



Health Counsellor determining intervention to a patient

Future Plans

We are now preparing for Phase 2 of the project, in which we will implement the two models of care in 12 private family doctor clinics. We have completed piloting in two clinics. We have conducted two meetings in each district with doctors interested in participating in Manas and have now finalized the list of 12 family doctors to take part.

The Governments of India and Goa have highlighted the importance of the management of chronic diseases, such as mental disorders, in primary care. The Manas Project is the first trial for the effectiveness and cost effectiveness of a primary care based intervention in India for common mental disorders. Ultimately, the outputs of the project will include a program manual on how to scale up the intervention, practitioner manual for primary care doctors on how to integrate the intervention in their clinics, scientific articles on the effectiveness of the intervention, and policy briefs for ministries of health.

Following advocacy by the Medical officers in the PHCs, the Directorate of Health services has decided to provide Fluoxetine in PHC's for the treatment of depression after completion of Phase 1. In addition, Sangath has been asked by the DHS to submit a proposal to run the District Mental Health Programme in North Goa. Ultimately, we hope that Manas will become a model for care of persons with mental disorders in primary care settings throughout India.

OTHER RESEARCH

Mapping of Mental Health Research Capacity in South Asia

Project at a Glance

Principal Investigator: Prof. Vikram Patel

Project Coordinator: Smita Naik

Duration of project: Oct 2004 - Jan 2006

Funding Agency: Global Forum for Health Research - Switzerland

South Asian Collaborators: Suraj Thapa and Nirupama Basnet (Nepal); Murad Khan and Haider Naqvi (Pakistan and Afghanistan); Sistra Siribaddana and Athula Sumathipala (Sri Lanka and Maldives) and Omar Rahman (Bangladesh).

Objectives

To develop a map of mental health research actors and to describe the current research agendas, priority-setting, and impact of research on policy.

Background

In 2004, the Global Forum for Health Research and the World Health Organization, Department of Mental Health and Substance Abuse, Mental Health: Evidence and Research, initiated a project to provide an account of the current status of mental health research in 114 low- and middle-income countries in Latin America (30), Africa (52) and Asia (32). The scale of the study makes it the first systematic attempt to collect relevant information in this area, providing a valuable confirmation of what was expected but has never been systematically documented previously. The South Asian team, coordinated by a team in Sangath, carried out the research led by local teams in five countries of the region.

Progress

From the search of the indexed literature, 899 articles from South Asia were identified. India accounted for 4 out of 5 papers published in indexed journals from the region. The next most important contributors were Pakistan and Sri Lanka. No articles were identified from three countries: Maldives, Afghanistan and Bhutan. We also searched the local and non-indexed literature from various databases, journals and libraries in each country and identified a total of 475 articles. From this database, we were

able to identify and locate addresses for 691 researchers. A total of 223 researchers completed the questionnaire. The majority of respondents were psychiatrists (46%). The majority worked in hospitals, research organizations or universities with relatively few in private sector organizations. As many as 87% of respondents reported having access to internet resources but mostly to free databases. Only 20% of respondents had access to paid internet sites with full text articles. In all, 70% researchers reported that they had not received any kind of research fellowship and or consultancies in the five years prior to the survey. The most important obstacle hindering research as reported by respondents was lack of funds (52%) followed by lack of time. Although the vast majority of respondents (87%) had some training in at least one of the major research methods, there did not appear to be enough of a critical mass in any one research methodology. The most commonly cited priorities were epidemiological studies of the burden of disease and risk factors, followed by health systems and social science research. In terms of mental health conditions, Anxiety-Depression was the leading priority followed by Psychosis and Substance Abuse. Women, children and adolescents, and the poor form the three most important marginalized populations for mental health researcher respondents. However, whereas the burden of disease was the leading factor for determining research priorities, personal interest was the leading factor for determining pursuit of actual research projects (burden of disease being the second most commonly cited factor). In the absence of any formal research unit at the level of governments, no direct relation between research and policy could be shown. However, researchers and stakeholders were able to identify a number of specific examples of how mental health research had influenced policy. The survey results from South Asia showed broad agreement with the findings from other developing regions. Mental health researchers

and other stakeholders, and across regions, regarding priorities for mental health research in low- and middle-income countries (see box).

