

mental health

depression

mental health

depression

nepal

poverty

maternal mental health

nepal

poverty

maternal mental health

psychosis

ethiopia

development

psychosis

ethiopia

development

india

scaling-up

uganda

india

scaling-up

uganda

alcohol-disorders

south africa

research

alcohol-disorders

south africa

research

treatment gap

low-resource settings

treatment gap

low-resource settings

primary health care

policy

primary health care

policy



programme for improving mental health care

Evidence on scaling-up mental health services for development

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supported by



Photo: Mental Health & Poverty Project (MHaPP)

OVERVIEW

“Scaling up of services for people who suffer from mental, neurological and substance abuse disorders is a very important public health priority. Our message to countries is to take urgent actions to improve access to evidence-based care for these conditions ” - Dr. Shekhar Saxena, WHO

An overview

The goal of the **PR**ogramme for **I**mproving **M**ental health **car**E (PRIME) is to generate world-class research evidence on the implementation and scaling up of treatment programmes for priority mental disorders in primary and maternal health care contexts in low resource settings.

PRIME is a consortium of research institutions and Ministries of Health, led from the University of Cape Town, and working in five countries in Asia and Africa (Ethiopia, India, Nepal, South Africa & Uganda), with partners in the UK and the World Health Organization (WHO). PRIME is supported by the UK government’s Department for International Development (DFID), and is a six year programme which was launched in May 2011.



The 'treatment gap' in low & middle income countries (LMIC)

According to the 2010 Global Burden of Disease (GBD) estimates, mental and behavioural disorders account for 7.4% of the GBD, a 38% increase from 1990. Although the vast majority of people affected by mental illness live in Low and Middle-Income Countries (LMIC), most mental health care resources are located in High-Income countries.

This lack of resources for effective treatment has contributed to a large 'treatment gap', i.e. up to 4 out of every 5 people with mental illness in LMIC go without mental health care. PRIME aims to improve the coverage of treatment for priority mental disorders by implementing and evaluating the WHO's mental health Gap Action Plan (mhGAP) guidelines.

These guidelines are a practical tool that are intended to empower health care practitioners to deliver mental health services at the primary health care level. PRIME is working closely with Ministries of Health, health care providers, academic institutions and civil society organisations to set up 'demonstration sites' in each of the five countries. By generating research evidence aimed at integrating mental health care into primary and maternal health systems, PRIME aims to make a direct contribution to reducing the 'treatment gap' not only in the five PRIME countries, but also in other low resource settings.



Photo: Mental Health & Poverty Project (MHaPP)

MOTIVATION

"Mental health is a neglected area in public health globally, especially in low and middle-income countries, where most people living with mental illness remain untreated." - A/Prof. Crick Lund, PRIME CEO

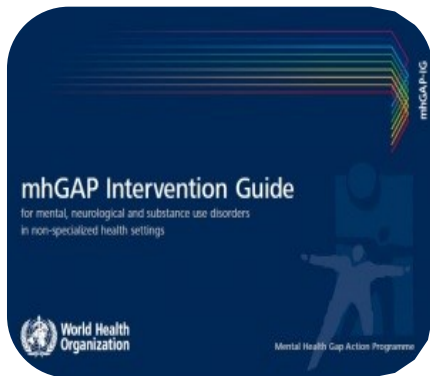


Image: World Health Organization (WHO)

PRIORITY DISORDERS

Priority mental disorders

PRIME is focusing on the four mental disorders which contribute to the greatest overall burden of disease.

These are **alcohol abuse**, **depression** (including maternal depression), **psychosis** (notably schizophrenia) and **epilepsy***.

The priority mental disorders** are described below:

alcohol abuse



- ◆ appears to be under the influence of alcohol (e.g. smell of alcohol, looks intoxicated, hangover)
- ◆ presenting with an injury
- ◆ somatic symptoms associated with alcohol use (e.g. insomnia, fatigue, anorexia, nausea, vomiting, indigestion, diarrhoea, headaches)
- ◆ difficulties in carrying out usual work, school, domestic or social activities

