

Iran's National Suicide Prevention Program

Opportunities, Challenges, and Next Steps

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Abstract. *Background and Aims:* Iran is one of the few countries in the Eastern Mediterranean Region (EMR) to have developed a national suicide prevention program (NSPP). This report introduces Iran's NSPP to policy planners and researchers working in suicide prevention, and is intended to encourage other low- and middle-income countries to develop, implement, and evaluate their own NSPPs. *Method:* This was a case study of a NSPP in one country, integrating quantitative and qualitative data. Bibliographic searches were conducted using both international and national databases, supplemented by other documents. The study benefited from the experiential evidence provided by the senior author. *Results:* While the national incidence of suicide is low, there are higher rates among young adults, particularly women, in western regions. In 2010, Iran's NSPP was integrated into primary health care. A rigorous evaluation of Iran's suicide prevention program concluded that Iran has the potential to take a leadership role in suicide prevention within the EMR, although several challenges were identified. *Limitation:* The findings of this case study cannot be generalized to other contexts. *Conclusion:* Given Iran's unstable situation, the NSPP needs to be monitored, evaluated, and adjusted according to evidence and ongoing changing national and local needs.

Keywords: suicide, national suicide prevention program, Iran, Eastern Mediterranean region, World Health Organization, International Association for Suicide Prevention (IASP)

Iran, an Islamic country of more than 81 million inhabitants, is located in the World Health Organization's (WHO) Eastern Mediterranean Region (EMR), one of the most volatile regions of the world. It is one of the few countries in the EMR to have developed a national suicide prevention program (NSPP; Gater & Saeed, 2015; Rezaeian & Khan, 2020). In this report we describe the epidemiology of suicidal behavior in Iran, explore the development of the NSPP, consider the opportunities and challenges facing the program, and discuss its possible future direction.

Aim

This report introduces Iran's NSPP to policy planners and researchers working in suicide prevention, and is intended to encourage other low- and middle-income countries, particularly in the EMR, to seek input from international experts and relevant international agencies (such as the WHO) to develop, implement, and evaluate their own NSPPs.

Method

This is a descriptive case study of a NSPP in one country, integrating quantitative and qualitative data. Bibliographic searches were conducted using both international (PubMed) and national Iranian (Scientific Information Database) databases, as well as Google Scholar. Search terms included "suicide," "prevention," and "Iran." These sources were supplemented by organizational reports and other documents in English and Persian. The study also benefited from national and international expert input and the experiential evidence provided by the senior author as an active participant in the developments described in this report.

Results

Suicide in Iran

Since 2009 a comprehensive national registry of suicide and nonfatal suicidal behavior has been developed within the

Iranian Ministry of Health. The registry will improve the reliability of the suicide statistics and support the monitoring and evaluation of the NSPP in Iran (Hajebi et al., 2013).

From 2006 to 2015 the rates of suicide per 100,000 persons ranged from 6.0 to 6.7 for males and 2.4 to 2.6 for females (Izadi et al., 2018). In 2019, there were 5,143 suicides in Iran, a rise of 11% compared with the number in 2017 (4,625). Suicide rates in the western provinces are higher compared with rates in the rest of the country. In these provinces, the suicide rate per 100,000 within the 15–24-year age group reached 24.6 for males and 47.8 for females (Azizpour et al., 2017). The high suicide rates and nearly twofold risk among females compared with males are noteworthy. These provinces are typically less affluent, have a patriarchal subculture, host the Kurds and Lurs populations, and suffered massively during the Iraq–Iran war. As a result, the urgency of preventing suicide among young people who live in western parts of the country has been emphasized (Nazari Kangavari et al., 2017).

The Development of a NSPP in Iran

In 2010, Iran's NSPP was integrated into primary health care (PHC), with a view to reinforcing suicide prevention activities throughout the country. In parallel with this initiative, a pilot study was conducted in 2009 on suicide registration in some provinces, which further developed into a web-based registration program at national level (Malakouti, 2019).

