An Introduction to PRIME

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

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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
An overview


• 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.
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

Livelihoods generation

Improved access to social grants

User self-help groups

Interventions that help to break the poverty-mental illness cycle

Poverty

Mental ill health

Social causation

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

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

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

Programme for improving mental health care
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

Entry and framework
Country profiles, availability of services
Policy level
In-depth studies
Community level
In-depth studies

- Literature reviews
- Interviews with decision makers
- Situation analysis
- Health policy makers and managers.
- Delphi and focus groups
- Qualitative studies with health care workers, users, people living in poverty.
- Focus groups, individual interviews

Matrix of components of mental health care plan

Economic modeling of components

Mental health care plan to be implemented
Implementation research

Implementation of Mental Health Care Plan

Process and outcome evaluation
- Before-after evaluations
- Non-randomized controlled trials.

Economic evaluation
- Economic modeling of resource inputs and outcomes

Revision of Mental Health Care Plan
Scaling up mental health services
- Analysis of routine health information system data
- Surveys, document review, interviews, observation

Case studies at the level of individual AHUs

Evidence on the impact of scaling up on coverage and utilisation of mental health care
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)
Capacity building

• Strengthen capacity to
  • generate
  • communicate
  • utilise
  mental health research in low and middle income countries

• Includes:
  • Small Grants Initiative
  • Skills Development Training
  • Postgraduate training, mentoring doctoral and post-doctoral researchers
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

programme for improving mental health care
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, 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).

Thank You