



# AFFIRM: Africa Focus on Intervention Research for Mental health

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## Summary

The Africa Focus on Intervention Research for Mental Health (AFFIRM) hub is a research and capacity development hub, established in 6 countries: Ethiopia, Ghana, Malawi, South Africa, Uganda and Zimbabwe. AFFIRM aims to investigate cost-effective interventions for mental health disorders, through task-sharing by Community Health Workers in South Africa, and Primary Health Care workers in Ethiopia.

## Context

Mental disorders represent a substantial and growing proportion of the burden of disease in sub-Saharan Africa (Lim, Vos et al. 2012), but there is a lack of mental health professionals to address this burden. Poverty and lack of resources further add to this burden.

The research project is assessing the effectiveness and cost-effectiveness of task sharing of:

1. Counselling for maternal depression by community health workers in South Africa
2. Care of stabilised persons with severe mental disorders by primary health care workers in

## Introduction

There is growing international consensus that a task-sharing approach is required to narrow the treatment gap for mental disorders in low and middle-income countries. This means essentially that general health workers need to deliver mental health interventions through routine health care delivery systems, supervised by mental health specialists. The World Health Organization (2008) notes that "by reorganizing the workforce in this way, task sharing presents a viable solution for improving health care coverage by making more efficient use of the human resources already available and by quickly increasing capacity while training and retention programmes are expanded."

The AFFIRM research project is evaluating task sharing through the use of Community Health Workers in South Africa, and Primary Health Care workers in Ethiopia. In South Africa the focus is on pregnant women who are depressed, and in Ethiopia the focus is on people with severe mental disorders.

One AFFIRM study highlighted the need for specifically designed counselling interventions for perinatal depression. These interventions need to be responsive to the lived experiences of women and grounded in the broader context of poor socioeconomic conditions and living environments in South Africa, all of which have a direct impact on mental health. (Davies, et al 2016)<sup>1</sup>

<sup>1</sup> 'The sun has set even though it is morning': Experiences and explanations of perinatal depression in an urban township, Cape Town. Davies, T., Schneider, M., Nyatsanza, M., Lund, C. (2016). *Transcultural Psychiatry*. DOI: 10.1177/1363461516632389.

“ People who live with mental disorders are among the most poor, the most marginalised and the most disenfranchised members of our society, not just in South Africa but across the African continent... And we know that at least 75% of people living with mental disorders in South Africa don't receive any form of evidence-based care. ” - Crick Lund, Centre for Public Mental Health, UCT

## About AFFIRM

AFFIRM is one of 5 collaborative research ‘Hubs’, funded by the US National Institute of Mental Health, focused on global research in mental health. The Hub involves 6 countries in sub-Saharan Africa, and academic centres in the US (Columbia University and Johns Hopkins School of Public Health) and the UK (King’s College London). The overall hub is co-ordinated through the University of Cape Town, South Africa. There are 4 components to the project:

### 1. Research – Two Randomised Controlled Trials (RCTs):

**South Africa:** The objective of this randomized controlled trial (RCT) is to determine the effectiveness and cost-effectiveness of a task shared counseling intervention for maternal depression in South Africa, with non-specialist health workers, compared to enhanced usual care in South Africa.

**Ethiopia:** The objective of this RCT is to determine the effectiveness and cost-effectiveness of task shared care for persons with severe mental disorders (SMD) with Primary Health Care Workers, compared to a model of specialist mental health care in Ethiopia.

Both sites have completed successful formative research, retrieving qualitative information on task sharing and local understandings of mental illness. This has also contributed to the development of locally valid Functional Assessment Tools in Butajira, Ethiopia and Khayelitsha, Cape Town.

### 2. Shared Project:

As part of the group of 4 other NIMH Hubs involving task sharing for mental health, AFFIRM is conducting a mixed-methods evaluation of the barriers and facilitators to task-sharing, from the perspectives of health and community workers, mental health professionals, clients, and other relevant persons in the health care system. This is based in Ethiopia.

### 3. Capacity Building:

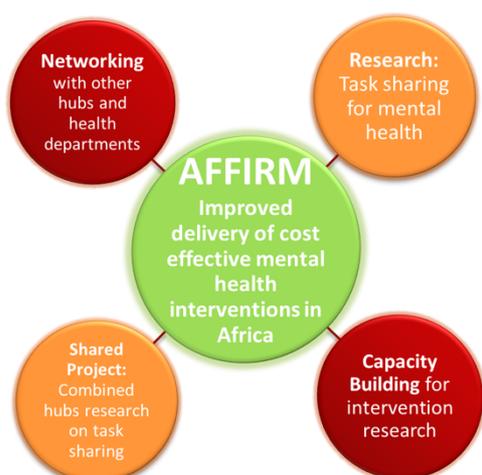
AFFIRM has a capacity building component that aims to build individual and institutional capacity for intervention research in mental health, in sub-Saharan Africa. This is addressed through: an MPhil programme on Public Mental Health at UCT and Stellenbosch University; support for PhD students linked to the trials or shared project, and provision of short courses covering topics such as Randomised Controlled Trials and policy making and planning for mental health. AFFIRM has also hosted a short course in Randomised Controlled Trials in Cape Town.

