

Folder eCC\_00015006 is in stage Annual\_Report\_Due

**Name of the University, Hospital, Research Institute, Academy or Ministry**

Iran University of Medical Sciences

**Name of the Division, Department, Unit, Section or Area**

School of Behavioural Sciences and Mental Health, Teheran Institute of Psychiatry

**City** Teheran **Reference Number** IRA-22

**Title** WHO Collaborating Centre for Mental Health

**Report Year** 06-2018 to 06-2019

**1. Annual report on the agreed workplan**

**Describe progress made on the agreed workplan. For each activity, detail (1) the actions taken, (2) the outputs delivered, as well as (3) any difficulties that may have been encountered. Three responses are expected. [maximum 200 words per activity]. Indicate, if an activity has been completed previously, has not yet started or has been placed on hold.**

**Activity 1**

Title: Assessing the feasibility and providing a new version of National Registration System

Description: the WEB-based registration system has been established in 2010 nationwide in PHC network. the current evidences showing that the efficacy for collection the reliable data is lower than expected comparing with research studies. this study aim to evaluate the current registration system to find out the gap and providing the updated collection system by improving the PHC capacities.

for implementation, the current activities will be scrutinized, by collecting the data. the standard system according to the MoH, bureau of mental health will be determined, the gap between the standard and operating will be identified and then the new version according the capacities and future expectations will be provided. the new collection and collation instruction for PHC health personnel will be provided to update the web-base collection system.

Status: ongoing

. How does it implemented

a. According to the evaluation conducted by joint international and national team, a final report provided included challenges, achievement and recommendations. <http://irssp.iums.ac.ir/page/40708/Reports>.

b. [http://irssp.iums.ac.ir/files/irssp/files/2nd\\_part-situational\\_analysis\\_final\\_report.pdf](http://irssp.iums.ac.ir/files/irssp/files/2nd_part-situational_analysis_final_report.pdf)

c. [http://irssp.iums.ac.ir/files/irssp/files/1st\\_part-EVALUATION\\_OF\\_IRAN\\_NATIONAL\\_SUICIDE\\_PREVENTION\\_PROGRAM.pdf](http://irssp.iums.ac.ir/files/irssp/files/1st_part-EVALUATION_OF_IRAN_NATIONAL_SUICIDE_PREVENTION_PROGRAM.pdf)

d. The WHO guideline for providing policy and program for mental health (Funk, 2005) has been considered

e. The challenges, achievement of national experiences since 2010 and recommendation of the evaluation report were considered

2. If any outputs have been delivered?

a. A new version of the national program for suicide prevention provided by joint project collaborated by Iranian Scientific Society for Suicide Prevention, WHOCC for mental health, Ministry of Health, Mental Health bureau

b. It is supposed to be implemented in two at risk provinces: Ilam and Lorestan, located at western part of country. The implementing time will at September, 2019

3. If any results have been achieved?

a. ---

4. Any difficulties encountered so far?

a. No, just providing the new version has been encountered with some delay, due to implementing the new program of suicide prevention based on telephone follow in four western provinces

5. If any activities have not been started yet?

a. The program will be started at September, 2019.

6. If any activities have been hold

a. No,

7. Have you had any collaboration with who on this projects? Have you had any problem in communication?

a. No, we have communicated with the regional officer for the new program and Geneva focal point, Prof. Fleischmann

## Activity 2

Title: Assessing the feasibility and providing a new version of national suicide prevention program

Description: The current evidences showing that the current program of suicide prevention could cover just 50% of the country. This study tries to find out the barriers of the implementation of the program such as the personnel capacities, the feasibility and the execution defects.

The standard program according to the MoH, Bureau of Mental Health will be determined, the difference between the implemented program and the expected one will be identified and then the new version according the capacities and future expectation will be provided.

Status: completed

This activity was merged with the activity No.1 although we started a new activity in this field:

**NEW ACTIVITIES**

1. How does it implemented

a. Scaling up mental health services in PHC, scaling up the PHC system at Provincial level to Conduct the Telephone Follow up Program for Individuals with Suicide Attempt. This suicide prevention program is being implemented in four at risk western provinces of Iran since 2018

b. Publishing and disseminating suicide prevention newsletter nationally and among the countries with Farsi language (Afghanistan and Tajikistan professionals). [http://irssp.iums.ac.ir/page/40706/Newsletter-\\_YW\\_PAR\\_OPEN\\_Bulletin\\_YW\\_PAR\\_CLOSE\\_](http://irssp.iums.ac.ir/page/40706/Newsletter-_YW_PAR_OPEN_Bulletin_YW_PAR_CLOSE_)

c. Providing educational video clips and brochures and disseminating nationally.

<http://irssp.iums.ac.ir/page/41829/Clips>, [http://irssp.iums.ac.ir/page/41698/Brochure--YW\\_AND--Booklets](http://irssp.iums.ac.ir/page/41698/Brochure--YW_AND--Booklets)

d. Using the virtual social media for public education:

e. Opening a specific page on YouTube, aparat, telegram and Instagram.

