Original Article

Barriers to Mental and Social Health Programs in Schools: A Qualitative Study

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Abstract

Objective: In order to achieve development goals, in addition to providing students with physical health, their mental and social health should be considered as a necessity and priority in development programs. This program, called the Nemad Project in Iran was formally established in 2015. This study aims to explore the challenges of the Nemad project in Iranian schools based on stakeholders' views.

Method: The present qualitative study, with a contractual content analysis approach, was conducted on 21 experts in the field of social harm prevention and mental health promotion at the senior, intermediate, and operational levels in educational institutions and schools, Ministry of Health, the Judiciary and the Planning and Budget Organization. These experts also included project technical officers. Participants were selected using snowball and purposeful sampling methods. Data were collected through semi-structured interviews and analyzed by coding, classification, and extraction of the main themes.

Results: Six main themes were derived that included inefficiency in resource management (with subcategories of inadequate facilities and equipment, inadequate human resource management, and information management system deficiencies), weakness in program organization (with subcategories of poor cross-sectoral and weak inter-sectoral subgroups), challenges of laws/regulations/policies (with sub-categories of defective protocols and guidelines and lack of specific task descriptions), barriers and challenges to implementation of policies (with macro and school policy implementation subcategories), structural factors (with subcategories of financial resources allocation problems, inconsistency in managerial levels, and deficiencies in decision-making principles), weaknesses in educational processes (with subcategories of inadequate teacher education, weaknesses in parenting courses, and weaknesses in student education), and ultimately, weaknesses in monitoring and evaluation (with the subcategory of lack of a monitoring and evaluation system).

Conclusion: According to experts, implementation of mental and social programs in schools is not in a desirable situation and is faced with certain challenges. To enhance the management of the Nemad project in Iranian schools, it is necessary to compile flowcharts of service delivery and inter-device communication, allocate resources to meet the expectations of each organization, do performance-based budgeting, take a comprehensive look at parental issues, and design a system of monitoring and evaluating the requirements.

Key words: *Mental Health; Mental Health Services; Qualitative Study; Schools*

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As the conditions of life in the new age become more complex, in addition to attention to physical therapy, issues of mental and physical health of the community have become increasingly important (1). The emergence of social crises in many industrialized societies and the widespread prevalence of depression and anxiety have led policymakers and physicians to pay particular attention to increasing mental and social health levels of the community. Psychiatrists and mental health professionals believe in the fact that risk factors may lead to mental illnesses and substance use disorders (2). Neglecting the dimension of mental and social health in the age of communication and globalization increases the vulnerability of individuals to psychological dimensions, suicide, the tendency to smoke, running away from home, academic decline, and other social harms (3). Children and adolescents are more vulnerable than other groups because they are less capable of meeting their needs and going through their developmental stages due to their unique characteristics, such as lack of social and life skills and abilities needed to properly and dynamically address the social environment, and their dependence on adults and parents.

Childhood and adolescence are of the most critical periods for promoting mental health, and more than half of mental health problems happen at these stages (4).

Mental health as defined by the World Health Organization (WHO) refers to a state of well-being in which individuals develop their abilities, face daily stresses, perform productive and efficient tasks, and contribute to community development. Schools, as the most important institutions where children and adolescents spend most of their time, play an important role in promoting health, especially mental and social health (5). Historically, the education system has focused on developing students' educational knowledge and skills. However, studies have shown that limiting the focus on academic achievement is not enough and students need social, emotional, and cognitive skills to fully grow (6). Different programs are being implemented in different countries to promote students' social and mental health (7-9). National and international evidence from these programs shows that improving social and psychological learning in schools allows students to interact with others, have better learning and thus increase their chances of success at school and later in life (10-13).

According to epidemiological data, mental health and behavioral problems of adolescents are common in Iran, like many other low- and middle-income countries, and the needs of these adolescents are not widely resolved. According to a National Mental Health Survey in Iran (2011), individuals in the age group of 15-19 years (27% female and 16% male) had one or more psychiatric disorders (14, 15).

