

Translating Research into Practice: A Program to Scale up Mental Health Services in Madhya Pradesh, India

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Background: The SOHAM (Scaling up Opportunities for Healthy and Active Minds) initiative was instituted in June 2015 to scale up integration of mental health services in primary care in all 51 districts in the state of Madhya Pradesh in India covering a population of 72 million. The intervention for SOHAM is based on a research programme called PRIME established in 2011 to generate evidence on the best methods for implementation of mental health services through primary care in several countries. PRIME was implemented in three hospitals in Madhya Pradesh.

Methods: Learning from PRIME was scaled up in SOHAM. These are: a) health systems strengthening needs to take place prior to service delivery; (b) strengthening the system needs strong facilitation by an external resource team; and (c) a case manager is essential to establish true collaborative models of care. Based on these, the Government of Madhya Pradesh appointed a dedicated officer to lead SOHAM and a budget of Rs. 43.5 million (USD 2.48 million using PPP) from its health budget to support system strengthening for the SOHAM implementation. The PRIME team served as the external resource. A dedicated room for mental health services was established in all 51 district hospitals and managed by a medical officer and two nurses trained by the PRIME team and the state tertiary care centres to provide first-line pharmacological treatment and basic psycho-social counselling. Procurement and supply of essential psychotropic drugs is also ensured by integrating with the state supply chains for other essential drugs.

Findings: Dedicated leadership and state resources to provide mental health services are unprecedented in the Indian context as most of the other states rely solely on federal Government funds released as part of the District Mental Health Program and on existing officers who also oversee other health programs. As of October 2016 60 medical officers and 140 nurses have been trained and close to 6000 patients have been screened.

Interpretation: A strong emphasis on health systems strengthening measures has resulted in establishment of service delivery processes in all the district hospitals.

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Abstract #: 2.022_NCD

Use of Seatbelt and Child Restraints in the Gulf Cooperation Council (GCC) Region as a Factor in Road Traffic Safety

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Background: *Introduction:* Road traffic accidents (RTAs) are a major public health challenge across the World Health Organization's Eastern Mediterranean (EM) region, including the Gulf

Co-Operation Council (GCC) nations of Bahrain, Kuwait, Oman, Qatar, Saudi Arabia and the United Arab Emirates. Evidence-based studies guiding health policy changes in addressing public health impact of RTAs within this region are limited.

Objective: This study, based on findings of a thematic sub-sample of an ongoing systematic review of literature on RTAs in the EM region, focuses on studies addressing seatbelt and child restraint usage within the GCC nations. The aim is to provide an evidence-based foundation for effective policy making, public health education and compliance with existing laws and best practices for road safety.

Methods: A systematic search performed using OVID Medline, EMBASE, PsycINFO, Web of Science, TRID, and CABI Global Health databases. Screening criteria for inclusion were relevance, EM region, publication after 1999 and written in English. Of the 313 articles reviewed 21 were identified with the primary focus on use/nonuse of seatbelts and child restraints.

Findings: *Results:* Commonalities among the findings are identified as: (1) the majority of drivers and front seat passengers fail to use seatbelts; (2) child restraints are not routinely or properly used; (3) non-national drivers and passengers are more likely to use seatbelts and child restraints than nationals; (4) older drivers are more likely to use these safety devices than younger drivers; and (5) although reasons for nonuse vary, "discomfort", "forgetting" and "being dangerous" are cited factors. Five of the articles suggest that ineffective enforcement of existing traffic laws is a contributing factor, and eight made explicit recommendations for improved legislation, policing and enforcement of traffic laws and/or more public safety education.

Interpretation: *Conclusion:* The prevalence of nonuse of these safety measures within GCC nations is puzzling. The literature reviewed justifies further research on the demographic, economic and socio-cultural factors that facilitate and inhibit more effective policymaking and enforcement of proven road safety practices in this region and globally.

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Abstract #: 2.023_NCD

Impact of Community-Academic Partnerships on Nursing Students and the Community: An Integrative Review

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Background: Community-academic partnerships (CAPs) are increasingly being developed in nursing education to enhance the number of clinical placement sites, to develop community nursing knowledge and skills, and to "give back" to the community; however, literature to date is largely descriptive with limited empirical data on key outcomes of CAPs. This review synthesized the current literature on nursing CAPs in order to identify their impacts at the individual, community, and organizational level.

