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Abstract

*Background and aim***:** Iran is one of the few countries in the Eastern Mediterranean Region (EMR) to have developed a national suicide prevention program (NSPP). This report is intended to introduce Iran's NSPP to policy planners and researchers working in suicide prevention, and to encourage other low- and middle-income countries to seek input from international experts and international agencies to develop, implement and evaluate their own national suicide prevention programs.

Method: This is a case study of a national suicide prevention program in one country, integrating quantitative and qualitative data. Bibliographic searches were conducted using both international and national databases, and *Google Scholar,* supplemented by access to organisational reports and other documents (grey literature). The study also benefits from the experiential evidence provided by the senior author as an active participant in the developments described in this paper.

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 national suicide prevention program was integrated into primary health care (PHC), with a view to reinforcing suicide prevention activities throughout the country. A rigorous evaluation of Iran's suicide prevention program, conducted in 2016, concluded that Iran has the potential to take a leadership role in suicide prevention within the EMR, although several challenges were identified.

Limitations: The findings of this case study cannot necessarily be generalised to other contexts.

Conclusion: Iran has established a reasonably comprehensive NSPP within its PHC system. Given the unstable situation of the country, the NSPP in Iran

needs to be monitored, evaluated and adjusted according to research-based evidence and ongoing changing national and local needs.

Introduction

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

Aim

This report is intended to introduce Iran's national suicide prevention program to policy planners and researchers working in suicide prevention, and 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 national suicide prevention programs.

Method

This is a descriptive case study of a national suicide prevention program in one country, integrating quantitative and qualitative data. Bibliographic searches were conducted using both international (*PubMed*) and national Iranian (*Scientific Information Database*) databases, and *Google Scholar*. Search terms included "suicide", "prevention" and "Iran". These sources were supplemented by organisational reports and other documents (grey literature) in both English and Persian languages. The study also benefits from email exchanges with national and international experts and the

experiential evidence provided by the senior author as an active participant in the developments described in this paper.

Results

Suicide in Iran

Since 2009 a comprehensive national registry of suicide and non-fatal suicidal behavior has been developed within the Iranian Ministry of Health. The registry will improve the reliability of the suicide statistics and also support the monitoring and evaluation of the national suicide prevention program 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 to the number in 2017 (4625). Suicide rates in the western provinces are higher compared to 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 (Rostami et al., 2016; Azizpour et al., 2017). The high suicide rates and nearly two-fold risk among females compared to males are noteworthy. These provinces are typically less affluent, have a patriarchal sub-culture, host the Kurds and Lurs populations, and suffered massively during 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). Ecological studies have revealed that there are gender and social inequalities in suicide mortality (Kiadaliri et al., 2014; Kazemi-Galougahi et al., 2018), although not all in the expected direction (Haghparast-Bidgoli et al., 2018).

The development of a national suicide prevention program in Iran

In 2010, Iran's national suicide prevention program was integrated into primary health care (PHC), with a view to reinforcing suicide prevention activities throughout the country. 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 World Health Organization 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 PTSD; 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, tackle poverty and inequalities, prohibiting the use of alcohol and drugs, and promote 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 (ISSSP) (http://irssp.iums.ac.ir/en?sid=156), established in 2013, played an active role in the implementation and evaluation of the Iranian suicide prevention program.

Challenges associated with Iran's national suicide prevention program

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

The second challenge is that Iran is a multicultural, multiethnic and multi-linguistic country. These features need to be taken into account when designing the structure of its suicide prevention program. At present Iran's top-down approach fails to pay adequate attention to the needs and capacities of each local authority; a more bottom-up approach is required.

It should also be noted that Iran has no specific program for early identification of at-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, a recent study has revealed that SIB has low usability (Rangraz Jeddi et al., 2020).

Finally, in the absence of an official oversight body responsible for the implementation of the national suicide prevention program in Iran, it is difficult to engage other (non-health) sectors in implementing the national

program. This poses significant challenges for the delivery of cross-sectoral actions.

Next steps for the national suicide prevention program 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 multi-sectoral collaborations, at national and provincial levels. These collaborations appears to be more difficult to achieve in low- and middle-income countries than in high income countries, and require that all stakeholders take collective responsibility (Shrivastava et al., 2015).

In order to meet these recommendations, Iran needs to transform its current suicide prevention national program into a comprehensive national suicide prevention strategy, incorporating effective preventative and treatment interventions (WHO, 2014; Platt & Niederkrotenthaler, 2020). This strategy should be aligned with broader governmental policy to tackle poverty and socioeconomic inequalities and to promote social justice. In western parts of the country, action is needed to counteract aspects of a patriarchal culture that may contribute to the elevated suicide risk among among young adult females.

Action plans, at both national and provincial levels, should be developed, implemented and evaluated. Bottom-up, as well as top-down, approaches should be applied, taking into account the socio-economic and cultural characteristics of each province. Iran also needs to develop an evaluation framework which will support learning about the key components of the national program that may contribute to a decline in suicidal behavior.

It should be emphasized, however, that Iran faces unprecedented hardship and pressure associated with the international, US-led sanctions regime (Aloosh et al, 2019; Yazdi-Feyzabadi et al., 2020). 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 realising the goals of the national suicide prevention program.

Limitations

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

Conclusion

Iran has established a reasonably comprehensive suicide prevention program within its PHC system. The country has achieved this huge step in a volatile region of the world 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 national suicide prevention program 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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