

An Introduction to PRIME

A multi-centre, multi-country research programme aimed at scaling-up mental health services in low resource settings

At the 5th UPA conference 19th – 20th April 2012,
Kampala – Uganda.

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programme for improving mental health care

Evidence on scaling-up mental health services for development

Partners

- Ethiopia
 - Addis Ababa University, MoH
- India
 - Sangath, PHFI, MP State MoH
- Nepal
 - Healthnet TPO, MoH
- South Africa
 - Centre for Public Mental Health- University of Cape Town
 - UKZN, HSRC, DoH
- Uganda
 - Makerere University, MoH

Collaborators

- WHO
- Centre for Global Mental Health
- Basic Needs



Photo: 1st PRIME Meeting, Cape Town, June 2011. Photo: Amit Makan

An overview

- A 6 year Research Programme Consortium supported by DFID – U.K (2011-2017)
- The purpose of 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.



Photo: Mental Health & Poverty Project (MHaPP)

The motivation: the treatment gap

- 14% of the global burden of disease is due to mental illness
- The majority live in low or middle income countries
- Up to 4 out of 5 PWMI in low and middle income countries never receive treatment

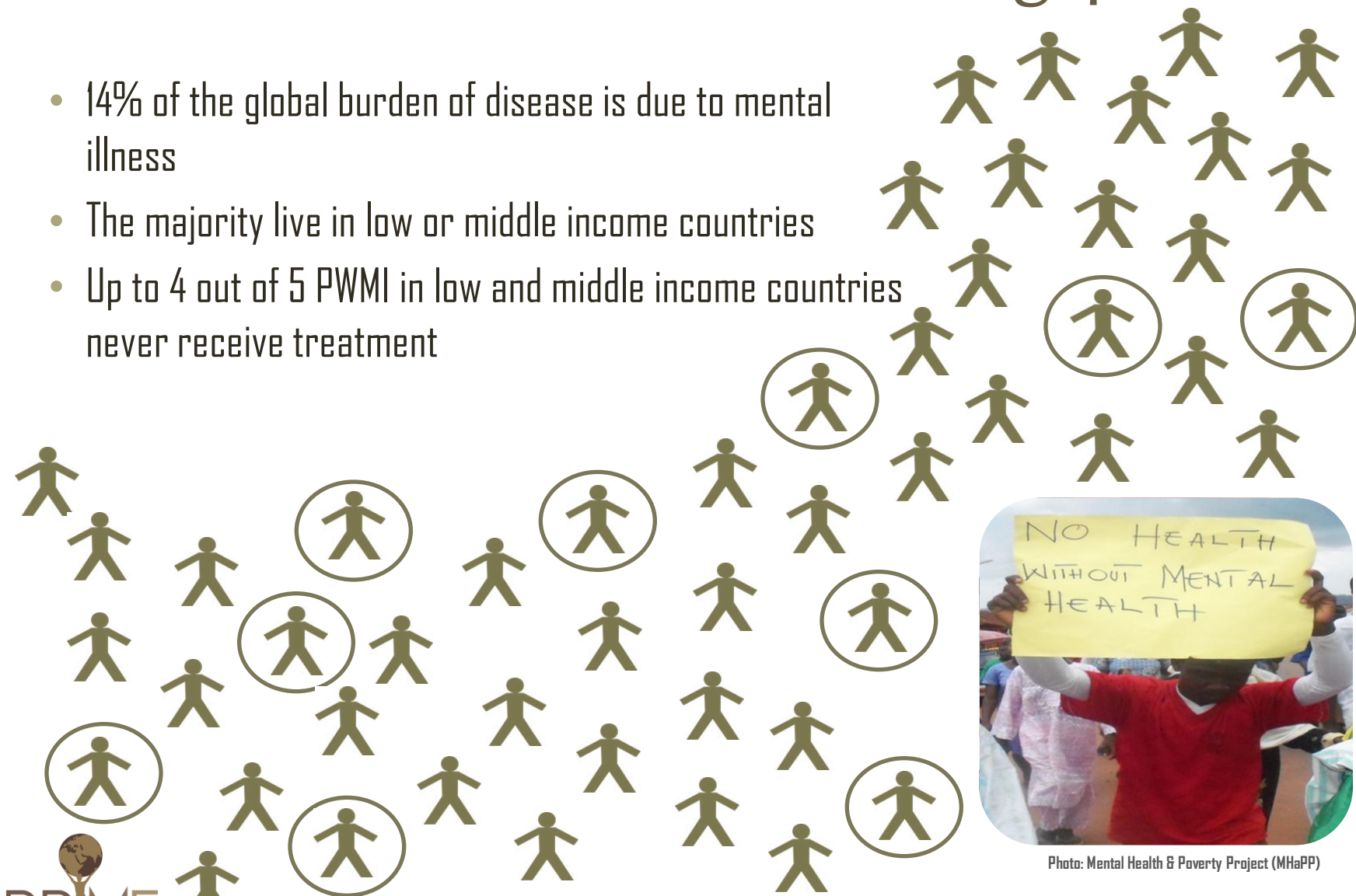


Photo: Mental Health & Poverty Project (MHaPP)