Methods: Whittemore's updated methodology for the Integrative review was used to conduct a systematic literature search from January 2005 until November 2015 using CINAHL, Medline, EMBASE, and Global Health electronic databases.

Findings: Ten studies were included, primarily from the United States. Twelve themes were generated for community and academic outcomes. Service users gained greater access to health information, became more engaged in their health, and expressed satisfaction with students' services. CAPs improved community health outcomes and provided greater access to care. They expanded local health outreach and enhanced quality of care. Students developed an awareness of population needs, and an appreciation for interprofessional collaboration. Students felt they made a difference, they learned experientially, and expressed satisfaction with their community placement.

Interpretation: Few studies have formally examined the impact of CAPs on community and academic stakeholders. Evaluation methods are varied and the quality of existing studies is low. CAPs may have numerous positive outcomes; however, an evaluation tool needs to be developed, and further research done to formally evaluate CAPs and validate the themes identified in the study.

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Abstract #: 2.024_NCD

An Analysis of the Perceptions and Behaviors Related to Water, Sanitation, and Hygiene as a Result of Community-Led Total Sanitation in Southern Senegal

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Background: Lack of proper sanitation, hygiene, and access to safe drinking water affects the health of a community and subsequently impacts its potential for development. In Senegal, diarrheal diseases caused 11% of deaths in children under five years of age in 2013. Basic interventions to better drinking water, sanitation, and hygiene could significantly reduce this mortality and lead to overall improvements in children's health, school attendance, and community development. Community-Led Total Sanitation (CLTS) is a behavior change approach that aims to end open defecation by improving knowledge of contamination and its consequences.

Methods: This study analyzed the efficacy of the program in the Mampatim Area Development Program (ADP) in southern Senegal through 53 questionnaires administered as part of home visits and inspections of existing wells and latrines in six villages. Two of these villages had successfully completed CLTS, two were in the process of implementation, and two had not yet started CLTS.

Findings: As a result of CLTS, a significant positive difference was seen between the groups of villages in latrine-usage and hand-washing and in the understanding of contamination and the importance of proper sanitation and hygiene.

Interpretation: Despite the successes, gaps were identified in the current method of implementation. Areas for which recommendations have been made include communication between village leaders, consistent follow-up after successful implementation, and the involvement of school children.

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Abstract #: 2.025_NCD

Exploring Knowledge and Attitudes toward Non-Communicable Diseases among Village Health Teams in Eastern Uganda: A Cross-sectional Mixed Methods Study

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Background: Community health workers are essential personnel in resource-limited settings. In Uganda, they are organized into Village Health Teams (VHTs) and are focused on infectious diseases and maternal-child health; however, their skills could potentially be utilized in national efforts to reduce the growing burden of non-communicable diseases (NCDs). We sought to assess the knowledge of, and attitudes toward NCDs and NCD care among VHTs in Uganda as a step toward identifying their potential role in community NCD prevention and management.

Methods: We administered a knowledge, attitudes and practices questionnaire to 68 VHT members from Iganga and Mayuge districts in Eastern Uganda. In addition, we conducted four focus group discussions with 33 VHT members. Discussions focused on NCD knowledge and facilitators of and barriers to incorporating NCD prevention and care into their role. A thematic qualitative analysis was conducted to identify salient themes in the data.

Findings: VHT members possessed some knowledge and awareness of NCDs but identified a lack of knowledge about NCDs in the communities they served. They were enthusiastic about incorporating NCD care into their role and thought that they could serve as effective conduits of knowledge about NCDs to their communities if empowered through NCD education, the availability of proper reporting and referral tools, and visible collaborations with medical personnel. The lack of financial remuneration for their role did not emerge as a major barrier to providing NCD services.

Interpretation: Ugandan VHTs saw themselves as having the potential to play an important role in improving community awareness of NCDs as well as monitoring and referral of community members for NCD-related health issues. In order to accomplish this, they anticipated requiring context-specific and culturally adapted training as well as strong partnerships with facility-based medical personnel. A lack of financial incentivization was not identified to be a major barrier to such role expansion. Developing a role for VHTs in NCD prevention and management should be a key consideration as local and national NCD initiatives are developed.

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Selection of Hospice Electronic Medical Record (EMR) for Low Income Country: A Case Study

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