Following the WHO Goal of Improving Students' Mental Health in Iran in 2015, a national coalition was formed to establish a social protection and support system among 9 executive agencies. A document was also developed in six articles, entitled Student Social Care System, to enhance psychological and social support in schools. This plan is called the Nemad Project in Iran. Student Social Care System is a systematic set of services and programs, including screening, training, empowerment, and psychosocial support. It aims to protect students against high-risk behaviors, social harms, and offenses through timely and effective intervention (16). In the 2016-2017 academic year as the first year, 72 schools were covered, with screening and training operations, from 12 cities of the 6 provinces of East Azarbaijan, Alborz, Khorasan Razavi, Sistan and Baluchestan, Kermanshah, and Fars. These 72 schools also reached the intervention and service phase in the academic year 2017-2018. In the academic year 2017-18, as the second year of the project, 509 Iranian schools were covered by the Nemad project, which included three separate pilots. According to the student social care coalition document and the planned roadmap, the mental and social programs must be implemented in all schools of a single district in each province in the school year 2018-2019 (17). However, although the promotion of mental and social health in schools has been discussed since the 1990s and the preparations to plan for and implement it have been provided in Iranian schools since 2016 and planners have designed and implemented activities in the form of student social care programs, according to officials, a growing number of social harms are still reported in Iran.

Sometimes, major outcomes are not achieved even when large-scale programs with specific goals are running. According to mental health programs implemented in US schools, although improvements were seen as outcomes in various areas, after measuring the final outcomes, it was found that the results did not match what was expected. After examining the causes, researches have revealed that this was partly due to inappropriate implementation practices and the challenges on the way to implementation. Therefore, finding the executive challenges in the main stages of implementation of the program was considered (18). Given that implementation of mental and social health programs in Iranian schools is at an early stage, analyzing the experiences of its programmers and policymakers can be an indication of the challenges facing this program in the years ahead and the remedial strategies that need to be adopted.

The present study aims to explain the challenges of implementing this system in the viewpoints of policymakers and executives in Iranian schools, so that its results can be used to eliminate and minimize weaknesses and achieve all program goals.

Materials and Methods

The present research is a qualitative study with a contractual content analysis approach using semi-structured interviews. Contractual content analysis is used in studies aimed at describing a phenomenon that has no predetermined classes and that the theories or texts about it are limited. One of the benefits of contractual content analysis is the direct acquisition of information from individuals (19).

Participants

The studied population included national-level experts (from the Ministry of Health and Medical Education to experts from Nazarabad city of Karaj (pilot site)) and trainers in Bushehr and Tehran provinces as the two provinces active in implementing this program. Participants in this study were those who had practical or theoretical experience in the field of social and mental health and implemented these programs in schools and tended to restate their experiences in this field. The total number of interviewees was 21, aged between 31 to 55 years, who were selected from three national, provincial, and city levels. Interviewees at the policymaking and executive levels included those responsible for the prevention of social harm and mental health departments of the Ministry of Health as well as some participants from the Planning and Budget Organization, the Judiciary and the Ministry of Education. The subjects also included parents, students, educators and counselors, training assistants from the Ministry of Education headquarters, the executive manager of the project, technical managers of the project, the person responsible for designing the project mental health questionnaires, and the person responsible for the electronic system of the project. The samples were selected through snowball and purposeful sampling methods.

Data collection

Initially, the data were collected using 2 in-depth unstructured interviews. Then, 19 semi-structured interviews were conducted in the first half of 2019. Interviews began with the open-ended question of "State the problems and challenges of the mental and social health programs aimed at promoting students' mental health in schools", and follow-up questions were asked based on the information provided by the participant in order to clarify the concept of the study. Questions in subsequent interviews were also based on the concepts extracted. A sample of questions that were asked in the interview includes: Do you think the policies and rules needed for the proper functioning of mental and social health programs have been properly communicated? Do you think the programs were all in line with the policies? And how do you assess the coordination and communication between the entities participating in the coalition when implementing the program? Each interview lasted between 30 to 90 minutes.

Data analysis

Data analysis was done by qualitative content analysis with a conventional approach. The data were collected through interviews and open-ended questions. Digital voice files were listened to several times and the transcriptions were completed.

Data analysis was done through repeated reading of the texts (the transcript of interviews) and coding was performed until the key concepts were finally extracted. By constantly comparing concepts and events, the phenomenon was identified. The coding was done in three stages: 1) The first level codes were intrinsic, since they were the original words used by the participants, 2) In the second-level coding, the first-level codes were grouped into clusters based on their relevance and second-level codes were obtained through compiling and summarizing the first-level codes, and 3) the third-level codes were obtained by aggregating and compressing codes that were similar in the second level. The codes were regularly classified according to their similarities and differences (20). Finally, researchers and experts came to an agreement on the meaning of the data, subcategories, and themes. The software used for data analysis was MAXQDA$_{10}$.

