

3RD AFRICAN DIASPORA

GLOBAL MENTAL HEALTH CONFERENCE



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EXECUTIVE SUMMARY

“In coming years, perhaps these deliberations will lead to new and important cross-national, cross-disciplinary projects designed to serve all people, everywhere. This meeting is one step toward achieving a worldwide organization of Black psychiatrists, which will allow participation with medical, governmental, and non-governmental agencies.”

- Dr. Chester M. Pierce, 2002

The 3rd African Diaspora Global Mental Health Conference took place in Cape Town, South Africa on 18-19 September 2019 at Century City Conference Centre. It was hosted by Boston Medical Center (BMC)/Boston University School of Medicine (BUSM) and the University of KwaZulu-Natal (UKZN). The conference brought together 43 notable psychiatrists and mental health professionals from all over the world to address ongoing global mental health challenges and to accelerate the development of solutions for Africa and the diaspora. Under the direction of Dr. David Henderson, Professor and Chair of Psychiatry at Boston University School of Medicine and Psychiatrist-in-Chief at Boston Medical Center, and Dr. Bonga Chiliza, Associate Professor, Chief Specialist & Head of the Department of Psychiatry at the University of KwaZulu-Natal, the goal of this meeting was to engage in workshops and in-depth discussions on mental health in the four sectors of research, training and education, clinical services, and policy. The conference also served as the official launch of the Africa Global Mental Health Institute (AGMHI).

The conference began with a keynote address delivered by Dr. Denese Shervington, Chair of Psychiatry at Charles R. Drew University and President of the Institute of Women and Ethnic Studies (IWES). In her presentation entitled ‘Towards a Global Agenda for Addressing Adverse Childhood Experiences in People of Color,’ Dr. Shervington touched upon the various sources of trauma that young people of color experience globally. She highlighted the consequences of exposure to community violence, the shared trauma between apartheid and colonialism, and the neurobiological changes that occur due to chronic stress. The keynote address was followed by presentations from various mental health professionals whose work focuses on one of the key domains of the AGMHI. The second day of the conference consisted of breakaway sessions where attendees worked together on developing grant proposals in three key areas: 1) training & education; 2) collaborative research; and 3) scale up of mental health services.

In this document, the reader will find summaries of the presentations and breakaway sessions, as well as brief biographies of conference participants. We invite all individuals and institutions interested in the advancement of mental health on the continent of Africa to join the AGMHI at www.agmhi.org.

ACKNOWLEDGEMENTS & DEDICATIONS

We would like to thank the following individuals and organizations for their dedication to this conference, without whom these proceedings would not be possible:

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University of Zimbabwe, Zimbabwe
Sefako Makgatho Health Sciences University, South Africa
South African Society of Psychiatrists, South Africa
Stanley Center for Psychiatric Research, USA
Stellenbosch University, South Africa
Walter Sisulu University, South Africa
World Psychiatric Association

These proceedings are dedicated to people of African-descent in Africa and throughout the African Diaspora, our families, friends, colleagues and patients. We, as a group and as individuals, understand the truth and wisdom of the African proverb: *"I am because we are, and because we are, I am."*

These proceedings are dedicated to all of the traditional healers and mental health professionals of African-descent, past and present, who have preceded us and continue to guide us. *"If we have seen farther, it is because we are standing on the shoulders of giants."*

These proceedings are dedicated to the children and adolescents of African-descent throughout Africa and the diaspora, who look to our generation of elders for guidance and wisdom in these difficult times. *"May the ancestors be proud and may our children speak well of us."*

And finally, these proceedings are dedicated to the late Chester M. Pierce, MD, whose vision and wisdom continue to guide our strides in the field of global mental health. *"May our efforts be worthy of your vision and may the results resound throughout the millennia."*

WEDNESDAY, SEPTEMBER 18, 2019

When	What	Who
9:00 - 10:00	Breakfast & Registration	
10:00 - 10:15	Welcome/Introduction	Speaker: Bonga Chiliza Michelle Durham
10:15 - 10:45	Background <ul style="list-style-type: none"> • <i>Dr. Chester M. Pierce & 1st African Diaspora Conference</i> • <i>2nd African Diaspora Conference & the AGMHI</i> 	Speakers: David Henderson
10:45 - 11:00	Keynote Introduction	Speaker: David Henderson
11:00 - 12:00	Keynote Address <ul style="list-style-type: none"> • <i>Towards a Global Agenda for Addressing Adverse Childhood Experiences in People of Color</i> • <i>Q/A & Comments</i> 	Speaker: Denese Shervington
12:00 - 13:00	Lunch	
13:00 - 14:00	Topic 1: Research <ul style="list-style-type: none"> • <i>Neuropsychiatric Genetics in African Populations (NeuroGAP)</i> • <i>Genomics Africa: Challenging the status quo and creating an environment that produces high-level science in Africa</i> 	Presenters: Lukoye Atwoli Tulio de Oliveira
14:00 - 15:00	Topic 2: Training & Education <ul style="list-style-type: none"> • <i>Interventions for Youth PTSD: Considering the African Context</i> • <i>Global Initiative for Neuropsychiatric Genetics Education in Research (GINGER)</i> 	Presenters: Soraya Seedat Lori Chibnik
15:00 - 15:15	Tea/Coffee Break	
15:15 - 16:15	Topic 3: Clinical Care Delivery <ul style="list-style-type: none"> • <i>Initiating New Mental Health Services in Ethiopia: Clozapine and Addiction Treatment Services</i> • <i>Child & Adolescent Mental Health Care in Africa</i> 	Presenters: Solomon Teferra Anusha Lachman
16:15 - 17:15	Topic 4: Mental Health Policy <ul style="list-style-type: none"> • <i>Liberia National Mental Health Policy</i> • <i>Ethiopia National Mental Health Policy</i> 	Presenters: Benjamin Harris Tedla Giorgis
17:15 - 17:30	Panel Summary Statements	Speakers: Bonga Chiliza Michelle Durham
18:00	Shuttle departs for dinner from Century City	
18:30	Dinner at Cassia Restaurant <ul style="list-style-type: none"> • <i>Launch of AGMHI</i> • <i>Keynote Speaker</i> 	
21:00	Shuttle departs for Century City from dinner	

THURSDAY, SEPTEMBER 19, 2019

When	What	Who
9:00 - 10:00	Breakfast & Registration	
10:00 - 10:20	Opening Remarks & Agenda	Speaker: Bonga Chiliza Michelle Durham
10:20 - 10:30	Transition to Breakaway Sessions	
10:30 - 12:30	Breakaway Session 1: Training & Education <ul style="list-style-type: none"> Model – Boston University Medical Campus (BUMC)-Massachusetts General Hospital (MGH) Global Psychiatry Clinical Research Training Program (T32) Proposed – NIMH - Chronic, Non-Communicable Diseases and Disorders Across the Lifespan: Fogarty International Research Training Award (NCD-LIFESPAN) (D43 Clinical Trial Optional) 	Moderators: Christina Borba Michelle Durham Noeline Nakasujja
	Breakaway Session 2: Collaborative Research <ul style="list-style-type: none"> Model – PSYchosis MAPping in KwaZulu-Natal (PSYMAP-ZN) Proposed – NIMH Global Brain and Nervous System Disorders Research Across the Lifespan (R01 Clinical Trials Optional) 	Moderators: Lukoye Atwoli Bonga Chiliza David Henderson
	Breakaway Session 3: Scale-Up of Mental Health Services <ul style="list-style-type: none"> Model – Project from Mozambique Proposed – Wellcome Trust - Joint Health Systems Research Initiative 	Moderators: Wilza Fumo Micaela Owusu
12:30 - 13:30	Lunch	
13:30 - 15:00	Forum <ul style="list-style-type: none"> Breakaway Session Summaries (30 minutes each) 	Speakers: Nominated speakers
15:00 - 15:15	Healthy Brains Financing Initiative	Speaker: Eliot Sorel
15:15 - 16:00	AGMHI <ul style="list-style-type: none"> Next Steps Election of Steering Committee 	Speakers: Bonga Chiliza David Henderson
16:00 - 16:30	Closing Remarks	Speaker: Bonga Chiliza Michelle Durham

KEYNOTE SPEAKER



Denese Shervington, MD, MPH

President, *Institute of Women and Ethnic Studies (IWES)*

Chair of Psychiatry, *Charles R. Drew University*

Location: New Orleans, LA

Email: dsherve@gmail.com

Dr. Denese Shervington has an intersectional career in public health and academic psychiatry. She is the President of the Institute of Women and Ethnic Studies (IWES), a community-based translational public health institute in New Orleans. She is also the Chair of Psychiatry at Charles R. Drew University. Dr. Shervington has held Clinical Professorships in the Departments of Psychiatry at Columbia University and Tulane University. A graduate of New York University School of Medicine, she also received a Masters of Public Health in Population Studies and Family Planning from Tulane University School of Public Health. She completed her residency in Psychiatry at the University of California San Francisco and is certified by the American Board of Psychiatry and Neurology. A Fellow of the American Psychiatry Association, she received the Award for Excellence in Service and Advocacy in 2018; prior to which she received the Jeanne Spurlock Minority award. Dr. Shervington is also a member of the American College of Psychiatrists. In July 2019, Dr. Shervington testified before the Congress of the United States House of Representatives' Committee on Oversight and Reform on Childhood Trauma. She also co-chairs the New Orleans City Council (R-18-344) Children Youth Planning Board Taskforce on Childhood Trauma. She has authored several papers in peer-reviewed journals addressing health disparities, the social determinants of health and resilience in underserved communities. She is the proud parent of two amazing children, Kaleb and Iman, and grandchildren Ayelet and Haddassah.

