DOI:

A Systematic Review of Mental Health and Psychosocial Support (MHPSS) Services of the Iranian Red Crescent Society in Response to the 12-Day War of 2025

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Received:25 Apr.2026 ***Accepted: 25 Jul.2026***

Review Article

Abstract

INTRODUCTION: The 12-day war of 2025 generated widespread psychosocial disruptions and placed considerable pressure on humanitarian response systems, particularly the Iranian Red Crescent Society (IRCS). Despite the critical role of Mental Health and Psychosocial Support (MHPSS) interventions in short-term crises, systematic evaluations of the performance and challenges of these services remain limited. This study aimed to systematically review the available evidence, assess reported outcomes of MHPSS interventions, and identify implementation challenges.

METHODS: This systematic review was conducted in accordance with the PRISMA guidelines. Searches were performed in Persian databases (SID, Magiran, Noormags, and Civilica) and international databases (Web of Science, Scopus, PubMed, ScienceDirect, and Springer) from December 2025 to March 2026. Among 523 identified records, 22 studies were included in the final analysis after screening and quality appraisal.

FINDINGS: The findings from the 22 included studies showed that MHPSS services were predominantly multi-level, multidimensional, and community-based, focusing on immediate support, short-term counseling, coping skills training, play therapy, and responder support. Multidimensional interventions were associated with reduced anxiety and improved resilience in 68% of studies, while 55% highlighted coping skills training for stress management and improved coping. Children, adolescents, and relief workers were frequently identified as vulnerable groups. Major challenges included human and financial resource limitations (77%), weak inter-organizational coordination (59%), limited access to specialized services (50%), and insufficient long-term monitoring and evaluation systems (45%).

CONCLUSION: The reviewed evidence suggests that multidimensional and community-based MHPSS interventions may contribute to reducing acute psychosocial consequences and strengthening resilience in short-term crises. However, resource limitations, coordination gaps, and insufficient long-term monitoring and evaluation may constrain the sustainability of these benefits. Developing a unified national MHPSS framework, strengthening specialized training, and establishing robust monitoring and evaluation systems may improve preparedness and continuity of psychosocial support in future crises.

Keywords: Mental health; Psychosocial support; Red Crescent Society; Short-term crisis; 12-day War; Relief workers.

How to cite this article. Khalili Dehkalbali H. **A Systematic Review of Mental Health and Psychosocial Support (MHPSS) Services of the Iranian Red Crescent Society in Response to the 12-Day War of 2025.** J Rescue Relief 2026; 18(2):120-126.

Introduction

Wars and armed conflicts represent some of the most complex humanitarian crises, causing not only extensive physical and economic consequences but also profound and sometimes long-lasting impacts on mental health, social cohesion, and the daily functioning of affected communities. Research evidence indicates that exposure to war-related events—particularly under conditions of uncertainty and persistent

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threat—is associated with increased prevalence of psychological disorders such as anxiety, depression, and post-traumatic stress disorder (PTSD), as well as reduced quality of life (1–3). In this context, timely access to supportive services and the quality of psychosocial interventions during the early stages of a crisis play a critical role in mitigating adverse outcomes and facilitating individual and social adaptation.

In response to these needs, Mental Health and Psychosocial Support (MHPSS) services have emerged as a comprehensive framework encompassing a broad range of preventive, supportive, and therapeutic interventions designed to reduce psychological distress, strengthen resilience, and restore social networks (4,5). These services include interventions implemented at multiple levels, ranging from individual-level approaches (such as counseling and coping skills training) to community-based strategies (such as social support and empowerment of vulnerable groups). However, the effectiveness of these interventions depends on various factors, including response speed, cultural adaptation, human resource capacity, and the extent of inter-organizational coordination.

A substantial proportion of the existing literature has focused on MHPSS interventions in prolonged crises or natural disasters, whereas short-term, high-intensity crises—such as limited but acute armed conflicts—have distinct characteristics, including severe time constraints, sudden disruption of infrastructure, and restricted access to services, which may significantly influence intervention patterns and their effectiveness (6–8). Under such circumstances, the need for rapid, flexible, and multi-level interventions becomes particularly critical; however, systematic evidence regarding the performance of humanitarian organizations in responding to these types of crises remains limited and fragmented. Moreover, existing studies often lack consistency in methodology and rarely provide context-specific evaluations of organizational performance in rapid-onset crises.