Data robustness

The methods suggested by Guba and Lincoln were used to evaluate the quality of the findings and to increase the validity of the results. The two researchers proposed four criteria for establishing credibility, including credibility, transferability, dependability, and confirmability which were taken into account by the researchers during the study process (21). Participant review was used to ensure the validity and reliability of the extracted data, i.e., to exclude concepts that did not reflect the participants' views. The extracted concepts were also controlled by professionals with sufficient experience in the field of qualitative work.

Ethical considerations

This article is part of a Ph.D. thesis of health management services, conducted with the approval of the Ethics Committee of Tehran University of Medical Sciences under the IR.TUMS.SPH.REC.1398.062 code of ethics. The purpose of the research was explained to the individuals and consent was obtained from the interviewees and the interview was not conducted in case of their refusal. They were also asked for permission to record their voice, and at the beginning of each interview they were assured that the information and the names of individuals would be kept confidential. Finally, the informed consent form was signed by the participants.

Results

In this study, 87% of the participants were male and 13% were female. The mean age of the participants was 43.8 ± 12.4 years, and 71% of the interviewees had a bachelor's degree or higher. Also, more than 90% of the interviewees were from Tehran. Interviewees included

social justice injury prevention officers and experts as project managers (three people), people from the Ministry of Education and the schools it governs (office of prevention of social injury: 1 person, administrator: two people, advisor: three people, student: two people, instructor: three people, and deputy assistant: one person), project managers in the Budget Organization (one person), people responsible for designing a screening questionnaire (one person), people responsible for the Nemad system (one person), people from the department of social injuries prevention of the Ministry of Health and the Deputy Director of the Mental Health Office of the Ministry of Health and the representative of the Ministry of Health in the policymaking council of the mental and social health programs (three people).

In this study, the main categories included: 1. Inefficiency in resource management (with subcategories of inadequate facilities and equipment, inadequate human resource management and deficiencies in information management systems); 2. Weaknesses in organizing the program (with weak inter-sectoral and cross- sectoral subgroups); 3. Challenges of laws and regulations/policies (with the subcategories of defective protocols and guidelines and lack of specific task descriptions); 4. Classification of barriers and challenges to policy implementation (with subcategories of macro-level implementation and school-level implementation); 5. Structural factors (with sub-categories of funding allocation problems, instability at management levels, and deficiencies in decision-making principles); 6. Weaknesses in education processes (with the subcategory of inadequate teacher training, weaknesses in parenting courses, weaknesses in student education); and ultimately 7. Weaknesses in monitoring and evaluation (with the subcategories of lack of a monitoring system and lack of an evaluation system) (Table1).

Table 1. Challenges of the Metal and Social Health Programs in Iranian Schools Based on Stakeholders' View

Theme	Sub-theme	A few examples of the codes
Inefficiency in resource management	Inadequate facilities and equipment	Lack of computer and demonstration systems Excluding smart classroom space in schools Not designing primary physical space for attractive school spaces
	Inadequate human resource management	Lack of a desirable standard of manpower Inappropriate motivational system of human resources in education
	Deficiencies in information management systems	Lack of access to and use of an electronic system designed for education in other coalition bodies
Weakness in organizing the program	Weak cross-sectoral cooperation	There are passive and conservative devices in running the program The inability of ministry of education to justify other bodies to cooperate Lack of public awareness about this project The need to use the media in advertising the purposes of this project
	Weak inter-sectoral cooperation	Transferring the responsibility for the mental and social health programs by changing the alternative positions in the ministry of education Absence of an active national office with the executive team in the field of the Nemad project in the Ministry of Education Failure to fully justify the subsidiary organizations of each coalition member in the city by the main body