[www.aparat.com/irssp.iums.ac.ir](http://www.aparat.com/irssp.iums.ac.ir)

f. [www.youtube.com/channel/UCduHiF8553t7r0Cu5NRvMw](http://www.youtube.com/channel/UCduHiF8553t7r0Cu5NRvMw), [@iranpreventionofsuicide](https://www.instagram.com/iranpreventionofsuicide), [t.me/irssp](https://t.me/irssp).

2. If any outputs have been delivered?

a. The final reports of the "scaling up the PHC" has been provided and related articles are being provided.

3. If any results have been achieved?

a. The educational materials are available at the above addresses

4. Any difficulties encountered so far?

a. Hiring required staff and financing them

5. If any activities have not been started yet?

a. The above mentioned activities are in progress

6. If any activities have been hold

a. No.

7. Have you had any collaboration with who on this projects? Have you had any problem in communication?

a. No, we have shared the above mentioned activities with the regional officer for any comments and suggestion with receiving fruitful feedback and encouragement

**Activity 3**

Title: implementing Urban Mental Health program as a pilot study and providing community field for education, research and treatment

Description: New model of Urban Mental Health developed collaborating with WHO/EMRO, MoH/MHB. First, in this model the principles of WHO based on General Physician to provide mental health services have pivotal roles. Second, collaborating between stakeholder organizations which are involved in provision of mental health services such as welfare organization, municipality and Ministry of Health, NGOs on mental health and charity organization has been speculated. Third, professional services will be provided by psychiatrist for mentally ill patients particular in acute phase and will supervise the GPs in PHC network in a regular manner.

This program will be implemented as a pilot study and a action research study in one of the district of Tehran and through this implementation an educational, research and treatment community field will be introduced as a unique model of multidisciplinary of community services. Furthermore, furnishing the current educational program by study course of fellowship in community psychiatry will fortify the mental health community network.

Status: completed

1. How does it implemented?

The Protocol of Community Mental Health center (CMHC) had been received from ministry of health and medical education in 2016.

Dr. M. Naserbakht as an executive person of CMHC project and Dr. N. Khademalreza as a responsible person and Psychiatrist of project were ,planned to set up CMHC in school of Behavior sciences and mental health (Psychiatric Institute of Tehran) which is associated with Iran University of Medical Sciences, according

to protocol.

- A cooperation agreement with a clinical psychologist, Ms. F. Jelvehzadeh as mental health expert and a secretary had been closed in Nov 2016.
- The CMHC had been run in clinic center of Psychiatric Institute of Tehran and the equipment of center and other office supplies had been ordered and received in early 2017.
- Several meetings were held in the presence of CMHC's members for description of the basics project and fundamental explanations; furthermore, the catchment area has been determined by CMHC members.
- The area of 2, 5, 6 and 10 of Tehran city, Iran, as catchment areas of collaborative care and after care section had been determined.
- The CMHC project was explained in person to the general practitioners in catchment area and an invitation has sent to whom were accepted to have cooperation with this project.
- After collection a group of general practitioners a seminar was held in order to describe proposes of CMHC and exaptation of this cooperation.
- In Aftercare section, the list of psychiatric hospital in catchment areas were prepared a letter of cooperation in person and in writing was sent to them; after a while, CMHC has received a number of sever patients who need home visit service.

2. If any output have been delivered?

- In collaborative care section, 13 doctors have willingness to cooperate in this design and signed the cooperation agreement.
- The workshop of neurotic disorders, diagnosis and treatments for general doctors with retraining score in 8.9 May were held.
- Necessary equipment for Doctors clinics such as Laptop... were provided.
- 14 sever psychiatry patients (schizophrenia and Bipolar disorder) recognized and the home visit service was provided to them.
- Due to the need of one of the home visit patient for hospitalization, necessary behest was provided in Iran hospital.

3. If any results have been achieved?

- Collaborative care section has run and doctors and their case managers have received and educated the equipment and program.
- The work of doctors is controlled by mental health expert with online system.
- CMHC is searching willingness doctor to increase the rate of collaborative care and expand the area of project.
- The psychiatry patients are received the home visits per months with a general doctor and a clinical psychologist.
- The reports of all actions with details taken every month are sent to ministry of health and medical education.

4. Any difficulties encountered so far?

- One of the most important encountered difficulties is finding and recognizing of general practitioners in catchment areas and then convincing them to cooperation with CMHC.
- The necessity of daily clinic in CMHC is obvious and the hospitalization of patients is a problematic issues and they must referred to the other governmental hospitals.
- The other most important encountered difficulties is the lack of funding will not allow CMHC to help with the purchase of medication, and the cost of hospitalization of patients and purchase of online system for registration of documents by general doctors.