Dr. Shervington's keynote address was entitled "Towards a Global Agenda for Addressing Adverse Childhood Experiences in People of Color." We were honored to have her represent our conference as a global leader in the field of public and mental health, and hope that her wisdom inspired discussions throughout the course of the conference and beyond.

DR. CHESTER M. PIERCE

“As black psychiatrists, we have the opportunity to help our people better negotiate the future.”



The 3rd African Diaspora Global Mental Health Conference and the Africa Global Mental Health Institute (AGMHI) are dedicated to the late Chester M. Pierce, MD, Professor Emeritus of Education and Psychiatry at Harvard University; a psychiatrist, researcher, scholar, mentor, friend, and gentleman extraordinaire, who has planted this powerful seed in fertile ground and nurtured it into fruition. Dr. Pierce was born in Glen Cove, New York on March 4, 1927. He received an AB in 1948 from Harvard College and a MD in 1952 from Harvard Medical School. An outstanding athlete, Dr. Pierce played on the Harvard College football, basketball, and lacrosse teams. He was the first African American college football player to play a game below the Mason Dixon line when his Harvard team met the University of Virginia, an all-white University, in 1947. Dr. Pierce held the rank of Commander in the U.S. Navy and was a senior consultant to the Surgeon General

of the U.S. Air Force, the Children's Television Network (Sesame Street, Electric Company), the U.S. Arctic Research Commission, the Peace Corps, and the National Aeronautics and Space Administration. His professional service included chairing committees for the National Institute of Mental Health, the National Research Council, the National Science Foundation, and the National Aeronautics and Space Administration. He was also on the board of the World Association of Social Psychiatry as well as on the boards of local and national voluntary organizations concerned with youth, human rights, and conservation.

During his distinguished career, Dr. Pierce served as President of both the American Board of Psychiatry and Neurology and the American Orthopsychiatric Association. He was on The Carter Center Mental Health Task Force from 2001 to 2004, and was founding president of the Black Psychiatrists of America Association and National Chairperson of the Child Development Associate Consortium.

In 2002, Dr. Chester M. Pierce organized the first African Diaspora Conference, with the vision of uniting psychiatrists throughout the diaspora to address pressing mental health concerns for people of African descent. Of all those involved in the 2002 conference, Dr. Pierce was perhaps the most influential in his vision, drive, and dedication to developing a plan of action, through which African and African-descent psychiatrists may better facilitate health and wellbeing in

global communities. His vision for an international psychiatry effort at MGH was realized in 2003 with the founding of the MGH Division of International Psychiatry. The Division was renamed in 2009 as the Chester M. Pierce, MD Division of Global Psychiatry in Dr. Pierce's honor.

Dr. Pierce is widely renowned for his unprecedented career in the field of global mental health. He was Emeritus Professor of Psychiatry at Harvard Medical School and Emeritus Professor of Education at the Harvard College of Arts and Sciences, notably serving as the first African American full professor at Massachusetts General Hospital. In 1969, he was appointed Chair of the Ad Hoc Committee of the Black Psychiatrists of America, after he championed efforts to widen opportunities for black psychiatrists in leadership positions. Dr. Pierce is possibly best known for his groundbreaking research on the effects of racism, having first proposed the concept of racial "micro-aggressions" in 1970. This work had a profound influence on the field of psychiatry, and ultimately contributed to his reception of the American Psychiatric Association's Human Rights Award in 2015, which is now named after him.

Dr. Pierce passed away in September of 2016 at the age of 89 years. He is remembered as a humble, kind, and visionary scholar, whose contributions to the field of psychiatry continue to inspire generations of physicians. The AGMHI is proud to bear his name, and hopes to accomplish the vision Dr. Pierce laid out in his lifetime of service.

PRESENTATION SUMMARIES

Topic 1: Research

Neuropsychiatric Genetics in African Populations (NeuroGAP), Moi University, Kenya

Lukoye Atwoli, MBChB, MMed Psych, PhD

Dr. Atwoli began his presentation by stating that historically, neuropsychiatric genetic data have mostly been collected from Caucasian samples in Europe and North America. This has resulted in a skew in the genetic data that is available, making it impossible to apply to non-represented populations such as Africans. The objective of the NeuroGAP study, which began in 2018, is to expand our knowledge of the genetic and environmental risk factors for neuropsychiatric disorders in Africa through a large-scale sample collection and analysis, so that future advances in science and therapeutics can account for and be applicable to African populations. The study in Kenya is based at Moi Teaching and Referral Hospital in Eldoret, as well as various sites throughout Western Kenya. The study aims to recruit 35,000 cases and controls across all sites, with the goal of recruiting 4,000 participants from Eldoret specifically.

Dr. Atwoli described the long-standing, well-developed research infrastructure that exists in Eldoret, including a lab with the capacity to extract and store DNA and a biostatistics core. Prior to study initiation, he explained that research staff went through rigorous trainings to ensure they were familiar with the consenting and recruitment processes and understood the meaning behind various questionnaire items. Dr. Atwoli also highlighted the importance of the study's ethics core, which assesses the consent process with the intention of improving it to ensure participants have a clear understanding of the research objectives and intended use of their data. Following the consent process, saliva samples are collected and stored at the Moi University Bio Bank; DNA is then extracted onsite and samples are transported to the Broad Institute for analysis. Participant data is also collected through demographic, physical, and mental health questionnaires, as well as physical measures such as blood pressure, height, weight, etc. Finally, medical charts are reviewed to assess prior psychiatric diagnoses and treatments received.

From March 2018 to date, the site has recruited 1910 participants, half of which are cases and the other half being controls. Participants are matched for age, sex, and ethnicity due to the type of genetic data that is collected. Dr. Atwoli indicated that the major diagnoses observed in the Kenyan sample thus far are bipolar disorder and schizophrenia, which reflect the inpatient population at Moi Teaching and Referral Hospital. Among cases and controls, a significant proportion has also experienced trauma.

Beyond enriching the neuropsychiatric genetic database, Dr. Atwoli added that the NeuroGAP team is committed to capacity building through specialized training of research fellows in psychiatry, genetics, bioethics, and biostatistics. He concluded by emphasizing the importance of expanding mental health research efforts to account for the diversity that exists within the continent of Africa.

Topic 1: Research

Genomics Africa: Challenging the status quo and creating an environment that produces high-level science in Africa

Tulio de Oliveira, PhD

Dr. Oliveira began his presentation by defining the purpose for creating a research center for genomics in Africa. The KwaZulu-Natal Research and Innovation Sequencing Platform (KRISP) aims to challenge the status quo and create a high-level scientific environment in (South) Africa that drives innovations and reverses the brain drain. The research center's main scientific advantage is attracting, training, and retaining both top South African scientists that understand the problem from the ground level, and the best international minds that are committed to its vision.

When KRISP was first launched in 2017, it received significant media attention as it was considered a state-of-the-art lab DNA sequencing center. Dr. Oliveira emphasized that the essence of KRISP is its people; the center has grown from two to approximately 60 members over the last three years. The center achieved this level of growth by identifying exceptional South African researchers from around the world who were willing to relocate back to KwaZulu-Natal to contribute to KRISP. Dr. Oliveira further indicated that the main focus during this time was not on the hierarchy or infrastructure of the center, but rather on the science. In the last 2.5 years, KRISP has published approximately 120 articles, 13 of which have been in high-impact journals such as *Science*, *Nature*, and *The Lancet*.

Dr. Oliveira outlined KRISP's model for success, which started with using scientific expertise in fast advancing technologies such as genomics, epigenetics, bioinformatics, and big data analysis to build their reputation and raise funds. KRISP now offers services to academic, commercial, and industrial communities through a professional and accredited system. This model minimizes the need to wait for clients as external and internal collaborators are engaged as principal investigators in fundraising efforts. Dr. Oliveira described PSYchosis MAPping in KwaZulu-Natal (PsyMap-ZN) as an example of a collaborative research grant awarded to an internal partner, UKZN's College of Health Sciences, but managed by KRISP. He further explained the importance of establishing a strong grants and operations management unit, which is particularly valuable to provide support to junior scientists. KRISP has also extended their partnerships to include institutions outside of Africa, which Dr. Oliveira noted assists in making grant applications more competitive.

