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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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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.

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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 an important role in mitigating adverse psychosocial consequences 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 support social functioning and community connectedness (4,5). These services include interventions implemented at multiple levels, ranging from individual-level approaches, such as psychological first aid, counseling, and coping skills training, to community-based strategies, such as social support, group-based activities, and the empowerment of vulnerable groups. However, the implementation and potential effectiveness of these interventions may be influenced by several factors, including the speed of response, cultural and contextual adaptation, availability of trained human resources, accessibility of specialized services, and the extent of inter-organizational coordination.

Although MHPSS interventions have been studied across prolonged crises, natural disasters, and other humanitarian emergencies, short-term, high-intensity crises—such as acute armed conflicts with a limited duration—have distinct characteristics, including severe time constraints, sudden disruption of infrastructure, rapid changes in population needs, and restricted access to services, which may influence intervention delivery and reported outcomes (6–8). Under such circumstances, the need for rapid, flexible, and multi-level interventions becomes particularly important. Nevertheless, available evidence regarding the implementation and reported outcomes of MHPSS interventions in these settings remains limited and fragmented. Existing studies also vary considerably in methodology, target populations, intervention approaches, and outcome measures, making it difficult to draw context-specific conclusions regarding the delivery of psychosocial support during rapid-onset crises.

The event referred to as the “12-day war of 2025” represents an example of a short-term, high-intensity armed conflict that placed substantial pressure on humanitarian and healthcare response systems in Iran, including the IRCS, and underscored the importance of timely MHPSS responses. The combination of acute security threats, disruption of infrastructure and essential services, and continued exposure to stressful and potentially traumatic conditions created substantial psychosocial needs among affected populations and responders. Within such circumstances, certain groups—including children and adolescents because of their developmental vulnerabilities, and relief workers because of their direct exposure to traumatic situations, occupational stress, and repeated crisis-related demands—may be particularly vulnerable to adverse psychosocial consequences (9–12). Therefore, attention to their specific needs represents an important component of comprehensive MHPSS preparedness and response.

Despite the importance of this issue, evidence concerning MHPSS interventions in short-term, high-intensity armed conflicts, particularly in relation to the 12-day war of 2025, remains limited and fragmented. In particular, there is a need to systematically synthesize available evidence on reported intervention outcomes, vulnerable populations, and implementation challenges, while considering the contextual implications of these findings for humanitarian organizations operating in Iran. Such a synthesis may help clarify the types of interventions most frequently reported, the populations receiving particular attention, and the organizational and structural factors that may facilitate or constrain MHPSS delivery during acute crises.

This study therefore provides a systematic synthesis of available evidence on MHPSS interventions relevant to short-term, high-intensity conflict settings, with particular attention to their implications for the response of the IRCS during the 12-day war of 2025. Rather than assuming that all reviewed evidence represents direct evaluations of IRCS services, the review considers evidence from relevant conflict and humanitarian settings to identify reported outcomes, recurring intervention approaches, vulnerable populations, and implementation challenges that may inform MHPSS preparedness and response within the Iranian context.

Findings from this study may also inform the design of rapid-response MHPSS strategies for similar short-term conflict settings by identifying intervention approaches and organizational priorities that warrant consideration during preparedness, immediate response, and early recovery.

Accordingly, the present study aimed to systematically synthesize the available evidence on MHPSS interventions in short-term, high-intensity crises, assess their reported outcomes and implementation challenges, and examine the implications of these findings for MHPSS preparedness and response within the IRCS during the 12-day war of 2025.

Methods

This study was conducted as a systematic review with an analytical and interpretive approach to systematically synthesize available evidence on Mental Health and Psychosocial Support (MHPSS) interventions in short-term crises and acute conflicts, with particular attention to reported outcomes and implementation challenges. The review was designed and conducted in accordance with the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines to enhance transparency, reproducibility, and methodological rigor throughout the review process.

The review included studies addressing short-term crises and acute conflicts published between January 2024 and December 2025. The literature search and data extraction processes were conducted from December 2025 to March 2026. To achieve broad coverage of relevant evidence, systematic searches were performed in Persian databases, including SID, Magiran, Noormags, and Civilica, and international databases, including Web of Science, Scopus, PubMed, ScienceDirect, and Springer.

The search strategy was developed using relevant Persian and English keywords related to MHPSS and acute crisis settings. The main search terms included “mental health,” “psychosocial support,” “MHPSS,” “short-term crisis,” “conflict,” “emergency response,” “children,” “adolescents,” and “relief workers.” These terms were combined using Boolean operators (AND and OR) to identify relevant studies. The search strategy was adapted as necessary to the indexing and search functions of each database.

The inclusion criteria consisted of studies that: (1) addressed MHPSS interventions or psychosocial support in short-term crises, acute conflicts, or comparable emergency conditions; (2) reported empirical findings, quasi-experimental or observational data, or documented operational experiences relevant to MHPSS delivery; and (3) met the predefined methodological quality criteria. Studies were excluded if they were duplicate publications, lacked relevant empirical or documented evidence, fell outside the predefined publication period, or were unrelated to the research question.

The study selection process followed the PRISMA framework. During the identification phase, 523 records were retrieved from the Persian and international databases. After duplicate records were removed, the remaining records were screened based on their titles and abstracts. Potentially relevant studies were subsequently assessed through full-text review. At the eligibility stage, the studies were evaluated against the predefined inclusion criteria and methodological quality requirements. Ultimately, 22 studies, including 10 Persian-language and 12 English-language studies, met the eligibility criteria and were included in the final qualitative synthesis.

