

CASE STUDY FORM FOR INTERVENTIONS/ACTION

Contact details for intervention/action:

Please include name of ONE person and their email address

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Name of Project (up to 10 words):

The National Integrated Suicide Prevention Programme

Name of Implementing Organization (if different):

Department for Mental Health and Substance Abuse, Iran Ministry of Health and Medical Education (MOHME), in collaborations with the Iranian Scientific Society for Suicide Prevention (IRSSP)

Link to Organization's Main Website:

MOHME: <http://ird.behdasht.gov.ir/page/home>

IRSSP: <http://irssp.iums.ac.ir/en>

Logo: Please email us a file with your project logo and write the file name below.

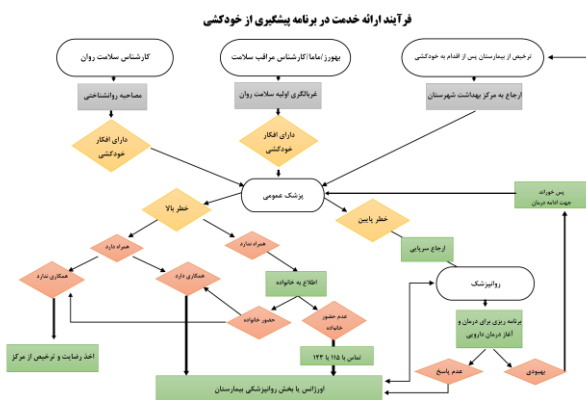
No logo is designed for the project. The main logo is that of the MOHME.

Media:

Please attach any photos/videos of the intervention/action that we can use to bring intervention/action to life

Illustrations:

Please attach any charts or figures that are useful to illustrate the intervention/action



OVERVIEW

Country (and region if applicable)	Islamic Republic of Iran (EMRO Region)
Objective (Start with 'To' e.g. 'To provide accessible care for etc.' 10-15 words maximum)	To reduce the suicide attempt and suicide death rate in the general population
Description of Intervention/action (10-15 words maximum)	This is a holistic program listing main objectives and strategies and updated annual action plan aiming at different suicide prevention approaches.
Project Type (choose ONE)	National Health System Program
Description of Innovation (What are the most innovative or particularly successful features of this intervention/action?)	<p>The program has been particularly successful and innovative in the following aspects:</p> <ol style="list-style-type: none"> 1. Improving pathways of referral 2. Increasing capacity of health workers 3. Enhancing intersectoral collaboration 4. Increasing the validity of case registration and data 5. Modified to be compatible with WHO strategies mentioned in the Mental Health Action Plan 2013-2020

INTERVENTION/ACTION DETAILS

INTERVENTION/ACTION DETAILS (~700 words max)

- Describe:
 - The problem the intervention/action addresses
 - The goal of the intervention/action
 - The content of the intervention/action
- Use bullet-points to highlight specific content and/or goals (see Bullet-points)

One of the main public mental health challenges facing Iran in the recent decade is the mild increasing rate of suicide especially in some provinces of the country¹. We have performed several evaluation projects to analyse whether the National Integrated Suicide Program has been working effectively.

After piloting an action research program in Khoram Abad (Lorestan province) and Nahavand (Hamedan province) back in ۲۰۰۷, the national integrated suicide prevention had been implemented throughout the country. In addition to providing treatment and care, the program also provides aftercare services (brief intervention & telephone follow-up) for suicide attempters presented at emergency departments in four western provinces.

The project for integration of the program into the PHC:

۱. Establishing a steering committee for the integration of the programme into the PHC (at provincial level), including:
 - a. Dean of the universities, deputies of health and treatment, psychiatrists working in the community at different levels
 - b. The governor of the district to encourage inter-sectoral linkages with other related departments, e.g. regular meeting with the High Council for Health and Food.
۲. Designing, developing and implementing a training plan:
 - a. Developing training manuals for different tiers of health staff
 - b. Executing the training session by Waterfall model to cover the health staff
 - c. Evaluation by pre-post test
 - d. Retraining plan
۳. Enhancing the registration system
 - a. Retraining the responsible staff
 - b. Monitoring closely the data entry
 - c. Controlling the pathway system and flow of the data
۴. Increasing access to health services and treatment facilities
 - a. Provision of required psychiatric beds
 - b. Establishing outpatient services/consultation office
 - c. Provision of ECT
 - d. Provision of required staff particularly psychiatrists
۵. Improvement of screening efforts for early detection of those at risk
 - a. Providing screening tools adjusting to the local culture
 - b. Training the screening tools
 - c. Implementing the screening tools to identify at risk cases
۶. Effective Monitoring and Evaluation and providing regular feedback to:
 - a. Local officials
 - b. To steering committees

