

## Fourth GACD Funding Call – Mental health

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### Title

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Prevention and management of mental disorders

### Specific Challenge:

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The fourth [Global Alliance for Chronic Diseases \(GACD\)](#) call will focus on implementation research proposals on child, adolescent and adult age onset mental disorders (WHO 2016) including, but not limited to, dementia, depression, schizophrenia, bipolar disorders, alcohol- and drug-use disorders, etc., in low- and middle-income countries (LMIC) and/or in vulnerable populations<sup>1</sup> in high-income countries (HIC).

Mental health is an integral part of health as underlined in the World Health Organization (WHO) definition of health as a 'state of complete physical, mental and social well-being and not merely the absence of disease or infirmity'.

Mental disorders represent an ever-increasing burden, to all ages of the population, challenging mental health and health systems. For example, depression affects 350 million people in communities across the world and represents the third leading contributor to the global disease burden (WHO 2012). Dementia affects 47.5 million people worldwide with 58% of people living with dementia in low- and middle-income countries (WHO 2015). Global costs associated with mental disorders were estimated to be \$2.4 trillion in 2010 and are expected to rise to \$5.8 trillion by 2030 (Bloom et al 2011).

Mental disorders cause tremendous suffering for individuals, families, communities and societies. They also increase the risk of co-morbid illnesses and social exclusion. There are obstacles to achieving effective prevention, early identification and management of mental disorders and to ensuring patients' adherence to therapies. Effective management approaches exist but their implementation in LMIC and vulnerable groups in HIC is influenced and sometimes hampered by socioeconomic and contextual factors that affect access to care: gender disparities; the stigma associated with mental disorders at work, in health care settings and communities; and circuitous pathways to mental health care and limited communication between traditional and biomedical practitioners. There is a need to strengthen the evidence base for the contextual scalability of interventions of promising or proven effectiveness for the promotion of mental health and the early identification and management of people at risk of or living with a mental disorder, taking into account the needs of different population groups across the life course.

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<sup>1</sup> Applicants must demonstrate that the proposed population under investigation in HIC is considered as vulnerable.

## Aims and scope of the funding call:

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Proposals must focus on mental disorders as defined by the WHO (see above), and must focus on implementation research in LMIC, and/or in vulnerable populations in HIC. Proposals must build on interventions with promising or proven effectiveness (including cost-effectiveness) for the respective population groups under defined contextual circumstances. Interventions that address gender-associated risk factors and vulnerability to mental disorders or differences in access, utilization, or responsiveness to care should also be considered. The aim should be to answer key research questions about the adaption, and/or scale up of these intervention(s) in accessible, affordable and equitable ways in order to improve the prevention and management of mental disorders in the community in health care, psychosocial, and public health/community-based programs, and other settings. Interventions should meet conditions and requirements of the local health and social system context and address any other contextual factors identified as possible barriers. When economic factors prevent access to effective, low-cost appropriate medication and other management and treatment modalities, proactive policy and strategies should be encouraged to ensure the availability of such medication or other management/treatment modality or means should be found to overcome these barriers.

Each proposal should incorporate the following elements of implementation science as appropriate:

- Focus on implementation research addressing prevention, and/or early identification and/or management strategies derived from existing evidence of effective interventions.
- Include a strategy to test the proposed model of implementation and to address the socioeconomic and contextual factors of relevance to the targeted region and community.
- Consider potential ripple effects of the intervention on a number of health and other outcomes where appropriate;
- Lead to better understanding of key barriers and facilitators at local, or regional, or national or international level that affect the prevention and management of mental disorders.
- Include health economic assessments as an integral part of the proposed research, including considerations of scalability and equity.
- Propose a pathway to embed the intervention into policy and practice addressing:
  - The inclusion of policy makers and local authorities (possibly by being part of the consortium), as well as other relevant stakeholders such as community groups, patient groups, formal and informal carers and any other group, wherever relevant from the conceptualisation phase of the project, which will contribute to the potential scalability and sustainability of the intervention, after the end of project.
  - Relevance of project outcomes/evidence for scaling up of the intervention at local, regional, national and international level, where relevant, and appropriateness and responsiveness with respect to the local social, cultural and economic context.
  - Aspects of stigmatisation as well as potential equity gaps e.g. due to gender or age, where appropriate.

Proposals must address one of, or a combination of the following items:

- Structural interventions or evidence-based policies designed to equitably improve mental health outcomes;

- Early case detection and other secondary or tertiary prevention strategies as well as modalities of treatment, care and access to care which are amenable to scale-up. Prevention, early identification and treatment may include validated pharmacological, psychotherapeutic, psychosocial support and other approaches of relevance to mental disorders such as accessibility to and enhancing compliance with the intervention, also considering cultural context. Wherever relevant, comorbidities and their impacts on prevention and treatment strategies should be taken into account;
- Strategies and approaches to empower and engage patients, formal and informal care-givers in patient treatment and care ;
- Exploring the scale-up of family/community engagement in patient treatment and care.