Dr. Oliveira concluded with a summary of Genomics Africa, which aims to bring genomic technologies to the continent. Through the support of a large investment from the South African government, Genomics Africa has linked seven laboratories that each specialize in 1-2 different processes so that they are competitive on an international scale. Dr. Oliveira stated that we expect the next breakthrough in genetic research to occur in Africa, further underscoring the need for affordable and high quality data that is both produced and analyzed on the continent.

Topic 2: Training & Education

Interventions for Youth with Posttraumatic Stress Disorder (PTSD): Considering the African Context

Soraya Seedat, MBChB, MMed (Psych), PhD

Before beginning her presentation, Dr. Seedat provided an update on the Partnership for Mental Health Development in Africa (PaM-D), a NIH-funded collaborative hub with a strong focus on mentorship. She described PaM-D's research capacity building component, which included workshops, fellowships, competitive seed grant awards, and mentorship of 35 early- to mid-career researchers. Over the 5-year project period, these mentees published a total of 60 peer-reviewed articles, 21 of which included a mentee as the first-author. In addition, this group successfully secured 21 grant applications mainly through international funding, and a number of the mentor-mentee partnerships continue to date. Dr. Seedat also provided a brief update on a cluster randomized control trial of collaborative care between traditional healers and primary care providers in delivering treatment for psychosis. Results demonstrate that collaborative care may reduce the harmful treatment practices that exist in regions where patients seek care from traditional healers before seeking conventional medical care.

Dr. Seedat's presentation discussed interventions for youth with PTSD, including evaluations of feasibility and cost effectiveness. Despite PTSD being a prevalent issue among youth in Africa, most data from the continent focus on adult populations and are community-based rather than clinic-based studies. Dr. Seedat provided an overview of the prevalence, incidence, course, risk factors, and treatments for PTSD. She highlighted that in South Africa, traumatic events such as rape and other sexual assaults, physical assaults, domestic violence, community and gang violence, abuse and neglect, and witnessing interpersonal violence are the most prevalent exposures that give rise to PTSD among youth. Dr. Seedat noted that trauma-focused CBT interventions, which include 10-20 weekly sessions with the young person and oftentimes their parent or caregiver, are most effective in treating adolescents with PTSD. Very little data is available on the effectiveness of psychological treatments for children less than 8 years of age. Dr. Seedat also indicated that stringent international guidelines often limit the use of pharmacotherapy for youth with PTSD. In her discussion of early interventions for PTSD, Dr. Seedat described a prior study among adolescent rape survivors where they found that psychopathology, which manifested most commonly as major depressive disorder, anxiety disorder, PTSD, and other stress related disorders, did not diminish over the 12-month period even with supportive counselling. Overall, she stated there is some evidence that self-directed online psychoeducation for caregivers and children may help in preventing PTSD.

Dr. Seedat concluded with dissemination strategies of effective treatments through models such as task shifting. In a school-based study of adolescents with PTSD in the Cape Town area, both the trauma-focused intervention (prolonged exposure therapy) and non-trauma-focused intervention (supportive counseling) were effectively task-shifted to psychiatric nurses while maintaining adherence to the treatment protocol. Dr. Seedat suggested that future studies focus on the cost effectiveness of scaling-up such interventions for larger populations.

Topic 2: Training & Education

Global Initiative for Neuropsychiatric Genetics Education in Research (GINGER)

Lori Chibnik, PhD, MPH

Dr. Chibnik began her presentation with a demonstration of how genomics has failed to address the diversity of our global population. She highlighted the lack of African authors in published research, as well as the dearth of genetics studies from the continent. In response to this immense need, the GINGER program was created to improve and achieve equity in mental health by expanding capacity to conduct large-scale psychiatric genetic epidemiology to low- and middle-income countries (LMICs). The GINGER program achieves this goal by building collaborations, training the next generation of researchers, and using genetics research to inform targets for therapeutics. The training program is rooted in three main pillars: 1) support from above (such as an advisor or mentor); 2) support from within the cohort of peers; and 3) support for the next generation to promote sustainability.

Dr. Chibnik described the current cohort of GINGER fellows, which includes 17 researchers at various stages of their careers from 4 countries: Kenya, Uganda, Ethiopia, and South Africa. Each fellow was nominated by their supervisor who serves as an international site PI in the NeuroGAP project. GINGER fellows participate in workshops, interactive virtual classrooms, and 2-week onsite trainings to introduce them to the field of neuropsychiatric genetics and build fundamental research skills. Workshops focus on topics such as the state of genetics research, R-programming, epidemiologic study design, assessment methods in psychiatric research, etc. GINGER fellows also build their soft skills through workshops on public speaking, negotiation, and collaboration. Dr. Chibnik stressed the importance of building teamwork and trust within the cohort to promote sustainable collaboration. She also highlighted some of the financial barriers they have overcome to support GINGER fellows' participation in international conferences. Next, Dr. Chibnik described the structure of the virtual classrooms. GINGER fellows attend weekly sessions online that require video conferencing to allow for interactive learning. Each session is recorded and added to a library of modules that will eventually be made publicly available online. Finally, onsite trainings involve skills training for 1-2 weeks that is open to the larger student community at each site. Dr. Chibnik emphasized that trainings are developed in collaboration with the host institution to meet individual needs. By the end of the training, the goal is to have students teach the material to other students. The GINGER program has conducted four of six onsite trainings at Makerere University in Uganda, the KEMRI-Wellcome Trust Research Programme in Kenya, and Walter Sisulu University and the University of KwaZulu-Natal in South Africa. The team is scheduled to complete the remaining two trainings at Addis Ababa University in Ethiopia and Moi University in Kenya by spring 2020.

Dr. Chibnik concluded with a description of the next iteration of the GINGER program. The five-year program will be supported by a NIH R01 Global Brains grant. A total of six fellows from Addis Ababa University, Makerere University, and the University of Cape Town will receive in-depth research training, culminating in the submission of a NIH K43 grant application.

Topic 3: Clinical Care Delivery

Initiating New Mental Health Services in Ethiopia: Clozapine and Addiction Treatment Services

Solomon Teferra, MD, PhD

Dr. Teferra began his presentation noting the overall positive shift in the narrative used to describe the continent of Africa and its future. Despite this, he asserted that task shifting models have been harmful to clinical health services in Ethiopia and other LMICs as it neglects the development of high quality, specialized mental health services. He also noted the false assurance task shifting gives to policy makers that they are providing services to their communities. Dr. Teferra proceeded to describe his experiences in developing specialized mental health treatment services in Ethiopia.

Dr. Teferra faced a number of challenges in establishing clozapine and addiction treatment services in Ethiopia. In the initial phase of his advocacy efforts, he explained that many providers were hesitant to use clozapine as it was considered to be a dangerous and complicated drug that required weekly blood counts from psychiatric patients. When he assumed leadership of the Ethiopian Psychiatric Association (EPA) in 2014, Dr. Teferra set up a team to develop a national guideline for clozapine. To his surprise, the team could not find any examples of comprehensive national guidelines that existed in Africa. He proceeded to collaborate with partners from Massachusetts General Hospital (MGH) to develop a national guideline that was endorsed by the Ethiopian regulatory body. Clozapine was then included as an essential medication in the national formulary. Following receipt of a large amount of medication with a short shelf life, the team's next challenge was negotiating for hospital beds as the guidelines restricted treatment to patients admitted to an inpatient psychiatric unit. Dr. Teferra has published on the overall improvements his patients experienced in receiving clozapine, which he supports as a generic and affordable treatment option.

Dr. Teferra also highlighted the importance of specialized training and expertise in addiction treatment services. Though brief interventions for addiction may be delivered in primary care or outpatient settings, he stated that detoxification is a complex process that must be provided by adequately trained mental health specialists. After two years of advocacy and fundraising efforts, Dr. Teferra secured hospital space and mobilized the resources necessary to develop an addiction treatment program in Addis Ababa. This included funding from the World Health Organization (WHO) and Ethiopian Ministry of Health, as well as philanthropic donations. Dr. Teferra reported that the addiction treatment program currently sees 60-100 patients per year. This pilot program is being now used as a model for other addiction treatment services in the region.

Dr. Teferra continues to advocate for the scaling up of specialized mental health services. In Ethiopia, there are currently 85 psychiatrists, 3 psychiatry residency programs, a Master's program in clinical psychiatry, as well as a Bachelor's program in psychiatric nursing. Dr. Teferra concluded his presentation by reaffirming that task shifting denies all forms of mental health professionals the opportunity to practice their specialized skills.

Topic 3: Clinical Care Delivery

Child and Adolescent Mental Health Care in Africa

Anusha Lachman, MBChB, DCH, FCPSYCH, MMED Psych

Dr. Lachman set the scene by stating that over 45% of the African population is comprised of infants, children, and adolescents. In the next 35 years, it is estimated that approximately 2 billion babies will be born on the continent. By 2030, the region will have the greatest number of children under 18 years of age in the world. An estimated 250 million children ages 5 years or younger in LMICs are at risk of falling short of their potential due to early childhood adversities faced during the first three years of life. These adversities can lead to poor health, nutrition, inadequate learning, low adult earnings and social tension. The cost of inaction is therefore tremendous.

