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Original Article

Evaluation of Iran's National Suicide Prevention Program: The Lessons Learnt

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Abstract

The national suicide prevention program integrated into PHC (Primary Health Care) in 2010 after promising results yielded by field clinical trial conducted in 2008 and 2009 [1,2]. The program implemented nationwide by Ministry of Health, Mental Health Bureau (MoH-MHB) through:

1. Providing the national program to the mental health officers of the provinces
2. Holding training programs for different levels of health staff for the three levels of PHC by cascade style
3. Developing educational manual for different levels of health staff
4. Holding re-training workshops annually for the health staff
5. Providing budget for the provinces as mental health budget globally
6. Supervision and observation of the implementation of the program annually

Parallel with the national suicide prevention program, a pilot study was conducted in 2009 on suicide registration in some provinces and their cities and districts. The successful results led the research studies [3] to develop a web-based registration program nationwide. The program was extended to other provinces and currently is executed in almost all provinces. The registration program was conducted by:

1. Developing educational manual for the mental health officer of each district
2. Training the mental health officer
3. Providing required equipment such as computer and internet network
4. Providing regular supervision and monitoring from MoH-MHB.
5. Establishing an information center as portal registration system in MoH-MHB, working with PHC, collecting and collating the data.

After six years executing of the program, the MoH-MHB has decided to conduct an external evaluation of the programs through a systematic, comprehensive methodology by national and international consultants.

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Introduction

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Steering Committee

In 2016, MoH-MHB and WHO regional officer for EMR Eastern Mediterranean Region and WHO Country Office in Iran commissioned the evaluation of the two national programs involving the national and international consultants. The main objectives were to evaluate the process of setting the national programs, the process of implementation and the goals and assess the effectiveness of the two programs.

The National Consulting Team

The evaluation of the programs has been launched by taking the following steps since August to January, 2017.

1. Reviewing the national programs and their action plans
2. Preparing a summary by reviewing existing documents included published and gray literature, epidemiological studies, service delivery and outcomes of the implementation of the programs and their challenges/achievements (including provinces of Ilam, Kerman & Kermanshah), situational/gap analysis of suicide program and registration based on field visits
3. Developing monitoring checklists according to WHO Monitoring and Evaluation Manual-2007
4. Holding focus group discussion and deep interview with local authorities
5. Observing the fields of the following districts and the process of referral system for identified cases
6. Monitoring different level of PHC up to the headquarter of MoH-MHB
7. Participating collaboratively with international team to prepare the final report of the international commission
8. Holding the national expert meeting

The Method of Conducting a Rapid Appraisal to Analyse the National Suicide Prevention Program and National Registration System

1. **Key informants: 10-25 persons**
   a. Mental health office of the province: one person
   b. Deputy of health in the University of Medical Sciences: one person
   c. Governor of the cities: two cities
   d. Head of health and treatment network: two cities
   e. Director of hospitals: two cities
   f. The Imam (a local supreme clergyman who prays in Friday every week) of the city: two cities
   g. The director of welfare organization: one person
   h. The director of education organization: one person
   i. The chief of police department: one person
   j. Mental health official of the ministry of health: one person
   k. Director of mental health bureau: one person
   l. Deputy of mental health bureau: one person
   m. Deputy of research of the university: one person
   n. Deputy of treatment of the university: one person
   o. Deputy of health of the university: one person
   p. Chief psychiatrist working in the local area: one person

2. **Focus group discussion: 8-10 persons**
   a. Province and counties' mental health officials
      a. Health houses (Behvarzes): 8-10 from different cities of Ilam province
      b. GPs (General Practitioner) 6-8, from different cities of Ilam Province: from rural and urban areas
      c. Health technicians, 6-8 from different cities of Ilam Province: from rural and urban areas
      d. Mental health experts from comprehensive health center of urban areas, 6-8 from different cities of Ilam Province: urban areas
   b. Head of EDs (Emergency Department) & GPs in EDs
      a. Officials of EDs, 10-12 from different cities of Ilam province

3. **Community interview: 15 persons**
   - Questionnaire
4. **Structured direct observation**
   - Checklist
   - Individual interview
   - Group interview
5. **Informal survey: 25-50 non-probable sampling**
   - Open questionnaire

The Questions:

1. How important is the suicide/suicide attempt at your city?
2. If it is important, what are the reasons? What solutions do you offer?
3. What was the duty of the universities to conduct the programs?
4. Do you think the instructions have been transferred