5. If any activity have not started yet?

- Preparation of the article from the quality and quantity of annual CMHC report. In order to achieve this goal, some articles as literature has been searched from all around the world.

6. If any activity have been hold?

- This project is a continuous project that members of CMHC are searching and inviting general practitioners to joining this project
- Providing after care service; on the other hand, new patients can consciously benefit this service.
- We designed a site to record patient information by general doctors.
- Some education workshops will be held consciously for patients' family like psycho education and group Therapy and patients such as self-care.
- One of the activity that CMHC considered was to running Child CMHC section. For this achievement 2 schools in catchment areas randomly determined and all relevant sources and research were provided. This section will run after providing Child protocol.

7. Have you had any collaboration with who on this project? Have you had any problem in communication?

- We have collaboration with:
  - o Ministry of health and medical education
  - o School of Behavior sciences and mental health.
  - o North West of Tehran Health Center.
  - o Iran University of Medical Sciences
  - o Other CMHC in Iran.
  - o Center for Rehabilitation and Training of Neuropsychiatry
- We Had no problem with anyone or any organization in communication.

#### **Activity 4**

Title: support the publication of an open access scientific journal in English language, involving the regional experts

Description: 1.to Publish and disseminate an open access, English language, peer review scientific journal on suicide with name of: suicide prevention journal.

2. receiving the approval of Ministry of Health of Iran for the journal of "suicide prevention journal"

2. to collaborate with regional organizations and experts to publish on regular basis

3. to disseminate the regional provided scientific information among the state members

4. to collaborate with the international experts to provide reliable and valid information and services for the region state members

Status: completed

1. How does it implemented

a. Publishing the first issue of suicide prevention journal (English language) for the region collaborating with WHO/EMR and IASP. [http://isssp.ir/index.php?&slct\\_pg\\_id=10&sid=1&slc\\_lang=en](http://isssp.ir/index.php?&slct_pg_id=10&sid=1&slc_lang=en)

b. Editorial board: Prof. Ella Arensman, Prof. Silvia Sara Canetto, Prof. Diego de Leo, Prof. Mehmet Eskin, Dr. Marjan Fathi, Prof. Ahmad Hajebi, Prof. Kazem Malakouti, Prof. Murad Khan, Prof. Steve Platt, Prof. Lakshmi Vijayakumar.

2. If any outputs have been delivered?

a. Recently, the journal has been joined to the Iran University of Medical Sciences as publisher

3. If any results have been achieved?

a. Few articles have been published so far

b. The journal has to be introduced to the researchers in the suicide prevention field particular for the regional experts.

4.

5. Any difficulties encountered so far?

a. Not receiving any article from international experts and specialists

6. If any activities have not been started yet?

a. No,

7. If any activities have been hold

a. No,

8. Have you had any collaboration with who on this projects? Have you had any problem in communication?

a. The journal has introduced to the regional and international specialists however did not received any article so far.

#### **Activity 5**

Title: Collaboration with WHOCCs of Morocco, Pakistan at EMR to provide services for disasters, suicide registration system and prevention program, scaling up mental health services in PHC, Scaling up Opioid dependence prevention services

Description: 1. collaborate with WHOCCs of the EMR on the following activities:

1-1. establishing and scaling up the registration system on suicide behaviors

1-2. establishing and scaling up the substance abuse treatment focused on MMT services

1-3. scaling up the mental health services base on PHC

1-4. implementing programs to tackle the natural and man-made crisis

Status: ongoing

1. How does it implemented

Regarding to collaboration with our counterparts in the region, we were not succeeded to collaborate may be due to:

- a. Do not have regular close relationship even virtually
- b. Do not share our programs and exchange our ideas and comments
- c. Do not have regular meeting in the region
- d. Do not exchange our experiences in the interested fields

However, regarding to the scaling up the PHC system a new suicide prevention program has been designed for the high risk suicide behaviors of four western provincials of Iran including 8 million population" Scaling up the PHC system at Provincial level to Conduct the Telephone Follow up Program for Individuals with Suicide Attempt"

2. If any outputs have been delivered?

Capacity building. In order to implement the program, the following capacities were established.

Established steering committee

- a. Deputy of health of the WA province
- b. Head of health system of each district

Emergency departments

- c. Establishing training workshops for nurses of EDs
- d. Providing and distributing 7 educational brochures about suicide and depression for patients and their families with subjects of educating depression, suicide behaviors, aggressive behaviors.
- e. Introducing hotline (1480 telephone line and social emergency services named 123 of Welfare Organization)

f. Organizing referral pathways from ED to mental health department of the district and then toward final destination of CTC and working psychologist on daily bases.

