Short Communication

Establishment of a Community-Based Mental Health Center in Yazd: a Short Report

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Received: 2016/06/01 **Accepted:** 2016/08/30

Abstract

Since 40 years ago, the mental health services providing strategies have been dramatically changed worldwide. They are also considered as a new revolution in mental health and thus named as community-based mental health movement. Moreover, mental health centers in Iran have been established in order to make a change in urban community-based mental health (CMHC). The first CMHC was founded in 2010 in the 16th district of Tehran. In Yazd, it was established in 2010. In this article, the steps for establishment of the first CMHC are described.

Keywords: Mental health, Community oriented, Wellness center.

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Introduction

Following community-based mental health movement in the world about 40 years ago [1] and after approving service delivery strategy in the form of a community based mental health center by the Department of Mental Health [2], Yazd also implemented collaborative care model. This model is actually a close cooperation of Cooperative Healthcare System with a specialized team in the form of community-based health care center. The present report explains the procedure of performing the establishment of this center in Yazd.

A:

First, the project directors (the psychiatrist in charge, the collaborator psychiatrist of the project, and the psychologist of the center) participated in educational workshop of Mental Health Department, in Ministry of Health, Tehran, and received the instructions. They also visited Emami Community-based Mental Health Center.

Considering the 75000 population of Azadshahr and the fact that most of immigrants reside in this region, and consequently are under the most psychological pressure, this area was chosen as a pilot. In collaboration with the head of Yazd Health Center, Dr. Abolhassani, the most convenient and popular place in the official building, next to Health and Treatment center of Azadshahr, was allotted for this project (Community-based Mental Health Center).

After repairing and supplying the equipment, the center started its activity as a Community-based Mental Health Center in September 2010.

Next, the executive producers and general practitioners with active offices in the area (Azadshahr) received a general invitation for cooperation. Each general practitioner with active office in the area was invited to the meeting personally. Twenty general practitioners attended the meeting, eleven of whom announced their partnership with this center.

B:

The project directors have attended in a workshop on psychiatric disorders in order to achieve the cooperation of general practitioners (GPs) and also notification other GPs with the collaboration of the Yazd Mental Health Center experts.

C:

The general practitioners attended a three-day workshop in April 2010 as the training course. The workshop was about the purpose of establishing community-based mental health center, diagnosis and treatment of depression and anxiety disorders, as well as instructions on data registration software.

Center Inauguration

On opening day these people were presented: Dr. Abolhasani, Dr. Abolhosseini, Dr. Kholasazadeh, Dr. Nasirian, Dr. Farahzadi, Ms. Zare, fellow practitioners, and colleagues of the Yazd health centers (October 14, 2010).

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Informing the Azadshahr residents

The inhabitants of Azadshahr were informed through the media (TV and radio), posters, as well as distribution of brochures and leaflets in public places and related organizations. Prior notification was also given to schools and Roqiyeh department for introducing the center.

After launching the center, an expert visited general practitioner center to install the program and teach its application to the staffs. Health liaisons had been trained twice a week, which currently it is changed to once a week. After a while, interviewing forms about patient's records were distributed among general practitioners. Two weeks after center launching, meetings were held to continue education on disease treatment by center neurologists and psychiatrists (Dr. Kholasazadeh and Dr. Nasirian). These sessions were held monthly for two hours. The meetings' subjects were selected with regard to the physicians' requests which are presented as follows:

First session: obtaining patients' records and training them to use SSRI drugs. From 10 a.m. to 12 p.m.

Second session: continuing treatment with SSRI drugs, case reporting, and interviewing with the patient invited to treatment session. From 11 a.m. to 13 p.m.

Third session: Diagnostic interview and report about a visitor who was invited to the session. From 11 a.m. to 13 p.m.

Fourth session: Discussing the problems raised during diagnosis, treatment, and follow-up. From 11 a.m. to 13 p.m.

Fifth Session: Making decision about continuance or cessation of cooperation and exclusion of members who were not able to continue the project. From 11 a.m. to 13 p.m.

Sixth Session: Inviting new physicians for cooperation and holding a briefing for them to start treatment. From 11 a.m. to 13 p.m.

Seventh session: Answering physicians' questions, those who cooperated in the project. From 11 a.m. to 13 p.m.

Eighth session: Education on diagnosis and treatment attention deficit hyperactivity disorder (ADHD). From 11 a.m. to 13 p.m.

Ninth session: Responding to medical questions and presenting two case reports. From 11 a.m. to 13 p.m.

Tenth session: Teaching about anti-anxiety and depression drugs. From 11 a.m. to 13 p.m.

Home visit project

A letter was sent to Taft Psychiatric hospital center in order to inform them about home visit project of this center for psychotic patients. Psychiatric hospital announced its cooperation with CMHC. So far, we have diagnosed 34 patients which are visiting at home weekly. Members participating in the home visit project are psychiatrists, general practitioners, psychologists, and psychiatry resident.

All patients are physically examined by a general practitioner. Frequent training is provided by psychologists, psychiatrists, and medical residents to patients and their families. These trainings include continuing medical treatment, drugs' side-effects, personal hygiene, improving patients' performance in education,

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employment and accountability, understanding the disease and its signs, control of emotions, disease symptoms, and its recurrence.

