

Box 2 Case study: integration of mental health into primary health care in Islamic Republic of Iran

A national mental health programme in the Islamic Republic of Iran was adopted by the Ministry of Health and Medical Education in 1988. Based on the evaluation of pilot projects, the Ministry decided to scale up the model of integrated primary and mental health care services to the whole country.

The scope of practice and clinical priorities are defined for the different levels of health care. At village level, the responsibilities of the behvarz (community health workers manning health houses in the community) was expanded to include mental health. In addition to training on mental health as part of their general curriculum, they attend refresher courses held by general practitioners, psychologists or psychiatrists at the provincial level. They are continually supervised by more senior health workers at the primary care centres.

The primary care centres are responsible for identifying and treating severe mental disorders, common mental disorders, epilepsy and mental retardation. General practitioners, who manage urban and rural primary health centres, receive a 1-2-week training session in mental health, as well as refresher training every 1-3 years. This training is provided by a provincial-level psychiatrist. The general practitioners in turn train the disease control technicians in their catchment area, focusing on diagnosis, management and referral of mental disorders.

The district health centres are responsible for the planning, management, implementation and supervision of activities within their health network of rural and urban health centres and village health houses. They in turn are supervised and supported by the provincial mental health units staffed by a psychiatrist and a psychologist, who are responsible for the technical, organizational and administrative management of the services at the periphery.

The deans of the medical universities in every province are responsible both for medical education and for health services in their catchment area, with full collaboration from the senior provincial health administration, especially the directors of the primary care network. This promotes continuity of care across different tiers of the system.

The Islamic Republic of Iran's strong ties between its medical education and health sectors facilitates the training of health workers throughout the country. As such, the medical universities provide strong scientific support for the programme. Nationwide training of general practitioners and behvarz using specially designed manuals and learning support tools has been completed on a province-by-province basis over the last 2 decades, and continues for new health workers and for those who need retraining and upgrading of their skills. A referral system for patients from health houses to specialized university facilities is in place.

Research on treatment pathways indicates that the expansion of mental health care into primary care has reduced assistance sought from traditional practitioners; first contact with a traditional health practitioner for a mental health problem has decreased from 40% in 1990 to 14% in 1998 and 16% in 2000. Integration of mental health in primary health care has also provided the foundation for expanding the scope of service to other areas. For example, a national suicide prevention programme is being implemented through training general practitioners in the treatment of depression (especially in regions where suicide rates are high), referral of suicidal patients, follow-up of people who have attempted suicide and control of potential social contagion. Nevertheless, challenges remain, such as the high mobility of general practitioners, particularly in more remote areas, and the fact that the behvarz who are essential to the programme's success in rural areas do not exist in urban settings where the private health sector is dominant and not well-regulated. Public-private partnerships are weak or nonexistent. Therefore, currently efforts are underway to develop community mental health centres with outreach services in the urban areas where 70% of the population is living.