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TO WHAT EXTENT DOES SOUTH AFRICAN MENTAL HEALTH AND SUBSTANCE ABUSE RESEARCH ADDRESS PRIORITY ISSUES?

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Objective. To investigate the extent to which South African mental health research addresses priority issues.

Design. Cross-sectional survey of conference presentations.

Setting. The most recent conferences of the following professional societies: the Epidemiological Society of Southern Africa, the Psychological Society of South Africa, the Society of Psychiatrists of South Africa, and the South African Association for Child and Adolescent Psychiatry and Allied Disciplines.

Main outcome measures. Whether the presentations addressed priority areas as defined in the list 'Selected priority areas of research' compiled by the Mental Health and Substance Abuse Thrust of the Medical Research Council, and if so which priority areas were addressed.

Results. There were 627 presentations, with 267 (43%) on mental health or substance abuse. Seventy-eight papers (29%) reported original research in a priority area identified by the Medical Research Council. Of these, 73 (94%) were on mental health and 5 (6%) were on substance abuse. Of the 73 papers on mental health, 33 (45%) addressed topics in health problem research, 7 (10%) aetiology research, 22 (30%) intervention research, and 11 (15%) operational and health systems research.

Conclusion. Much South African mental health research does not address priority issues. There is a particular dearth of research addressing substance abuse research priorities. Funding mechanisms and research capacity development initiatives could help to rectify the situation.

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In 1995, the South African Medical Research Council (MRC) reorganised its intramural and extramural research activities into 10 content and 7 bridging thrusts. It identified mental health and substance abuse as one of its content thrusts. A business plan for this thrust was completed in 1996. It was based on oral and written contributions from 30 stakeholders from around the country, most of whom were from the research and service sectors. The plan indicated that the scope of the research should largely be on mental disorders as defined in the *Diagnostic and Statistical Manual of Mental Disorders (DSM-IV)*.¹ However, it was decided that other high-priority psychosocial conditions should be included, such as family violence, teenage pregnancy, suicidality, alienation, vandalism and alcohol misuse. It was also agreed that the focus should be not only on pathology but also on mental health, for example by supporting research on psychological well-being, positive human relationships and life skills development for youth. It was envisaged that the types of research to be included would be health problem research, intervention research (including prevention), operational research, and health services research.

This cross-sectional survey addresses the following questions: (i) what proportion of current national research addresses the priority areas as defined by the MRC?; and (ii) to what extent is each priority area addressed?

METHODS

Two of the authors (AJF, CDHP) examined all presentations at the most recent scientific meetings of the following professional organisations: (i) the Epidemiological Society of Southern Africa; (ii) the Psychological Society of South Africa; (iii) the Society of Psychiatrists of South Africa; and (iv) the South African Association for Child and Adolescent Psychiatry and Allied Disciplines. These organisations have a combined membership of approximately 2 500, which may not be mutually exclusive. Non-members also attend and present at these conferences.

We defined priority areas as those included in the list of 'Selected priority areas of research' compiled by the Mental Health and Substance Abuse Thrust of the MRC. We allocated presentations to one of the following categories: (i) not on mental health or substance abuse; (ii) reviews on mental health or substance abuse; (iii) original research, but not in a priority area; and (iv) original research in a priority area. We further classified original research in a priority area according to which particular priority area was addressed. All decisions were reached by consensus.

RESULTS

There were 627 presentations, of which 267 (43%) addressed the subject of mental health or substance abuse. Of these, 106 (40%) were reviews in which no original data were presented,

83 (31%) reported original research but this research was not in a priority area, and 78 (29%) reported original research in a priority area.

Of the 73 papers addressing mental health priority areas, 33 (45%) dealt with health problem research, 22 (30%) with aetiology research, 7 (10%) with intervention research, and 11 (15%) with operational and health systems research (Table I).

