	13	12.7		3.727 (1.745, 7.961)	0.001
Middle	74	30.0	33	32.4		9.692 (4.641, 20.240)	0.001
Big	33	13.4	42	41.2		2.854 (1.546, 5.270)	0.001
Total	247	100.0	102	100.0			
Do you face stress at work?							
Never and rare	206	83.4	42	40.8	67.862 (4)	Ref.	
Sometimes	16	6.5	23	22.3		14.714 (5.072, 42.68)	0.001
Frequently	20	8.1	23	22.3		2.09 (0.631, 6.90)	0.228
Always	5	2.0	15	14.6		2.61 (0.805, 8.458)	0.110
Total	247	100.0	103	100.0			

Table (4.12) shows the work environment characteristics among the cases and controls. Working full time) (Figure 12) was a protective factor against the development of mental disorders (COR =0.327, 95% CI = {0.204, 0.523}, p-value = 0.001). Whereas facing stress at work was a risk factor for the development of mental disorders (COR =14.714, 95% CI = {5.072, 42.68}, p-value = 0.001) (Figure 12).

These results are supported by the literature as shown in the study by martin, Armed forces personnel's work stress is linked to mental health. Additionally, persons with the rank of lieutenant may have a higher prevalence of common mental disorders due to the unique occupational characteristics of the military environment (Martins & Lopes, 2012). Also, the study by Mensah provides evidence that job stress has a negative impact on mental well-being among working adults (Mensah, 2021).

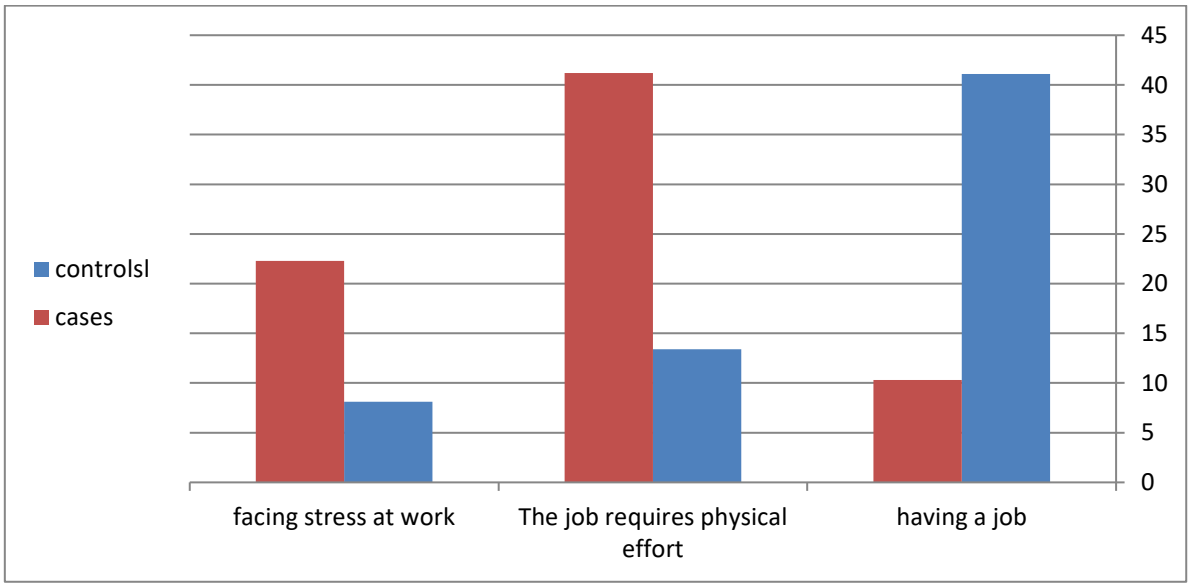

Figure (4.12): Distribution of the study participants according to work environment.

4.5.6 Distribution of the study participants according to character features

Table (4.13): Distribution of the study participants according to character features

Character Features	Control		Case		χ^2	p Value
	No.	%	No.	%		
Do you lose control of your feelings easily						
Never and rare	300	75.2	63	15.8	330.352	0.001
Sometimes	65	16.3	78	19.5		
Frequently	24	6.0	119	29.8		
Always	10	2.5	139	34.8		
Total	393	100.0	393	100.0		
Do you lose confidence in yourself easily						
Never and Rare	363	91.0	86	21.6	399.786	0.001
Sometimes	22	5.5	77	19.3		
Frequently	11	2.8	108	27.1		
Always	3	0.8	128	32.1		
Total	399	100.0	399	100.0		

Table (4.13): Continued

Do yoau see yourself as worthless						
Never and Rare	375	94.0	121	30.3	351.059	0.001
Sometimes	16	4.0	58	14.5		
Frequently	4	1.0	93	23.3		
Always	4	1.0	127	31.8		
Total	399	100.0	399	100.0		
Do you look at your self-image and your appearance negatively						
Never and Rare	378	94.7	132	33.1	330.235	0.001
Sometimes	12	3.0	88	22.1		
Frequently	4	1.0	59	14.8		
Always	5	1.3	120	30.1		
Total	399	100.0	399	100.0		
Do you lose the ability to communicate with others						
Never and rare	327	82.0	110	27.6	256.577	0.001
Sometimes	41	10.3	81	20.3		
Frequently	22	5.5	78	19.5		
Always	9	2.3	129	32.3		
Total	399	100.0	398	99.7		
Do you practice religious rituals						
Never and Rare	32	8.0	126	31.6	98.195	0.001
Sometimes	48	12.0	70	17.5		
Frequently	111	27.8	103	25.8		
Always	208	52.1	100	25.1		
Total	399	100.0	399	100.0		
Do you wish good and continued blessing for others						
Never and Rare	24	6.0	76	6.0	126.625	0.001
Sometimes	19	4.8	82	20.6		
Frequently	82	20.6	115	28.8		
Always	274	68.7	126	31.6		
Total	399	100.0	399	100.0		
Do you forgive those who oppressed you						
Never and Rare	88	22.1	210	52.6	116.823	0.001
Sometimes	36	9.0	66	16.5		
Frequently	135	33.8	60	15.0		
Always	140	35.1	63	15.8		
Total	399	100.0	399	100.0		
Do you rely on yourself more than others						
Never and Rare	33	8.3	180	45.1	199.578	0.001
Sometimes	29	7.3	75	18.8		
Frequently	107	26.8	50	12.5		
Always	230	57.6	94	23.6		
Total	399	100.0	399	100.0		

Table (4.13): Continued

Can you deal with life problems flexibly						
Never and Rare	24	6.0	228	57.1	323.057	0.001
Sometimes	35	8.8	72	18.0		
Frequently	124	31.1	60	15.0		
Always	216	54.1	39	9.8		
Total	399	100.0	399	100.0		
Do you plan for your future and conduct what you plan						
Never and Rare	24	6.0	269	67.4	353.040	0001
Sometimes	56	14.0	53	13.3		
Frequently	150	37.6	39	9.8		
Always	169	42.4	38	9.5		
Total	399	100.0	399	100.0		
Do you regain your balance after adversity?						
Never and Rare	15	3.8	233	58.4	333.021	0.001
Sometimes	62	15.5	76	19.0		
Frequently	113	28.3	51	12.8		
Always	209	52.4	39	9.8		
Total	399	100.0	399	100.0		
Do you sympathize with others in their sorrows and joys						
Never and Rare	12	3.0	150	37.6	265.660	0.001
Sometimes	13	3.3	61	15.3		
Frequently	89	22.3	108	27.1		
Always	285	71.4	80	20.1		
Total	393	100.0	393	100.0		

Table (4.13) shows the character features characteristics of cases and controls participants. Statistical significance between cases and controls in easily losing control of feelings (Figure 13), where only 6.0% of controls reported easily losing control of their feelings while 29.8 % of cases at (p-value = 0.001, Chi = 330.352). This means that easily losing control of feelings was a risk factor for developing mental health disorders. Another statistical significance between cases and controls in easily losing confidence, where only 2.8 % of controls reported easily losing confidence, while 27.1 % of cases at (p-value = 0.001, Chi = 399.786). This means that easily losing confidence was a risk factor(Figure 4.13) for developing mental health disorders.

The table also shows statistical significance between cases and controls in frequently, looking at self-image and appearance negatively (Figure 4.13), where only1.0 % of controls reported frequently looking at their self-image and appearance negatively

while 14.8 % of cases at (p-value = 0.001, Chi = 330.235). This means frequently looking at self-image and appearance negatively was a risk factor for developing mental health disorders.

Another statistical significance between cases and controls in always forgiving the oppressed people (Figure 4.14), where 35.1 % of controls reported forgiving those who oppressed them while only 15.8 % of cases at (p-value = 0.001, Chi =116.823). This means that always forgiving the oppressed people was a protective factor form developing mental health disorders (Figure 4.14). Also, we found statistical significance between cases and controls in always sympathizing with others in their sorrows and joys, where 71.4 % of controls reported always sympathizing with others in their sorrows and joys, while only 20.1 % of cases at (p-value = 0.001, Chi = 265.660). This means that always sympathizing with others in their sorrows and joys was a protective factor for developing mental health disorders (Figure 4.14).

Another statistical significance revealed by the table between cases and controls in always practicing religious rituals (Figure 4.14) where, 52.1 % of controls reported ,always practicing religious rituals, while only 25.1 % of cases at (p-value = 0.001, Chi = 98.195).

The literature consistent with the study results as the study by Berking indicated that, emotional regulation deficits appear to have a role in developing and maintaining various mental health disorders and deficiencies in the ability to adaptively cope with difficult emotions are linked to depression, borderline personality disorder, substance use disorders, eating disorders, somatoform disorders, and several other psychopathological symptoms, (Berking & Wupperman, 2012). The meta-analysis study by Hu examined the relationship between emotional regulation strategies (cognitive reappraisal, expressive suppression) and mental health. The results showed that cognitive reappraisal was correlated significantly and positively with positive mental health indicators (Hu et al., 2014).

Another study concluded that having a sense of control is a protective factor for mental health outcomes. The study results demonstrated that a higher sense of enduring power predicted lower levels of psychological distress for new parents and increases in power over time predicted decreases in depression and anxiety (Keeton et al., 2008). Another study also stressed the associations between control sense and overeating in people

affected by a coronavirus, where the association of overeating was more robust for those with lower coronavirus stress. (Ye et al., 2021).

Regarding the self-concept, the study by Busch found, on the one hand, a significant predictor of depression and anxiety symptom levels, with strong relationships among teenagers, and on the other hand, cultivating a good attitude about oneself is associated with improved mental health (Busch et al., 2021). Another study concluded that low self-esteem was strongly associated with mental distress. Female students were at higher risk of mental distress. (Gidi et al., 2021).

In a third study, Henriksen emphasized the role of self-esteem in developing mental health disorders. The study concluded that results highlight the relevance of global self-esteem in clinical practice, not only concerning emotional problems but also attention problems (Henriksen et al.,2017).

Regarding empathy, which is the ability to empathize with another's feelings while maintaining one's own (Chiu & Yeh, 2017). has been proven to be healthy and effective and improve one's emotional state (Zaki, 2019). Depression and (cognitive and affective empathy), and anxiety and (affective empathy) had favorable correlations (Jütten, Mark, & Sitskoorn, 2019). Forgiveness also positively impacts mental health; according to the study by Griffin, Offenders who ask for forgiveness accept it and who forgive themselves experience better mental health (Griffin et al., 2015).

Figure (4.13): Distribution of the study participants according to character features (1).

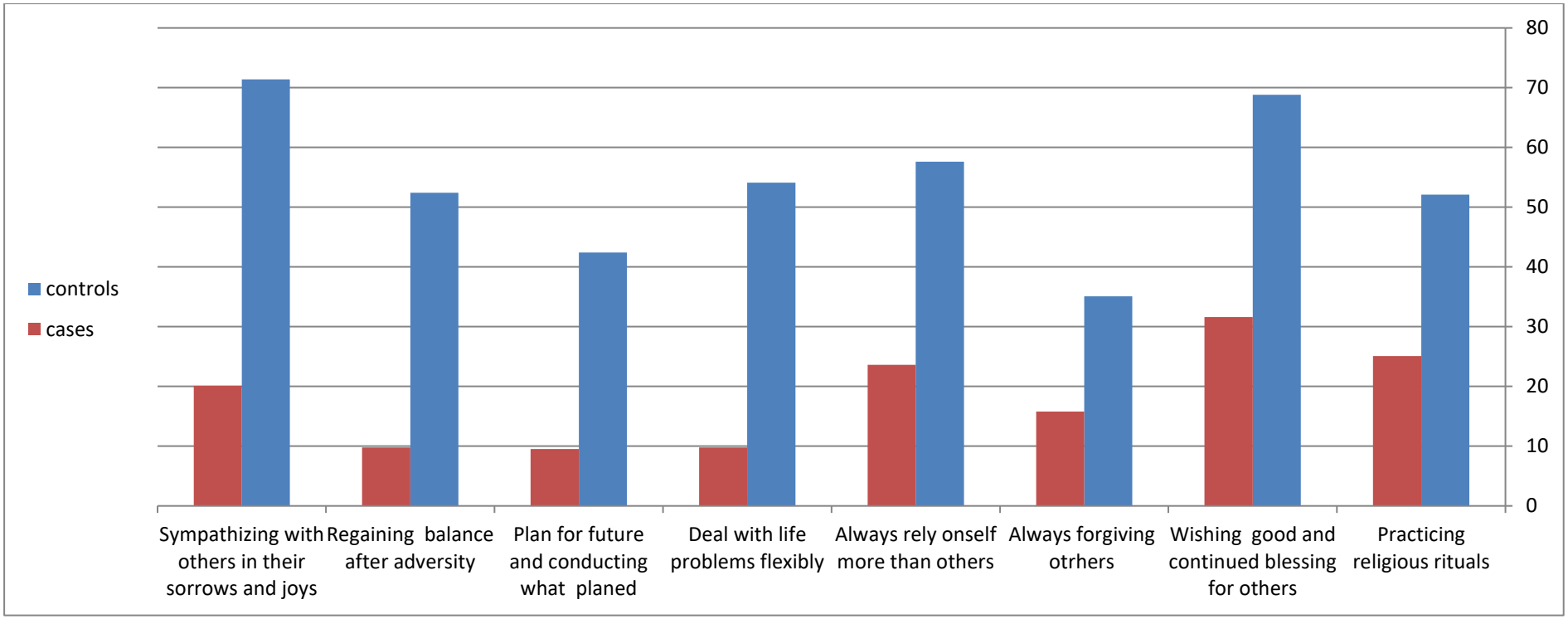

Figure (4.13): Distribution of the study participants according to character features (2).

4.5.6.1 Distribution of the study participants according to marital status

Table (4.14): Distribution of the study participants according to marital status

Marriage	Control		Case		$\chi 2$	p Value
	No.	%	No.	%		
Have you ever been married						
Yes	209	52.4	169	42.4	8.042	0.005
No	190	47.6	230	57.6		
Total	399	100.0	399	100.0		
At the time of your first marriage, did you choose your own husband/wife						
Yes	104	56.5	58	35.8	14.923	0.001
No	78	42.4	102	63.0		
I Don't know	2	1.1	2	1.2		
Total	184	100.0	162	100.0		
At the time of your first marriage, if you had not chosen your spouse yourself, would you have given your consent to the choice?						
Yes	135	93.1	92	74.2	18.140	0.001
No	10	6.9	32	25.8		
Total	136	100.0	155	100.0		
If you are a mother or father, what was your age when your first child was born						
20 and less	14	7.7	45	34.4	35.763	0.001
21 to 25	79	43.2	42	32.1		
More than 25	90	49.2	44	33.6		
Total	183	100.0	131	100.0		
	Mean 25.37 Median 25 Std 3.84		Mean 24.41 Median 23.0 Std 5.20			

Table (4.14) shows the marriage characteristics of cases and controls participants. Statistical significance between cases and controls in weather they are married or not (Figure 4.15), where 52.4 % of controls reported being married while 42.4 % of controls at (p-value = 0.001, Chi = 8.042). Being married was a protective factor against developing mental health disorders. Another statistical significance between cases and controls, the study found that not giving consent to the choice of partner is a risk factor for mental health (Figure 4.15), where 6.9 % of controls reported being married while 25.8 % of cases at (p-value = 0.001, Chi = 18.140).

