



CENTRE FOR GLOBAL
MENTAL HEALTH

Celebrating 10 years

promoting mental
health globally



LONDON
SCHOOL of
HYGIENE
& TROPICAL
MEDICINE



KING'S
College
LONDON



Welcome note

It is our great pleasure to share with you a summary of our achievements for the first ten years of existence of the Centre for Global Mental Health.

The Centre was founded as, and remains, a collaboration between the Institute of Psychiatry, Psychology & Neuroscience at King's College London, and the London School of Hygiene & Tropical Medicine. The complementary strengths of these two institutions create a unique environment for a diverse range of research and a rich learning experience.

This first decade of the Centre has mirrored huge progress in the area of Global Mental Health. We can proudly claim to have had members of the Centre at the heart of many of these developments. Their pioneering research, high quality teaching, outspoken advocacy and leadership have largely contributed to the field of Global Mental Health as it is today.

This foundation has opened many opportunities, and our aspiration is that the Centre will continuously contribute to shaping Global Mental Health. We hope to serve a new generation of academics and practitioners in the field – ultimately improving the quality of life of the most disadvantaged people affected by ill mental health around the world.

With best wishes,



Professor Ricardo Araya
Director, Centre for Global Mental Health



Dr Ritsuko Kakuma
Director, Centre for Global Mental Health



Dr Julian Eaton
Director, Centre for Global Mental Health



Professor Edward Byrne AC
President and Principal,
King's College London

As we reflect on a decade of ground-breaking research and capacity building at the Centre for Global Mental Health, it becomes clear that the Centre has achieved a truly global reach and the impact of its work is unrivalled throughout the world.

This inspiring and challenging work, carried out in countries where health systems are greatly under-resourced and populations underserved, has contributed to a transformation in the discipline of Global Mental Health and achieved an impact that could not have been predicted ten years ago.

With its focus on capacity building, education, and research, the Centre for Global Mental Health maintains its reputation as a world leader in Global Mental Health and hopefully will continue to make a global impact in the years to come, especially in those parts of the world where help is most needed.



Professor Peter Piot, KCMG
Director, London School of Hygiene & Tropical Medicine

The Centre for Global Mental Health has played an essential role in laying a strong foundation for Global Mental Health over the past 10 years. From first coining the term 'Global Mental Health' to publishing landmark studies that identify core strategies for reducing the treatment gap, the Centre has provided leadership in defining the field and responding to the critical research needs.

Research carried out across our wide network of global collaborators have demonstrated cost-effective strategies to improve patient outcomes and have a meaningful impact on quality of life. However, we are at a crucial point in the evolution of the field. For Global Mental Health research to have a marked effect, it will require a substantial increase in investment and a shift in gear to achieve scaled implementation.

The rise in public and political interest in mental health represents a great opportunity for mental health to realise its potential to contribute to wider global health and well-being. The Centre is well placed to build on its past achievements. Through its research, teaching and policy engagement, I am confident that the Centre will be in the forefront of accelerating change, as we move into what is going to be an exciting next phase of growth in this emerging and important field. ■



Foreword

Tariro neGitare from the Creative Arts Hub Zimbabwe project, in Harare, Zimbabwe – Principal Investigator: Prof Melanie Abas, Funder: The Cultural Institute, King's College London. Photo credit: Leo Zaidi and Clint Frift

The Centre's founding Directors were Prof Vikram Patel and Prof Martin Prince, who recognised the value of collaboration between two centres of excellence with complementary strengths; the London School of Hygiene & Tropical Medicine, and the Institute of Psychiatry, Psychology & Neuroscience at King's College London. The founding of the Centre coincided with tremendous growth in the field of Global Mental Health, and as this report demonstrates, our members and collaborating partners have been at the forefront of its development, paving the way for the production of excellent research, the training of emerging leaders in research, and the implementation of innovative ideas. The result has been the recognition of mental health as an essential contributor to global health and well-being.

The success of any collaboration is a result of the collective contribution of many people, and this report is a celebration of the achievements of too many to name individually. Particular

mention should be made of Dr Mary De Silva, who was Deputy Director at LSHTM alongside Prof Melanie Abas at King's, and was pivotal during the Centre's early years, steering many of the important research projects and supporting the young team, especially at Mental Health Innovation Network (MHIN). Dr Alex Cohen was the founding director of the Centre's Masters in Global Mental Health. The MSc was the first of its kind, and it remains a very successful programme. Under his direction, it became an important foundation for the careers of over 200 students.

The Centre continues to evolve and grow. While LSHTM and King's are in London, the Centre is a global community, working across four continents, with many international research and implementation partners. Their commitment to our common vision of improving the well-being of populations around the world, often working in the most challenging of environments, remains the inspiration for the Centre for Global Mental Health. ■

Foreword from Founding Directors

Professor Martin Prince and Professor Vikram Patel

We are delighted to be part of the 10th anniversary celebrations for a Centre that we conceived back in 2009. Initially, this was about formalising collaborative links that existed between research groups at King's and LSHTM for some time. Our immediate goal was to build on our successful partnership in running a module of Global Mental Health by launching a new MSc in Global Mental Health, the first of its kind, as a joint venture drawing on complementary strengths from both institutions. But the Centre was about much more than that – as we outlined in the 2007 Lancet Series on Global Mental Health. It seemed to us that a partnership which leveraged the world-class academic leadership in global health and mental health in these two institutions would create an unparalleled opportunity to address the pressing challenges facing Global Mental Health.

Reviewing this summary of the Centre's contributions in research, policy, education, training and advocacy one is struck by how far the field has developed, and the role of the Centre in catalysing some of this change. The first thing to note is that the Centre has not and could not do this alone. Indeed, equitable partnerships with other institutions has been our signature principle. We are now part of a network, spun across Latin America, Africa, and South Asia, with important links to institutions in North America, Europe and Australia. The Centre is proud to have played a part in so many of these initiatives, to have led some, convened others, and supported all of them to the best of our abilities. Equally importantly, we acknowledge the outstanding efforts of our

colleagues, richly recognised in the pages of this report, who led the Master's programme, the impressive research portfolio and nurtured the Centre's community.

We certainly never took it for granted that the Centre would have achieved what it has over the past 10 years. There have been and will continue to be many challenges. Over the years, there has been a strategic shift at both of our institutions towards recruiting senior academics who live and work in low- or middle-income countries (e.g. Ethiopia, South Africa, Uganda, Zimbabwe, and India). As Northern institutions respond to concerns about the colonial hang-over which pervades the practice of the field of Global Health, this shift which explicitly acknowledges that academics must have sustained experience of the contexts in which we work is an important guiding principle; it is also an important mechanism for retaining and building capacity where it is most needed.

Jeffrey Sachs informed us, wisely, at the launch of the Lancet's 2007 Global Mental Health Series that what we needed was a 'mental health mosquito net' and the five P's – Problem (identification), Packages, Programmes, Partnership, and Patience. Our Packages remain to be translated into implementation-ready Programmes, and we need to be part of the Partnerships that plan, deliver, monitor and evaluate them. And while Patience is a virtue, the need is great! Congratulations to all at CGMH on this outstanding programme of work, and our warm best wishes to you and all of our partners for the coming decade. ■



Centre for Global Mental Health in numbers



70+

Over 70 **Doctoral Students** Supervised



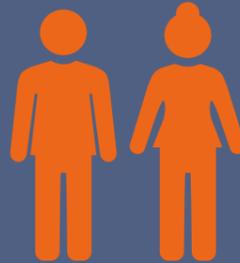
240+

Over 240 **MSc in Global Mental Health students** trained



120

Over 120 **research grants** won



More than 40 funders

More than 40 funders, including **Wellcome Trust, Medical Research Council, US-National Institute of Mental Health, Department for International Development, National Institute for Health Research**



1000+

Over 1000 publications, many in **high impact journals**



40+

Over 40 current **research projects** in over 30 countries

About us

The Centre for Global Mental Health seeks to address the health and social inequities experienced by hundreds of millions of people with mental, neurological and substance use (MNS) conditions globally. The most striking inequity is that concerning the disparities in provision of care and respect for human rights of people living with mental conditions between rich and poor communities within and across countries. Eighty percent of these people live in low- and middle-income countries, but when it comes to mental health 'all countries are developing'. Global Mental Health is the area of study, research and practice that places a priority on improving mental health for all people worldwide.

Our mission

Our mission is to address inequities by closing the care gap, and to reduce human rights abuses experienced by people living with mental, neurological and substance use conditions, particularly in low resource settings with a view to contributing to a world where all people living with these conditions can live a life of meaning and dignity.

