



CENTRE FOR GLOBAL  
MENTAL HEALTH



Pioneering better health for all

LONDON  
SCHOOL of  
HYGIENE  
& TROPICAL  
MEDICINE



# Our First Five Years: 2009 – 2014 Report



# A message from the Directors

The Centre for Global Mental Health, a partnership between the London School of Hygiene & Tropical Medicine and King's Health Partners Academic Health Science Centre (IoPPN, SLAM and our KCL and NHS Trust partners), was launched on 9th October 2009. Now celebrating our fifth anniversary, we take this opportunity to reflect upon the progress of our challenging work in countries where health systems are greatly under-resourced and populations underserved.

The Centre for Global Mental Health is engaged in over 40 research projects in more than 30 countries worldwide. Key themes of our research activity are: understanding the burden and determinants of mental disorders; task-sharing mental health care; and scaling up evidence-based interventions. As highlighted by the map found in the centre of this report, our work has a truly global reach. This report features case studies of our partners in India and Ethiopia, along with a detailed overview of our work to understand and treat depression, but we work throughout the world and across the full spectrum of mental disorders. We work with people of all ages, from HIV infected children and adolescents, to older people suffering from dementia and depression.

Capacity building is an essential part of the Centre's work. The Centre has received research and capacity building grants worth over £15 million, enabling us to build and strengthen relationships with research partners in over 20 low and middle income countries. We are proud that our flagship training programme, the MSc in Global Mental Health, has now welcomed its third intake of students from around the world. Access by students from low and middle income countries is boosted by the award of scholarships from Janssen Pharmaceutica. The course equips students from a wide range of backgrounds with the skills needed to develop, monitor and evaluate mental health programmes, and for mental health policy and planning.

Our significant policy impact contributes to the growing global commitment to develop, evaluate, and scale up promotion, prevention and treatment for mental disorders.

These are exciting times for our Centre, and the newly established discipline of Global Mental Health. Our vision is to be a world-leading centre fostering research and capacity building in policy, prevention, treatment and care in global mental health. Our mission is to close the treatment gap for people living with mental, neurological and substance use disorders everywhere, but especially in low resource settings.



**Professor Vikram Patel**

Professor of International Mental Health and Wellcome Trust Senior Research Fellow London School of Hygiene & Tropical Medicine



**Professor Martin Prince**

Professor of Epidemiological Psychiatry and Head of Centre for Global Mental Health & Primary Care Research King's College London

## Introducing our new Joint Director

We are delighted to welcome Professor Ricardo Araya, who took over from Professor Patel as Joint Director of the Centre on 1st October 2014.



**Professor Ricardo Araya**

Professor of Global Mental Health London School of Hygiene & Tropical Medicine

## Our Deputy Directors



**Dr Mary De Silva**

Senior Lecturer in Global Mental Health London School of Hygiene & Tropical Medicine



**Dr Melanie Abas**

Reader in Global Mental Health King's College London

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# Focus on Depression

**The Centre for Global Mental Health is at the forefront of work on depression in low and middle income countries. Key research challenges are measuring depression in non-western cultures, and developing interventions that are culturally appropriate and feasible for settings with few mental health specialists.**

Depression is the most common mental disorder globally and a leading cause of disability. It is characterised by low mood, loss of interest, and other symptoms that represent a change from normal and impair an individual's everyday function. Depression is more common in women and in people disadvantaged through poverty, inter-personal violence, conflict and chronic physical illness. We have described the experiences and community perceptions of depression in many settings, demonstrating that depression is a valid and measurable construct across cultures. We have identified social determinants of depression and shown a common cross-cultural mechanism for depression's development through certain stressors. We have developed and validated scales and diagnostic methods for use in diverse languages and cultural contexts. Crucially, we have worked with local stakeholders to design, adapt, trial and implement successful interventions for people living with depression.