* Epilepsy to be covered only in Ethiopia and Uganda

** Source: mhGAP Intervention Guide (mhGAP-IG), based on which PRIME will adapt and test its interventions

depression

- ◆ Low energy; fatigue; sleep or appetite problems
- ◆ Persistent sad or anxious mood; irritability
- ◆ Low interest or pleasure in activities that used to be interesting or enjoyable
- ◆ Multiple symptoms with no clear physical cause (e.g. aches and pains, palpitations, numbness)
- ◆ Difficulties in carrying out usual work, school, domestic or social activities
- ◆ Maternal depression occurs during pregnancy or in the first year after birth

psychosis

- ◆ Abnormal or disorganised behaviour (e.g. incoherent or irrelevant speech, unusual appearance, self-neglect, unkempt appearance)
- ◆ Delusions (a false firmly held belief or suspicion)
- ◆ Hallucinations (hearing voices or seeing things that are not there)

epilepsy

- ◆ Convulsive movement or fits/seizures
- ◆ During the convulsion: (1) loss of consciousness or impaired consciousness; (2) stiffness, rigidity; or (3) tongue bite, injury, incontinence of urine or faeces
- ◆ After the convulsion: fatigue, drowsiness, sleepiness, confusion, abnormal behaviour, headache, muscle aches, or weakness on one side of the body



Photo: Perinatal Mental Health Project (PMHP)

PRIORITY DISORDERS

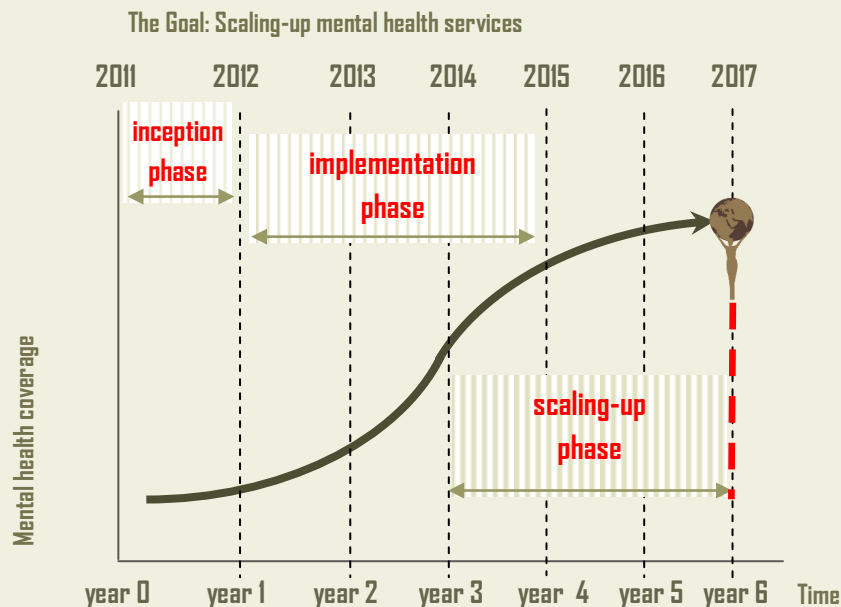


1st PRIME Meeting, South Africa, June 2011. Photo: Amit Makan

RESEARCH

The research phases

PRIME is creating world class research evidence on how best to implement, and expand the coverage of mental health treatment programmes in low resource settings. The research is being conducted in the following stages. The plans and outputs are described on the next page:



How we plan to work

In the **Inception** phase (Year 1), an integrated mental health care plan comprising packages of mental health care for delivery in primary health care and maternal health care was developed.

In the **Implementation** phase (Years 2-4), PRIME is evaluating the feasibility, acceptability and impact of the packages of care in primary health care and maternal health care.

In the **Scaling Up** phase (Years 3-6), PRIME is evaluating the scaling up of these packages of care at the level of administrative health units.



1st PRIME Meeting, South Africa, June 2011. Photo: Amit Makan

OUR PLANS



Photo: Vikram Patel

MENTAL HEALTH & DEVELOPMENT

How can PRIME's work impact development?

A number of the UN's Millennium Development Goals (MDGs) have strong associations with mental health. Mental disorders and poverty interact in a vicious cycle that increases the risk of mental disorders among the poor, and increases poverty among those with mental disorders through multiple pathways.

The new knowledge that PRIME generates will inform a range of interventions that tackle the cycle of poverty and mental ill health, particularly those that improve health and socio-economic outcomes for the poor and for mothers.

Implementing and scaling up mental health services is essentially:

- ◆ **pro-poor**, reducing mental disability, providing care for those in need, improving livelihoods through community-based initiatives and reducing catastrophic expenditure for households
- ◆ **pro-development**, reducing poverty and providing more effective management of maternal and child health problems, and chronic and communicable diseases including HIV; and
- ◆ **pro-human rights**, realising the right to health, autonomy and freedom from discrimination.