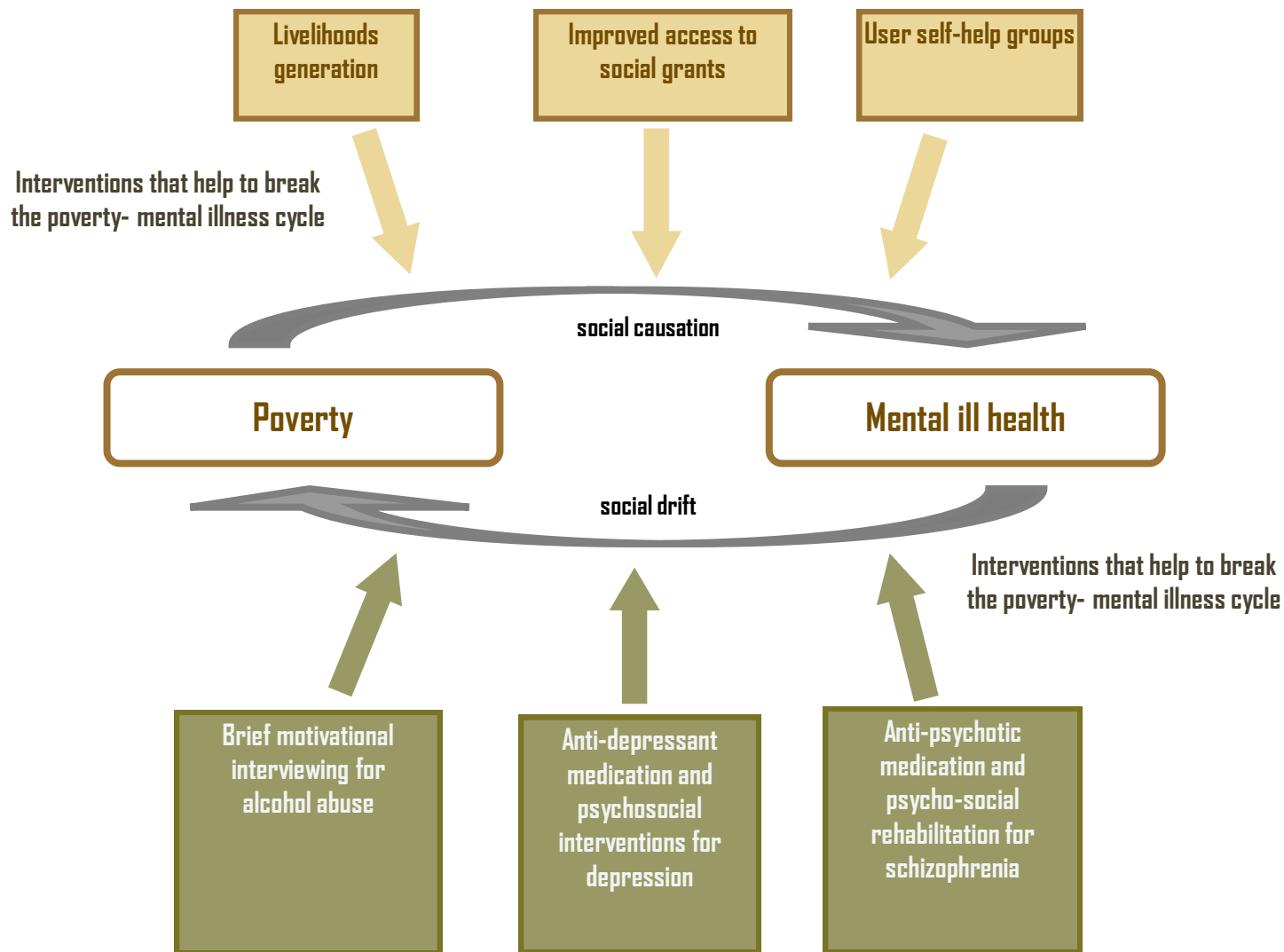
Mental health & development

- 5 of the 8 UN MDGs have strong associations with MH (MDGs 1,3,4,5&6)
- Mental disorders and poverty interact in vicious cycle
- Implementing & scaling-up MH services is:
 - pro-poor
 - pro-development
 - pro-human rights



Photo: Vikram Patel

Mental health & development



Source: Lund et al (in press). Poverty & mental disorders: breaking the cycle in low-income and middle-income countries *The Lancet* 378:1502 - 1514