Future plans

The south Asian region is one of the most populous regions of the world. It suffers from very inadequate mental health research resources in terms of both financial support (funding for individuals and institutions) and professional support (e.g. involvement in research networks, access to the literature, training in research methodology). Though some examples of research impacting policy are available, in general there is little interface between research and policy. The project has identified the major mental health research priorities, and resources, for the region which

Findings from the global results of the Mapping Project

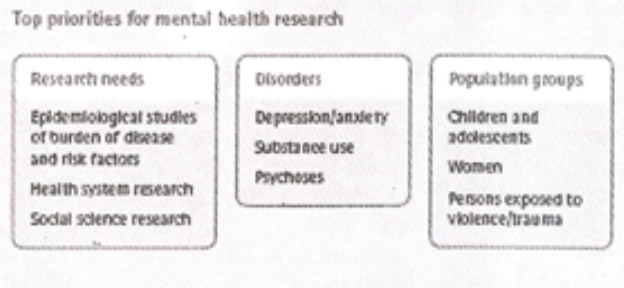


Figure 1: Criteria for prioritizing research

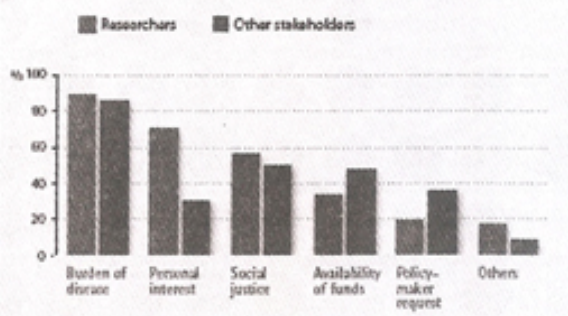
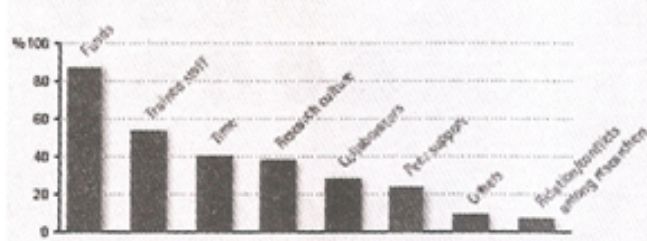


Figure 2: Challenges researchers face



are shared by both researchers and stakeholders; this agenda needs to be implemented through a concerted effort to build research capacity, improve the publications record, and advocate for research resources in the region.

These findings highlight the need to review and strengthen the management of mental health research through:

1. Governments and other institutions considering mental health crucial to the overall health of their populations and an important bearing on national development.
2. Integrating mental health research within health research systems to enhance synergies and avoid inefficiencies, gaps and duplications.
3. Establishing a leading body to identify and monitor gaps in national and regional mental health research, formulate priorities, advocate for funds, assess research capacity, establish networks, disseminate information and provide technical and financial support.
4. Formulating and implementing mental health research priorities through a transparent, participatory and scientific process. The Combined Approach Matrix (CAM) of the Global Forum is an effective tool for priority setting in this regard.
5. Increasing national funding for mental health research, bringing it into line, as far as possible, with the country's burden of mental disorders. In addition, leading research donors must include a specific mental health component in their budgetary allocations.
6. Investing in mental health research capacity strengthening, particularly through research trainings and incentives for mental health professionals.
7. Developing research networks and public-private partnerships. In particular, more LAMI country researchers and other

stakeholders should be connected to established research networks.

8. Mainstreaming cross-cutting issues, such as socioeconomic status and gender, in all strategies and research designs, as key variables.
9. Connecting with information networks in health research to ensure the sharing and utilization of mental health information by researchers, policy-makers and the general population. There is a need for organizations to bridge the gap between policy and research by sensitizing researchers about the usefulness of involving other stakeholders in their research and sensitizing stakeholders about the importance of good mental health research.

A publication with the results of this project was launched on the occasion of Forum 11 at Beijing by the Global Forum for Health Research and the World Health Organization. The report enables evidence-based decision-making in funding and priority setting in the area of mental health research in LMICs. It strongly requests all policy-makers, programme managers, and funders of research for health, at national and global levels, to place mental health high on their agendas.



Prof. Vikram Patel at the Mapping Project publication launch at Forum 11 in Beijing