Friendship Bench members learning to code data from qualitative interviews - project formative phase



DON Study training session, Ghana - role play for field data collectors

## **Understanding the Burden of Perinatal Depression in Ghana: The ObaapaViTA and Newhints (DON) Population-Based Cohort Study**

The DON study, led by Dr Benedict Weobong, is perhaps the largest cohort of pregnant and postnatal women ever attempted in sub-Saharan Africa. The locally validated Patient Health Questionnaire (PHQ-9) was used to screen over 20,000 women during pregnancy, almost 14,000 of whom were screened again four to 12 weeks after birth. Findings suggest that most risk factors for postnatal depression relate to adverse maternal and/or child birth outcomes, whereas those of antenatal depression are sociodemographic and pregnancy-specific. Both antenatal and postnatal depression were found to have deleterious effects on maternal health, child health and child survival.

## **Treatment to improve depression and adherence to antiretroviral therapy (Tendai) in Zimbabwe**

Funded by The Fogarty International Center, this study has demonstrated that depression-related rumination and worry is a key explanation of poor adherence to antiretroviral therapy (ART) in people with depression and HIV. In partnership with Harvard Medical School, we have developed a behavioural intervention for ART adherence called 'New Direction'. New Direction draws on evidence from behavioural psychology and from the use of visual aids and technology in successful adherence interventions.



Tendai adherence counsellor

## **A Sample of the Centre's Randomised Controlled Trials of Task-Sharing Depression Interventions**



Friendship Bench, Zimbabwe

## **A psychological management programme for depressed pregnant women in Sao Paulo, Brazil (PROGRAVIDA)**

PROGRAVIDA was a randomised controlled trial testing the efficacy of a psychological intervention for depressed pregnant women in Sao Paulo, Brazil. This primary care intervention is based on problem-solving techniques and delivered at home by auxiliary nurses. 680 women were randomised to the intervention or usual care, and almost 90% completed follow up assessments three months after the intervention phase was completed. Recovery rates in the intervention group were 15% higher than in the control group, as measured by the Patient Health Questionnaire (PHQ-9).



Auxiliary nurse delivering intervention in PROGRAVIDA

## **Expanding care for perinatal women with depression (EXPONATE) in Nigeria**

Funded by Grand Challenges Canada, EXPONATE is a large randomised controlled trial assessing the cost-effectiveness of a clinical management programme for perinatal depression in Ibadan, Nigeria. The programme is delivered by non-physician primary care providers (mostly community health workers), who receive support and supervision from nurses and general doctors through mobile phones. Women are recruited during pregnancy and follow-up continues after delivery. Children of depressed mothers are assessed 12 months after delivery to measure health indicators as well as cognitive development.



# Our Work in India

**Our primary partner in India is Sangath, a non-governmental, not-for-profit organisation focused on empowering existing community resources in ‘task-sharing’ to provide appropriate physical, psychological and social therapies to improve mental health across the life course.**

Sangath was founded by Vikram Patel, the joint Director of the Centre for Global Mental Health, in 1996. It has hosted several CGMH staff, who work closely with local colleagues to implement a huge diversity of global mental health projects. Inspired by ‘task-sharing’ interventions in other areas of health care in India, Sangath was one of the earliest pioneers of adapting the ‘task-sharing’ approach for mental health conditions. The approach involves: designing interventions based on the best global and local evidence; systematically testing them to ensure feasibility of delivery by lay health workers and acceptability by patients and families; and evaluating effectiveness and cost-effectiveness through randomised controlled trials. Sangath embeds its interventions within routine health care platforms and works closely with governments to scale up its interventions.



Sangath's new training and clinical services centre was inaugurated this March



A community health worker builds rapport with villagers in Maharashtra (VISHRAM)

## A Sample of Projects Sangath is running with the Centre for Global Mental Health

### Understanding the Burden of Mental Disorders

**SAAHAS:** A series of epidemiological studies to document the burden, risk factors, course and outcome of alcohol use disorders in men in Goa.

**UMEED:** A longitudinal study examining the impact of mental health problems on the uptake of HIV related services in people referred for voluntary testing in Goa.



Staff working on the UMEED project

### Task-Sharing of Mental Health Care

**COPE:** Developing and evaluating a multi-component community based intervention to address impairments in frail elders in Goa.

**COPSI:** A randomised controlled trial evaluating collaborative community based care for people with chronic schizophrenia in three sites in India.

**DELIVER:** A mixed method study exploring the history, acceptability, feasibility and effectiveness of using non-specialist health workers' to deliver mental health care in India.