The project for evaluation of the aftercare program

۱. Establishing a steering committee including
 - a. At national level, MoH, police department, welfare organization

- b. At provincial level at four provinces including the dean of the university, deputy of curative and health affairs, welfare organization
- c. Assigning the eligible cities to implement the programs (having hospital, enough health staff)
۲. Training manuals
 - a. Providing educational manual for EDs personnel
 - b. Providing educational brochures for attempters and their families presented at EDs
 - c. Training manual for brief consultation according to ASSIP method
۳. Drawing referral pathway
 - a. Designing/clearing the referral pathway from EDs (hospital/treatment sector) to Health Centre of District (health sector) and finally to Comprehensive Health Centre (psychologist to provide brief intervention and telephone follow-up)
۴. Monitoring and correction of reporting system of registration web-based network
 - a. Retraining
 - b. Monitoring closely to report on time
۵. Designing telephone follow-up program and data sheet registration
۶. Monitoring every three months

For evaluation of the national program

۱. Providing a standardized and holistic executive framework by international experts
۲. Reviewing the available documents and articles and providing a summary of results
۳. Visiting the western provinces and monitoring the program scrutiny by national evaluation team
۴. Visiting some central provinces and monitoring the program by international experts
۵. Using rapid assessment evaluation method to evaluate the program
۶. Providing the report and recommendation to scale up the national suicide prevention program and registry
۷. Using the suggestions and recommendations to provide the new version of national suicide prevention and registry programs

The Newly Revised National Program:

This program addresses enhancing preventive actions for suicide across the health system and sectors involved. The main goal of the program is reducing suicide attempt and death rates in the Iranian population with the following strategic objectives:

- Enhancing the registration system
- Reducing the social stigma around suicide awareness activities
- Increasing access to mental health and psychiatric services
- Proper management of the media coverage of suicide
- Decreasing access to lethal means of suicide
- Upscaling of research on all aspects of suicide

NATIONAL SUICIDE PREVENTION PROGRAM

After piloting some action research projects and eventually the evaluation the national suicide prevention program and national suicide web-based program, by national and international expert team, the new version and scaled up the NATIONAL SUICIDE PREVENTION was developed. The following main goals and related strategies were planned:

۱. Registration
 - a. To increase the validity of the data
 - b. Collaboration with forensic medicine department

- c. Providing regular reports
- d. Optimizing access to real-time data
- ϣ. Reduce stigma
 - a. Public education
 - b. Re-education the leader of health system
- ϣ. Service provision
 - a. To increase the quality and quantity of services
 - b. Management of at risk cases in PHC
 - c. Management the at risk cases by specialists
 - d. Management at risk cases by psychologists
 - e. Providing porstvention services
 - f. Providing consistent and continuous services for at risk individuals
- ξ. Media
 - a. To improve the quality of reflecting the suicide news
- ο. Access to mean
 - a. Reduce access to lethal means
- Ϟ. Research activities
 - a. To perform at least two HSR research in each province
 - b. Encouraging the deputy of research in each medical university in at risk provinces to allocate particular budget on this issue

IMPLEMENTATION

KEY DRIVERS

List any key drivers that enabled the successful development, implementation and sustainability of the intervention/action over time.

Format: List each driver as a short heading (word or phrase), followed by 1-2 descriptive sentences.

- Senior authority documents such as the sixth national development plan
- The Leadership role of the Ministry of Health in the implementation process
- The Health Transformation Plan being in action since 2013
- Powerful NGOs

CHALLENGES

List any challenges you faced in the development and implementation of the intervention/action.

Format: List each challenge as a short heading (word or phrase), followed by 1-2 descriptive sentences.

- Need of stronger health infrastructure, especially for the referral pathway
- Still-growing Intersectoral collaboration
- Stigma around suicide affecting mental health literacy rate in the public
- Improper distribution of skilled professionals
- Inadequacy of research and data banks

CONTINUATION

Briefly describe any additional use of the intervention/action either in other settings through adaptation or scale-up to a larger population, and/or plans for additional use (If not currently being adapted elsewhere or scaled-up, are there plans to do this, and how generalizable/scalable is the intervention/action?)

The national suicide prevention program had been informed by locally conducted research and was based on other national and international evidence. Nested evaluation projects upscaling the program have been implemented throughout the last ten years.

In 2019, the newly revised version of the national suicide prevention program, based on results of the latest evaluation of the program in 4 western provinces will be implemented countrywide and evaluated in 2 provinces.