Mental Health Office

- g. Establishing training workshops for the mental health officers of each district
- h. Establishing referral system from EDs to Mental Health Office and then toward each CTC based on the proximity of the residence
- i. Establishing training workshops for psychologists of each CTC with cascade method to provide short counselling for patients and their families according to ASSIP manual.
- j. Providing 7 brochures for the patient and their families
- k. Introducing hotline and social emergency services
- l. Improving registration web-based system for suicide registration in each mental health office of each district
- m. Providing training manual for brief counselling of ASSIP which provided by the psychologists for suicide attempters
- n. Training to make phone call periodically to get information from the patient and provide very short counselling in each phone call and motivate them to use the available mental health services at emergent or non-emergent conditions

3. If any results have been achieved?

- a. In half of the provinces the results were promising

4. Any difficulties encountered so far?

- a. Collaboration between the Treatment and Health sections of each provinces is not so easy for further collaboration to collect and transfer required data and to follow up the individuals at risk.

5. If any activities have not been started yet?

- a. No.

6. If any activities have been hold

- a. No.

7. Have you had any collaboration with who on this projects? Have you had any problem in communication? Yes, we have shared the new program with the regional officer of EMR and WHO/Geneva.

## Activity 6

Title: Integration of psychosocial intervention into CMHC (Community Mental Health Center)

Description: Given the habitation of 70% Iranian population in urban areas and their considerable mental health needs, the first CMHC was established in Tehran in 2010. However, it seems that there are some gaps and deficiencies in the implemented programs. The present project aims to collect the existing national wide data and experiences in implementing CMHC program and integrating mental health services in PHC over the past few years, to evaluate the delivered CMHC services. Adding psychosocial interventions into current operative CMHC is the principle aim of this study. This project will be implemented in the following phases: 1) The exploration existing status of mental health and its services in Iran based on current professional experiences (focus group and deep interview) and literature review; 2) The exploration of present performance of community mental health centers (CMHCs) in Iran and world based on current professional experiences (focus group and deep interview) and literature review; 3) The selection and integration of community mental health services into family physician program based on feasibility, justice and cost-effectiveness criteria; 4) Designing structure and implementation program of selected services for community mental health centers (CMHCs); 5) Pilot implementation of the designed CMHC model in two centers; 6) Evaluation of the implemented CMHC model in terms of applicability and cost-effectiveness.

Status: completed

- The project finished in 2017 and there no main difficulty.
  - All activities and steps done.
  - This project was an implementation part of Safety and prevention on Domestic Violence Policy Paper in Iran, supported by WHO EMRO in Iran. The project manager had no problem in commutations with WHO.
1. How does it implemented? It implemented as a pilot program in Iran in a small part of Tehran city.

2. If any output has been delivered?

The main output of this research were developing a new concept and model for involving health and community services in domestic prevention program in urban areas.

3. If any results have been achieved?

Advocacy model in domestic prevention in Iran developed. Many barriers reported in this project and some recommendations/ changes were added to the Ministry of Health.

4. Any difficulties encountered so far?

project finished in 2017 and there was no main difficulty.

### **Activity 7**

Title: Drafting national policy paper for providing required services for autistic disorder spectrum

Description: - Establishment of the different roles of governmental organizations (such as Health system, educational system and social welfare organization) in handling such complicated problems

- Determining an algorithm to help them to doing their duties
- Addressing the short term and long term goals for such patients, defining and specifying resources for them and creating a social commitment to help such patients and their families
- Producing facilities to screen children and recognizing them in early stage

Status: ongoing

Description: Establishment of the different roles of governmental organizations (such as Health system, educational system, and social welfare organization) in handling such complicated problems

- Determining an algorithm to help them to do their duties
  - Addressing the short term and long term goals for such patients, defining and specifying resources for them and creating a social commitment to help such patients and their families (e.g. holding an annual ceremony of public awareness about ASD in Tehran Psychiatric Institute since 4 years ago)
  - Producing facilities to screen children and recognizing them in early stage in welfare organization of Iran
- How is it implemented?

-providing the national document of autism by helping many experts of the Ministry of Health, Treatment and Medical Training to clarify the needs and obstacles to deal with problems in ASD. It is supposed to facilitate a multidisciplinary approach to such a complicated disorder. Many organizations have important roles in the management of such patients e.g. health, educational, social welfare and rehabilitation organization. It can determine the best management, optimal short and long-term program, specifying financial resources and



global commitment to improving their situation.

- Trying to provide better coverage of insurance for rehabilitation services that these patients need
  - Establishment of the different roles of governmental organizations (such as Health system, educational system, and social welfare organization) in handling such complicated problem
  - Determining an algorithm to help them in doing their duties
  - Addressing the short term and long term goals for such patients, defining and specifying resources for them and creating a social commitment to help such patients and their families
  - Producing facilities to screen children and recognizing them in the early stage
1. To identify important governmental organizations in presenting services
  2. To define some specific duties for them
  3. To delegate credentials to the governmental organizations for providing necessary services

If any outputs have been delivered?

