

Life in the camps: An examination of mental health and life orientation of Palestinian refugees in the Occupied Palestinian Territories

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ABSTRACT

Objective: This study aimed to examine the relationship between mental health and life orientation among Palestinian refugees in the Occupied Territories, focusing on their psychological well-being and outlook on life. **Method:** A quantitative approach was employed, utilizing the General Health Questionnaire (GHQ-28), the Life Orientation Test revised, and sociodemographic data collected from 125 refugees living in United Nations Relief and Works Agency facilities. **Results:** The findings revealed that 64.8% of participants experienced moderate to severe mental health issues, such as depression and anxiety, while 58.9% exhibited a pessimistic life orientation, reflecting a lack of hope for the future. Additionally, 90.4% reported exposure to violence, highlighting the profound impact of conflict on their well-being. Income and age were identified as significant predictors of mental health outcomes. **Conclusions:** The study underscores the urgent need for targeted interventions to address mental health disparities, enhance resilience, and improve the quality of life for this vulnerable population.

Keywords: Life orientation; mental health; refugee; psychological well-being; GHQ-28.

Vida en los campamentos: Un examen de la salud mental y la orientación vital de los refugiados palestinos en los Territorios Palestinos Ocupados

RESUMEN

Objetivo: Este estudio examinó la relación entre la salud mental y la orientación vital en refugiados palestinos de los Territorios Ocupados, centrándose en su bienestar psicológico y perspectiva de vida. **Método:** Se empleó un enfoque cuantitativo con 125 refugiados en instalaciones de la Agencia de Naciones Unidas, utilizando el Cuestionario de Salud General 28, el Test de Orientación Vital revisado y datos sociodemográficos. **Resultados:** El 64.8% presentó problemas de salud mental moderados a graves como depresión y ansiedad, y el 58.9% mostró una orientación vital pesimista, reflejando falta de esperanza. El 90.4% reportó exposición a violencia, destacando el impacto del conflicto. Ingreso y edad fueron predictores significativos de salud mental. **Conclusiones:** Los hallazgos subrayan la necesidad urgente de intervenciones dirigidas para abordar disparidades en salud mental, fortalecer la resiliencia y mejorar la calidad de vida de esta población vulnerable.

Palabras clave: Orientación vital; salud mental; refugiado; bienestar psicológico; GHQ-28.

Introduction

Refugee mental health is a growing global concern, especially in regions experiencing prolonged political

conflict. Among these, the Occupied Palestinian Territories (OPT) —comprising the West Bank and Gaza Strip— are home to hundreds of thousands of Palestinian refugees living in overcrowded camps under Israeli occupation since 1967 (Moreno, 2020). These communities endure harsh conditions marked by restricted movement, economic instability, chronic unemployment, and inadequate access to healthcare and psychosocial services. Such structural stressors contribute to increased psychological distress and poor mental health outcomes (Carlsson et al., 2006;

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Giacaman et al., 2007; Giacaman et al., 2009; Guttmann-Steinmetz et al., 2011; Khamaysa, 2022; Spellings, 2014). Palestinian refugees have been exposed to multiple layers of trauma, including forced displacement, systemic violence, loss of family members, and political instability. These conditions —compounded by overcrowding, poverty, and the absence of mental health support— create an environment where depression, anxiety, and stress are common (Al-Khatib, 2003; Banat, 2014; Khamaysa, 2022). Girls report higher depressive symptoms than boys (Giacaman et al., 2007), and rates of suicidal ideation among Palestinian youth are among the highest in the region (Itani et al., 2017). Mental health services remain largely unavailable or inaccessible to those living in refugee camps (McKell et al., 2015; Reed et al., 2012).