The event referred to as the “12-day war of 2025” represents an example of a short-term, high-intensity crisis that placed considerable pressure on humanitarian and healthcare response systems, particularly the Iranian Red Crescent Society, and highlighted the importance of immediate MHPSS interventions. During this crisis, the severity of threats, disruption of infrastructure, and continued exposure to unsafe conditions substantially increased the demand for rapid and multi-level psychosocial services. Among affected populations, certain groups—including children and adolescents due to their developmental vulnerabilities, and relief workers due to direct exposure to traumatic situations and occupational stress—were identified as particularly vulnerable (9–12). Therefore, targeted attention to their specific needs represents a fundamental component of effective MHPSS interventions.

Despite the importance of this issue, a systematic and integrated assessment of the effectiveness and challenges of MHPSS services in short-term, high-intensity crises, particularly within the context of the 12-day war of 2025, has not yet been conducted. This knowledge gap highlights the need for studies capable of systematically synthesizing and interpreting available evidence.

This study contributes to the existing literature by providing one of the first integrated assessments of MHPSS performance in a short-term, high-intensity armed conflict, with a specific focus on operational effectiveness and implementation challenges within the IRCS.

Findings from this study may also inform the design of rapid-response MHPSS strategies in similar short-term conflict settings.

Accordingly, the present study aimed to systematically review the existing evidence to evaluate the effectiveness of MHPSS interventions provided by the Iranian Red Crescent Society during the 12-day war of 2025 and to identify the challenges and factors influencing the implementation of these services.

Methods

This study was conducted as a systematic review with an analytical–interpretive approach, aiming to evaluate the effectiveness of Mental Health and Psychosocial Support (MHPSS) interventions in short-term crises and to explain the mechanisms underlying their effects. The study was designed and implemented in accordance with the PRISMA guidelines to ensure transparency, reproducibility, and methodological rigor throughout the research process.

The scope of the review included short-term crises and acute conflicts within the period from January 2024 to December 2025. The search and data extraction processes were conducted from December 2025 to March 2026. To achieve

comprehensive coverage of the available evidence, a systematic search was performed in Persian databases, including SID, Magiran, Noormags, and Civilica, as well as international databases, including Web of Science, Scopus, PubMed, ScienceDirect, and Springer.

The search strategy was developed using specialized Persian and English keywords, including "mental health," "psychosocial support," "MHPSS," "short-term crisis," "conflict," "emergency response," "children," "adolescents," and "relief workers," combined using Boolean operators (AND and OR).

The inclusion criteria consisted of studies that: addressed MHPSS interventions in short-term crises or acute conditions; reported empirical, quasi-experimental, observational data, or documented operational experiences; and demonstrated acceptable methodological quality.

The exclusion criteria included duplicate publications, studies without empirical data, studies outside the predefined time frame, and studies unrelated to the research topic.

The study selection process was conducted in accordance with the PRISMA framework through several stages. During the identification phase, 523 records (including Persian and English sources) were retrieved. After removing duplicate records, the remaining studies underwent the screening process. Subsequently, irrelevant studies were excluded based on title and abstract review, and potentially eligible studies were assessed through full-text evaluation. During the final eligibility assessment, studies were reviewed based on the inclusion criteria and methodological quality, resulting in the inclusion of 22 studies (10 Persian and 12 English studies) in the final synthesis.

The methodological quality of the included studies was assessed using standardized appraisal tools, including the Critical Appraisal Skills Programme (CASP) checklist for qualitative studies and the Joanna Briggs Institute (JBI) tools for quantitative and observational studies. Each study was systematically evaluated based on these tools, and a predefined quality threshold was established for inclusion. Studies with insufficient methodological quality were excluded or, when necessary, considered with lower analytical weight during the interpretation of findings.

The extracted data included study population characteristics, type and level of MHPSS interventions, target groups, intervention settings, effectiveness indicators, and implementation challenges. Evidence synthesis was performed using a directed content analysis approach. In this process, in addition to identifying major themes, comparisons across studies, analysis of conflicting findings, assessment of evidence levels, and identification of potential sources of bias were also considered. Finally, the analytical process was designed to extend beyond a descriptive summary of findings by explaining intervention mechanisms, contextual factors contributing to success or failure, and recurring patterns across different settings. This approach enabled the development of a coherent analytical framework for understanding the effectiveness of MHPSS services in short-term crises.

