Putting Evidence into Practice: The PLoS Medicine Series on Global Mental Health Practice

Vikram Patel1,2, Rachel Jenkins3, Crick Lund4, the PLoS Medicine Editors*

1 Faculty of Epidemiology and Population Health, London School of Hygiene & Tropical Medicine, London, United Kingdom, 2 Sangath, Goa, India, 3 Departments of Epidemiology and International Mental Health Policy, WHO Collaborating Centre, Kings College London, Institute of Psychiatry, London, United Kingdom, 4 Centre for Public Mental Health, Department of Psychiatry and Mental Health, University of Cape Town, Cape Town, South Africa

Today we are delighted to announce the launch of the PLoS Medicine series on Global Mental Health Practice, and to issue a call for case studies that can help broaden our understanding of global mental health in “real-life” contexts.

The series was initiated by the lead author (VP), who is joined by two other leaders in global mental health (RP and CL) to serve as guest editors. Together, they bring an international, broad, and multidisciplinary perspective that will assist the PLoS Medicine senior magazine editor (JC) in developing this vital series.

We aim to address the gap between public health approaches to mental health, exemplified by two series in The Lancet [1,2], and clinical approaches to addressing mental disorders (such as the packages of care published in this journal [3] and efficacy studies often published in specialist psychiatric journals). Lying between these two realms is a niche for demonstrating how the principles of global mental health are put into practice in real-world contexts. These principles, reflected in the goals of international efforts such as the Movement for Global Mental Health (http://www.globalmentalhealth.org), explicitly aim to (1) improve access to evidence-based care for people with mental, neurological, or substance use disorders and (2) promote the human rights of people affected by these disorders. Articles in the PLoS Medicine series will report a diverse range of health interventions from around the world where action has demonstrated tangible improvements in one or both of these goals.

A key motivation for this series is to emphasize the importance of “practice-based evidence,” by placing value on the experiences and impact of interventions in real-world settings as evidence for implementation. This area is especially rich for global mental health interventions in low- and middle-income countries, which may be difficult to subject to a definitive evaluation of effectiveness such as a controlled trial. We believe that such case studies provide useful evidence, which should be disseminated widely so they can influence practice development. In particular, we are interested in interventions that are innovative and delivered in low-resource settings where the treatment gap is often largest. The series addresses the need for greater awareness of global mental health in practice, and builds on PLoS Medicine’s interest and leadership in global mental health [3–6].

New Cases from South Africa and Afghanistan

To seed the series we have commissioned a number of case studies from around the world. Two of these are published this week in PLoS Medicine.

First, Simone Honikman and colleagues discuss their Perinatal Mental Health Project in Cape Town, South Africa, which developed an intervention to deliver mental health care to pregnant women in a collaborative, stepwise manner, making use of existing resources in primary care [7]. Their intervention includes training for health care workers, implementing routine antenatal screening for maternal mental distress, and establishing referral networks to on-site counselors and mental health professionals. Over three years the project achieved high levels of uptake and acceptability. Second, Peter Ventevogel and colleagues report on their efforts to integrate mental health into the health care system in Afghanistan while the system was being rebuilt from scratch [8]. Brief, practice-oriented mental health training for basic health care workers provided the opportunity to substantially increase demand for and access to mental health care services, but the authors report this opportunity also demonstrated the need for concurrent community-based approaches, capacity building, and policy development in the health care system.

Call for Case Studies

We call for additional case studies that report global health interventions where action has demonstrated tangible improvements in one or both of the established global mental health goals: (1) to improve access to evidence-based care for people with mental, neurological, or substance use disorders and (2) to promote the human rights of people affected by these disorders. Case studies can describe interventions from any country, and should focus on (1) mental health care interventions in practice or (2) mental health policy reform or legislative change that has led to improvements in access to care and in the human rights of people with mental health

Citation: Patel V, Jenkins R, Lund C, the PLoS Medicine Editors (2012) Putting Evidence into Practice: The PLoS Medicine Series on Global Mental Health Practice. PLoS Med 9(5): e1001226. doi:10.1371/journal.pmed.1001226

Published May 29, 2012

Copyright: © 2012 PLoS Medicine Editors. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

Funding: The PLoS Medicine Editors are each paid a salary by the Public Library of Science, and they wrote this editorial during their salaried time. No other authors received any funding for this work.

