



Integrated mental health: An effective nationwide approach



Professor Ahmad Mohit (Tehran, Iran) began his professional career in 1968 as a GP in the military service followed by several years of studies and residency in the USA. Returning to Iran in 1978, Professor Mohit was initially responsible for residency training at the Tehran Psychiatric Institute where he later became Associate Professor and Chairman of the Department of Psychiatry. He then joined the World Health Organization in its Eastern Mediterranean Region Offices (WHO-EMRO) until February 2006, when he officially retired. Since retirement, Professor Mohit has remained actively involved with the WHO-EMRO on various levels including participating on the Advisory Panels for Substance Abuse (RAPID) and HIV/AIDS in WHO-EMRO.

Before his plenary lecture entitled “Mental Health in Primary care across the life cycle: Iranian, Urban Perspectives,” WPA spoke with Professor Mohit about the exemplary and dynamic approach to meeting the mental health needs of Iranians.

Iran’s pioneering integration of mental healthcare into primary healthcare was initiated decades ago, Professor Mohit explained: “On a Nationwide scale in the early 1980s, the main strategy was to start a primary healthcare system, based on different levels of healthcare.

“The basic level of healthcare in rural villages is a ‘health house’ where behvarzes (community health workers) are responsible for a population of about 2,000. The second level is a health center (both urban and rural) covering the equivalent of five to seven health houses. These centers are GP-led with the help of a few health technicians, and referrals to hospitals are made.

“This was started on a nationwide basis and was accompanied by another important change: the separation of medical schools, including dentistry, pharmacy and nursing, from schools of science; and the Ministry of Health became Ministry of Health and Medical Education. This Ministry was charged with training medical personnel and the provision of medical services. This in turn led to further developments.”

This expansion of primary care provided a good opportunity to integrate other health programmes. The concept of mental health care in Iran began from just one or two pilot studies demonstrating that mental health issues could be managed alongside other health problems; and that primary care workers were indeed capable of providing mental health care [1].

In 1989, mental health - previously a vertical service - was integrated as a component of primary care, at first in provinces and then nationwide, long before many other health service specializations. This required nationwide training of many general practitioners and thousands of behvarzes. Training was completed on a province-by-province basis over two decades, and continues to this day, for new health workers and for those who need retraining and upgrading of skills.

Challenges stand out even today in applying the program nationwide, Professor Mohit explained, as rural areas tend to outperform urban centers, possibly given the relative complexity of urban populations and infrastructure. The large number of refugees, as well as internal migration from rural to urban areas has resulted in a less stable urban population. In urban settings competition between unregulated private sector care providers muddies the water; public-private partnerships are either weak or non-existent. On top of this, cities do not have behvarzes, who are essential to the program’s success in rural areas.

“Nevertheless, as someone who was involved in starting this program and working as an advisor with the WHO-EMRO, I can say with certainty that this was the best model for us, from Morocco to Afghanistan, north Africa (except Algeria) and the whole Middle-Eastern bloc.”

Describing the present burden of disease, Professor Mohit continued: *“At the moment, mental illness is the third most prevalent condition after cardiovascular illness and accidents. It affects 23.6% of the population. The burden in women is greater and the risk is higher in urban areas where substance abuse is a problem. The success of the integrated mental health scheme lies with the educational aspects of the training, which must be dynamic in order to address new issues.”*

In order to improve mental health care in the urban setting, Professor Mohit made several recommendations involving the creation of support networks: *“The level of care must be strengthened with specialized personnel; for instance, psychologists trained to recognize and treat mental health problems early on.*

“Primary healthcare should be linked closely with other ministries, such as the Ministry of Education, where training of child-rearing skills and prevention of suicidal behavior can be implemented – pilot studies have proved successful [2]; and also integration of substance abuse treatment. Additionally improvements could be made by using mobile units and strengthening the referral system.

“The stigma surrounding mental health illness has decreased though integration of mental health treatment in primary healthcare, now mental health problems and their treatment is discussed between people.”

Concluding the interview, Professor Mohit spoke briefly about his other great interest: literature. Aside from having published a number of articles and books on clinical psychiatry and mental health in both English and Farsi, Professor Mohit has also a number of literary publications, particularly poetry, both those authored by himself as well as his translations of poetry pieces to and from Farsi and English.

The WPA Section of Literature and Psychiatry was formally approved a decade ago and builds upon the longstanding tradition of fruitful discourse between medicine and literature. *“I am the founder and chairperson of the section on literature of the WPA. At most of the major WPA congresses we have a well-attended session on literature and psychiatry.*

“After psychiatry, my other interest is poetry. This was based on a belief that some of the works of literature can really act as textbooks for many psychiatry symptoms and the development of psychiatric problems, ranging from Shakespeare to Rumi as well as some of the more modern novelists from South American like Gabriel García Márquez.

“They have all written about psychiatry symptoms, which are quite useful and quite telling; many high level artists have suffered from mental health. Also the works of art from psychiatric patients can be extremely powerful and therapeutic so all of this together suggests that art and poetry are a means with which individuals can present their frame of mind.”

Professor Ahmad Mohit will give his plenary lecture on “Mental Health in Primary care across the life cycle: Iranian, Urban Perspectives” on Friday 26th June in the Session Room 1 at 17:15. Professor Ahmad Mohit will also be both chairing and presenting at the symposium on Literature and Psychiatry on Wednesday 24th June in Session Room 2 at 16:40.

References

1. Shahmohammadi D. Comprehensive report of research project on the integration of mental health in primary health care in Shahr-e-Kord villages. Tehran, Islamic Republic of Iran, Ministry of Health and Medical Education, 1990. 16 Y
2. Yasamy MT et al. Suicide prevention in four cities. Paper presented at the Regional and Intersectoral. Congress of the World Psychiatric Association Advances in Psychiatry, Athens, 12–15 March 2005.