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Title: Enhancing Psychosocial Rehabilitation in Iran Post-Disasters: Policy Brief

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Abstract

This policy brief aims to identify structural, cultural, and operational barriers to effective psychosocial rehabilitation after natural disasters in Iran and provide actionable recommendations for improving the existing framework. A mixed-methods approach was applied, including a scoping review of international and national literature and qualitative interviews with 23 experts in mental health, social work, and disaster management. Findings reveal persistent institutional fragmentation, lack of binding frameworks, limited resources, and inequalities in access—particularly for vulnerable groups. Effective rehabilitation requires stronger national coordination, localized and culturally sensitive interventions, adequate training for responders, and sustained community engagement.

Introduction

Iran is one of the most disaster-prone countries in the world, frequently affected by earthquakes, floods, and other natural hazards. Beyond the immediate physical destruction, disasters impose long-lasting psychological and social burdens. Despite increasing attention to physical recovery, psychosocial rehabilitation remains underdeveloped and poorly integrated into the disaster response system (Alipour et al., 2015). The absence of a comprehensive and culturally appropriate framework leads to recurring challenges after each disaster, leaving many survivors with long-term mental health problems that hinder recovery and community resilience.

Methodology

This study employed a mixed-methods design. A systematic scoping review of global and national literature was combined with qualitative content analysis of interviews with 23 Iranian experts from the fields of mental health, social work, and disaster management. A scoping review was conducted to examine international experiences regarding the challenges and barriers to psychosocial rehabilitation following disasters. The review followed the PRISMA-ScR framework and included a comprehensive search across major databases including PubMed, Web of Science, SID, and IranMedex. Keywords such as "psychosocial rehabilitation," "disasters," "hazards," "challenges," and "barriers" were used in both English and Persian, with no time restrictions up to April 2025. Studies were included if they addressed barriers to psychosocial rehabilitation after natural disasters, used qualitative, quantitative, or mixed methods, were published in Persian or English, and had accessible full texts. Exclusion criteria eliminated studies on man-made disasters, military populations, non-peer-reviewed publications, and documents lacking academic validity. The review explored best practices worldwide, while the interviews revealed local gaps and barriers to psychosocial rehabilitation in Iran.

Key Findings

Evidence indicates that post-disaster psychological problems such as PTSD, depression, and anxiety are common but often neglected in Iran's disaster response (Norris et al., 2008). Communities frequently report feeling abandoned after the initial relief phase, with mental health support remaining scarce and inconsistent.

Analysis of qualitative data and the systematic review further revealed several persistent shortcomings: national policymaking lacks a binding framework and sustainable coordination mechanisms; training for psychosocial responders is neither specialized nor continuous, resulting in superficial or short-term interventions; and vulnerable groups—including children, older adults, women, and people with disabilities—are not sufficiently prioritized. Moreover, access to psychosocial services is particularly limited in deprived regions and among linguistic or cultural minorities. Social stigma and mistrust toward formal services further discourage service use, while the engagement of NGOs and local leaders often remains symbolic rather than structured. Finally,

there is no systematic approach for evaluation or institutional learning from past disaster experiences.

Policy Options and Recommendations

Improving psychosocial rehabilitation in Iran requires comprehensive and multi-level strategies:

1. **National Policy and Coordination**: Strengthen the national framework for psychosocial rehabilitation through an upgraded policy document developed with active stakeholder involvement. Establish a permanent intersectoral task force with clear legal authority to ensure sustainable coordination across health, social welfare, and disaster management sectors. Clear communication channels between governmental bodies, local authorities, and NGOs must be institutionalized to avoid duplication and ensure equitable coverage (WHO, 2007).

2. **Human Resources Development**: Expand the training of multidisciplinary professionals in universities and create standardized, crisis-specific educational programs. Continuous professional development and psychological support for frontline responders are essential to ensure quality care and workforce resilience (Lund et al., 2010).

3. **Equity in Services**: To reach underserved populations, mobile psychosocial teams should be deployed to remote and deprived regions. Establishing provincial crisis counseling centers with a specific focus on vulnerable groups—including children, women, the elderly, and people with disabilities—would significantly improve access and equity (Miller et al., 2016).

4. **Localization of Interventions**: Adapt interventions to the cultural, linguistic, and gender-specific contexts of affected communities. Active engagement of local and religious leaders can increase community trust, reduce stigma, and facilitate acceptance of psychosocial support.

5. **Social Resilience**: Build resilience by integrating pre-crisis psychological skills training into schools and family programs, while supporting grassroots initiatives and spontaneous community-led recovery activities.

6. **Monitoring, Evaluation, and Learning**: Establish a national system for documentation and evaluation of psychosocial interventions. The development of qualitative indicators will allow systematic assessment of program effectiveness and ensure that lessons learned are fed back into policy and practice (Olff et al., 2015).

Discussion and Implementation Considerations

The recurring barriers identified in Iran mirror challenges faced in other disaster-prone contexts. However, Iran's high disaster risk highlights the urgency of developing a sustainable and culturally sensitive framework. Implementing the above recommendations will require strong political commitment, adequate funding, inter-agency collaboration, and inclusive approaches that actively involve vulnerable groups.

The expected outcomes of implementation are significant. Psychosocial interventions will become more targeted, equitable, and effective. Resilience at both individual and community levels will be strengthened, duplication of efforts and waste of resources will be reduced, and secondary psychological harm will be prevented. Most importantly, these measures will enable disaster-affected communities to achieve a quicker and more sustainable return to normal life.

Conclusion

Current psychosocial rehabilitation efforts in Iran are insufficient to meet the long-term psychosocial health needs of disaster-affected populations. This policy brief highlights the urgent need for a revised, coordinated, and culturally sensitive framework. By integrating psychosocial care into national disaster management, expanding training and resources, and prioritizing vulnerable populations, Iran can move toward a more resilient and inclusive recovery system.

Ethics Statement

This study is part of a broader research project entitled *"Pathology of Psychosocial Rehabilitation in Iran"*, financially supported by the University of Social Welfare and Rehabilitation Sciences (USWR). The study received ethical approval from the university's Research Ethics Committee under the code IR.USWR.REC.1402.091.

Conflict of Interest

The authors declare **no conflicts of interest** related to the content or findings of this policy brief.

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