How we plan to work

- PRIME will implement and evaluate the WHO's mental health Gap Action Program (mhGAP) intervention guidelines
- Adapt & test interventions based on WHO mhGAP IG
- Focus is on 4 mental disorders making greatest contribution to the overall burden of disease
 - Alcohol abuse
 - Depression
 - Psychosis
 - Epilepsy

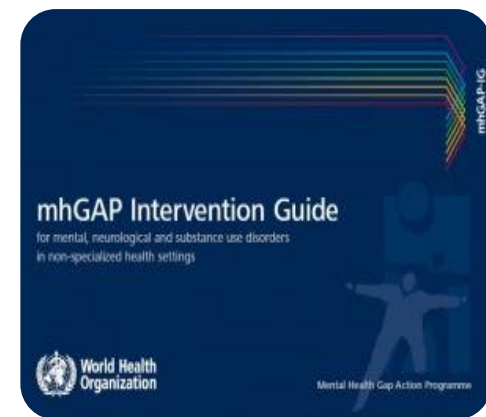


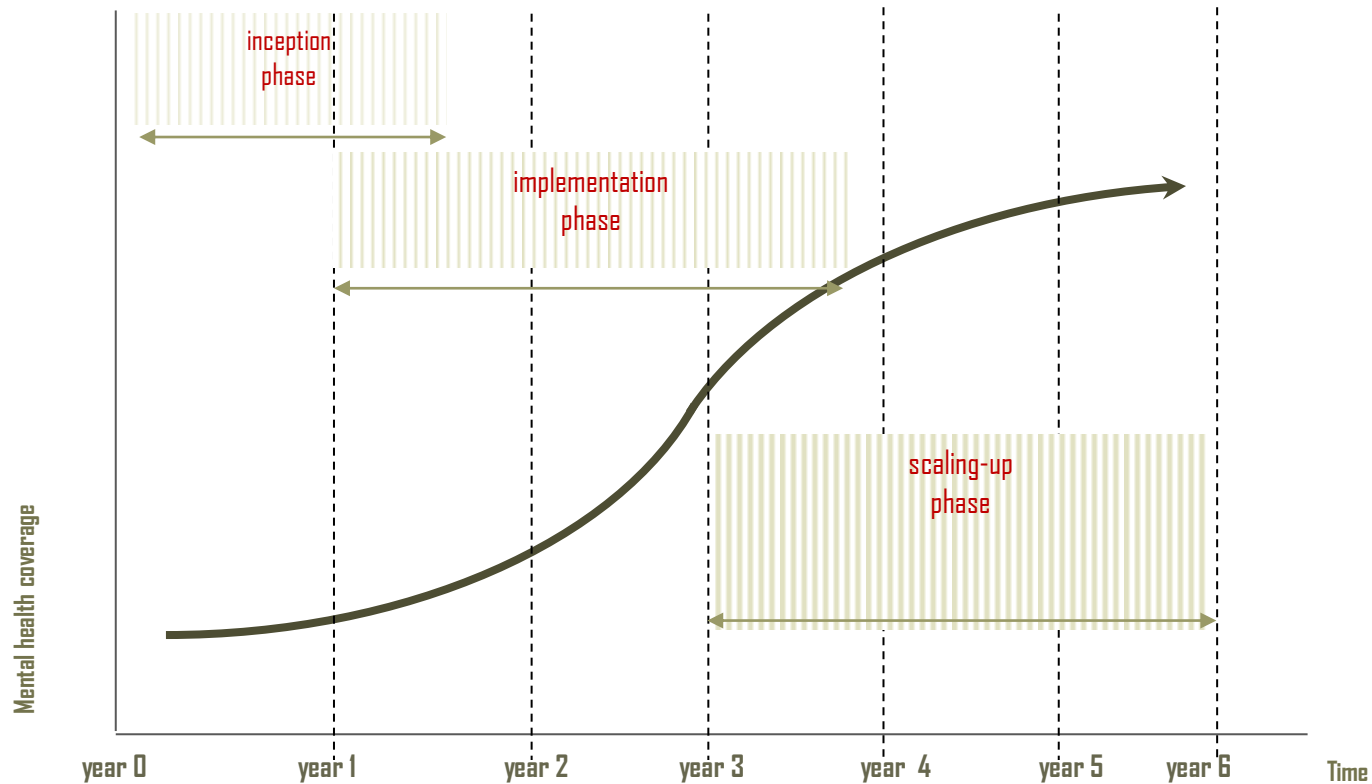
Image: World Health Organization (WHO)

