

Introduction

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The country profiles section of *International Psychiatry* aims to inform readers of mental health experiences and experiments from around the world. We welcome potential contributors. Please contact Shekhar Saxena (email: saxenas@who.int).

This issue of *International Psychiatry* presents three country profiles, from Iran, Lithuania and Australia. The one from Iran traces the care of people with a mental illness through history and summarises the current mental health services and training in the country. The experience of Iran illustrates how basic mental health services can be provided to a population with the scarce resources that are available in a developing country. The profile from Lithuania shows how the availability of

professionals and resources does not by itself translate into effective services in the absence of an adequate and progressive policy framework. The profile from Australia, on the other hand, provides a contrasting picture: of the provision of optimal care with a high level of resources available. This profile, along with another on Australia and New Zealand on pages 19–21 of this issue, illustrates the continuing challenges of providing mental healthcare in countries with a well developed mental health system.

COUNTRY PROFILE

Psychiatry in Iran

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In the middle ages, when in the West people with a mental illness were typically punished and tortured as witches or were looked upon as being possessed, the main approach to their care in the Islamic world, including Iran, generally involved kindness and some form of counselling, combined with herbal, aroma and music therapy and custody in special asylums.

The Islamic Republic of Iran is located in the Middle East between the Caspian Sea and the Persian Gulf. Iran's total land area is 1 648 000 km². Its total population in 2003 was about 68 920 000 (UNICEF, 2003). The population growth rate is 1.41%. Of the total population, 60.4% live in urban and 39.6% in rural areas (Yasamy *et al*, 2001).

Health indicators

Life expectancy at birth in the year 2002 was estimated to be 66.5 years for males and 71.7 years for females (World Health Organization, 2003). The mortality rate for infants (under 1 year) was 33 per 1000 live births in the year 2003 (UNICEF, 2003). Iran has a rather young population: roughly 40% are under 15 years and only 4.5% are aged 65 years or more (Iran Centre of Statistics, 2003).

The rate of suicide is estimated to be 6.2 per 100 000 per year in both males and females.

History of psychiatry in Iran

In Iran, the history of psychiatry is as old as the history of medicine. In the middle ages, when in the West people with a mental illness were typically punished and tortured

as witches or were looked upon as being possessed, the main approach to their care in the Islamic world, including Iran, generally involved kindness and some form of counselling, combined with herbal, aroma and music therapy and custody in special asylums.

Rhazes (Muhammad ibn Zakariya al-Razi, 865–925) and Avicenna (Abu Ali Ibn Sina, 980–1037), two great Iranian physicians and philosophers, in their writings described such mental disorders as melancholia, mania and delirious states. They also prescribed psychotherapy for their patients and described the effects of emotions on the cardiovascular system.

Modern psychiatry in Iran begins with the foundation of Tehran University in 1934. In 1937 the department of psychiatry at the medical school began teaching students. The first teachers at the department were mainly French-educated, among them the late Professor Abdolhossein Mirsepassi and Professor Hossein Rezai, who were pioneers of psychiatry in Iran.

There had been some asylums for the custody of psychiatric patients since the 19th century in Tehran and other major cities of Iran; these were mainly managed by the municipalities, and were mostly in an unfavourable condition. Roozbeh Hospital was founded in 1946 as the first modern psychiatric teaching hospital in Iran. This hospital has since trained many generations of

psychiatrists and still is the leading centre in psychiatric education, treatment and research (Kermani, 1966).

Prevalence of psychiatric disorders

Various studies have estimated the point prevalence of all psychiatric disorders to be in a range from 11.9% (Bash & Bash-Liechti, 1969) to 41.1% (Motamedi *et al*, 1998). In a recent study about a fifth of interviewees (25.9% of the women and 14.9% of the men) were rated as likely 'cases'. Symptoms of depression and anxiety were more prevalent than somatisation and social dysfunction. The rates of learning disability, epilepsy and psychosis were 1.4%, 1.2% and 0.6%, respectively (Noorbala *et al*, 2004).

Substance misuse in Iran

Opium and its natural and synthetic components (especially heroin) are the most widely used substances in Iran, although other substances, notably cannabis, amphetamine-like drugs and to a lesser extent cocaine, seem to be used increasingly, especially by adolescents.

An estimated 2.8% of the Iranian population over the age of 15 years used opiates in 2001 (International Narcotics Control Strategy, 2003).

One study found that 93% of opiate addicts in Iran were male, with a mean age of 33.6 years, and 1.4% were HIV positive (Yasamy *et al*, 2001).

Methadone maintenance and HIV prevention programmes are expanding, although HIV infection in the prison population is a serious problem (Hashemi Mohammad Abad & London, 2003).

Healthcare beliefs

Despite a significant decrease in discrimination and stigmatisation in recent years, it seems that attitudes towards mental health remain a major challenge in Iran. In a recent (unpublished) study of the families of 300 patients with schizophrenia, major depressive disorder and bipolar disorder, 49%, 30% and 51% of these respective groups reported stigma and humiliation (further details from the first author on request).