The literature shows, in somehow consistence with the study finding as the study by Grundström revealed that, Being unmarried, divorced, or widowed were consistently linked to lower mental health over the course of a person's life, especially for men (Grundström et al., 2021).

However in another study found that married young adults—particularly those who were married for the first time between the ages of 22 and 26—report feeling more content with their lives than those who got married earlier in life or other sorts of relationships (Uecker, 2012). Another study showed different outcomes in the marriage age; according to the findings of the study by Hynek, women who got married early had higher odds of developing a mental condition than women who got married on time (Hynek et al., 2022).

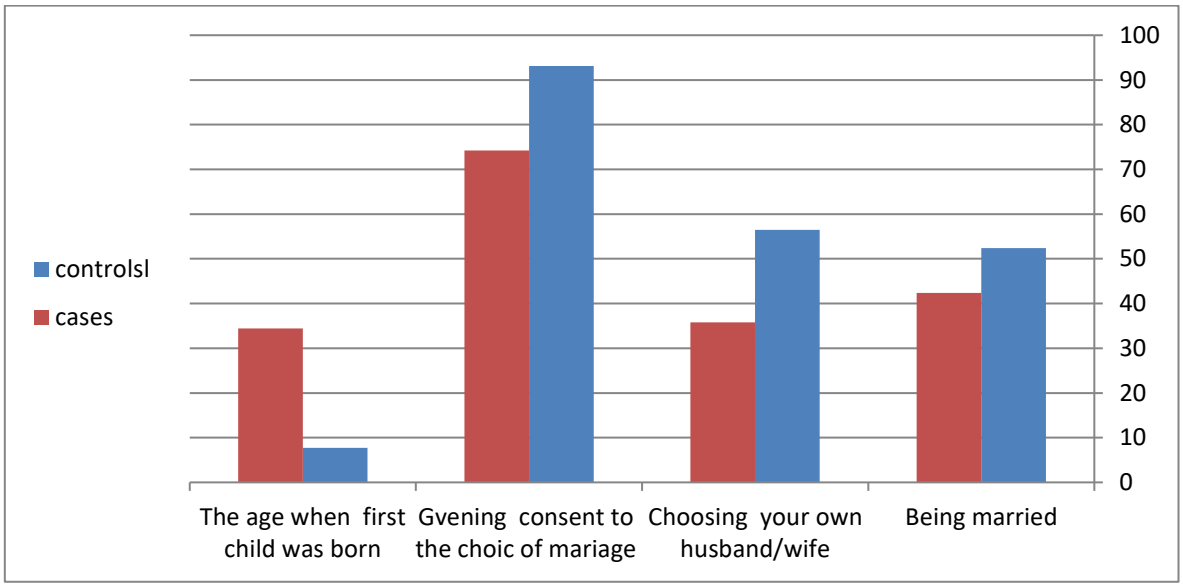

Figure (4.14): Distribution of the study participants according to marital status

4.5.6.2 Distribution of the study participants according to relationship with parents/guardians

Table (4.15): Distribution of the study participants according to relationship with parents/guardians

Character Features	Control (0)		Case (1)		χ^2	p Value
	No.	%	No.	%		
Do your parents/guardians understand your problems and concerns						
Always	228	57.1	54	13.5	231.476	0.001
Most of the time	96	24.1	76	19.0		
Sometimes	57	14.3	127	31.8		
Rare	13	3.3	104	26.1		
Never	5	1.3	37	9.3		
Total	399	100.0	398	99.7		

Table (4.15): Continued

Do Your parents/guardians really know what you were doing in your spare time when you weren't at school or work						
Always (Ref.)	157	39.3	66	16.5	103.131	0.001
Most of the time	119	29.8	89	22.3		
Sometimes	54	13.5	125	31.3		
Rare	28	7.0	89	22.3		
Never	41	10.3	30	7.5		
Total	399	100.0	399	100.0		
How many times have your parents/guardians not given you enough food even when they could easily have done so						
Many times	14	3.5	22	5.5	26.018	0.001
Sometimes	43	10.8	77	19.3		
Once	12	3.0	31	7.8		
Never	330	82.7	269	67.4		
Total	399	100.0	399	100.0		
Were your parents/guardians too drunk or intoxicated by drugs to be able to take care of you						
Many times	3	0.8	8	2.0	31.306	0.001
Sometimes	15	3.8	48	12.0		
Once	4	1.0	17	4.3		
Never	377	94.5	326	81.7		
Total	399	100.0	399	100.0		
How many times have your parents/guardians not sent you to school even when it was ready						
Many times	3	0.8	17	4.3	56.482	0.001
Sometimes	14	3.5	65	16.3		
Once	12	3.0	25	6.3		
Never	370	92.7	292	73.2		
Total	399	100.0	399	100.0		

Table (4.15) shows the relationship with parents/guardians' characteristics of cases and controls participants. Statistical significance between cases and controls in always having the parents understanding the child (Figure 4.16) where, 57.1% of controls reported rarely have their parents not understanding them while only 13.5 % of cases at (p-value = 0.001, Chi = 231.476). This means that always having the parents understanding the child was a protective factor for developing mental health disorders. Another statistical significance between cases and controls participants. in whether the parents were too drunk to be able

to take care of a child or not (Figure 4.16) where, only 0.8% of controls reported that their parents were too drunk to be able to take care of them while 2.0 % of cases at (p-value = 0.001, Chi = 31.306). This means that being a too drunk parent to be able to take care of the children is a risk factor for developing mental health disorders.

The literature supports the study findings as the study by Morgan revealed, the parent-child relationship issues that do not constitute abuse or neglect play a role in determining adult mental health. The study reflects the importance of the type of relationship and the mental health outcomes (Morgan et al.2012). another study shows the impact of non-physical punishment where the study concludes that Although less physical punishment may be used by parents in general today than in the past, non-physical punishment has a direct correlation with children's mental health issues (Vostanis, et al 2006). Moreover, the study Weich examined the impact of emotional deficit children's mental health where he found that depression, anxiety, and PTSD were predicted by abusive relationships. The early emotional incapacity of the mother indicated teenage suicide attempts (Weich et al.2009).

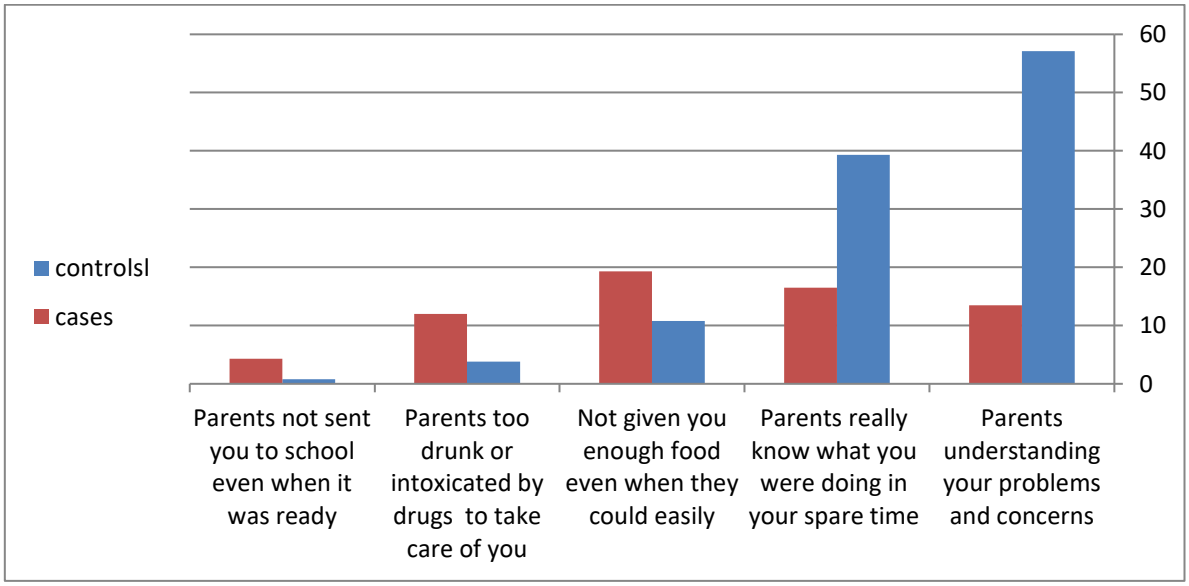

Figure (4.15): Distribution of the study participants according to relationship with parents.

4.5.6.3 Distribution of the study participants according to family environment

Table (4.16): Distribution of the study participants according to the family environment.

Family environment	Control (0)		Case (1)		$\chi 2$	p Value
	No.	%	No.	%		
Have you lived with a family member who drank alcohol, was addicted to alcohol, or abused street or prescription drugs						
Yes	3	0.8	43	10.8	36.910	0.001
No	396	99.2	356	89.2		
Total	399	100.0	399	100.0		
Have you lived with a loved one who was depressed, mentally ill or suicidal						
Yes	5	1.3	179	45.1	215.154	0.001
No	394	98.7	218	54.9		
Total	399	100.0	397	100.0		
Have you lived with a family member Was he sent to prison or jail						
Yes	15	3.8	98	24.6	71.022	0.001
No	384	96.2	301	75.4		
Total	399	100.0	399	100.0		
Did your parents' divorce						
Yes	1	0.3	35	8.8	44.369	0.017
No	393	98.5	344	86.2		
Do not Apply	5	1.3	20	5.0		
Total	399	100.0	399	100.0		
Has your mother, father or guardian died						
Yes	30	7.5	97	24.3	44.950	0.001
No	367	92.0	296	74.2		
I don't know	2	0.5	6	1.5		
Total	399	100.0	399	100.0		
Have you ever seen or heard a parent or family member in your home being yelled, sworn, sworn, insulted, or humiliated						
Many times	13	3.3	148	37.1	292.060	0.001
Sometimes	55	13.8	155	38.8		
Once	76	13.8	30	7.5		
Never	255	63.9	66	16.5		
Total	399	100.0	399	100.0		

Table (4.16): Continued

Have you seen or heard a parent or family member in your home being slapped, kicked, punched or beaten?						
Many times	9	2.3	129	32.3	312.056	0.001
Sometimes	31	7.8	142	35.6		
Once	34	8.5	40	10.0		
Never	325	81.5	88	22.1		
Total	399	100.0	399	100.0		
Have you seen or heard a family member in your household being hit or cut with an object, such as a stick (or can), bottle, bat, knife, whip etc.						
Many times	3	0.8	108	27.1	193.785	0.001
Sometimes	21	5.3	74	18.5		
Once	19	4.8	38	9.5		
Never	356	89.2	179	44.9		
Total	399	100.0	399	100.0		
Has a parent, guardian, or family member yelled, yelled, or swears at you, insulting or humiliating you						
Many times	7	1.8	145	36.3	290.661	0.001
Sometimes	25	6.3	110	27.6		
Once	45	11.3	40	10.0		
Never	322	80.7	104	26.1		
Total	399	100.0	399	100.0		
Has a parent, guardian, or family member ever threatened, physically abandoned, or kicked you out of the home						
Many times	3	0.8	55	13.8	200.145	0.001
Sometimes	13	3.3	127	31.8		
Once	21	5.3	33	8.3		
Never	362	90.7	184	46.1		
Total	399	100.0	399	100.0		
Has a parent, guardian, or family member ever slapped, kicked, punched, or hit you						
Many times	5	1.3	64	16.0	223.957	0.001
Sometimes	18	4.5	101	25.3		
Once	21	5.3	81	20.3		
Never	355	89.0	153	38.3		
Total	399	100.0	399	100.0		

Table (4.15): Continued

Has a parent, guardian, or family member ever hit or cut you with something, such as a stick (or can, bottle, club, knife, whip etc.?)						
Many times	3	0.8	47	11.8	106.940	0.001
Sometimes	11	2.8	52	13.0		
Once	8	2.0	39	9.8		
Never	377	94.5	261	65.4		
Total	399	100.0	399	100.0		
Has someone touched or fondled you in a sexual way when you didn't want them to						
Many times	2	0.5	39	9.8	137.400	0.001
Sometimes	6	1.5	32	8.0		
Once	3	0.8	69	17.3		
Never	388	97.2	259	64.9		
Total	399	100.0	399	100.0		
Did someone make you touch their body in a sexual way when you didn't want to						
Many times	1	0.3	27	6.8	79.659	0.001
Sometimes	8	2.0	25	6.3		
Once	1	0.3	40	10.0		
Never	389	97.5	307	76.9		
Total	399	100.0	399	100.0		
Has someone tried oral, anal, or vaginal intercourse with you and you didn't want it						
Many times	1	0.3	13	3.3	43.976	0.001
Sometimes	6	1.5	23	5.8		
Once	1	0.3	23	5.8		
Never	391	98.0	340	85.2		
Total	399	100.0	399	100.0		
Has someone actually made contact with you orally, anal, or vaginally when you don't want them to						
Many times	1	0.3	7	1.8	38.763	0.001
Sometimes	6	1.5	26	6.5		
Once	2	0.5	24	6.0		
Never	390	97.7	342	85.7		
Total	399	100.0	399	100.0		

Table (4.16) shows the relationship between family environment characteristics of cases and controls participants. Statistical significance between cases and controls in whether or not one of the parents had a mental health disorder, where only 1.3% of controls reported yes they had while 45.1 % of cases at (p-value = 0.001, Chi =215.154) (Figure 4.17). This means that having one of the parents suffering from mental health disorder was a risk e factor for developing mental health disorders.

Another statistical significance between cases and controls in whether they witnessed physical violence within the family, where only 2.3% of controls reported yes they had while 32.3 % of cases (p-value = 0.001, Chi =215.154) (Figure 4.17). This means witnessing physical abuse was a risk e factor for developing mental health disorders. The table also shows statistical significance between cases and controls in whether or not they had been sexually abused, where only 0.3% of controls reported yes, many times they had, while 6.8 % of cases at (p-value = 0.001, Chi =79.659) (Figure 4.17). This means that having been sexually abused was a risk factor for developing mental health disorders.

Also, statistical significance between cases and controls in whether or not they had been exposed to physical abuse, where only 0.8% of controls reported yes, many times they had been exposed while11.8% of cases at (p-value = 0.001, Chi =106.940) (Figure 4.17). This means that exposure to physical abuse was a risk factor for developing mental health disorders.

Another statistical significance between cases and controls in frequently having a parent, or a family member yelling, insulting or humiliating (Figure 4.17), where only 3.3 % of controls reported yes, many times they had been yelled at by one of the parents while, 37.1 % of cases at (p-value = 0.001, Chi =290.661). This means that being yelled at by one of the parents was a risk factor for developing mental health disorders.

Also, statistical significance between cases and controls in whether or not having a parent or a family member slapping, kicking, punching, or hitting (Figure 4.16) where, only 1.3 % of controls reported yes, many times they had been exposed to slapping, kicking, punching, or hitting while 16 % of cases at (p-value = 0.001, Chi =312.056). This means that exposure to physical abuse was a risk factor for developing mental health disorders.

The literature supports the study findings as the study by Singh which, confirms the positive correlation between the mental health of adolescents and family environment, the study concludes that if the family environment is improved, then the mental health of

students can also be improved (Singh,2018). Another study examined the relationship between various domains of family environment with mental well-being among adolescent girls.

According to the findings of a study conducted by Vizcarra in Chile, Egypt, India, and the Philippines, between 22.5% (in Egypt) and 41% (in Chile) of participating women reported high symptoms of mental health were significantly associated with physical and psychological Intimate Partner Violence from all participating countries except Chile, and 12% of women in Chile, 2.6% in Egypt, 7.5% in India, and 1.6% in the Philippines reported attempting suicide. Suicide attempts in the Philippines, Egypt, and India were also linked to ongoing physical Intimate Partner Abuse, as well as psychological violence in Egypt and India (Vizcarra et al.,2004).

In his study, Maheshwari concluded that many aspects of the family environment were significantly positively correlated with adolescent females' mental health. Teenage females may experience a decline in their mental health and psychological issues. (Maheshwari et al., 2020) another study confirms these findings as the statistical analysis of the study by Sathyabama revealed a significant relationship between family interactions and the mental health of adolescent girls (Sathyabama et al., 2014).