Some basic issues have been addressed in this document including providing integrated and comprehensive services, enabling skillful staff to present treatment and facilitating screening and early diagnosis.

To achieve these goals two following projects are conducting:

1. Provisions for Trained Human resources.

School of behavioral sciences and mental health has held the well-defined courses to train some therapists to give services at home for the third time. This course is being continued now. So far 52 therapists are trained through 1-year course of observation and receiving direct supervision to use different methods of treatment in ASD.

2. Implementing a comprehensive center of developmental disorder in Iran University of Medical Sciences, Ali Asghar hospital and Institute for Cognitive Science Studies.

It is held to evaluate patients referred by health centers. At health centers, ASQ is conducted for children that have certain red flags, children that are suspicious having developmental disorders is referred to such comprehensive centers of developmental disorder. There are all kinds of specialists and facilities to diagnose and present necessary services such as child psychiatrist, child neurologist, occupational therapist and speech therapist.

An outpatient clinic has been started to work since two year ago to receive rehabilitation services. A support group for mothers of children with ASD is developed in the hospital based on the method of Tonge. There is another group for children with a milder form of ASD to experience social and group play in it.

Software is designed to screen ASD by families. The parents can download it and answer the questions if there are scores over than cutoff point they will visit a therapist to receive early intervention. It is based on ASQ which is standardized in Iranian children. There is some information about normal development in children in the software.

If any results have been achieved?

There is not any data to report.

Any difficulties encountered so far?

- Most referred patients to Ali Asghar hospital are people from low socioeconomic status who live in other cities or suburban areas of Tehran. They have many financial problems to follow treatment. The best treatment for such patients is home-based services that are very expensive, so they have to quit the treatment in the early stages.

If any activities have not been started yet?

If any activities have been held?

As we noted above, some activities are held because there is no financial support and access to optimal services in some areas and cities.

Have you had any collaboration with WHO on this project? Have you had any problem with communication?

- No collaboration with WHO on this project.

### **Activity 8**

Title: development of collaborative home care models involving family members and health care workers

Description:

- a. Using Prof. Liberman's guide book (involving families in mental health services) and study of feasibility of the book.
- b. Holding session of training of trainers
- c. implementing of pilot study of families education in collaborative and active participation model in AHEBBA(NGO) (Iranian Association Supporting Individuals with Schizophrenia).
- d. Presenting the package of family education in mental health service.

Status: completed

HOW DOES IT IMPLEMENTED?

- We reviewed resources and home care models from different data bases at first.
- Then we performed focus groups (3 focus groups according to our proposal) and conducted 2 deep Interviews with family members of severe mental disorder patients.
- The focus groups and deep interviews were held in some day centers and NGOs like Tolu, Ahebba and Omide Farda.
- Then we implemented and coded these interviews and we extracted the main problems and concerns of them.
- Then we provided the initial draft of our educational package.
- Next we held up expert panel and received their comments and we applied their comments in our package and we prepared final educational package for family members and health care workers
- In the final step the educational package of collaborative model is prepared now and we are working on writing the proposal to run the trial of this package on some severe mental patients and their family. To do this we formed a team of psychiatrist, psychologist and social medicine specialists.

2. IF ANY OUTPUTS HAVE BEEN DELIVERED? The educational package of collaborative model is prepared now

3. IF ANY RESULTS HAVE BEEN ACHIEVED? The educational package of collaborative model is prepared now

4. ANY DIFFICULTIES ENCOUNTERED SO FAR?

One of our problems for this project is finding the patients with severe mental illness but we can find day centers that they has enough patients for this project.

5. IF ANY ACTIVITIES HAVE NOT BEEN STARTED YET?

We have wrote the proposal and are working on the project

6. IF ANY ACTIVITIES HAVE BEEN HOLD?

We are working on this proposal

7. HAVE YOU HAD ANY COLLABORATION WITH WHO ON THIS PROJECT?

For this project we get help from welfare system.

8. HAVE YOU HAD ANY PROBLEM IN COMMUNICATION?

No, we had not any collaboration with WHO.

7. HAVE YOU HAD ANY COLLABORATION WITH WHO ON THIS PROJECT? HAVE YOU HAD ANY PROBLEM IN COMMUNICATION?

In this project we used WHO packages and we used their references in our literature review but we do not collaborated with WHO members

### Activity 9

Title: short term courses for general physicians on building up capacities of PHC personnel for substance abuse treatment, focused on MMT

Description: Many evidences show that the PHC Program can significantly reduce harm of Substance dependency. Patients with substance abuse problems are common in general medical practice and include people of all ages and socioeconomic groups. So, the general practitioners need to know how manage patients on Substance Abusers. This study aim to professionally educate the present GP's in PHC and others. The current activities will be conduct in 10 days (54 hours).

