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I commend the Editors of *The Lancet* for publishing "An open letter for the people in Gaza" by Paola Manduca and colleagues.[1] Israel's presentation of its disproportionate and indiscriminate use of force as a form of self-defence is insulting to Palestinian dignity and medical ethics. In Israel and the USA, the repetition of messages dehumanising Palestinians, the misrepresentation of the humanitarian and political situation in the occupied Palestinian territories, and the trivialisation of such violence as a spectator sport represent a further corrosion of our human decency and moral core. In 1967, philosopher Hebert Marcuse described this corrosion as a "psychological habituation of war" in which a society largely protected from the actuality of war comes to see mass slaughter as a mundane event like the weather, stock market, or sports report.[2] Such wilful acts of violence and callousness to human suffering will not easily be forgiven, nor will it be easy to forgive ourselves.

I declare no competing interests.

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Improving mental health is key to reduce violence in Israel and Gaza

The prolonged and complex Israeli–Palestinian conflict profoundly affects the health and wellbeing of both Palestinians and Israelis.[1] The present escalation between Hamas and Israel follows a well-worn pattern of confrontation. Superior Israeli military force means that Palestinians have more physical casualties. On both sides, however, many civilians are exposed to conflict-related stressors, and neither Israelis nor Palestinians are immune to their mental or physical health consequences.

Palestinian and Israeli civilians exposed to political violence in the present conflict are at heightened risk for post-traumatic stress disorder (PTSD) and major depression, two commonly occurring mental disorders following exposure to political violence. According to the Global Burden of Disease,[2] depression ranks among the top five causes of disability in the occupied Palestinian territory. We estimated the expected population prevalence of post-conflict PTSD and major depression to be at least 10% for Israeli Jews, 25% for Israeli Palestinians, and close to 30% for Palestinians in the West Bank and Gaza.[3,4] Evidence suggests that Palestinian resilience has been especially eroded by recurrent exposure to violence, heavy losses, and insufficient resources.[4]

Prolonged exposure to political violence has consequences beyond the individual level. Specifically, concomitant psychological distress and sense of threat play an important part in modifying attitudes of Palestinians and Israelis towards peace. Psychological distress is associated with reduced willingness to support political compromise and peace negotiations. PTSD symptoms increase the perceived threat posed by the other side, leading to a hardening of political attitudes.[5] Exposure to rocket fire, bombs, terrorism, or air strikes boosts intransigence and support for further violence.[5] Therefore, promotion of the mental health of both Palestinians and Israelis is essential in laying the groundwork for peace.

Our research in the past decade suggests that mental health is a key contributor to many of the underlying attitudes that perpetuate the continued cycle of hatred and aggression between Israelis and Palestinians. The dearth of available psychological support services in Gaza is not only a humanitarian problem, but also a barrier to progress towards reconciliation. The present escalation emphasises the crucial need for comprehensive interventions that bolster coping, mitigate loss of social and economic resources, reduce threat perceptions, and ameliorate mental disorders. No intervention will be as momentous as peace, but mental health provision that improves resilience and limits psychological distress might help to soften many of the underlying attitudes that perpetuate hatred and aggression.

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Syrian crisis and mental health system reform in Lebanon

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No numbers, no percentages can convey the tragedies lived by the people fleeing the war in Syria, the excessive violence witnessed and experienced by children, the crushed hopes of families to be reunited, or the feelings of helplessness overwhelming those involved in the response.

More than 3 years after the start of the war in Syria, more than 1 million registered refugees in Lebanon, thousands of Palestinian refugees and Lebanese returnees from Syria; and there is still no solution for the Syrian crisis in sight.

Lebanon has a population of about 4 350 000, including 400 000 Palestinian refugees, was ravaged by a violent civil war between 1975 and 1990; yet Lebanon is now trying to cope with more than 1 million Syrian refugees.

In the midst of this straining situation, the Lebanese health system has shown a tremendous resilience. Although UN agencies, international non-governmental organisations, and local agencies are providing assistance for a range of health services, the needs of the Syrian refugees are far from being met. The Lebanese Ministry of Public Health (MOPH) had to allocate funds to cover Syrians with life-threatening disorders. Public hospitals are under great pressure and are increasingly in shortage of financing, medication, and human resources. On the other hand, and despite all the risks of epidemics, the MOPH was able to prevent substantial outbreaks and to keep Lebanon polio free.

In December, 2013, the UN High Commissioner for Refugees report[1] on mental health and psychosocial service assessment for Syrian refugees in Lebanon highlighted the need for a coordination mechanism. As a result, a Mental Health and Psycho-Social Support (MHPSS) task force chaired by the MOPH, cochaired by UNICEF and WHO, and including all actors involved in MHPSS services was established with clear objectives to mainstream an MHPSS approach in all sectors (education, protection, water sanitation and hygiene, shelter, etc) and harmonise services at the different levels of the Inter Agency Standing Committee in a culturally sensitive manner, using and adapting international methods and guidelines.

Building on the support provided by International Medical Corps, WHO, and UNICEF, the MOPH has also created a national mental health programme to reform the mental health system in the country (service organisation, legislation, and financing). A national consensus on a mental health strategy will be discussed in November, 2014.

Much remains to be done in the health sector and for people suffering from mental disorder. However, turning adversity into positive change, Lebanon provides here a promising example. Humbly, we acknowledge that addressing the plight of Syrian refugees is beyond scaling up of services for MHPSS. The major determinants for health are outside the realm of health: war, conflict, education, and social justice to say the least. We call on the international community to support host countries, and more importantly to help to resolve this crisis so that each and every refugee can regain their security, safety, and dignity by returning home.

We declare no competing interests.

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Department of Error

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Stender J, Gosseries O, Bruno M-A, et al. Diagnostic precision of PET imaging and functional MRI in disorders of consciousness: a clinical validation study. Lancet *2014;* ***384:*** *514–22*—In the summary of this Article, 13 of 41 behaviourally unresponsive patients showed brain activity compatible with (minimal) consciousness. This correction has been made to the online version as of Aug 8, 2014, and to the printed Article.