Editorial

Clinical Practice, Prevention and Public Health

Dear Readers, Esteemed Colleagues, Dear Friends,

The issue you are holding opens a new chapter in the life of our journal. From Volume 17, Issue 1 (2026), *Clinical Social Work and Health Intervention* continues under a new title: **Clinical Psychological and Social Practice in Health Intervention**. The change is not cosmetic. Over the past seventeen years, the authors who have entrusted their work to us have shown again and again that health is never only a medical matter. It is shaped by how people think and feel, by the families and communities they live in, by schools, workplaces and institutions, and by the quality of the help they receive. The new title expresses what the journal has, in fact, already become: a meeting place for clinical psychology, social work and health intervention. From this issue on, the journal is published exclusively in English and remains fully open access.

The guiding thread of this issue is *Clinical Practice, Prevention and Public Health*. Several contributions show how much of good care happens long before illness becomes acute. The study by Bálint and Slezáková maps what patients with coronary artery disease actually know about secondary prevention and reminds us that education is a core part of cardiac rehabilitation, not an optional addition. Horová and colleagues review interventions that improve hand hygiene in children, while Deaconu and colleagues document how the COVID-19 pandemic disrupted group dental prophylaxis in kindergartens and how slowly these routines have returned. Klamárová and Andra8číková link the incidence of tooth decay in children to everyday eating habits and family routines, and Horváthová summarises what we know about preventing occupational allergic diseases.

A second group of papers comes directly from clinical practice. Gazdíková and Deglovič present new perspectives on nephropathies and the role of mitochondrial dysfunction; Alhakim and Abusultan describe a rare case of Grisel syndrome after adenoidectomy; Proke8ová and colleagues and Repka and >iaková show what targeted physiotherapy can achieve in carpal tunnel syndrome and non-specific neck pain; and Rottková, Pady8áková and Slezáková analyse nursing interventions that prevent surgical site infection.

The third group turns our attention to the psychological and social side of health – the area our new title deliberately names. Klimová and Repková examine risky sexual behaviour of young adults in relation to emotional intelligence and coping. Gottschalk and Topolska explore the relationship between vegetarian eating, gender and fatigue in students. Finally, Mačkinová, Planka and colleagues study fear of crime through the lens of time perspective – a reminder that the way we relate to our past and future shapes how safe we feel in the present.

From my own work with people recovering from addiction, I know how often the decisive moment of change is not a new medicine but a relationship, a routine, or a sense of meaning that makes care possible. That is why this journal will continue to welcome psychologists, social workers, physicians, nurses, therapists and other helping professionals who study health not as an abstraction but as part of real human lives.

I thank all authors, reviewers and members of the editorial board who have made this transition possible, and Dr. Rivka Rosenberg for her guest editorial. I hope that this issue will be for you not only a source of new findings but also an inspiration for your daily practice.

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Guest Editorial

The contemporary landscape of healthcare demands an integrated understanding of disease, behavior, environment, and social context. In clinical social work, such integration is not optional; it is central to effective intervention. Health outcomes emerge from biological processes together with family systems, institutional structures, educational settings, occupational conditions, economic resources, cultural expectations, and wider social determinants. The articles in this issue of Clinical Psychological and Social Practice in Health Intervention collectively demonstrate this reality: prevention, treatment, and recovery depend on the interaction between clinical expertise and the lived realities of individuals, families, and communities.

This issue brings together contributions on secondary prevention, nephropathies, hand hygiene among children, the COVID-19 pandemic, Grisel syndrome, occupational allergic diseases, tooth decay and eating habits, neck pain, and prevention of surgical site infection. At first glance these topics may seem diverse; yet they share a common concern: how health interventions can be effective, humane, and sustainable in the conditions of actual life. Clinical social work provides a crucial bridge between medical knowledge and lived experience, translating clinical recommendations into practical, context-sensitive intervention that attends to adherence, distress, access, communication, vulnerability, and social support.

A dominant theme here is prevention, particularly secondary prevention in chronic illness. Chronic kidney disease, for example, requires monitoring, medication adherence, lifestyle change, dietary management, and repeated healthcare contact. The burden of illness includes fear, uncertainty, fatigue, financial strain, and the emotional weight of long-term care. Clinical social workers identify barriers to adherence, support families, coordinate care, and advocate for resources, shifting prevention from a technical task to an ongoing relational and organizational process.

Children's health behavior is another focal area. Hand hygiene, nutrition, and oral care are learned within families, schools, and communities. Effective health education depends on adult modeling, institutional supports, and feasible environments. Preventing dental caries demands attention to food access, family routines, and cultural context rather than solely individual instruction. Clinical social work strengthens these linkages by embedding education within relationships and practical supports.

The pandemic's legacy continues to shape mental health, social trust, education, and access to care. Telehealth expanded rapidly, revealing benefits and new equity challenges. Clinical social workers are essential to recovery, addressing grief, isolation, disrupted routines, and systemic inequities while ensuring innovations promote access and dignity.

Occupational allergic diseases and workplace risks show that prevention extends beyond clinical spaces into labor conditions. Work can threaten both health and livelihood; responses require environmental change, medical care, legal support, and psychosocial advocacy. Rare conditions such as Grisel syndrome illustrate how medical complexity produces social complexity: families need clear communication, emotional containment, and coordinated follow-up.

Common problems like neck pain remind us that everyday suffering matters. A biopsychosocial approach links ergonomics, stress, work demands, and coping resources. Surgical site infection prevention highlights the necessity of organizational reliability, patient education, discharge planning, and cross-disciplinary coordination.

Taken together, the papers in this issue argue that modern health intervention cannot operate in silos. Clinical social work connects systems to people, translates recommendations into practice, uncovers hidden barriers, and supports prevention that is feasible in real life. This journal's interdisciplinary mission fosters scholarship that is both rigorous and humane. If healthcare is to meet contemporary needs, it must be coordinated, inclusive, preventive, and attentive to the full human context of illness

and recovery. This issue powerfully affirms that vision.

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