Status: completed

HOW DOES IT IMPLEMENTED?

o MMT (methadone maintenance treatment) is known as one of the most important and efficient methods for opioids use treatment. This method is used in Iran legally since six years ago and currently thousands of rehab centers are using MMT for opioid users. Due to extensive use of opium in Iran and epidemic usage of methadone among patients with opioids dependency, we need to train engaging personnel in this program. For this purpose, School of Behavioral Sciences and Mental Health– Tehran Institute of Psychiatry, subset of “Iran University of Medical Sciences”, is providing one-month MMT educational courses for general psychiatrics, physicians, and psychologists. At the end of these short courses, we investigated the quality and efficiency of these educational courses for participants and tried to answer below questions:

o Participants received the protocol of community of mental health center from Ministry of Health and Medical Education.

o Psychiatrics, general physicians, psychologists were identified in determined areas.

o A questioner was designed and data is being collected since 2011 and participants were asked to fill these questioners at the end of courses.

IF ANY OUTPUTS HAVE BEEN DELIVERED?

o The data were collected and their results will be evaluated base on level 1 and 2 of kirkpatrick's pattern.

IF ANY RESULTS HAVE BEEN ACHIEVED?

- Overall, evaluations showed that GPs believed the short-term MMT training courses are significantly more efficient than psychologists. Evaluation scores for levels 1, 2, and 4 were good, average and weak, respectively. The level 2 (learning) scores of both GPs and psychologists were higher after the MMT training course compared to before the MMT training course.

ANY DIFFICULTIES ENCOUNTERED SO FAR?

- Insufficient environment for holding educational courses.

IF ANY ACTIVITIES HAVE NOT BEEN STARED YET?

- No

IF ANY ACTIVITIES HAVE BEEN HOLD?

- No

HAVE YOU HAD ANY COLLABORATION WITH WHO ON THIS PROJECT? HAVE YOU HAD AY PROBLEM IN COMMUNICATION?

- This project is one of activities, which was done in the format of joint contract between School of Behavioral Sciences and Mental Health and WHOCC.

- We receive encouraging messages from WHO-IR and endorsed this activity as a useful and innovative work for the region.

### **Activity 10**

Title: Establishing a registry system for Autistic Disorder in Ali Asghar hospital (general pediatric hospital) and School of Behavioral Sciences and Mental Health

Description: The Iran University of Medical Sciences Database for Autism Research is a research data repository designed to promote scientific data sharing and collaboration among autism spectrum disorder investigators.

Two related centers of IUMS is supposed to collaborate with this protocol.

The patients referred to these centers are introduced to the coordinator for gathering their data.

The goal of the project is to accelerate scientific discovery through data sharing, data harmonization, and the reporting of research results.

Status: ongoing

Description: The Iran University of Medical Sciences Database for Autism Research is a research data repository designed to promote scientific data sharing and collaboration among autism spectrum disorder investigators.

Two related centers of IUMS is supposed to collaborate with this protocol.

The patients referred to these centers are introduced to the coordinator for gathering their data.

The goal of the project is to accelerate scientific discovery through data sharing, data harmonization, and the reporting of research results.

HOW DOES IT IMPLEMENT?

-Two related centers of IUMS are supposed to collaborate with this protocol. The patients referred to these centers are introduced to the coordinator for gathering their data.

- The goal of the project is to accelerate scientific discovery through data sharing, data harmonization, and the reporting of research results.

o Expected deliverables

1. To identify a new data collection system

2. To provide the updated new version of web-based data collection

3. To provide new instruction of data collection for the patients to assess patients' needs better and to provide data for policymakers to consider their problems in implementing treatment and rehabilitation services and health staff.

4. the title is" Established a registry system for autistic disorder in Ali Asghar hospital (general pediatric hospital) and school of behavioral sciences and mental health".

5. It is implemented by a group in the university. The primary format of required data to have a registry is provided after multiple sessions of the registry group in the university. The next stage is developing a software based on the questions. then we will hold a session with 2 other universities in Tehran.so we can add their feedbacks to the format and we will start to use the software in our university and after solving the pitfalls, 2 other universities will be participated to data registry.

IF ANY OUTPUTS HAVE BEEN DELIVERED?

- The platform is starting to develop.

IF ANY RESULTS HAVE BEEN ACHIEVED?

- There are some forms including the questions required for ASD registry.

ANY DIFFICULTIES ENCOUNTERED SO FAR?

- Last year Our work was stopped to prevent doing the parallel works with MoH

IF ANY ACTIVITIES HAVE BEEN held?

- As noted above, the next step is developing a software.

HAVE YOU HAD ANY COLLABORATION WITH WHO ON THIS PROJECT?

So far, we have not started collaboration.

HAVE YOU HAD ANY PROBLEM IN COMMUNICATION?

