

## Editorial

# Mental Health Consequences of War: Lessons from Recent Conflicts and Implications for All, Specifically Iranians

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War represents one of the most catastrophic human experiences, leaving indelible marks not only on the physical landscape but on the psychological well-being of entire populations. War and armed conflict have profound and lasting impacts on mental health, affecting combatants and civilians alike. The recent 12-day conflict between Iran and Israel, which saw aerial bombardments of some Iranian cities resulting in over 1,070 fatalities—70% of whom were civilians has brought into sharp focus the urgent need to address the mental health consequences of modern warfare. While the immediate physical destruction is visible and quantifiable, the psychological trauma inflicted on survivors often remains hidden, yet its effects can persist for decades, even across generations.

The psychological toll of war is well-documented in global literature; but it remains critically under-addressed in many post-conflict settings, including Iran. Contemporary warfare has evolved from traditional battlefield confrontations to asymmetric conflicts characterized by the deliberate targeting of civilian infrastructure and populations (1). This shift has created complex humanitarian emergencies where mental health needs far surpass available resources. The World Health Organization (WHO) has termed the resulting surge in trauma-related disorders a "silent epidemic," with women, children, and marginalized groups disproportionately affected (2).

Iran's recent experience mirrors patterns observed in other conflict zones, but it also presents unique challenges. The aerial bombings exposed civilians to acute stressors -sudden violence, loss of family members, forced displacement- that are established risk

factors for acute stress disorders (ASD), post-traumatic stress disorder (PTSD), depression, and somatic symptom disorders (3). Compounding this is Iran's cultural context, where mental health discussions are often stigmatized, delaying help-seeking behaviors (4-6). Additionally, economic sanctions and resource constraints have strained Iran's mental health infrastructure, particularly in conflict-affected regions. This editorial synthesizes evidence on children's resilience to combat trauma, and intergenerational effects to propose a comprehensive framework for addressing the mental health fallout of war in Iran. We argue that an effective response must adopt a life-course approach, integrate community-based interventions, and prioritize policy reforms to bridge the gap between immediate humanitarian aid and long-term mental health care.

### *The Psychological Toll of War: A Global Perspective*

Modern warfare inflicts profound psychological harm on both combatants and civilians. Research highlights that war-related mental health disorders, including ASD and PTSD, depression, anxiety, and substance abuse, are pervasive among survivors (7). Civilians, particularly women and children, are disproportionately affected due to their heightened vulnerability and the breakdown of social support systems during conflict. Trauma severity correlates with personal losses (e.g., death of loved ones, home destruction). Moreover, gender differences emerged, with women more likely to internalize distress (higher depression/anxiety), while men underreported symptoms due to the social stigma around vulnerability. In addition, older adults faced compounded trauma due to disrupted social networks, economic instability, and physical health declines. Their attachment to home and



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community made displacement especially distressing, leading to elevated somatic symptoms and chronic PTSD (interventions focusing on social reconnection and accessible mental health care were critical for this group). The Iranian-Israeli war, though brief, exposed civilians to traumatic experiences comparable to those documented in other conflict zones. For example, a systematic review by Attanayake *et al.* (2009) of 7,920 war-affected children across Bosnia, Cambodia, and Rwanda revealed elevated rates of PTSD (25–60%) and depression (16–68%) (8).

### ***Mechanisms of Trauma in Modern Warfare***

The psychological impact of war is not uniform; it varies based on the nature of exposure. Key mechanisms include:

- Direct Exposure to Violence: Witnessing death, injury, or destruction triggers acute stress reactions that can evolve into chronic PTSD.
- Displacement and Loss: Forced migration and the destruction of homes exacerbate feelings of insecurity and grief.
- Secondary Stressors: Economic instability, lack of access to healthcare, and social disintegration compound trauma.

In Iran, the suddenness of the bombings and the targeting of urban centers created a unique trauma profile. Unlike prolonged conflicts, such as the Iran-Iraq War, the 12-day war's intensity may lead to distinct psychological outcomes, including higher rates of acute stress disorder and somatic symptoms.