Our Vision

Our vision is to be a world leading academic institution in Global Mental Health that fosters research, capacity building and engagement in holistic, recovery- and rights-based mental health systems strengthening. We strive for a world where mental health is valued, promoted and protected, mental ill-health and disabilities are prevented, and persons affected by these disorders are able to exercise the full range of human rights and to access high quality, culturally appropriate health and social care in a timely way to promote recovery, in order to attain the highest possible level of health and participate fully in society and at work, free from stigmatisation and discrimination.

While access to affordable, effective and culturally appropriate health and social care

is a problem worldwide, the focus of the Centre's work is on poorer communities and countries, where health and social systems are greatly under-resourced, and populations particularly underserved. Disparities exist within countries as well as across continents, and solutions in one part of the world can inform improved practice elsewhere. High-, middle- and low-income settings have much to learn from each other.

Our Approach

Our approach is holistic and reflective, looking at fostering 1) world-leading interdisciplinary research spanning from clinical, epidemiological, ethnographic to health services, policy and implementation science research, to better understand the burden and develop, evaluate and scale up promotion, prevention and care for mental disorders; 2) a wide range of capacity building initiatives from postgraduate degrees to multi-country capacity building programmes; and 3) engagement with communities, community leaders, policy makers and global leaders to raise awareness and advocate for greater investment, local leadership and ownership in mental health research, training, policy and practice. Central to our activities is the collaboration with and empowerment of those with lived experience of mental, neurological and substance use conditions.

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Our global reach

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.

Life2Years – 10/66 Ten Years on: Monitoring and Improving Health Expectancy by Targeting Frailty Among Older People in Middle Income Countries

Cuba, Dominican Republic, Puerto Rico, Venezuela, Mexico, Peru and China (2015-2020)



The focus for this project is the potential to modify trajectories of ageing through prevention and targeted intervention. Led by Prof Martin Prince, the project aimed to compare health expectancies between low-

and middle-income countries at different levels of economic and human development, in different phases of demographic and health transition, to delineate secular changes in the prevalence and distribution of chronic diseases and to improve understanding of the contribution of frailty to dependence and disability. Funding: European Research Council. Contact: martin.prince@kcl.ac.uk

CHANCES – Poverty reduction, mental health and the chances of young people: Understanding mechanisms through analyses from six low- and middle-income countries

Colombia, South Africa, Brazil, Mexico, Liberia and Malawi (2018-2021)



This study aims to understand the mental health impact of anti-poverty policies and how mental health interventions influence the life chances and risk of poverty amongst young people. The team, led by Dr Sara Evans-Lacko (LSE),

will use multiple interdisciplinary methods to understand the costs and the impact of potential interventions and associated pathways to improved life chances, and will analyse seven different datasets from six low- and middle-income countries. (Funding: Economic and Social Research Council). Contact: ricardo.araya@kcl.ac.uk

PROACTIVE:
Cluster randomised controlled trial (RCT) for late life depression in socioeconomically deprived areas of São Paulo
Brazil (see page 20)

INTREPID II:
International Research Programme on Psychoses in Diverse Settings
India, Nigeria, and Trinidad (see page 17)

EMERALD: Emerging Mental Health Systems in Low- and Middle-Income Countries
Uganda, South Africa, Nigeria, Nepal, India, Ethiopia, Brazil (see page 23)

LATIN-MH: Latin America Treatment & Innovation Network in Mental Health
Peru and Brazil (see page 16)

AFFIRM: Africa Focus on Intervention Research for Mental Health
Ethiopia, Ghana, Malawi, South Africa, Uganda, Zimbabwe (See page 21)

ImpleMentAll – Towards evidence-based tailored implementation strategies for eHealth
UK, France, Italy, Denmark, Netherlands, Germany, Switzerland, Australia, Albania, Kosovo, Spain (2017–2021)



ImpleMentAll is a European collaboration of 13 countries that aims to develop, apply, and evaluate tailored implementation strategies of on-going eHealth implementation initiatives for depression. Funding: European Commission. Contact: arlinda.cerga-pashoja@lshtm.ac.uk

PREMIUM: Program for Effective Mental Health Interventions in Under-Resourced Health Systems
India (See page 22)

The TENDAI Study: Task shifting to treat depression and HIV medication nonadherence in low resource settings –
Zimbabwe (See page 19)

ASSET: Health System Strengthening in Sub-Saharan Africa
Ethiopia, South Africa, Sierra Leone and Zimbabwe (See page 24)

The Friendship Bench
Zimbabwe (See page 18)

Developing Integrated Package of Essential Health Services (IPEHS) for Afghanistan (2017-2019)



Working alongside the Ministry of Public Health in Afghanistan (MoPH), the Centre for Global Health Economics (University

College London), and the Disease Control Priorities Network (University of Washington), LSHTM provided technical expertise to support the MoPH in developing an innovative package of top priority health interventions for use in Afghanistan, including mental health. The project reviewed the burden of disease, conducted cost-effectiveness analyses, and applied novel modelling methods to define the new IPEHS. The IPEHS was approved by the Government of Afghanistan in January 2019. Funding: Bill & Melinda Gates Foundation. Contact: karl.blanchet@lshtm.ac.uk

PRIME: Programme for Improving Mental Healthcare
South Africa, Ethiopia, India, Uganda, Nepal (See page 15)

The Indigo Network

China, Ethiopia, India, Nepal, Tunisia (2018-2023)



INDIGO is an international network of forty countries worldwide collaborating to build the evidence base of what works to reduce mental health related stigma and discrimination.

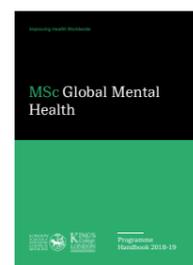
It includes a current Medical Research Council five-year £2million Partnership Grant with staff in five countries. The MRC Indigo programme grant, led by Prof Sir Graham Thornicroft and Prof Norman Sartorius, will produce a harmonised set of metrics for international stigma research and will produce proof of concept studies for candidate interventions to reduce stigma and discrimination in low- and middle-income countries. Contact: graham.thornicroft@kcl.ac.uk

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.

Postgraduate Degrees

The MSc in Global Mental Health (Sept 2012 – present)



Launched in September 2012 and now in its eighth year, the flagship MSc in Global Mental Health is taught jointly at the Centre for Global Mental Health's

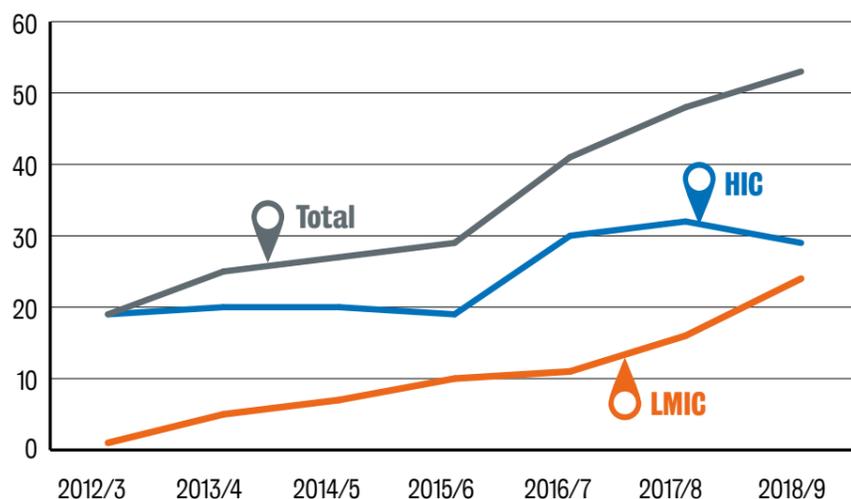
two partner institutions: Institute of Psychiatry, Psychology & Neuroscience, King's College London and the London School of Hygiene & Tropical Medicine. The course equips students from a wide range of backgrounds with the skills needed to initiate, develop, and

evaluate mental health programmes in low-resource settings, and to conduct and critically evaluate research in Global Mental Health, enabling them to make valuable contributions in research, public health, policy and practice. Our MSc programme aims to prepare alumni to follow a wide range of careers in the academic, government, non-government as well as private sectors.

The course continues to grow. With nearly 200 applications per year, student numbers reached capacity (n=50) in 2018/19. Including the 2018/19 cohort, over 240 students have enrolled in the MSc thus far. Current students and alumni represent 54 countries to date¹. Over 70% of the students have been from overseas with 30% representing LMICs.