- No

### **Activity 11**

Title: Short term courses for general practitioner on building up capacities of PHC personnel for early recognition and management of prior mental health disorders using mhGAP

Description:

- Preparing a Farsi version of mhGAP documents for trainers and trainees,

- planning a 2 days courses for training trainers of Iran University of Medical Sciences (IUMS) and if may be possible from other medical universities,

- finally implementing 1 day courses for GPs from PHC fields centers.

Status: not yet started

WE REQUEST TO OMIT THIS ACTIVITY FROM OUR LIST OF ACTIVITIES.

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### **Activity 12**

Title: Short term courses for psychologists on building up capacities of PHC personnel for early recognition and management of prior mental health disorders using mhGAP

Description: - Preparing a Farsi version of mhGAP documents for trainers and trainees,  
- planning a 2 days courses for training trainers of Iran University of Medical Sciences (IUMS) and if it is possible from other medical universities,  
- finally implementing 1 day courses for psychologists from PHC fields .

Status: not yet started

WE REQUEST TO OMIT THIS ACTIVITY FROM OUR LIST OF ACTIVITIES.

### **Activity 13**

Title: developing a educational curriculum and related training courses Community Psychiatry Fellowship for psychiatrist of Iran and the EMR member states

Description: Having specialist in community psychiatry seems to amplify the community psychiatric services. Public/community psychiatry fellowship training program is absent in Iran and most probably in many of EMR member states. The first step of this activity is drafting of an academic curriculum and then adopting and then implementation of that. Upon adopting the curriculum by MoH, deputy of education, the program could be run nationally and internationally. The aim of this activity is providing a combination of didactic and field experiences represent the gold standard for preparing psychiatrists for leadership roles in organizational settings, whose funding largely derives from public sources in WHO EMR region. The Fellowship program is a 18 months full-time training program for psychiatrists who have completed accredited psychiatric residency training.

Status: completed

HOW DOES IT IMPLEMENTED?

- Determine the target group.
- Determine List of professors.
- Determine Expert Panel Team.
- Preparation of the curriculum format.
- Literature review.
- Writing curriculum based on Literature review and format.

IF ANY OUTPUTS HAVE BEEN DELIVERED?

- Preparation of initial curriculum .
- The first draft is ready for discussion on the Expert Panel.

ANY DIFFICULTIES ENCOUNTERED SO FAR?

NO.

IF ANY ACTIVITIES HAVE NOT BEEN STARED YET?

NO.

IF ANY ACTIVITIES HAVE BEEN HOLD?

NO. But the curriculum hasn't been accepted by MoH yet.

HAVE YOU HAD ANY COLLABORATION WITH WHO ON THIS PROJECT? HAVE YOU HAD ANY PROBLEM

IN COMMUNICATION?

NO.

### **Activity 14**

Title: Domestic violence prevention program: advocacy program in Urban areas including integration of mental health in PHC, referral and support mechanisms , models of collaborative and care for mental health

Description: During the past years and some joined projects with Ministry of Health and WHO Office in Iran/ WHO EMRO, this Center planned some research integrative PHC/ health based project in Iran in this area, prepared a national policy paper of safety and domestic violence prevention, and started to implement program in the country. Process of integration, case finding in the PHC, tasks, referral system and support, models of collaborative activities in health, mental health and psychosocial as well as legal section are planned but is not implemented and piloted. During advocacy process in this new project we will try to find an effective model for support from other disciplines in big urban area for survivors from domestic violence.

Status: completed

HOW DOES IT IMPLEMENTED?

-The policy paper of safety promotion and prevention of domestic violence was prepared by Tehran Psychiatric Institute (School of Behavioral Sciences and Mental Health) and have been supported by the ministry of health and world health organization office. According to the national program for prevention of domestic violence in the ministry of health, the proposed program was implemented with consultation and help of different organizations in the district 9 of Tehran. In this regard the necessary trainings for collaboration and advocacy plan were presented for the 9 district in the different fields such as workshops, regular meetings, scientific and labor committees, providing brochures, posters and training packages. As it was mentioned previously district 9 of the municipality of Tehran was considered for pilot implementation.

IF ANY OUTPUTS HAVE BEEN DELIVERED?

-This program ended in last March and its final report will submit to the Ministry of Health. The annual report (2016-2017)

IF ANY RESULTS HAVE BEEN ACHIEVED?

- This program ended in last March and its final report will submit to the Ministry of Health. The annual report (2016-2017)

- It is suggested that the top priorities of legislative and decision making authorities would be engaged in the program of mental health, prevention of substance abuse and prevention of domestic violence. This purpose requires an independent budget allocated. these issues have to be done with direct intervention of president and minister of health to provide a regular action plan and evaluation in different provinces.

ANY DIFFICULTIES ENCOUNTERED SO FAR?

-The program was faced with many problems and obstacles. The results showed that the health and mental health programs encountered lots of difficulties and barriers in big cities. Although, inter-sector collaboration was very weak. All centers and divisions need to receive executive orders, participation from upper authorities and also their functions need to be evaluated. With different reasons such as; the large number of executable and health programs, lack of independent budget for domestic violence prevention, organizations are not interested in addressing these issues. The final report will examine some important limitations.

