What can we learn from PRIME?
(Programme for Improving Mental Health Care)

On behalf of PRIME consortium:

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What is PRIME?

- PRIME is a DfID-funded international mental health services research consortium focused on scaling up treatment programmes for priority mental disorders in primary and maternal health care contexts in low resource settings. It is a partnership between
  - Leading academic institutions in five LMIC, and
  - Ministries of Health in each country, plus
  - Cross-country partners (academia, NGOs, WHO)

- PRIME can offer relevant insights for the rehabilitation community in terms of its approach to:
  1. district-level service development
  2. programme evaluation
  3. health system strengthening
PRIME Annual meeting; India, Feb 2015
Mental health system context in LMIC

- Low priority
- Many misconceptions
- Under-resourced
- Weak governance
- Large treatment gap
- Inequitable access / coverage
- Fragmented, inefficient service delivery
- Poor monitoring and surveillance
Rehabilitation system context in LMIC!

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PRIME approach to scale up

1. A focus on (WHO mhGAP) priority conditions, for which intervention (cost-)effectiveness evidence exists: depression, alcohol use disorders, schizophrenia, epilepsy

2. A focus not so much on “what works” but “how it works” (translational / implementation science)

3. Partnership (local government & community partners)

4. Robust methodological framework: Theory of Change

5. Multi-level development and evaluation plan
A phased approach

- **Formative phase**
- **Implementation phase**
- **Scaling-up phase**

Programme for improving mental health care
Formative phase

• Defining the health care plan:

1. Situational analysis / resource mapping

2. Formative studies with key stakeholders:
   • Focus group discussions and interviews with personnel in the districts: health managers, doctors/nurses, CHWs
   • Theory of Change workshops

3. Service planning / costing of the packages of care

4. Map the components of care into a matrix
Building blocks of a mental health plan

## Mental health care plans: Functional matrix

<table>
<thead>
<tr>
<th>Healthcare organisation</th>
<th>Awareness</th>
<th>Detection</th>
<th>Treatment</th>
<th>Recovery</th>
<th>Enabling</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Engage and mobilise district stakeholders</td>
<td>Detect/carry out screening and assessment for priority disorders</td>
<td>Provide specialist care to complex cases</td>
<td>Provision of case reviews for complex cases</td>
<td>Programme management, HMIS, Capacity Building</td>
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<tr>
<td>Specialist MH services</td>
<td>Increase awareness of service users and providers</td>
<td>Improve case detection in the community</td>
<td>Provide psychotropic medication and basic psychosocial interventions</td>
<td>Ensure continuing care</td>
<td>Ensure specialist MH care interfaces with PHC</td>
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<tr>
<td>Health Facility</td>
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<td></td>
<td>Build capacity of facility staff to deliver facility level packages</td>
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<tr>
<td>Community</td>
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<td></td>
<td>Build capacity of community to support mental health care</td>
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<td>Promote rehabilitation &amp; recovery</td>
</tr>
</tbody>
</table>

- **Awareness**: Engage and mobilise district stakeholders
- **Detection**: Detect/carry out screening and assessment for priority disorders
- **Treatment**: Provide specialist care to complex cases
- **Recovery**: Provision of case reviews for complex cases
- **Enabling**: Programme management, HMIS, Capacity Building
Resource planning ... reality checking

Human resource needs of scale up (e.g. FTE workers per 100,000 population)

Health service costs of scale up (e.g. US$ or LCU per capita population)

Implementation and scale up phases

Implementation of Mental Health Care Plan

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

Economic evaluation
- Economic evaluation of resource inputs and outcomes

Revision of Mental Health Care Plan
Scaling up mental health services

Case studies at the level of individual AHUs
- Analysis of routine health information system data
- Surveys, document review, interviews, observation

Evidence on the impact of scaling up on coverage and utilisation of mental health care
PRIME evaluation: Study designs

Challenges with implementation

• Low priority given to mental health in national / local government

• Tangible, ongoing financial commitment from certain Ministries of Health

• Detecting certain disorders in the primary care context (depression, alcohol use disorders)

• Maintaining common evaluative methods while being respectful of country differences
Capacity building, research uptake and stakeholder engagement

• Capacity-building
  • Service providers: Detection, treatment, management and referral using adapted mhGAP guidelines
  • Researchers: PhD studentship programme

• Research uptake and stakeholder engagement:
  • Stakeholder analysis / research uptake strategy
  • Website: http://www.prime.uct.ac.za/
  • MoH and local NGOs
Policy successes

1. **Ethiopia**: National mental health strategy; rapid scaling up of WHO mhGAP training and services across regions

2. **India**: Mental health plan in Madhya Pradesh; SOHAM: scaling up across all 51 districts in the state

3. **Nepal**: Mental Health in the Training Curriculum; expanded service scale-up following earthquake

4. **South Africa**: National Mental Health Policy and Action Plan; integration of mental health into PHC reform

5. **Uganda**: MoH implementing mhGAP in 2 other districts, in parallel with PRIME site
Outcomes and legacy

- Increased uptake of findings to influence policy and practice in the study countries

- Improved mental health, social and economic outcomes

- Sustainable research capacity

- Sustainable partnerships for future collaborations