

Letters to the Editor

Professor Fereydoun Ala

Dear Editor;

In the past few years, it has been the policy of this journal to include with pride, a section on the history of Iranian medicine, to remember and salute many physicians, whether Iranian or foreigner, who have helped to establish institutions and methods of medical practice to improve the health and well-being of our fellow citizens, whether in ancient or modern times.

In June issue of AIM (Volume 18, Number6, 393-400), Dr. Mohammad Hossein Azizi *et al.* wrote an article on the foundation of the Iranian Blood Transfusion Service, including the biography of its founder, Professor Fereydoun Ala, who was the founding director of the Tehran University Hematology Center from 1969 to 1981 and also the founder and national director of the Iranian National Blood Transfusion Services (INBTS) from 1973 to 1981.

Recently, an interview with Professor Ala has been included in the Farsi version of the IBTO site. It is hoped that in the near future this oversight will be remedied and Professor Ala will be recognized as the founder of these services in more prominent sections of the IBTO and credit will be given where it is well overdue.

Following a near 20-year absence, Professor Ala returned to Iran in 1999 and established the Iranian Comprehensive Hemophilic Care Center, and became its Honorary President, where he has remained active since.

In 2002, the Academy of Medical Sciences of the I.R. of Iran bestowed upon Professor Ala an honorary membership as an appreciation for his past services to Iranian Medicine and in 2008 printed an article in their newsletter mentioning professor Ala's biography and achievements.

It is a regrettable trait in our history, that in Iran, we are wont to disregard, or even worse, to belittle those who have served our country and its people through hard work and diligence and above all with professional love and care. Whether this neglect has been motivated by political or intellectual and professional mendacity and jealousy is a moot point.

This trait can be traced back over millennia, to the Sassanids who attempted to blot out the history of the Arsacids, to the post-Islamic rulers of Iran who attempted to destroy the historical achievements of the Sassanids, to the Qajars who tried to obliterate the Safavids, to the Pahlavi Dynasty's belittling of the Qajars and so on. It is one of those despicable human motivations and characteristics that imagine that by ignoring or by belittlement of the achievements of others, it might help to promote their own grandiosity.

We tend to create heroes of those who share our own faults and shortcomings and yet neglect those whose moral stature and ethical standards might dwarf our own pusillanimity.

And so it is with Professor Ala and a few others like him who have served Iran and Iranians like us, whose name and achievements have been relegated to 'the dustbin of history' in the fear that they may outshine our meager attempts.

I as an Iranian feel proud to remember and salute them.

Touraj Nayernouri MD

Academy of Medical Sciences of the I.R. of Iran, Tehran, Iran. E-mail: tnayernouri@yahoo.co.uk

Are Service Deliveries Studies a Priority of Mental Health Research in Iran?

Dear editor;

We read your editorial article "mental health study process into prevalence of mental disorders". Thanks to authors for reviewing epidemiologic studies on mental disorders in Iran, showing an unfortunate increasing trend of these disorders in the country and recommending these studies in a timely manner.¹ Although these studies can help the health system to plan the services and estimate the needs, there are domains which are important to be studied.

Access to mental health services and preparing a good coverage have been desired outcomes of the health system. The Iranian mental health system has passed three successful decades of delivering health services, focusing on availability and coverage of primary mental health services in the country. There are lots of questions in the area of service delivery which are not answered properly.² Service utility, unmet needs responsiveness and effectiveness of our interventions in primary mental health are some of the most important subjects. Also, delivery of services to special groups like urban areas inhabitants, high risk groups as well as immigrants, needs to be known better.³

Another challenge for our primary health care delivery is its referral system. It is also a problem in primary mental health care. There are questions about why this system does not work well and how we can attract Iranian mental hospitals and psychiatrists as well as general hospitals to cooperate with the system. And what are other solutions to fix this problem?

Based on what we know about the relatively high prevalence of mental disorders in Iran,⁴ another issue in service delivery could be estimating needed human resources. How many psychiatrists, physicians and community nurses/psychologists and other related staff does the system need for delivering medical and non-medical interventions?

Our mental health system needs to move toward a holistic and integrative system which targets the recovery of people with mental disorders; so, measuring recovery in mental health⁵ is another area which must be considered for more research.