In the study by Van Loon, where he examined the presence or absence of mental illness in the family his findings demonstrated that, in comparison to parents without a mental illness, interactions between parents with mental illness and children were much worse, and Parents with mental illnesses also had a worse household environment. He explained that. Mentally ill parents watched over their kids less, which led to increased externalizing issues in the kids (Van Loon et al., 2014).

Another study examined the dose response of the family environment and the risk of developing mental disorders. In the study by Edwards, he found that more than one-third of adult mentally ill people had suffered more than one form of abuse, and physical and sexual abuse in childhood as well as witnessing mother beating, were common. There was demonstrated to be a dose-response relationship between the reported categories of maltreatment and mental health ratings (Edwards et al., 2003).

Also, the study by Rodriguez found that the Poorer family environment was linked to higher emotional and behavioral issues as well as less emotion-focused support-seeking and Cognitive restructuring was negatively correlated with emotional problems and

conduct issues (Rodriguez et al., 2014). The findings of the study by Hu revealed that the primary predictor of anxiety and depressive symptoms among medical personnel during the COVID-19 outbreak was a poor family environment. His study also shows that improvements in the family environment have a positive impact on the mental health treatment provided by medical personnel (Hu et al.2020).

The study by Morais examined the effect of childhood sexual abuse on mental health; the findings of the study showed that individuals who had experienced childhood sexual abuse were more likely than non-participants to be diagnosed with severe depression and post-traumatic stress disorder (Morais et al., 2018). Moreover, the study by Fergusson examined the effect of physical and sexual abuse on mental health. His study revealed that exposure to childhood sexual abuse was associated with consistent increases in risks of later mental health problems. Exposure to childhood physical punishment/abuse had weaker and less consistent effects on later mental health. These findings suggest that much of the association between childhood physical punishment/abuse and later mental health reflects the general family context in which childhood physical punishment/abuse occurs, whereas this is less the case for childhood sexual abuse.

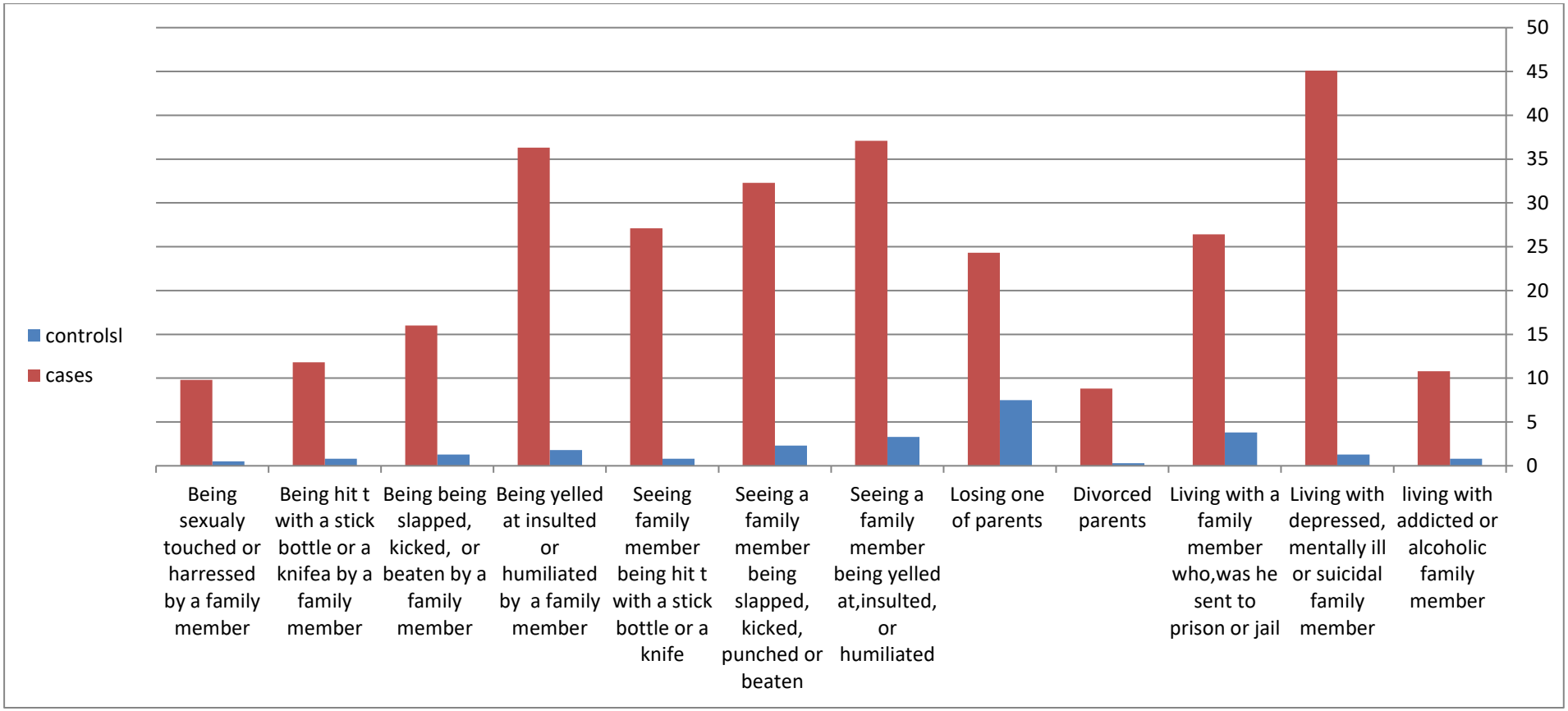

Figure (4.16): Distribution of the study participants according to relationship with parents.

4.5.6.4 Distribution of the study participants according to Peer violence

Table (4.17): Distribution of the study participants according to Peer violence.

Family environment	Control (0)		Case (1)		χ^2	p-Value
	No.	%	No.	%		
How many times have you been bullied						
Many times	12	3.0	95	23.8	185.702	0.001
Sometimes	32	8.0	130	32.6		
Once	134	33.6	63	15.8		
Never	221	55.4	111	27.8		
Total	339	100.0	399	100.0		
How did you get bullied most often						
I got hit, kicked, pushed around, or locked inside						
No	167	93.8	235	81.6	13.872	0.001
Yes	11	6.2	53	18.4		
Total	178	100.0	288	100.0		
He made fun of me because of my race, nationality or skin colour						
No	140	78.7	197	68.6	5.519	0.019
Yes	38	21.3	90	31.4		
Total	178	100.0	288	100.0		
He made fun of me because of my religion						
No	170	95.5	271	94.4	0.262	0.609
Yes	8	4.5	16	5.6		
Total	178	100.0	288	100.0		
I made fun of NS Sexual jokes, comments or gestures						
No	164	92.1	225	78.4	15.164	0.001
Yes	14	7.9	62	21.6		
Total	178	100.0	287	100.0		
You were left out of activities on purpose or ignored Completely						
No	90	50.6	188	65.7	10.516	0.001
Yes	88	49.4	98	34.3		
Total	178	100.0	286	100.0		
He made fun of me because of my body or the shape of my face						
No	156	87.6	203	70.7	17.847	0.001
Yes	22	12.4	84	29.3		
Total	178	100.0	287	100.0		
I was bullied in another way						
No	129	72.5	195	67.9	1.066	0.302
Yes	49	27.4	92	32.1		
Total	178	100.0	287	100.0		
How many times have you been in a physical fight						
Many times	21	5.3	92	23.1	104.179	0.001
Sometimes	33	8.3	90	22.6		
Once	89	22.3	72	18.1		
Never	256	64.2	144	36.2		
Total	399	100.0	398	100.0		

Table (4.17) shows the relationship between Peer violence characteristics of cases and controls participants. Statistical significance between cases and controls in whether or not they have been frequently bullied by peers (Figure 4.18) where, only 3.0 % of controls reported yes they had been bullied while, 23.8 % of cases at (p-value = 0.001, Chi =185.702). This means that being bullied by peers was a risk factor for developing mental health disorders.

The study also found Statistical significance between cases and controls in whether or not they have been frequently engaged in physical fights with peers (Figure 4.18) where, only 5.3 % of controls reported yes they had been engaged in physical fights with peers while, 23.1 % of cases at (p-value = 0.001, Chi =104.179). This means that being bullied by peers was a risk factor for developing mental health disorders.

The literature is consistent with the study results as the study by Lereya found that Peer bullying in childhood often had more negative long-term impacts on young adults' mental health (Lereya et al., 2015). Another study by Armitage demonstrates that experiencing victimization as a teenager increases the likelihood of developing depression and poor well-being later in life (Armitage et al., 2021).

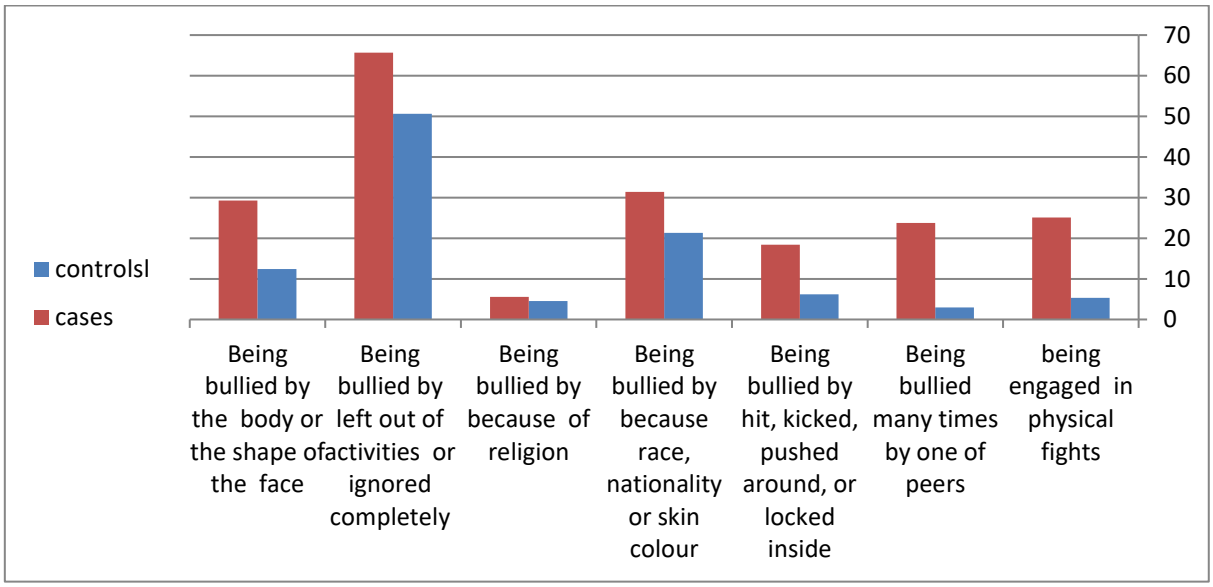

Figure (4.17): Distribution of the study participants according to Peer violence.

Table (4.18): Distribution of the study participants according to Witness to societal violence.

Witness to societal violence	Control (0)		Case (1)		χ^2	p Value
	No.	%	No.	%		
Have you ever seen or heard someone being beaten? in the real life						
Never	208	52.1	55	13.8	176.021	0.001
Many times	61	15.3	203	50.9		
Sometimes	76	19.0	108	27.1		
Once	54	13.5	33	8.3		
Total	399	100.0	399	100.0		
Have you seen or heard of anyone being stabbed						
Never	305	76.4	187	46.9	83.270	0.001
Many times	11	2.8	60	15.0		
Sometimes	30	7.5	65	16.3		
Once	53	13.3	87	21.8		
Total	399	100.0	399	100.0		
Have you seen or heard of someone Threatened with a knife or a gun in real life						
Never	294	73.7	231	73.7	40.759	0.001
Many times	7	1.8	43	10.8		
Sometimes	23	5.8	45	11.3		
Once	75	18.8	80	20.1		
Total	399	100.0	399	100.0		

Table (4.18) shows the relationship between Witness to societal violence characteristics of cases and controls participants. Statistical significance between cases and controls in whether or not they have ever seen or heard someone being beaten in real life (Figure 4.19) where, only 15.3 % of controls reported yes they have seen or heard someone being beaten in real life, while 50.9 % of cases at (p-value = 0.001, Chi =176.021). witnessing community violence was a risk factor for developing mental health disorders.

The literature supports the study results as the study by McDonald concluded that internalizing mental health symptoms were strongly correlated with greater exposure to communal violence. The study supports the hypothesis that there is a causal link between adolescents internalizing mental health symptoms and community violence (McDonald& Richmond,2008).

Moreover, the study by Miliauskas found that victimization and seeing or hearing about community violence all predicted PTSD symptoms in the same way. Children had more internalizing problems than adolescents, although teenagers reported a stronger link between externalizing behaviors and exposure (Miliauskas, et al.,2022).

Also, the results of the study by Fowler show that exposure to community violence impacts mental health symptoms, especially post-traumatic stress disorder and aggression. (Fowler et al.,2009).

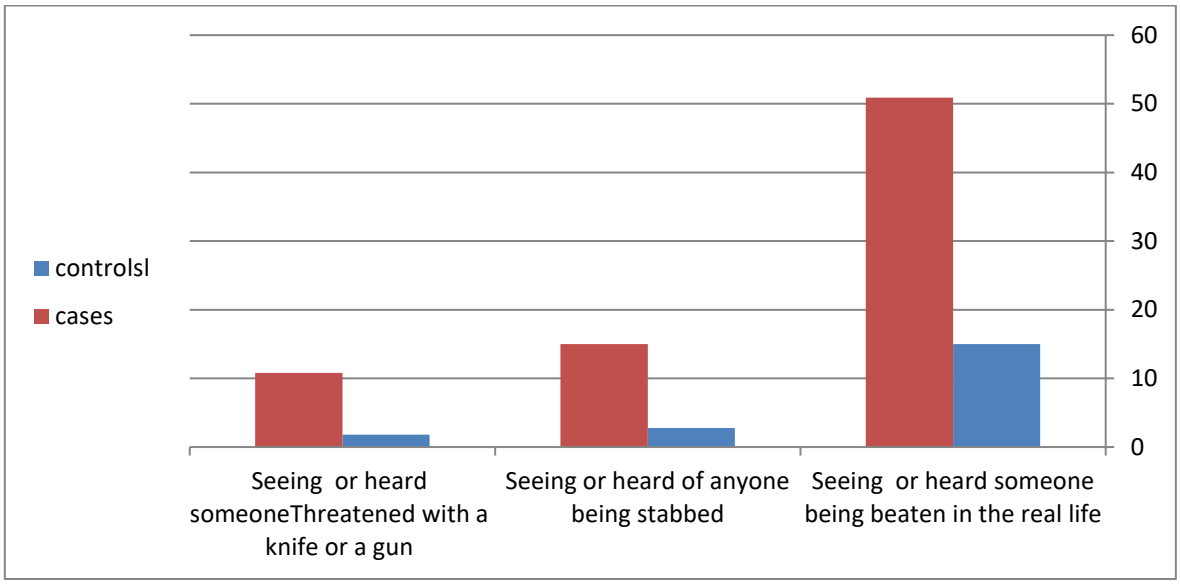

Figure (4.18): Distribution of the study participants according to Witness to societal violence.

Figure 4.36: shows that frequently seeing or hearing someone being beaten in real life has a higher percentage of cases than control which impacts mental health negatively.

4.5.6.5 Distribution of the study participants according to Exposure to war/collective violence

Table (4.19): Distribution of the study participants according to Exposure to war/collective violence.