### 4. Networking:

AFFIRM collaborates with researchers, NGOs government agencies, and other NIMH Hubs, to facilitate the translation of research knowledge into policy and practice. This is addressed through on-going discussions and meetings and through sharing experiences in the capacity building and research components.



- Research Sites
- Capacity Building
- Shared Research Site



## AFFIRM Aims

1. Investigate strategies for narrowing the treatment gap for mental disorders in sub-Saharan Africa
2. Build individual and institutional capacity for intervention research in sub-Saharan Africa
3. Collaborate with other NIMH hubs by designing and executing shared research projects related to task sharing and narrowing the treatment gap, and pooling research knowledge from all hubs to contribute to global advocacy initiatives to narrow the treatment gap for mental disorders in Low and Middle Income Countries.
4. Establish a network of collaboration between researchers, NGOs and government agencies that facilitates the translation of research knowledge into policy and practice.

## A glance at some research areas of AFFIRM

South Africa	Ethiopia
Development of a task sharing counselling intervention for depressed pregnant women in Khayelitsha	Development of the task sharing intervention for people with SMD in PHC
Formative qualitative research on the feasibility and acceptability of a task-shared intervention in Khayelitsha	Examining how the community conceptualises normal / abnormal functioning in people with Severe Mental Disorders in Ethiopia
Cost-effectiveness of the task shared counselling intervention for antenatal depression	Cost-effectiveness of the task shared intervention for severe mental disorders
Functioning and predictors of functioning among emotionally distressed antenatal pregnant women in primary care in Khayelitsha	Development of a locally appropriate scale of functioning in people with SMD in Ethiopia
Adaptation of the HAM-D for administration by lay fieldworkers for a RCT on maternal depression in Khayelitsha: validity and reliability	Service satisfaction: developing a scale for mental health services in Ethiopia
Qualitative evaluation of AFFIRM Fellowships and other capacity building	
Systematic review of barriers and facilitators to task sharing in Low and Middle Income countries	

## Current Impact

- **The AFFIRM trial is ongoing.** Analysis of the South African data will begin in July 2016, and the Ethiopian data in 2017.
  - In South Africa, 420 women received either counselling sessions or support phone calls in the course of the trial.
  - In Ethiopia, 300 participants with severe mental disorders have been recruited into the study.
- Capacity building:**
- **Masters courses** have been run for 5 years so far, with 39 master's students attending.
  - 6 counselors have been trained in structured counseling for maternal depression in Cape Town.

## Adding to the body of evidence: a crucial role for students



Michael Udedi

“As a recent graduate from the AFFIRM MPhil, I have been able to make many contributions to the field of global mental health. In my role in the coordination of mental health services at the national level in my country, I have contributed to the field by developing the mental health action plan, as well as being involved in reviewing the mental health policy, programme, services and various research projects.

With the knowledge gained from the MPhil programme I have been able to appraise, synthesize and research evidence in order to inform policies in my line of duty, for example during the review of the mental health policy. I have also been able to instigate the initiation of various mental health services, for example I recently assisted the Christian Hospital Association of Malawi (CHAM) institution to establish services on mental health.” – Michael Udedi is an AFFIRM fellow and Assistant Director of Clinical Services (Mental Health) in Malawi. He graduated with his MPhil in 2013.

### Acknowledgements

National Institute of Mental Health (NIMH), USA.

### References

Visit AFFIRM’s website at [affirm.uct.ac.za](http://affirm.uct.ac.za). Some publications from AFFIRM follow below:

1. **Generating evidence to narrow the treatment gap for mental disorders in sub-Saharan Africa: Rationale, Overview and Methods of AFFIRM.** Lund, C., *et al.* (2015). *Epidemiology and Psychiatric Science*. 24(3): 233-240.
2. **Task sharing for the care of severe mental disorders in a low-income country (TaSCS): a randomised, controlled, non-inferiority trial protocol.** Hanlon C, Alem A, Medhin GT, Shibre T, Ejigu DA, Negussie H, *et al.* (2016). *Trials*. 17(76)
3. **Task sharing of a psychological intervention for maternal depression in Khayelitsha, South Africa: study protocol for a randomized controlled trial.** Lund, C., *et al.* (2014). *Trials*, 15(1), 457.
4. **Participatory planning of a primary care service for people with severe mental disorders in rural Ethiopia.** Mayston, R., Alem, A., Habtamu, A., Shibre, T., Fekadu, A. and Hanlon, C. (2016). *Health Policy Plan*. 31(3): 367-376.

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