**DIL:** A randomised controlled trial evaluating a preventive intervention for elders at high risk of depression in Goa.

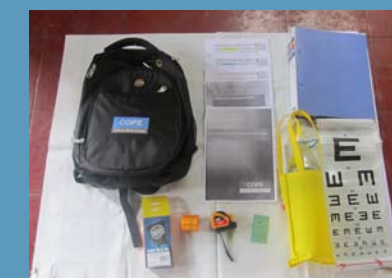
**MANAS:** A randomised controlled trial evaluating a lay counsellor led collaborative care intervention for common mental disorders in primary care in Goa.

**PASS:** Developing a case-detection methodology and community-based intervention for autism spectrum disorders.

**PREMIUM:** A programme aimed to design a methodology to develop lay counsellor delivered psychological treatments, and to evaluate the resulting treatments, targeting severe depression and alcohol use disorders in primary care in Goa.

**SEHER:** A randomised controlled trial of two counsellor models for delivering Health Promoting Schools in Bihar.

**SHARE:** A randomised controlled trial evaluating a peer delivered psychological intervention for maternal depression in Goa.



COPE toolkit



COPSI Street play to raise awareness for schizophrenia



Consultant Arpita Anand trains lay counsellors to identify and counsel patients with depression (PREMIUM)

### Scaling Up Evidence-Based Interventions

**PRIME:** A project to design and evaluate a mental health care plan integrated within a district health programme in Madhya Pradesh (see p. 13).

**VISHRAM:** Promotion of mental health and prevention and management of psycho-social distress and mental disorders in agricultural communities in the Vidarbha region of Maharashtra.

Professor Vikram Patel visits a family in Bodhad village in Maharashtra (VISHRAM)





# Global Mental Health

The Centre for Global Mental Health has a global reach that lives up to its name.  
We are engaged in over 40 research projects in more than 30 countries worldwide.

## Understanding the Burden of Mental Illness among Trafficked People in the UK: Provider Responses, Treatment and Care for Trafficked People (PROTECT)

Funded by the Department of Health Policy Research Programme, PROTECT seeks to provide evidence to inform the NHS response to human trafficking. The research includes evidence reviews; surveys with trafficked adults and adolescents; analyses of mental health needs and care pathways; and interviews and surveys with NHS and other professionals involved in responding to human trafficking.

Contact: Prof Louise Howard, [louise.howard@kcl.ac.uk](mailto:louise.howard@kcl.ac.uk)

## LATIN\_MH: Task-Sharing Mental Health Care in South & Central America

Jointly led by Prof Paulo Menezes and Prof Ricardo Araya, LATIN\_MH is one of five hubs funded by US-NIMH globally. The primary research project is a randomised controlled trial of a mobile phone app for depressed people with co-morbid hypertension and/or diabetes. The app is supported by nurses using a technological platform through which they can view information recorded by the app. There is also a capacity building component providing research training and support to young local researchers.

Contact: Prof Ricardo Araya, [ricardo.araya@lshtm.ac.uk](mailto:ricardo.araya@lshtm.ac.uk)

## Understanding the Burden of Mental Illness in Conflict-Affected Georgia

Led by Dr Bayard Roberts (ECOHST, LSHTM), this project researched patterns of mental disorders and associated community-level factors among people affected by armed conflicts in the Republic of Georgia. A cross-sectional household survey was conducted involving 3,600 respondents. The project was funded by the Wellcome Trust and conducted in collaboration with Centre for Global Mental Health, Curatio International and Global Initiative on Psychiatry - Tbilisi.



Tserovani camp for internally displaced persons in Georgia

## 10/66 Dementia Research Group: Understanding the burden of depression in 20 countries across Africa, Asia, Latin America and the Caribbean (p.13)

## Understanding the Mental Health Burden of Rural-Urban Migration in Thailand

This longitudinal research project investigated the mental health impacts of rural-urban migration on those left behind. Contrary to popular belief, the study showed that migration of adult children away from home was actually associated with improved mental health for aged parents, linked to the economic and social status benefits of having migrant children.