Challenges of laws / regulations / policies	Defects of protocols and instructions	Lack of protocol on how to communicate with different bodies Lack of a flowchart to provide services between devices Not designing the process of how each student enters and exits in referral between different bodies Unclear about how to deal with each item in the instructions Strong emphasis on documentation in executive style sheets The need for comprehensive guidelines on the various screening procedures and processes The need for plan evaluation process and protocols The program is not approved by law Lack of funding to address parental problems, such as employment and so on Centralized style sheets regardless of the regional, indigenous, and cultural needs of each city Too many screening questionnaire questions Inconsistency of screening questionnaire questions with correct diagnosis and identification of the students' problems There are more minor programs similar to the Nemad Project in the Ministry of Education
Barriers and challenges to policy implementation	Lack of specific task descriptions	The necessity to set expectations for each body Failure to introduce the capacities of Coalition Member Organizations to the Nemad project Authorities to determine task descriptions
	Macro-level policy implementation	Lack of knowledge of the authorities responsible for implementing the policies Announcement and implementation of the plan at the national level before pilot reforms Lack of screening by specialized agencies
	Plan implementation at the school level	Not completing the questionnaire by illiterate parents Failure to complete a comprehensive screening questionnaire by the students Failure to track referrals
Structural factors	Problems with the allocation of funds	Non-allocation of costs to coalition agencies for referrals The absence of a performance-based budgeting system for allocation between devices Delay in budget injection Lack of adequate funding for education Uncertainty about the cost assigned to each implementation step from the macro level The inability of the Ministry of Health to make specialist referrals due to lack of funding
	Instability at management levels	Plans depending on the individual Frequent changes of managers at different levels
	Deficiencies in decision making	Centralized decision making in the structure of education The limited authority of school principals to spend resources
Weakness in training processes	Insufficient training of the teachers	Lack of comprehensive training on how to screen teachers Lack of in-service code for teachers
	Weakness in parenting courses	Repeating topics in parent workshops every school year
	Weaknesses in student education	Lack of updating and variation in educational content in each course Inadequate number of peer student meetings Inappropriate timing for peer student classes
Weaknesses in monitoring and evaluation	Lack of a monitoring and evaluation system	Lack of oversight to the spending in education The absence of continuous monitoring of the program at the macro level Formalizing and documenting reports in schools and the Ministry of Education Failure to develop specific indicators for evaluation

Inefficiency in resource management
From the interviewees' point of view, inadequate facilities and equipment to address issues of the Nemad project, improper human resource management, and problems with information management systems were the major challenges.

Improper facilities and equipment
P2 "…There was a lack of facilities for the teacher to better organize classes. In terms of performance and reception, we always had problems with many prayer halls, which were very hot…." (four people)

Improper human resource management
P21 "…It is not clear to me, as a person involved in the exact project, how many advisors are better for one certain region or how many students should each selected instructor cover? …". (one person)
P10 "… After running mental health programs, they were neither given an incentive certificate nor the agreed amount of wage that was set [ahead] for implementing these programs. Rather, much less was paid…." (two people)
P19 "…There was no specific person in charge of the Nemad project in any of the coalition bodies. Whenever a meeting was held, anyone who had time would go to meetings…." (three people)

Problems with information management systems
P17 "…For referrals, the system was not complete. The rest of the organizations were not linked to it and there was no systematic referral system, while it was absolutely necessary; because a systematic referral would have been more legitimate and it would have meant that these processes are fully organized and are taking place with full coordination with the senior officials of the organization …." (four people)

Weakness in organizing and coordinating the program
From the interviewees' point of view, poor cross-sectoral and inter-sectoral cooperation were among the key challenges of implementing the Nemad Project.

Poor cross-sectoral cooperation
P11 "…Ministry of Education alone cannot cover all students in the field of mental health … the personnel aren't prepared and specialized in dealing with these issues and are not capable of communicating with other organizations or purchasing services (necessary interventions and helps) for student. The other organs (the other organizations involved in implementing the Nemad project) should not act passively…." (13 people)
P5 "… It happened many times that I referred students to, for example … of the hospital to receive services. After a few days when I, as the principal, saw the student I realized that he/she had been, for example, hospitalized. It would have been much better if that hospital provided me with feedback about what had happened." (three people)

Poor inter-sectoral cooperation
P3 "…Our overall policy was for all organizations to announce to their affiliates to work with this project.

However, many organizations have signed up to the alliance, but do not cooperate at the lower levels, and this shows weaknesses in those bodies…." (seven people)

Challenges of laws and regulations
From the interviewees' point of view, defects in protocols and instructions and lack of specific job descriptions were challenges to this project.

