

Managing the Psychosocial Aftermath of the Rajaei Port Blast in Southern Iran: Quick Emergency Response in the First Month After the Blast

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Received: 15 Jun 2025

Published: 28 Jul 2025

Conflicts of Interest: None declared

Funding: None

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Cite this article as: Zarafshan H, Fathi HR, Seddigh B, Raeisi A, Bahramnejad A, Mirzadeh Y, Asadi A, Ghaffarzadeh Razzaghi MR, Shalbafan M. Managing the Psychosocial Aftermath of the Rajaei Port Blast in Southern Iran: Quick Emergency Response in the First Month After the Blast. *Med J Islam Repub Iran*. 2025 (28 Jul);39:99. <https://doi.org/10.47176/mjiri.39.99>

Introduction

At 12:05 local time on April 26, 2025, a sudden and catastrophic explosion occurred at Iran's primary commercial port, the Port of Shahid Rajaei near the Persian Gulf (Figure 1), and it took almost 2 days to bring the blast under control fully. This is one of the most traumatic disasters in recent years in Iran, with severe and multifaceted adverse effects, both immediate and potentially long-term. In total, 1,023,609 residents across 3 cities (Bandar Abbas, Bandar Khamir, and Qeshm) were within the exposure zone. The incident resulted in 1404 injuries, including 145 hospital admissions to specialty departments, 22 intensive care unit admissions, and, tragically, 65 fatalities (1).

Among the most significant consequences of disasters of this scale are their profound psychosocial impacts (2). Numerous studies have demonstrated a significant increase in mental health problems among affected populations, with severity correlating to exposure levels (3). Effective management of psychosocial consequences of disasters requires collaboration between governmental and nongovernmental organizations and integrating mental health and psychosocial support with other relief efforts at different stages (4).

In Iran, the Mental and Social Health and Addiction Department of the Iranian Ministry of Health and Medical Education is in charge of leading national initiatives to reduce disaster-related mental health burdens, build psychological resilience, and equip survivors with skills for recovery and social reintegration. All operations are conducted in coordination with relevant agencies, including the Iranian Red Crescent Society (IRCS), Iran's State Welfare Organization, and the Ministry of Interior. Typically, volunteers, non-governmental organizations (NGOs), and scientific associations actively help official agencies in disaster response efforts.

Here is an overview of major activities conducted by us, at the Mental and Social Health and Addiction Department, and our key partners in response to the Rajaei Port blast during the first month following the incident:

- In total, the Ministry of Health and its key partners deployed 259 teams and screened 7823 explosion-exposed people (for summary of operational data by organizations up to May 26, 2025) (Table 1).

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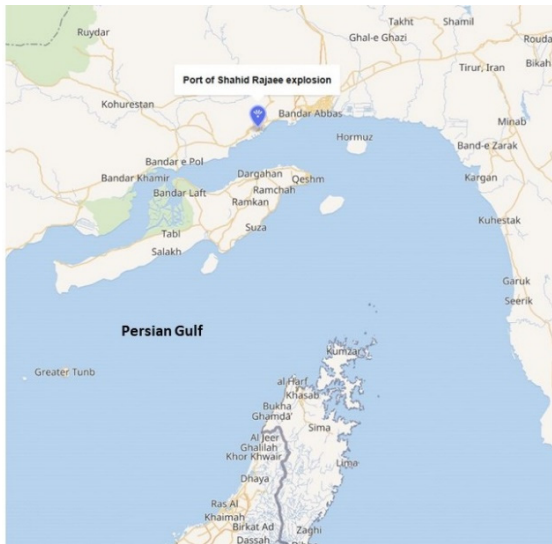


Figure 1. The explosion site in southern Iran

Immediately After the News of the Incident, the Following Measures Were Taken

• Coordination with the Deputy of Health at Hormozgan University of Medical Sciences and Health Services to assess the current situation, review training records, and the

number of trained personnel available at the university level.

• Updating and sending required educational resources and materials based on the circumstances.

• Formation of a rapid assessment team of trained psychologists from Hormozgan University of Medical Sciences to visit hospitals and gathering centers for the injured (in coordination with the Deputy of Treatment at the university) and evaluate the condition of the wounded, eyewitnesses, and rescue teams.

• On the day of the incident, an online technical and operational meeting was held from 22:00 to 24:00 by the Mental and Social Health and Addiction department of the Deputy Ministry, attended by the Director-General and heads of the departments, the Director of the Mental and Social Health and Addiction department at Hormozgan University of Medical Sciences, and the advisory scientific committee of the office to determine the focal point and plan activities for the coming days.

• A preliminary action plan was drafted based on the type of incident and the received report, in accordance with the National Program for Health System Preparedness and Response in Disasters and Incidents, by the program's focal point and the office consultant.

• Coordination with the Deputy of Health in Hormozgan to announce urgent proposed measures.