Contact: Dr Melanie Abas, [melanie.abas@kcl.ac.uk](mailto:melanie.abas@kcl.ac.uk)

## KIM (Key Informant Methodology): Understanding the Burden of Epilepsy and Impairments in Bangladesh

Key informants were trained to identify children with epilepsy and motor/sensory impairments in three districts of northern Bangladesh. Almost 4,000 children were identified by the key informants, 95% of whom were examined by a medical team to ascertain the nature of the impairment. The overall prevalence of epilepsy was estimated to be 1.5 per 1,000 children through the key informant method, which showed good agreement with a randomised household sample survey.

Contact: Dr Hannah Kuper, [hannah.kuper@lshtm.ac.uk](mailto:hannah.kuper@lshtm.ac.uk)



Mothers wait with their children outside a KIM Medical Assessment Camp in Bangladesh

## RISE: Rehabilitation Intervention for people with Schizophrenia in Ethiopia

As part of her Wellcome TRUST funded PhD fellowship, Laura Asher has developed a community-based rehabilitation (CBR) programme for people with schizophrenia in Ethiopia. She conducted theory of change workshops, qualitative interviews and an intervention development workshop. CBR worker training began in September 2014 and the RISE pilot trial began two months later. The 12-month cluster randomised trial of CBR, which is nested within the PRIME Ethiopia psychosis cohort, will begin in May 2015.

Contact: Laura Asher, [laura.asher@lshtm.ac.uk](mailto:laura.asher@lshtm.ac.uk)

## AFFIRM: Capacity building in sub-Saharan Africa (p.12)

## Common mental disorders and their association with resilience among internally displaced people (COMRAID) – Sri Lanka

Led by Dr. Chesmal Siriwardhana, COMRAID comprised a two-phase cross-sectional survey conducted in northern Sri Lanka between 2010 and 2013. The study investigated forced migration exposure, mental health and resilience in a Muslim minority ethnic group displaced from the province since 1991, and returning since the civil war ended in 2009. Findings have informed an ongoing intervention integrating mhGAP-inspired mental health services into primary care.



Data collection for the COMRAID project, Sri Lanka

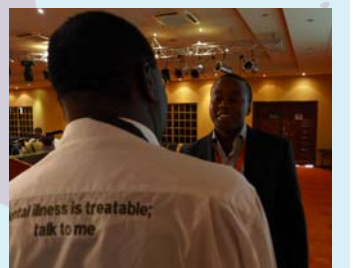
Contact: Dr. Chesmal Siriwardhana, [chesmal.siriwardhana@kcl.ac.uk](mailto:chesmal.siriwardhana@kcl.ac.uk)

## Sangath: Our Partner in India (p.5-6)

## EMERALD: Emerging mental health systems in low- and middle-income countries – Ethiopia, India, Nepal, Nigeria, South Africa and Uganda

EMERALD is a five-year programme (2012-17) to improve mental health outcomes in six low- and middle-income countries. It aims to strengthen mental health system performance by identifying key barriers to the effective delivery of mental health services and offering solutions for improvement. There is a strong focus on capacity-building and on working towards greater involvement of service users and caregivers.

Contact: Prof Graham Thornicroft, [graham.thornicroft@kcl.ac.uk](mailto:graham.thornicroft@kcl.ac.uk)



A primary care health provider and a patient in Ibadan - Nigeria

## INTREPID: Understanding the Burden of Psychotic Disorders in India, Nigeria & Trinidad

Funded by the Wellcome Trust, the INTREPID research programme aims initially to develop methods for studying the epidemiology, phenomenology, aetiology and outcomes of schizophrenia and other psychoses in diverse settings. A second phase will implement these methods in a multi-country study of psychoses.

Contact: Prof Craig Morgan, [craig.morgan@kcl.ac.uk](mailto:craig.morgan@kcl.ac.uk)





# Our Work in Ethiopia

**The Centre for Global Mental Health has been working with colleagues in Addis Ababa University for over 10 years. Research is always linked to Ethiopian priorities; key themes are: the sociocultural context and measurement of mental illness; the public health impact of mental illness; maternal mental health; the unmet needs of people who are mentally ill and homeless; and implementation research around the development and expansion of mental health care.**

The research collaboration between the Centre for Global Mental Health and Addis Ababa University has gone hand-in-hand with capacity-building: supporting the training of psychiatrists in Ethiopia, providing opportunities for Ethiopian mental health researchers to travel to the Institute of Psychiatry, Neuroscience & Psychology (funded by the Psychiatry Research Trust), and supporting opportunities for postgraduate study. Centre staff provided technical expertise for the development of the Ethiopian National Mental Health Strategy, launched in 2012, and continue to work with the Federal Ministry of Health.