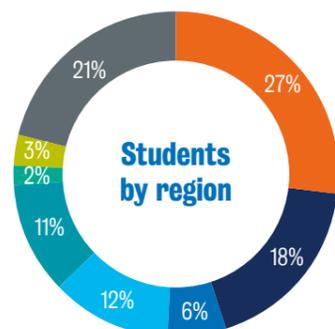
Student Enrolment by Primary Nationality and Year

(as per World Bank 2020 Classification)



¹Antigua & Barbuda, Australia, Bangladesh, Belarus, Belgium, Bulgaria, Burma (Myanmar), Canada, Chile, China, Croatia, Cyprus, Ecuador, Egypt, Estonia, Finland, France, Germany, Ghana, Greece, Guinea, India, Indonesia, Iran, Ireland, Italy, Japan, Jordan, Kenya, Lebanon, Liberia, Lithuania, Malaysia, Mexico, Nepal, Netherlands, Nigeria, Norway, Pakistan, Peru, Poland, Portugal, South Africa, South Korea, Spain, Sweden, Taiwan, Thailand, Uganda, United Kingdom, United States of America, Uzbekistan, Vietnam, Zimbabwe.

The student body also represents diverse disciplinary backgrounds including psychiatry, medicine, nursing, social work, psychology, occupational therapy, biostatistics, business management, art therapy, anthropology. While many enter the MSc directly from a bachelor's degree or academic setting, many also have come from the health service sector, government, NGOs and other civil society organizations, including those representing the lived experiences of psychosocial disabilities.



United Kingdom ■ Europe and Central Asia ■ South Asia ■ East Asia and Pacific ■ Sub-Saharan Africa ■ Latin America and the Caribbean ■ Middle East and North Africa ■ North America

Our MSc graduates have gone on to contribute to the Global Mental Health field in a variety of ways and through a wide range of career trajectories. Many have pursued academic careers by enrolling in/completing doctoral degrees. Others have become clinicians and allied health professionals in mental health, or are working at UN agencies, government agencies, and local or international NGOs, such as WHO, UNICEF, Save the Children, War Child, Médecins Sans Frontières, and the Carter Foundation to name a few. Common across all has been the application of the knowledge, skills and confidence gained during the MSc in Global Mental Health in their current roles by generating new evidence, using evidence to inform policy and practice, and fostering the connections and networks established with their peers to endeavour to empower communities.

The Alumni continue to engage through the MSc Global Mental Health Past and Present Facebook Group, where members share experiences, ideas and opportunities.

"I feel very lucky. I have not only acquired further knowledge about mental health since the MSc, but I have also had several opportunities to make a change with various stakeholders, to work directly with people with lived experience, to implement international projects in France, to contribute in making mental health a priority, to put mental health on the agenda of several French public health policies, and to draw attention to positive mental health and well-being through mindfulness, positive psychology, social and emotional learning programmes." (2012/13 student)

"This program has literally been life-changing. I am now at Harvard working on Global Mental Health research – exactly the things I learned about during the MSc. I am also now clearer on what direction I want to go in for my future career goals and PhD. [...] So many opportunities are being offered to me to pursue an amazing field that will help so many others. Please keep up the exposure this programme gives students to experts in the field, such as Mark Jordans, Martin Prince, Ricardo Araya and others. I have been able to get in contact with so many great researchers because of the prestige of this MSc programme." (2017/18 student)



"I have been working with refugees, undocumented migrants and people affected by infectious diseases. I have gained insight into mental health issues among these populations and I hope to continue working for the well-being of these people." (2017/18 student)

"The MSc programme has been instrumental in my career trajectory. It equipped me with the skills in research and health programming necessary to be effective in the field of Global Mental Health and global health more broadly. Since then, I have applied this training in areas ranging from mental health in South Asia to maternal and child health in sub-Saharan Africa. Currently, I am pursuing a doctoral degree in mental health, with a focus in Global Mental Health, and I am exceedingly grateful for my time with the Centre." (2014/15 student)



"As a medical doctor and psychiatrist, I rarely had an opportunity to have an education on public health and community mental health during medical training. [...] I've come to be engaged in government agency for community mental health and now have growing chances to study and participate in the government policy making process. The course has led me to this field." (2012/13 student)





Doctoral Degrees

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 based in both high- as well as low- and middle-income countries, with joint-supervision by UK- and LMIC-based academic staff as appropriate to the project. The Centre members have supervised 76 doctoral students (50 to completion, 26 current).

Our doctoral projects reflect the priority areas of the Centre and include epidemiological and qualitative studies to understand the burden and risk factors for mental ill-health, the predictors to and pathways to treatment-seeking; intervention studies to develop and investigate the impact of anti-stigma and mental promotion interventions, the effectiveness of task-shifting such as through the integration of mental health into primary care; and mixed methods research to uncover the processes that facilitate or hinder successful implementation of policy policies and practice.

Our doctoral students contribute to a wide range of Centre activities including teaching, MSc student supervision, Centre seminars and events.



Tessa Roberts – LSHTM Research Degrees Poster Prize Winner 2018



Elaine Flores presenting her PhD work at the 21st World Congress of Epidemiology (Japan, Aug 2017)

“To me, the Centre represents a group of passionate, brilliant and generous individuals who have made – and are eager to continue making – a global change in the mental health field and across disciplines. Having been able to learn ‘from inside’, while taking part in different academic activities and completing my PhD research studies, has been invaluable for me and I cannot be grateful enough for this opportunity, which I expect to further contribute to after I graduate.”
(Elaine Flores, PhD candidate)

Short Courses

The Centre continues to lead or contribute to a range of other teaching activities.

Global Mental Health Summer School: Research & Action (London, UK)

The flagship GMH Summer School is 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’. Over the last few years it has been run by Dr Tatiana Taylor Salisbury, and has attracted a wide range of professionals from across the globe, particularly from health, development and NGO sectors, entering or already working in the Global Mental Health field. Nearly 250 participants have been trained since 2011.

Our global reach in training

Centre members have contributed to the development and/or delivery of a series of programmes worldwide, such as the series of mental health leadership programmes in Australia, India, Nigeria, Egypt, Vietnam, as well as the Social and Cultural Psychiatry Summer Program in Canada, and capacity building programmes as part of 4 NIMH hubs in Asia (SHARE), Africa (AFFIRM and PAM-D), and Latin America (LATIN-MH).

International Capacity Building Projects

African Mental Health Research Initiative (AMARI)

<https://amari-africa.org>

AMARI is a Wellcome Trust-funded capacity strengthening programme to develop an Africa-led network of researchers investigating mental health, neurological and substance misuse problems. Based across Zimbabwe, Ethiopia, Malawi and South Africa, AMARI aims to recruit, train and support

50 early-career researchers with the potential to be future leaders in their fields. The Centre’s input includes external PhD supervision, career development skills training led by King’s (ACES course) and statistics training from LSHTM.

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

Through the Medical Education Partnership Initiative (MEPI), a programme sponsored by the U.S. President’s Emergency Plan for AIDS Relief (PEPFAR) and National Institutes of Health, the University of Zimbabwe College of Health Sciences developed IMHERZ to improve medical education and research capacity in psychiatry. Since IMHERZ’s inception, the University of Zimbabwe has seen a sustained increase in hiring of consultant psychiatrists, post-doctorate faculty members, development of new clinical services, enhanced research outputs, retention of postgraduate psychiatrists, and the development of a doctoral programme. IMHERZ was part of the wider Novel Education Clinical Trainees and Research Program.



Collaborative Hubs for International Research in Mental Health

Centre for Global Mental Health members led three of the five Collaborative Hubs for International Research in Mental Health funded by the National Institutes of Health in 2012: SHARE, AFFIRM (see pg 21) and LATIN-MH (see pg 16). The South Asian Hub for Advocacy, Research & Education on Mental Health (SHARE) was a multicomponent, multi-country programme to establish a collaborative network of institutions to conduct and implement research that answers questions related to policies for reducing the mental health treatment gap in six South Asian countries: Afghanistan, Bangladesh, India, Nepal, Pakistan and Sri Lanka. Building on the historic relationships between international and South Asian institutions, SHARE established a network of engaged and enabled institutions in the region; a cohort of trained researchers at a range of stages of career development; a set of established mental health research sites in the two largest countries of the region; and, a set of established links between researchers and policy makers and civil society for translation of research. ■



AMARI fellows at ACES training workshops in Addis Ababa, Ethiopia, in March 2019 (Photo by Christopher Merritt)

Research projects

The Centre for Global Mental Health has established a reputation for cutting-edge research and innovation in Global Mental Health. The Centre currently has over 40 projects in 30 countries on five continents. We have featured ten of our key projects from the last ten years, which demonstrate the breadth of our work across the globe and the impact of our research on the population.

Photo by Maria Calderon. (Winning photo from CGMH World mental health day photography contest: "What does well-being mean to you", organised by Asmae Doukani, 2017).

PRIME:

Programme for Improving Mental Healthcare

Principal Investigator:

Prof Crick Lund,
University of Cape
Town, and King's
College London

Countries:

South Africa,
Ethiopia, India,
Uganda, Nepal

2011-2019



The Programme for Improving Mental Healthcare (PRIME) is a consortium of research institutions and ministries of health in five countries, creating high quality research evidence on how best to implement and expand the coverage of mental health treatment programmes for priority mental disorders in primary healthcare contexts in low resource settings. PRIME has developed, implemented, evaluated and scaled up integrated mental healthcare plans over eight years, ending in 2019.

