



Editorial

Mental Health in the Shadow of Crisis: Psychological Interventions as a Public Health Priority



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In the wake of recent armed conflicts across various regions, the global public health community is once again reminded of the profound and far-reaching consequences of war—not only on physical well-being, but on mental health as well.

While the direct trauma of war afflicts those within the conflict zones, its psychological ripple effects are felt much farther: Among refugees, in host countries, and even among populations indirectly exposed through continuous media coverage [1, 2].

Mental health outcomes such as anxiety, post-traumatic stress, aggression, emotional dysregulation, and addiction are increasingly recognized as global public health challenges in times of crisis [3]. These burdens are particularly heavy on vulnerable populations, such as adolescents, students, and caregivers [4].

In this context, non-pharmacological, evidence-based psychological interventions have gained prominence.

Approaches such as acceptance and commitment therapy (ACT), mindfulness-based stress reduction (MBSR), and Life Skills Training have shown promise in improving emotional resilience, managing stress-related disorders, and enhancing quality of life [5-7].

This issue of the Caspian Journal of Health Research features three studies that underscore the practical impact of such interventions:

One study investigates the effectiveness of ACT on anxiety sensitivity, aggression, and online shopping addiction among adolescents with social media disorder—highlighting the role of targeted cognitive-behavioral therapies in youth mental health.

Another study evaluates the impact of Life Skills Training on distress tolerance, marital conflict, and quality of life in married students—demonstrating how interpersonal skills training can mitigate psychological distress and promote healthier family dynamics.

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A third paper examines the effectiveness of MBSR in reducing anxiety sensitivity and rumination in individuals with nervous migraine, further supporting the therapeutic potential of mindfulness in psychosomatic conditions. While these studies do not directly address the mental health consequences of war, they represent a critical component of our broader response to psychosocial stressors—especially in a time when global uncertainty, economic instability, and media-driven fear intensify psychological vulnerability. As researchers, clinicians, and public health professionals, we must invest more in exploring and implementing scalable, culturally sensitive, and affordable non-pharmacological interventions. In doing so, we not only respond to immediate psychological needs but also build long-term mental health resilience across communities. Mental health should no longer be viewed as a secondary concern. It is central to health, human development, and social stability—especially in the shadow of conflict and crisis.

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