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Original Article

Educational Needs for Implementing Iran's Comprehensive Mental and Social Health Services at the District Level

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Abstract

Objective: A national program on providing comprehensive social and mental health services, entitled "*SERAJ*", was developed and piloted in three districts of Iran. The present study aims to thoroughly explain the educational needs for implementing the provision of comprehensive mental and social health services in districts of Iran (SERAJ).
Method: In this study, we have interviewed service providers, held focused group discussions (FGDs) and used the knowledge, attitude, and practices (KAP) model for analyzing the duties of the service providers.
Results: To implement SERAJ, Mental and Social Health Professionals and Healthcare professionals should be trained on various contents in the fields of mental health, social health, and addiction to provide primary care services in Iran. Such training materials and schedules are necessary for providing secondary, and community action care services as well.
Conclusion: The educational program resulting from this study should be piloted and after removing the barriers and solving the limitations, it should be expanded throughout the country.

Keywords: *Delivery of Health Care; Education; Mental Health; Need Assessment*

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The Iranian National Mental Health Survey (1) in 2010 indicated almost one in four people had one or more psychiatric disorders (23.6%) and the prevalence of psychotic disorders was about 1%; however, two-thirds of patients did not benefit from health interventions and many provided services are also inadequate; on the other hand, psychiatric disorders impose a considerable burden on the family, so that more than 30% of family income is spent on a psychiatric patient per year (1).

The burden of mental illnesses is ranked second after injuries in Iran (2) and substance use, depressive disorders, anxiety disorders, and bipolar disorder fall in 20 top causes of burden of disease in the Iranian population (3). Apart from Iran, according to studies conducted worldwide, the burden of psychiatric disorders is also underestimated globally (4, 5).

Therefore, we conducted a national study on providing comprehensive mental and social health services in districts of Iran (SERAJ). One of the main aims of conducting this study was to increase mental health literacy, adopt preventive psychosocial behaviors and improve the financial protection of patients. In this study, we aim to thoroughly explain its educational needs for implementation.

Materials and Methods

This is a qualitative study that has been conducted in two steps .

Interviewing Service Providers and Holding FGDs

A draft report on how to determine the educational content of training programs for providing comprehensive mental and social health services was developed by a group of experts, including a representative of psychiatrists, representatives of the social workers, a general practitioner, a psychologist, governor, and a public health specialist. Intentional sampling for interviews and FGDs were used for this qualitative study.

The thematic analysis method was used for analyzing the data collected through the interview. Interviewees were coded from 1 to n, their opinions in response to each question were collected by the interviewer, and the information collected by the interview was categorized into the most appropriate theme. The number of opinions placed in each theme was counted afterward. Having removed the controversies, responses were used for drafting.

Then, the report was reviewed and criticized by experts in seven focus group discussions (FGDs) held at the Ministry of Health and Medical Education, Department of Mental Health and Substance Abuse. A facilitator raised the questions in each session, and we collected ideas and opinions by assigning a member as the session manager. The discussions were recorded with the group's consent and were analyzed by the thematic analysis method. The following four questions were selected for each chapter as the main themes:

1) Are you generally in agreement with the provided draft?
2) Which part should be removed?
3) Which part should be added?
4) Which part should be revised?

Attendee's responses to the above questions were collected and encoded. In the case of controversial responses, attendees voted to finalize the response.

The criterion for stopping the data collection in the target groups was data saturation.

Analysis of Duties of the Service Providers

The training program for service providers in the SERAJ plan has been developed based on educational needs assessment. Regarding the needs assessment process, analysis of duties was conducted by using the KAP model so that knowledge, attitude, and practice were extracted for each provider (Table1).

The needs extracted will be answered in the form of a workshop tailored to the volume of educational needs. They will be provided by educational methods, such as lectures, questions and answers sessions, or PowerPoint presentations.

Table 1. Analysis of Duties According to the KAP Model

Participants	Duties	K	A	P	Evaluation
Healthcare Professional					
Mental Health Professional					
General Practitioner					
Psychiatrist					
CMHC team					
Community Action Team*					

*Including Chair of Community Action Secretariat, the Governor, and Social Workers; K: Knowledge, A: Attitude, P: Practice

Results

The educational program schedule for providing primary, secondary, and community action care services are shown in Table 2 and 3.

Workshops were evaluated in two ways at the end of the educational program schedule by two separate questionnaires; one for evaluating the face validity meaning evaluation of the form of the held workshops, including the level of satisfaction form the venue, the teacher, his/her level of skill, timetable, etc. The other questionnaire was designed for evaluating the content validity of the educational program schedule to assess the level of increase in knowledge and motivation of individuals after participation in the program.