• Preparation of a news release on the necessity of

Table 1. Operational data by organizations up to May 26, 2025

NO	Organizations		The Ministry of Health and affiliated	The Red Crescent Society	The State Welfare Organization	The Police Command	Total number
1	Number of deployed teams		126	30	101	2	259
2	Psychologically screened individuals among the explosion-exposed population	Total number	3343	536	3912	32	7823
		Number of screen-positive cases	856	70	568	22	1516
		Number of individual psychotherapy sessions held	143	3	21	0	167
		Number of group therapy sessions held	78	3	244	0	325
		Total number of group therapy attendees	762	19	338	0	1119
3	Psychologically screened individuals among the explosion-injured population	Total number	643	NP	521	NP	1164
		Number of screen-positive cases	184	NP	262	NP	446
		Number of individual psychotherapy sessions held					
		Number of group therapy sessions held	1	NP	1	NP	2
		Total number of group therapy attendees	6	NP	15	NP	21
4	Number of psychologically screened families of the deceased	Total number	31	NP	NP	NP	31
		Number of screen-positive cases	18	NP	NP	NP	18
		Number of individual psychotherapy sessions held	17	NP	NP	NP	17
5	Number of group therapy sessions held for rescue workers/emergency responders	Number of group therapy sessions held	45	NP	NP	NP	45
		Total number of group therapy attendees	256	NP	NP	NP	256
		Number of individuals requiring further therapeutic interventions	108	NP	NP	NP	108

NP: Not-reported

managing news dissemination to protect the mental health of the affected population, published on the WEBDA platforms (Public Relations and Information Center of the Ministry of Health and Medical Education) and other news outlets.

- Second online technical-operational meeting were held on April 28, 2025 from 22:00 to 24:00 to review actions and approve the action plan by the Mental and Social Health and Addiction department, attended by the Director-General, heads of departments, the Director of Mental Health at Hormozgan University, the advisory committee, a representative of the Psychiatric Association, and the Minister's Advisor on Social Affairs.

- Preparing an urgent report for the Deputy Minister of Health, presented by the Director General of the Bureau.

Key Actions Taken are as follows

- Development of a 12-hour retraining program for field teams, identification of instructors, and coordination for centralized online training for psychologists in the macro-region.

- Third technical-operational meeting on April 30, 2025, from 15:00 to 17:00 with internal and external stakeholders, including the IRCS, Iran's State Welfare Organization, and representatives of scientific associations such as the Iranian Psychiatric Association and the Iranian Psychology Association.

- A 2-day in-person training workshop was organized for psychologists representing Hormozgan University of Medical Sciences, the Iranian Red Crescent Society, the State Welfare Organization, and the police. Experienced instructors delivered the training from the Ministry of Health and Medical Education, Shahid Beheshti University of Medical Sciences, and Kerman University of Medical Sciences. It was held 1 week after the incident. The workshop covered key topics, including psychological responses to disasters—specifically, identification of acute stress symptoms, acute stress disorder, and posttraumatic stress disorder; recognition and management of intrusive thoughts; understanding and managing hyperarousal symptoms; strategies for addressing avoidance behaviors; and practical methods for implementing psychosocial support programs during crises and disasters.

- The Director-General of the Mental and Social Health and Addiction department of the Iranian Ministry of Health and Medical Education participated in the Hormozgan Governorate's crisis management meeting on May 5, 2025, to enhance collaboration with partners.

- Ongoing monitoring, reporting, and data extraction based on Table 1.

- A training session on psychological interventions in grief for 15 trained psychologists in Hormozgan, conducted on May 26, 2025, with the participation of the focal point and experts from the Iranian Psychiatric Association.

Conclusion

This response emphasizes the critical importance of integrating mental health support into broader disaster management. Collaboration between government agencies, NGOs,

and academic institutions enabled timely psychosocial care for affected populations. Lessons emphasize the need for pre-disaster preparedness, standardized screening protocols, and sustained interventions to address long-term mental health consequences in large-scale urban disasters. We will maintain our efforts to monitor and mitigate the mid-to long-term implications of this disaster among affected populations, with particular attention to vulnerable groups.

Authors' Contributions

Conceptualization: HZ, MS, HRF and AR; Writing – original draft: HZ, and MS; And writing – review & editing: HRF, BS, AS, AB, MGR, YM, and AR. All authors approve all manuscript contents, the author list and its order and the author contribution statements.

Ethical Considerations

Not applicable.

Acknowledgment

We must appreciate ongoing and invaluable efforts of all mental health professionals in order to improve psychosocial health of survivors and affected population amid this crisis.

Conflict of Interests

The authors declare that they have no competing interests.

References

1. (MOHME), M.o.H.a.M.E., Report of the Rajae Port blast D. Health, Editor. 2025.
2. Keya TA, Leela A, Habib N, Rashid M, Bakthavatchalam P. Mental health disorders due to disaster exposure: a systematic review and meta-analysis. *Cureus*. 2023;15(4):e37031.
3. Leiva-Bianchi M, Ahumada F, Araneda A, Botella J. What is the psychosocial impact of disasters? A meta-analysis. *Issues Ment Health Nurs*. 2018;39(4):320-327.
4. Dückers ML, Thormar SB, Juen B, Ajdukovic D, Newlove-Eriksson L, Olff M. Measuring and modelling the quality of 40 post-disaster mental health and psychosocial support programmes. *PloS One*. 2018;13(2):e0193285.