As in many other developing countries, emotional problems are frequently expressed in somatic form. Beliefs that illness may be caused by a person with the 'evil eye' (i.e. who can harm others merely by looking at them) or an imbalance in 'hot/cold' temperaments or foods are common and coexist with more medical concepts (Sadeghi, 2003).

In general, there is less verbalisation of emotions, especially depression and anxiety. Feelings of guilt are seldom expressed spontaneously. Hypochondriasis and somatic complaints are frequent (Sartorius *et al*, 1983).

Traditional healers still have a major role. One study found that 16% of patients had visited traditional healers and used alternative medicine before their first psychiatric visit (Omidvari *et al*, 2001).

Mental health facilities

There are currently 8950 psychiatric beds distributed among 23 psychiatric and general hospitals, and 825 psychiatrists are practising throughout the country, of whom 30 are child psychiatrists (National Research Centre of Medical Sciences, 2003; Ministry of Health and Medical Education, 2003).

The therapeutic modalities in Iran are mainly pharmacotherapy (the most widely used), psychotherapy and electroconvulsive therapy (ECT). Although many newer psychotherapeutic drugs are available in Iran they are generally too expensive for the average patient. Psychiatric rehabilitation facilities in general are scanty and insufficient.

Psychiatric non-governmental organisations in Iran

The Iranian Psychiatric Association was founded in 1966 and is a member of the World Psychiatric Association (WPA). The Child and Adolescent Psychiatric Association was founded in 2001.

There are also other non-governmental organisations (NGOs) active in mental health, including the Association for the Support of Schizophrenic Patients and Narcotic Anonymous (NA), a self-support group for ex-addicts.

Education

Undergraduate

The duration of general medical training in Iran is 6–7 years. Medical students have a 1-month course in psychiatry, which covers theoretical aspects, and a 1-month internship during which psychiatric history taking and interviewing skills are taught.

Postgraduate

Postgraduate psychiatric training is a 3-year course covering the theoretical and practical aspects of psychiatry, including in-patient and out-patient adult psychiatry, psychiatric emergencies, psychotherapy (especially cognitive-behavioural and/or analytical approaches), consultation-liaison psychiatry, child psychiatry and rotations in forensic psychiatry and neurology. Every psychiatric resident has to conduct a supervised research project during his/her training as a prerequisite for participation in written and oral board certification examinations set by the National Board Examiners' Committee.

The only sub-specialty training is child and adolescent psychiatry, which is a 2-year course.

Research

The publication of papers in international journals has seen considerable growth during recent years: from about four in 1973 to more than 90 in 2001. However, because none of the 23 mental health journals published

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in Iran are indexed in international databases, the output of Iranian researchers in branches of medicine related to mental health is less than may appear to be the case.

Mental health promotion and policies

The National Programme of Mental Health, which seeks to integrate mental healthcare within primary healthcare, was started in 1989 as a pilot study in two rural areas (Yasamy & Bagheri Yazdi, 2004). In 1995 it was jointly evaluated by the World Health Organization and the Tehran Psychiatric Institute. The programme was recognised as one of the most successful in the region (Murthy, 2002).

The aim is to establish a hierarchical, pyramid-like referral system. At the base of the pyramid there are health workers known as *Behvarz*, who are mainly local residents of each primary healthcare area; they are trained to recognise, refer and follow psychiatric cases to the higher level, which comprises rural health centres (Fenton, 1998). Currently, 21.7% of the urban population and 82.8% of the rural population is covered by the National Programme of Mental Health (Yasamy *et al*, 2001).

Future of psychiatry in Iran (opportunities and threats)

The advancement of psychiatric education and the promotion of mental health policies in the past decade have profoundly affected psychiatric services. At present, it seems that there are enough psychiatrists in major cities throughout the country, and most psychotropic medications are available in Iran. All psychiatric hospitals are equipped with modern ECT machines.

On the other hand, non-biological treatments are not extensively available, being mainly limited to four or five major cities in the country. Iran lacks a practical and comprehensive mental health act. Limited coverage of mental health expenses by insurance companies has affected psychiatric care in both the private and the governmental sectors. Despite a dramatic increase in recent years, the mental health budget still remains highly

insufficient. The Mental Health Bureau of the Ministry of Health and the Iranian Psychiatric Association have been struggling to increase the budget.

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COUNTRY PROFILE

Mental health in Lithuania

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Lithuania is a country with an approximate area of 65 000 km². Its population is 3.422 million, and the gender ratio (expressed as men per 100 women) is 87. The proportion of the population under the age of 15 years is 18%, and the proportion above the age of 60 years is 20%. The

literacy rate is 99.6% for both men and women. The country is in the higher middle-income group (by World Bank 2004 criteria).

The health budget represents 6% of the country's gross domestic product. The per capita total expenditure on health is \$478 (international \$) and the