Competing Interests: RJ, CL, and VP are guest editors of the PLoS Medicine series on global mental health practice. RJ and VP are members of the PLoS Medicine editorial board. The PLoS Medicine Editors’ individual competing interests are at http://www.plosmedicine.org/static/editorsInterests.action. PLoS is funded partly through manuscript publication charges, but the PLoS Medicine Editors are paid a fixed salary (their salary is not linked to the number of papers published in the journal).

* E-mail: medicine_editors@plos.org

The PLoS Medicine Editors are Virginia Barbour, Jocelyn Clark, Melissa Norton, Paul Simpson, and Emma Veitch. MN was on leave when this editorial was written.

Provenance: Not commissioned; not externally peer reviewed.
conditions. Studies that describe innovative interventions delivered in low-resource settings are of particular interest. Articles that provide only descriptions of processes will not be eligible for the series, nor will case reports or case series.

The articles appear in the journal’s Health in Action section (part of the PLoS Medicine Magazine), and authors should use our standard guidance (http://www.plosmedicine.org/static/guidelines). Articles can be up to 2,500 words long and include up to three graphics (figure, table, and/or box); these graphics do not count toward the word limits. References are limited to 30. All articles will be peer-reviewed and subject to standard PLoS Medicine editorial policies. Articles should follow this general format: first set the scene and provide the evidence for the intervention/project (why was it needed?); next, describe the intervention/project itself; then discuss any results of the intervention/project and the barriers and difficulties faced; finally, end by looking to the future (where is the intervention/project heading next?).

We welcome contributions from a wide variety of authors and institutions, including health activists, people affected by mental disorders, nongovernmental organizations, and researchers. We are particularly interested in featuring case studies by groups or individuals who rarely have a voice in medical journals.

Author Contributions
Wrote the first draft of the manuscript: JC VP. Contributed to the writing of the manuscript: VB RJ CL PS EV. ICMJE criteria for authorship read and met: VB JC RJ CL VP PS EV.

References
1. Horton R (2007) Launching a new movement for mental health. Lancet 370: 806. doi:10.1016/S0140-6736(07)61243-4.
2. Patel V, Boyce N, Collins PY, Saxena S, Horton R (2011) A renewed agenda for global mental health. Lancet. pp 1441–1442. doi:10.1016/S0140-6736(11)61385-8.
3. Patel V, Thornicroft G (2009) Packages of Care for Mental, Neurological, and Substance Use Disorders in Low- and Middle-Income Countries: PLoS Medicine Series. PLoS Med 6(10): e1000160. doi:10.1371/journal.pmed.1000160.
4. Yasamy MT, Maulik PK, Tomlinson M, Lund C, Van Ommeren M, et al. (2011) Responsible Governance for Mental Health Research in Low Resource Countries. PLoS Med 8(11): e1001126. doi:10.1371/journal.pmed.1001126.
5. Bass JK, Bornemann TH, Burkey M, Chehil S, Chen L, et al. (2012) A United Nations General Assembly Special Session for Mental, Neurological, and Substance Use Disorders: The Time Has Come. PLoS Med 9(1): e1001159. doi:10.1371/journal.pmed.1001159.
6. Tomlinson M, Lund C (2012) Why Does Mental Health Not Get the Attention It Deserves? An Application of the Shiffman and Smith Framework. PLoS Med 9(2): e1001178. doi:10.1371/journal.pmed.1001178.
7. Honikman S, van Heyningen T, Field S, Baron E, Tomlinson M (2012) Stepped Care for Maternal Mental Health: A Case Study of the Perinatal Mental Health Project in South Africa. PLoS Med 9(5): e1001222. doi:10.1371/journal.pmed.1001222.
8. Vennevoet P, van de Put W, Faai H, van Mierlo B, Siddiqi M, et al. (2012) Improving Access to Mental Health Care and Psychosocial Support within a Fragile Context: A Case Study from Afghanistan. PLoS Med 9(5): e1001225. doi:10.1371/journal.pmed.1001225.