PRIME focused on the four mental disorders which contribute to the greatest overall burden of disease; alcohol abuse, depression (including maternal depression), psychosis and epilepsy, and for which there was evidence of cost-effective interventions. PRIME developed an integrated a mental health care plan (MHCP) comprising packages of mental health care for delivery in primary health care and maternal health care, to suit each study country's unique setting. It evaluated the feasibility, acceptability and impact of these packages with four separate studies, including a community survey, facility survey, a cohort study and a case study. PRIME then scaled up to 94 facilities across the five study countries. In the final phase, it partnered with other countries beyond the PRIME network, with a goal to help make a significant ongoing

Service user from the North-West Province in South Africa (Photo by Simone Scholtzots)



contribution to a broader investment in mental health and mental healthcare.

Impact

- In Nepal, PRIME work has been used to advocate for psychotropic medications for the free drugs list; develop a national level mental health curriculum for health workers; and provide input into the revision of the national mental health policy.
- In Ethiopia, the PRIME District Mental Healthcare Plan is being used to inform the current revision of the 2012 Ethiopian Mental Health Strategy and the Federal Ministry of Health plan to scale up mental health care to every district by 2020.
- The PRIME South Africa district MHCP informed the Dr Kenneth Kaunda district MHCP and is being used to provide a template for district mental health care plans in two other districts, and in Uganda work continues with the Ministry of Health to scale up mental health services in various districts.
- PRIME has been asked to contribute to state level planning for mental health in Madhya Pradesh, India, and been involved in the establishment of mental health care consultation rooms in 51 district hospitals in the state.
- PRIME has built significant capacity over the last six years. It supports 20 PhD students, and around a third of the 100 PRIME publications have been authored by these PhD students. ■

Funder: Department for International Development (DfID)

Partners: University of Cape Town, World Health Organization, London School of Hygiene & Tropical Medicine, King's College London, Ministries of Health Ethiopia, (Dr Abebaw Fekadu) Addis Ababa University, Sangath, (Dr Rahul Shidhaye) Public Health Foundation of India, (Dr Mark Jordans) TPO Nepal, (Prof Inge Petersen) University of Kwazulu-Natal and (Dr Fred Kigozi) Makerere University

CGMH Team involved: Prof Crick Lund, Prof Sir Graham Thornicroft, Prof Vikram Patel and Dr Charlotte Hanlon (research directors), Dr Mark Jordans, Prof Martin Prince

Website: www.prime.uct.ac.za

Key Publication: PRIME: A programme to reduce the treatment gap for mental disorders in five low- and middle-income countries. *PLoS Med* 9(12): e1001359. doi:10.1371/journal.pmed.1001359

LATIN-MH:

Latin America Treatment & Innovation Network
in Mental Health

Principal Investigators:

Prof Paulo Rossi Menezes, University of São Paulo and Prof Ricardo Araya, King's College London

Countries:

Peru and Brazil

2013-2019



The increasing availability and decreasing costs of new communication technologies, such as smartphones, in Latin America have opened new opportunities for the delivery of interventions at a much larger scale than ever considered possible.

LATIN-MH created a technological platform (CONEMO) to deliver a behavioural activation intervention for patients with hypertension and/or diabetes who also presented clear depressive symptoms. CONEMO is an 18-session intervention, based on behavioural activation principles, delivered by a smartphone application and supported by non-specialist health workers through a tablet-based dashboard.

We conducted two multicentre Randomised Controlled Trials, in Brazil (n=880), and Peru (n=432) with adults presenting with depressive symptoms and comorbid hypertension or diabetes,

attending Family Health Units in São Paulo and public outpatient healthcare services in Lima. The participants were randomly assigned to receive either enhanced usual care or the CONEMO intervention. The primary outcome was a reduction of 50% or more in depressive symptoms measured by the PHQ-9. The secondary outcomes included measures of behavioural activation, quality of life, disability, and health services usage. Overall, the intervention proved to be clinically effective in both settings, with a difference of 11% in São Paulo and 20% in Lima in favour of CONEMO. The platform is currently being tested in two other regional countries.

Impact

This is the first RCT of a technology-based system to treat depression with a psychological intervention among people with co-morbid chronic diseases. Depression is common and disabling and there is a massive treatment gap in most low-and-middle income countries. There is a lack of trained human resources to deliver psychological treatments in most LMICs. Technology supported and delivered interventions can be accessed by a large proportion of the population, something that was unthinkable before. There are plans to implement this intervention at a much larger scale in both countries. ■

Funder: National Institute of Mental Health (NIMH)

Partners: University of São Paulo, (Prof Jaime Miranda) Universidad Cayetano Heredia, (Prof David Mohr) Northwestern University, King's College London

Website: www.latinmh.com.br

Key Publication: Use of a Mobile Phone App to Treat Depression Comorbid with Hypertension or Diabetes: A Pilot Study in Brazil and Peru. JMIR Mental Health 2019. doi:10.2196/11698



Nurse introducing the CONEMO app to user



Field workers in India (Photo by Alex Cohen)

INTREPID II:

International Research Programme on Psychoses
in Diverse Settings

Principal Investigator:

Prof Craig Morgan, King's College London

Countries:

India, Nigeria, and Trinidad

2017-2022



INTREPID II is a research programme to study the incidence, phenomenology, aetiology, and outcome of psychotic disorders in diverse settings. It builds on previously developed methods for the study of schizophrenia and other psychoses in the INTREPID I pilot study.

The overall aim of this five-year research programme is to investigate the variability – in incidence, presentation, outcome, and impact – of psychotic disorders in three diverse countries: India, Nigeria, and Trinidad. It consists of four inter-connected studies, designed to investigate: (1) the incidence and presentation of untreated psychotic disorders in each site and associated risk factors; (2) the 2-year course and outcome of psychotic disorders and associated factors; (3) help-seeking and the impact of psychotic disorders on individuals and families, using a combination of quantitative and qualitative approaches; and (4) the types and prevalence of physical health problems and related risk markers.

Impact

Baseline data collection will be completed in summer 2020, and follow-up data collection will conclude in summer 2022. We anticipate that INTREPID II will inform service planning and policy in each of our three sites, by providing robust, population-based data on (a) the needs of people living with psychotic disorders (in

terms of both their mental and physical health), (b) the impact of psychosis on both the individual and their caregivers, (c) current experiences of mental health services and gaps in provision, and (d) key risk factors for psychosis in each settings that can be targeted for prevention. Findings from INTREPID II may also inform treatment and prevention efforts in other settings, both by improving our understanding of psychotic disorders in general and by providing crucial evidence to help us interpret mental health inequalities between ethnic groups in the UK (particularly the South Asian, Caribbean and West African diaspora). ■

Funder: Medical Research Council

Partners: (Prof Robin Murray) King's College London, (Prof Helen Weiss) London School of Hygiene & Tropical Medicine, Schizophrenia Research Foundation, (Prof Oye Gureje) University of Ibadan, (Prof Gerard Hutchinson) University of the West Indies, (Dr Thara Rangaswamy) SCARF, (Dr Alex Cohen) Harvard University

CGMH Team involved: Prof Craig Morgan, Dr Tessa Roberts, Dr Alex Cohen, Prof Helen Weiss, Prof Robin Murray

Website: www.intrepidresearch.org

Key Publication: The incidence of psychoses in diverse settings, INTREPID (2): a feasibility study in India, Nigeria, and Trinidad. Psychological medicine. 2016. Doi: 10.1017/S0033291716000441

The Friendship Bench

Principal Investigator:

Dr Dixon Chibanda, London School of Hygiene & Tropical Medicine, and University of Zimbabwe

Country:

Zimbabwe

2006–present



The Friendship Bench (FB) project is an evidence-based intervention developed in Zimbabwe to bridge the mental health treatment gap. The FB aims to enhance mental well-being and improve quality of life through the use of problem-solving therapy delivered by trained lay health workers, focussing on people who are suffering from common mental disorders, such as anxiety and depression.

The Friendship Bench intervention has been developed over a twenty-year period from community research in Zimbabwe. It uses a cognitive behavioural therapy-based approach at primary care level to address 'kufungiswa' – the local word closest to depression (literally, "thinking too much" in Shona).

Uniquely, the FB uses 'grandmothers' to deliver the therapy. These grandmothers are community volunteers, without any prior medical or mental health experience, who are trained to counsel patients usually for six structured 45-minute

sessions, on wooden benches within the grounds of clinics in a discrete area.