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to them?
5. Were the officials in the universities trained satisfactory?
6. What have you done to implement the programs in the target universities?
7. Have the officials in the local areas, the governor and other organizations according to the stakeholder officials, cooperated with you to run the programs?
8. Was there any collaboration in the implementation of the programs?
9. What were the barriers and difficulties to run the programs?
10. What was the attitude of the local officials on these programs?
11. Do you think these programs have been supported enough by the officials of the health system in the territory?
12. What do you think about the feasibility of these programs?
13. Do you think the faculty members are interested in research on this issue?
14. Have you encouraged the faculty members to research on this issue?

Open Questions for Focus Group Discussion

- Have you been trained to implement the program? How?
- How have you been involved in?
- Think back over all the years that you've participated and tell us your fondest memory?
- Tell me about disappointments you've had with these programs?
- Are you completely aware about your role in the implementation and execution of the programs?
- Are the programs running at your territory?
- If yes, how is their quality? Are they running according to the plan?
- Do you think the implementation of these programs have some benefits to the people?
- How do you feel about the program?
- How are the attributes of the program?
- How does it influence the rate of suicide/attempt suicide in the region?
- What are the barriers and problems to run these programs thoroughly?
- Of all the things we discussed, what to you is the most important?
- What needs improvement?
- Suppose that you were in charge and could make one change that would make the program better. What would you do?
- What can each one of us do to make the program better?

Informal Survey

Open ended questions

1. Are you aware of the suicide prevention program being implemented at your residential area since a couple of years ago?
2. If you or a close relative had suicide thought/plan/attempt, where would you go to receive help and support?
3. Are you aware about the sources that are responsible to support the individuals with suicide intend? What are they? Do you know how to get in touch with them?
4. Have you seen or heard any program on TV or radio about suicide prevention in the last year?
5. Have you seen or participated in any activities on suicide prevention in your residential area?
6. Have you had any suicide attempt so far? What kind of services have you received?
7. Have you had any close relatives or family member with suicide or suicide attempt so far? If yes, what kind of services he/she had received?

Have you or any of your close relatives participated in any workshop or training course on suicide prevention so far being held by any discipline at your local residential area?

The International Consultant Team

International experts from IASP (International Association for Suicide Prevention), WHO-Geneva, WHO-EMRO (Eastern Mediterranean Regional Office) coordinated. The following steps took place:

1. Providing proposed framework for review of suicide prevention activities in Iran
2. Meeting with national stakeholders, experts and representatives from various levels of health system
3. Site visits for rapid evaluation and observation of suicide prevention services and registration, covering all level of PHC system (Health Houses, rural and urban health centers, district health center and University of Medical Sciences.)
4. Reviewing the prepared reports on existing documents on suicide and epidemiological studies by the national team
5. Holding national meeting with the participation of national experts to validate and discuss the findings and presenting the recommendation.
6. Developing final report on the evaluation of the Iran's National Suicide Prevention and Registration Program

The Proposed Framework for Reviewing Suicide Prevention Activities in Iran

Prof. Murad Khan and Prof. Ella Arensman, the IASP consultants, provided this framework in 28th December 2016 before launching the evaluation.

The framework is based on the principles of the *WHO Global Mental Health Action Plan, 2013-2020* and the *WHO Report: Suicide Prevention: A Global Imperative, 2015-2020.*

The review will address the following objectives:

1. Reviewing the national policy context and legal status of suicide in Iran.

2. Reviewing recent trends in suicide, attempted suicide/self-harm, demographic and psychosocial

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characteristics of suicide, attempted suicide/self-harm and associated risk and protective factors.

3. Conducting a situational analysis in relation to suicide prevention activities, including a review of strengths, facilitating factors, limitations, challenges and barriers; In order to take into account regional variation with regard to the implementation of suicide prevention activities, situational analyses may be conducted for different geographic regions.

