



The Reform Process of Mental Health Services Within Iran's Primary Health Care (PHC) System: What has been Accomplished and What Remains to be Done

Hadi Zarafshan¹ and Mohammadreza Shalbafan²*

1. TUMS Autism Lab, Psychiatry and Psychology Research Center, Tehran University of Medical Sciences, Tehran, Iran
2. Mental Health Research Center, Psychosocial Health Research Institute, Department of Psychiatry, School of Medicine, Iran University of Medical Sciences, Tehran, Iran

* Corresponding author

Mohammadreza Shalbafan, MD

Mental Health Research Center,
Psychosocial Health Research Institute,
Department of Psychiatry, School of
Medicine, Iran University of Medical
Sciences, Tehran, Iran

Tel: +98 21 8145 4961, 9019753320

Email: Shalbafan.mr@iums.ac.ir

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Dear Editor,

The integration of mental health services into the Primary Health Care (PHC) system began in the early 1980s in Iran. This, in part, was a response to the pervasive mental health problems related to the Iran-Iraq War (1980-1988) and the broader socioeconomic hardships of the period (1). With the demand for accessibility and affordability of the services within mental health care, the government needed to integrate mental health within the already established Primary Health Care (PHC) system in a bid to guarantee access to fundamental health services throughout the country (1).

The integration of mental health into PHC started with pilot projects as early as the 1980s in selected rural health centers. The strategy had been to train community health workers (termed "Behvarz") along with general practitioners to detect, manage, and refer common mental health disorders such as depression, anxiety, and psychosis (2). The pioneer also developed innovative training packages for use by service providers and end users. These packages include topics such as life skills, stress management, parenting, suicide prevention, and more, which have been in use to this day. These initial efforts led to the nationwide expansion of mental health services within the PHC system by the mid-1990s. Later, in the 2000s, Iran had integrated mental health into almost all rural health centers and a good number of urban health posts, hence making it a global example in integrating mental health into healthcare (3). The model has received praise because of its emphasis on preventive care and early intervention while decreasing stigma associated with mental illness. The state still has to overcome some challenges in providing appropriate access to care for the underserved urban areas and for addressing the emerging burden of mental health disorders due to socio-economic pressures.

Despite these successes, many recognized experts and authorities in the field have, especially over the past ten years, drawn attention to the fact that the time of necessary reform has come and underlined the reality that, as with other components of the primary health

care system, mental health services are facing implementation difficulties (3,4). Almost two years ago, the former Director General (DG) of the Mental and Social Health and Addiction Department of the Iranian Ministry of Health and Medical Education started the reform process of mental health services. As they claimed, they made a team of experts, almost all of them were academic staffs of departments of psychology of large universities in Iran, and begun to evaluate and revise the documents that were already used in PHC to train the psychologists (5-9). Their efforts have resulted in a set of new documents on 10 different topics. Each of them has two booklets, one manual for the psychologist and one for the general population. However, any of them had not peer-reviewed by an external team independently and or pilot tested.

After the appointment of the new DG (Corresponding Author), the department began planning and implementing the remaining necessary activities to establish a reformed mental health program within the PHC. Initially, as a critical step, the department sent the new documents to the primary active associations in the field of mental health in Iran, including Iranian Psychiatric Association, Iranian Psychology Association, Iranian Psychotherapy Association, Psychology and Counseling Organization of the

Islamic Republic of Iran and Iranian Child and Adolescent Psychiatric Association as well as head of Mental and Social Health and Addiction offices of several major universities requesting them to scientific review the materials while considering the requirements and prerequisites of PHC. Subsequently, in a focused group discussion attended by representatives of the associations, the former DG, representatives of the writing teams, the new DG, departmental officers, and pioneers of the integration of mental health services into Iran's PHC system, the content of the new documents was thoroughly discussed.

Finally, considering major concerns raised by the associations and experts in the field such as inappropriate writing style for PHC and lack of scientific terminology/approach in some cases, it has been decided that some materials should be substantially revised by the authors with two separate scientific and executive supervisors for primary pilot study in a university before national implementation. In addition, some of them are not amendable for implementation in PHC and are not within current needs of the mental health system now.

Conflict of Interest

None.

References

1. Bolhari J, Ahmadkhaniha H, Hajebi A, Bagheri Yazdi SA, Naserbakht M, Karimi-Kisomi I, et al. Evaluation of mental health program integration into the primary health care system of Iran. *Iranian Journal of Psychiatry and Clinical Psychology* 2012;17(4):271-8.
2. Hassanzadeh M. [Investigating the integration of mental health services into the primary health care system of Shahreza]. *Darou va Darman Monthly* 1992;10(110):23-7. Persian.
3. Bolhari J, Kabir K, Hajebi A, Bagheri Yazdi SA, Rafiei H, Ahmadzad Asl M, et al. Revision of the integration of mental health into primary healthcare program and the family physician program. *Iranian Journal of Psychiatry and Clinical Psychology* 2016;22(2):134-46.
4. Hajebi A, Sharifi V, Abbasinejad M, Asadi A, Jafari N, Ziadlou T, et al. Integrating mental health services into the primary health care system: The need for reform in Iran. *Iranian Journal of Psychiatry* 2021;16(3):320.
5. Shahabi MA, Jenan M, Moslehi N, Zaghian H, Iman. Critical Review of Life Skills Training Package in the Primary Health Care System from the Perspective of Compatibility with Islamic-Iranian Culture. *Cultural Psychology* 2024;8(1):126-56.

6. Al-Yaran BD, Fayyaz Z, Moslehi F, Critique and evaluation of social health content in the primary healthcare system developed by the Office of Mental, Social, and Addiction Health at the Ministry of Health, Treatment, and Medical Education. *Quarterly Journal of School of Public Health and Institute of Public Health Research* 2023;21(2):187-214.
7. Moslehi H, Fayyaz R, Validabady Z, Zaghian I. Analysis of the Importance and Performance of Mental Health Programs in the Primary Health Care System in Iran. *Journal of School of Public Health and Institute of Public Health Research* 2023;21(3).
8. Fayaz R, Aleyaran B, Delavari Z, Moslehi H, Zaghian I. Survey, evaluation and analysis of clients' opinions regarding mental health services in comprehensive health services centers. *Hakim Health Sys* 2022;25(3).
9. Pourmousavi SM, Hajiha Z, Marfat M, Zaghian I, Moslehi H. Critical Assessment of Drug, Alcohol and Tobacco Prevention Services Based on the Information Available in the Office of Psychosocial Health and Addiction of the Health Deputy Section in the Primary Health Care System *Journal of School of Public Health and Institute of Public Health Research* 2024;21(4).