In response to these conditions, the psychological construct of life orientation (LO) offers a useful framework for understanding how individuals perceive and cope with adversity. LO refers to generalized expectations about life outcomes and future events, typically framed as optimism versus pessimism (Scheier & Carver, 1985; 1987). This construct has been linked to resilience, coping strategies, health behaviors, and mental health outcomes (Boehm & Kubzansky, 2012; Carver et al., 2010; Giltay et al., 2007). Optimism is associated with better psychological and physical health, while pessimism is linked to negative outcomes such as anxiety, depression, and lower social functioning (Kim et al., 2014; Vollmann et al., 2011). Although various studies have explored the relationship between optimism and health in general populations, fewer have examined this relationship among refugees, particularly those living under occupation (Aslam, 2010; Kim et al., 2014). Emotional and cognitive factors, such as LO, influence how people manage stress and interpret traumatic experiences. Refugees with a positive outlook may be more likely to adopt effective coping mechanisms, while those with a pessimistic orientation may struggle with adaptation and resilience (Antonovsky, 1979; Felton et al., 2003; Louw et al., 2012; Manzini, 2012). Religion and culture also play a key role in shaping LO. In Muslim communities, including among Palestinian refugees, religious practices are frequently used to cope with trauma, providing meaning, hope, and stress relief (Buch, 2008; Khamaysa, 2012; Nashwan et al., 2022).

Despite the relevance of LO to refugee well-being, its relationship with mental health has received limited empirical attention in the Palestinian context. Most existing studies have focused on the clinical or structural aspects of illness (Gottdiener et al., 2000) or have examined health outcomes in relation to political violence, but without incorporating LO as a mediating or moderating factor (Hammoudeh et al., 2013; Sabin et

al., 2003). Furthermore, few studies have accounted for the socio-demographic differences —such as gender, age, or income— that may interact with LO and affect mental health outcomes (Banat, 2019; Khamaysa, 2012, 2015;). This gap in the literature underscores the need for research that investigates how life orientation shapes the mental health of Palestinian refugees. Understanding this relationship may help identify protective factors and inform culturally relevant interventions for this vulnerable population. While the link between life orientation and health is well documented in general populations, the specific mechanisms by which LO influences mental health in politically oppressed refugee communities remain underexplored (Niederkrotenthaler et al., 2020; Porter & Haslam, 2005; Tay & Silove, 2017). Existing research does not adequately address how LO interacts with socio-demographic variables in determining psychological well-being among Palestinian refugees living in camps.

This study aims to fill that gap by systematically examining how optimism, pessimism, income, age, and exposure to violence relate to mental health outcomes in this population. Doing so will offer new insights into both risk and resilience factors, with practical implications for mental health policy and program design in the OPT.

Mental health is deeply connected to people's living conditions and experiences. This is especially true for Palestinian refugees, who have endured long-term displacement and conflict. To properly understand their psychological well-being, we must consider key factors like gender, location, and living environment. Men and women often experience mental health challenges differently because of distinct social roles and pressures. Geographic location also plays a major role - while the West Bank and Gaza Strip are nearby, their differing political and economic situations likely affect residents' mental health in unique ways. Even within these regions, whether someone lives in a village, city, or refugee camp can significantly influence their psychological well-being. By examining these important differences, we can better understand the mental health needs of Palestinian refugees and develop more effective support systems tailored to their specific circumstances (Khamaysa, 2012; Khamaysa, 2022).

This study investigates the relationship between life orientation and mental health among Palestinian refugees in camps within the Occupied Palestinian Territories. It explores how LO, income level, age, and exposure to violence influence psychological outcomes such as depression, anxiety, and social dysfunction. The study is guided by the following hypotheses:

1. A pessimistic life orientation has a significant negative effect on mental health, particularly through hi-

gher levels of depression, anxiety, and social dysfunction.

2. Exposure to violence significantly increases psychological distress and reduces overall well-being.
3. Higher income levels have a significant positive effect on mental health by fostering optimism and resilience.
4. Older age is negatively associated with mental health due to the long-term effects of sustained trauma and displacement.

Methods

Participants

A total of 125 Palestinian refugees participated in the study, comprising 77 men and 48 women. Seven cases with missing data were excluded, resulting in a final

Table 1. Sociodemographic characteristics of study participants ($N = 125$)

Variable	n	%
Age		
25 or less	17	13.6
26–30	13	10.4
31–36	21	16.8
37–40	7	5.6
41–46	9	7.2
47–50	10	8.0
51 or above	48	38.4
Gender		
Male	77	61.6
Female	48	38.4
Region		
Gaza Strip	49	39.2
West Bank	76	60.8
Generation		
First-generation	70	57.4
Second-generation	44	36.1
Third-generation	11	6.5
Education		
Illiterate	15	12.0
Elementary-Preparatory	37	29.6
Secondary	41	32.8
Diploma	12	9.6
BA and Above	20	16.0
Work status		
Employed	54	43.2
Unemployed	71	56.8
Exposure to violence		
Yes	113	90.4
No	12	9.6

sample of individuals aged 25 to 51 years, with an average age of 50 years ($SD = 10.27$). The research focused on individuals residing in housing facilities managed by the United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNRWA) and the Foundation for the Care of the Families of Martyrs and Wounded in Ramallah and Gaza (see Table 1).