Country sites

Country	AHU	Population	Number of PHCs	Socio-economic characteristics	Number of MH specialists
India	Sehore (Madhya Pradesh)	1,078,912	17	Literacy rate: 63% 10.8 % tribal population	None
South Africa	Kenneth Kuanda	599,674	53	Literacy rate: 58%	To be confirmed
Uganda	Kamuli	791,100	70 (including sub-centres)	Literacy rate: 62%	3 Psychiatric Nurses
Ethiopia	Meskan	177,171	7	Literacy rate: 49%; 90% rural	2 Psychiatric nurses
Nepal	Chitwan	872,048	3 + 38 sub-centres	Literacy rate: 70 %	1 Psychiatrist



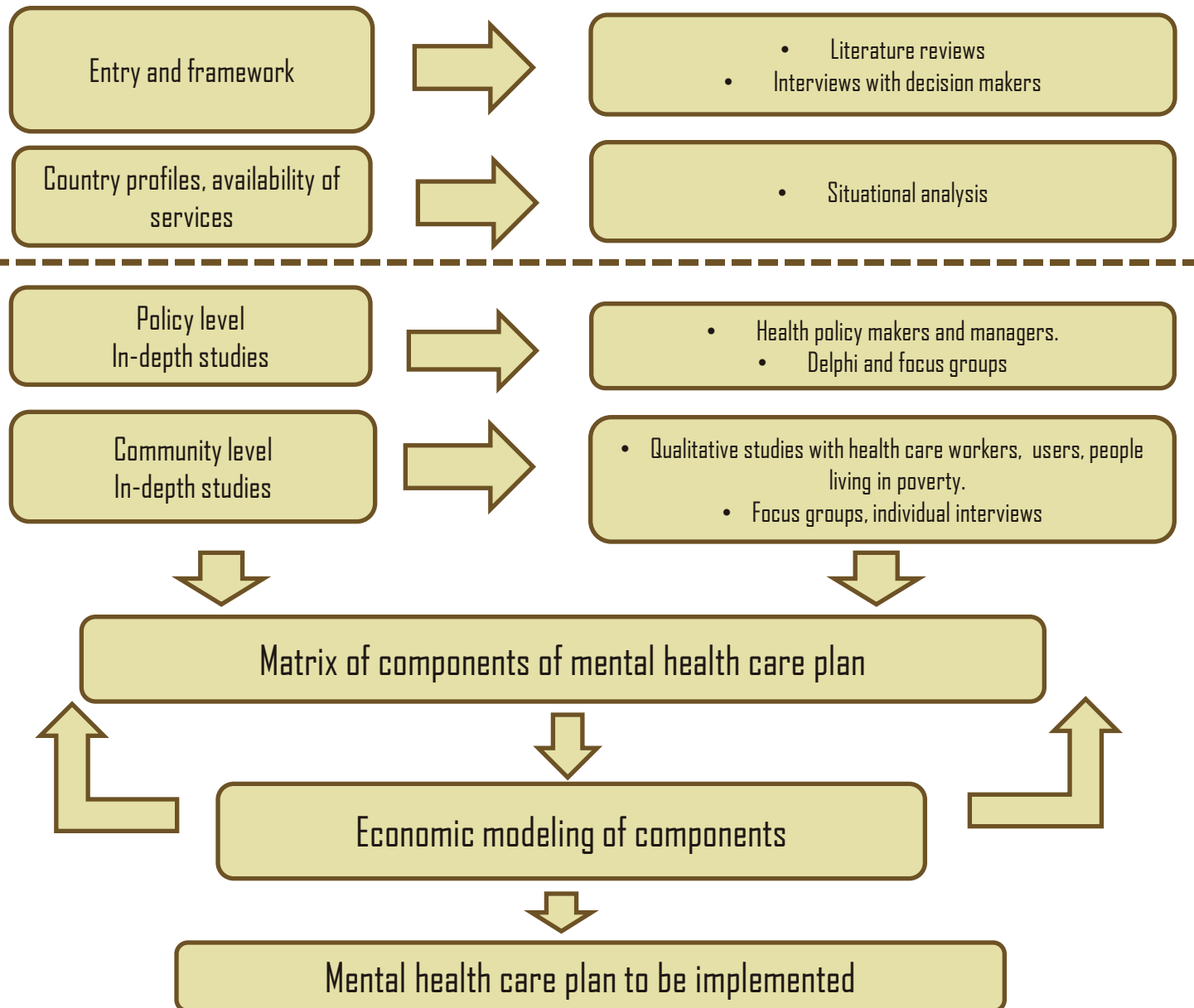
Research phases



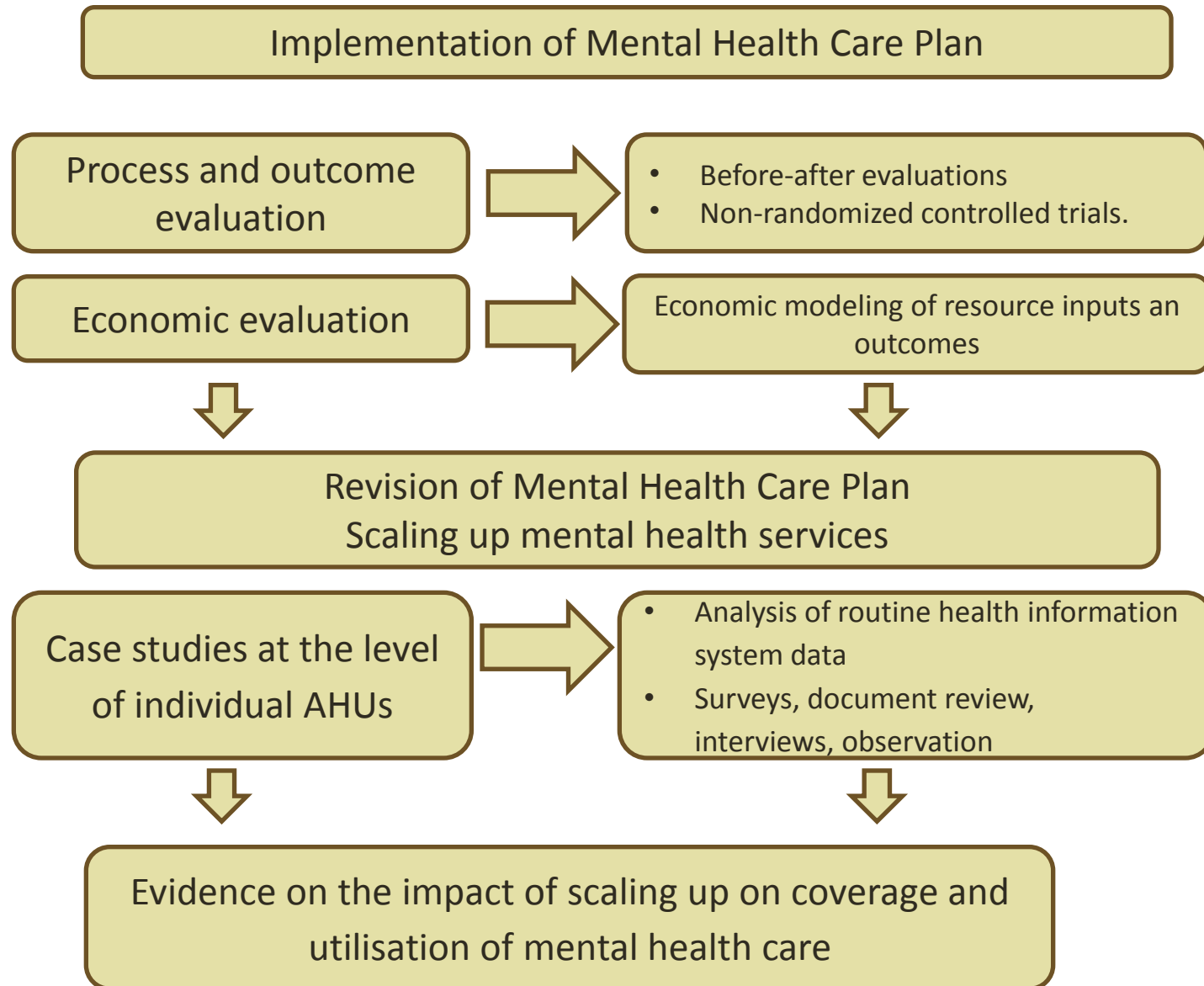
Research phases cont'