Gunber Nada in the Sodo district - monitoring of PRIME data collection and data cleaning during a supervision by the research assistant and supervisor. Ensuring data quality is one of our commitments and essential requirement of field survey

In 2011 AAU launched a PhD programme in mental health epidemiology. The Centre for Global Mental Health has worked closely with Addis Ababa University to support this great initiative and staff members are now co-supervising ten Ethiopian PhD students.



RISE research team meeting - from left: Laura, Henok (supervisor), Mastewal (supervisor), Rahel (trial coordinator)

## Improving Mental Health Services

The Centre for Global Mental Health is collaborating with Addis Ababa University on two randomised controlled trials evaluating health service interventions. The NIMH-funded TaSCS trial (Task Sharing for the Care of Severe mental disorders in a low-income country) is evaluating whether mental health care delivered by trained and supervised primary health care workers is as good as that delivered by centralised, hospital-based psychiatric nurse-led care. The RISE trial (Rehabilitation Intervention for people with Schizophrenia in Ethiopia), funded by the Wellcome Trust, will evaluate the additional benefits of community-based rehabilitation for schizophrenia delivered in conjunction with primary care-based mental health care. CGMH and AAU are also collaborators on the multi-country EMERALD (see p.8) and PRIME (see p.13) projects.

## Understanding the Burden of Mental Illness among Homeless People in Urban Ethiopia: The SEF HOME Project

Although a visible problem in urban Ethiopia, there are no services for people with mental illness who are homeless. In the SEF HOME project, the Centre for Global Mental Health and Addis Ababa University collaborated (funded by the UK International Health Links Funding Scheme) to carry out a needs assessment of street homeless people with mental illness. Over 90% had experienced some form of mental or substance use disorder, with around 40% assessed to have psychosis. Unmet needs were extensive. Multi-sectoral stakeholders were engaged in developing a feasible plan for implementation.



Typical houses in Sodo district (research site for RISE and PRIME)

Data collectors going into the field to carry out child growth measures to look at the impact of maternal depression



## Understanding the Burden of Maternal Mental Illness: Child outcomes in relation to Maternal Mental disorders in Ethiopia (C-MaMiE)

C-MaMiE began in 2004 and is funded by the Wellcome Trust. A population-based cohort of 1,065 pregnant women was recruited from the predominantly rural demographic surveillance site in Butajira, south central Ethiopia. The women have been followed up ever since to examine the impact of maternal mental health problems on child growth, physical and mental health, development, educational attainment and survival.



# Capacity Building

The Centre for Global Mental Health operates a full range of capacity building activities, including an MSc in Global Mental Health, research degrees, short courses, in-country training of human resources for mental health care, and international research capacity building hubs.

**The MSc in Global Mental Health**  
Now entering its third year, the MSc in Global Mental Health is taught jointly at the Centre for Global Mental Health's two partner institutions: King's College London Institute of Psychiatry, Psychology & Neuroscience and the London School of Hygiene & Tropical Medicine. The course equips students from a wide range of backgrounds with the skills needed to develop, monitor and evaluate mental health programmes, and for mental health policy and planning.

Several full scholarships have been awarded to students who are nationals of, or doing mental health work in, low and middle income countries, but additional funding is needed to maximise access.



Grace Ryan, MSc Student 2012-13



Grace graduated with a distinction from the first cohort of Global Mental Health MSc students. As an undergraduate at Harvard, she studied medical anthropology and conducted independent fieldwork on mental health advocacy in Ghana. She then spent two years in Rwanda working as a qualitative health services researcher with the international NGO Partners in Health. Through Centre for Global Mental Health contacts, Grace was invited to conduct formative research to help develop a monitoring and evaluation system for a new community mental health programme in Benue State, Nigeria. She now works as a Research Fellow with the Mental Health Innovation Network at Centre for Global Mental Health, and continues to consult on monitoring and evaluation systems in West Africa.