Instruments

Sociodemographic variables. Age, gender, region, generations, education, monthly income, work status, and exposure to violence were assessed.

Life Orientation Test-Revised (LOT-R; Scheier et al., 1994). The LOT-R is a self-report scale designed to measure individual differences in optimism and pessimism. The questionnaire consists of 10 items, including four filler items, with responses rated on a five-point Likert scale ranging from 1 “strongly disagree” to 5 “strongly agree”. Higher scores indicate greater optimism. In this study, the original English version of the LOT-R was used for data recording, while items were administered orally in Arabic language to ensure participants’ comprehension. The instrument has demonstrated strong psychometric properties across various cultural contexts and has been widely used in refugee populations. In the current study, reliability analysis showed excellent internal consistency, with Cronbach’s alpha of $\alpha = .98$.

General Health Questionnaire-28 (GHQ-28; Goldberg et al., 1997). The GHQ-28 is a self-assessment tool used to evaluate mental health and psychological distress. It consists of 28 items divided into four subscales: somatic symptoms, anxiety/insomnia, social dysfunction, and severe depression. The questionnaire uses a five-point Likert scale, with responses ranging from 1 “strongly disagree” to 5 “strongly agree”. Higher scores indicate greater psychological distress. For this study, the original English version was retained for data collection, but items were verbally translated into Arabic language during administration to accommodate participants’ language needs. The GHQ-28 has been validated in diverse populations, including refugees, and has demonstrated robust psychometric properties. In the current study, the Cronbach’s alpha coefficient was $\alpha = .95$, indicating excellent reliability.

Procedure

The sample size was determined using an online calculator with a .05 margin of error. The final sample included 125 participants, representing 62.5% of the

target population of 200 Palestinian refugees who had lost family members and were living in refugee camps in the West Bank and Gaza Strip. Participants were recruited through the Foundation for the Care of the Families of Martyrs and Wounded in Ramallah and Gaza, which granted access to potential respondents. Given the hard-to-reach nature of this population, the foundation invited eligible individuals to complete the survey at its facilities. This approach helped facilitate participation. Recruitment included direct invitations and broader community outreach. To support engagement, study coordinators worked closely with facility managers, social workers, and volunteers who had existing relationships with the refugees. The foundation held three weekly meetings, each attended by more than 20 refugees, where participants were invited to complete the survey. Social workers and psychologists were available throughout the process to assist respondents and to provide referrals or information about healthcare services when needed.

Statistical Analyses

The study employed a quantitative approach to analyze the relationship between life orientation and mental health among Palestinian refugees. Descriptive statistics, including means, standard deviations, and frequency distributions, were used to summarize sociodemographic variables and assess the prevalence of mental health conditions. To determine the associations between life orientation and mental health indicators, inferential statistical tests were conducted. Normality of the GHQ-28 subscale scores was assessed using the Kolmogorov-Smirnov test, which indicated that the data were not normally distributed ($p < 0.05$) due to the large sample size. As a result, the Spearman correlation coefficient was used to examine relationships between life orientation scores and the GHQ-28 subscales. In contrast, Pearson's correlation was applied to explore associations between age, income, life orientation, and overall mental health scores, as those variables met the assumptions of normality based on Kolmogorov-Smirnov test results.

Independent t-tests and one-way ANOVA were utilized to identify significant differences in mental health and life orientation across demographic variables such as gender, region, and employment status. Post hoc analyses, including the Tukey test, were performed to detect specific group differences when necessary. To assess predictors of mental health, multiple linear regression analysis was conducted, with life orientation, income, and age as independent variables. The

assumptions of regression analysis, including linearity, normality, and homoscedasticity, were checked before interpretation.

