Are Service Deliveries Studies a Priority of Mental Health Research in Iran?

Dear editor:

We read your editorial article "mental health study process into prevalence of mental disorders". Thanks to authors for reviewing epidemiologic studies on mental disorders in Iran, showing an unfortunate increasing trend of these disorders in the country and recommending these studies in a timely manner. Although these studies can help the health system to plan the services and estimate the needs, there are domains which are important to be studied.

Access to mental health services and preparing a good coverage have been desired outcomes of the health system. The Iranian mental health system has passed three successful decades of delivering health services, focusing on availability and coverage of primary mental health services in the country. There are lots of questions in the area of service delivery which are not answered properly.² Service utility, unmet needs responsiveness and effectiveness of our interventions in primary mental health are some of the most important subjects. Also, delivery of services to special groups like urban areas inhabitants, high risk groups as well as immigrants, needs to be known better.³

Another challenge for our primary health care delivery is its referral system. It is also a problem in primary mental health care. There are questions about why this system does not work well and how we can attract Iranian mental hospitals and psychiatrists as well as general hospitals to cooperate with the system. And what are other solutions to fix this problem?

Based on what we know about the relatively high prevalence of mental disorders in Iran,⁴ another issue in service delivery could be estimating needed human resources. How many psychiatrists, physicians and community nurses/psychologists and other related staff does the system need for delivering medical and non-medical interventions?

Our mental health system needs to move toward a holistic and integrative system which targets the recovery of people with mental disorders; so, measuring recovery in mental health⁵ is another area which must be considered for more research.

Mental health disorders in Iran seem to have an increasing pattern.⁴ If we accept that a part of this increase is attributed to some risk factors in our society, which havehappened years ago, it is better to investigate these risk factors and use some psychosocial and community based studies and interventions to prevent these disorders and finally, through evaluative studies, find how effective they are in promoting mental health.⁶

Cost of illness and burden of care is another area which needs more information. For example, a patient with schizophrenia has different direct and indirect costs for family, insurance companies and the society. We had a list of questions in our mind about chronic mental disorders like schizophrenia: for someone who cannot work constantly, how is it possible for him/her or his/ her family to pay for expensive costs of hospital? What is the cost of schizophrenia management in the hospital, or home and community? Who should be responsible for all these costs? Is it the Government, insurance companies, charities, or families?

Consumer satisfaction (including the staff of big psychiatric hos-

pitals and other facilities) is another important area which needs more research. In fact, in Iran we do not know enough about mental health consumers. We do not know how satisfied they are and how much they are involved in provision of their services.

A study on European countries showed epidemiologic studies are more than public mental health research, and research on promotion, prevention and policy is rare.⁶

It seems service delivery is an important research branch which needs more attention. Availability of these answers is of great importance which has been emphasized in revision of mental health services in primary health care. Considering limited sources of mental health research, determining research priorities in mental health must be done by a comprehensive view on all aspects of mental health and preferably by involving service users 11,12 and studies on mental health delivery should also be more noticed.

Kourosh Kabir MD MPH¹, Jafar Bolhari MD•²

Authors' affiliations: ¹Social medicine department, school of Medicine, Alborz University of Medical Sciences, Karaj, Iran. ²Community Psychiatry Group, School of Behavioral Sciences and Mental Health (Tehran Institute of Psychiatry), Iran University of Medical Sciencies, Tehran, Iran

•Corresponding author and reprints: Jafar Bolhari MD, Community Psychiatry Group, School of Behavioral Sciences and Mental Health (Tehran Institute of Psychiatry), Iran University of Medical Sciencies, Tehran, Iran.

References

- Noorbala AA, Akhondzadeh S. Mental health study process into prevalence of mental disorders in iran. Arch Iran Med. 2015; 18(2): 74-5.
- 2. Bolhari J, Ahmadkhaniha H, Hajebi A, Bagheri Yazdi S, Naserbakht

- M, Karimi-Kisomi I, et al. Evaluation of Mental Health Program Integration into the Primary Health Care System of Iran [In Persia]. *IJPCP*. 2012; 17(4): 271-8.
- Giacco D, Matanov A, Priebe S. Providing mental healthcare to immigrants: current challenges and new strategies. *Curr Opin Psychiatry*. 2014; 27(4): 282-8.
- Sharifi V, Amin-Esmaeili M, Hajebi A, Motevalian A, Radgoodarzi R, Hefazi M, et al. Twelve-month prevalence and correlates of psychiatric disorders in Iran: The Iranian Mental Health Survey, 2011. Arch Iran Med. 2015; 18(2): 76-84.
- Slade M. Measuring recovery in mental health services. Isr J Psychiatry Relat Sci. 2010; 47(3): 206-12.
- Wahlbeck K. Public mental health: the time is ripe for translation of evidence into practice. World Psychiatry. 2015; 14(1): 36-42.
- Ekman M, Granstrom O, Omerov S, Jacob J, Landen M. Costs of bipolar disorder, depression, schizophrenia and anxiety. The right treatments can have significant positive socio-economic effects]. *Lakartid*ningen. 2014; 111(34-35): 1362-4.
- Caqueo-Urizar A, Rus-Calafell M, Urzua A, Escudero J, Gutierrez-Maldonado J. The role of family therapy in the management of schizophrenia: challenges and solutions. *Neuropsychiatr Dis Treat*. 2015; 11: 145-51
- Patel V. Global mental health: from science to action. Harv Rev Psychiatry. 2012; 20(1): 6-12.
- Bolhari J, Hajebi A, Kabir K, Bagheri Yazdi S, Rafeyee H, Ahmadzad M, et al. Revision of Mental Health in Primary Health Care and Family Physician Program. Tehran: Tehran Institute of Psychiatry; 2013.
- Banfield MA, Griffiths KM, Christensen HM, Barney LJ. SCOPE for research: mental health consumers' priorities for research compared with recent research in Australia. Aust N Z J Psychiatry. 2011; 45(12): 1078-85.
- Tomlinson M, Rudan I, Saxena S, Swartz L, Tsai AC, Patel V. Setting priorities for global mental health research. *Bull World Health Organ*. 2009; 87(6): 438-46.