COLLABORATION

PARTNERS

List any key partners who contributed to developing, evaluating or implementing the intervention/action (Include country where applicable and hyperlink to each partner's website)

١. Iran Scientific Society for Suicide Prevention
٢. The National Welfare Organization
٣. The Forensic Medicine Organization
٤. The Police Department
٥. The Ministry of Interior Affairs
٦. The Ministry of Education
٧. The Ministry of Higher Education
٨. The Ministry of Agriculture
٩. The Judiciary Department
١٠. International Association for Suicide Prevention (IASP)
١١. WHO/GENEVA

FUNDERS

List any funders for the development and/or evaluation of the intervention/action (Include country where applicable and hyperlink to each funder's website)

١. Ministry of Interior Affairs
٢. WHO/EMRO, for international monitoring and evaluation

QUOTE

Select a quote to illustrate impact of the intervention/action and reference who the speaker is e.g. research participants, providers or policy makers. Limit to **30-50** words (**300** characters or less).

“We have been able to control the high rate of suicide within a narrow range in the past 10 years, and we will be able to decrease the rate with the enhancement of inter-sectoral collaboration in the future.”
Programme Member

EVALUATION

EVALUATION METHODS

- Description of the methods used to monitor and evaluate project or plans for M&E
- Use bold headers to define the title and format for this section

Evaluation of the registration system consists of the following components:

1. Reviewing the manual of suicide attempt and self-harm manual of WHO/2016
2. Monitoring the implemented registry program
3. Modifying and enhancing the online registry program

The evaluation took place in five provinces.

The primary method of evaluation was based on the rapid appraisal method which included:

- a. Conducting in depth interviews with key participants
- b. Group meetings and discussion with health staff
- c. Field observations
- d. Observation of the documentation of the performed program

In the process of modification of the program, the following tools and indicators were used:

- The monitoring checklists, provided by the expert national team (based on WHO normative guidelines)
- The data registry sheets
- The knowledge of the health staff
- The registry pathway and timing
- The referral paper forms
- The availability of educational brochures
- The number of meetings supposed to be held regularly at district's governor office and the minutes
- The regular reports provided by the mental health officer of the district and the manager of mental health of the province
- The number of identified cases
- The quality of collaboration of other sectors based on expert opinion

COST OF INTERVENTION/ACTION

Describe the cost of implementing the intervention/action (e.g. total cost or cost per capita) and how these costs are met

Total Annual Cost of the National Suicide Program:

Ministry of Health and Medical Education: 33,000,000 USD (1.4 thousand billion IRR) annually

Total Cost of the Annual Evaluation:

The Ministry of Health and Medical Education (extra budget for aftercare project): **47,000 USD (2000 million IRR) for 2017**

WHO/EMRO: **13,500 USD** for international monitoring and evaluation for **2016**

IMPACT DETAILS

Describe the impact the intervention/action has had (e.g. number of people treated, impact on service user outcomes, reduction in stigma) as well as key indicators of impact (as applicable):

- **1 key indicator of coverage** (e.g. number clients served)
- **1 key indicator of outcome** (e.g. mean % recovered)
- **1 key indicator of cost or cost-effectiveness** (e.g. US\$20 per client per year of treatment)

In Khoram Abad project:

- The rate of suicide in control city (**19.3** reduced to **18.9** death per **100000**) for one year. In experimental city from **12.5** reduced to **5.3** per **100000** people in one year. ($P < 0.05$).
- **6.3** death per **100000** people reduced, according to the population in **2007 (334000** people under cover of the study), **20** lives were saved.

in aftercare study:

- In control cities the suicide rate increased from **9.75** to **11** per **100000** people. In experimental cities from suicide rate decreased from **7.19** to **7.03** in one year (no significant differences).
- Comparing to the control group (the cities without aftercare intervention, **1.4** death per **100000** people reduced, according to the population in **2017** under coverage of this study (**7,165,657**), **100** lives were saved.

ADDITIONAL RESOURCES

RESEARCH

Select UP TO 6 key **research** resources (e.g. articles, bibliographies) that demonstrate the research evidence relevant to your intervention/action and copy-paste the links below.