Exposure to war/collective violence	Control (0)		Case (1)		χ^2	p Value
	No.	%	No.	%		
Forced to go and live Where else because of any of these events						
Never	361	90.5	307	76.9	27.643	0.001
Many times	4	1.0	15	3.8		
Sometimes	20	5.0	41	10.3		
Once	14	3.5	36	9.0		
Total	399	100.0	399	100.0		

Table (4.19): Continued

Have you tried deliberately destroying your home? Because of any of these events?						
Never	383	96.0	341	85.5	27.466	0.001
Many times,	0	0.0	6	1.5		
Sometimes	10	2.5	32	8.0		
Once	6	1.5	20	5.0		
Total	399	100.0	399	100.0		
Were you beaten by soldiers and police? Militia or gangs?						
Never	385	96.5	353	88.5	25.773	0.008
Many times	0	0.0	11	2.8		
Sometimes	5	1.3	25	6.3		
Once	9	2.3	10	2.5		
Total	399	100.0	399	100.0		
Was a family member or friend killed or They were beaten by soldiers, police, militia, or The gangs						
Never	381	95.5	350	87.7	17.704	0.001
Many times	2	0.5	10	2.5		
Sometimes	9	2.3	29	7.3		
Once	7	1.8	10	2.5		
Total	399	100.0	399	100.0		

Table (4.19) shows the relationship between exposure to war/collective violence characteristics of cases and controls participants. Statistical significance between cases and controls if they have been many times beaten by soldiers, police, militia, or gangs where (Figure 4.20), 0.0 % of controls reported yes they have been beaten by soldiers and police, militia or gangs, while 2.5 % of cases at (p-value=0.008, Chi =25.773). Witnessing community violence was a risk factor for developing mental health disorders. Another statistical significance between cases and controls in whether or not there was a family member or friend killed or They were beaten by soldiers, police, militia, or the gangs (Figure 4.20) where, only 0.5 % of controls reported yes they had been beaten by soldiers and police, militia or gangs, while 2.5 % of cases at (p-value = 0.008, Chi =17.704). witnessing community violence was a risk factor for developing mental health disorders.

In general, studies in the literature confirm the impact of war and conflict on mental health, the study results as the study by Rozanov, concluded that PTSD, depression, anxiety, addictions, somatization with chronic pain, dissociation, psychosocial dysfunctions, and suicidal conduct are just a few of the diseases and psychological effects that both military personnel and civilians experience as a result of intense stress (Rozanov et al., 2019).

In the same context, another study's findings suggest that parental deployment has severe and long-lasting negative consequences on the mental health of children in military households and offers some insight into the possible long-term implications of current military operations in Afghanistan and Iraq (Forrest, et al.2018). A third study, by Husain concluded that significant correlations between the incidence of war-related mental health problems and underlying trauma exposure and displacement status have been found (Husain et al.,2011). also, the study Al-ghzawi confirms the negative effects of war and warfare on the general public's mental health in Arab nations. The most prevalent psychiatric issues reported were major depressive disorder and post-traumatic stress disorder (PTSD) (Al-ghzawi, et al.,2014).

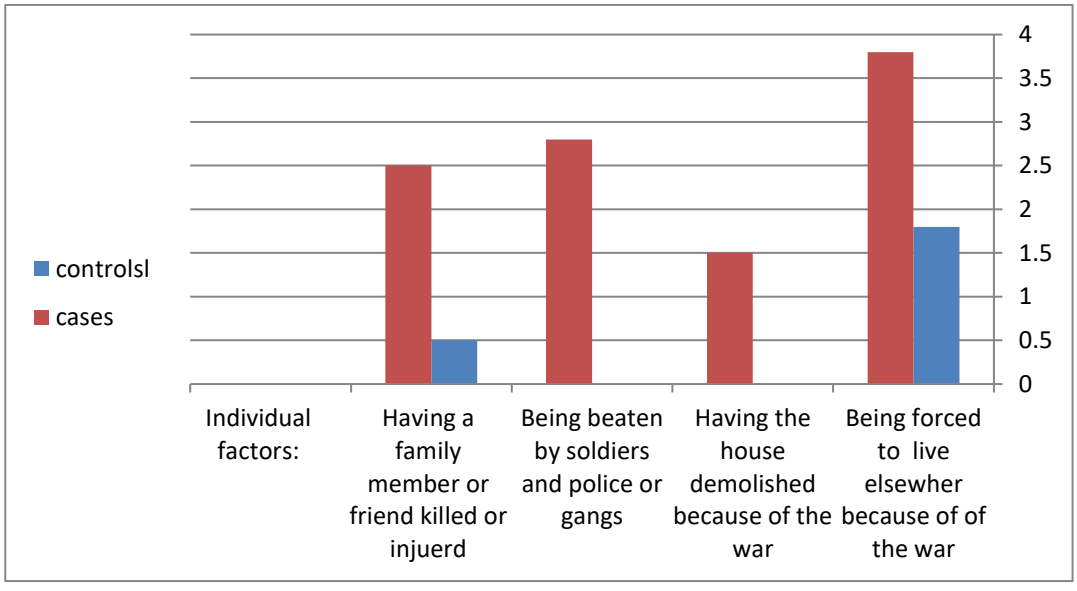

Figure (4.19): Distribution of the study participants according to Witness to societal violence.

4.6 Model, the significance of variables associated with the mental health

Table (4.20): Model, the significance of variables associated with the mental health

Items	B	Sig.	Exp(B)	95% C.I. for EXP(B)	
				Lower	Upper
Marital Status	0.362	0.232	1.437	0.793	2.602
Family income from all sources	0.000	0.001	1.000	1.000	1.001
Does a (nuclear) family member (father, mother, brother, sister) suffer from a diagnosed mental disorder	1.318	0.008	3.737	1.404	9.948
Number of years of father 's education	0.067	0.008	1.070	1.017	1.125
Do you think you are a wanted child by your parents	-2.834	0.000	0.059	0.029	0.118
Have you suffered from chronic diseases	1.457	0.023	4.293	1.226	15.027
How many hours do you usually spend sleeping	-0.316	0.000	0.729	0.635	0.838
Did you suffer from obesity in childhood	1.129	0.023	3.092	1.167	8.193
How many hours do you interact daily face to face with your family	0.068	0.130	1.071	0.980	1.170
How many hours do you interact daily face to face with friends	0.128	0.062	1.137	0.993	1.301
How many times did you go out for hiking and recreation per month	0.183	0.000	1.201	1.094	1.319
Were you forced to move to live elsewhere because of the war	0.383	0.240	1.467	0.775	2.778
Was your house demolished because of the war	1.160	0.078	3.190	0.877	11.595
Have you been hit or abused by the military, police or any other party	1.542	0.028	4.672	1.184	18.433
Have you seen people severely beaten during the war by the aggressors	0.395	0.481	1.484	0.495	4.453
Was a family member, friend or neighbor injured in the war	0.213	0.667	1.238	0.468	3.278
Has a family member, friend or neighbor been killed during the war	0.214	0.687	1.238	0.438	3.500
Were you injured during the events of the war	-0.271	0.767	0.762	0.126	4.597
Were you prevented from traveling for treatment or studying because of the closure	-0.428	0.318	0.652	0.281	1.510
Is the monthly income of the family affected due to the current conditions that the Gaza Strip is going through (siege, war, other things)?	-0.237	0.627	0.789	0.304	2.051
Has the social and family situation been affected by the current conditions that the Gaza Strip is going through (siege, war, other things)	1.097	0.035	2.996	1.077	8.332
Constant	-10.759	0.000	0.000		

Table (4.20) shows the significance association of variables with the mental health, we note that family income from all sources, a family history of diagnosed mental disorder, the number of years of father 's education, suffering from chronic diseases, suffering from obesity in childhood, frequently going out for hiking and recreation, being hit or abused by the military, police or any other party and the family situation being affected by (siege, war, other things) has a negative impact on mental health and, thus consider risk factors for mental health whereas being a wanted child by your parents, spending enough hours of sleep have a positive impact on mental health and, thus consider protective factors against mental health.

4.7 Distribution of the study participants according to their GHQ – 12.

Table (4.21): Distribution of the control participants responses according, to GHQ–12 results.

GHQ-12	No		Yes	
	No.	%	No.	%
Able to concentrate	253	63.6	145	36.4
Loss of sleep over worry	183	46.0	215	54.0
Playing a useful part	303	75.9	96	24.1
Capable of making decisions	280	70.2	119	29.8
Felt constantly under strain	242	61.3	153	38.7
Couldn’t overcome difficulties	280	70.4	118	29.6
Able to enjoy day-to-day activities.	297	74.4	102	25.6
Able to face problems	297	74.4	102	25.6
Feeling unhappy and depressed	305	76.4	94	23.6
Losing confidence	343	86.0	56	14.0
Thinking of self as worthless	347	87.0	52	13.0
Feeling reasonably happy	253	63.6	145	36.4

The GHQ12 scale measures the mental health wellbeing of controls the score was less than six for, all the controls.

The table shows that about 78% of controls do not think of themselves as worthless, 86% did not Lose their controls confidence, and 76.4 % did not feel unhappy and depressed, whereas 54.0% did lose sleep over worry, 38.7 did constantly feel under strain, and 29.6 % Could not overcome difficulties.

Chapter Five

Conclusion and Recommendations.

5.1 Conclusion.

The prevalence of mental disorders has been rising and remains a significant leading cause of disease burden worldwide. In recent years, there has been increasing acknowledgment of mental health's importance in achieving global development goals. People with severe mental health conditions die prematurely – as much as two decades early. Many mental health conditions can be effectively treated at a relatively low cost.

This study aimed to utilize collected data representing potential risk factors in future mental health conditions to develop an early warning system that would allow the decision makers and main stakeholders of mental health services to ongoing monitoring the potential need for intervening services based on evidence generated from the study. To the researcher's best knowledge, no studies have been conducted previously to investigate and explore the variety of risk factors that might predispose and predict mental health disorders in the Gaza Strip.

The framework of this study included three main domains: individual factors, social and economic circumstances, and environmental factors, in addition to sociodemographic variables.

The relationship between sociodemographic variables and mental health depends on the examined variable:

According to *personal data*, on the one hand, the study found a significant strong positive association between years of education, number of years of father's education, and number of years of mother's education and mental health. This means that these factors protect against developing mental disorders, but on the other hand, the association between mental health and low income was significant but negative. According to *family and birth*, the study revealed a significant positive association between family size and the wanted child but a significant negative association with family discrimination between males and females and polygamy.

The study found significant negative associations with having a family or a family relative history of mental disorder, suffering from chronic diseases or physical problems or disabilities, and spending childhood in a private nursery. Regarding lifestyle, the study found a significant negative association with; having the chance to take any drug or drug's street, having a late sleep pattern, and suffering from obesity in childhood.

The relationship between social and economic circumstances and mental health

According to t*he relationship with parents*, there was a significant positive association between understanding the child's needs and mental health, whereas a significant negative association between having too drunk parents to be able to care for the child.

According to the *family environment,* the study shows a strong significant negative association between mental health and having a parent with a mental health disorder, witnessing physical violence within the family, being physically abandoned, and being emotionally, physically, or sexually abused. According to *peer violence,* the study discovered a significant negative association between mental health and being bullied, involved in fights, witnessing community violence, being segregated (race, religion, and body shape), or being ignored by peers. According to *societal violence,* the study revealed a significant negative association between mental health and witnessing community violence (fighting, threatening, or crime).

The relationship between character features and mental health

According to *character features,* the study showed, on the one hand, a significant negative association between; easily losing control of feelings, easily losing confidence, negative self-image, seeing self as worthless, loss of the ability to communicate with others, and mental health. Whereas on the other hand, a positive association between relying on the self-more than others, dealing with life problems flexibly, planning for your future and conducting what is planning, regaining your balance after adversity, wishing good and continued blessings for others, always forgiving and sympathizing, being married, practice religious rituals and mental health.

The relationship between* environmental factors *and mental health

According to the *educational and school environment,* the study found a significant negative association between mental health and being subjected to physical violence, verbal or emotional Violence, or exposure to sexual harassment by teachers at school, bullying by classmates, and violence while doing homework.

According to *the housing and access to health*, the study found a significant negative association between mental health and being close to the border, whereas a positive association between mental health and the appropriateness of the number of bedrooms compared to the number of family members and easiness in accessing basic health services.

According to the *social environment,* the study found a significant negative association between mental health and witnessing frequent recurring conflicts between the parents or family members, being subjected to emotional, verbal, or sexual abuse by one of the parents, by one of the brothers, Or by one of the peers in the neighborhood. There is a significant positive association between mental health and being married, having children, having intimate friends, spending more than five hours in social interaction within the family daily, and receiving family psychological support.

According to *the work environment*, the study revealed a significant negative association between mental health and facing stress at work and working in a setting that requires physical effort, whereas a significant positive association between mental health and having a job.

According to *the political environment*, the study revealed a significant negative association between mental health and being subjected to political arrest by the Israeli or Palestinian authorities, being prevented from traveling for treatment or studying because of the closure or having the monthly income of the family affected by the closure According to *exposure to war/collective violence* the study found a strong significant negative association between mental health and being severely beaten or seeing a family member or a friend severely beaten by soldiers, police, militia or gangs, losing a family member or a friend, Being injured or amputated a limb during the events of the war, seeing people injured or killed because of the bombing, shelling or shooting, being forced to move elsewhere or having the home demolished.

5.2 Recommendations

5.2.1 General Recommendations

In light of the previous results, the study made clear the association of different variables with mental health; some of them were protective factors, but most of them were risk factors for developing mental health disorders, furthermore within these risk factors, there are some that we can do nothing to prevent them like acts of war, blockade, low socioeconomic level, and other contexts .but for other risk factors we can do something that might prevent these risk factors or mitigate their impact on mental health.

The following are some recommendations for stakeholders and decision-makers that might help address these risk factors or mitigate their impact on mental health:

- The MoH should increase the access to the mental health services through the followings:
    - Scaling up the service provision to cover additional primary health care center and not to limit it to the current clinics.
    - Implement awareness sessions that enough family to utilize the mental health services and to overcome the social stigma
    - Conduct more training programs to the health care services providers about the early identification of mental health issues
    - Conduct screening programs to early identify behavioral and mental health issues to for those living with high-risk factors, people who live near borders, and those who are affected by events of war and collective violence.
- Jointly the MoH and the Ministry of Education should develop educational programs for raising awareness in schools' environments for teachers and students to highlight the impact of verbal, emotional, and physical abuse on the student's mental health.
- The MoH and the relevant authorities should conduct training programs to early married couples about the impact of early childhood trauma on the overall wellbeing of their sibling and the future risks of mental health problems at later stages in the life
- Decreasing stress at work by learning workers' stress management interventions

- Developing psychoeducational programs for the family environment to teach parents, older siblings, school staff, and community members about the cost of exposing children to any form of child abuse, including verbal, emotional, sexual, and physical abuse for the kid's mental health and the future impact on the mental health status during the adulthood period.
- Develop liaison between mental health care providers and health care providers, especially health care for chronic diseases.

5.2.2 Recommendations for new areas of research

It is recommended to implement the following studies

- Risk factors associated with other mental health disorders than schizophrenia, Major Depressive Disorder and Anxiety Disorders.
- Risk factors associated with other mental health disorders among people with chronic diseases.
- The risk factors associated with mental health among children.
- Risk factors associated with mental health among children of divorced parents.
- Risk factors associated with mental health among children of conflicted parents

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Annexes:

Annex (1) GHQ 12

استبيان الوضع الصحي العام ذو 12 بند (GHQ 12)

عزيزي / عزيزتي _____

رغبة منا في التعرف على وضعك الصحي العام و اذا كانت لديك أي مشاكل صحية، نرجو الإجابة على جميع الأسئلة التالية بوضع دائرة حول الإجابة الصحيحة :-

	خلال الأسبوعين الماضيين هل ...	الإجابة	
		نعم	لا
1	كنت قادراً على التركيز في كل ما تعمله ؟	0	1
21	اضطرب نومك بسبب القلق ؟	1	0
3	شعرت بأنك قمت بدور فعال في مهامك الحياتية ؟	0	1
4	شعرت أنك قادر على اتخاذ القرارات اتجاه مهامك الحياتية ؟	0	1
5	شعرت دوماً انك متوتر ؟	1	0
6	شعرت انك قادر على تجاوز المصاعب ؟	0	1
7	كنت قادر على الاستمتاع بنشاطاتك اليومية المعتادة؟	0	1
8	كانت لديك القدرة على مواجهة مشاكلك؟	0	1
99	راودك الشعور انك غير سعيد ومكتئب؟	1	0
1010	كنت تفقد الثقة في نفسك ؟	1	0
1111	فكرت بأنك شخص عديم الفائدة ؟	1	0
12	شعرت بسعادة ناتجة عن مواقف تستدعي ذلك ؟	0	1
المجموع			

Annex (2) the questionnaire (English)

School of Public Health
Mental health risk factors scale
(case - control)

The researcher is conducting a study entitled "Risk Factors Associated with mental health " to complete the requirements for a master's degree in Mental Health – Psychotherapy- track from Al-Quds University – Gaza.