PRIME is generating evidence to support the inclusion of mental health in the post-2015 Sustainable Development Goals (SDGs).

Livelihoods
generation

Improved access
to social grants

User self-help
groups

Interventions that help to break
the poverty- mental illness cycle

social causation

Poverty

Mental ill health

social drift

Brief motivational
interviewing for
alcohol abuse

Anti-depressant
medication and
psychosocial
interventions for
depression

Anti-psychotic
medication and
psycho-social
rehabilitation for
schizophrenia

Interventions that help to break
the poverty- mental illness cycle



Photo: Vikram Patel

MENTAL HEALTH & DEVELOPMENT

Source: Lund et al (2011). Poverty & mental disorders: breaking the cycle in low-income and middle-income countries. *The Lancet*



Photo: Mental Health & Poverty Project (MHaPP)

RESEARCH UPTAKE

“Most importantly, persons living with mental illness should always be included in any decision involving them.” - **Mental health activist and service user living with mental illness**

Research Uptake: Translating research into policy

Through a Research Uptake Strategy, PRIME is committed to enhancing the ‘uptake’ of its research for policy-makers based on its dissemination and communication activities.

As a unique research consortium whose partners are not only global mental health researchers, but policy-makers too (Ministry of Health officials from PRIME countries, and the WHO), all partners were involved in shaping the consortium when the PRIME proposal was initially conceived, and are actively engaged in the project.

Undoubtedly, this strong collaboration between researchers and policy-makers will increase the likelihood of ‘Getting Research Into Policy and Practice’ (GRIPP).

Research uptake strategies include developing an understanding of different stakeholder groups, their varying power to influence policy; and strategically targeting key messages emanating from the research in each country.

These key messages are disseminated using appropriate channels for respective countries and target audiences at global, national and district (local) levels.

PRIME aims to develop **dissemination outputs** (including policy briefs, working papers, open-access peer-reviewed journal publications, audio-visual presentations), and communicate them through a range of vehicles.

Communication vehicles include global and national advocacy initiatives such as World Mental Health Day (10 October annually); international, national and community media; social media and websites; conferences and Community Advisory Boards (CABs).

Partners: Diverse stakeholders committed to global mental health

PRIME is made up of an international group of mental health researchers and policy makers who are committed to improving mental health in low resource settings.

Partners involved in this diverse consortium include the University of Cape Town (lead institution), World Health Organisation, the Centre for Global Mental Health (London School of Hygiene & Tropical Medicine and King's Health Partners, UK), Ministries of Health and research institutions in Ethiopia, India, Nepal, South Africa and Uganda; and international NGOs such as Basic Needs, Healthnet TPO, Public Health Foundation of India and Sangath.

Funded by the UK Aid from the Department for International Development (DFID), the multi-country project involves Ethiopia, India, Nepal, South Africa & Uganda.



Alan J. Fisher Centre for Public Mental Health



2nd PRIME Meeting, Uganda, April 2012. Photo: Amit Makan

PARTNERS

"The most exciting thing about PRIME is the fact that Ministries of Health in 5 countries, and the WHO, have joined mental health research leaders as equal partners ." - Prof. Vikram Patel, PRIME Research Director



3rd PRIME Meeting, Ethiopia, April 2013. Photo: Erica Brewer

CAPACITY BUILDING

“PRIME has good, innovative ideas about how to strengthen southern leadership in the field of mental health. The lessons learnt will be of benefit globally.”

- Dr. Ritsuko Kakuma, PRIME Capacity Building

Capacity Building: Developing future leaders in global mental health

A major goal of PRIME is to strengthen the capacity to generate, communicate and utilise mental health research in LMIC. PRIME has a number of capacity building opportunities including:

- ◆ A Small Grants Initiative, intended to support innovative research ideas from partners that are consistent with PRIME's objectives
- ◆ Skills Development Training, such as facilitating the participation of PRIME researchers in short courses
- ◆ Promoting postgraduate training and mentoring doctoral and postdoctoral researchers

Impact

We expect to have an impact in the following areas:

- ◆ Increased uptake of findings to influence policy and practice in the study countries, in other LMIC and by development agencies and donors, to support scaling up of mental health care in LMIC.
- ◆ Improved mental health, social and economic outcomes for:
 - ◆ populations in the demonstration sites in which the PRIME research programme will be carried out; and
 - ◆ other populations in which mental health services have been substantially scaled up, based on the outputs generated by PRIME.
- ◆ Sustainable research capacity in the participating country institutions to develop, undertake, and disseminate the research to implement and scale up mental health services.
- ◆ Sustainable partnerships for future collaborations between the international partners and, in each country, between academic partners, Ministries of Health and NGOs.