١. <http://irssp.iums.ac.ir/page/٤٠٧٠٧/Papers>
٢. Ghanbari, B., Malakouti, S. K., Nojomi, M., De Leo, D., & Saeed, K. (2016). Alcohol abuse and suicide attempt in Iran: a case-crossover study. *Global journal of health science*, 8(7), 58.
٣. Ghanbari, B., Malakouti, S. K., Nojomi, M., Alavi, K., & Khaleghparast, S. (2016). Suicide prevention and follow-up services: a narrative review. *Global journal of health science*, 8(5), 145.
٤. Malakouti, S. K., Nojomi, M., Poshtmashadi, M., Hakim Shooshtari, M., Mansouri Moghadam, F., Rahimi-Movaghar A, Bazargan-Hejazi, S. (2015). Integrating a suicide prevention program into the primary health care network: a field trial study in Iran. *BioMed research international*, 2015.
٥. Malakouti, S. K., Nojomi, M., Ahmadkhaniha, H. R., Hosseini, M., Fallah, M. Y., & Khoshalani, M. (2015). Integration of suicide prevention program into primary health care network: a field clinical trial in Iran. *Medical journal of the Islamic Republic of Iran*, 29, 208.
٦. Sharifi V, Amin-Esmaili M, Hajebi A, Motevalian A, Radgoodarzi R, Hefazi M, Rahimi-Movaghar A: Twelve-month prevalence and correlates of psychiatric disorders in Iran: the Iranian Mental Health Survey, ٢٠١١, *Arch Iran Med*. ٢٠١٥ Feb; ١٨(٢):٧٦-٨٤, doi: ١٠.١٥١٨٢/AIM.١٠٤.
٧. Hajebi A, Ahmadzad-Asl M, Ershadi M, Nikfarjam A, Davoudi F, National Registration System of Suicidal Behavior in Iran: Barriers and Challenges, *Arch of Suicide Research*, ٢٠١٣, doi:١٠.١٠٨٠/١٣٨١١١١٨,٢٠١٣,٨٠٣٤٤٥
٨. Country Cooperation Strategy for World Health Organization and Islamic Republic of Iran ٢٠٠٥–
٩. ٢٠٠٩. Cairo, World Health Organization, Regional Office for the Eastern Mediterranean, ٢٠٠٥.
١٠. Yasamy MT et al. Suicide prevention in four cities. Paper presented at the Regional and Intersectoral Congress of the World Psychiatric Association Advances in Psychiatry, Athens, March ٢٠٠٥.
١١. Yasamy MT et al. Mental health in the Islamic Republic of Iran: achievements and areas of need. *Eastern Mediterranean Health Journal*, ٢٠٠١, ٣:٣٨١–٣٩١.
١٢. WHO-AIMS report on the mental health system in the Islamic Republic of Iran. Tehran, World Health Organization and Ministry of Health and Medical Education, ٢٠٠٦.
١٣. Noorbala AA, Bagheri Yazdi SA, Yasamy MT, Mohammad K. Mental health survey of the adult population in Iran. *British Journal of Psychiatry*, ٢٠٠٤, ١٨٤:٧٠–٧٣.
١٤. **Sharifi V: Urban Mental Health in Iran: Challenges and Future Directions. Iranian J Psychiatry Behav Sci** ٢٠٠٩, ٣(١): ٩–١٤.

TOOLS

Select UP TO 6 key **tools** (e.g. interview guides, M&E tools, intervention training manuals) relevant to your project, and either (1) email the file and write the file name below, or (2) copy-paste the link below.

REPORTS

Select UP TO 6 key **reports** (e.g. annual reports, impact reports, key reference documents) relevant to your project, and either (1) email the file and write the file name below, or (2) copy-paste the link below.

<http://irssp.iums.ac.ir/page/٤٠٧٠٨/Reports>

MULTIMEDIA

Select key **multimedia** resources (e.g. blogs, YouTube videos, news articles) relevant to your project, and either (1) attach the file and write the file name below, or (2) copy-paste the link below.

http://irssp.iums.ac.ir/page/40699/Movies_Educational-tips

<https://www.aparat.com/irssp.iums.ac.ir>

[https://www.aparat.com/v/Svh8N/\(1\)](https://www.aparat.com/v/Svh8N/(1))

<https://www.aparat.com/khoobshim>

https://www.youtube.com/results?search_query=iran+suicide+prevention

OTHER

Please add any additional information you think important below

REFERENCES

List your **references cited** in the case study here. Where possible, copy-paste any electronic links to the article or abstract next to the reference.

Format: First author last name [no comma] First author initials [no periods] et al. (Date) Title. Journal name, volume(issue): first page-last page. Hyperlink.

1.Ghanbari, B., Malakouti, S. K., Nojomi, M., De Leo, D., & Saeed, K. (2016). Alcohol abuse and suicide attempt in Iran: a case-crossover study. Global journal of health science, 8(7), 58.