

## Training needs assessment

Location of training:  
Iran University of medical sciences (school of behavioral and mental health)

Contact person:  
Whocc.mentalhealth.iran@gmail.com

### Please identify which of the following sources were used to complete this form:

- |  |   |
|--|---|
| <input type="checkbox"/> WHO/UN sources of information   | <input type="checkbox"/> Review of hospital admissions data |
| <input type="checkbox"/> National sources of information | <input type="checkbox"/> Discussion with management         |
| <input type="checkbox"/> Other published literature      | <input type="checkbox"/> Discussion with staff              |
| <input type="checkbox"/> Review of adverse events        | <input type="checkbox"/> Discussion with patients           |
| <input type="checkbox"/> Audit reviews                   | <input type="checkbox"/> Other: .....                       |

### Target population

Which MNS conditions should be managed in non- specialized health settings? (as per national level protocols and guidelines or discussions with stakeholders):

- |   |   |
|---|---|
| <input type="checkbox"/> Essential care and practice                          | <input type="checkbox"/> Dementia                                   |
| <input type="checkbox"/> Depression   | <input type="checkbox"/> Disorders due to substance use             |
| <input type="checkbox"/> Psychoses  | <input type="checkbox"/> Self-harm/suicide                          |
| <input type="checkbox"/> Epilepsy   | <input type="checkbox"/> Other significant mental health complaints |
| <input type="checkbox"/> Child and adolescent mental and behavioral disorders |   |

### Local Resources

Which medications are available in this area?

- |  |                                       |  |  |
|--|---------------------------------------|--|--|
| <input type="checkbox"/> Acamprosate               | <input type="checkbox"/> Clonidine    | <input type="checkbox"/> Methadone*      | <input type="checkbox"/> Phenytoine*       |
| <input type="checkbox"/> Amitriptyline             | <input type="checkbox"/> Diazepam*    | <input type="checkbox"/> Midazolam*      | <input type="checkbox"/> Risperidone*      |
| <input type="checkbox"/> Benzhexol                 | <input type="checkbox"/> Disulfiram   | <input type="checkbox"/> Methylphenidate | <input type="checkbox"/> Sodium Valproate* |
| <input type="checkbox"/> Biperiden*                | <input type="checkbox"/> Fluoxetine*  | <input type="checkbox"/> Midazolam       | <input type="checkbox"/> .....             |
| <input type="checkbox"/> Buprenorphine             | <input type="checkbox"/> Fluphenazine | <input type="checkbox"/> Morphine*       | *WHO Essential Medicine List 2017          |
| <input type="checkbox"/> Carbamazepine*            | <input type="checkbox"/> Haloperidol* | <input type="checkbox"/> Naloxone*       |  |
| <input type="checkbox"/> Chlorpromazine            | <input type="checkbox"/> Lithium*     | <input type="checkbox"/> Naltrexone      |  |
| <input type="checkbox"/> Cholinesterase inhibitors | <input type="checkbox"/> Lofexidine   | <input type="checkbox"/> Oxazepam        |  |
|  |                                       | <input type="checkbox"/> Phenobarbital*  |  |

What are local prescribing regulations?

What brief psychological treatments are available?

Are mental health specialists available locally (i.e. psychiatrists, neurologists, mental health nurses)? Provide names and contact details

Are other services available where people with MNS conditions can be referred? (i.e. gender-based violence support, financial support, aged-care)

**Training resources**

What dates are available for training?

How much time is available for training?

How much funding, if any, is available for training?

What facilities are available for training? Includes rooms, electricity, PowerPoint, Wi-Fi etc.

**Health-care providers**

What disciplines will attend the training? How many from each discipline are expected?

Specialist MNS providers	Doctors	Nurses	Allied Health	Other

What do the trainees “do” in their work and how will they use this learning?

What knowledge, skills and experiences do the trainees already have in MNS conditions?

**Expectations of training**

What are the goals and expectations of the training according to the person(s) who requested it?

What are the trainees' expectations of the training?

**Supervision**

How much time and/or funding will be allocated to supervision after the course?

Who are potential local supervisors?

What is the preferred local supervision model?

**Barriers and enablers**

What other potential obstacles may occur before, during or after training?

What other local solutions will help in the provision of the training and supervision?

**Other considerations**

Please note anything else relevant to planning the training and supervision

**Conclusions**

Dates for course:

Venue:

Modules to be completed:

- |   |  |
|---|--|
| <ul style="list-style-type: none"><li><input type="checkbox"/> Essential care and practice</li><li><input type="checkbox"/> Depression</li><li><input type="checkbox"/> Psychoses</li><li><input type="checkbox"/> Epilepsy</li><li><input type="checkbox"/> Child and adolescent mental and behavioral disorders</li></ul> | <ul style="list-style-type: none"><li><input type="checkbox"/> Dementia</li><li><input type="checkbox"/> Disorders due to substance use</li><li><input type="checkbox"/> Self-ham/suicide</li><li><input type="checkbox"/> Other significant mental health complaints</li><li><input type="checkbox"/> TOTs training</li></ul> |
|---|--|

Any additional considerations?