Table 2. Educational Program Schedule for Providing Primary Cares Services

Mental and Social Health Professional			Healthcare Professional		
Contents	**Total hours**	**Field**	**Contents**	**Total hours**	**Day**
Concepts and overview of mental health, basic principles of counseling, parenting skills training, life skills training for children aged 10 to 12, life skills training for adults aged 18-44, psychosocial support in disasters, effective interventions in psychiatric emergencies (suicide), training of psychological interventions, self-care education in mental health	95	Mental health	Health System Reform Plan in the area of mental and social health, and addiction. Definitions, associated factors, and promotion strategies in the field of mental health and addiction. Introducing the framework of the programs. Promoting health literacy in the area of mental and social health, and addiction. Identifying target groups, assessing households, and screening mental disorders. Communication with target groups, learn to do the screening and interventions to take patients with substance abuse disorders.	6.5	First
Fundamentals, terminology and definitions of substance abuse disorders and addiction behaviors, the introduction of various types of substances, complications and related risk behaviors, an overview of substance abuse disorders, description of duties, flowchart, registration and reporting, overview of prevention of addiction (knowledge of risk factors and protective factors , importance and necessity of types of preventive interventions), introduction of target groups and interventions taken for prevention of substance abuse, various types of interventions for substance abuse prevention specific for different age groups, basic counseling skills for working with people with substance abuse disorders and their families, screening of smoking, alcoholism and substance abuse, overview of treatment (general goals and concepts of treatment of substance use disorders, types of therapeutic approaches, evidence-based interventions), treatment of substance abuse focused on age groups, family education, general harm reduction, psychological training, and injury reduction.	31.5	Addiction	An overview of mental disorders in children and adolescents. Communication with target groups in mental and social health, and substance abuse programs. Screening of Social Dangers and Domestic Violence Program. Promoting Community Participation. Psychosocial support in disasters.	6.5	Second
			Epidemiology of substance abuse disorders. Description of the duties of the Healthcare Professional in the field of substance abuse. Primary screening for substance use and referral process. Overview of prevention of drug addiction. Introducing primary prevention interventions separated by age groups. Treatment of substance abuse disorders. Management of maternal substance abuse during pregnancy. Reducing morbidity.	6.5	Third
overview of social health, screening of social health risk factors, psychosocial interventions in domestic violence (adults), psychosocial interventions in domestic violence (children and adolescents), community-based model of social health improvement	15	Social	Overview of mental disorders. Care and follow up in social and mental health, and addiction programs.	4	Fourth

Table 3. Educational Program Schedule for Providing Secondary and Community Action Services

Community Action Educational Program			Secondary Care Educational Program		
Contents	**Total hours**	**Day**	**Contents**	**Total hours**	**Day**
Educational program on national mental health status, causes, associated factors, and options for improving it, as well as a description of the whole project for governors of three districts	8	First	An overview of the program for all providers, program management methods for the psychiatrist and executive director, service delivery methods for other three groups of providers	8	First
The educational program on the principles and techniques of change in the community for the head of the CAS and the program director of the district. Part One: Fundamentals and Concepts (half a day) Definition of social and mental health, social determinants of health, indicators and options, the current status of social injuries and mental health, its causes and cost-effective interventions, the infrastructure of organizations effective in promoting social and mental health, description of the task and the performance of organizations in districts. Part Two: Principles and techniques of health efficacy (second half day and third day) Principles and techniques of drafting the act of action, the principles and techniques of inter-sectoral collaboration and people's participation, capacity building skills, principles and techniques of advocacy and social marketing, effective communication principles and techniques (successful negotiation, effective lectures, Effective critique, effective meeting management, interpersonal communication and counseling), the principles of monitoring techniques, the evaluation and institutionalization of programs, and the establishment of monitoring systems, the principles and techniques of effective implementation of programs	16	Second and Third	Psychiatrist and executive director: Practical training on CMHC Day center: Family psychoeducation Personnel of After Care: Practical training by visiting CMHC and home visit Personnel of Collaborative Care: Practical training by visiting CMHC, and clinic	8	Second
			Day center: Family psychoeducation Personnel of Collaborative Care: Software Training	8	Third
			Day Center: Patient psychoeducation	8	Fourth
Educational program for the Governorate Council on topics of the mental health status of the districts, its causes, associated factors, and options for improving it.	4	Fourth	Day Center: Social Skills Training	8	Fifth and Sixth

*CMHC: Community Mental Health Center

Discussion

A KAP survey is a method that provides access to quantitative and qualitative information (6). KAP questions tend to reveal characteristic traits in knowledge, attitude, and behaviors about different topics, including education and training (7). These factors are often the source of misconceptions that may represent obstacles to the activities that we like to implement and potential barriers to behavior change. The obstacle to change may be a lack of knowledge of the benefits of health or lack of knowledge of the problem and its severity (8). Focusing on the knowledge and attitudes of the respondents, these questions are intended to identify key knowledge, social skills, and know-how commonly shared by a population or target group about a particular issue (8).

We used a KAP survey model to (1) measure the extent of knowledge of participant at the training program before taking the courses; (2) to enhance the knowledge, attitude, and practices around educating the stakeholders

and the community of people under the coverage of the health network of the districts to identify what is known and done about social and mental health; (3) to establish the reference value for use in future assessments and help measure the effectiveness of the activities of social and mental health education in changing its behaviors; (4) to suggest an intervention and to plan activities better suited to the respective population involved.

After holding the educational program, providers must attend the supplementary educational courses. The objectives and content of this supplementary course should be determined by the quality monitoring of service provision. Once the educational program is held, the content of the course should be reviewed according to the evaluation results. Two to three months after training, participants' knowledge must be reevaluated. We suggest revising educational curriculums and designing virtual mental health education courses and updating employees in entire parts of the society on the health sector by a pyramid model that we published in another study (9).

Limitation

One of the limitations of this study was that held workshops were not designed to be skill-based. Only a limited number of educational methods were used for implementing the educational program schedule while to promote skills, utilizing other prominent educational methods such as role-playing, simulated patient, problem-solving is of importance.

Conclusion

The results of this study showed that in order to implement the model for mental and social health services, continuing education courses are needed. The educational program resulting from this study should be piloted and after removing the barriers and solving the limitations, it should be expanded throughout the country.

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Conflict of Interest

The authors declare no conflict of interest.

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