Defects of protocols and instructions
P14 "…the relationship between related organizations and the Ministry of Education is not well defined. The process of providing the inter-device service should be designed. The Ministry of Education only says it wants help with the mental and social health programs but it can't come up to us to say what it wants. Or, if it does, the conversation won't go according to plans. There should be clearly defined steps as to what everyone can do…." (10 people)
P16 "…The main aim of the Nemad project should also include the parents. Parents also have an impact on the mental health of their children if they do not have a job or if they're addicted. As the principal, I've taught many things to parents in the prayer hall, such as sewing, weaving carpets and things like that…." (six people)

Lack of specific job descriptions
P8 "…The project is a good plan if the services it provides are written with standards. The service flowchart should be written for each entity. We are now confused as to what, for example, the representative of the Ministry of Health is really all about? What are my duties and what are the duties of the bodies under my control? What services should we provide? What services we shouldn't provide? …" (seven people)

Barriers and challenges to policy implementation
Laws and policies are considered as the basis for the implementation of any program. Large-scale and school policy implementations were two important challenges.

Large-scale policy implementation
P14 "…We can't say the pilot work was done. Now, for example, we have made 15 referrals, 12 of which have not been dealt with yet; but we have expanded the program to schools nationwide. We need to see why the referrals didn't get what they needed. If it was because of inadvertence, [the one who is responsible] should be reprimanded. If resources were not provided, they should be. But all the cities of the province were notified at once. The problems of the pilot [implementation] in a small area were not fixed and it was sent [for implementation] to other schools…." (eight people)
P16 "…Screening should be done with the help of its specialist organization. For example, it is better to have social screening done by the relevant expert, psychological screening and its dimensions by its specialist…." (three people)

Implementation of policies in schools
P14 "…The questionnaire was for parents, but because they were illiterate, the students of our school did not

[have] it completed, except for 3. The level of the questions was such that parents who were illiterate could not quite understand them and the students of this school did not have the questionnaire completed. Only the teacher brought a list of names and completed the questionnaire, then the principal studied the questionnaire again and provided the necessary descriptions in there.…" (three people)

Structural factors
Fundraising is a must for any executive project. Interviewees stated that, in addition to allocating funds, there was instability at managerial levels and deficiencies in decision making. Thus, challenges related to structural factors were categorized as follows:

Problems with the allocation of funds
P8 "…The Ministry of Health says that if the Ministry of Education screens and refers these kids, they are like other kids and they (the Ministry of Health) will do their usual routine. If we (the Ministry of Health) can't get treatment at the treatment center, we will be sent to a higher level... but if the project needs special services, specific tasks should be assigned and resources should be provided to do so; otherwise, the resources will remain at the current level...." (five people)
P5 "…The Planning and Budget Organization raised a budget for education, and the rest of the organizations that did not allocate a new and separate budget were told to use their ordinary budget. That's why those organizations said that our priorities are the programs we were funded for, not other programs…." (six people)

Instability at managerial levels
P8 "…In the level of the policy council, it depended on one individual, and with the change of those at the top of the planning board, such as the change of the vice president of the Management and Planning Organization, the secretariat of the policy council became somewhat less active…." (two people)

Deficiencies in decision making
According to the interviewees, the major challenge of this school-level project is the lack of trust of high-level managers in school authorities, which leads to staff frustration. Given that project implementation is in need of staff cooperation and teamwork, higher-level policymakers need to focus on school staff.
P10 "…help the school in spending money. As a principal, I recognize the student's needs, but they do not give the school the freedom to choose. Their trust to the principal should increase, or train us on how to spend, because we want to relieve the student's pain. The Nemad project has become a moneymaker for the authorities. Let's resolve the students' problems…" (three people)

Weakness in training processes
The Growth-based trainings for teachers, parents, and students in the Project were essential requirements and prerequisites for the implementation of this project.

Teachers' educational problems
P10 "…an in-service dedicated code for the project is not defined. We can tell teachers to come for 40 hours but they do not trust it and they are provided with at most 15 educational hours. This is not a code and we do not have freedom of action. They determined this year but it wasn't enough. 50 hours (of education) was not realized, instead 15 hours was provided. 15 hours sitting isn't good enough. They do it virtually at home…" (four people)

Weakness in parenting courses
P8 "…I taught this content at school last year. This year I'm teaching the same content again. Next year, this content will make the parents tired…" (three people)

Weaknesses in student education
P15 "…I was a high school student, in my first year of high school, but it was something that bothered me, and that was a repetition of some of the common topics in the two years of the project, and it (the topic) was relatively similar in both those two years…". (two people)

Weaknesses in evaluation
According to the interviewees, lack of specific evaluation criteria, lack of ongoing supervision, lack of supervisors, lack of supervision on how the education budget is spent, lack of central monitoring of the program and formalization of school documentation and lack of evaluation indicators were some of the challenges of the project.

