

Recognize the Regional Perspectives on Mental Health in Semnan Province, Iran

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Abstract

The present study's qualitative design limits the generalizability of its findings, and no more comparisons could be made because the bulk of studies on mental health have been quantitative. The current study was carried out in a defined population, allowing for its continuation through treatments and case follow-up. Furthermore, the study provides a template for comparable future investigations in this area by using the free list as a qualitative approach. There is a clear need to examine mental diseases in each culture and nation independently using culturally relevant instruments for disease screening since mental health issues seem to manifest differently and with various symptoms in different cultures.

Keywords: Iran • Mental health • Perception

Introduction

Culture and setting have a significant impact on how individuals perceive mental illness and how they seek medical attention. There are reports of no biomedical ideas concerning mental illnesses and their remedies all around the world. Studies support the idea that culture and community play a crucial part in people's emotional life, and there is a widespread belief that cultural groupings differ on issues like what is seen as a mental health condition. Therefore, determining the beliefs of mental illness in a community and exploring and incorporating culturally meaningful signs and symptoms of distress are necessary for offering appropriate therapy and care there. The way that people perceive their condition affects whether or not they seek care. Studies conducted in various contexts have shown a range of perspectives on the subject, such as the Pacific Islanders' idea that family disputes are the root of mental health issues or the Jews' conviction that mental health issues are an opportunity to hear from God [1]. Similar to this, certain people in some Western and some South-East Asian cultures think that supernatural powers are to blame for mental health issues. Regarding the causes of mental health issues and preventative measures, there are cultural variances. For instance, certain Asian researches have revealed that medicine is the preferred form of treatment for emotional issues brought on by somatic and biological elements in those civilizations. Chinese culture explains mental health issues and their causation as an imbalance of cosmic energies, hence it is recommended to adopt therapy methods that use intellect to restore this equilibrium. Without modification, the use of standardised assessment methods created in one culture may not adequately capture the psychological issues of another culture and may produce an inaccurate image of the patients' suffering and functionality [2]. Similar to this, forcing therapies created in a different culture without taking into account whether they are suited locally may be damaging and breed mistrust of unconventional treatments. Studies have indicated that persons from non-Western cultures are reluctant to refer themselves and their family members for mental health issues to mental service providers because they believe that they are culturally insensitive.

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Date of Submission: 02 July, 2021; Manuscript No. jmt-22-77829; **Editor Assigned:** 04 July, 2022, PreQC No. P-77829; **Reviewed:** 07 July, 2022, QC No. Q-77829; **Revised:** 15 July, 2022, Manuscript No. R-77829; **Published:** 22 July, 2022, DOI: 10.37421/2471-271X.2022.08.224

Literature Review

A quick qualitative research was conducted to examine how locals perceive, categorise, and prioritise mental health issues in their neighbourhood using free lists (FLs) and key informant interviews (KIs). The initial stage of a huge research involved gathering qualitative data, which guided later stages such as the evaluation of the most serious mental health issues, the creation of screening tools, and the design of therapies [3,4]. First, the free list method was utilised to look at how residents of the area succinctly defined the primary mental health issues in their neighbourhood. Then, key informant interviews were conducted to learn how they conceptualised mental health issues in their community, to look into the major mental or emotional issues described in the free lists in more detail, to determine whether symptoms "go together," and to determine whether there were any other significant symptoms that had not yet surfaced. Twelve psychologists who operate in urban health clinics in the Semnan and Garmsar regions were chosen to conduct free list interviews with participants. The study team for these psychologists had a four-day session in Garmsar Health Center during two parts prior to the interviews. The workshop participants' comprehension of the fundamentals and justification for qualitative interviewing was the primary goal of the training's first phase, while the second phase was primarily focused on teaching FL and KI interviewing procedures [4].

Semnan and Garmsar, the two most populous districts in the province of Semnan, served as the research fields. They also have the province's lowest percentage of immigrants living there. One of Iran's 31 provinces, Semnan is situated 216 kilometres east of Tehran in the country's north central region. The province has a 96,816 square kilometre area, and the 2016 census found 352,285 residents there, including 36,298 households. This province was chosen due to its low immigration rate, convenient access for the study team, helpful staff collaboration, and availability of mental health professionals. In the province of Semnan, residents have access to primary healthcare in 24 urban health facilities, 10 rural health centres [5], 14 urban health posts, and 72 health homes. According to a national survey conducted in 2017, the province's prevalence of suspected cases of mental disorders was 14.5% (15.8% among women and 13.1% among men); roughly 20% of those surveyed had somatization (13.5% of men and 21.4% of women), 23.8% had anxiety (17.7% of men and 26.8% of women), and 7.2% were suspected of depression. As a consequence of the National Health Program's integration of the mental health programme into the primary healthcare system in the province of Semnan in 1986, the delivery of mental health services has improved significantly. Advocacy, promotion, prevention, treatment, and rehabilitation are the key tenets of the mental health programme. Since 2013, urban health facilities have hired and trained psychologists, enhancing the integration of mental health [6].

