

The Understudied Mental Health Crisis of Civilians Living in Active Conflict

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War generates an enormous scientific literature, and for reasons that are easy to understand, much of it has been built around soldiers. That work has given clinicians tools that matter. Yet, most people living inside an active conflict zone were never in uniform. Their experience during and after the fighting has drawn far less study, and the systems meant to reach them were often shaped around a different population living under different conditions. Both deserve careful attention. The civilian side has simply waited longer for it.

The numbers make the disparity difficult to ignore. Meta-analyses of populations affected by armed conflict found anxiety affecting approximately 38.6% of civilians compared to just 16.2% of military personnel (Lim et al., 2022). Depression follows an almost identical gradient, with a prevalence of approximately 34.7% in civilians versus 21.1% in military groups (Lim et al., 2022). Carpiello (2023) reviewed multiple systematic reviews and reached the same conclusion, reporting that depression, anxiety, and posttraumatic stress disorder (PTSD) are substantially more common in civilians than in soldiers, with the gap most pronounced for anxiety and depression. Soldiers often have training, structure, institutional support, and unit cohesion. Civilians often face sudden, uncontrolled danger, and the prevalence rates reflect that asymmetry (Carpiello, 2023; Lim et al., 2022).

Israel, since October 7, 2023, offers one recent illustration of what sustained, multi-front civilian targeting does to a population's mental health. Following the Hamas-led attacks of October 7th, Israeli civilians faced bombardment from Gaza by Hamas and other Palestinian

militant groups, from Lebanon by Hezbollah, and from Yemen by the Houthis over successive months. Then, on the night of April 13-14, 2024, Iran launched what has been widely documented as the largest direct ballistic missile and drone attack ever carried out against a single country in one night, with civilian homes and residential areas among those struck and exposed to blast forces (Malik et al., 2025; Neria et al., 2025). Civilians in targeted areas experienced blast exposure through primary overpressure waves, flying debris, and structural collapse, without protective gear, without military training, and without the institutional buffers separating soldiers from the raw physics of an explosion (Colamaria et al., 2022; Hicks et al., 2010; Risdall & Menon, 2011).

The psychological consequences were measured prospectively. A national cohort study found probable PTSD rose from 16% to 30%, anxiety from 25% to 43%, and depression from 31% to 45% within just five to six weeks after October 7th (Levi-Belz et al., 2024). A follow-up survey conducted approximately four months into the war found that 50% of respondents were in the clinical range for anxiety, 47% for depression, and 34% for PTSD, with two-thirds meeting clinical thresholds for at least one disorder (Peleg & Gendelman, 2025). Longitudinal data also showed persistently elevated symptoms among civilians, particularly among those experiencing traumatic loss, displacement, or income loss (Amsalem et al., 2025; Haim-Nachum et al., 2025).

The research gap becomes especially consequential when blast exposure is examined directly. Most detailed epidemiology and care systems for blast injury come from military cohorts, and civilian blast traumatic brain injury etiology and prognosis remain markedly understudied (Colamaria et al., 2022; Hicks et al., 2010; Saar-Ashkenazy et al., 2023). Even exposures classified as mild can cause diffuse axonal injury, blood-brain barrier disruption, and

neuroinflammation without visible changes on standard imaging (MacDonald et al., 2013; Rosenfeld et al., 2013; Rubovitch et al., 2011). Saar-Ashkenazy et al. (2023) studied civilian survivors of urban missile attacks and found elevated post-concussion and PTSD symptoms alongside white-matter hypoconnectivity on diffusion imaging in people whose routine cognitive testing appeared largely normal. The structural burden of blast injury exists well before its clinical recognition, and in civilian populations, it is frequently never recognized (Colamaria et al., 2022; Saar-Ashkenazy et al., 2023).

Vulnerability inside conflict zones is not randomly distributed. Women, adults ages 10-35 years old, displaced people, those economically deprived, and those with poor social support consistently emerge as higher-risk groups across multiple conflicts (Ahmed et al., 2024; Carpinello, 2023; Lim et al., 2022). In Israel specifically, ethnic minorities, including Israeli Arabs and Bedouin populations, reported higher anxiety, depression, and PTSD, linked to structural inequities in protection such as fewer shelters and less reliable warning systems (Mayer et al., 2024; Palmieri et al., 2008; Shvartsur & Savitsky, 2024). Bereaved civilians also showed high and non-declining rates of PTSD, depression, and anxiety up to nine months after October 7th (Levi-Belz et al., 2025). War-related sleep disruption was marked by rises in insomnia and medication use that persisted six months into the conflict (Zak et al., 2025). Economic hardship, moral injury, and ongoing exposure to rockets and media war coverage were strong independent predictors of worsening symptoms over time (Amsalem et al., 2025; Haim-Nachum et al., 2025; Shvartsur & Savitsky, 2024). Globally, this risk does not dissolve when active fighting ends. Bosnian civilians followed eleven years after the Balkan Wars of the 1990s, for instance, showed sustained high distress (Comtesse et al., 2019), and World War II civilian survivors also

retained elevated lifetime risk for depression and anxiety decades later (Frounfelker et al., 2018).

The civilian toll of armed conflict is not a secondary story to the military one. Civilians consistently show higher rates of anxiety and depression than combatants (Carpiniello, 2023; Lim et al., 2022). Their blast-related brain injuries go undetected because the screening tools were built for military populations (Hicks et al., 2010; Saar-Ashkenazy et al., 2023). Israel since October 7, 2023, has provided a real-time, prospectively measured case study of what multi-front civilian bombardment does to a civilian population, and the answer is documented clearly across multiple independent studies (Amsalem et al., 2025; Levi-Belz et al., 2024; Neria et al., 2025; Peleg & Gendelman, 2025). While researchers have successfully mapped this vulnerability, the next step requires an urgent, cross-sector realignment of our response systems—shifting from a combatant-centric model to one that prioritizes civilian neurological and psychological recovery.

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