DEVELOPING RESEARCH CAPACITY

BUILDING SUSTAINABLE PARTNERSHIPS

IMPACT

"I believe that PRIME will have a tremendous impact in the next 6 years, and beyond. We will be in a position to provide important lessons for countries and Ministries of Health about integrating mental health into the primary health care system, and provide important lessons about task sharing, advocacy and stakeholder engagement."

- Prof. Mark Tomlinson, PRIME Research Director



PRIME LEADERSHIP

A/Prof Crick Lund

PRIME CEO

Centre for Public Mental Health

Department of Psychiatry & Mental Health

University of Cape Town

Email: crick.lund@uct.ac.za



Prof Vikram Patel

PRIME Research Director

Centre for Global Mental Health

London School of Hygiene & Tropical Medicine, UK

Sangath, Goa, India

Email: vikram.patel@lshtm.ac.uk



Prof Mark Tomlinson

PRIME Research Director

Centre for Public Mental Health

University of Cape Town & Stellenbosch University

Email: markt@sun.ac.za



CONTACTS



UNIVERSITY OF CAPE TOWN

Ms Erica Breuer

PRIME Project Manager

Centre for Public Mental Health, UCT

Email: erica.breuer@uct.ac.za

Ms Gillian Hanslo

PRIME Administrator

Centre for Public Mental Health, UCT

Email: gillian.hanslo@uct.ac.za

Mr Amit Makan

PRIME Research Uptake Officer

Centre for Public Mental Health, UCT

Email: a.makan@uct.ac.za

Dr Simone Honikman

Perinatal Mental Health Project (PMHP)

Centre for Public Mental Health, UCT

Email: simone.honikman@uct.ac.za

CENTRE FOR GLOBAL MENTAL HEALTH

Prof Martin Prince

King's College London, UK

Email: martin.prince@kcl.co.uk

Prof Graham Thornicroft

King's College London, UK

Email: graham.thornicroft@kcl.ac.uk

Dr Mary De Silva

London School of Hygiene & Tropical Medicine, UK

Email: mary.desilva@lshtm.ac.uk

Dr Charlotte Hanlon

King's College London, UK

Email: charlotte.hanlon@kcl.ac.uk

Dr David McDaid

London School of Economics, UK

Email: D.Mcdaid@lse.ac.uk

UNIVERSITY OF MELBOURNE

Dr Ritsuko Kakuma

Centre for International Mental Health

Melbourne School of Population & Global Health

Email: rkakuma@unimelb.edu.au

WORLD HEALTH ORGANIZATION

Dr Shekhar Saxena

World Health Organization

Email: saxenas@who.int

Dr Dan Chisholm

World Health Organization

Email: chisholmd@who.int

ETHIOPIA

Dr Abebaw Fekadu (PI)

Addis Ababa University, Ethiopia

Email: abe.wassie@kcl.ac.uk

Dr Tedla Wolde-Giorgis

Ministry of Health, Ethiopia

Email: giorgistw@aol.com

INDIA

Dr Rahul Shidhaye (PI)

Public Health Foundation of India

Email: rahulshidhaye@gmail.com

Dr KK Thassu

Ministry of Health, India

Email: kktassu@yahoo.com

NEPAL

Dr Mark Jordans (PI)

Healthnet TPO, Nepal

Email: mark.jordans@hntpo.org

Mr Kabiraj Khanal

Ministry of Health, Nepal

Email: krk.moha@gmail.com

SOUTH AFRICA

Prof Inge Petersen (PI)

University of Kwazulu-Natal, South Africa

Email: peterseni@ukzn.ac.za

A/Prof Arvin Bhana (Co-PI)

University of Kwazulu-Natal, South Africa

Email: arvin.bhana@gmail.com

Dr Lara Fairall (Co-PI)

University of Cape Town, South Africa

Email: lara.fairall@uct.ac.za

Prof Melvyn Freeman

Department of Health, South Africa

Email: freemm@health.gov.za

Ms Nomvula Sibanyoni

Department of Health, South Africa

Email: sibann@health.gov.za

UGANDA

Dr Fred Kigozi (PI)

Makerere University/Butabika Hospital, Uganda

Email: fredkigozi@yahoo.com

Dr Juliet Nakku (Co-PI)

