

Setting Priorities for Mental Health Care in Nepal: A Formative Study

Jordans et al. (2013)

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For which topic were research priorities identified?

mental health care

In which location was the research priority setting conducted?

Asia - Nepal

Why was it conducted at all?

There is an urgent need to address the massive treatment gap for mental health problems, especially in low income settings. Packages of care integrated in routine primary health care are posited as a strategy to scale-up mental health care, yet more needs to be known about the most feasible and effective way to go about this.

What was the objective?

to investigate the challenges and opportunities for the development and fine-tuning of a comprehensive mental health care plan in post-conflict Nepal

What was the outcome?

a ranking list of 13 research areas

How long did the research prioritization take?

April 2011 - November 2012

Which methods were used to identify research priorities?

focus group; interview; survey; workshop

How were the priorities for research identified exactly?

Step 1: expert panel of mental health experts in Nepal was established to determine the most urgent mental health problems to target in the future mental health care plan: survey asking each expert to score each mental disorder along three criteria, unweighted research priority scores were then calculated. Step 2: Theory of Change (TOC) workshops: four workshops conducted to ascertain the different intermediate outcomes that constitute the expected pathway to change. Step 3: focus groups and interviews conducted, participants were asked to discuss the question: What are the opinions and perceptions of community member, health workers and policy maker on provision of mental health care at the community level and making it more widely available?

Which stakeholders took part?

Mental health experts, primary healthcare staff and policymakers. Survey: 26 experts: psychiatrists, psychologists, psychosocial counselors and a psychiatric nurse. Workshop: 6 mental health professionals (psychiatrists, psychologists and psychiatric nurse), 11 primary healthcare staff, 7 policymakers or health managers, 2 representatives of mental health organizations, and 1 representative of a mental health user group.

How were stakeholders recruited?

Convenience sampling was used to recruit experts. Inclusion was based on known track record (more than 5 years of experience in clinical services) and held positions (heads of psychiatry departments in Nepal's universities and hospitals). All approached participants were asked to name other experts to be added TOC workshops. For the focus groups and interviews, purposive sampling and snowball sampling were used.

Were stakeholders actively involved or did they just participate?

Stakeholders were mere participants of the research prioritization process; they were not actively involved in the process.