The researcher conducts a field study to identify the most important risk factors, biologically, psychologically, and socially. Therefore, we ask you to contribute to answering the questions of the questionnaires, hoping that your answer will be accurate and objective because of its great importance in the success of this research and the outcome results that may contribute to alleviating the risk factors related to mental health, knowing that the information that will be obtained is not for publication and intended for scientific research purposes only

Researcher/ Hassan Arafat El-Khawaja

Mental Health Risk Factors Scale (case - control)

Here are some questions related to various aspects of your life. Please choose the option that best suits you:

Personal and demographic information		
1- Name:		Interview date:
• Case		☐ Control
2- If so, what is the diagnosis? ☐ schizophrenia ☐ anxiety disorders ☐ depressive disorder		
4- Birth month ----	2- Age ----- years	3- The serial number of the resolution -
5- Gender: ☐ Male ☐ female		
6- Living : ☐ North Gaza's governorate ☐Gaza's governorate☐ Deir al-Balah's Governorate ☐ Khan Younes's governorate ☐ Rafah's governorate		
7- Mental health center: ☐ Abu Shbak ☐ Sourani ☐ West Gaza ☐ Zawaida ☐ Khan Younes ☐ Rafah		
8- Do you live in: ☐ city ☐ village ☐ camp		
9- What is the type of family?☐Nuclear family ☐ Extended family		
10- Residential Unit Type: ☐ Villa ☐ House ☐ Apartment		
11- Accommodation type: ☐ Owned ☐ Rent ☐ (Borrowing) someone else's house for free		
12- Number of family members ---------- persons		
13- Social status :☐ single ☐ Married ☐ Widower ☐ Divorced ☐ emotionally divorced		
14- Number of years of education --------- years		
15- Family income from all sources ---------- shekels		
16- The amount of the entire family's expenses ---------- shekels		
17- Does the family receive social assistance? ☐" Yes "☐ No		
18- If yes, select the source☐ UNRWA ☐ Ministry of Social Affairs ☐ Other (specify) ----------		
The family - pregnancy and childbirth - public health		
19- Your rank among your siblings ----------		
20- Number of male individuals ---------- individuals		
21- Number of female individuals ---------- individuals		
22- Does the family segregate between males and females? ☐" Yes "☐ No 23- If "Yes", select "Does it prefer"?☐ Male over female ☐ Female over male		
24- Is the father married to another wife ? ☐ Yes ☐ No 25- If yes, how many wives? ------		
26- Do you have siblings other than your mother? ☐ Yes ☐ No 27- If yes, how many ? ------- brothers -------- sisters		
28- Does a (nuclear) family member (father, mother, brother, sister) suffer from a diagnosed mental disorder? ☐ " Yes " ☐ No 29- If yes, specify who it is ☐ the father ☐ the mother ☐ the brother ☐ the sister		

30- Dose un extended family member (on the side of the father or mother) suffer from a diagnosed mental disorder? ☐ " Yes " ☐ No 31- If yes, specify who he is ----------
32- Number of years of father 's education ---------- years
33- Number of years of mother's education ---------- years
34- Father's age at marriage ---------- years
35- Mother's age at marriage ---------- years
36- Father's age at birth ---------- years
37- Mother's age at birth ---------- years
38- did you suffer from any health problem during childbirth? ☐ Yes ☐ No 39- If yes, specify the type of problem.
40- Select the type of childbirth ☐ normal ☐ cesarean
41- Do you think you are a wanted child by your parents? ☐ " Yes " ☐ No ☐ I do not know
42- Have you suffered from chronic diseases? ☐" Yes "☐ No 43- If "yes" identify the disease --------- 44- If "Yes" specify since when --------- years
45- Have you suffered from congenital malformations since birth? ☐ Yes ☐ No 46- If yes, specify its type.
47- Did you suffer from physical problems or disabilities (amputation, paralysis, deformity, loss of senses, etc.) as a result of an incident? ☐" Yes "☐ No 48- If yes, specify the problem---------- 49- If "yes" specify how long ago ---------- years
50- Was your mother working? ☐ Yes ☐No 51- If yes, specify the period of her absence from home -------- an hour
52- Did you spend your childhood in a private nursery or under a special sponsor other than your mother? ☐ Yes ☐ No 53- If yes, how long did it take -------- years
Lifestyle
54- Do you smoke cigarettes or shisha? ☐ Yes ☐ No ☐stopped
55- If you smoke cigarettes, how many cigarettes per day? --------time
56- If you smoke shisha, how many times a week?--------- times
57- Do you have the chance to take any drug or drug's street ? ☐ Yes ☐ No ☐ stopped
58- If “Yes”, specify the type of drug or material----------
59- How many hours you spend watching TV or cell phone? . ---------- hours
60- How many hours do you usually spend sleeping? --------- hours
61- What is the sleep pattern that suits you the most? ☐ You sleep early and wake up early ☐ You sleep late and wake up late ☐ I don't have a specific style
62- Do you practice sport ? ☐ Yes regularly ☐ Yes, infrequently ☐ No 63- If yes, what kind of sport do you practice ? ----------

64- If yes, how much time do you practice? ☐ less than an hour ☐ about an hour ☐ more than an hour
65- How many meals do you eat per day? ☐ one meal ☐ two meals ☐ three meals ☐ more than three meals
66- What kind of meals do you eat? ☐ fast food ☐ restaurants ☐ popular ☐ home made
67- What is your eating style? ☐ vegetarian ☐ Mixed (vegetables and meat) 68- And if it is mixed, how many times do you eat meat (fish - chicken - meat - other) per week? ---------- times
69- Did you suffer from obesity in childhood? ☐ Yes ☐ No
70- How many hours do you interact daily face to face with your family? ----- hours
71- How many hours do you interact daily face to face with friends? ----- hours
72- How many hours do you interact daily through with the family?----- hours
73- How many hours do you interact daily through social media with friends? ---- Hours
74- How many times did you go out for hiking and recreation per month ? ---------- times
external environment
education
75- What was your average in school achievement ?☐ acceptable ☐ good ☐ very good ☐ excellent
76- To what extent were the duties of the study? ☐ suitable ☐ a little more than you can handle ☐ more than you can handle ☐ much more than you can handle
77- Have you been subjected to physical violence by teachers at school? ☐ never ☐ rare ☐ sometimes☐ frequently ☐ always
78- Have you been exposed to sexual harassment by teachers at school? ☐ never ☐ rare ☐ sometimes☐ frequently ☐ always
79- Have you been exposed to emotional violence by teachers at school? ☐ never ☐ rare ☐ sometimes☐ frequently ☐ always
80- Have you been subjected to verbal violence by teachers at school? ☐ never ☐ rare ☐ sometimes☐ frequently ☐ always
81- Were you exposed to bullying by classmates ? ☐ never ☐ Rare ☐ Sometimes☐ frequently ☐ always
82- Were you exposed to violence while doing homework? ☐ never ☐ Rare ☐ sometimes☐ frequently ☐ always
Housing and access to health services
83- To what extent it is easy to access the basic health services? ☐ easy ☐ appropriate ☐ difficult ☐ very difficult
84- How far is your house from the nearest health center by walking ------- minutes. By car ---------
85- Do you get treatment for free? ☐" Yes " ☐ No 86- if it was" Yes "Is it always available in mental health centers? ☐" Yes " ☐ No 87- If no, can you cover the cost of treatment? ☐ Yes ☐ No
88- How appropriate is the number of bedrooms in the house compared to the number of family members?

☐ wide ☐ appropriate ☐ narrow ☐ very tight
89- How close is your area of residence to the border? ☐ less than 1 km ☐ more than 1 km ☐ more than 2 km ☐ more than 4 km
the environments Political (exposure to war or mass violence and siege)
90- Were you forced to move to live elsewhere because of the war? ☐ Yes ☐ No 91- If yes, specify how many times --------- times
92- Was your house demolished because of the war? ☐ Yes ☐ No
93- Have you been hit or abused by the military, police or any other party? ☐ Yes ☐ No 94- If yes, specify the number of times -------- times
95- Have you seen people killed because of the bombing, shelling or shooting? ☐ Yes ☐ No 96- If yes, specify the number of times -------- times
97- Have you seen people injured by bombing, shelling or shooting? ☐ Yes ☐ No 98- If yes, specify the number of times -------- times.
99- Have you seen people severely beaten during the war by the aggressors ? ☐ Yes ☐ No 100- If yes, specify the number of times -------- times.
101- Was a family member, friend or neighbor injured in the war? ☐ Yes ☐ No 102- If yes, who is he from? ☐ family ☐ friends ☐ neighbors
103- Has a family member, friend or neighbor been killed during the war? ☐ Yes ☐ No 104- If yes, who is he from? ☐ the family ☐ friends ☐ neighbors
105- Were you injured during the events of the war?☐ Yes ☐ No
106- Have you been amputated a limb during the events of the war? ☐ Yes ☐ No
107- Were you prevented from traveling for treatment or studying because of the closure? ☐ Yes ☐ No
108- Is the monthly income of the family affected due to the current conditions that the Gaza Strip is going through (siege, war, other things)? ☐ Yes ☐ No
109- Has the social and family situation been affected by the current conditions that the Gaza Strip is going through (siege, war, other things)? ☐ Yes ☐ No
110- Have you ever been subjected to political arrest by the Palestinian Authority? ☐ Yes ☐ No 111- If yes, how long did it take? ------- year s
112- Have you ever been subjected to political arrest by the Israeli authorities? ☐ Yes ☐ No 113- If yes, how long did it take? ------- years
social environment
114- Is there a recurring conflict between the parents? ☐ never ☐ rare ☐ sometimes☐ frequently ☐ Always
115- Is there a conflict between family members? ☐ never ☐ rare ☐ sometimes☐ frequently ☐ always
116- Does the family provide you psychological support? ☐ never ☐ rare ☐ sometimes☐ frequently ☐ always

117- Are you married ? ☐ Yes ☐ No 118- If yes, do you have children ? ☐ Yes ☐ No 119- If not, how many years have you been married ------- years 120- If yes, how many boys -------- boys . how many girls ------ girls
121- Do you have intimae friends?☐ Yes ☐ No 122- If yes, how many are they ? ------ friends
123- How many hours do you spend in social interaction within the family per day?
124- Have you ever experienced physical violence? By one of the parents ? ☐ never ☐ rare ☐ sometimes☐ frequently ☐ always
125- Have you experienced sexual violence by one of the parents? ☐ never ☐ rare ☐ sometimes☐ frequently ☐ always
126- Have you been emotionally abused by one of the parents? ☐ never ☐ rare ☐ sometimes☐ frequently ☐ always
127- Have you been subjected to verbal violence by one of the parents? ☐ never ☐ rare ☐ sometimes☐ frequently ☐ always
128- Have you been physically abused by one of brothers? ☐ never ☐ rare ☐ sometimes☐ frequently ☐ always
129- Have you been subjected to sexual violence by one of the brothers? ☐ never ☐ rare ☐ sometimes☐ frequently ☐ always
130- Have you been subjected to emotional violence by one of the brothers? ☐ never ☐ rare ☐ sometimes☐ frequently ☐ always
131- Have you been verbally abused by one of brothers ? ☐ never ☐ rare ☐ sometimes☐ frequently ☐ always
132- Have you been physically abused by one of Peers (relatives - friends) in the neighborhood ? ☐ never ☐ Rare ☐ Sometimes☐ frequently ☐ Always
133- Have you been sexually abused by one of peers in the neighborhood ? ☐ never ☐ rare ☐ sometimes☐ frequently ☐ always
134- Have you experienced emotional-verbal violence one of peers in the neighborhood ? ☐ never ☐ rare ☐ sometimes☐ frequently ☐ always
Work environment
135- do you work ? ☐ not working ☐ part time ☐ full time 136- If you work, specify the type of work or profession----------
137- If you work, how many hours per week do you work?
138- Is the nature of your work continuous? ☐ Yes ☐ No 139- If yes, how many months in a year do you work -------- months.
140- Does the nature of your work require physical effort? ☐ never ☐ Little ☐ middle ☐ old
141- Does the nature of your work require absence from home for a long time? ☐ never ☐ more than a day ☐ more than three days ☐ more than a week
142- Do you face stress at work? ☐ never ☐ Rare ☐ Sometimes☐ frequently ☐ Always 143- If yes, what is the nature of this stress? ----------
Character Features

144- Do you lose control of your feelings easily? ☐ never ☐ rare ☐ sometimes☐ frequently ☐ always
145- Do you lose confidence in yourself easily? ☐ never ☐ rare ☐ sometimes☐ frequently ☐ always
146- Do you see yourself as worthless? ☐ never ☐ rare ☐ sometimes☐ frequently ☐ always
147- Do you look at your self-image and your appearance negatively? ☐ never ☐ rare ☐ sometimes☐ frequently ☐ always
148- Do you lose the ability to communicate with others? ☐ never ☐ rare ☐ sometimes☐ frequently ☐ always
149- Do you practice religious rituals ? ☐ never ☐ rare ☐ sometimes☐ frequently ☐ always
150- Do you wish good and continued blessing for others? ☐ never ☐ rare ☐ sometimes☐ frequently ☐ always
151- Do you forgive those who oppressed you? ☐ never ☐ rare ☐ sometimes☐ frequently ☐ always
152- Do you rely on yourself more than others? ☐ never ☐ rare ☐ sometimes☐ frequently ☐ always
153- Can you deal with life problems flexibly? ☐ never ☐ rare ☐ sometimes☐ frequently ☐ always
154- Do you plan for your future and conduct what you plan? ☐ never ☐ rare ☐ sometimes☐ frequently ☐ always
155- Do you regain your balance after adversity? ☐ never ☐ rare ☐ sometimes☐ frequently ☐ always
156- Do you sympathize with others in their sorrows and joys ? ☐ never ☐ rare ☐ sometimes☐ frequently ☐ always

Adverse Childhood Experiences International Questionnaire (ACE-IQ)

0	DEMOGRAPHIC INFORMATION	
0.1 [C1]	Sex (*Record Male / Female as observed)*	Male Female
0.2 [C2]	What is your date of birth?	Day [ ][ ] Month [ ][ ] Year [ ][ ][ ][ ] Unknown *(Go to Q.C3)*
0.3 [C3]	How old are you?	[ ][ ]
0.4 [C4]	What is your [*insert relevant ethnic group / racial group / cultural group / others*] background?	[*Locally defined*] [*Locally defined*] [*Locally defined*] Refused
0.5 [C5]	What is the highest level of education you have completed?	No formal schooling Less than primary school Primary school completed Secondary/High school completed College/University completed Post graduate degree Refused

0.6 [C6]	Which of the following best describes your main work status over the last 12 months?	Government employee Non-government employee Self-employed Non-paid Student Homemaker Retired Unemployed (able to work) Unemployed (unable to work) Refused
0.7 [C7]	What is your civic status?	Married *(Go to Q.M2)* Living as couple Divorced or separated Single Widowed *(Go to Q.M2)* Other Refused
1	MARRIAGE	
1.1 [M1]	Have you ever been married?	Yes No *(Go to Q.M5)* Refused
1.2 [M2]	At what age were you first married?	Age [ ][ ] Refused
1.3 [M3]	At the time of your first marriage did you yourself choose your husband/wife?	Yes *(Go to Q.M5)* No Don't know / Not sure Refused
1.4 [M4]	At the time of your first marriage if you did not choose your husband/wife yourself, did you give your consent to the choice?	Yes No Refused
1.5 [M5]	If you are a mother or father what was your age when your first child was born?	Age [ ][ ] Not applicable Refused

