

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