




# The Need to Develop Educational Programs to Support People with Mental Health Problems in Iran: A Guide for Non-specialists

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Dear Editor,

The prevalence of mental health problems is estimated to be 10% in adults and nearly 25% across all age groups. The high frequency, prolonged patient involvement, delayed diagnosis and treatment, and the severity of the resulting disability—which has a 33% disability rate for various diseases—are the leading causes of the substantial burden posed by mental health issues. Mental health problems rank first in disability caused by all diseases and ailments. In Iran, the prevalence of different mental illnesses is 23.6%, with 20.8% of men and 26.5% of women experiencing at least one psychiatric condition (1). Research shows that, in line with global trends, mental health illnesses are becoming more common in Iran. Psychiatric diseases constitute about 15% of all illnesses and rank second only to accidents (2). The prevalence of these conditions in Iran is on the rise, but mental health care coverage remains insufficient. Like many other Low- and Middle-Income Countries (LMICs), Iran's dispersed population settlements make it challenging for many areas to access the limited mental health facilities available (1).

The social environment significantly impacts both physical and mental health. For example, social support has been shown to improve mental health outcomes (3). Given the high prevalence of mental health problems and the limited coverage of mental health services in Iran, family and friends can provide essential support to individuals facing these challenges. Family members and friends are in an ideal position to identify early warning signs of mental health issues, offer initial support, and facilitate referrals to professional assistance when necessary (4). This approach aligns with three middle domains of the survival behavior

continuum: Early detection, first assistance, and access to help. However, laypeople often lack the knowledge and skills required to provide this support, highlighting the need for various interventions, such as awareness campaigns and low-threshold training sessions. Educational programs like mental health first aid (MHFA) courses represent a comprehensive approach to raising the public's level of mental health literacy (5). Through MHFA programs, community members can learn about risk factors, warning signs, and appropriate ways to support individuals in both crisis and non-crisis situations (6). A recent review found that MHFA training improved relevant attitudes and knowledge for up to six months after the program (7). Of 31 studies on the development of public guidelines for mental health first aid, most were aimed at English-speaking nations or specific groups, such as refugees or Indigenous Australians (4).

While there are numerous guidelines and training modules available for MHFA, most are developed for English-speaking populations or specific groups such as refugees or Indigenous Australians (4). Therefore, a critical step in developing effective educational programs in Iran involves adapting these models to align with local cultural norms and values. This includes using culturally appropriate language, addressing prevalent stigmas associated with mental health, and incorporating local examples and case studies.

The high prevalence of mental health issues in Iran, combined with limited service coverage, underscores the need for educational programs aimed at non-specialists. By empowering family members, friends, and community members with the knowledge and skills to provide mental health first aid, a supportive

environment can be fostered that enables early detection and intervention. Adapting global models to fit the local context and implementing a comprehensive strategy involving awareness, training, and collaboration could significantly improve mental health outcomes in Iran.

## Footnotes

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