Dr. Lachman described the concept of ‘nurturing care,’ which is characterized by a stable environment that promotes children’s health and nutrition, protects them from threats, and gives them opportunities for early learning through affectionate interactions and relationships. The most formative experiences that young children receive through nurturing care come from their primary caregivers, which may include biological parents or members of the community. For nurturing care to be effective, primary caregivers must be mentally well. In LMICs, maternal mental health disorders are three times more prevalent compared to high-income countries, and less than 10% of mothers with mental health disorders access care worldwide. The Sustainable Development Goals (SDGs) state that interventions including support for families and that target multiple risks to development can be integrated into existing maternal and child health services, however they do not delineate where these services exist. The SDGs assert that services should be two-pronged, considering the needs of the child as well as those of the primary caregiver.

Dr. Lachman indicated that although child and adolescent mental health (CAMH) has witnessed significant growth on the African continent in the last decade, the most vulnerable in society (i.e., children living in rural areas, in extreme poverty, with disabilities, and who are out of school) have yet to be reached. Expanding existing maternal and child health services to include interventions that promote nurturing care is an important entry point for multi-sectoral collaborations that support families and reach very young children.

Founded in 2007, the African Association for Child & Adolescent Mental Health (AACAMH) aims to provide effective leadership for the promotion of CAMH in Africa through concerted collaborative efforts in advocacy, training, scientific study, and service development. Dr. Lachman discussed some of the financial, technical, and timing challenges the AACAMH faces due to regulatory restrictions in specific countries. She proposed three areas of collaboration with the AGMHI: 1) a mentoring program that pairs up early to mid-career CAMH professionals with senior mentors from sister organizations; 2) local CAMH trainings, particularly for front-line workers; and 3) technical support to increase AACAMH’s visibility. Dr. Lachman concluded by stating that without mental health, African youth cannot achieve the SDGs to survive, thrive and transform their societies.

Topic 4: Mental Health Policy

Liberia National Mental Health Policy

Benjamin Harris, MD

Dr. Harris began his presentation by describing the demographic and socioeconomic profile of the country. Liberia has a population of 4.9 million with over 50% of the country being less than 20 years of age. The average life expectancy has increased from 41 years in 2008 to 63 years in 2019. The per capita GDP as of 2019 is \$530 USD. Up to the 1960s, no formalized mental health system existed as mental health related conditions were cared for primarily by traditional healers and religious leaders. The Catherine Mills Rehabilitation Hospital was established in the early 1960s; however, Dr. Harris identified the limitations of centralized psychiatric treatment that soon became evident. For example, he disclosed that individuals who had been institutionalized were often chained and some individuals developed gangrenous infections due to longstanding cuffs on their legs resulting in amputation.

Liberia went through a catastrophic period from 1980 to 2003 characterized by a coup and a bloody civil war. During the war, 250,000 Liberians died and nearly 100% of survivors were displaced at some time during the conflict. During this time, there were little to no mental health services. It is estimated that child soldiers made up 25-75% of Liberia's combatants. Schools were frequently disrupted and it is reported that 60% of students witnessed someone being killed or tortured. Seventy percent of students said they lost confidence in humanity and 80% of children reported losing a close friend or relative. Immediately post-war, in a time with no mental health services, 40% of individuals met criteria for major depressive disorder, 43% for PTSD, and 77% of women had been sexually victimized.

It was in 2008 that Dr. Harris, the sole psychiatrist in the nation, spoke to the Minister of Health regarding the importance of mental health treatment in the country. They embarked on a series of consultative meetings and developed a mental health policy committee, which recruited key national and international stakeholders to conduct a mental health needs assessment. Their mission was to ensure that the new system addressed mental wellbeing while ensuring availability, affordability, and accessibility of care. The committee utilized the WHO Optimal Mix of Services for Mental Health and established 'wellness units' in district hospitals throughout the country. The national mental health policy was founded with a focus on the wellbeing of children and those with substance use disorders. The policy also sought to reduce stigma and discrimination through legislation to protect the rights of mentally ill populations.

Dr. Harris concluded by stating that the largest challenge has been sustaining a budget due in part to the halting of GDP growth following the Ebola crisis in 2014-15. Despite this, Liberia's mental health policy has been implemented by the newly established Mental Health Department embedded within the Ministry of Health. Successes include the training of 230 mental health specialists, including advanced training in child and adolescent mental health and substance use disorders. As of July 2019, a new post-graduate psychiatry residency training program has also been established.

Topic 4: Mental Health Policy

Developing Ethiopia's First National Mental Health Strategy: Lessons Learned

Tedla Giorgis, PhD

Dr. Giorgis' presentation described the strategy utilized in the development of the Ethiopian National Mental Health Policy. He acknowledged the tenacity required by key players in the country to push the agenda forward. He advised clinicians to understand how to be a good politician by understanding how systems such as the Ministry of Health and other government sectors work. In discussions with policy makers, Dr. Giorgis underscored the importance of framing mental health as a factor of socioeconomic development to obtain buy-in, which is a necessary prerequisite for implementation.

With guidance from the current WHO Director-General, Dr. Tedros Adhanom Ghebreyesus, Dr. Giorgis outlined his mandate to support the development of a comprehensive strategy to integrate mental health into existing health service delivery platforms, particularly at the primary care level. To do so, Dr. Giorgis established a technical working group and utilized the SWOT analysis, WHO criteria, and the 7S framework to develop and implement Ethiopia's National Mental Health Strategy. Dr. Giorgis sought input from a range of critical stakeholders, including ministers and traditional healers. He emphasized the importance of developing relationships and building credibility to complete the task effectively. He also sought to make the model sustainable through institutionalized, local funding. Dr. Giorgis recommended taking the time necessary to budget and cost the strategy early. Ultimately, the technical working group identified six indicators of progress that they measured at baseline in 2011 and again at a predetermined target date in 2015 to assess progress and success. Dr. Giorgis highlighted a key limitation of the national mental health strategy, which was not task shifting but rather task dumping. He closed by affirming the importance of consistent supervision in a task shifting model of care in order for it to be successful.

BREAKAWAY SESSION SUMMARIES

Breakaway Session #1: Training & Education <i>Moderators: Drs. Christina Borba, Noeline Nakasujja, and Michelle Durham</i> <i>Spokesperson: Dr. Lori Chibnik</i> <i>Scribe: Dr. Thejini Naidoo</i>	
Grant Name	Chronic, non-communicable diseases and disorders (NCD) across the lifespan: Fogarty International Research Training Award (D43 Clinical Trial Optional)
Grant Funder	NIH
Collaborators	L/MIC +/- US "Training can take place in the U.S. or LMIC, with the goal for most of the training to occur within the LMIC by the end of the initial grant award period."
Website	https://grants.nih.gov/grants/guide/pa-files/PAR-18-901.html
Budget	\$230K in year 1 with renewal up to \$250K for 4 additional years
Application Due Date	November 13, 2020
Goal	"To sustainably strengthen non-communicable disease (NCD) research capacity of L/MIC institutions, and to train in-country experts to develop and conduct research on NCDs across the lifespan." Long range goal: To develop and implement evidence-based interventions specific to the training site.
Proposed Aims	This research training program aims to train x number of fellows in a 3-year fellowship culminating in a terminal degree. Broadly, child and adolescent health was decided as the research theme in the arena of implementation science. Some specific topics within this could include depression, PTSD, adverse childhood experience and neurological development. The second aim is capacity building through a 'train-the-trainers' hybrid model whereby training takes place both in the U.S. and in the LMIC, with more time focused in the LMIC. The last aim is a biannual evaluation of the mentor, mentee, and program through an advisory board. This evaluation is to ascertain whether this model is valuable and can be replicated in other LMIC settings.
Proposed Methodology	Fellows should be early career researchers at the pre-doctoral stage to be eligible for this program. This includes anyone interested in mental health or those who are completing or have completed their master's degree. The proposed research training program is a mentor-based model and hence there should be one mentor from the U.S. and one from the LMIC. The mentor should have a complementary skillset to the mentee as well as a history of providing good mentorship; however, the mentor does not have to be an expert in the field of global mental health. The fellow will also be expected to work on the mentor's research. The D71 is a 1-year planning grant for the D43. For the first D43 submission, which is for a 3-year period, a partnership between one U.S. institution and one LMIC institution is required. The LMIC institution is the sole sub-contractor in this submission, however they may invite other LMIC institutions to collaborate. After 3 years, the LMIC institution is responsible for submitting a second D43 grant for a

	period of 5 years. At this stage, the LMIC institution may invite other LMIC institutions. After 5 years, the primary LMIC institution may submit an application for an extension.
Potential Roadblocks	While the grant money is intended to cover fellows’ needs, such as tuition, stipend and travel, funds cannot be used for faculty members. The success of this initiative therefore requires institutional support and involvement of senior faculty members without providing salary support. In addition, there is only a small amount of funds allocated for administrative support and seed grants. Challenges also exist in securing three years of protected research time for fellows and in identifying the lead institution who will take responsibility for writing such a large grant proposal.

