Erica Bauer   Erica Bauer   Erica Bauer

UNIVERSITY OF CAMBRIDGE
Department of Geography

THE PROGRAMME FOR IMPROVING MENTAL HEALTH (PRIME)

CSaP

Problem: The World Health Organisation has recognised mental health as an integral part of global health, yet mental illness has to date received neither commensurate visibility nor policy attention. This is reflected in the fact that while mental disorders contribute to more than 13% of overall burden of all disease, 80% of people in middle and low-income countries do not receive treatment.

Response: PRIME is a six year (2011 to 2017) Research Programme Consortium, led by the Centre for Public Mental Health at the University of Cape Town and funded by the UK's Department for International Development (DFID). The chief aim of PRIME is to develop research evidence on the implementation and scaling up of treatment programmes for priority mental disorders in primary and maternal health contexts in low resource settings. PRIME focuses upon five countries: India, Nepal, Uganda, Ethiopia, and South Africa.

Stakeholders and networks: PRIME brings together academics, local mental health service providers and practitioners, NGOs, WHO, and Ministries of Health (MoH). The project builds upon pre-existing and longstanding collaborations between academics, NGOs and governments. In Uganda and South Africa, for instance, extensive connections between academics and MoH had become established during a previous a DFID-funded consortium, called the Mental Health and Poverty Project, which ran between 2005 and 2010. The translation of research into policy has also been made easier due to the fact that some members of PRIME have acted in an advisory role to policy makers. Prof. Vikram Patel, for instance, is both one of the leaders of PRIME as well as part of the MoH working group in India, while Prof. Lund is both the CEO of the project as well as part of the Technical Task Team for mental health of the South African Government. Despite such connections, interaction between researchers and policy makers remains a delicate balancing act, which requires constant realignment and coordination of priorities and interests.

Research and knowledge: The initial two research stages of PRIME ('Inception' and 'Implementation') and the subsequent uptake of research findings by policymakers ('Scaling-up') were originally conceptualised as separate, but have become interwoven in practice. MoH have been involved with PRIME from its inception, even in the initial stages of drafting the bid for the DFID grant. This has proven essential particularly in terms of informing researchers about MoH policy priorities. In South Africa, for instance, extensive interaction with the personnel from the MoH has informed the priorities of PRIME: as the Ministry considers HIV and chronic diseases its priorities, PRIME has thus focused upon designing mental health interventions focused upon patients with HIV and Chronic Diseases.

Communication: The project website, press releases, and e-newsletters are at the heart of PRIME's communication strategy, which aims to raise the worldwide profile of mental health issues. Academic publications have been published in open access peer reviewed journals to maximise readership and accessibility. An online shared database will be established to ease research uptake and scaling-up.

Impact: PRIME is at an early stage, so the full extent of impact remains to be seen. There is evidence of impact on the content of the National Mental Health Strategy (2012) in Ethiopia, and on training provision for mental health in the National Health Training Centre in Nepal.

Top tips
- Collaboration between academics and government agencies in research design has allowed the programme to fit in with evolving policy priorities.
- The role of individuals who are involved in the research as well as delivery has helped translate research into policy.
- Novel and diverse communication methods have been used to raise the profile of project activities and promote research findings to a wide range of stakeholders.
- The use of open access databases and journals maximises the potential for uptake and scaling-up of findings.

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