4. Conducting the feasibility of implementing and sustaining core interventions and actions that may comprise a national suicide prevention program (in accordance with the WHO Global Report on suicide prevention, 2014), including:

- **Legal status of suicide and self-harm –** Reviewing the legal status of suicide and self-harm and.
- **Surveillance –** Reviewing the death certification and registration procedure, and improving access to accurate and real-time national data on suicide and non-fatal self-harm.
- **Awareness and stigma reduction –** Promoting early identification of people at risk of suicidal behavior and promoting public awareness in relation to mental well-being and suicidal behavior, e.g. via gatekeeper awareness and skills training and Train-The-Trainer programs.
- **Treatment –** Enhancing the quality and capacity of evidence-based assessment procedures and interventions for people at risk of suicide and those who have engaged in non-fatal self-harm. Ensuring that appropriate interventions and treatments are available to address common risk factors of suicidal behavior, such as depression, anxiety disorders, and alcohol/drug abuse.
- **Crisis intervention services –** Enhancing access to crisis intervention services and ensuring that templates for crisis intervention plans are in place in communities when suicide clusters or murder-suicides emerge.
- **Suicide bereavement support services/postvention –** Providing evidence-based support services and interventions for people who have been affected by suicide.
- **Restricting access to means –** Implementing measures to reduce availability of and access to frequently used means of suicide, e.g. pesticides, drugs, fire arms, enhancing safety of bridges etc.
- **Media –** Implementing guidelines to enhance responsible reporting of suicide in print, broadcast, internet, and social media.

5. Providing recommendations for an implementation and evaluation plan, whereby the following aspects will be considered:

- Periodization of interventions at regional and national level;
- Required versus available resources and capacity (and capacity building);



Fig.1. National meeting consisted of stakeholders and experts from various levels of health system who participated in this meeting. This meeting was held in October 29, 2016 in order to review the collected data from desk review and facilitate group discussion.



Fig.2.Meeting with Prof. Haghdoost, chancellor of Kerman University of Medical Sciences, and the vice-chancellors. Prof. Murad Khan; Prof. Ella Arensman; Dr. Khalid Saeed; Dr. Sayed Kazem Malakouti, Dr. Mansour Ranjbar, Dr. Maryam Abbasinejad.



Fig. 3. Zarand District, Health House. Prof. Ahmad Hajebi, Prof. Ella Arensman, Prof. Mohsen Rezaian, Dr. Malakouti, Dr. Mansour Ranjbar, Dr. Ali Bahramnejad

- Timelines for implementation of interventions and actions, and evaluation at regional and national level;
- Measures for process and outcome evaluation (including intermediate, primary and secondary outcome measures);

6. Consideration of liaison with at least one neighboring country during the process of implementing

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suicide prevention activities at national level. Within WHO and IASP there is growing experience of the positive impact of establishing regional or national suicide prevention activities within one country and the positive learning experience for neighboring countries within small geographic areas.

In order to conduct the review, available peer review papers and reports will be reviewed, and consultation with relevant stakeholders will be conducted, representing a cross-sectoral and multi-disciplinary approach, including: researchers, policy makers, health professionals (including psychiatrists, psychologists, general practitioners, and nurses), community facilitators (including judges, police officers, prison staff, social workers, religious representatives, teaching staff, and media professionals).

The Outcomes of the National and International Rapid Assessment and Evaluation

Being conducted by national and international experts National and International Rapid Assessment and Evaluation led to a very fruitful evaluation, and field visits yielded the following outcomes. This joint project provided excellent collaboration among IASP, ISSSP, WHO/EMRO and WHO Country Office for further collaborative joint projects on suicide prevention:

1. Providing scientific summary report included the national research studies, the current achievement and challenges obtained from field visits in Farsi and English languages.
2. A report on evaluation of the program of suicide prevention and registration and recommendation by international consultants
3. Providing the new version on national suicide prevention and registration based on comprehensive evaluation and recommendation
4. Establishment of a close relationship between IRSSSP and IASP officers for further and mutual joint projects

Consultants and Participants

Dr. Khalid Saeed, WHO/EMRO, director; Dr. Mansour Ranjbar, WHO Country Office;

International consultants: Prof. Ella Arensman, IASP; Prof. Murad Khan, IASP; Dr. Alexandra Fleischmann, WHO/GENEVA.

National consultants: Prof. Ahmad Hajebi, MoH-MHB, general director; Dr. Kazem Malakouti, ISSSP; Prof. Mohsen Rezaeian, ISSSP; Dr. Maryam Abbasinejad, MoH-MHB, officer. Dr. Marjan Fathi, ISSSP.



Fig.4. Tehran Institute of Psychiatry. Meeting for preparing final report of evaluation. Prof. Alexandra Fleischmann, Prof. Murad Khan, Prof. Ella Arensman, Dr. Kazem Malakouti

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