

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

R. Shidhaye¹, R. Ramaswamy²; ¹Public Health Foundation of India, Bhopal, Madhya Pradesh, India, ²UNC Chapel Hill, Durham, NC, USA

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.

Source of Funding: The PRIME project is funded by a grant from UK AID. SOHAM is funded by the State of Madhya Pradesh.

Abstract #: 2.022_NCD

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

W.M. Rohrer¹, C. Lobo², B. Folb², A. Dulin²; ¹University of Pittsburgh, Pittsburgh, PA, USA, ²University of Pittsburgh, Pittsburgh, USA

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.

Source of Funding: None other than contributed time.

Abstract #: 2.023_NCD

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

A.R. Schneider, L. Stephens, S. Semenic; McGill University, Montreal, Canada

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.