<p>Breakaway Session #2: Collaborative Research <i>Moderators: Drs. Lukoye Atwoli, Bonga Chiliza, and David Henderson</i> <i>Spokesperson: Dr. Munyaradzi Madhombiro</i> <i>Scribe: Dr. Nokukhanya Ngcobo</i></p>	
Grant Name	Global Brain and Nervous System Disorders Research Across the Lifespan (R01 Clinical Trials Optional)
Grant Funder	NIH
Collaborators	L/MIC and US L/MIC and UMIC
Website	https://grants.nih.gov/grants/guide/pa-files/PAR-18-835.html
Budget	Unlimited
Application Due Date	November 6, 2020
Goal	“Building and strengthening sustainable research capacity in LMICs” The proposed study should build upon completed pilot research results, resources, collaborations, and research capacity that was previously developed.
Proposed Aims	<p>Women are disproportionately affected by the HIV pandemic in sub-Saharan Africa. Moreover, HIV in pregnant women affects both the mother and the child. Exposure to trauma during one’s childhood has an ongoing affect throughout an individual’s development and affects perinatal outcomes. This project will therefore focus on HIV positive pregnant women in their 2nd trimester as a potential study population. The proposed R01 would be a multisite study limited to a few institutions to limit the costs, with the possibility of expansion.</p> <p>Possible aims identified included:</p> <ol style="list-style-type: none"> 1) Conducting trauma exposure screenings among HIV positive pregnant women; 2) Assessing neuropsychiatric disorders in HIV positive pregnant women; 3) Assessing other medical co-morbidities such as diabetes mellitus, cardiovascular disease, etc.; 4) Determining perinatal outcomes such as birth weight, mode of delivery, birth trauma, HIV status of baby, etc.; 5) Establishing a biological data repository; 6) Developing pathways for capacity building; and 7) Assessing biological, social and epigenetic factors of fathers

Proposed Methodology	<p>The study will follow NIH guidelines for screening tools. Identified screening tools included: a) the Adverse Childhood Experiences (ACEs) questionnaire to assess trauma exposure; b) the Mini-International Neuropsychiatric Interview (MINI), Alcohol Use Disorder Identification Test (AUDIT), and Everyday Discrimination Scale (EDS) to assess neuropsychiatric disorders; and c) birth records and child outcomes to assess perinatal outcomes. A biological data repository will be built using saliva, hair, nail clippings and other markers collected from HIV positive pregnant women. Hair cortisol can also provide retrospective information.</p> <p>Capacity building is a significant component of this project that will be developed through the involvement of early career researchers, including masters, doctoral, and postdoctoral students. It will also be possible to build in long-distance teaching between mentors and mentees through podcasts and online lectures.</p>
Potential Roadblocks	<p>The number of sites should be limited to ensure that adequate resources are available to all sites. Additionally, it is important to consider how to maintain sustainability in research and capacity building. It is important to carefully review institutional policies on international collaborations as this project will require ongoing partnerships b institutions in the U.S. and in LMICs. Lastly, collecting hair samples from women may pose a challenge due to personal/cultural beliefs.</p>

<p>Breakaway Session #3: Scale-Up of Mental Health Services <i>Moderators: Drs. Wilza Fumo and Micaela Owusu</i> <i>Spokesperson: Dr. Mvuyiso Talatala</i> <i>Scribe: Dr. Busisiwe Bhengu</i></p>	
Grant Name	Wellcome Trust Joint Health Systems Research Initiative
Grant Funders	Wellcome Trust, Department for International Development, Economic and Social Research Council, and Medical Research Council
Collaborators	UK or LIC, MIC
Website	https://wellcome.ac.uk/funding/schemes/joint-health-systems-research-initiative
Budget	Approximately £400-800 over up to 3 years
Application Due Date	Anticipate March 2020 (based on dates of 2019 annual call)
Goal	To support research based in low- and middle-income countries to strengthen health systems and improve healthcare delivery within the country.
Proposed Aims	<p>Research in children and adolescents in Africa is a key priority as they are a large and vulnerable population. Furthermore, early childhood trauma is associated with negative life consequences. This project therefore focuses on prevention of mental illness and promotion of mental health in schools and in the community.</p> <p>This project aims to develop an integrated model for strengthening district mental health services for children in three study sites: Ethiopia, Mozambique, and South Africa. This will entail training health extension workers, school counsellors, and teachers in child mental health. Evaluations of the intervention’s effectiveness in improving child mental health will include measures of project costs and financial savings earned in order to assess the social return on investment.</p>

<p>Proposed Methodology</p>	<p>This project will be a demonstration project that can be replicated in and adapted to other countries. It will be implemented in one district in Ethiopia, Mozambique, and South Africa. These countries were selected as they each possess existing community health extension worker programs. The focus will be on childhood trauma, which tends to lead to other disorders such as PTSD, anxiety, depression, and other behavioral health disorders. Hence, prevention and early intervention will help prevent the sequelae of trauma.</p> <p>This project will rely on engagement of key stakeholders, including community healers, schools, and community health workers. The project will also require inter-sector collaborations (i.e., school-based programs that involve training teachers, parents, and counselors) that involve the health sector, as well as development of a referral system that connects schools to external resources. Recruitment and retention of community health workers will require development of a training course and curriculum. It will be necessary to offer trainings in the community and plan for sufficient and sustained supervision for good quality healthcare. This will need to be considered in budget planning.</p>
<p>Potential Roadblocks</p>	<p>Two key concerns raised included funding and sustainability of the project. Furthermore, the project may not be accepted by the community as it may be perceived as inference with care provided by traditional healers. Lastly, it may be a challenge to identify a Principal Investigator (PI) at each site who is able to prioritize the project as it is a large undertaking.</p>

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Dr. Lukoye Atwoli is an Associate Professor in the Department of Mental Health at Moi University School of Medicine, and a Consultant Psychiatrist for the Moi Teaching and Referral Hospital in Eldoret, Kenya. He is a Visiting Scientist at Harvard University and an Honorary Associate Professor at the University of Cape Town. Dr Atwoli's research currently focuses on student and youth mental health, trauma and posttraumatic stress disorder (among other outcomes of trauma exposure), and the Genetics of Mental Disorders. He is a member of several consortia involved in mental health research and development in Kenya and in other parts of the world. Dr Atwoli holds an MBChB degree from Moi University, and a Master of Medicine (Specialization degree) in Psychiatry from the University of Nairobi in Kenya. He also holds a Doctorate in Psychiatry and Mental Health from the University of Cape Town in South Africa. He is currently the Vice-President of the Kenya Medical Association, and the Secretary-General of the African Association of Psychiatrists (AAP). He is also the Treasurer of the African College of Neuropsychopharmacology (AfCNP) and sits as a member of the Kenya Medical Practitioners and Dentists Council.



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Dr. Busisiwe Bhengu is currently a senior registrar in the Discipline of Psychiatry at the University of KwaZulu-Natal. Her MMed research is on the association between HIV, trauma and substance use in women of child bearing age in pregnancy at a hospital in KwaZulu Natal, South Africa. She has a keen interest in maternal and infant mental health.



Bonga Chiliza, PhD, MBChB, FCPsych

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Prof. Bonga Chiliza is an Associate Professor/Chief Specialist and Head of the Department of Psychiatry at the University of KwaZulu-Natal. He completed his medical degree and psychiatry specialization at the University of KwaZulu-Natal and his PhD at Stellenbosch University. His research interests include schizophrenia, consultation-liaison psychiatry, health services and medical education. He is the President of the South African Society of Psychiatrists, as well as the Deputy Editor of the South African Journal of Psychiatry. Prof. Chiliza has received several awards including the Hamilton Naki Clinical Research Fellowship and the South African Health Excellence Award. He has authored over 60 peer reviewed articles and book chapters. He has also served on a number of NGO Boards, including the SA YMCA and Life Choices. He is one of the Founding Directors of Harambee Medical Consulting.



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Mr. Joel Defo is a Cameroonian citizen based at the Division of Human Genetics, University of Cape Town, South Africa. He received his Master's in Bioinformatics and is currently completing a PhD in Human Genetics, which is focused on developing a model that incorporates genome wide association studies (GWAS), meta-analysis, and pathways in order to generate a protein-protein interaction network of genes and shared biological pathways for psychiatric disorders. Such outcomes may help identify genes underlying the pathogenesis of psychiatric disorders across multiple ethnic groups, and locate loci that may provide targets for intervention to improve mental health treatment.



Tedla W. Giorgis, PhD

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Dr. Tedla Giorgis is a clinical psychologist with wide-ranging international experience and led the development of Ethiopia's first National Mental Health Strategy. Dr. Giorgis received his doctoral degree in 1978 from

Washington State University in clinical psychology and did his post-doctoral work at Southern Illinois University in the US. Dr. Giorgis also served as a Director of the Multicultural Services Division for the Department of Behavioral Health of the Government of the District of Columbia and was responsible for the delivery of outpatient mental health services both to the international and ethnic/linguistic minority communities in the District of Columbia.

