

Disadvantaged Groups and Mental Health Services, A Dilemma in Metropolitans

Around the world, psychiatric diseases have ranked among the highest regarding burden of diseases and in Iran, it has ranked second.^[1] A large number of studies have shown a low mental health literacy in a wide range of countries including Iran.^[2,3] Since mental health literacy expresses the awareness of people about the diagnosis, prevention, seeking help and treatment and education in this area it can be helpful in improving the mental health status.^[4]

In metropolitans of many countries including Iran, social and economic class differences and marginalization are the consequences of living in industrial cities. People belonging to vulnerable groups like marginalized people living in stigmatized deprived peripheral neighborhoods, child labor and their families, are more exposed to economic and social inequalities such as violence and suffering from mental problems, due to their environment and special lifestyle^[5,6] so they need more help in this regard.

On the other hand, it is likely that these individuals have a lower level of mental health literacy in comparison with general population due to their lower literacy and income levels. Because their access to related services is less likely to be feasible due to financial difficulties^[7,8] they can be one of the prioritized target groups for implementing educational interventions in the field of mental health literacy.

Feasibility of mental health services is low due to high costs and incomplete insurance coverage. Logically, due to lack of insurance and low income, these problems are much more severe in the poor marginalized groups that include illegal immigrants.^[9]

However, there are numerous charities and non-governmental organizations (NGOs) which dispersedly working in this area, but a clear established structure which links between these institutions and those in need does not exist, so there are so many needy people who do not receive these helps.

In this regard, along with education and promotion of their mental health literacy, one of the solutions could be identifying charities and NGOs that are particularly active in this field and introduce them to needy people as a part of their training. In addition, it would be helpful if a systematic mechanism be designed to provide

the possibility of introducing people in need to these organizations to facilitate access and use of these services by the deprived people.

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Conflicts of interest

There are no conflicts of interest.

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References

1. Hajebi A, Damari B, Vosoogh Moghaddam A, Nasehi A, Nikfarjam A, Bolhari J. What to do to promote mental health of the society. *Iran J Public Health* 2013;42:105-12.
2. Sayarifard A, Ghadirian L. Mental health literacy in Iran: An urgent need for a remedy. *Int J Prev Med* 2013;4:741-3.
3. Ganasen KA, Parker S, Hugo CJ, Stein DJ, Emsley RA, Seedat S. Mental health literacy: focus on developing countries. *Afr J Psychiatry* 2008;11:23-8.
4. Sayarifard A, Ghadirian L, Mohit A, Eftekhari, Badpa M, Rajabi F. Assessing mental health literacy: What Iranian higher education students know about depression. *Med J Islam Repub Iran* 2015;29:161.
5. UN-HABITAT. The State of World's cities 2006/2007: 30 Years of Shaping the Habitat Agenda. United Nations Human Settlements Programme (UNHSP). London, UK: Earthscan; 2006.
6. Vlahov D, Galea S. Urbanization, urbanicity, and health. *J Urban Health* 2002;79:S1-12.
7. WHO. Our cities, our health, our future: Acting on social determinants for health equity in urban settings. Kobe, Japan:

Letter to Editor

Report of the Knowledge Network on Urban Settings, WHO Commission on Social Determinants of Health. Prepared by the WHO Centre for Health Development; 2007.

8. Prince M, Patel V, Saxena S, Maj M, Maselko J, Phillips MR, *et al.* No health without mental health. *Lancet* 2007;370:859-77.
9. Andrade LH, Wang YP, Andreoni S, Silveira CM, Alexandrino-Silva C, Siu ER, *et al.* Mental disorders in megacities: Findings from the São Paulo megacity mental health survey, Brazil. *PLoS One* 2012;7:e31879.

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