Lack of a system of monitoring and evaluation
P14 "…In my opinion, budgeting should be done in a functional way, but it is not possible for us because we didn't have an evaluation index. If we did, we would evaluate schools in terms of program implementation. But lastly, we used to say, as an observer, that because you have achieved this much in terms of valuation, so you get this much budget…" (12 people)

Discussion
The findings of the study showed that from the viewpoint of experts and stakeholders, inefficient resource management, weak organization and coordination of the program, law and regulation deficiencies, policy implementation problems, structural factors, weaknesses in training processes, and weak monitoring and evaluation were some of the key challenges to implementation of students' mental and social health programs under the Nemad project in Iranian schools. The main purpose of this study is to present the most important challenges in policymaking, implementation, and evaluation of this program in Iran and to provide solutions to remove the barriers based on the information and opinions provided by the junior, mid, and senior-level officials of relevant coalition organizations. Weaknesses in the inefficient management of resources are of the challenges presented in this study. According to studies, the educational and

support resources often needed to implement school-based mental health programs are beyond the reach of schools (22). Interviewees identified inadequate facilities and equipment, inadequate human resource management, and problems with the information management system as major weaknesses in resource management. Lack of adequate and predetermined physical space for the implementation of classroom psychosocial issues in schools and lack of opportunities to utilize smart technology in the classroom were discussed; these included the facilities and equipment challenges. In his research, Fixsen studied the main components of the implementation of mental health promotion programs in schools, and pointed to the lack of educational facilities and adequate space in schools as administrative barriers (23). It is clear that educational materials and equipment are important resources that improve the quality of education and enhance learning. According to studies, due to the lack of up-to-date educational facilities in Iranian schools, educators do not have sufficient access to appropriate educational technologies, which, consequently, leads to decreased efficiency (24, 25). The absence of desirable standards of human resources and lack of motivation in human resources of education, as the main executive body of the mental and social health programs, are examples of problems in the human resources category. In order to share information and perform referral steps in the project, a system was designed. However, it had disadvantages, such as the inability to be shared with the coalition bodies. According to studies, teachers report that even when principals volunteer their school to teach mental health programs, the motivation to implement these programs is not always evident in teachers, and financial readiness and incentives are required to increase motivation and the quality of performance (26).

Lack of inter-departmental and cross-departmental collaboration was another challenge from the perspective of the interviewees. In recent years, inter-organizational communication has been increasing to improve and integrate the provision of health services (27). Promoting large-scale interdisciplinary and teamwork programs is a purposeful process requiring extensive planning (28). Interdisciplinary teamwork can be especially challenging in schools. Implementing the Mental Health Promotion Program in Iranian schools started with the cooperation of 9 coalition members and calls for continued and active cooperation by all these coalition member organizations. However, the absence of cooperation between these organizations is the main challenge of this huge project. Units within the Ministry of Education that play a role in the implementation of the Nemad project must also be fully integrated. Lack of collaboration between different bodies and specialists in the implementation of large-scale programs, such as health programs, may create an island environment where all bodies operate passively, which may be due to their different goals and approaches (29). A study conducted in Iran on health promotion programs in schools also noted the lack of coordination between the Ministry of Education and the Ministry of Health and other bodies involved in the implementation of the program. Thus, if the organizations involved do not perform well and do not cooperate with each other and do not comply with the government's comprehensive plan for health in all respects, they will hinder the progress of the program (30). The European Network of Health Promotion Programs has emphasized the need to strengthen cooperation between the education and health sectors as the main health challenge of various dimensions, including mental health (31). According to a study conducted in the United States, the implementation of community mental health programs depends on partnerships between education program and mental health providers in schools and other member organizations and participants, including parents, the Department of Health and the Law Enforcement (32). In his study, West stressed that the implementation of mental health programs in schools is not feasible through the Ministry of Education alone and requires the cooperation of other bodies (33). A study in New Jersey, USA, identified strategies to increase collaboration between schools and participating agencies and to increase parental cooperation with schools to improve mental and social health as the most effective ways to remove program barriers (22). Deficiencies in laws and regulations and lack of specification of the role of each body in the implementation of the project were highlighted among the policy challenges. Due to the absence of strong cooperation between coalition member organizations during the project in Iran, protocols on how these bodies communicate and how they serve each student are part of the challenges of this program. Parents, who have been neglected in most policies and received no special service and treatment, are among the most noticed in these programs. Failure to comply with the style sheets for each area and failure to approve the program in a legal form is another challenge from the law and regulations class. The absence of specific task descriptions for each coalition member in the project is indicative of the difficulties in implementing this project. When several organizations come together to accomplish a goal, it is necessary to properly organize these bodies and define their assigned tasks. With a clear description of each organization's tasks, each organization knows what to do when a student refers to them. At the top of the policy barriers and challenges, interviewees referred to challenges at both macro and school levels. The project was initially implemented in Nazarabad city of Karaj as a pilot site. While reviewing the pilot results, problems were identified that had to be addressed by all Coalition officials before the project was communicated to all schools across the country. However, this project entered the executive process without addressing these problems. Another objection to screening in this project was the non-routine screening of the interviewees. Some