Discussion

According to the findings, the region's residents prioritised loss of interest and signs of arousal/aggression as their top two mental health issues. These symptoms were recognised as being a component of the signs of sadness and anxiety based on the opinions of the significant knowledgeable individuals. The connection between rage and depression has been the subject of several researches. According to a research by Luutonen (2007), there is a clear link between anger and depression, with depressed individuals exhibiting increased rage or repressed anger. Additionally, epidemiological research shows that depression is linked to an increased likelihood of aggressive conduct. The current study's findings on the signs and symptoms of depression revealed three broad categories of these symptoms: behavioural, cognitive-emotional, and physical. The cognitive-emotional group's lack of interest was among the most prevalent symptoms. Dissatisfaction with oneself and others, a sense of worthlessness, and advanced suicidal thoughts are further symptoms in this group. The participants also included aggressive and enraged signs in the group. Energy loss and intermittent physical discomfort were the most prevalent symptoms in the physical symptoms group, whereas social exclusion and aggressive conduct were prevalent in the behavioral-social symptoms group. Individual isolation was found to be a predictive factor for greater levels of depression and anxiety in a longitudinal mediation analysis research using data from the National Social Life, Health, and Aging Project (NSHAP). Semistructured interviews were used in a different research on depressive symptoms. The study's findings showed that somatization, anger, and violence were typical indications of depression. Mood symptoms of depression/sadness, fatigue and lack of energy, and sleep disorder are three of the most significant symptoms of depression reported not only in Western societies but also in other countries, according to the results of a systematic review of 138 studies in 170 populations of 76 different nationalities and cultures in 2017. However, a number of nations have significant rates of depression that don't fit the DSM-V diagnostic criteria, such as social isolation, frequent sobbing, wrath and fury, general pain, and headache. Depression, anxiety, and obsessive-compulsive disorder were classified as the three main categories of mental health disorders based on the results of the current investigation and the priorities established by significant knowledgeable persons (OCD). In a similar vein, a qualitative research conducted in 2014 on the mental health issues faced by Somali Bantu and Bhutanese immigrants in Boston revealed that behaviour disorders, depression, and anxiety were the three most often reported mental issues in these two groups. The majority of research on mental health issues throughout the globe indicates that depression is the most significant mental ailment. For instance, depression was the most prevalent mental health issue among young people between the ages of 18 and 22 in a 2016 WHO survey that included 21 countries in 4 categories: 4 low/low middle income, 5 upper middle incomes, one low or upper middle income at the time of two separate surveys, and 11 high income countries. However, a qualitative study on the mental health issues affecting Iranian women. Revealed that stress is the factor contributing to Iranian women's persecution more than any other issue in the realm of mental health. The current study's second and third priorities for mental health issues are anxiety and obsessive-compulsive disorder. In order to determine the prevalence of anxiety disorders, a 2005 research including 25,180 Iranian patients was done. Clustered random selection was used to choose the participants, and the DSM-IV criteria were used to identify the individuals' mental conditions.

Conclusion

The study's findings revealed a prevalence of anxiety disorders of 8.35% and a prevalence of mood disorders of 4.29%. The most common mood disorders and anxiety disorders, respectively, were major depressive disorder and phobic. The findings of the study do not support the findings of the present study, but they do show that depression and anxiety are two of the most prevalent psychological issues in Iran, both statistically and qualitatively. The third psychological priority, however, according to the results of the current study, is OCD. There is a need for a thorough examination of mental disorders in particular cultures and nationalities, as well as the development of tools appropriate to that culture to allow screening for these diseases properly. Mental health problems appear to manifest differently and with different symptoms in different cultures. Any effort to improve mental health must first accurately and thoroughly identify the issues at hand, after which the therapies must be tailored to the local culture. The goal of the current study is to methodically investigate the most prevalent mental health issues in Semnan Province with the goal of identifying these issues in the community by building useful instruments and, ultimately, promoting mental health by developing interventions that are appropriate to the local culture. Later articles will reveal the study's outcomes from the subsequent phases. Since this study was qualitative in nature, it is not able to extrapolate its findings to other provinces across the nation, which can be viewed as a significant study restriction. However, the methods employed in this study can serve as a guide for medical campuses across the nation's health departments to promote mental wellness.

Conflict of Interest

None.

References

1. Anuk, Dilek and Güler Bahadır. "The association of experience of violence and somatization, depression, and alexithymia: A sample of women with medically unexplained symptoms in Turkey." *Arch Womens Ment Health* 21 (2018): 93-103.
2. Auerbach, Randy P, Jordi Alonso, William G. Axinn and Irving Hwang, et al. "Mental disorders among college students in the World Health Organization world mental health surveys." *Psychol Med* 46 (2016): 2955-2970.
3. Betancourt, Theresa S, Rochelle Frounfelker, Tej Mishra and Rita Falzarano, et al. "Addressing health disparities in the mental health of refugee children and adolescents through community-based participatory research: A study in 2 communities." *Am J Public Health* 105 (2015): S475-S482.
4. Cauce, Ana Mari, Melanie Domenech-Rodríguez, Matthew Paradise and Nazli Baydar, et al. "Cultural and contextual influences in mental health help seeking: a focus on ethnic minority youth." *J Consult Clin Psychol* 70 (2002): 44.
5. Dejman, Masoumeh, Ameneh Setareh Forouzan, Shervin Assari and Solvig Ekblad, et al. "How Iranian lay people in three ethnic groups conceptualize a case of a depressed woman: an explanatory model." *Ethn Health* 15 (2010): 475-493.
6. Fabrega Jr, Horacio. "The culture and history of psychiatric stigma in early modern and modern Western societies: a review of recent literature." *Compr Psychiatry* 32 (1991): 97-119.

How to cite this article: Cronan, Thereasa. "Recognize the Regional Perspectives on Mental Health in Semnan Province, Iran." *J Ment Disord Treat* 8 (2022): 224.