Mental health disorders in Iran seem to have an increasing pattern.⁴ If we accept that a part of this increase is attributed to some risk factors in our society, which have happened years ago, it is better to investigate these risk factors and use some psychosocial and community based studies and interventions to prevent these disorders and finally, through evaluative studies, find how effective they are in promoting mental health.⁶

Cost of illness and burden of care is another area which needs more information.⁷ For example, a patient with schizophrenia has different direct and indirect costs for family,⁸ insurance companies and the society. We had a list of questions in our mind about chronic mental disorders like schizophrenia: for someone who cannot work constantly, how is it possible for him/her or his/her family to pay for expensive costs of hospital? What is the cost of schizophrenia management in the hospital, or home and community? Who should be responsible for all these costs? Is it the Government, insurance companies, charities, or families?

Consumer satisfaction (including the staff of big psychiatric hos-

pitals and other facilities) is another important area which needs more research. In fact, in Iran we do not know enough about mental health consumers. We do not know how satisfied they are and how much they are involved in provision of their services.

A study on European countries showed epidemiologic studies are more than public mental health research, and research on promotion, prevention and policy is rare.⁶

It seems service delivery is an important research branch which needs more attention.⁹ Availability of these answers is of great importance which has been emphasized in revision of mental health services in primary health care.¹⁰ Considering limited sources of mental health research, determining research priorities in mental health must be done by a comprehensive view on all aspects of mental health and preferably by involving service users^{11,12} and studies on mental health delivery should also be more noticed.

Kourosh Kabir MD MPH¹, Jafar Bolhari MD²

Authors' affiliations: ¹Social medicine department, school of Medicine, Alborz University of Medical Sciences, Karaj, Iran. ²Community Psychiatry Group, School of Behavioral Sciences and Mental Health (Tehran Institute of Psychiatry), Iran University of Medical Sciences, Tehran, Iran

Corresponding author and reprints: Jafar Bolhari MD, Community Psychiatry Group, School of Behavioral Sciences and Mental Health (Tehran Institute of Psychiatry), Iran University of Medical Sciences, Tehran, Iran.

References

1. Noorbala AA, Akhondzadeh S. Mental health study process into prevalence of mental disorders in Iran. *Arch Iran Med.* 2015; 18(2): 74-5.
2. Bolhari J, Ahmadvani H, Hajebi A, Bagheri Yazdi S, Naserbakht M, Karimi-Kisomi I, et al. Evaluation of Mental Health Program Integration into the Primary Health Care System of Iran [In Persian]. *IJPCP.* 2012; 17(4): 271-8.
3. Giacco D, Matanov A, Priebe S. Providing mental healthcare to immigrants: current challenges and new strategies. *Curr Opin Psychiatry.* 2014; 27(4): 282-8.
4. Sharifi V, Amin-Esmaeili M, Hajebi A, Motevalian A, Radgoodarzi R, Hefazi M, et al. Twelve-month prevalence and correlates of psychiatric disorders in Iran: The Iranian Mental Health Survey, 2011. *Arch Iran Med.* 2015; 18(2): 76-84.
5. Slade M. Measuring recovery in mental health services. *Isr J Psychiatry Relat Sci.* 2010; 47(3): 206-12.
6. Wahlbeck K. Public mental health: the time is ripe for translation of evidence into practice. *World Psychiatry.* 2015; 14(1): 36-42.
7. Ekman M, Granstrom O, Omerov S, Jacob J, Landen M. Costs of bipolar disorder, depression, schizophrenia and anxiety. The right treatments can have significant positive socio-economic effects]. *Lakartidningen.* 2014; 111(34-35): 1362-4.
8. Caqueo-Urizar A, Rus-Calafell M, Urzua A, Escudero J, Gutierrez-Maldonado J. The role of family therapy in the management of schizophrenia: challenges and solutions. *Neuropsychiatr Dis Treat.* 2015; 11: 145-51.
9. Patel V. Global mental health: from science to action. *Harv Rev Psychiatry.* 2012; 20(1): 6-12.
10. Bolhari J, Hajebi A, Kabir K, Bagheri Yazdi S, Rafeyee H, Ahmadzad M, et al. Revision of Mental Health in Primary Health Care and Family Physician Program. Tehran: Tehran Institute of Psychiatry; 2013.
11. Banfield MA, Griffiths KM, Christensen HM, Barney LJ. SCOPE for research: mental health consumers' priorities for research compared with recent research in Australia. *Aust N Z J Psychiatry.* 2011; 45(12): 1078-85.
12. Tomlinson M, Rudan I, Saxena S, Swartz L, Tsai AC, Patel V. Setting priorities for global mental health research. *Bull World Health Organ.* 2009; 87(6): 438-46.