2	RELATIONSHIP WITH PARENTS/GUARDIANS	
	When you were growing up, during the first 18 years of your life . . .	
2.1 [P1]	Did your parents/guardians understand your problems and worries?	Always Most of the time Sometimes Rarely Never Refused
2.2 [P2]	Did your parents/guardians really know what you were doing with your free time when you were not at school or work?	Always Most of the time Sometimes Rarely Never Refused
3		
3.1 [P3]	How often did your parents/guardians not give you enough food even when they could easily have done so?	Many times A few times Once Never Refused
3.2 [P4]	Were your parents/guardians too drunk or intoxicated by drugs to take care of you?	Many times A few times Once Never Refused
3.3 [P5]	How often did your parents/guardians not send you to school even when it was available?	Many times A few times Once Never Refused
4	FAMILY ENVIRONMENT	
	When you were growing up, during the first 18 years of your life . . .	
4.1 [F1]	Did you live with a household member who was a problem drinker or alcoholic, or misused street or prescription drugs?	Yes No Refused
4.2 [F2]	Did you live with a household member who was depressed, mentally ill or suicidal?	Yes No Refused
4.3 [F3]	Did you live with a household member who was ever sent to jail or prison?	Yes No Refused
4.4 [F4]	Were your parents ever separated or divorced?	Yes No Not applicable Refused
4.5 [F5]	Did your mother, father or guardian die?	Yes No Don't know / Not sure Refused

When you were growing up, during the first 18 years of your life . . .			
4.6 [F6]	Did you see or hear a parent or household member in your home being yelled at, screamed at, sworn at, insulted or humiliated?	Many times A few times Once Never Refused	
4.7 [F7]	Did you see or hear a parent or household member in your home being slapped, kicked, punched or beaten up?	Many times A few times Once Never Refused	
4.8 [F8]	Did you see or hear a parent or household member in your home being hit or cut with an object, such as a stick (or cane), bottle, club, knife, whip etc.?	Many times A few times Once Never Refused	
These next questions are about certain things YOU may have experienced. When you were growing up, during the first 18 years of your life . . .			
5			
5.1 [A1]	Did a parent, guardian or other household member yell, scream or swear at you, insult or humiliate you?	Many times A few times Once Never Refused	
5.2 [A2]	Did a parent, guardian or other household member threaten to, or actually, abandon you or throw you out of the house?	Many times A few times Once Never Refused	
5.3 [A3]	Did a parent, guardian or other household member spank, slap, kick, punch or beat you up?	Many times A few times Once Never Refused	
5.4 [A4]	Did a parent, guardian or other household member hit or cut you with an object, such as a stick (or cane), bottle, club, knife, whip etc.?	Many times A few times Once Never Refused	
5.5 [A5]	Did someone touch or fondle you in a sexual way when you did not want them to?	Many times A few times Once Never Refused	
5.6 [A6]	Did someone make you touch their body in a sexual way when you did not want them to?	Many times A few times Once Never Refused	

5.7 [A7]	Did someone attempt oral, anal, or vaginal intercourse with you when you did not want them to?	Many times A few times Once

These next questions are about certain things you may actually have heard or seen IN YOUR HOME. These are things that may have been done to another household member but not necessarily to you.

		Never Refused
5.8 [A8]	Did someone actually have oral, anal, or vaginal intercourse with you when you did not want them to?	Many times A few times Once Never Refused
6	PEER VIOLENCE	
	These next questions are about BEING BULLIED when you were growing up. Bullying is when a young person or group of young people say or do bad and unpleasant things to another young person. It is also bullying when a young person is teased a lot in an unpleasant way or when a young person is left out of things on purpose. It is not bullying when two young people of about the same strength or power argue or fight or when teasing is done in a friendly and fun way. When you were growing up, during the first 18 years of your life . . .	
6.1 [V1]	How often were you bullied?	Many times A few times Once Never *(Go to Q.V3)* Refused
6.2 [V2]	How were you bullied most often?	I was hit, kicked, pushed, shoved around, or locked indoors I was made fun of because of my race, nationality or colour I was made fun of because of my religion I was made fun of with sexual jokes, comments, or gestures I was left out of activities on purpose or completely ignored I was made fun of because of how my body or face looked I was bullied in some other way Refused
This next question is about PHYSICAL FIGHTS. A physical fight occurs when two young people of about the same strength or power choose to fight each other. When you were growing up, during the first 18 years of your life . . .		
6.3 [V3]	How often were you in a physical fight?	Many times A few times Once Never Refused

7	WITNESSING COMMUNITY VIOLENCE	
	These next questions are about how often, when you were a child, YOU may have seen or heard certain things in your NEIGHBOURHOOD OR COMMUNITY (not in your home or on TV, movies, or the radio). When you were growing up, during the first 18 years of your life . . .	
7.1 [V4]	Did you see or hear someone being beaten up in real life?	Many times A few times Once Never Refused
7.2 [V5]	Did you see or hear someone being stabbed or shot in real life?	Many times A few times Once Never Refused
7.3 [V6]	Did you see or hear someone being threatened with a knife or gun in real life?	Many times A few times Once Never Refused
8	EXPOSURE TO WAR/COLLECTIVE VIOLENCE	
	These questions are about whether YOU did or did not experience any of the following events when you were a child. The events are all to do with collective violence, including wars, terrorism, political or ethnic conflicts, genocide, repression, disappearances, torture and organized violent crime such as banditry and gang warfare. When you were growing up, during the first 18 years of your life . . .	
8.1 [V7]	Were you forced to go and live in another place due to any of these events?	Many times A few times Once Never Refused
8.2 [V8]	Did you experience the deliberate destruction of your home due to any of these events?	Many times A few times Once Never Refused
8.3 [V9]	Were you beaten up by soldiers, police, militia, or gangs?	Many times A few times Once Never Refused
8.4 [V10]	Was a family member or friend killed or beaten up by soldiers, police, militia, or gangs?	Many times A few times Once Never Refused

Annex (3) the questionnaire (Arabic)

School of Public Health

مقياس عوامل الخطر للصحة النفسية

(حالة – ضابطة)

يقوم الباحث بدراسة بعنوان" عوامل الخطر المرتبطة بالصحة النفسية وذلك استكمالاً لمتطلبات درجة الماجستير تخصص الصحة النفسية – مسار العلاج النفسي من جامعة القدس – غزة

يتشرف الباحث بأن تكون ضمن العينة التي ستجرى عليها الدراسة والتي هي بعنوان" عوامل الخطر المرتبطة بالصحة النفسية " وذلك استكمالاً لمتطلبات درجة الماجستير تخصص الصحة النفسية – مسار العلاج النفسي من جامعة القدس – غزة.

حيث يقوم الباحث بإجراء دراسة ميدانية للتعرف على اهم عوامل الخطر سواء من الناحية البيولوجية , النفسية والاجتماعية . لذا نرجو من سيادتكم المساهمة في الإجابة على أسئلة الاستبيانات آملاً أن تتسم إجابتكم بالدقة والموضوعية لما لها من أهمية كبرى في إنجاح هذا البحث وما يترتب عليه من نتائج قد تسهم في التخفيف من عوامل الخطر المرتبطة بالصحة النفسية , علماً أن المعلومات التي سيتم الحصول عليها هي ليست للنشر ومخصصة لأغراض البحث العلمي فقط.

الباحث/ حسن عرفات الخواجة

مقياس عوامل الخطر للصحة النفسية (حالة – ضابطة)

فيما يلي بعض الأسئلة التي تتعلق بجوانب متعددة من حياتك برجاء اختيار الخيار الذي يتناسب معك:

المعلومات الشخصية والديموغرافية		
1- الاسم :		تاريخ المقابلة :
• حالة		☐ ضابطة
2- اذا كانت حالة ما هو التشخيص ؟ ☐ فصام عقلي ☐ اضطراب القلق ☐ اضطراب الاكتئاب		
3- الرقم التسلسلي للاستبانة –	2–العمر ----- سنة	4- شهر الميلاد ----
5- الجنس :	☐ ذكر	☐ انثى
6- السكن : ☐ محافظة شمال غزة ☐ محافظة غزة ☐ محافظة دير البلح ☐ محافظة خانيونس ☐ محافظة رفح		
7- المركز الصحي النفسي التابع له : ☐ ابو شباك ☐ الصوراني ☐ غرب غزة ☐ الزوايدة ☐ خان يونس ☐ رفح		
8- هل تقيم في : ☐ مدينة	☐ قرية	☐ مخيم
9- ما هو نوع العائلة ؟ ☐العائلة المصغرة	☐ العائلة الممتدة	
10- نوع الوحدة السكنية : ☐ فيلا	☐ منزل	☐ شقة
11- نوع ملكية السكن : ☐ ملك	☐ ايجار	☐ (استعارة) منزل الغير بدون مقابل
12- عدد افراد الأسرة	---------- فرد	
13- الحالة الاجتماعية : ☐ اعزب ☐ متزوج ☐ ارمل	☐ مطلق	☐ منفصل عاطفيا
14- عدد سنوات التعليم	--------- سنة	
15- مستوى دخل الاسرة من جميع المصادر	---------- شيكل	
16- مقدار مصروفات الاسرة كاملا	---------- شيكل	
17- هل تتلقى الاسرة مساعدات اجتماعية ؟ ☐" نعم "	☐ لا	
18- اذا كان" نعم " حدد المصدر ☐ الوكالة ☐ وزارة الشؤون الاجتماعية ☐ غيرها (حدد)----------		
الاسرة – الحمل والولادة – الصحة العامة		
19- ترتيبك بين اخوتك	----------	
20- عدد الافراد الذكور	---------- فرد	
21- عدد الافراد الاناث	---------- فرد	
22- هل تميز الاسرة بين الذكور والاناث ؟ ☐" نعم "	☐ لا	
23- اذا كان" نعم " حدد هل تفضل ☐ الذكور على الإناث	☐ الاناث على الذكور	
24- هل الاب متزوج غير والدتك؟ ☐ نعم	☐ لا	

25- اذا كان نعم كم عدد الزوجات ------ زوجة
26- هل لديك اخوة من غير والدتك ؟ ☐ نعم ☐ لا 27- اذا كان نعم كم عددهم ------- اخ -------- اخت
28- هل يعاني احد افراد الاسرة المصغرة (النووية) (اب , ام . اخ . اخت) من اضطراب نفسي مشخص ؟ ☐ " نعم " ☐ لا 29- اذا كان" نعم "حدد من يكون ☐ الاب ☐ الام ☐ الاخ ☐ الاخت
30- هل يعاني احد افراد الاسرة الممتدة من (جهة الا ب او الام) من اضطراب نفسي مشخص ؟ ☐ " نعم " ☐ لا 31- اذا كان" نعم "حدد من يكون ----------
32- عدد سنوات تعليم الاب ---------- سنة
33- عدد سنوات تعليم الام ---------- سنة
34- عمر الاب عند الزواج ---------- سنة
35- عمر الام عند الزواج ---------- سنة
36- عمر الاب عند الولادة ---------- سنة
37- عمر الام عند الولادة ---------- سنة
38- هل عانيت من مشاكل صحية اثناء الولادة؟ ☐ نعم ☐ لا 39- اذا كان" نعم "حدد نوع المشكلة ----------
40- حدد نوع عملية الولادة ☐ عادية ☐ قيصرية
41- هل تعتقد انك طفلا مرغوب فيه من قبل والديك ؟ ☐ " نعم " ☐ لا ☐ لا اعرف
42- هل عانيت من امراض مزمنة ؟ ☐" نعم " ☐ لا 43- اذ كان" نعم "حدد المرض --------- 44- اذا كان" نعم "حدد منذ كم سنة ---------- سنة
45- هل عانيت من تشوهات خلقية جسمية منذ الولادة ؟ ☐" نعم " ☐ لا 46- اذا كان" نعم " حدد نوعها ----------
47- هل عانيت من مشاكل جسمية او اعاقة (بتر– شلل– تشوه – فقد حواس.. الخ) ناتج عن حادث عرضي ؟ ☐ " نعم " ☐ لا 48- اذا كان" نعم "حدد المشكلة ---------- 49- اذا كان" نعم "حدد منذ متى ---------- سنة
50- هل كانت والدتك تعمل ؟ ☐ نعم ☐لا 51- اذا كان نعم حدد فترة غيابها عن المنزل -------- ساعة
52- هل قضيت طفولتك في حضانة خاصة او تحت راعية خاصة غير والدتك ؟ ☐ نعم ☐ لا 53- اذا كان نعم كم الفترة التي قضيتها -------- سنة

نمط الحياة
54- هل تدخن سجائر او نرجيلة ؟ ☐ " نعم " ☐ لا ☐ تارك
55- اذا كنت تدخن سجائر كم العدد في اليوم ---------- سيجارة
56- اذا كنت تدخن نرجيلة كم العدد في الاسبوع ---------- مرة
57- هل دارت بك الدنيا و تناولت أي مادة مخدرة او عقاقير ؟ ☐ نعم ☐ لا ☐ تارك
58- اذا كان" نعم " حدد نوع المادة او المواد ----------
59- كم عدد الساعات التي تقضيها لمشاهدة التلفاز او على الجوال؟ . ---------- ساعة
60- كم ساعة عادة تقضي في النوم ؟ ---------- ساعة
61- ما هو نمط النوم الذي يناسبك اكثر ؟ ☐ تنام مبكرا وتستيقظ مبكرا ☐ تنام متأخرا وتستيقظ متأخرا ☐ ليس لدي نمط محدد
62- هل تمارس الرياضة ؟ ☐ نعم بشكل منتظم ☐ نعم بشكل غير منتظم ☐ لا 63- اذا كان" نعم "ما هو نوع الرياضة التي تمارسها ؟ ---------- 64- اذا كان" نعم "ما هو مقدرا الوقت الذي تقضيه في ممارسة الرياضة ؟ ☐ اقل من ساعة ☐ تقريبا ساعة ☐ اكثر من ساعة
65- كم وجبة تتناول يوميا ؟ ☐ وجبة ☐ وجبتان ☐ ثلاث وجبات ☐ اكثر من ثلاث وجبات
66- ما هو نوع الوجبات التي تتناولها ؟ ☐ سريعة ☐ في المطاعم ☐ شعبية ☐ بيتية
67- ما هو نمط الاكل لديك ؟ ☐ نباتي ☐ ام مختلط (خضار ولحوم) 68- واذا كان مختلط كم مرة تتناول اللحوم (سمك – دجاج – لحم – اخر) في الاسبوع؟ ---------- مرة
69- هل عانيت من السمنة في الطفولة ؟ ☐ نعم ☐ لا
70- كم عدد الساعات التي تتفاعل بها وجها لوجه مع العائلة يوميا ؟ ----- ساعة
71- كم عدد الساعات التي تتفاعل بها وجها لوجه مع الاصدقاء يوميا ؟ ----- ساعة
72- كم عدد الساعات التي تتفاعل بها عبر التواصل الالكتروني مع العائلة يوميا ؟---- ساعة
73- كم عدد الساعات التي تتفاعل بها عبر التواصل الالكتروني مع الاصدقاء يوميا ؟---- ساعة
74- كم هو معدل الخروج بقصد التنزه والترفيه في الشهر ؟ ---------- مرة
البيئة الخارجية
التعليم
75- كم كان معدلك في المدرسة ؟ ☐ مقبول ☐ جيد ☐ جيد جدا ☐ ممتاز
76- الى أي حد كانت واجبات الدراسة ؟ ☐ مناسبة ☐ اكبر من طاقتك الى حد ما ☐ اكبر من طاقتك ☐ اكبر من طاقتك بكثير
77- هل تعرضت للعنف الجسدي من قبل المدرسين في المدرسة ؟ ☐ مطلقا ☐ نادرا ☐ احيانا ☐ غالبا ☐ دائما
78- هل تعرضت للعنف الجنسي من قبل المدرسين في المدرسة ؟ ☐ مطلقا ☐ نادرا ☐ احيانا ☐ غالبا ☐ دائما