IF ANY ACTIVITIES HAVE NOT BEEN STARTED YET?

- No, this research has been completed

IF ANY ACTIVITIES HAVE BEEN HOLD?

- No

HAVE YOU HAD ANY COLLABORATION WITH WHO ON THIS PROJECT? HAVE YOU HAD ANY PROBLEM

IN COMMUNICATION?

- There was no collaboration with WHO

## **2. Annual report on other activities requested**

**Should WHO have requested activities in addition to the agreed workplan, please describe related actions taken by your institution [maximum 200 words]. Please do not include in this report any activity done by your institution that was not requested by and agreed with WHO.**

School of behavioral sciences and mental health CST ToT:

WHO CST ToT workshop was held on July 14-20, 2018, at Iran University of Medical Sciences. The CST workshop was sponsored by several organizations, including WHO Country Office in IR of Iran, Ministry of Health of IR Iran, Iran University of Medical Sciences and Cognitive Sciences & Technologies Council. Also different organizations and institutions participated in the workshop, including Ministry of Health, Ministry of Education, Welfare Organization, Ministry of Foreign Affairs, Iranian Autism Association, Arman-Shayan Rehabilitation Center and Vali Asr Institute. The workshop divided into two parts, including educational (reviewing booklets and guides) and practical sections (live practice). Dr. Mitra Hakim Shooshtari and Dr. Mahmood Dehghani respectively were the academic and executive secretary of the CST workshop. According to all feedbacks which participants and families gave us, both during the workshop and finally at the end, it seems that the program was successful to aim at its targets.

Here are some details of the workshop for your kind consideration.

- Location of training: Tehran, Iran
- Hosting Organization: Iran University of Medical Sciences
- Training dates: July 15 – 20, 2018
- Training length: 6 days
- Countries represented and number of participants:
  - Iran, 19 participants and 4 local facilitators
  - Iraq, 2 participants
  - Syria, 2 participants
  - Afghanistan, 2 participants
- Name of site where training was held: Iran University of Medical Sciences
- Host and location for live practice: Arman-Shayan Rehabilitation Center

- Training method:
  - 6-day training of master trainers. (CST ToT Version 2.1)
  - Live practice with children and families was done on days 2-6

- Trainer(s) for the ToT:
  - Laura Pacione, WHO consultant
  - Moataz Tayara, WHO consultant
- Local facilitators: which refers to those Iranian experts that facilitate the process and progress of the programme, not only in this phase but also in the next phases of CST programme.
- Local facilitators participate in different parts of the programme including; preparation of needed materials, clarification of instruction for participants, translation if it needed, role play, scheduling the live practice in clinic, supervision during live practice and arranging the schedule of visiting patients in the clinic.
  - Dr. Mehdi Ghanazade / 00 98 912 650 8317 / mghanadzade@gmail.com (VRF Institute).
  - Dr. Mitra Hakim Shooshtari / 00 98 912 527 5507 / mitra.hakim@gmail.com (Ministry of health).
  - Dr. Hashem Farhangdoost / 00 98 912 860 6080 / farhangdoosth@yahoo.com (Ministry of health).
  - Dr. Mahmood Dehghani / 00 98 912 722 4807 / mdehghani2004@gmail.com (Ministry of health).

Recent progress of CST project:

- Both CST booklet & facilitator guide were translated into Persian language.
- Cultural adaption was implemented for Both CST booklet & facilitator guide.
- CST booklet is in press right now and it will get ready to distribute just after pilot project will conduct.
- Pilot project will be starting to conduct in October, 2019.

### 3. Resources

Indicate staff time spent on the implementation of activities agreed with WHO (i.e. those mentioned in questions no. 1 and no. 2 above). Do not include any data related to other activities done by your institution without the agreement of WHO. Please indicate staff time using the number of “full-day equivalents” – a day of work comprising 8 hours (e.g. 4 hours work per day for 7 days should be recorded as 3.5 full-day equivalents).

Number of staff involved (either partially or fully)

Senior staff	Mid-career staff	Junior staff, PhD students
12	1	2

Number of full-day equivalents, total for all staff involved

Senior staff	Mid-career staff	Junior staff, PhD students
360	200	0

Implementation of the agreed workplan activities (i.e. those mentioned in questions no. 1 and no. 2 above) normally require resources beyond staff-time, such as the use of laboratory facilities, purchasing of materials, travel, etc. Please estimate the costs of these other resources as a percentage of the total costs incurred (e.g. if you incurred costs of USD 100 and the value of your staff time was USD 50 which makes the total of USD 150, please report 33.3% and 66.7%).

Percentage of costs associated with staff time	Percentage of costs associated with other resources	Total
50.00	50.00	100.00

### 4. Networking