Experts from the International Association for Suicide Prevention (IASP) and the WHO visited Iran in 2016 and, together with national experts, conducted a rigorous evaluation of Iran's suicide prevention program. The findings of this evaluation indicated that Iran has the potential to take a leadership role in suicide prevention within the EMR, although several challenges were identified, including: increasing awareness of mental health issues and suicidal behavior among health professionals and the general public; reducing the high prevalence of depression and posttraumatic stress disorder; extension of psychiatric services to include all people with severe mental disorders; and tackling the high case fatality rate associated with self-poisoning (Arensman & Khan, 2017).

Discussion

Opportunities Arising From Iran's Suicide Prevention Program

There are several important opportunities for suicide prevention in Iran. The first is that there is a national

commitment to reduce the incidence of suicide by promoting good mental health, tackling poverty and inequalities, prohibiting the use of alcohol and drugs, and promoting social justice and human rights (Rezaeian, 2009). The second opportunity arises from the fact that both suicide and self-harm are decriminalized in Iran (Arensman & Khan, 2017), making the country unique among other more orthodox Islamic countries. Third, Iran has a well-established health system, especially within rural areas. Finally, the Iranian Scientific Society for Suicide Prevention (<http://irssp.iiums.ac.ir/en?sid=156>), established in 2013, has played an active role in the implementation and evaluation of the Iranian suicide prevention program.

Challenges Associated With Iran's NSPP

There are several important challenges and barriers facing suicide prevention in Iran. The first is that undercounting of suicide deaths should be expected in an Islamic country, although the extent to which this occurs in Iran is unclear (Khan, 1998) and may be less than in other orthodox Islamic countries.

The second challenge is that Iran is a multicultural, multiethnic, and multilingual country. These features need to be given greater attention when designing the structure of the suicide prevention program.

Third, Iran has no specific program for early identification of high-risk individuals or groups. The emphasis on treatment needs to be accompanied by a recognition of the importance of primary prevention. In 2015 a comprehensive national health information system (SIB), including screening of mental health status, was implemented in Iran. However, the SIB appears to have low usability (Rangraz Jeddi et al., 2020).

Finally, in the absence of an official oversight body, it is difficult to engage other (non-health) sectors in implementing the NSPP. This poses significant challenges for the delivery of cross-sectoral actions.

Next Steps for the NSPP in Iran

One of the most important priorities for suicide prevention in Iran is the establishment of a national governing body with an appropriate budget, supporting the development of necessary multisectoral collaborations. Such collaborations appear to be more difficult to achieve in low- and middle-income countries (Shrivastava et al., 2015).

In order to meet these recommendations, Iran needs to transform its current suicide prevention program into a comprehensive national suicide prevention strategy, incorporating effective interventions (Platt &

Niederkrotenthaler, 2020). This strategy should be aligned with broader governmental policy to tackle poverty and socioeconomic inequalities and to promote social justice. Action plans, taking into account the socioeconomic and cultural characteristics of each province, should be developed, implemented, and evaluated. In western regions, action is needed to counteract aspects of a patriarchal culture that may contribute to the elevated suicide risk among young adult females.

It should be emphasized, however, that Iran faces unprecedented hardship and pressure associated with the international, US-led sanctions regime (Aloosh et al., 2019). This might partially explain the increase in suicide deaths in recent years. Moreover, Iran has been one of the countries hardest hit by the ongoing COVID-19 pandemic (Behzadifar et al., 2020). The current key challenge is to identify what can be done that is likely to be both affordable and effective in realizing the goals of the NSPP.

Limitations

The findings of this case study cannot necessarily be generalized to other contexts.

Conclusion

Despite the political volatility of the region, Iran has established a reasonably comprehensive suicide prevention program within its PHC system, and has the potential to take a leadership role in suicide prevention in the EMR. Unfortunately, this opportunity is limited by the extreme harshness of the economic sanctions that have been applied against the country. Given the unstable situation of the country and the region, the NSPP in Iran needs to be monitored, evaluated, and adjusted according to research-based evidence and ongoing changing national and local needs.

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