**PhD and DrPH Supervision**

The Centre for Global Mental Health specialises in providing high quality PhD and DrPH training opportunities in topics related to Global Mental Health. Research projects are mostly based in low and middle income countries, with supervision provided locally as well as by academics based in the UK. Having received generous funding for several fully-funded MSc scholarships, PhD funding is now a key priority for the Centre.

Jagannath Lamichhane, MSc Student 2013-14

A recipient of a full MSc scholarship funded by The Lady Shauna Gosling Trust shares his story:

"I had a troubled childhood, which later morphed into prolonged mental illness. I lived an isolated and scared existence for two decades. In 2008, I finally decided to revolt against the illness and dedicate my life to promoting the human rights of people living with mental illness. I set up an NGO called the Nepal Mental Health Foundation, which is fighting mental health stigma in Nepal. I aim to use what I have learnt on the MSc to transform the face of mental illness on a global scale, so that people with mental illness can imagine timely support, recovery and a social life like everyone else."



## SHORT COURSES

**Global Mental Health: Research & Action (London, UK)**  
A four-day course designed to provide participants with an in depth understanding of the clinical and public health significance of mental health in a global context, and the challenges involved in scaling up evidence-based interventions to close the 'treatment gap'.

**Leadership in Mental Health (Goa, India)**  
A two-week course designed to equip participants with the methods to develop and scale up interventions for people with mental disorders in communities, based on a population model of achieving maximum coverage.



Participants of the Leadership in Mental Health course conducted by Sangath and the London School of Hygiene & Tropical Medicine after a session in Goa

## International Capacity Building Projects



AFFIRM annual meeting 2014

**The Africa Focus on Intervention Research for Mental health (AFFIRM)**  
Funded by the National Institutes of Health, **AFFIRM** is a research and capacity development Hub established in six countries in sub-Saharan Africa: Ethiopia, Ghana, Malawi, South Africa, Uganda and Zimbabwe. **AFFIRM** aims to investigate cost effective interventions for mental health disorders and to build individual and institutional capacity for intervention research. Its two randomised controlled trials are investigating task-sharing by Community Health Workers in South Africa and by Primary Health Care workers in Ethiopia. By establishing a network of collaboration between researchers, NGOs and government agencies, **AFFIRM** aims to facilitate the translation of research knowledge into policy and practice.

**Improving Mental Health Education and Research Capacity in Zimbabwe (IMHERZ)**

Led by the University Of Zimbabwe College Of Health Sciences, **IMHERZ**'s primary aim is to build Zimbabwe's mental health research and teaching capacity. **IMHERZ** is a complex intervention with many separate but mutually reinforcing components; including master classes, mentored studentships and faculty exchanges. Thanks to **IMHERZ**, faculty consultant psychiatrists have increased by 300% since 2010 (1 to 4). Zimbabwean faculty and trainees have developed new clinical services, including child, forensic, and community psychiatry; have revised undergraduate and post-graduate psychiatry curricula; and have significantly enhanced their research skills and outputs.



An IMHERZ child clinical consultation



# Policy Impact

**The Centre for Global Mental Health's significant policy impact continues to inform and accelerate the growing commitment to developing, evaluating and scaling up global mental health promotion, prevention and treatment interventions worldwide.**

## Programme for Improving Mental health care (PRIME)

PRIME is a consortium of research institutions and ministries of health in five countries in Asia and Africa (Ethiopia, India, Nepal, South Africa and Uganda). The goal of PRIME is to generate world-class research evidence on the implementation and scale up of treatment programmes for priority mental disorders in primary and maternal health care in low resource settings. In July 2013, the Department of Health in South Africa adopted its new national Mental Health Policy and Action plan, for which PRIME provided inputs through the national technical advisory committee for mental health. In Nepal, PRIME training has been incorporated into the National Health Training Center curriculum, and in Uganda work continues with the Ministry of Health and World Vision Australia to scale up mental health services in two additional districts. Finally, PRIME has been asked to contribute to state level planning for mental health in Madhya Pradesh, India.