Table 1. Summary of Findings on MHPSS Services in the 12-Day War

Main Finding Domain	Frequency	Percentage	References
Multidimensional and community-based interventions (reduction of anxiety, enhancement of resilience, and improvement of psychosocial adaptation)	15	68%	(1, 2, 3, 17)
Coping skills training (improved stress management, emotional regulation, and reduced psychological burnout)	12	55%	(7, 8, 15)
Play therapy and child-centered interventions (reduction of PTSD symptoms, anxiety, and behavioral problems)	9	41%	(5, 6, 9)
Psychological support for relief workers (reduction of emotional distress, psychological fatigue, and occupational burnout)	14	64%	(12, 14)
Vulnerability of children and adolescents (anxiety, sleep disturbances, chronic fear, and reduced sense of safety)	11	50%	(4, 11)
Strengthening social support and community participation (enhanced social cohesion and volunteer engagement)	9	41%	(2, 16, 18)
Human and financial resource limitations (shortage of specialists, workload pressure, and budget constraints)	17	77%	(3, 13)
Weak inter-organizational coordination (duplication of efforts, reduced coherence, and delays in service delivery)	13	59%	(7, 8)
Limited access to specialized services (insufficient coverage in crisis-affected and underserved areas)	11	50%	(13)
Lack of long-term monitoring and evaluation systems (weak assessment of effectiveness and service continuity)	10	45%	(15, 17)
Cultural and social adaptation of interventions (increased acceptance and effectiveness of psychological services)	9	41%	(5, 9, 18)

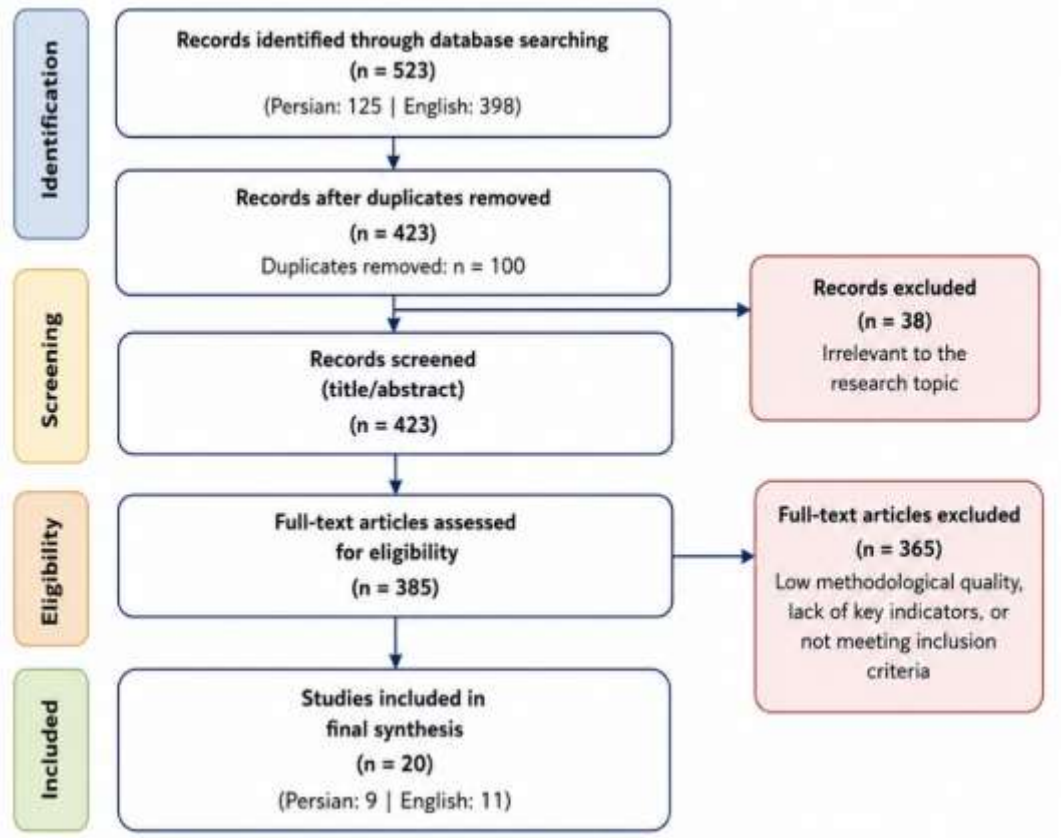

Figure 1. PRISMA flow diagram of study selection process

Findings

The synthesis of evidence from the 22 included studies revealed that Mental Health and Psychosocial Support (MHPSS) services implemented in short-term crises and acute conflicts were predominantly characterized by multi-level, multidimensional, and community-based approaches. The most frequently reported interventions included Psychological First Aid (PFA), social support, short-term counseling, coping skills training, group-based activities, and play therapy. Among the reviewed studies, 15 (68%) reported beneficial effects associated with multidimensional and community-based interventions for reducing crisis-related psychological impacts. These interventions, combining individual support, group interventions, stress management training, and strengthening of social networks, were associated with reduced anxiety symptoms, enhanced psychological safety, and improved resilience among affected populations.