Missing data were handled using imputation techniques when they did not exceed 1% per variable. Cases with more than 10% missing responses were excluded from the analysis. All statistical analyses were conducted using SPSS version 20.

Results

Life orientation and mental health outcomes among Palestinian refugees prevalence of pessimistic outlook

the life orientation of Palestinian refugees, as shown by a sample of 125 participants, was found to be predominantly pessimistic with a mean score of 4.04 ($SD = 0.99$). The results indicated that more than half of the refugees (58.9%) held a pessimistic outlook. The indicators of life orientation were ranked in the following descending order: "I hardly ever expect things to go my way" ($M = 4.49$, $SD = 1.06$); "It is important for me to keep busy" ($M = 4.42$, $SD = 1.09$); "I rarely count on good things happening to me" ($M = 4.42$, $SD = 1.11$); "Things never work out the way I want them to" ($M = 4.41$, $SD = 1.15$); "If something can go wrong for me, it will" ($M = 4.35$, $SD = 1.25$); "I am always optimistic about my future" ($M = 4.25$, $SD = 1.29$); "I always look on the bright side of things" ($M = 4.07$, $SD = 1.29$); "I believe in the idea that every cloud has a silver lining" ($M = 4.04$, $SD = 1.49$); "In uncertain times, I usually expect the best" ($M = 3.75$, $SD = 1.49$); "I don't get upset too easily" ($M = 3.50$, $SD = 1.64$).

Demographic variations in life orientation

The study examined the influence of demographic variables on life orientation among Palestinian refugees. While no significant differences were found for age or household members, variables such as gender, employment status, Nakba generation, and region showed notable effects. Females reported higher life orientation scores than males, and unemployed participants scored higher than employed ones. Geographically, refugees in the Gaza Strip had higher scores than those in West Bank camps. First-generation refugees exhibited stronger life orientation than second-generation refugees. Additionally, education level and religious practice intensity also influenced scores, with higher-educated and moderately religious individuals scoring highest (see Table 2).

Table 2. Demographic Differences in Life Orientation Scores (N = 125)

Variable	M	SD	t	p-value
Gender			-2.13	0.04
Female	4.43	0.71		
Male	4.13	0.87		
Employment Status			4.4	0.00
Unemployed	4.42	0.76		
Employed	4.11	0.84		
Region			5.16	0.00
Gaza Strip (Camps)	4.65	0.60		
West Bank (Camps)	3.98	0.84		
Nakba Generation			4.45	0.00
First-generation	4.33	0.81		
Second-generation	4.13	0.83		
Education Level			7.12	0.00
Higher-educated	4.55	0.79		
Less-educated	4.50	0.82		
Religious Practice			33.87	0.00
Moderate	4.89	0.66		
Devout	4.84	0.70		

Mental Health Morbidity Findings

The cutoff points for the GHQ-28 were set at 4/5 points, established to ensure the highest level of sensitivity and specificity at no less than 60%. This threshold was critical because accepting a lower level of specificity would have placed a significant burden on medical providers, UNRWA, and the Palestinian Ministry of Health, requiring them to allocate extensive resources to treat refugees and address the widespread effects of depression, anxiety, insomnia, somatic symptoms, and social dysfunction. The results of

the assessment revealed that a large portion of respondents (64.8%) scored above the cutoff point, indicating mental health morbidity and necessitating further examination. In contrast, the remaining respondents did not meet the criteria for significant mental health issues. Specifically, there were 81 cases of mental health morbidity, representing 64.8% of the total sample. These individuals were identified as having mental health issues based on the GHQ-28 assessment. On the other hand, 44 cases (35.2%) were classified as non-mental health morbidity, meaning these individuals did not exhibit significant mental health issues according to the same assessment.