Practitioners who cooperated in the home visit project

Practitioners who cooperated in the home visit project identified neurotic patients (with diagnosis of anxiety disorders and depression) and hence started the treatment. If needed, they could get telephone counseling from the psychiatry center or referred the patient to psychiatry. During this period, 459 patients were identified, treated, and followed up. 122 patients had been referred to psychiatry by practitioners and their records were collected. Meanwhile, the center psychologist presented counseling and psychological services to patients free of charge. Moreover, clinical visiting was conducted monthly by treatment liaisons and also each three months by psychiatrist according to the instructions. Performance appraisal form of treatment liaisons was also completed. Currently, clinical visits are conducted by a psychiatrist monthly. The evaluation of practitioners' performance was carried out by the investigators according to CMHC. Their checklists are also available.

Other activities

Psychiatric medical residents were spending their three- month community-based activity in this center. Several presentations were held by the psychiatrist and center medical residents for health liaisons of Azadshahr center on issues such as introducing community-based mental health, depression, and anxiety. For the mental health week, an expert of community-based mental health center taught health liaisons how to deal with patients with schizophrenia during a two-hour session.

- Training about anxiety disorders and introducing the mental health center in Hazrat Roqiyeh Department located in Azadshahr.
- Visiting Mehr Maderi Center founded in Meybod, Yazd, to diagnose and treat behavioral problems of orphans.
- Visiting Bahar nursing-home repeatedly in order to train and visit patients with psychiatric disorders. In addition, they were provided with contact information of center, psychiatrist, and psychologist to call if needed.
- Visiting gifted children centers, their educators and families were trained considering the infants' behavioral disorders while visiting children and their families.

Related Organizing various workshops

- Parenting skills in five sessions
- Dealing with hyperactive children in two sessions
- Treatment of mindfulness for reducing maternal anxiety in five sessions
- Treatment of mindfulness for reducing depression in mothers and health liaisons in six sessions
- Teaching families with schizophrenic patients in order to get acquainted with the disease,

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deal with these patients, and focus on continued drug treatment

- Teaching families of patients with mood disorders about the disease to deal with patients and emphasize continued drug treatments
- Pilgrims of Mina incident, who were mentally disturbed were identified and underwent treatment

Center Expansion

Physicians of Azadshahr and Imamshahr districts, as well as 17- of -Shahrivar Boulevard were called to expand the center and a contract was signed with 10 physicians. Briefings were held for physicians. Moreover, a two-day workshop was held to train physician about psychiatric disorders. It should be noted that doctors, who already participated in the project, were also invited for the workshops.

Report of community-based mental health center from 2014 up to 2015

Result

Psychotherapy and counseling were provided for the 87 patients. Among all patients, 25 patients suffered from anxiety disorder, 28 patients lacked parenting skills, 15 patients were depressed, and 19 patients were diagnosed with obsessive-compulsive (Table 1 and 2).

Table 1. Age range and education levels of detected patients by medical peers

Variable	Female	Male	Total
Age range			
0-10	15(5%)	10(5%)	25(5%)
11-20	29(11%)	22(11%)	51(11%)
21-30	89(34%)	87(43%)	176(38%)
31-40	59(23%)	48(24%)	107(23%)
41-50	68(26%)	32(16%)	100(21%)
Education level			
Literacy of Reading and Writing	39(15%)	15(7%)	54(11%)
Primary	36(13%)	22(11%)	58(13%)
Middle School	65(25%)	54(27%)	119(26%)
Diploma	83(32%)	76(38%)	159(35%)
Bachelor	37(14%)	32(16%)	69(15%)

Table 2. The frequency of identified diseases by medical peers within a year

Disease	Female		Male		Total
	Single	Married	Single	Married	
Depression	31	39	39	24	133
Anxiety	43	47	33	37	160
Dysthymia	27	26	29	15	97
Obsessive-compulsive	21	26	11	11	69
Total	122	138	112	87	459

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Discussion

Through just a merely one year experience, this mental health center had cooperated with 20 general practitioners who could identify 459 neurotic patients. Among these patients 180 patients referred to the center, but 34 of them who were visited at home, were included in the project. For the next call, which was conducted in June or July (2015), 10 general practitioners rejoined the group. The number of hospitalizations with frequent history was reduced through home visiting. This center conducted other educational activities in addition to monitoring the treatment of neurotic patients and responding to patients who were asked by the project's general practitioners to refer back to the center. These educational activities included a workshop held by center psychiatry for identifying the symptoms of major depression and anxiety disorders by health liaisons. Other workshops were also held for patients who referred to the center based on their needs. Moreover, parenting skills' workshops were held in a number of sessions. Some pamphlets were also prepared by medical residents who were spending their community-based course in the center and were distributed among psychiatric patients who referred to center. Center psychiatrists conducted training sessions in schools on psychological needs of young people. In a group meeting, families of home visit patients discussed about their patients' disease and expressed their opinions about the project. Moreover, they received psycho-education about the disease of their family members in the form of treatment group.

Conclusion

Training of general practitioners for better and more accurate diagnosis of disease**,** also Increase public awareness in order to identify mental illness and And reduce people's resistance to this type of disease.

Acknowledgment

None.

Conflict of Interest

None.

References

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