parents were not able to complete the questionnaire due to low levels of literacy and education, and the students did not attempt to complete the questionnaire because of the length of its questions. In general, screening did not come into force; while, at every psychological and social level, screening should be done by professionals and the organizations concerned in order to identify the students correctly. Structural factors underlying the problems of allocation of resources, instability at managerial levels, and limited power of agents at operational levels are among the challenges stated by the interviewees. With the involvement of several systems and disciplines, it becomes difficult to determine which organization or body is responsible for payment and how these resources are distributed (34). Another study in Colombia found another obstacle to effective collaboration in implementing mental health programs in schools is funding and the limitation resources to support mental health service programs. When resources are scarce, there is often competition over them that can create tension between providers of services and directly reduce actual cooperation (33). Developing and sustaining funding to support the implementation of mental health programs in schools is a barrier at the local, state, and national levels. Financial support for mental health promotion programs has not increased in line with the need for services. Most of these programs face challenges due to ongoing local, state, and national budget deficits (35, 36). Research in Massachusetts, New England, has found that funding is a challenge for many schools, and budget allocation organizations expect to do more with less funding if the quality of work decreases and dissatisfaction grows (37). Another noteworthy challenge is that, in the mental and social health programs in Iranian schools, the schools that implement the directives are at the micro level and do not have the authority to spend and provide services because they have no authority at the macro level of education. Education is the focus of all political currents due to the wide scope of its activity and its impact on the society. All groups and social movements have always tried to guide the internal changes in the education system in favor of a particular group and flow. As a result, it is important to note that given the Ministry of Education's important responsibility in implementing the project of the coalition, this Ministry must be kept away from political currents. One way to help build relationships, clarify roles and responsibilities, and provide resources for implementing mental health programs is to provide a list of all the staff and a map of all resources (within the school and community). For example, a formal resource map, along with a list of mental health providers and their roles, can be a source for sharing the resources required by each beneficiary (38). Vahid Yazdi Feyzabadi also mentioned in his thesis, the limited involvement of stakeholders, lack of common understanding among policymakers and executives, incomplete content of the program, and

deficiency in the program's design and implementation are the most important obstacles to the success of health promotion programs in Iranian schools (39).

Due to the lack of a clear evaluation officer and appropriate monitoring and evaluation tools in the Nemad project, the positive and negative results of this project cannot be evaluated. If there is a system in place for monitoring and evaluation, the costs of each body will be monitored. Evaluation of inputs, processes, outcomes, and the final result at all high, intermediate, and operational levels is required in comprehensive mental and social health programs. Australia proposes quantitative, qualitative, and combined evaluations in three groups of students, parents, and staff for evaluating their programs (40). Community Mental Health Evaluation Initiative in Canada has identified input, process, and outcome indicators as the most useful indicators in evaluating program performance (41).

Limitation
One of the major limitations of the present study was that some experts did not permit the researcher to record their voice and the researcher wrote down the topics during the interview.

Conclusion
The present study was conducted about the participants' experiences regarding the obstacles to implementation of the Nemad project in Iran. Results revealed that in order to enhance and support these programs, it is necessary to allocate sufficient funding, develop service flowcharts and inter-body communication to enhance collaboration, develop screening protocols, use a comprehensive system, allocate resources to meet the expectations of each organization, implement performance-based budgeting, comprehensively address the problems of parents in policies, perform screening by specialized agencies, and design a system of monitoring and evaluation.

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Conflict of Interest
None.

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