The study revealed significant differences in GHQ-28 and its subscales, as well as other demographic variables like gender and region of refugees. Results were analyzed using Independent t-test. The findings indicated that Palestinian refugees experienced high levels of social dysfunction ($M = 3.71$, $SD = 0.78$), moderate levels of severe depression ($M = 3.46$, $SD = 0.89$), moderate levels of somatization symptoms ($M = 3.31$, $SD = 0.95$), and moderate levels of anxiety and insomnia ($M = 2.84$, $SD = 1.11$). The overall mental health of the sample of 125 Palestinian refugees was moderate ($M = 3.33$, $SD = 0.81$). The analysis revealed significant differences in mental health outcomes (measured by GHQ-28 and its subscales) based on gender, region (West Bank vs. Gaza Strip), and place of residence (village, city, camp; see Table 3).

Gender differences: Men reported significantly higher psychological distress compared to women ($p = 0.003$), with this pattern consistent across all GHQ-28 subscales. Social dysfunction showed the most pronounced gender disparity ($p < 0.001$).

Regional and residential disparities: Refugees in the Gaza Strip exhibited worse mental health outcomes than

Table 3. Differences in mean and standard deviation of GHQ-28 with subscales, gender and region

	Gender	N	Mean	SD	Mean differences	t	p		Region	N	Mean	SD	Mean differences	t	p
ANX-I	M	77	3.00	1.04	0.42	2.05	0.003	GS	49	3.56	0.92	1.19	6.931	0.000	
	F	48	2.57	1.18					WB	76	2.37	0.97	1.19		
SOM-S	M	77	3.56	0.85	0.65	3.81	0.000	GS	49	3.65	0.78	0.55	3.473	0.001	
	F	48	2.90	0.98					WB	76	3.09	0.99	0.55		
SOC-D	M	77	3.79	0.69	0.18	1.24	0.000	GS	49	4.02	0.70	0.50	3.784	0.000	
	F	48	3.60	0.89					WB	76	3.51	0.76	0.50		
SEV-D	M	77	3.64	0.85	0.46	2.89	0.004	GS	49	3.81	0.72	0.57	3.893	0.000	
	F	48	3.17	0.88					WB	76	3.23	0.92	0.57		
Total GHQ	M	77	3.50	0.72	0.43	2.86	0.003	GS	49	3.76	0.64	0.70	5.483	0.000	
	F	48	3.06	0.88					WB	76	3.05	0.79	0.70		

Note. M: Males; F: Females; GS: Gaza Strip/ WB: West Ban; ANX-I: Anxiety and Insomnia; SOM-S: Somatic Symptoms; SOC-D: Social Dysfunction; SEV-D: Severe Depression; GHQ-28: General Health Questionnaire-28

those in the West Bank ($p < 0.001$). Camp residents had the highest GHQ-28 scores, followed by village and city dwellers, with significant differences across groups.

Exposure to Violence: The higher psychological distress among men (90% violence exposure vs. 85% for women) and Gaza refugees (98% exposure) suggests a potential link between trauma and mental health disparities. Camp residents, who reported the highest violence exposure (95%), also had the poorest mental health outcomes.

A deeper analysis was conducted to assess the relationship between life orientation and mental health. The results showed that life orientation significantly impacted all of the mental health sub-scales ($p < 0.05$), with a positive correlation. In other words, a lower life orientation, or a greater inclination towards pessimism, was associated with a higher level of mental health problems, as depicted in Table 4.

Table 4. Spearman's correlations between GHQ-28 subscales and LOT-R (N= 125)

GHQ-28	<i>r</i>
Anxiety and insomnia	.888***
Somatic symptoms	.853***
Social dysfunction	.807***
Severe depression	.873***
Total GHQ score	.802***

Note. GHQ-28: General Health Questionnaire-28; LOT-R: Life Orientation Test-Revised. Correlation strength was interpreted (moderate and severe). $p < .001$ indicates statistical significance. All correlations were positive, reflecting consistent directional relationships between higher GHQ-28 scores (greater distress) and LOT-R scores.

*** $p < .001$.

The findings of this study reveal significant relationships between income, age, life orientation, and mental health among Palestinian refugees. The Pearson correlation analysis demonstrated a strong negative correlation between income and both LOT-R and GHQ-28 scores. Specifically, as monthly income increased, levels of pessimism decreased, and mental health outcomes improved (see Table 5).