Since 2009, Dr. Giorgis has served as an advisor on mental health and international matters at the Office of the Minister of the Ministry of Health, Ethiopia. Previous engagements of Dr. Giorgis include working on mental health, human resources, knowledge management, public-private partnership, and organizational development with several international organizations such as the World Bank, Center for Population and Development Activities, US Agency for International Development, American International Health Alliance, UNICEF, University of Washington and the World Health Organization. Dr. Giorgis has extensive experience in working in several African, Asian, Middle Eastern, and Caribbean countries and has several refereed publications in academic journals.



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Dr. Benjamin Harris is an accomplished clinician and educator with vast experience in post-conflict mental health. His primary areas of expertise are psychoactive substance use prevention, HIV/AIDS related mental health, and general health/mental health policy, program planning, implementation and supervision. Dr. Harris has been an active mentor to medical students and interns throughout his career and has conducted a number of studies in Liberia and Africa. Dr. Harris worked for a number of years as a Counseling Specialist with the World Health Organization Global Program on AIDS and played a significant role in the development of WHO's HIV/AIDS Counseling Guidelines and the training of health workers on HIV related counseling in Africa. Dr. Harris was the lead World Health Organization (WHO) consultant to the development of Liberia's first National Mental Health Policy, adopted by Parliament in 2009.



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Dr. Sanja Kilian has a PhD degree in psychology, completed a postdoctoral fellowship in schizophrenia research, and is a NRF rated scientist. She is currently a researcher at the Department of Psychiatry, Stellenbosch University. Her main focus areas include: neurocognition, environmental risk factors for psychosis, treatment outcomes, and negative symptoms. Other interests include transcultural psychiatry and mental health services.



Anusha Lachman, MBChB, DCH, FCPSYCH, MMED Psych

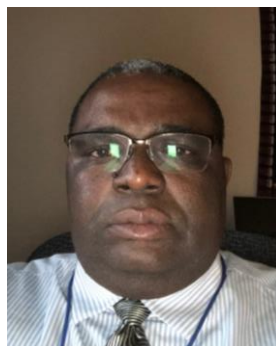
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Dr. Anusha Lachman is a child and adolescent psychiatrist at Stellenbosch University, and is the consultant for Paediatric Consultation Liaison Services and Adolescent Psychiatry at Tygerberg Hospital in Cape Town. She is currently pursuing a PHD in Maternal and Infant Mental Health. She is the recipient of the Hamilton Naki Physicians Partnership Trust Scholarship to complete her PHD. Dr. Lachman serves as the Secretary of the board of the South African Society of Psychiatrists (SASOP) and on the Exco of the African Association for Child and Adolescent Mental Health (AACAMH).



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Dr. Munyaradzi Madhombiro is a psychiatrist, senior lecturer and chairman of the Department of Psychiatry at the University of Zimbabwe. He is in year 2 of his post-doctoral fellowship after successfully completing his PhD studies at the Stellenbosch University. Dr. Madhombiro graduated with an MB CHB in 1994 and qualified as psychiatrist in 2002 both from the University of Zimbabwe. Dr. Madhombiro's areas of interest include substance use as they relate to HIV, HIV prevention models, psychological interventions and neurosciences of HIV. Dr. Madhombiro has previously practiced in forensic setups and acted as a forensic psychiatrist for several years. He is the past president of the Zimbabwe College of

Psychiatrists. He has published on HIV and alcohol interface and the interventions for dually affected individuals. He is involved in training health professionals in identifying and treating HIV related comorbidities.



Lerato Majara, MSc

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Ms. Lerato Majara was born and raised in a small town called Botshabelo in the Free State Province, South Africa. Ms. Majara completed her Bachelor's degree in Medical Microbiology at the University of the Free State. This was followed by an Honours and Master's degree in Infectious Diseases and Immunology at the University of Cape Town (UCT). Ms. Majara is currently pursuing a PhD in the Division of Human Genetics at UCT. Her thesis investigates the genetic risk factors associated with Schizophrenia in the South African Xhosa population. She is also a fellow in the Global Initiative of Neuropsychiatric Genetics Education and Research (GINGER) programme at Harvard T.H. Chan School of Public Health. When she is not doing research, Ms. Majara tutors mathematics to high school learners for two organizations: Fun Learning for Youth (FLY) and 123Tutors.



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Dr. Thejini Naidoo's alma mater is the University of Cape Town, where she completed her MBChB in 2010. She has also obtained her Diploma in Mental Health in 2014 and is a Discovery Future Leaders in Healthcare delegate. Currently, Dr. Naidoo is pursuing a Masters in Medicine degree and is the Chief Psychiatry Registrar, in her third year of training, at the University of KwaZulu-Natal. She is passionate about fostering mental health awareness in medical students and doctors; and conducting impactful research.



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Dr. Nokukhanya Ngcobo is a final year registrar in the Department of Psychiatry at the University of KwaZulu-Natal, Nelson R. Mandela School of medicine. Dr. Ngcobo qualified with MBChB from UKZN in 2010. Post community service, she joined G.J. Crookes Hospital as a medical officer; it was during this period that her interest in mental health grew. Dr. Ngcobo has served as the Registrar representative for the Department of Psychiatry at UKZN in 2018. Her responsibilities included: liaising with the department with regards to academic issues involving registrar training; participating in the planning of academic seminar programs; development of registrar wellness support; and engaging with other registrar representatives in other institutions. Dr. Ngcobo advocates for mental health; she enjoys outreach and has been involved in numerous community outreach programmes. She also has a very keen interest in research and plans to pursue it in the near future. She believes in evidence based medicine and believes in good scientific research incorporated clinical practice in the care of patients. Her research interests include transcultural psychiatry and neurosciences.



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Dr. Vuyokazi Ntlantsana is a medical doctor and an early career researcher. She is a research fellow at the University of KwaZulu-Natal, Department of Psychiatry, currently working towards her PhD. Her areas of interest include trauma in populations with serious mental illness.



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Prof. Tulio de Oliveira is a molecular biologist with specialist expertise in drug resistance, phylogenetics, statistical genetics and software development. He is a Research Professor and the Director of the KwaZulu-Natal Research Innovation and Sequencing Platform (KRISP) at the Nelson R. Mandela School of Medicine,

University of KwaZulu-Natal, Durban, South Africa. KRISP is a next generation sequencing facility that specializes in viral and bacteria sequencing and bioinformatics analysis. Prof. Oliveira is also a Research Associate at the Centre for the AIDS Programme of Research in South Africa (CAPRISA), a UK Royal Society Newton Advanced Fellow at the University of Edinburgh, UK, and an Affiliate Professor in the Department of Global Health, University of Washington, Seattle. Prof. Oliveira has published extensively in high-ranking international journals (including Nature, Science, The Lancet, Lancet Infectious Diseases and Bioinformatics) cited over 4,900 times, with an H-index of 34. His current research interests include the use of phylogenetic models to understand the drivers of infection transmission in Africa and its interaction with their human host. In addition, he is very interested in the genomic basis of drug resistance infections.



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Dr. Philip Opondo is the Assistant Programme Director and a Senior Lecturer in the Department of Psychiatry, Faculty of Medicine at the University of Botswana. He is also an Adjunct Assistant Professor of Psychiatry at the Perelman School of Medicine, University of Pennsylvania. He has over 20 years practicing psychiatry in both Kenya and Botswana. Dr. Opondo's interests are in stigma, HIV/ AIDS and mental health and transcultural psychiatry. He is currently Co- Principal Investigator for a pilot study on the stigma of HIV and mental illness in Botswana, entitled "Developing a culture specific measure of stigma of HIV and Mental illness in Gaborone, Botswana." He is also involved in a RCT to reduce stigma and improve treatment adherence in HIV+ pregnant women in Botswana.



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Dr. Jennifer Raymond works at one of the largest psychiatry and mental health units in the country, which is also a teaching hospital for the Muhimbili University of Health and Allied Sciences (MUHAS). She offers a wide range of programs and services to children, adolescents, adults and groups in the following areas: addiction and substance use disorders; anxiety disorders; mood disorders; schizophrenia; age related mental disorders; and dual diagnoses. She has significant experience working in the clinical setting, local community as well as knowledge of the social and cultural context. She also works as an adjunct lecturer for Muhimbili University of Health and Allied sciences (MUHAS) where she provides clinical assistance to medical students, supervises case presentations, grand

rounds, journal clubs and elective researches. Dr. Raymond completed a Medical Degree followed by Masters of Medicine in Psychiatry and Mental Health both from Muhimbili University of Health and Allied Sciences- Dar es Salaam, Tanzania. She is currently an interim secretary of the Tanzania Psychiatrists' Association. During her free time Jennifer enjoys reading books, watching food channels and cooking for her family.