Regarding coping skills training, 12 studies (55%) emphasized the role of emotional regulation training, stress management, and enhancement of coping abilities. These interventions, particularly among relief workers and crisis-affected families, were associated with reduced psychological distress, improved adaptation, and enhanced decision-making capacity under stressful conditions. Overall, training in psychological self-care skills and coping strategies emerged as an important component of psychosocial responses to crises.

Children and adolescents were identified as one of the most vulnerable target groups. In 11 studies (50%), outcomes such as anxiety, sleep disturbances, persistent fear, behavioral problems, and trauma-related symptoms were reported. In addition, 9 studies (41%) reported beneficial outcomes associated with child-centered interventions, particularly play therapy, including reductions in anxiety symptoms, improved emotional regulation, and enhanced psychological safety. The findings suggest that indirect approaches tailored to children's developmental characteristics may contribute to intervention acceptability and effectiveness.

Regarding the mental health of relief workers, 14 studies (64%) highlighted significant psychological pressures experienced by this group. Burnout, emotional exhaustion, anxiety, and repeated exposure to traumatic situations were among the most commonly reported

challenges. Furthermore, studies reported that relief workers participating in supportive programs, including group counseling, stress management training, and post-mission psychological support programs, demonstrated improved resilience and professional functioning. These findings indicate the importance of incorporating psychological support for relief workers into operational crisis-response programs.

Alongside the reported benefits of interventions, studies identified several structural and implementation challenges. Human and financial resource limitations were identified as the most frequently reported barriers to effective service delivery in 17 studies (77%). Shortages of mental health professionals, financial constraints, and increased workload reduced service capacity. Moreover, weak inter-organizational coordination was reported in 13 studies (59%) and was associated with reduced response coherence, duplication of efforts, and delays in service provision. Limited access to specialized services in underserved areas (50%) and the absence of long-term monitoring and evaluation systems (45%) were also identified as important challenges.

The thematic categories reported above were not mutually exclusive; therefore, individual studies could contribute to more than one category. Overall, the evidence suggests that MHPSS interventions in short-term crises may reduce psychosocial consequences and strengthen resilience, while the sustainability of these benefits may depend on adequate human resources, effective inter-organizational coordination, and continuous monitoring and evaluation.

Discussion and Conclusion

The findings of this systematic review indicate that MHPSS interventions implemented in short-term crises and acute conflicts, despite structural limitations, can contribute to reducing acute psychosocial consequences. These findings are consistent with existing evidence in the international humanitarian crisis literature. For example, the study by Ben-Pan et al. (2024) showed that multi-level and community-based interventions were associated with reductions in anxiety and improvements in resilience among children (2). Consistent with these findings, 68% of the studies included in the present review reported beneficial outcomes associated with multidimensional interventions. This convergence supports the relevance of an integrated approach to MHPSS provision in acute crisis settings, including its potential relevance to the IRCS response to the 12-day war of 2025.

Furthermore, the emphasis on coping skills training in 55% of the studies is consistent with the findings of Jankovic et al. (2025), who highlighted the role of operational staff training in improving the effectiveness of MHPSS services (7). This convergence suggests that strengthening individual capacities and practical skills may be an important component of psychosocial responses under crisis conditions.

One of the prominent findings was the high vulnerability of children and adolescents, along with reported benefits of child-centered interventions. The present results are consistent with the findings of Shabiri et al. (2025), who demonstrated that indirect interventions, such as play-based approaches, may be more effective than direct verbal approaches in reducing PTSD symptoms among children (6). Similarly, Darvishpour et al. (2025) emphasized the importance of school-based interventions in restoring psychosocial functioning after crises (9). Overall, these findings suggest that maintaining or restoring developmentally appropriate daily activities, such as play and education, may contribute to psychosocial recovery following acute crises.