79- هل تعرضت للعنف العاطفي من قبل المدرسين في المدرسة ؟ ☐ مطلقا ☐ نادرا ☐ احيانا ☐ غالبا ☐ دائما
80- هل تعرضت للعنف اللفظي من قبل المدرسين في المدرسة ؟ ☐ مطلقا ☐ نادرا ☐ احيانا ☐ غالبا ☐ دائما
81- هل تعرضت للتنمر من قبل زملاء المرسة ؟ ☐ مطلقا ☐ نادرا ☐ احيانا ☐ غالبا ☐ دائما
82- هل كنت تتعرض للعنف اثناء عمل الواجب في البيت ؟ ☐ مطلقا ☐ نادرا ☐ احيانا ☐ غالبا ☐ دائما
السكن والوصول الى الخدمات الصحية
83- ما مدى سهولة الوصول الى الخدمات الاساسية للصحة ؟ ☐ سهل ☐ مناسب ☐ صعب ☐ صعب جدا
84- كم يبعد منزلك عن اقرب مركز صحي مشيا ------- دقيقة . بالسيارة ----------
85- هل تحصل على العلاج مجانا ؟ ☐" نعم " ☐ لا
86- اذا كان" نعم "هل هو متوفر دائما في مراكز الصحة النفسية ؟ ☐" نعم " ☐ لا
87- اذا كان" لا " هل تستطيع تغطية تكلفة العلاج ؟ ☐ نعم ☐ لا
88- ما مدى ملائمة عدد غرف النوم في البيت مقارنة بعدد افراد الاسرة ؟ ☐ واسع ☐ مناسب ☐ ضيق ☐ ضيق جدا
89- ما مدى قرب منطقة سكناك من الحدود؟ ☐ اقل من 1كم ☐ اكثر من 1 كم ☐ اكثر من 2كم ☐ اكثر من 4كم
البيئة السياسية (التعرض للحرب او العنف الجماعي والحصار)
90- هل اجبرت على الانتقال قسرا للعيش في مكان اخر بسبب الحرب ؟ ☐ نعم ☐ لا
91- اذا كان نعم حدد كم مرة --------- مرة
92- هل تعرض منزلك للهدم بسبب احداث الحرب ؟ ☐ نعم ☐ لا
93- هل تعرضت للضرب او الإيذاء من قبل افراد الجيش او شرطة او جهة اخرى؟ ☐ نعم ☐ لا
94- اذا كان نعم حدد عدد المرات ---------- مرة
95- هل شاهدت اشخاص قتلوا بسبب القصف او اطلاق النار ؟ ☐ نعم ☐ لا
96- اذا كان نعم حدد عدد المرات -------- مرة
97- هل شاهدت اشخاص جرحوا بسبب القصف او اطلاق النار ؟ ☐ نعم ☐ لا
98- اذا كان نعم حدد عدد المرات -------- مرة
99- هل شاهدت اشخاص تعرضوا للضرب المبرح خلال الحرب من قبل المعتدين ؟ ☐ نعم ☐ لا
100- اذا كان نعم حدد عدد المرات -------- مرة
101- هل تعرض احد افراد العائلة او الاصدقاء او الجيران للإصابة بجراح بسبب احداث الحرب ؟ ☐ نعم ☐ لا
102- اذا كان نعم حدد من يكون ؟ فرد من ☐ العائلة ☐ الاصدقاء ☐ الجيران
103- هل تعرض احد افراد العائلة او الاصدقاء او الجيران للقتل بسبب احداث الحرب ؟ ☐ نعم ☐ لا

104- اذا كان نعم حدد من يكون ؟ فرد من ☐ العائلة ☐ الاصدقاء ☐ الجيران
105- هل تعرضت للإصابة خلال احداث الحرب ؟ ☐ نعم ☐ لا
106- هل تعرضت لبتر احد الاطراف خلال احداث الحرب ؟ ☐ نعم ☐ لا
107- هل منعت من السفر للعلاج او الدراسة بسبب اغلاق المعابر ؟ ☐ نعم ☐ لا
108- هل تأثر الدخل الشهري للأسرة بسبب الظروف الحالية التي يمر بها القطاع (حصار, حرب , امور اخرى) ؟ ☐ نعم ☐ لا
109- هل تأثر الوضع الاجتماعي والاسري بسبب الظروف الحالية التي يمر بها القطاع (حصار, حرب , امور اخرى) ؟ ☐ نعم ☐ لا
110- هل سبق وان تعرضت للاعتقال السياسي من قبل الجهات الفلسطينية؟ ☐ نعم ☐ لا 111- اذا كان نعم كم المدة التي قضيتها ------- سنة
112- هل سبق وان تعرضت للاعتقال السياسي من قبل الجهات الاسرائيلية؟ ☐ نعم ☐ لا 113- اذا كان نعم كم المدة التي قضيتها ------- سنة
البيئة الاجتماعية
114- هل يوجد نزاع متكرر بين الوالدين ؟ ☐ مطلقا ☐ نادرا ☐ احيانا ☐ غالبا ☐ دائما
115- هل يوجد نزاع بين افراد الاسرة؟ ☐ مطلقا ☐ نادرا ☐ احيانا ☐ غالبا ☐ دائما
116- هل تقدم لك الاسرة الدعم النفس المعنوي ؟ ☐ مطلقا ☐ نادرا ☐ احيانا ☐ غالبا ☐ دائما
117- هل انت متزوج ؟ ☐ نعم ☐ لا 118- اذا كان نعم هل لديك اولا د ؟ ☐ نعم ☐ لا 119- اذا كان لا كم عدد سنوات الزواج ------- سنة 120- اذا كان نعم كم عدد الاولاد -------- ولد وكم عدد البنات ------ بنت
121- هل لديك اصدقاء حميمين ؟ ☐ نعم ☐ لا 122- اذا كان نعم كم عددهم ------ شخص
123- كم ساعة تقضي في التفاعل الاجتماعي داخل الاسرة يوميا ؟-------- ساعة
124- هل تعرضت للعنف الجسدي من قبل احد الوالدين ؟ ☐ مطلقا ☐ نادرا ☐ احيانا ☐ غالبا ☐ دائما
125- هل تعرضت للعنف الجنسي من قبل احد الوالدين ؟ ☐ مطلقا ☐ نادرا ☐ احيانا ☐ غالبا ☐ دائما
126- هل تعرضت للعنف العاطفي من قبل احد الوالدين ؟ ☐ مطلقا ☐ نادرا ☐ احيانا ☐ غالبا ☐ دائما
127- هل تعرضت للعنف اللفظي من قبل احد الوالدين ؟ ☐ مطلقا ☐ نادرا ☐ احيانا ☐ غالبا ☐ دائما

128- هل تعرضت للعنف الجسدي من قبل احد الاخوة؟ ☐ مطلقا ☐ نادرا ☐ احيانا ☐ غالبا ☐ دائما
129- هل تعرضت للعنف الجنسي من قبل احد الاخوة ؟ ☐ مطلقا ☐ نادرا ☐ احيانا ☐ غالبا ☐ دائما
130- هل تعرضت للعنف العاطفي من قبل احد الاخوة ؟ ☐ مطلقا ☐ نادرا ☐ احيانا ☐ غالبا ☐ دائما
131- هل تعرضت للعنف اللفظي من قبل احد الاخوة ؟ ☐ مطلقا ☐ نادرا ☐ احيانا ☐ غالبا ☐ دائما
132- هل تعرضت للعنف الجسدي من قبل احد الاقران(اقارب–اصدقاء) في الحي ؟ ☐ مطلقا ☐ نادرا ☐ احيانا ☐ غالبا ☐ دائما
133- هل تعرضت للعنف الجنسي من قبل احد الاقران في الحي ؟ ☐ مطلقا ☐ نادرا ☐ احيانا ☐ غالبا ☐ دائما
134- هل تعرضت للعنف العاطفي – اللفظي من قبل احد الاقران في الحي ؟ ☐ مطلقا ☐ نادرا ☐ احيانا ☐ غالبا ☐ دائما
بيئة العمل
135- هل تعمل ؟ ☐ لا اعمل ☐ اعمل دوام جزئي ☐ اعمل دوام كامل 136- اذا كنت تعمل حدد نوع العمل او المهن ----------
137- اذا كنت تعمل كم ساعة تعمل في الاسبوع ----- ساعة
138- هل طبيعة عملك مستمرة ؟ ☐ نعم ☐ لا 139- اذا كان نعم كم شهر في السنة تعمل -------- شهرا.
140- هل طبيعة عملك بحاجة الى بذل جهد جسدي؟ ☐ مطلقا ☐ قليل ☐ متوسط ☐ كبير
141- هل طبيعة عملك تتطلب الغياب عن البيت لفترة طويلة ؟ ☐ مطلقا ☐ اكثر من يوم ☐ اكثر من ثلاث ايام ☐ اكثر من اسبوع
142- هل تواجه ضغوط نفسية في العمل ؟ ☒ مطلقا ☐ نادرا ☐ احيانا ☐ غالبا ☐ دائما 143- اذا كان نعم ما طبيعة هذه الضغوط ؟ ----------
ملامح الشخصية
144- هل تفقد السيطرة على مشاعرك بسهولة ؟ ☐ مطلقا ☐ نادرا ☐ احيانا ☐ غالبا ☐ دائما
145- هل تفقد الثقة بنفسك بسهولة ؟ ☐ مطلقا ☐ نادرا ☐ احيانا ☐ غالبا ☐ دائما
146- هل ترى نفسك ليس لها قيمة ؟ ☐ مطلقا ☐ نادرا ☐ احيانا ☐ غالبا ☐ دائما
147- هل تنظر الى شكلك ومظهرك بشكل سلبي ؟ ☐ مطلقا ☐ نادرا ☐ احيانا ☐ غالبا ☐ دائما

148- هل تفقد القدرة على التواصل مع الاخرين ؟ ☐ مطلقا ☐ نادرا ☐ احيانا ☐ غالبا ☐ دائما
149- هل تمارس التعاليم الدينية ؟ ☐ مطلقا ☐ نادرا ☐ احيانا ☐ غالبا ☐ دائما
150- هل تتمنى الخير ودوام النعمة للأخرين ؟ ☐ مطلقا ☐ نادرا ☐ احيانا ☐ غالبا ☐ دائما
151- هل تصفح او تعفوا عن الذين يخطئون في حقك ؟ ☐ مطلقا ☐ نادرا ☐ احيانا ☐ غالبا ☐ دائما
152- هل تعتمد على نفسك اكثر من الاخرين ؟ ☐ مطلقا ☐ نادرا ☐ احيانا ☐ غالبا ☐ دائما
153- هل تستطيع التعامل مع المشاكل الحياتية بمرونة ؟ ☐ مطلقا ☐ نادرا ☐ احيانا ☐ غالبا ☐ دائما
154- هل تخطط لمستقبلك وتقوم بتنفيذ ما تخططه؟ ☐ مطلقا ☐ نادرا ☐ احيانا ☐ غالبا ☐ دائما
155- هل تستعيد توازنك بعد الشدائد؟ ☐ مطلقا ☐ نادرا ☐ احيانا ☐ غالبا ☐ دائما
156- هل تتعاطف مع الاخرين في احزانهم وافراحهم ؟ ☐ مطلقا ☐ نادرا ☐ احيانا ☐ غالبا ☐ دائما

الاستبيان الدولي لتجارب الطفولة المعاكسة (ACE-IQ)

1	زواج
1.1	هل سبق لك الزواج؟ ☐ نعم ☐ لا(اذهب إلى 1.5)
1.2	في أي سن تزوجت لأول مرة؟ سن .....
1.3	في وقت زواجك الأول ، هل اخترت بنفسك زوجك / زوجتك؟ ☐ نعم(اذهب إلى1.5) ☐ لا ☐لا أعرف / لست متأكدا
1.4	في وقت زواجك الأول ، إذا لم تختر زوجك / زوجتك بنفسك ، فهل منحت موافقتك على الاختيار؟ ☐ نعم ☐ لا
1.5	إذا كنت أماً أو أبًا ، فما هو عمرك عندما ولد طفلك الأول؟ سن ..... ☐ لا ينطبق
2	العلاقة مع أولياء الأمور / الأوصياء
	عندما كبرت ، خلال الثمانية عشر عامًا الأولى من حياتك. . .
2.1	هل يفهم والداك / الأوصياء عليك مشاكل ومخاوف؟ ☐دائما ☐معظم الوقت ☐بعض الأحيان ☐نادرا ☐مطلقا
2.2	هل يعرف والداك / الأوصياء حقًا ماذا كنت تفعل في وقت فراغك عندما لم تكن في المدرسة أو العمل؟ ☐دائما ☐معظم الوقت ☐بعض الأحيان ☐نادرا ☐مطلقا
3	
3.1	كم مرة لم يقدم لك والداك / الأوصياء طعامًا كافيًا حتى عندما كان بإمكانهم فعل ذلك بسهولة؟ ☐مرات عديدة ☐بعض الاوقات ☐مرة واحدة ☐مطلقا
3.2	هل كان والداك / الأوصياء عليك في حالة سكر أو ثمل بسبب المخدرات بحيث يتعذر عليهم الاعتناء بك؟

	☐مرات عديدة ☐بعض الاوقات ☐مرة واحدة ☐مطلقا
3.3	كم مرة لم يرسلك والداك / أوصيائك إلى المدرسة حتى عندما كانت مستعد(جاهز)؟ ☐مرات عديدة ☐بعض الاوقات ☐مرة واحدة ☐مطلقا
4	البيئة الأسرية
	عندما كبرت ، خلال الثمانية عشر عامًا الأولى من حياتك. . .
4.1	هل كنت تعيش مع أحد أفراد الأسرة الذي كان يشرب الخمر أو مدمنًا على الكحول أو يسيء استخدامه في الشوارع أو العقاقير الطبية نعم ☐لا
4.2	هل كنت تعيش مع أحد أفراد أسرتك مصاب بالاكتئاب أو بمرض عقلي أو ميول إلى الانتحار؟ ☐نعم ☐لا
4.3	هل عشت مع أحد أفراد الأسرة هل تم إرساله إلى السجن أو السجن؟ ☐ نعم ☐ لا
4.4	هل انفصل والداك تطلقا؟ ☐ نعم ☐لا ☐ لا ينطبق
4.5	هل ماتت والدتك أو والدك أو ولي أمرك؟ ☐ نعم ☐ لا ☐لا أعرف / لست متأكدا
الأسئلة التالية تتعلق بأشياء معينة ربما تكون قد سمعتها أو شاهدتها في حياتك الصفحة الرئيسية. هذه هي الأشياء التي ربما تم فعلها لفرد آخر في الأسرة ولكن لم يتم القيام بها بالضرورة لك.	
	عندما كبرت ، خلال الثمانية عشر عامًا الأولى من حياتك. . .
4.6	هل رأيت أو سمعت أحد والديك أو أحد أفراد أسرتك في منزلك يتعرض للصراخ أو القسم أو اليمين أو الإهانة أو الإهانة؟ ☐مرات عديدة ☐بعض الاوقات ☐مرة واحدة ☐مطلقا
4.7	هل رأيت أو سمعت أحد الوالدين أواحد افراد الأسرة في منزلك يتعرض للصفع والركل او الكمات أو الضرب؟ ☐مرات عديدة ☐بعض الاوقات ☐مرة واحدة ☐مطلقا
4.8	هل رأيت أو سمعت أحد أواحد افراد الأسرة في منزلك يتعرض للضرب أو القطع بكائن ، مثل عصا (أو علبة) ، زجاجة ، مضرب ،سكين ، سوط إلخ؟ ☐مرات عديدة ☐بعض الاوقات ☐مرة واحدة ☐مطلقا
الأسئلة التالية تتعلق بأشياء معينة ربما تكون قد مررت بها. عندما كبرت ، خلال الثمانية عشر عامًا الأولى من حياتك. . .	
5	
5.1	هل كان أحد الوالدين أو وصيًا أواحد افراد الأسرة يصيح أو يصرخ أو يقسم عليك ، إهانتك أو إذلالك؟ ☐مرات عديدة ☐بعض الاوقات ☐مرة واحدة ☐مطلقا
5.2	هل كان أحد الوالدين أو وصيًا أو أواحد افراد الأسرة يهددك أو يتخلى عنك فعليًا او طردك من البيت؟ ☐مرات عديدة ☐بعض الاوقات ☐مرة واحدة ☐مطلقا
5.3	هل كان أحد الوالدين أو وصيًا أو أواحد افراد الأسرة يصفعك أو يركلك أو يلكمك أو يقوم بضربك؟ ☐مرات عديدة ☐بعض الاوقات ☐مرة واحدة ☐مطلقا
5.4	هل كان أحد الوالدين أو وصيًا أو أواحد افراد الأسرة يضربك أو يقطعك بشيء ، مثل عصا (أو علبة ، زجاجة ، هراوة ، سكين ، سوط إلخ؟ ☐مرات عديدة ☐بعض الاوقات ☐مرة واحدة ☐مطلقا
5.5	هل قام شخص ما بلمسك أو مداعبتك بطريقة جنسية عندما لا تريده ذلك؟ ☐مرات عديدة ☐بعض الاوقات ☐مرة واحدة ☐مطلقا
5.6	هل جعلك شخص ما تلمس جسده بطريقة جنسية عندما لا تريده؟ ☐مرات عديدة ☐بعض الاوقات ☐مرة واحدة ☐مطلقا
5.7	هل حاول شخص ما الجماع الفموي أو الشرجي أو المهبلي معك وأنت لا تريده؟ ☐مرات عديدة ☐بعض الاوقات ☐مرة واحدة ☐مطلقا
5.8	هل قام شخص ما بالفعل بالاتصال بك عن طريق الفم أو الشرج أو المهبل عندما لا تريده؟ ☐ مرات عديدة ☐بعض الاوقات ☐مرة واحدة ☐مطلقا