Soraya Seedat, MBChB, MMed (Psych), PhD

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Prof. Soraya Seedat is a Distinguished Professor of Psychiatry and Executive Head of the Department of Psychiatry at Stellenbosch University. She holds the South African Research Chair in Posttraumatic Stress Disorder funded by the Department of Science and Technology and the National Research Foundation. She has been the recipient of several awards including the World Federation of the Society of Biological Psychiatry Fellowship, the Lundbeck Institute Fellowship Award in Psychiatry, an MRC mid-career award, research fellowship from the University of California San Diego, the Anxiety Disorders Association of America Career Development Award, the Humboldt Research Award in memory of Neville Alexander, the Chancellor's Award for Research from Stellenbosch University and an MRC Gold Merit Award. Prof. Seedat has more than 20 years of clinical, epidemiological and basic neuroscience research experience as a psychiatrist working in the field of traumatic stress and anxiety, and has existing collaborative research projects with colleagues in Europe, the United States and in several African countries. She has also been involved in NeuroAIDS research for 20 years. She directs a number of research programs and mentors masters, doctoral and postdoctoral students. She has experience in research ethics and is currently a member of Stellenbosch University's Senate Research Ethics Committee and a Board Member of the International Society of Traumatic Stress Studies. She has published over 400 peer-reviewed journal manuscripts and has co-edited four books.



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Dr. Mvuyiso Talatala served as the president of the South African Society of Psychiatrists (SASOP) from 2014 to 2016. He is an active member of the SASOP, having played many other leadership roles in the society. He is a member of the Board of Directors of Psychiatry Management Group (PsychMg). He served as the chairperson of the Board of PsychMg from 2011 to 2015. He is also a Board Member of the South African Private Practitioners Forum (SAPPF). He is the treasurer of the African Association of Psychiatrists (AAP). He is in fulltime private practice at Dr SK Matseke Memorial Hospital in Soweto, Johannesburg. He is also a member of the Council of the College of Psychiatrists (2017-2020).



Solomon Teferra, MD, PhD

Associate Professor & Director of PhD Program in Mental Health Epidemiology, Department of Psychiatry, *College of Health Sciences, Addis Ababa University*

Consultant Psychiatrist & Head of General Psychiatry and Addiction Service, *Zewditu Memorial Hospital*

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Dr. Solomon Teferra is Associate Professor and Director of the PhD Program in Mental Health Epidemiology at the Department of Psychiatry, Addis Ababa University (AAU) in Ethiopia. He had previously served as Director of the Psychiatry Residency Program from 2008-2011. Dr. Teferra is Consultant Psychiatrist and Head of General Psychiatry and Addiction Service at Zewditu Memorial Hospital, a general hospital affiliated with AAU. He has established the Alcohol and Drug Addiction Treatment Center and Clozapine Clinic in the same hospital. His research interests include epidemiology of psychosis, substance abuse and genetics of severe mental illness. He is currently the PI of the largest human genetic study done in Ethiopia thus far, the Neuropsychiatric Genetics of African Populations Psychosis Study Ethiopia Project (NeuroGAP-P, E), in collaboration with the Broad Institute of MIT and Harvard. He has published over 40 research articles and abstracts in the journals *British Journal of Psychiatry*, *Schizophrenia Research*, *World Psychiatry* and other reputable journals. Dr. Teferra is currently executive committee member of African Association of Psychiatrists (AAP), also served as President of the Ethiopian Psychiatric Association (EPA) for the years 2014-2017. He has been appointed as visiting scientist at Harvard T. H. Chan School of Public Health in 2016.

NORTH AMERICA



Allen J. Brown, JD, PhD

Clinical and Forensic Psychologist & Attorney
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Dr. Allen Brown is a clinical and forensic psychologist and attorney. He is an Associate Professor of Criminal Justice, Psychology, and Law & Society at Anna Maria College, a Forensic Psychology consultant to the Global and Local Center on Mental Health Disparities at Boston University School of Medicine, and maintains a private clinical, forensic, and consulting practice. He is a former Director of Adult Forensic Training for the Law & Psychiatry Service of the Harvard Medical School Department of Psychiatry at Massachusetts General Hospital. Dr. Brown is interested in issues at the interface of psychology and law, such as the psychological, legal, and policy issues related to the rights and treatment of vulnerable populations (e.g., mentally ill, elderly, children, impoverished, women, racial, ethnic, and sexual minorities, the incarcerated, and immigrants); interactions between the criminal justice system and mentally ill individuals; race and justice; capital punishment; police use of deadly force, and global mental health. Dr. Brown provides evaluation, consultation, and expert testimony in criminal, civil, juvenile, and family law cases, and has testified as an expert witness in state and federal courts and in Military Court Martial proceedings in the United States and Europe.



Christina P.C. Borba, PhD, MPH

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Dr. Christina Borba is the Director of Research in the Department of Psychiatry and the Director of the Global and Local Center for Mental Health Disparities at Boston Medical Center. She is an Associate Professor at Boston University School of Medicine. As a behavioral scientist who specializes in mixed research methodologies focusing on global mental health, she has extensive research experience that is deeply rooted in contexts of diverse populations. Dr. Borba has published over 80 peer-reviewed papers spanning populations in over ten countries. She is currently the PI of a NIMH research grant, which seeks to understand and respond to the existing 5:1 male-to-female prevalence ratio for schizophrenia in Butajira, Ethiopia. In addition, she has led research examining factors influencing health-

seeking behaviors and disparities in mental health care for women with serious mental illness both domestically and abroad. Dr. Borba's capacity building work has expanded to other post-conflict and low-resource settings, specifically in western and eastern Africa, where primary care has been identified as a potential point of entry into care for people needing mental health services. She regularly advises and teaches psychiatry residents, research fellows, and public health students about performing global mental health research in resource-limited countries using quantitative and qualitative research methods.



Lori Chibnik, PhD, MPH

Assistant Professor & Biostatistician

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Dr. Lori Chibnik is a biostatistician and Assistant Professor with an appointment in the Department of Neurology at Massachusetts General Hospital and the Department of Epidemiology at the Harvard T.H. Chan School of Public Health. She received her MPH in International Health and her PhD in biostatistics from Boston University where she worked on predictive modeling methods for disease risk. Over her career, she has developed and assessed predictive models for diseases such as autoimmune diseases, HIV and pre-natal screening, and continues to apply her methods to complex diseases. Her current research focuses primarily on genetics and genomics of Alzheimer's disease and dementia with an emphasis on longitudinal cohorts and cognition. She serves as the co-lead of the Data and Statistics Core of the Massachusetts Alzheimer's Disease Research Center (MADRC) and Director of the Biostatistical Consulting Service in the Department of Neurology. In addition to her research, she is internationally renowned for her training programs and innovative teaching techniques, having developed multiple courses in biostatistics for varied audiences, most recently a series specific to the needs of scientists in sub-Saharan Africa. Currently she directs the Global Initiative for Neuropsychiatric Genetics Education and Research (GINGER) program at the Harvard-Chan School and the Broad Institute of MIT and Harvard.



Nkechi Conteh, MD, MPH

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Dr. Nkechi Conteh is a fourth-year psychiatry resident at Duke University Hospital. She completed her medical training in Nigeria and has a Master of Public Health degree from the Harvard T.H. Chan School of Public Health. She was a recipient of the 2018 Association of Women Psychiatrists' (AWP) International Fellowship and the Duke Department of Psychiatry 2019 Carter

Community Service Award. At Duke, she is a member of the Psychiatry Curriculum Review Committee and the Perinatal Psychiatry Group at Duke Hospital. Her interest in women's mental health stems from her childhood where she witnessed the extensive impact infertility and peripartum events had on women's mental health and the limited resources available to women in need of psychiatric care. She is particularly interested in the integration of psychiatry into primary care services and increasing mental health awareness in public organizations. As part of her AWP International Fellowship, she worked with obstetric providers to introduce depression screening in prenatal clinics for persons living with HIV in a tertiary health institution in Nigeria. She looks forward to a career in perinatal and public psychiatry and working towards the growth of reproductive psychiatry globally.



Michelle P. Durham, MD, MPH, FAPA

Adult, Child & Adolescent Psychiatrist, *Boston Medical Center*
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Dr. Michelle Durham is a pediatric and adult psychiatrist whose public health and clinical roles have always been in underserved and underresourced communities. She is dedicated to health equity and advocacy for equitable mental health treatment globally and locally. Dr. Durham practices clinically at Boston Medical Center (BMC), is the Training Director for the BMC general psychiatry residency program and the Associate Director for the BMC Global and Local Center for Mental Health Disparities. She is the Director of Clinical Training for the BMC Transforming and Expanding Access to Mental health care in Urban Pediatrics (TEAM UP) Initiative to increase access to behavioral healthcare for socioeconomically and ethnically diverse community health centers. Through the TEAM UP initiative she developed an e-course for the pediatric care team to build foundational skills in working with children and adolescents with behavioral health concerns. She received her MD from Louisiana State University in New Orleans, LA, completed her residency training at BMC and completed her child and adolescent psychiatry fellowship at the Yale Child Study Center in New Haven, Connecticut. She received her Master's in Public Health in Health Policy and Management from the Emory Rollins School of Public Health in Atlanta, GA. Prior to completing her medical education, she worked as the Assistant Director for the Center of Excellence on Health Disparities at the Morehouse School of Medicine in Atlanta, GA. She is involved at the state and national level in the Massachusetts Psychiatric Society, American Psychiatric Association and American Academy of Child and Adolescent Psychiatry to improve the standard of care for adults, children and adolescents.