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**Expected Impact: (one of or combinations of)**

- Advance prevention strategies and implementation of mental health interventions, alleviating global burden of mental disorders;
- Establish the contextual effectiveness of mental health intervention(s), including at health systems level;
- Improve tailored prevention and treatment; develop affordable management and treatment modalities for mental disorders and expand access to care;
- Inform health service providers, policy and decision makers on effective scaling up of mental health interventions at local, national and regional levels, including affordability aspects for users and health providers;
- Reduce health inequalities and inequities, including due consideration of gender and age issues where relevant, in the prevention, treatment and care of mental disorders at both local and global levels;
- Maximise the use of existing relevant programmes and platforms (e.g. research, data, and delivery platforms);
- Contribute to the [United Nations' Sustainable Development Goals 3, 5, 10 and 17](#), the [Global Action Against Dementia and the First World Health Organization \(WHO\) Ministerial Conference on Dementia](#), the [WHO Mental Health Action Plan 2013-2020](#).

The GACD aims to coordinate research on chronic diseases at a global level in order to enhance knowledge exchange across individual projects, and to better understand the impact of socio-economic, cultural, geopolitical and policy factors on the effectiveness and scalability of interventions, so as to appropriately adapt health interventions to different geographical, economic and cultural settings. Research under GACD involves regular exchange of research findings and information across participating projects by means of cross-project working groups and annual joint meetings.

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**Common indicators**

The GACD funding agencies aim to harmonize the research and outcomes assessment of GACD funded projects in order to maximize the potential for learning across the network and the impact of the initiative as a whole. To this end, all funded teams are expected to use explicit indicators and measures of project context, reach, outcomes evaluation and scale-up potential in their plans and

protocols. [More information and examples of implementation research and outcomes indicators can be found on the GACD website.](#)

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### Annual network meetings

Applicants must budget for the costs of having two team members participate in one annual face-to-face meeting of the GACD Research Network (location to vary annually). Attendance at this meeting is mandatory for 2 team members, with at least one participant from the LMIC team where relevant. Teams are strongly encouraged to include one junior team member in each annual meeting.

## Review criteria

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### Relevance and Quality of Project

- Proposal fits well within the objectives and scientific remit set out in the call;
- Strong scientific rationale for pursuing the questions or gaps in knowledge that are being addressed. Success is likely to lead to significant new understanding that is relevant for scientists and knowledge users. Applicants are aware of complementary research underway elsewhere;
- Proposed methods are appropriate and feasible to answer the study question(s) and are considered best in the international field of implementation science research;
- Proposal is innovative;
- Intervention has been adequately described;
- Relevant system barriers (health care and other sectors) to implementation of the interventions have been taken into account;
- Ethical issues have been considered.

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### Quality of Team

- Multidisciplinary team members have established a high-quality track record in related fields of proposed research and pertinent to implementation science and they have the right balance of expertise given goal(s) of the research project;
- Evidence that the research is jointly managed by researchers from high-income countries and LMICs where applicable.
- Early career investigators are part of the team and strong training plan for research capacity-building is included;
- Evidence that stakeholders such as decision-makers and service delivery partners have been actively involved in the research process including the selection and adaptation of the intervention if applicable and the research design;
- Demonstrable engagement with the public and/or patient and community groups or other relevant stakeholder groups.

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### Feasibility of Project

- Major scientific, technical or organizational challenges have been identified, and realistic plans to tackle them are outlined;
- Proposed intervention strategies are relevant to the socio-political, cultural, policy and economic contexts of the study settings and proposal demonstrates understanding of the

contextual factors (e.g. health systems, intersectoral policy, governance, leadership) affecting implementation, indicating how those factors and their impact will be analyzed;

- Inequities and equity gaps, including sex and gender, have been taken into account;
- Appropriate measures of evaluation have been included. Programmes that are able to track long-term clinical, public health, policy and/or health system outcomes are strongly encouraged.

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### Potential Impact

- Project demonstrates alignment with international and/or national commitments;
- Project appropriately leverages existing programs and platforms (e.g. research, data, delivery platforms) if relevant;
- The potential for scaling up intervention strategies has been considered, including a clear proposed pathway to embedding the intervention into policy and practice that includes:
  - evidence that outcomes/evidence is utilized for the scaling up of the intervention on a local, regional, national and/or international level;
  - evidence that future scaled-up implementations will fit within or are adaptable to the local health systems (and/or other sectors), as well as within the social, cultural, political, economic, policy and regulatory context (for example, applicants could address affordability for users and the financial implications for implementing organizations and funders or might assess scalability to various socio-political contexts);
  - consideration for socio-economic determinants of health, equity gaps and sex and gender issues are taken into account in adapting the intervention and implementation strategy;
- Evidence that health economic dimensions and scalability will be assessed.

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### References

Bloom, D.E., Cafiero, E.T., Jané-Llopis, E., Abrahams-Gessel, S., Bloom, L.R., Fathima, S., Feigl, A.B., Gaziano, T., Mowafi, M., Pandya, A., Prettner, K., Rosenberg, L., Seligman, B., Stein, A.Z., & Weinstein, C. (2011). The Global Economic Burden of Noncommunicable Diseases. Geneva: World Economic Forum.

WHO International Statistical Classification of Diseases and Related Health Problems 10th Revision (ICD-10): Mental and behavioural disorders (F00-F99) (2016)

<https://icd.who.int/browse10/2016/en#/V>

World Health Organization (2012). Depression, Fact Sheet. <https://www.who.int/news-room/fact-sheets/detail/depression>

World Health Organization (2015). Dementia Fact Sheet. <https://www.who.int/news-room/fact-sheets/detail/dementia>

WHO Mental Health Action Plan 2013-2020.

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