PRIME field worker taking interview with a respondent  
courtesy of: Anup Adhikari



An elderly couple being interviewed in Daxing, rural China

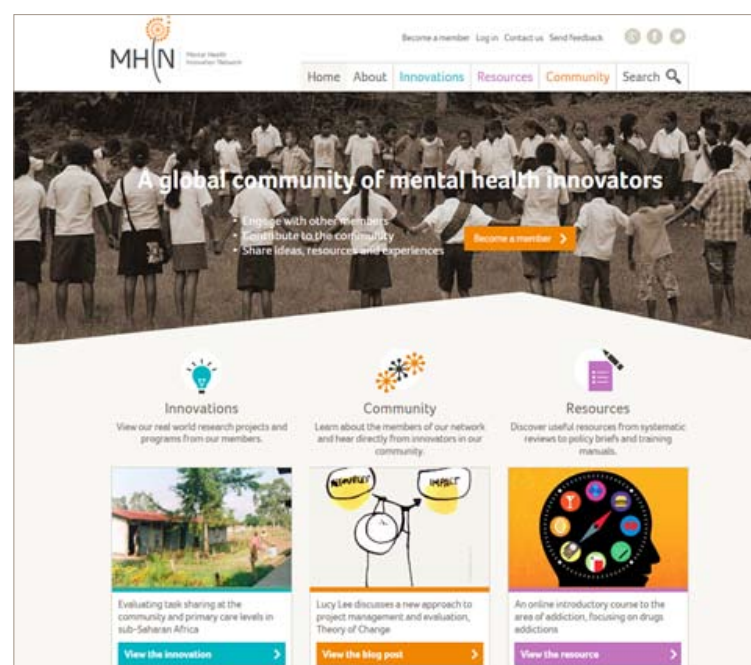
## The 10/66 Dementia Research Group

The 10/66 Dementia Research Group (10/66 DRG) is a collective of researchers carrying out population-based research into dementia, non-communicable diseases and ageing in low and middle income countries. The collaboration brings together 30 research groups in 20 countries across Asia, Latin America and the Caribbean. 10/66 DRG aims to provide a detailed evidence base to inform the development and implementation of policies for improving the health and social welfare of older people, particularly those with dementia, and their carers. The team works closely with national, regional and international policymakers to formulate research plans, and to interpret and disseminate knowledge from the 10/66 DRG studies.

## The WISH Mental Health Report & Mental Health Innovation Network (MHIN)

A report by the Mental Health Working Group 2013, whose co-authors included Deputy Director Mary De Silva and Joint Director Vikram Patel, was launched at the World Innovation Summit for Health in Doha, Qatar. With many cost-effective mental health interventions and innovations now available, the report summarises the most promising examples of solutions from around the world.

Funded by Grand Challenges Canada and launched in August 2014, the Mental Health Innovation Network is creating a global community of mental health researchers, practitioners, service users, donors and policy makers, working together to share innovative resources and ideas to promote mental health and support scale up of mental health services (mhinnovation.net). MHIN hosts a growing database of over 70 innovative projects from around the world, as well as a repository of resources ranging from training manuals for specific interventions to the latest systematic reviews. There is also a community area where members can network through blogs, podcasts and webinars.



# Support Our Work

Our vision is to be a world-leading centre fostering research and capacity building in global mental health policy, prevention, treatment and care. Working closely with partners worldwide, our mission is to close the treatment gap for all people living with mental, neurological and substance use disorders.

Continued progress towards our goal is only possible thanks to the generous support of funders and philanthropic donors who share our commitment to improving mental health worldwide.

For more information on how you can join us in this vital work, please contact our Deputy Directors:

Dr Mary De Silva (mary.desilva@lshtm.ac.uk) and  
Dr Melanie Abas (melanie.abas@kcl.ac.uk).



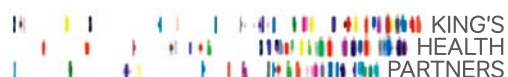




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[www.centreforglobalmentalhealth.org](http://www.centreforglobalmentalhealth.org)

Working to close the treatment gap for people living with mental, neurological and substance use disorders worldwide.



Pioneering better health for all

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October 2014