Discussion

This study aims to examine how life orientation relates to mental health among Palestinian refugees living in camps across the OPT. It focuses on how factors like age, income, and exposure to violence interact with life orientation to influence levels of depression, anxiety, and

Table 5. Pearson's correlation coefficients for income, age, LOT-R, and GHQ total scores (N = 125)

Scales		<i>r</i>	<i>p</i>
LOT-R total score	Income	-.281**	.001
	Age	.760**	.000
GHQ total score	Income	-.603**	.000
	Age	.237**	.000

Note. LOT-R: Life Orientation Test-Revised; GHQ: General Health Questionnaire. ** indicates significance at $p < .01$ (two-tailed). Correlation strength guidelines: $|\ast r\ast| \geq .50$: strong; $.30 \leq |\ast r\ast| < .50$: moderate; $|\ast r\ast| < .30$: weak

social dysfunction. The findings of this study reveal a high prevalence of mental health issues among Palestinian refugees, with 64.8% of participants experiencing moderate to severe symptoms, including social dysfunction, depression, somatic complaints, anxiety, and insomnia. These results are consistent with previous research, such as the study by Thabet et al. (2018), which found elevated levels of anxiety among university students in the West Bank. However, our study extends these findings by highlighting the role of life orientation as a significant predictor of mental health outcomes. Specifically, we found that a pessimistic life orientation was strongly associated with higher levels of mental health morbidity, particularly among refugees with lower income and older age. In contrast to the study by Leiler et al. (2019), which reported high levels of depression and anxiety among refugees in Sweden, our findings indicate that the socio-political context of the OPT exacerbates mental health challenges. For instance, the high levels of social dysfunction observed in our study may be attributed to the chronic stressors associated with living in refugee camps, such as overcrowding and limited access to resources. This aligns with the findings of Massad et al. (2011), who identified factors such as exposure to violence and lack of basic resources as key contributors to poor mental health among Palestinian refugees.

The current study also found that income and age were significantly associated with both life orientation and mental health outcomes. This is consistent with the findings of Aghaei et al. (2013), who reported a strong correlation between life orientation, income, and mental health. However, our study adds to this literature by demonstrating that these relationships are particularly pronounced in the context of refugee camps, where economic instability and limited access to healthcare further compound mental health challenges.

The interplay between socioeconomic factors, life perspective, and psychological well-being in displaced

populations has long been a focus of humanitarian research. In the context of Palestinian refugees, existing literature consistently highlights how financial stability serves as both a protective factor and a potential source of resilience. When individuals can meet basic needs, it creates space for more positive outlooks and buffers against mental health deterioration—a pattern observed across multiple refugee studies (Aghaei et al., 2013; Banat, 2019). Conversely, the chronic stress of poverty often creates a cyclical relationship where material deprivation and psychological distress reinforce one another. The temporal dimension of refugee experiences also warrants attention. As displacement becomes protracted, the compounding effects of trauma, economic stagnation, and institutionalized uncertainty appear to reshape how individuals perceive their futures. Earlier work in similar settings (Khamaysa, 2022; Panter-Brick et al., 2009) has noted this gradual erosion of optimism, where years of restricted agency and unmet aspirations can alter fundamental attitudes toward life. These observations underscore the importance of considering both immediate needs and long-term psychosocial support in humanitarian interventions. What emerges from these patterns is a clear indication that mental health support for refugees cannot be divorced from broader efforts to improve economic security and address the unique challenges of aging in displacement. The connections between these factors suggest that holistic approaches—those addressing material conditions while simultaneously nurturing psychological resilience—may be most effective in promoting sustainable well-being.

The study also highlights the interplay between socio-demographic factors and mental health. For instance, the challenging political and economic environment in the Occupied Palestinian Territories severely limits refugees' ability to secure meaningful employment, contributing to psychological and physical stress. This is consistent with findings by Banat (2019), who noted that Palestinian refugees in camps have lower levels of life orientation compared to urban and rural populations. Additionally, the burden of family responsibilities, particularly for those with children, further compounds the stress experienced by refugees, reducing their resilience and stability (Banat, 2019). Poor housing conditions in refugee camps, characterized by overcrowding and inadequate infrastructure, have also been linked to increased illness and mental health issues (Habib et al., 2006).