Makerere University/Butabika Hospital, Uganda

Email: jnakku@yahoo.com

Dr Sheila Ndyabangi

Ministry of Health, Uganda

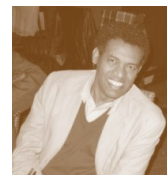
Email: sndyanabangi@yahoo.com

OTHER PARTNERS

Ms Shoba Raja

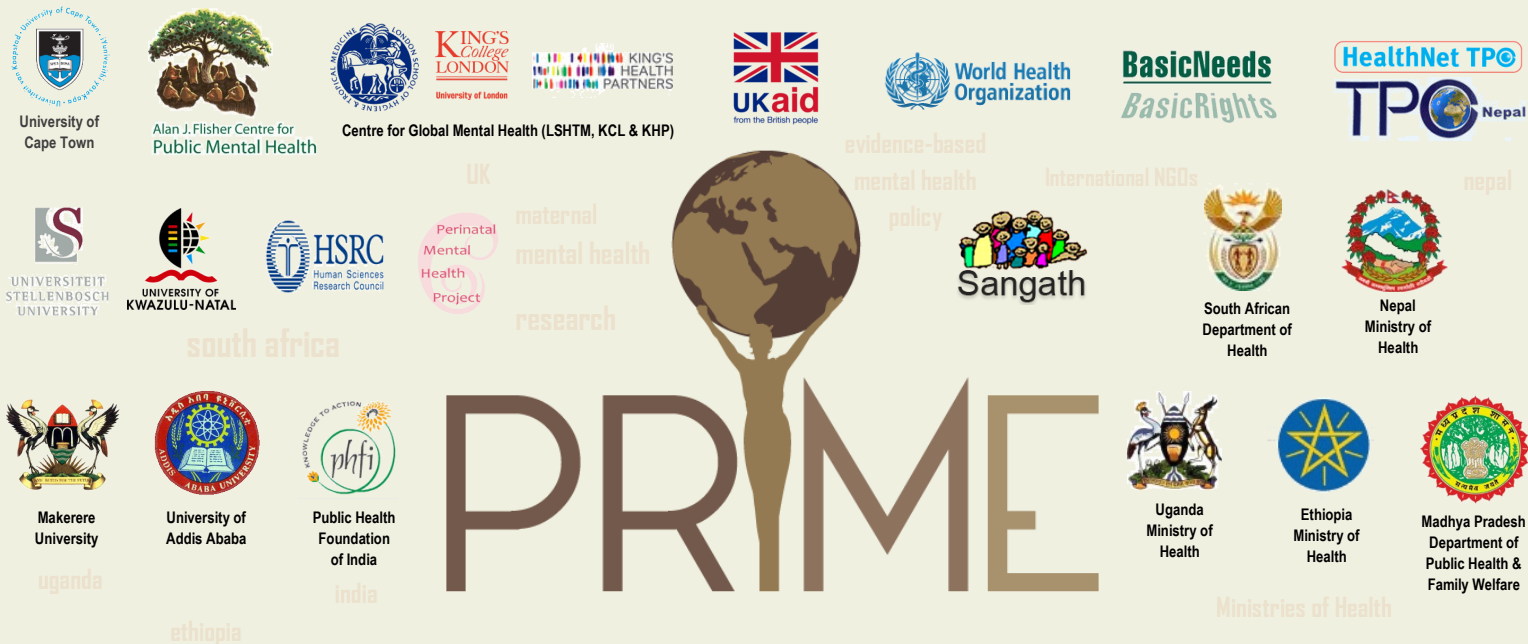
Basic Needs, Bangalore, India

Email: shoba.raja@basicneeds.org



CONTACTS

PRIME is a Research Programme Consortium (RPC) led by the Alan J Flisher Centre for Public Mental Health at the University of Cape Town (South Africa), and funded by the UK Aid from the Department for International Development (DFID). The project aim is to develop world-class research evidence on the implementation, and scaling up of treatment programmes for priority mental disorders in primary and maternal health care contexts in low resource settings. Partners and collaborators in the consortium include Addis Ababa University and Ministry of Health (Ethiopia); Sangath, Public Health Foundation of India and Madhya Pradesh State Ministry of Health (India); Health Net TPO and Ministry of Health (Nepal); University of Kwazulu-Natal, Human Sciences Research Council, Perinatal Mental Health Project and Department of Health (South Africa); Makerere University, Butabika Hospital and Ministry of Health (Uganda); BasicNeeds, Centre for Global Mental Health (London School of Hygiene & Tropical Medicine and Kings Health Partners, UK) and the World Health Organisation (WHO).



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