6	عنف الأقران الأسئلة التالية تدور حول التعرض للتنمر عندما كنت تكبر. تنمر هو عندما يقول شاب أو مجموعة من الشباب أو يفعلون أشياء سيئة وغير سارة أشياء لشاب آخر. إنه أيضًا تنمر عندما يتعرض الشاب للمضايقات كثيرًا بطريقة غير سارة أو عندما يُترك الشاب بعيدًا عن الأشياء عن قصد. ليس التنمر عندما يتجادل شابان من نفس القوة أو القوة أو يتشاجران أو عندما تتم المضايقة بطريقة ودية وممتعة. عندما كبرت ، خلال الثمانية عشر عامًا الأولى من حياتك. . .
6.1	كم مرة تعرضت للتنمر؟ ☐مرات عديدة ☐بعض الاوقات ☐مرة واحدة ☐أبدًا (اذهب إلى.(3V
6.2	كيف تعرضت للتنمر في أغلب الأحيان؟ ☐ تعرضت للضرب ، والركل ، والدفع حول ، أويغلق عليَ بالداخل ☐لقد سخر مني بسبب عرقي ، جنسيتي أو لون بشرتي ☐لقد سخر مني بسبب ديني ☐ لقد سخر مني بنكات جنسية ،التعليقات أو الإيماءات ☐ لقد تركت خارج الأنشطة عن قصد أوتم تجاهلي تمامًا ☐ لقد سخر مني بسبب هيئة جسدي أو شكل وجهي ☐لقد تعرضت للتخويف بطريقة أخرى
	هذا السؤال التالي حول المعارك الجسدية. يحدث عراك جسدي عند صغيرين يختار الأشخاص الذين لديهم نفس القوة أو القوة أن يقاتلوا بعضهم البعض. عندما كبرت ، خلال الثمانية عشر عامًا الأولى من حياتك. . .
6.3	كم مرة كنت في معركة جسدية؟ ☐مرات عديدة ☐بعض الاوقات ☐مرة واحدة ☐مطلقا
7	الشاهد على العنف المجتمعي
	الأسئلة التالية تدور حول عدد المرات التي شاهدتها عندما كنت طفلاً أو سمعت أشياء معينة في منطقتك أو منطقتك (وليس في منزلك أو على التلفزيون أو الأفلام أو الراديو). عندما كبرت ، خلال الثمانية عشر عامًا الأولى من حياتك.
7.1	هل رأيت أو سمعت أحدًا يتعرض للضرب في الحياة الحقيقية؟ ☐مرات عديدة ☐بعض الاوقات ☐ مرة واحدة ☐مطلقا
7.2	هل رأيت أو سمعت أحدًا يتعرض للطعن أو إطلاق النار في الحياة الحقيقية؟ ☐مرات عديدة ☐بعض الاوقات ☐مرة واحدة ☐مطلقا
7.3	هل رأيت أو سمعت شخصًا ما مهدد بسكين أو بندقية في الحياة الحقيقية؟ ☐ مرات عديدة ☐ بعض الاوقات ☐ مرة واحدة ☐مطلقا
8	التعرض للحرب / العنف الجماعي
	تدور هذه الأسئلة حول ما إذا كنت قد واجهت أو لم تواجه أيًا مما يلي الأحداث عندما كنت طفلا. الأحداث كلها تتعلق بالعنف الجماعي ،بما في ذلك الحروب والإرهاب والصراعات السياسية أو العرقية والإبادة الجماعية والقمع ، الاختفاء والتعذيب والجرائم العنيفة المنظمة مثل اللصوصية والعصابات حرب. عندما كبرت ، خلال الثمانية عشر عامًا الأولى من حياتك. . .
8.1	هل أجبرت على الذهاب والعيش مكان آخر بسبب أي من هؤلاء الأحداث؟ ☐ مرات عديدة ☐ بعض الاوقات ☐ مرة واحدة ☐مطلقا
8.2	هل جربت تدمير منزلك بشكل متعمد بسبب أي من هذه الأحداث؟ ☐ مرات عديدة ☐ بعض الاوقات ☐ مرة واحدة ☐ مطلقا
8.3	هل تعرضت للضرب من قبل الجنود والشرطة؟ ميليشيا ام عصابات؟ ☐مرات عديدة ☐بعض الاوقات ☐ مرة واحدة ☐مطلقا
8.4	كان أحد أفراد الأسرة أو صديق قتل أو تعرضوا للضرب على أيدي الجنود أو الشرطة أو الميليشيات أو العصابات؟ ☐ مرات عديدة ☐ بعض الاوقات ☐ مرة واحدة ☐مطلقا

مع جزيل الشكر والتقدير

الباحث حسن عرفات الخواجة

Annex (4) MoH approval

State of Palestine
Ministry of health

دولة فلسطين
وزارة الصحة

السيد : رامي عيد العبادله المحترم

التاريخ:17/06/2021
رقم المراسلة 710154

مدير عام بالوزارة /الإدارة العامة لتنمية القوى البشرية/وزارة الصحة

السلام عليكم ,,,

الموضوع/ تسهيل مهمة الباحث// حسن الخواجه

التفاصيل //
بخصوص الموضوع أعلاه، يرجى تسهيل مهمة الباحث/ حسن عرفات الخواجه
الملتحق ببرنامج ماجستير الصحة النفسية – مسار العلاج النفسي – جامعة القدس أبو ديس بغزة في إجراء بحث بعنوان:-

Risk factors associated with mental health disorders in the Gaza Strip: Case-control" "study

حيث الباحث بحاجة لتعبئة استبانة من عدد من المرضى النفسيين المترددين على عيادات الصحة النفسية في قطاع غزه وعينة ضابطه ممن لا يعانون من الامراض النفسية من المترددين على مراكز الرعاية الاولية.
نأمل توجيهاتكم لذوي الاختصاص بضرورة الحصول على الموافقة المستنيرة من المرضى والاصحاء الذين هم على استعداد للمشاركة في الدراسة ومن ثم تمكين الباحث من التواصل معهم، وبما لا يتعارض مع مصلحة العمل وضمن أخلاقيات البحث العلمي، ودون تحمل الوزارة أي أعباء أو مسئولية.
وتفضلوا بقبول التحية والتقدير،

ملاحظة /
1. الدراسة اعلاه حاصلة على موافقة لجنة اخلاقيات البحث الصحي (لجنة هلسنكي)
2. تسهيل المهمة الخاص بالدراسة أعلاه صالح لمدة 6 أشهر من تاريخه.

محمد ابراهيم السرساوي
مدير دائرة/الإدارة العامة لتنمية القوى البشرية

التحويلات

▪ محمد ابراهيم محمد السرساوي(مدير دائرة)	← رامي عيد سليمان العبادله(مدير عام بالوزارة)	إجراءاتكم بالخصوص(17/06/2021)
▪ رامي عيد سليمان العبادله(مدير عام بالوزارة)	← يحيى امين عبد الحافظ خضر(مدير عام بالوزارة)	إجراءاتكم بالخصوص(17/06/2021)
▪ رامي عيد سليمان العبادله(مدير عام بالوزارة)	← ماهر محمود عبد الهادي شامية(مدير عام بالوزارة)	إجراءاتكم بالخصوص(17/06/2021)
▪ ماهر محمود عبد الهادي شامية(مدير عام بالوزارة)	← موسى رجب حمدان عابد(طبيب بشري أخصائي)	لعمل اللازم(20/06/2021)

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Gaza Tel. (+970) 8-2846949
Fax. (+970) 8-2826295

Annex (5) Helsinki Approval

المجلس الفلسطيني للبحث الصحي

Palestinian Health Research Council

تعزيز النظام الصحي الفلسطيني من خلال مأسسة استخدام المعلومات البحثية في صنع القرار

Developing the Palestinian health system through institutionalizing the use of information in decision making

Helsinki Committee

For Ethical Approval

Date: 2021/06/07 **Number:** PHRC/HC/908/21

Name: Hassan El khawaja الاسم:

We would like to inform you that the committee had discussed the proposal of your study about:

نفيدكم علماً بأن اللجنة قد ناقشت مقترح دراستكم حول:

Risk factors associated with mental health disorders in the Gaza Strip: Case-control study

The committee has decided to approve the above mentioned research. Approval number PHRC/HC/908/21 in its meeting on 2021/06/07

و قد قررت الموافقة على البحث المذكور عاليه بالرقم والتاريخ المذكوران عاليه

Signature

Member Member Dr. Yehia Abed

Chairman

Genral Conditions:-

1. Valid for 2 years from the date of approval.
2. It is necessary to notify the committee of any change in the approved study protocol.
3. The committee appreciates receiving a copy of your final research when completed.

Specific Conditions:-

E-Mail:pal.phrc@gmail.com

Gaza - Palestine غزة - فلسطين

شارع النصر - مفترق العيون

Annex (6) list of experts & consultants

	Name	Workplace	Scientific Degrees
1	Yahia Abed	Al-Quds university	Prof.
2	Bassam Abu Hamad	Al-Quds university	Prof.
3	Bassel Alkhodary	IUG	Ph.D.
4	Salam Alkhatib	Al-Quds university	Prof.
5	Mustafa Elmasri	NGO	Master
6	Yasser Abu Jamee	GCMHP	Master
7	Sami Aiwaida	GCMHP	PhD.
8	Jihad Okasha	MoH	PhD.
9	Osama Emad	MoH	Ph.D.

عنوان الدراسة: عوامل الخطر المرتبطة بالصحة النفسية في قطاع غزة –دراسة حالة– ظابطة

الباحث : حسن عرفات الخواجة

إشراف: د ختام أبو حمد

الملخص:

مقدمة:

تنجم اضطرابات الصحة النفسية عن تفاعل معقد بين العوامل البيولوجية والنفسية والاجتماعية، ومع ذلك خلصت معظم الدراسات إلى أن العوامل المرتبطة بالصحة النفسية وقضايا الصحة النفسية الشائعة تشمل العوامل الفردية والعائلية والاجتماعية والبيئية والثقافية والمجتمعية. تهدف هذه الدراسة إلى التعرف على عوامل الخطر الرئيسية المرتبطة باضطرابات الصحة النفسية في قطاع غزة, تحديدا الفصام واضطراب الاكتئاب الشديد واضطراب القلق.

المنهجية:

تصميم الدراسة عبارة عن دراسة حالة – ضابطة، تكونت عينة الدراسة من 798 مشاركاً (399 حالة فصام واضطراب اكتئابي كبير واضطراب القلق) و (399 مجموعة ضابطة) تتراوح أعمارهم بين (18–60) سنة موزعين على محافظات قطاع غزة وتم اختيارهم باستخدام التقنية العشوائية البسيطة. استند اختيار الحالات الضابطة إلى استبيان الصحة العامة 12 حيث كانت النتيجة أقل من 6، وقد تم مطابقة الضوابط مع الحالات على أساس عوامل العمر والجنس لتجنب الالتباس (40.1٪ ذكور و 59.9٪ إناث). كان متوسط عمر الحالات والضوابط متطابق: 32.01. أجريت الدراسة في ستة مراكز حكومية للصحة النفسية المجتمعية تغطي قطاع غزة بأكمله. تم إجراء الاستبيان وجهاً لوجه لجمع البيانات، تم استخدام برنامج SPSS "الحزمة الإحصائية للعلوم الاجتماعية" لتحليل البيانات المجمعة واختبارات التحليل الإحصائي المختلفة المستخدمة لتحليل البيانات، بما في ذلك توزيع التردد، مربع كاي، اختبار t ، والانحدار اللوجستي باستخدام برنامج SPSS.

النتائج:

كشفت نتائج الدراسة عن ارتباط سلبي ذو مغزى بين اضطرابات الصحة النفسية وانخفاض الدخل، التمييز الأسري، التاريخ العائلي للاضطراب النفسي، السمنة في الطفولة، الأمراض المزمنة، إدمان المخدرات، إدمان الوالدين على المخدرات, الاضطراب النفسي للوالدين, التعرض للتنمر، التمييز بين الجنسين في الأسرة أو المجتمع, المشاهدة أو التعرض للعنف اللفظي أو العاطفي أو الجسدي أو الاعتداء الجنسي داخل الأسرة أو من قبل الوالدين أو الأقران أو المجتمع, فقدان السيطرة والثقة، الصورة السلبية للذات، انعدام القيمة، مواجهة الضغط في العمل، التعرض للاعتقال السياسي، منع السفر، الضرب المبرح أو رؤية أحد أفراد الأسرة أو صديق يتعرض للضرب المبرح من قبل الجنود أو الشرطة أو الميليشيات أو العصابات، , فقدان أحد أفراد الأسرة أو صديق، الإصابة، أو رؤية أشخاص مصابين أو قتلوا بسبب القصف أو إطلاق النار، الإجبار على الانتقال إلى مكان آخر أو هدم المنزل أثناء أحداث الحرب.

في حين أن الدراسة أيضا أظهرت أن هناك علاقة إيجابية ذات مغزى بين الصحة النفسية وسنوات التعليم، فهم احتياجات الطفل، الاعتماد على الذات، التعامل مع مشاكل الحياة بمرونة، التخطيط للمستقبل، استعادة التوازن بعد

الشدائد، تمني الخير للآخرين، التسامح و التعاطف دائمًا، الزواج، إنجاب الأطفال، الحصول على عمل، ممارسة الشعائر الدينية والصحة النفسية.

وخلصت الدراسة إلى أن تأثير بعض عوامل الخطر على الصحة النفسية يمكن معالجته أو التخفيف من حدته من خلال تطوير برامج تربوية نفسية تغطي البيئة الأسرية، البيئة المدرسية والمجتمع ككل.

الخلاصة:

خلصت الدراسة إلى أن عوامل الخطر المرتبطة بالصحة النفسية في قطاع غزة تتماشى مع عوامل الخطر العالمية. يمكن تجنب بعض هذه العوامل من خلال بناء برامج تعليمية ونفسية تربوية لمعالجتها وبالتالي المساعدة في منع أو تخفيف آثارها على الصحة النفسية.

التوصيات:

من المهم أن تقوم وزارة الصحة بتنفيذ أنشطة تهدف إلى زيادة الوصول إلى اضطرابات الصحة النفسية ، بما في ذلك توسيع نطاق تقديم الخدمة لتغطية مراكز رعاية صحية أولية إضافية وعدم الاقتصار على العيادات الحالية ، وتنفيذ جلسات توعية تمكن الأسرة من الاستفادة من خدمات الصحة النفسية والتغلب على وصمة العار الاجتماعية ، وإجراء المزيد من البرامج التدريبية لمقدمي خدمات الرعاية الصحية حول التحديد المبكر لمشاكل الصحة النفسية ، وإجراء برامج مسح للتعرف المبكر على مشاكل الصحة النفسية والسلوكية لأولئك الذين لديهم عوامل لخطر مرتفعة لتطوير اضطرابات نفسية . كما يوصى بأن تنفذ وزارة الصحة برامج تثقيفية مشتركة مع وزارة التربية والتعليم بهدف توعية العاملين بالمدرسة بأهمية وجود بيئة مدرسية صحية. أخيرًا ، يوصى أيضًا بتطوير وتنفيذ خدمات تربوية لمقدمي الخدمات وأفراد المجتمع وخاصة الآباء حول التأثير طويل المدى لصدمات الطفولة المبكرة وإساءة معاملة الأطفال.