Impact

In 2016, the results from a FB randomized controlled trial were published in JAMA, showing that the group from the Friendship Bench had a significant decrease in depressive symptoms, compared to the control group.

Since 2006, Dr Chibanda and his team have trained over 600 of the grandmothers in evidence-based talk therapy, which they deliver for free in more than 70 communities in Zimbabwe, and in 2017 alone 30,000 were seen on a Friendship Bench. The FB has now expanded beyond Zimbabwe; it is being used in Malawi and Zanzibar, and it has been adapted for New York City, highlighting that interventions created in low- and middle-income countries can be adapted for high-income countries. There are several FB studies currently underway including: The Youth Friendship Bench (YouFB), OptFB, FB Plus and Zvandiri. ■

Funders: Wellcome Trust, Grand Challenges Canada, NIHR, Comic Relief, GACD, MRC, CIFF, ZHTS

Partners: University of Zimbabwe, King's College London, London School of Hygiene & Tropical Medicine, University of Liverpool, Liverpool School of Tropical Medicine

CGMH Team involved: Dr Dixon Chibanda, Prof Melanie Abas, Prof Helen Weiss, Prof Ricardo Araya, Dr Vicky Simms, Dr Lorna Gibson, Prof Martin Prince, Dr Souci Frissa, Dr Helen Jack, Dr Ruth Verhey, Dr Bradley Wagenaar

Website: www.friendshipbenchzimbabwe.org

Key Publication: Effect of a Primary Care-Based Psychological Intervention on Symptoms of Common Mental Disorders in Zimbabwe. JAMA. 2016. Doi: 10.1001/jama.2016.19102



Lay health worker on the Friendship Bench. Photo credit: Rainer Kwiotek

The TENDAI study

Task shifting to treat depression and HIV medication nonadherence in low resource settings

Principal Investigator:

Prof Melanie Abas, King's College London

Country:

Zimbabwe

2018 – 2023



For people living with HIV, taking antiretroviral medication as prescribed on time each day is critical for viral suppression and survival. However, there are many barriers to good adherence and one of the most impactful is depression. Worldwide, depression is twice as common in those living with HIV as in those not infected with this virus. A particular obstacle to depression in low-resource settings is the lack of mental health specialists and treatments. However, there is a well-established infrastructure for HIV care in sub-Saharan Africa which could provide an excellent platform to integrate mental health care, building on the skills of existing HIV care staff.

The TENDAI study is a clinical trial which aims to demonstrate how people living with HIV can achieve viral suppression through better approaches to adherence counselling, and through improving mental health. Problem-solving therapy for adherence and depression (PST-AD), is delivered over six weekly sessions. It has a motivational approach and teaches people to become good problem solvers and to apply these skills to their barriers to adherence and to improve their ability to cope with stressful life experiences. The intervention prioritises task-shifting, with existing counsellors and nurses as interventionists trained specifically in the intervention.

IMPACT

If successful, TENDAI could make a critical difference to the health, quality of life, and survival of people managing the challenges of HIV treatment in Zimbabwe, and potentially other countries in sub-Saharan Africa.

The team's work is already having policy impact, being included in the December 2018 Joint United Nations Programme on HIV/AIDS (UNAIDS) report about HIV and mental well-being. TENDAI research was mentioned in the context of the UNAIDS 90-90-90 goals which aim to bring an end to the global AIDS epidemic by 2030. TENDAI is also highly relevant to the fourth "90"; improving the quality of life for people living with HIV. ■



Community link facilitator Tenashe at the HIV clinic Marondera Hospital. Credit: Melanie Abas

Funder: National Institute of Mental Health (NIMH)

Partners: (Dr Kim Goldsmith, Dr Barbara Barret) King's College London; (Dr Walter Mangezi, Prof James Hakim, Dr Dixon Chibanda) University of Zimbabwe, (Dr Conall O'Cleirigh) Massachusetts General Hospital, (Prof Steve Safren) University of Miami

Key Publication: Feasibility and Acceptability of a Task-Shifted Intervention to Enhance Adherence to HIV Medication and Improve Depression in People Living with HIV in Zimbabwe, a Low Income Country in Sub-Saharan Africa. Aids and Behavior. 2017

PROACTIVE:

Cluster randomised controlled trial (RCT) for late life depression in socioeconomically deprived areas of São Paulo, Brazil

Principal Investigators:

Prof Ricardo Araya, King's College London,
Dr Marcia Scazufca, University of São Paulo

Country:

Brazil

2018-2021



PROACTIVE

PROACTIVE is a two-arm cluster randomised controlled trial comparing the cost-effectiveness of a psychosocial, community-based intervention with usual care to reduce depressive illness among adults aged 60 years or older from poor backgrounds in Guarulhos, São Paulo, Brazil.

PROACTIVE consists of 8 to 11 home sessions delivered in a stepped-care fashion by Community Health Workers equipped with tablet computers with a pre-installed software that assist with the delivery of the intervention. The study will screen 24,000 elderly people and recruit 1,440 participants from 20 primary health care clinics. We will compare recovery across arms at 8 and 12 months after entering the trial. Secondary outcomes will also include quality of life and levels of functioning. Direct and indirect costs will be measured to undertake a cost-effectiveness analysis. Two additional sub-studies will be undertaken: 1) a study to test a 'minimal' intervention for people with sub-threshold depression; and 2) a study to test if the PROACTIVE intervention will also

have an effect on lowering blood pressure among individuals with depression and hypertension.

Impact

With the rapid growth of the elderly population in low- and middle-income countries, and the limited resources to cater for the needs of this subpopulation, mental health problems are usually neglected. Depression is one of the most challenging problems experienced by older adults who present other co-morbid physical chronic conditions and social neglect. This is the first RCT of an intervention for elderly depressed people in Latin America. The main short-term impact of this project will benefit depressed elderly people, who will receive improved treatment, as well as the community health workers empowered with new skills to improve their professional practice. If this intervention proves to be cost-effective, it is likely to be implemented at a larger scale by the Brazilian Unified Health System (SUS) to alleviate the suffering of millions of people who currently receive little or no help for their mental health problems. This study will provide unique and important information to Brazilian policymakers and those from other countries experiencing similar problems. ■

Funders: Medical Research Council, FAPESP

Partners: (Dr Marcia Scazufca) University of São Paulo, (Dr Pepijn Van de Ven) University of Limerick, (Prof Tim Peters and Prof Will Hollingworth) University of Bristol.

Key Publication: Pilot study of a two-arm non-randomized controlled cluster trial of a psychosocial intervention to improve late life depression in socioeconomically deprived areas of São Paulo, Brazil (PROACTIVE): feasibility study of a psychosocial intervention for late life depression in São Paulo. *BMC Public Health*. 2019.



Community Health Workers receiving training

AFFIRM:

Africa Focus on Intervention Research for Mental health

Principal Investigator:

Prof Crick Lund, University of Cape Town and King's College London

Countries:

Ethiopia, Ghana, Malawi, South Africa, Uganda, Zimbabwe

2011-2017



There is growing international consensus that a task sharing approach is required in LMICs in which low-cost interventions are delivered by general health workers, supervised by mental health specialists, through routine health care delivery systems. At the same time, mental health research capacity and infrastructure in Africa are extremely limited, with little dedicated funding, a scarcity of trained mental health research personnel, a dearth of infrastructural support, and few opportunities for training and supervision in mental health research.

AFFIRM was a hub for research and capacity development to improve the delivery of cost-effective interventions for mental disorders in sub-Saharan Africa. Through collaborations in five African countries AFFIRM investigated strategies for narrowing the mental health treatment gap in sub-Saharan Africa; built individual and institutional capacity for intervention research in sub-Saharan Africa; established a network of collaboration between

researchers, non-governmental organizations (NGO) and government agencies that facilitated the translation of research knowledge into policy and practice; and, collaborated with other regional NIMH hubs.

AFFIRM brought together a range of multi-disciplinary researchers, policy makers and NGO practitioners, and built on previous partnerships, with a focus on empirically testing innovative models of task shifting in low resource primary health care settings.

Impact

AFFIRM generated new evidence on the cost-effectiveness of task sharing interventions for maternal depression in South Africa and severe mental illness in Ethiopia; provided 25 Masters Fellowships and supported five PhDs; and developed research and policy networks that have been sustained beyond the life of the programme. ■

Funder: National Institute of Mental Health

Partners: University of Cape Town, (Prof Atalay Alem) Addis Ababa University, (Dr Charlotte Hanlon, Trial PI) Addis Ababa University, and King's College London, (Prof Martin Prince & Prof Sir Graham Thornicroft) King's College London, (Dr Rob Stewart) University of Malawi, (Dr Judy Bass & Dr Paul Bolton) Johns Hopkins, (Prof Inge Petersen & Prof Arvin Bhana) University of KwaZulu-Natal, (Dr Dixon Chibanda) University of Zimbabwe, University College London, (Mr Sifiso Phakathi) Department of Health of the Government of South Africa, (Prof Ashraf Kagee & Prof Mark Tomlinson) Stellenbosch University, (Prof Seggane Musisi) Makerere University, (Mr Peter Yaro) BasicNeeds, (Dr Angela Ofori-Atta) University of Ghana, Ontario Shores Center for Mental Health Sciences, Medical Research Council, Cape Town, (Prof Ezra Susser) Columbia University and New York State Psychiatric Institute.