### ***Children and War: Vulnerability and Resilience***

Children are among the most vulnerable populations in war zones. Children exposed to war exhibited severe psychological consequences, including cognitive developmental delays, emotional dysregulation (e.g., aggression, apathy), and social withdrawal. School disruptions and loss of safe environments exacerbated trauma, with PTSD symptoms prevalent among those who witnessed violence or lost family members. Their developing brains and dependence on caregivers make them particularly susceptible to trauma. Resilience in war-affected children is not an innate trait, but a dynamic process shaped by protective factors at multiple levels (9):

- Individual Level: Cognitive abilities, temperament, and coping skills influence how children process the anxiety, stress and trauma.
- Family Level: Secure attachment relationships with caregivers mitigate the effects of trauma. For example, children exposed to war fared better when accompanied by emotionally stable caregivers (10).
- Community Level: Social support networks and cultural practices provide stability and meaning. In northern Uganda, former child soldiers with strong family connections exhibited lower levels of emotional distress (11).

### ***Culturally Adapted Interventions for Iranian Children***

In Iran, interventions must prioritize restoring children's sense of safety and normalcy. Evidence-based strategies include for Based Programs:

- Individual Based: Cognitive abilities, individual skills, interpersonal skills, social skills and coping skills regarding how children process the anxiety, stress and trauma.
- School-Based Programs: Schools can serve as safe havens, offering structured routines and psychosocial support. The "Emergency Education" model has proven effective in conflict zones (12).
- Family Reunification Efforts: Reconnecting displaced children with caregivers is critical for emotional recovery.
- Community-Led Psychosocial Support: Leveraging Iran's strong religious, familial, racial and nationality networks can enhance the acceptability of mental health interventions. For example, group therapy sessions aligned with spiritual and Islamic principles could reduce stigma and improve engagement.

### ***Intergenerational Trauma: The Hidden Legacy of War***

War trauma can transcend generations, particularly through maternal lines (13). Female offspring of evacuated mothers were five times more likely to be hospitalized for mood disorders, suggesting epigenetic or psychosocial transmission of trauma. This finding has dire implications for Iran, where the psychological effects of recent and past conflicts may ripple through families for decades. Potential mechanisms include:

- Parental Mental Health: Traumatized parents may struggle to provide nurturing care, perpetuating cycles of distress.
- Disrupted Attachment: Separation from caregivers during displacement can impair emotional regulation in children.
- Societal Stigma: Marginalization of survivors exacerbates mental health challenges.

Addressing intergenerational trauma requires:

- Long-Term Mental Health Services: Sustained access to therapy and medication for affected families.
- Parenting Support Programs: Training caregivers in trauma-informed parenting techniques.
- Public Awareness Campaigns: Reducing stigma through education and media outreach.

### ***Recommendations for Iran: A Multilevel Approach***

#### ***1. Immediate Interventions***

- Psychological First Aid: Train community health workers to deliver trauma-informed care in bomb-affected areas.
- Crisis Hotlines: Establish round-the-clock mental health support lines for survivors.

#### ***2. Strengthening Systems***

- Integrate Mental Health into Primary Care: Expand access to services in rural and urban areas.
- Workforce Training: Build capacity among psychologists, psychiatrists, physicians, social workers, and the clergy to address trauma.

### 3. Policy and Research

- National Mental Health Surveys: Track prevalence and trends to guide policy.
- Cross-Sector Collaboration: Engage education, health, and social welfare sectors in coordinated responses.

### Conclusion

The 12 days imposed Israeli war against Iran has left scars that extend far beyond physical destruction. By integrating global evidence on trauma, resilience, and intergenerational effects, Iran can develop a compassionate, evidence-based response to safeguard mental health across generations. War is the worst of human-made disasters, but with concerted effort, its psychological toll can be mitigated. The time to act is now before trauma becomes entrenched in the fabric of the Iranian society. There is a serious risk of universal trauma patterns across age and gender: children suffer developmental disruptions, adults grapple with PTSD and depression, and the elderly face isolation and somatic symptoms. Gender norms further shape responses, with women internalizing distress and men avoiding to seek help. Crucially, resilience hinges on multi-tiered support, individual coping, familial stability, community solidarity, and societal policies. For Iran, these findings underscore the urgency of child-centered school programs, gender-sensitive mental health services, and community networks to mitigate war's hidden wounds.

### Conflict of Interest

None.

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