All 5 papers addressing substance abuse priority areas

Table I. Papers addressing mental health priorities (N = 73)

	N	%
Health problem research		
Development and evaluation of simple strategies to assess mental illness among children/adolescents	4	5.5
Assessment of the efficacy of the DSM-IV diagnostic criteria in the local context	2	2.8
Assessment of the nature/extent of mental illness among the elderly	1	1.4
Assessment of the nature/burden of disease associated with mental illness (including social impact)	2	2.8
Assessment of psychosocial risk factors	24	32.9
Aetiology research		
Basic neuroscience research into the mechanisms underlying mental disorders	6	8.2
The relationship between infectious diseases and psychiatric disorders	1	1.4
Molecular biology of mental disorders	0	0.0
Intervention research		
Basic neuroscience research into ways of arresting and possibly reversing neuro-degenerative diseases	0	0.0
Community-based interventions for victims and perpetrators of violence	2	2.8
Effective school-based intervention programmes	5	6.8
Preventive interventions for conduct disorder	0	0.0
Pharmacogenetics	0	0.0
Development and evaluation of effective work-based intervention programmes	0	0.0
Comparison of different treatment regimens for mental health problems (using controlled clinical trials)	15	20.5
Operational and health systems research		
Research to inform the integration of mental health into primary health care	1	1.4
Psychiatric treatment outcome research and the evaluation of health services in general	3	4.1
Evaluating the role of traditional healers in providing mental health services	1	1.4
Evaluation of service models and the development of norms for human resources provision	5	6.8
Development of indicators to evaluate accessibility, efficacy and efficiency of existing mental health services.	1	1.4



addressed the nature, extent and consequences of substance abuse. None addressed other health problem research, aetiology research, intervention research, or operational and health systems research.

DISCUSSION AND CONCLUSIONS

It is probable that the papers presented at the four conferences included in this study do not represent all South African mental health and substance abuse research done in the period before these conferences. Some research may have been presented at international conferences and not at national conferences. Other research may have been published without being presented at any conferences. However, the experience of the authors suggests that the bulk of mental health and substance abuse research is presented at one of these national conferences. It is unlikely that inclusion of other research would alter the main conclusions of the present report.

It is also probable that a proportion of the remaining original research addressed areas that were inappropriately excluded from the list of priority research areas that the MRC compiled. However, we believe that this number is small, especially in the light of the broad scope of the priority areas. Finally, we would like to emphasise that research in non-priority areas can serve useful purposes; for example, it may have enormous and unanticipated implications for priority areas.

The output of original South African mental health and substance abuse research is relatively small, especially considering that there are 9 departments of psychiatry and 16 departments of psychology in the country. Clearly, steps to increase mental health and substance abuse research capacity in the country are urgently needed. One necessary step is increased government funding. Although the funding for mental health and substance abuse provided by the MRC has shown a steady increase in recent years, this is from a very low base and is still inadequate in the light of the research needs that we have documented in this paper. South African public sector spending on research into alcohol abuse, for example, is between R2 and R4 million per year, including salaries of research staff.² However, alcohol abuse costs the country in excess of R10 billion per year!² Another key step is the development of research fellowships, whereby promising young scientists can devote a year or two of their careers to developing research skills through involvement in productive research units and exposure to mentoring. Additional strategies that can be implemented without additional funding include regular meetings at which research protocols are presented, involvement of junior faculty in existing projects, and increased formal instruction in research methodology in training programmes.

Only 78 (48%) of the 161 papers in which original research was reported addressed priority areas. While it is important

not to stifle innovation, it is important in a period of limited resources and enormous challenge that health research (including mental health and substance abuse research) be driven by national priorities. Organisations such as the national Department of Health and the MRC have given their support to the principles of Essential National Health Research (ENHR), which provides a mechanism for prioritising and supporting research. The ENHR approach involves policymakers, researchers, health providers, community representatives and others. It is orientated towards the most important problems affecting the population, with particular emphasis on the poor, disadvantaged, and other vulnerable groups whose health needs are often overlooked.³ Funding and other mechanisms need to be sought to encourage and support mental health and substance abuse research in line with ENHR priorities.

In conclusion, mental health and substance abuse are likely to continue to place a heavy burden on individuals, families, and society in the future. In a time of stiff competition for limited resources it is crucial that policy and planning decisions be informed by good information. This paper has demonstrated that many mental health priority areas are not being addressed, which increases the likelihood of ill-informed decisions.

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