Website: www.affirm.uct.ac.za

Key Publication: Generating evidence to narrow the treatment gap for mental disorders in sub-Saharan Africa: rationale, overview and methods of AFFIRM. *Epidemiol Psychiatr Sci*. 2015.



AFFIRM research team at annual meeting



PREMIUM lay counsellor provides counselling at a primary health centre in Goa

PREMIUM:

Program for Effective Mental Health Interventions in Under-resourced Health Systems

Principal Investigators:

Prof Vikram Patel, London School of Hygiene & Tropical Medicine, Sangath, and Harvard University

Country:

India

2010-2016



Depression and Alcohol Use Disorders are important public health problems worldwide with high prevalence rates, high levels of disability and potentially fatal consequences through suicide, road traffic accidents or health complications. Psychological treatments such as Cognitive Behaviour Therapy for Depression and Motivational Interviewing for Alcohol Use Disorders have been shown to be effective in Western settings. However, a vast majority of people who live in low- and middle-income countries do not have access to such psychological treatments. The main reasons for this are the lack of skilled personnel for delivering treatments and concerns regarding the contextual applicability of treatments developed in 'Western' cultural settings.

PREMIUM addressed these challenges by developing culturally appropriate psychological treatments for depression and harmful drinking to be delivered by non-specialist health workers in primary health care settings. PREMIUM was carried out in three phases; (1) development of psychological treatments through a systematic process including reviewing the existing global and local evidence, consultations with experts and persons affected by the

two disorders, and pilot studies in primary health care, (2) randomised controlled trials to evaluate the impact of the treatments on health and socio-economic outcomes, and (3) dissemination and planning for scale-up of the treatments through public health systems.

Impact

The major outputs of PREMIUM included a) Healthy Activity Program (HAP) and Counselling for Alcohol Problems (CAP), two new psychological treatments delivered by non-specialist health workers for depression and harmful drinking respectively; and b) a systematic methodology for the development of contextually relevant psychological treatments for delivery by non-specialist health workers in routine care settings. ■

Funder: The Wellcome Trust

Partners: London School of Hygiene & Tropical Medicine; Wellcome Trust; Directorate of Health Services of Goa & (Dr Neerja Chowdhary, Arpita Anand, Dr Abhijit Nadkarni) Sangath

CGMH Team involved: Prof Vikram Patel, Dr Abhijit Nadkarni, Prof Ricardo Araya

Key Publication: The Healthy Activity Program (HAP), a lay counsellor-delivered brief psychological treatment for severe depression, in primary care in India: a randomised controlled trial. *The Lancet*. 2017.

EMERALD:

Emerging mental health systems in low- and middle-income countries



Principal Investigator:

Prof Sir Graham Thornicroft, King's College London

Countries:

Uganda, South Africa, Nigeria, Nepal, India, Ethiopia

2012-2017

Health systems the world over are facing ever greater demands and challenges. The health systems of low- and middle-income countries (LMICs) are particularly strained due to the lower availability of resources and the higher overall burden of disease in these populations compared to high-income countries.

The Emerald project was a mental health service system strengthening research programme with sites in six LMICs, which aimed to identify key health system barriers to, and solutions for, the scaled-up delivery of mental health services in LMICs, and by doing so improve mental health outcomes in a fair and efficient way.

This research project studied the element of the WHO Health Systems Strengthening approach in Ethiopia, India, Nepal, Nigeria, South Africa and Uganda, in relation to their mental health systems, aiming to improve mental health outcomes in the six countries by building capacity and generating evidence to enhance health system strengthening.

Impact

The Emerald recommendations align closely with the World Health Organization's key health system strengthening 'building blocks' of governance, financing, human resource development, service provision and information systems; knowledge transfer is included as an additional cross-cutting component. These recommendations are relevant not only to the six countries in which their evidential basis was generated, but also to other LMICs; they may also be generalizable to other non-communicable diseases beyond mental, neurological or substance use disorders. ■

Funder: European Commission

Partners: WHO, (Prof Crick Lund) University of Cape Town, (Prof Inge Petersen) University of KwaZulu-Natal, (Dr Fred Kigozi) Butabika National Mental Hospital, (Prof Atalay Alem) Addis Ababa University, (Dr Charlotte Hanlon) Addis Ababa University, and King's College London, (Prof Oye Gureje) University of Ibadan, (Dr Rahul Shidhaye) Public Health Foundation of India, (Nagendra Luitel) Transcultural Psychological Organization Nepal

CGMH Team involved: Prof Sir Graham Thornicroft, Dr Maya Semrau, Prof Crick Lund, Dr Charlotte Hanlon, Dr Mark Jordans

Website: www.emerald-project.eu

Key Publication: Strengthening mental health systems in low- and middle-income countries: The Emerald programme. *BMC Med*. 2015.



Visit by the late Dr Sheila Ndyabangi from the Ministry of Health to Emerald study site in Uganda (Picture credit: Sir Graham Thornicroft)



A healthcare worker using the Practical Approach to Care Kit in Western Cape, South Africa

ASSET:

Health System Strengthening in Sub-Saharan Africa

Principal Investigator:

Prof Martin Prince, King's College London

Countries:

Ethiopia, South Africa, Sierra Leone and Zimbabwe

2017-2021



The ASSET research project aims to improve the quality and outcomes of surgical, maternal and integrated primary health care through health system strengthening interventions in Ethiopia, South Africa, Sierra Leone and Zimbabwe.

ASSET brings together surgeons, obstetricians, midwives, psychiatrists, public health dentists, palliative care and general healthcare specialists to work with social scientists, health economists, information technologists and implementation scientists, and is looking for practical ways, through health system strengthening interventions, to improve the coverage and quality of care. Some of the methods ASSET is using include the introduction of evidence-based care pathways; essential health management information systems data to monitor the quality of continuing care and its outcomes; peer-driven quality improvement cycles; workforce strengthening to prepare for necessary organisational changes and foster non-technical skills (leadership, teamwork, communication, counselling, and stress management); and person-centred care. The health system strengthening interventions will be adapted to local contexts, piloted and refined, and then applied as a package of measures to improve care delivery.

Impact

- Working on integrated person-centred TB care in Amajuba District Municipality, NW Province, South Africa; *The team in SA have been approached by the KwaZulu-Natal Department of Health and engaged to strengthen health information and referral systems in the study site (Amajuba), specifically to assist the Department in integrating TB and HIV programmes.*
- Working on strengthening maternal care capacity to provide psychosocial support to antenatal women in Cape Town Metro, Western Province, South Africa; *The team is partnering with the Western Cape DoH to improve routine screening, develop referral systems and train lay health workers to provide care to perinatal women with mild to moderate symptoms of depression, anxiety and experiences of violence.*
- Working on integrated primary care using a palliative care approach for those living with advanced stage, life-limiting chronic lung disease in Cape Town; *UCT ASSET are now in discussion with the working group developing the new iteration of the guidelines to assist in expanding the palliative care component.*
- Working on integrated primary healthcare and maternal care in the Gurage Zone, Ethiopia; *ASSET investigators contributed to the national contextualisation of the Primary Healthcare Clinical Guidelines (PHCG).* ■

Funder: National Institute for Health Research (NIHR)

Partners: (Dr Charlotte Hanlon) King's College London, and Addis Ababa University, (Prof Crick Lund) University of Cape Town, (Prof Lara Fairall) University of Cape Town Lung Institute, (Prof Inge Petersen) University of KwaZulu Natal, (Dr Haja Wurie) College of Medicine and Allied Health Sciences and (Dr Dixon Chibanda) University of Zimbabwe.

CGMH Team involved: Prof Martin Prince, Dr Charlotte Hanlon, Dr Dixon Chibanda, Prof Crick Lund, Prof Ricardo Araya, Prof Sir Graham Thornicroft, Prof Melanie Abas

Website: www.healthasset.org

Key Publication: Using a mentorship model to localise the Practical Approach to Care Kit (PACK): from South Africa to Ethiopia. *BMJ Global Health*. 2018.0 doi:10.1136/bmjgh-2018-001108

Networks and impact

The Centre for Global Mental Health has been at the forefront of engagement with the general public and key decision-makers at national and international levels to maximise the impact of our research. Engagement with key stakeholders, from people living with mental conditions, through to those delivering services, or making policy and funding decisions, is central to ensuring that the Centre remains closely aligned to drive forward relevant and important research and development priorities.