Regarding the mental health of relief workers, the findings of this review are consistent with those of Mohammadkhani et al. (2023), who identified occupational burnout as a consequence of repeated exposure to crises and resource limitations (12). In the present review, 64% of studies reported psychological pressures among relief workers, while supportive programs, including group counseling, stress management training, and post-mission psychological support, were associated with improved resilience and professional functioning. This consistency indicates that supporting relief workers is not only an important psychosocial consideration but may also contribute to maintaining the quality and continuity of humanitarian services.

However, the findings also revealed significant structural challenges. Limited human and financial resources (77%) and weak inter-organizational coordination (59%) were among the most frequently reported barriers. These findings are consistent with the study by Raeisi et al. (2025), which emphasized the necessity of coordination between health and humanitarian

organizations (13). Weak coordination may result in fragmented services, duplication of efforts, and reduced intervention efficiency. In addition, the lack of long-term monitoring and evaluation systems (45%) represents an important gap in the crisis management cycle, particularly in short-term crises where emphasis on immediate response may lead to limited attention to longer-term consequences.

Compared with international evidence, Aqtam's (2025) study on the Gaza war showed that challenges such as resource shortages and service continuity may become more pronounced in prolonged crises (18). However, the findings of the present review indicate that even short-term, high-intensity crises can generate similar challenges because of pressure on human resources and the need for rapid response. Thus, although short- and long-term crises differ in the duration and orientation of interventions, with the former generally emphasizing immediate response and stabilization and the latter requiring greater attention to recovery and continuity, important priorities such as supporting vulnerable populations and managing limited resources overlap.

In the context of the IRCS response to the 12-day war of 2025, the evidence reviewed in this study supports the relevance of multidimensional, community-based interventions and coping skills training for managing psychosocial consequences of acute crises. Particular attention to vulnerable populations, especially children, and to the mental health of relief workers may strengthen the comprehensiveness and sustainability of crisis-response efforts. However, these implications should be interpreted cautiously because the reviewed evidence does not necessarily constitute direct evidence of the effectiveness of every MHPSS service delivered by the IRCS during the 12-day war.

Nevertheless, challenges including limited specialized resources, weak inter-organizational coordination, and the absence of long-term monitoring systems indicate the need for structural improvements in crisis-response systems. Based on these findings, developing a unified national MHPSS framework for short-term crises, with clearly defined roles and responsibilities for involved organizations, may be an important policy priority. Institutionalizing specialized mental health training for relief workers as an integral component of operational preparedness may also improve service quality. Furthermore, continuous monitoring and evaluation systems are needed to assess intervention outcomes and support service continuity. Strengthening cross-sectoral collaboration among the IRCS, the Ministry of Health, and other relevant organizations may reduce duplication of efforts and improve resource utilization. Finally, longitudinal studies examining the longer-term outcomes of MHPSS interventions and changes in the mental health status of affected populations are needed to strengthen the evidence base and inform future policy-making.

Limitations

Despite methodological rigor, several limitations should be acknowledged when interpreting the findings of this study. First, the recent nature of the 12-day war in 2025 constrained access to certain operational data and internal reports, particularly from the Red Crescent, and relevant evidence may not yet have been formally published. Second, restricting the review to studies published between 2024 and 2025 may have resulted in the inclusion of research with incomplete longitudinal follow-up or limited data maturation. Third, methodological heterogeneity among the included studies, including differences in study designs, populations, interventions, outcome measures, and reporting formats, limited the feasibility of a formal meta-analysis; therefore, findings were synthesized using a qualitative and descriptive approach. Fourth, publication bias cannot be excluded, as studies reporting positive or successful outcomes may be more likely to be published, whereas unsuccessful or challenging experiences may be underrepresented in the literature. Nevertheless, efforts were made to mitigate these limitations through systematic screening, full-text assessment, and the application of predefined quality-appraisal criteria.

Compliance with Ethical Guidelines

This study was conducted as a systematic review of previously published literature and did not involve the collection of primary data, direct participation of human subjects, interviews, or experimental interventions. Therefore, ethical approval was not required for this study. All included sources were appropriately and transparently reported, with proper citation and adherence to principles of research integrity. Efforts were also made to minimize potential bias

throughout the study selection, data extraction, quality appraisal, and synthesis processes.

Funding/Support

This research has not received any financial support.

Author's Contributions

Hojatollah Khalili Dehkalbali conceived and designed the study and was responsible for communication with the journal. Hojatollah Khalili Dehkalbali, Javad Khalili, and Mina Jozi contributed to data analysis. Mina Jozi supervised the study. All authors reviewed and approved the final version of the manuscript.

Conflict of Interests

The authors declare no conflict of interest.

Acknowledgments

None

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