These findings have important implications for policymakers, aid organizations, and health practitioners. The strong relationship between income, age, and mental health underscores the need for interventions

that address both the economic and psychological needs of Palestinian refugees (Giacaman et al., 2009). For example, programs aimed at improving access to stable employment, education, and healthcare could help alleviate some of the socio-economic stressors that contribute to poor mental health (Eloul et al., 2009). Additionally, mental health services should be tailored to address the unique challenges faced by older refugees, who are particularly vulnerable to pessimism and mental health deterioration (Kirmayer et al., 2011). Furthermore, the study highlights the importance of fostering a more optimistic life orientation among refugees. Interventions that promote resilience, coping strategies, and community support could help mitigate the negative effects of displacement and improve overall well-being (Tol et al., 2011). For instance, counseling services, community-based mental health programs, and initiatives that strengthen social networks could play a crucial role in enhancing life orientation and mental health outcomes (Betancourt & Khan, 2008).

This study provides valuable insights into the factors influencing life orientation and mental health among Palestinian refugees. By addressing the socio-economic and psychological challenges faced by this population, policymakers and humanitarian organizations can develop more effective strategies to improve their quality of life. Future research should explore the long-term impact of interventions aimed at fostering optimism and resilience, as well as the role of cultural and religious practices in shaping life orientation and mental health outcomes.

While this study offers valuable insights, it is not without its limitations. Although the quantitative approach is effective for identifying patterns and correlations and establishing relationships between life orientation and mental health, it does not delve deeply into the complexities of refugee experiences. To address this, future research should adopt mixed methods designs, integrating quantitative with qualitative approaches. This would not only help uncover the temporal dynamics of these variables but also provide deeper, more nuanced narratives of refugees' lived experiences. Additionally, the study's sample was confined to refugees living in UNRWA facilities, which may not fully capture the diversity of the broader Palestinian refugee population. Expanding the sample to include refugees from various settings—such as urban areas or diaspora communities—could yield a more comprehensive understanding of the challenges they face and the resilience factors that sustain them. Further research should also explore the role of cultural and religious practices in shaping life orientation and mental health. While this study found

that moderate religious practices were associated with higher life orientation scores, more in-depth qualitative research could elucidate how cultural and religious beliefs influence coping mechanisms and resilience among refugees. Comparative studies across different refugee populations could also help identify universal and context-specific factors that contribute to mental health and life orientation.

In conclusion this study examined the life orientation and mental health status of Palestinian refugees, revealing significant challenges. The findings indicate that participants generally exhibited a pessimistic outlook, with many expressing low expectations and a lack of optimism about the future. This pessimism was particularly evident among those facing severe socio-economic hardships, such as unemployment, poverty, and limited access to resources, which are exacerbated by the ongoing Israeli occupation (Giacaman et al., 2007; Khamaysa, 2022). The study also identified key demographic factors influencing life orientation, including gender, employment status, region of residence, generation (Nakba generation), education level, and religious practices. For instance, higher life orientation scores were observed among female participants, the unemployed, residents of the Gaza Strip, first-generation refugees, individuals with higher education, and those with moderate religious practices. These findings highlight the complex interplay of socio-demographic factors in shaping the perspectives of Palestinian refugees (Banat, 2019; Massad et al., 2011). The mental health assessment using the GHQ-28 revealed a high prevalence of mental health issues, with nearly two-thirds of respondents scoring above the cutoff points, indicating significant mental health morbidity. This underscores the urgent need for targeted interventions to address mental health concerns such as depression, anxiety, insomnia, somatic symptoms, and social dysfunction (Goldberg et al., 1997; Leiler et al., 2019). Collaborative efforts between policymakers, humanitarian organizations, and mental health professionals are essential to develop effective support systems that address the specific needs of Palestinian refugees (United Nations Relief and Works Agency for Palestine Refugees in the Near East, 2020).

Finally, this study offers valuable insights into the connection between life orientation and mental health among Palestinian refugees, highlighting the importance of interventions that build resilience and enhance coping strategies. Future research should investigate how long-term exposure to violence affects life orientation and mental health outcomes, as well as assess the effectiveness of interventions aimed at

fostering optimism and improving the quality of life for this vulnerable population (Aghaei et al., 2013; Scheier & Carver, 1985).

Conflicts of interest

The author has no conflicts of interest to disclose.

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