International leadership in Global Mental Health; collaboration with the Lancet

Experts from the Centre have been instrumental in driving the field of Global Mental Health in a way that is aligned to the best evidence for effective action, and our values of equity and human rights. A long-standing relationship with the Lancet resulted in two landmark Global Mental Health series' in 2007 and 2011, led by Prof Vikram Patel and Prof Martin Prince, with contributions from many researchers at the Centre. In 2018, the Lancet Commission for Global Mental Health and Sustainable Development was published, with several Centre researchers as Commissioners.



Launch of the Lancet Commission report in London (10th Oct 2018). Left to right: Vikram Patel, Grace Gatera, Shekhar Saxena, Richard Horton, Devora Kestel, Julian Eaton, Helen Herrman, Pamela Collins, Dan Chisholm. Vikram Patel was joint lead editor with Shekhar Saxena, and Crick Lund and Sir Graham Thornicroft were joint co-editors.



The MHIN team at the World Bank/WHO Innovation Fair, 2016. (L-R) Georgia Lockwood Estrin, Agnes Becker, Shamaila Usmani, Grace Ryan, Tessa Roberts

Translation of research to practice: the Mental Health Innovation Network



In 2014, the Mental Health Innovation Network (MHIN) was established with a grant from Grand

Challenges Canada, as a collaboration between the Centre at LSHTM and the World Health Organisation. Founded by Dr Mary De Silva, and coordinated by MSc GMH graduate Onaiza Qureshi since 2018, it has now become the biggest global network of actors in Global Mental Health, with over 6,000 individual members, and 300 organisations, who benefit from evidence synthesis, toolkits to guide practice, discussion forums and webinars. Two new regional hubs have been established – MHIN Africa and MHIN Latin America and the Caribbean – in order to better target content in relevant themes and language.



Photo by: V. Martin / WHO

Contribution to major WHO led Global Mental Health initiatives



Centre members have contributed

to some of the key normative guidelines, intervention packages, policies and preparation of documentation over the last 10 years. Most senior staff members have been members of a wide range of working groups led by the WHO. The Centre also hosts the WHO Collaborating Centre in Mental Health, directed by Prof Sir Graham Thornicroft.

Devora Kestel, Director of the Department of Mental Health and Substance Abuse at the WHO, describes how the WHO and the Centre have

collaborated to translate key research and knowledge into practical tools for change;

“Over the years, the WHO’s Department of Mental Health and Substance Use and the Centre for Global Mental Health have shared a rich and productive relationship that has helped us both move closer towards our shared goals.

The Centre has been a valuable collaborator to the WHO’s programmes by contributing to the development of evidence-based tools and resources to support country implementation including the mhGAP Intervention Guide, Operations manual and training manuals. The WHO and the Centre have also collaborated on development of resources to support integrated care for mental and physical comorbidity to ensure equitable and

rights-based health care for people with mental health conditions.

Our successful research collaboration has focused on mental health scale-up in low- and middle-income countries and includes multi-site projects such as PRIME (Programme for Improving Mental Health Care), Emerald (Emerging mental health systems in low- and middle-income countries), and the Mental Health Innovation Network (MHIN).

On this 10th anniversary, the WHO is proud to be collaborating with the Centre for Global Mental Health to disseminate evidence-based practices and innovations across the world.” **Devora Kestel, Director of the Department of Mental Health and Substance Abuse, World Health Organisation.**

Notable awards



Professor Sir Graham Thornicroft was invested on 1st February 2018 with a Knighthood for services to Mental

Health. Sir Graham was knighted at Buckingham Palace by His Royal Highness the Prince of Wales, having been recognised in Her Majesty The Queen’s Birthday Honours 2017.



Professor Vikram Patel was awarded an Honorary Officer of the British Empire (OBE) in the Foreign and Commonwealth Office awards 2017 by Her Majesty The Queen. He has

received a number of awards (including the US Institute of Medicine Sarnat Prize in mental health in 2014, and the Canada Gairdner Global Health Award in 2019). He was named one of the 100 most influential people in the world by Time Magazine in 2015.



For her country-focus work on ‘mental health research, awareness and aid in Zimbabwe’, Prof Melanie Abas was the recipient of The

Friend of Zimbabwe Award 2019, by the Zimbabwe Achievers Awards, described as “an honour conferred upon outstanding people who have actively contributed positively to Zimbabwe and communities through various initiatives.”

Public engagement

The Centre for Global Mental Health has been involved in a variety of **public-facing engagement activities**, with the aim of enhancing practice and stimulating discussions on Global Mental Health. Over the past 4 years alone, 26 high profile public engagement events were hosted by the Centre, attracting over 1,000 people. Researchers from the Centre have featured in print, on radio, on online media, and national and international television, including BBC World, and Al Jazeera.

Lessons from Zimbabwe to the world

The Centre’s work is generating lessons and people are listening worldwide. Dr Dixon Chibanda is fast becoming one of the most recognised names in Global Mental Health in the past decade with the work he is leading such as the Friendship Bench and AMARI. His work has been showcased at the United Nations General Assembly, the World Economic Forum/Davos, and the World Health Assembly. The Friendship Bench is an important example of an idea from Africa that has now been adopted in high-income settings, such as in New York City.

“We need evidence-based interventions that are accessible for everyone, everywhere”
Dixon Chibanda



Dixon Chibanda at the World Economic Forum in Davos 2018 to talk about the Friendship Bench. He also featured on a panel with Prince William and Jacinda Ardern (Photo by Markus Schreiber /AP / Shutterstock)



In Print: Centre staff are regularly quoted in news articles, including recent articles in The Guardian, The Economist and The New York Times



TV and Radio: Dr Arlinda Cerga-Pashoja on Good Morning Dr Albania 2019, discussing her EU-funded project ImpleMentAll



Public Campaigns: MHIN, and researchers from the Centre have provided expert support to global advocacy for mental health through expert support to #speakyourmind, the global campaign for mental health, and to the Blue Print Group (the global alliance for mental health), through collaboration with United for Global Mental Health.

Research from Centre member Prof Sir Graham Thornicroft, among others, has informed and evaluated England’s national anti-stigma campaign Time to Change.



Online: Prof Vikram Patel giving a TED talk, which has been viewed over 1 million times.

Memorial lecture

An annual memorial lecture is held in memory of Dr Chesmal Siriwardhana, an Associate Professor at LSHTM, who tragically died in 2016, soon after starting at the Centre. A Global Mental Health Award has also been established for the MSc student who had the highest academic achievement in the cohort, to honour Chesmal's commitment to teaching.



The Centre has provided a wide range of topical, engaging and often challenging **events**, provoking debate and interest in many topics related to Global Mental Health. These events have used a range of different formats, including the arts, documentary screenings and a photography contest which have attracted some of our biggest audiences. They encouraged discussions on emerging issues and provide a platform for innovative and diverse voices in the field. Some of the topics addressed included:



Mental health and the creative and cultural sector (Arts in Mind festival at King's, Learning and healing through arts event, June 2018)



Climate change (Promoting resilience and mental wellbeing among communities affected by El Niño-related floods and landslides in Peru, Dec 2018)



Raising the agenda of psychosis in Global Mental Health (Psychosis and Mental Health symposium, June 2019)

Rebalancing Power in Global Mental Health Symposium at LSHTM, March 2019 (Photo LSHTM)



Mental health of conflict displaced populations (Conflict, displacement and mental health, Mar 2017)

Publications

The Centre for Global Mental Health has had over 1000 publications, many in high impact journals. Here we highlight nine of our highly impactful publications.

Effectiveness of psychological treatments for depression and alcohol use disorder delivered by community-based counsellors: two pragmatic randomised controlled trials within primary healthcare in Nepal. *British Journal of Psychiatry.* 2019. Aug. 485-493.

Jordans, M.J.D., Luitel, N.P., Garman, E., Kohrt, B.A., Rathod, S.D., Shrestha, P. Komproe, I.H., Lund, C. & Patel, V.

This study, consisting of two pragmatic trials, evaluates the clinical value of adding psychological treatments, delivered by community-based counsellors, to standard primary care-based mental health services for depression and alcohol use disorder (AUD). Adding a psychological treatment delivered by community-based counsellors increases treatment effects for depression.

High- versus low-intensity interventions for perinatal depression delivered by non-specialist primary maternal care providers in Nigeria: cluster randomised controlled trial (the EXPONATE trial). *British Journal of Psychiatry.* 2019. 215(3) 528-535.