The methodological quality of the included studies was assessed using standardized critical appraisal tools appropriate to study design. The Critical Appraisal Skills Programme (CASP) checklists were used for qualitative studies, while relevant Joanna Briggs Institute (JBI) critical appraisal tools were used for quantitative and observational studies. Each study was assessed systematically against the applicable criteria. A predefined quality threshold was applied to determine eligibility. Studies that did not meet the minimum methodological quality requirements were excluded from the final synthesis. Where methodological limitations remained among eligible studies, these limitations were considered when interpreting and synthesizing the findings.

Data extracted from the included studies comprised study characteristics, population characteristics, type and level of MHPSS intervention, target populations, intervention settings, reported outcomes, and implementation challenges. Because substantial methodological and clinical heterogeneity was identified across the included studies in terms of study design, populations, intervention approaches, and outcome measures, a formal meta-analysis was not considered appropriate. Therefore, the

findings were synthesized qualitatively using a directed content analysis approach.

The synthesis focused on identifying recurrent intervention approaches, reported psychosocial outcomes, vulnerable populations, and implementation barriers and facilitators. Comparisons across studies were undertaken to identify areas of convergence and divergence, while methodological limitations and potential sources of bias were considered during interpretation. The analysis therefore extended beyond a simple descriptive summary by examining recurring patterns and contextual factors that may influence the implementation and reported outcomes of MHPSS interventions in short-term crisis settings. This approach facilitated a structured synthesis of the available evidence and supported the identification of implications for MHPSS preparedness and response within the Iranian Red Crescent Society (IRCS).

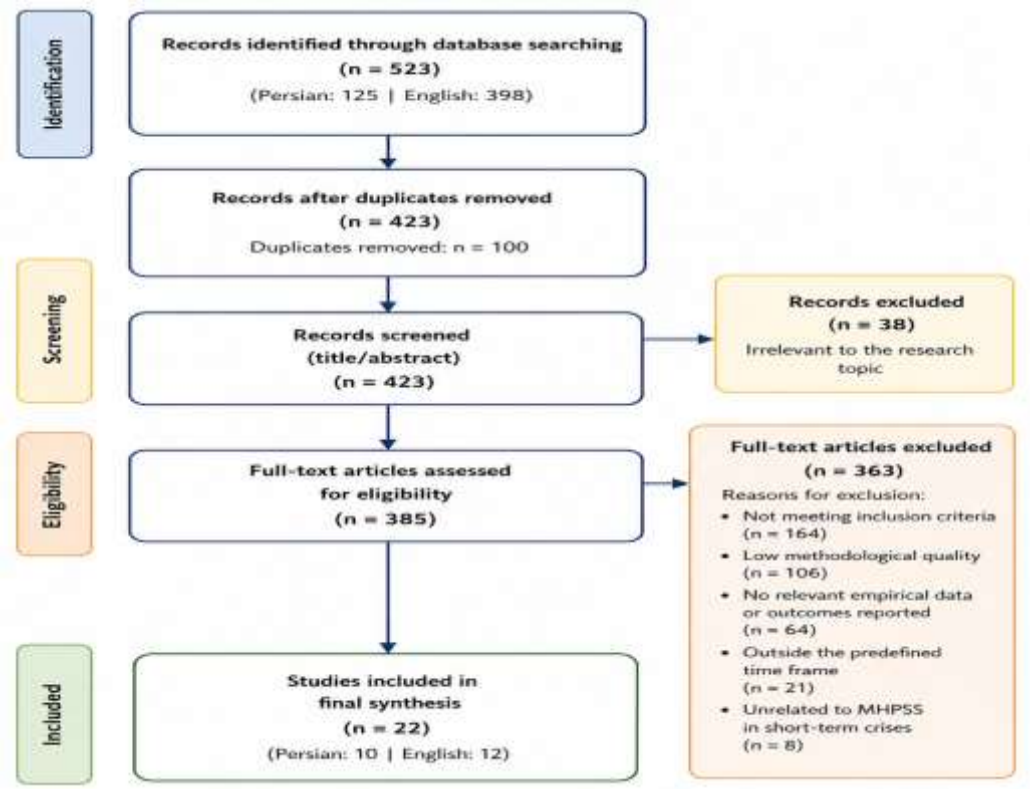

Figure 1. PRISMA flow diagram of study selection process

Table 1. Summary of Findings on MHPSS Interventions and Implementation Challenges in Short-Term Crisis Settings

Main Finding Domain	Frequency	Percentage	Representative References
Multidimensional and community-based interventions (reported reductions in anxiety, enhancement of resilience, and improvement of psychosocial adaptation)	15	68%	(1, 2, 3, 17)
Coping skills training (reported improvements in stress management, emotional regulation, and psychological coping)	12	55%	(7, 8, 15)
Play therapy and child-centered interventions (reported reductions in PTSD symptoms, anxiety, and behavioral problems)	9	41%	(5, 6, 9)
Psychological support for relief workers (reported reductions in emotional distress, psychological fatigue, and occupational burnout)	14	64%	(12, 14)
Vulnerability of children and adolescents (anxiety, sleep disturbances, persistent fear, and reduced sense of safety)	11	50%	(4, 11)
Strengthening social support and community participation (reported enhancement of 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 (limited assessment of outcomes and service continuity)	10	45%	(15, 17)
Cultural and social adaptation of interventions (reported improvement in acceptability and contextual appropriateness of psychological services)	9	41%	(5, 9, 18)

Note: *The categories were not mutually exclusive; therefore, individual studies could contribute to more than one category. Frequencies represent the number of included studies reporting each finding, and percentages were calculated based on the 22 studies included in the final synthesis. The references shown in the table are representative citations and do not necessarily include every study contributing to each category*.

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.

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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.

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