Our First Five Years: 2009 – 2014 Report
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 (KHP, 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 Pharmaceuticals. 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.
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, interpersonal 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.

Understanding the Burden of Perinatal Depression in Ghana: The ObaaVitA 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 12 to 18 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.

A Sample of the Centre’s Randomised Controlled Trials of Task-Sharing Depression Interventions

The Friendship Bench in Zimbabwe

The Zimbabwean Friendship Bench Project is a stepped care approach to depression (commonly expressed as ‘thinking too much’ or ‘kufungisisa’ in the Shona language) and other common mental disorders in primary care. The Friendship Bench uses a brief psychological approach based on problem-solving therapy and carried out by lay health workers with supervision by higher cadres. The team has recently completed the formative phase of a cluster randomised controlled trial. Initial results from the pilot trial demonstrate decreased symptoms of common mental disorders after three sessions of problem-solving therapy, as measured by a locally validated screening tool. The full randomised controlled trial began in August 2014 and consists of 12 intervention clusters and 12 enhanced usual care.

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).

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.

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

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

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

Friendship Bench, Zimbabwe

Auxiliary nurse delivering intervention in PROGRAVIDA

PROGRAVIDA intervention group, showing increased symptoms of depression on the PHQ-9 compared to PROGRAVIDA control group
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.

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 man 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.

Task-Sharing of Mental Health Care
COPE: Developing and evaluating a multi-component community based intervention to address impairments in frail elders in Goa.
COPE: 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.

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.
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.

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.

Our Work in Ethiopia

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.

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.

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 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.
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 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 a future for themselves, and a normal life like everyone else.”

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.”

International Capacity Building Projects

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 postgraduate psychiatry curricula; and have significantly enhanced their research skills and outputs.

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.

AFFIRM annual meeting 2014

An IMHERZ child clinical consultation
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 Madya Pradesh, India.

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.

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.

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). 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.

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www.centreforglobalmentalhealth.org

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