Gureje, O., Oladeji, B.D., Montgomery, A.A., Araya, R., Bello, T., Chisholm, D., Groleau, D., Kirmayer, L.J., Kola, L., Olley, L.B., Tan, W., Zekowitz, P.

This RCT compared a high-intensity (HIT) with a low-intensity treatment (LIT) for perinatal depression among 686 women in 29 maternal care clinics in Ibadan, Nigeria. Follow-up assessments showed remission rates of 70% with HIT and 66% with LIT. HIT was more effective for severe depression. Infant outcomes, cost-effectiveness and adverse events were similar. Except among

severely depressed perinatal women, no strong evidence was found to recommend HIT in preference to LIT in routine primary maternal care.

The Lancet Commission on global mental health and sustainable development.

Lancet. 2018. Oct 27;392(10157), 1553-1598.

Patel, V., Saxena, S., Lund, C., Thornicroft, G., Baingana, F., Bolton, P., Chisholm, D., Collins, P.Y., Cooper, J.L., Eaton, J., Hermann, H., Herzallah, M., Huang, Y., Jordans, M.J.D., Kleinman, A., Medina Mora, M.E., Morgan, E., Niaz, U., Omigbodun, O., Prince, M., Rahman, A., Saraceno, B., Sarkar, B.K., De Silva, M., I., Singh, Stein, D.J., Sunkel, C. and Unutzer, J.

This is a comprehensive synthesis of knowledge on Global Mental Health, designed to catalyse worldwide action. Its ultimate goal is to guide action to reduce the global burden of mental health problems. The Commission gives fresh impetus to prioritize mental health and help ensure physical and mental health are valued equally by the global health and development communities.

The Healthy Activity Program (HAP), a lay counsellor-delivered brief psychological treatment for severe depression, in primary care in India: a randomised controlled trial.

Lancet. 2017. 389(10065), 176-185. Patel, V., Weobong, B., Weiss, H.A., Anand, A., Bhat, B., Katti, B., Dimidjian, S., Araya, R., Hollon, S. D., King, M., Vijayakumar, L., Park, A., McDaid, D., Wilson, T., Velleman, R., Kirkwood, B. R., Fairburn, C. G.

This RCT assessed the effectiveness and cost-effectiveness of a brief psychological treatment (HAP) delivered by lay counsellors to adult patients with moderately severe to severe depression in primary health-care settings in Goa, India. Participants in the HAP group had significantly lower symptom severity. HAP delivered by lay counsellors was better than usual care alone for patients with moderately severe to severe depression in routine primary care.



Evidence for effective interventions to reduce mental-health-related stigma and discrimination. *Lancet*. 2016. Mar 12;387(10023), 1123-1132. Thornicroft, G., Mehta, N., Clement, S., Evans-Lacko, S., Doherty, M., Rose, D., Koschorke M, Shidhaye R, O'Reilly C, Henderson, C.

This paper summarises the evidence on how to reduce stigma and discrimination against people with mental illness. The team analysed the results of 88 studies from across the world, with the evidence clearly showing that social contact is the most effective way to reduce stigma. This is important because stigma and discrimination commonly damage the lives of people with mental illness.

Effect of a primary care-based psychological intervention on symptoms of common mental disorders in Zimbabwe: A randomized clinical trial. *JAMA – Journal of the American Medical Association*. 2016. 316(24) 2618–2626. Chibanda, D., Weiss, H. A., Verhey, R., Simms, V., Munjoma, R., Rusakaniko, S., Chingono, A., Munetsi, E., Abas, M*, Araya, R.*joint last authors.

This cluster RCT study from Zimbabwe studied the effect of six sessions of problem-solving therapy (PST) compared to enhanced standard care for common mental disorders in adults. The PST was delivered by trained grandmother lay health workers from the community, sitting on a wooden Friendship

Bench. Results showed that PST led to a far greater improvement in symptoms of common mental disorders, compared to the enhanced standard care.

School intervention to improve mental health of students in Santiago, Chile: a randomized clinical trial. *JAMA Pediatrics*.

2013. 167(11):1004-1010. Araya R., Fritsch R., Spears M., Rojas G., Martinez V., Barroilhet S., Vöhringer P., Gunnell D., Stallard P., Guajardo V., Gaete J., Noble S., Montgomery A.A. A two-arm, cluster RCT was conducted in 22 schools involving 2,512 students. The intervention consisting of 13 sessions based on cognitive-behavioural models was delivered in classrooms. The results showed there was no evidence of any clinically important differences in any of the outcome measures across arms over the studied period, highlighting the challenges to design and implement successful universal school interventions in LMICs.

PRIME: A Programme to Reduce the Treatment Gap for Mental Disorders in Five Low- and Middle-Income Countries. *PLOS Medicine*. 2012. Dec 9(12):e1001359. Lund C., Tomlinson M., De Silva M., Fekadu A., Shidhaye R., Jordans M., Petersen I., Bhana A., Kigozi F., Prince M., Thornicroft G., Hanlon C., Kakuma R., McDaid D., Saxena S., Chisholm D., Raja S., Kippen-Wood S., Honikman S., Fairall L., Patel V.

PRIME aimed to generate evidence on how to implement and scale up integrated packages of care for priority mental disorders in primary and maternal health care contexts in Ethiopia, India, Nepal, South Africa, and Uganda. This paper describes the overall rationale, methods and approach of the PRIME consortium. The methods it describes were subsequently implemented in a highly successful programme in five countries.

Dementia incidence and mortality in middle-income countries, and associations with indicators of cognitive reserve: a 10/66 Dementia Research Group population-based cohort study. *Lancet*. 2012. 380:9836. 50-58. Prince M., Acosta D., Ferri CP., Guerra M., Huang Y., Llibre Rodriguez J.J., Salas A., Sosa A.L., Williams J.D., Dewey M.E., Acosta I., Jotheeswaran A.T., Liu Z.

A population-based cohort study was conducted of all people aged 65 years and older living in sites in Cuba, the Dominican Republic, Venezuela, Peru, Mexico, and China, with ascertainment of incident 10/66 and DSM-IV dementia 3–5 years after cohort inception. The results provide supportive evidence for the cognitive reserve hypothesis, showing that in MIC's as in HIC's, education, literacy, verbal fluency, and motor sequencing confer substantial protection against the onset of dementia.

PRIME aimed to generate evidence on how to implement and scale up integrated packages of care for priority mental disorders in primary and maternal health care contexts in Ethiopia, India, Nepal, South Africa, and Uganda. This paper describes the overall rationale, methods and approach of the PRIME consortium. The methods it describes were subsequently implemented in a highly successful programme in five countries.



| MSc in Global Mental Health students, class of 2019

Looking to the future

As Global Mental Health grows in profile, and more resources are allocated to the field, the contribution that the Centre for Global Mental Health can make is more relevant than ever.

As this report has laid out, we have a strong track record in research and training on which to build. We are proud of our MSc and PhD graduates who have or will go on to become change agents in the many countries where they now live and work. Our research and engagement activities have informed national and international policies and plans, shaping the field of Global Mental Health, and calling to action global leaders and champions in academia, economic development, human rights, technology and creative arts.

But there remain many challenges. It is increasingly clear that if we are to address the huge burden of suffering and lost opportunity that mental ill health represents at a global level, the field of mental health must look at reducing the treatment gap for mental health conditions in the context of holistic approaches to care such as the promotion of mental health and the prevention of mental illness both closely linked with a better understanding of the social and life course determinants and consequences of mental health and ill health. Although much has been achieved in terms of proving the effectiveness of treatment innovations, we are still a long way from visualizing a meaningful reduction of the mental health treatment gap with only a handful

of programmes scaled up throughout LMICs over the last two decades.

The means to impact at this more profound level lies in addressing the seemingly intractable problems of inequity, poverty, abuse and unhealthy work-life balance. Mental health professionals and mental health systems are important but will not be the most important levers for change, the greatest impact will be achieved by reducing the mental health consequences of other health conditions and the impact of social and economic determinants of mental health.

Human insecurities such as poverty, political instability, conflict and the impacts of climate change affects all countries, not just low- and middle-income countries and the focus of our work must remain with those communities and countries that have been left behind and where their citizens are suffering the most as a result of the lack of investment in mental health.

The Centre for Global Mental Health is committed to setting and delivering on such a research agenda, and to build the necessary capacity to lead on improving Global Mental Health. We aspire to create more innovative ways that allow us to work more collaboratively with other research and training institutions, people with lived experience of mental ill-health, policy makers, implementers and the wider public to place mental health at the forefront of global development and social justice. ■



Clinic staff and young mothers meet in Mozambique for the 'CATALYST: Empowering young mothers for better mental health in Mozambique' project, led by Principal Investigator Dr Tatiana Taylor Salisbury, King's College London. 2018-2020. Contact: tatiana.salisbury@kcl.ac.uk

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