

## A Brief Overview of the Development of Mental Health in Iran, Present Challenges and the Road Ahead

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Community Based Mental Health Services was brought to Iran during the decade of 1970s to decentralize services, decrease reliance on hospitalization and integrate the everyday life of chronic patients into the mainstream of social life. During the decade 1980s, integration of health provision and medical education, and development of a network of “Primary Health Care (PHC)” were two important successful strategic steps for the development of health in Iran. The PHC programme, which mainly addressed the needs of a basically rural population, was an excellent starting point, but is no longer enough. Attention to issues like, the effects of unplanned urbanization, drug abuse, family issues like divorce, changing character and symptomatology of diseases, public-private partnership, social determinants of mental health, and the relationship between different levels of mental health provision in the urban settings are important for future programme.

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The idea of “Community Based Mental Health Services” was brought to Iran during the decade of 1970s, by “The Society for Rehabilitation” (Anjuman e Tavanbakhshi) headed by Dr. Iraj Siasi. It was basically an urban programme and its aim was to decentralize services, decrease reliance on hospitalization alone, and integrate the everyday life of chronic patients into the mainstream of social life. The “Society for Rehabilitation” was dissolved in 1980 and the sections of training and research of this society were joined and formed “Tehran Institute of Psychiatric”<sup>i</sup>. The decade of 1980s was an extremely important time for the development of health in Iran. It was the time during which, the following two innovative and strategically important steps were taken:

- Integration of health provision and medical education which was practically achieved through the formation of the new “Ministry of Health and Medical Education”.
- Development of a network of “Primary Health Care (PHC)”. Through this network the facilities and human resources for health reached even the most remote parts of the country. In addition, a referral system between different levels of care was introduced from a health house in a

village to the highest specialized university facilities was introduced.

These developments coincided with the assignment of Professor Narendra Wig to the post of “Regional Adviser of Mental Health” in the Eastern Mediterranean Region of World Health Organization. He came from India where he had started a pilot programme for integration in Chandigarh. Dr. Wig visited Iran in 1985 and helped in drafting the Iranian “National Mental Health Programme” in which, “Integration of Mental Health in PHC” was to be the main strategy. The committee was chaired by Professor Davidian and Dr. Ahmad Mohit functioned as its convener and reporter of the committee<sup>ii iii</sup>.

The first pilot programme of integration started in 1986 in Shahr e Kurd before the national programme was officially approved in 1987. Late Dr. Davoud Shahmohammadi, in technical collaboration with Tehran Institute of Psychiatry, at that time directed by the writer of this editorial. A few months later, Isfahan University of Medical Sciences started another pilot programme in preparation for the “World Health Organization’s intercountry meeting for the Eastern Mediterranean Meeting on mental health, which was held in Isfahan early 1989. Dr. Assadullahi and Dr. Hassanzadeh and Dr.

Mobaraki were involved in developing the programme in Shahreza, which was also technically supported by Tehran Institute of Psychiatry during a visit by Dr. Ahmad Mohit, then the director of the Institute to Isfahan.

The programme then developed to a nationwide activity. At the same time, late Dr. Shahmohammadi returned to Tehran, and became the one most involved in this expansion.

The reasons for the success of this programme were many, but looking back the following are the most important ones:

- The existence and rapid expansion of the network of Primary Health Care during the decades of 1980s and 1990s.
- Mental Health as the first vertical programme to be integrated into PHC attracted enough attention and support as a model for integration.
- The dedication of a number of psychiatrists and other mental health workers at both the planning and implementation levels in Tehran and different provinces. As a close witness, believer and advocate of this programme, here again I mention Dr. Shahmohammadi as an outstanding example.
- The existence and involvement of a technical leadership center like "Tehran Institute of Psychiatric", which was becoming increasingly known at national, regional, and international levels.
- Close collaboration, between the Institute with the Ministry of Health and Medical Education on the one hand and World Health Organization on the other. It was an important factor in making mental health a part of the Ministry's immediate agenda and learning from other experiences to develop a national program and implement it. For instance during the first visit of Dr. Narendra Wig, then the Regional Adviser, Mental Health in WHO Regional Office for the Eastern

Mediterranean in 1986 the Director of the Institute was also the convener of the meeting that developed the draft national mental health program with integration of mental health within PHC as its main strategy.

As for the future directions, one should consider the fact that our country has changed dramatically since the decade of Eighties. Demographically, the country has become much more urbanized. Literacy rate has increased considerably and it is particularly true for Women's Literacy Rate. Internal migration from villages to large cities and the expansion of suburban slum areas are among other changes. All of these have changed the form and role of the family and social support system. Finally the burden of disease picture of the country is changing.

The previous programme mainly addressed the needs of a basically rural population, it was an excellent starting point, but is no longer enough. What we need is a thorough in depth analysis of all these factors and more and development of a programme able to address the new conditions. In this programme, attention to issues like the effects of unplanned urbanization, drug abuse, family issues like divorce and also changing character, and symptomatology of diseases are important. Also, we need to look wider and deeper into the issues like Public-Private Partnership, Social Determinants of Mental Health, and the relationship between different levels of mental health provision in the urban settings. These issues affect all areas of health and mental health is no exception.

These issues need a more holistic look at mental health and a more future oriented attitude in planning, using many resources that exist in the country. One principle, but, should remain unchanged: The principle of Integration.

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<sup>i</sup>. Combining these two sections under the name of “Tehran Institute of Psychiatric” was done by the suggestion of the author of this editorial. In the beginning, the Institute was under the office of the deputy for education in the Ministry of Health. Later on, it became a part of Tehran Province Health Department. Finally, and after the integration of health and medical education; it became an institute of “Iran University of Medical sciences” and together with the department of psychiatry of this university of this university continued to function as a center of excellence for research, planning and training.

<sup>ii</sup>. Report of the visit by Dr. Narendra Wig to I.R. Iran, 1985.

<sup>iii</sup>. National Mental Health Programme of I.R. Iran. Drafted by Dr. A. Mohit the convenor of the first national mental health committee.

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