- Inception phase (year 1): **develop an integrated MH care plan comprising packages of mental health care for delivery in PHC**
- Implementation phase (years 2-4): **evaluate the feasibility, acceptability and impact of the packages of care in PHC**
- Scaling up phase (years 3-6): **evaluate the scaling up of these packages at district level**

Formative research



Implementation research



Research uptake

- Translate research into policy through research uptake strategy.
- Dissemination & communication channels include:
 - **Local**
 - **National**
 - **International**
- Advantage: some of the policy-makers included in consortium (MoH partners)

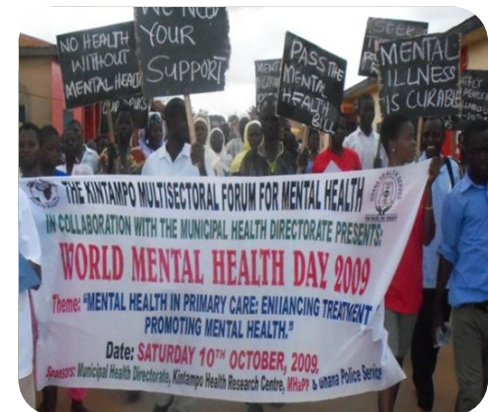


Photo: Mental Health & Poverty Project (MHaPP)

Capacity building

- Strengthen capacity to
 - generate
 - communicate
 - utilisemental health research in low and middle income countries
- Includes:
 - Small Grants Initiative
 - Skills Development Training
 - Postgraduate training, mentoring doctoral and post-doctoral researchers



1st PRIME Meeting, Cape Town, June 2011. Photo: Amit Makan

Impact

- Increased uptake of findings to influence policy and practice in the study countries
- Improved mental health, social and economic outcomes
- Sustainable research capacity
- Sustainable partnerships for future collaborations



DEVELOPING RESEARCH CAPACITY

BUILDING SUSTAINABLE PARTNERSHIPS

Thank You



University of Cape Town



Alan J. Flisher Centre for Public Mental Health



Centre for Global Mental Health (LSHTM, KCL & KHP)



UNIVERSITEIT STELLENBOSCH UNIVERSITY



UNIVERSITY OF KWAZULU-NATAL



HSRC Human Sciences Research Council



Perinatal Mental Health Project



Sangath



South African Department of Health



Nepal Ministry of Health



Uganda Ministry of Health



Ethiopia Ministry of Health



Madhya Pradesh Department of Public Health & Family Welfare



Makerere University



University of Addis Ababa



Public Health Foundation of India

PRIME is a Research Programme Consortium (RPC) led by the Centre for Public Mental Health at the University of Cape Town (South Africa), and funded by the UK government's 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 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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