David C. Henderson, MD

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Dr. David Henderson currently serves as Psychiatrist-in-Chief at Boston Medical Center and Professor and Chair of Psychiatry at Boston University School of Medicine. Dr. Henderson previously served as Director of The Chester M. Pierce, MD Division of Global Psychiatry at Massachusetts General Hospital (MGH), Director of the MGH Schizophrenia Clinical and Research Program, and Medical Director of the Harvard Program in Refugee Trauma. Dr. Henderson serves as Co-Director of the NIMH T32 Boston University School of Medicine (BUSM)/Massachusetts General Hospital (MGH) Global Mental Health Clinical Research Fellowship. He has worked internationally for the past 25 years in resource-limited settings, and areas impacted by mass violence, disasters and complex emergencies. Dr. Henderson has conducted research and training programs in Bosnia, Cambodia, East Timor, Ethiopia, Haiti, Liberia, New Orleans, New York City, Rwanda, Peru, South Africa, and Somaliland among other places. His work has consisted of field studies, needs assessments, mental health policy development and strategic planning, quantitative and qualitative surveys, mental health capacity building programs for specialized and primary health professionals, and skill-transfer program evaluation. In the United States, he has conducted more than 30 randomized clinical trials in severely mentally ill populations.



Kimberly Hook, PhD, MA

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Dr. Kimberly Hook is a current Global Psychiatry postdoctoral research fellow at Boston University School of Medicine, as well as a clinician in the Department of Psychiatry at Boston Medical Center. Her educational/clinical background is in clinical and counseling psychology. She is funded by the United States National Institute of Health to collaborate with in-country mental health professionals on projects related to increasing access to treatment, investigating rates of mental illness/factors associated with risk of mental illness, prevention of mental illness, etc. Other areas of interest include transdiagnostic therapeutic interventions and implementation science. Her expertise primarily lies in issues related to mood and anxiety disorders, as well as substance use disorders.



Teshome S. Kelkile, MD, PhD

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Dr. Teshome Kelkile is a senior psychiatrist currently practicing in New Brunswick, Canada. He has advanced trainings in epidemiological research from Kings College, London, Johns Hopkins University, USA and Umea University, Sweden, where he earned his PhD degree. He has conducted numerous studies employing both quantitative and qualitative methods and clinical trials. He has over 70 publications in peer-reviewed scientific journals. He was a primary investigator of the famous Butajira, Ethiopia psychiatric research project that has interviewed over 67,000 adult populations. His work examined case identification methods in severe mental disorders in a traditional community setting through innovative methods. His research on family burden and stigma are among the few study reports from traditional societies and his expertise in the course and outcome of schizophrenia and bipolar disorders have challenged key assumptions on the outcome of schizophrenia in developing countries. Dr. Kelkile has extensive experiences in international collaborations with Toronto University (Canada), Umea University (Sweden), and the Massachusetts General Hospital. He has actively collaborated with the Division of Global Psychiatry on research projects in Ethiopia. He served as Dr. Christina Borba's primary co-mentor on her NIMH K01 award to examine socio-cultural aspects of schizophrenia in Ethiopia.



Kristina Korte, PhD

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Dr. Kristina Korte is currently completing a NIH Fogarty Fellow through the Harvard School of Public Health in Boston, MA, USA and Stellenbosch University in South Africa. In October, she will return the USA as an Instructor and Staff Psychologist at Massachusetts General Hospital (MGH) and Harvard Medical School. Dr. Korte was previously a NIMH T32 postdoctoral fellow in global mental health at MGH and an NIAAA T32 postdoctoral fellow at the Medical University of South Carolina. Dr. Korte received her PhD in Clinical Psychology from Florida State University in 2015. Dr. Korte has published numerous peer-reviewed articles and has received numerous awards for her research including being awarded a National Service Research Award (F31) from NIMH for her work on the development of a transdiagnostic preventative intervention for subclinical anxiety and being selected for an Alies Muskin Career Development Leadership Program Award from the Anxiety and Depression Association of America (ADAA). Dr. Korte's research focuses on the adaptation of evidence-based treatments for anxiety disorders and PTSD for use in low and middle-income

countries. She is currently working on the development of a brief transdiagnostic treatment for PTSD and anxiety disorders for use in primary care settings in South Africa.



Charles Masaki, MD, PhD

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Dr. Charles Masaki is a psychiatry resident at the Massachusetts General Hospital and McLean Hospital at Harvard Medical School. As a physician, he is interested in the treatment of mood disorders, and scientist studying the neurochemical effects of psychiatric medications. In addition to these primary roles, Dr. Masaki is interested in global mental health, with particular emphasis on medical education. He attended medical school at the University of Nairobi in Kenya, and subsequently a PhD at the University of Oxford in England. His graduate school work focused on utilizing a combination of magnetic resonance imaging, clinical drug trials and computer based cognitive assessments to investigate mechanisms of action of novel and established antidepressants. Upon completion of PhD studies, Dr. Masaki joined the Harvard T.H. Chan School of Public Health as a Postdoctoral Research Fellow. In this role, he investigated innovative ways of providing healthcare in minimal source settings. As he continues with training towards becoming a physician-scientist, Dr. Masaki hopes to expand some of his research globally, as well as continue to work as a clinician in the area of mood disorders.



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Dr. Micaela Owusu is a child, adolescent, and adult psychiatrist at Boston Medical Center who serves as an associate program director for the adult psychiatry residency program and a member of the Global & Local Center for Mental Health Disparities. Her interest is in the psychiatric education of medical students and residents throughout the world with an emphasis on bestowing the importance of childhood interventions as a mechanism for prevention. She regularly participates in teaching opportunities in Boston and Ghana and is thrilled to begin work during the 2019-2020 academic year with the newly launched psychiatric residency program in Liberia under the leadership of Dr. Benjamin Harris.



Oscar F. Rojas Perez, PhD, MA

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Dr. Oscar Rojas Perez received his Ph.D. in counseling psychology from the University of Missouri, where he also received his M.A. in 2015. He completed his clinical internship at Yale School of Medicine-Hispanic Clinic. He received two Bachelor's degrees in Chicano/Latino Studies and Sociology at the University of California, Irvine. In terms of research, Dr. Perez has mostly studied Latinx psychological well-being and cultural competencies. His dissertation focused on the development of a Latinx well-being measure conceptualized from a cultural and strength-based context. Recently, Dr. Perez has grown increasingly interested in the cultural/linguistic adaptation and development of evidenced-based assessments and treatments. Throughout his graduate training, Dr. Perez gained experience conducting neurological and psychological assessments and providing evidence-based treatments for a range of presenting concerns in adult populations. Dr. Perez has worked in a variety of settings including medical centers and community mental health clinics. Modalities Dr. Perez is versed in include DBT, PE, and MI. Dr. Perez is originally from Guatemala City, Guatemala, where he was born. He and his family immigrated to the U.S. in effort to escape Guatemala's Civil War. In his free time, Dr. Perez enjoys watching sports, attending Spanish Rock concerts, going to the movies, and spending quality time with family.



Malveeka Sharma, MD, MPH

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Dr. Malveeka Sharma is an Assistant Professor in the Department of Neurology at the University of Washington. She is certified by the American Board of Psychiatry and Neurology in Neurology. Dr. Sharma attended Morsani College of Medicine at the University of South Florida and completed subspecialty training in vascular neurology at Boston University Medical Center. Prior to medical school, she worked in a government hospital in Pune, India, where she collected data on the link between H. pylori exposure and the development of colon cancer. During her time in medical school, Dr. Sharma was dedicated to the care of the locally underserved by volunteering her time to a free student run clinic. Through her residency at BUMC, she was instrumental in developing a global health program in the Department of Neurology. Dr. Sharma has travelled to South Africa and Haiti to provide neurological care and education, and is interested in global health and global medical education, specifically in the training of international physicians in diagnosis and management of neurological disorders.



Eliot Sorel, MD

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Dr. Eliot Sorel is an innovative global health leader, educator, health systems performance expert, and a practicing physician. He is a member of the Healthy Brains Financing Initiative, Steering Committee and a co-founder of the Africa Global Mental Health Institute. Dr. Sorel has served as a subject matter expert on World Health Organization (WHO), World Bank Group (WBG), and the Organization for Economic Cooperation & Development (OECD) projects. At George Washington University, Dr. Sorel is the lead physician teaching Global Mental Health in the Milken Institute School of Public Health. He also chairs the Access to Care Committee of the American Psychiatric Association (APA). Dr. Sorel works collaboratively with primary care and public health colleagues. The innovative, *TOTAL Health* approach, a primary care, mental health & public health collaborative integrated model was initiated by Dr. Sorel in 2013 as a means of enhancing quality, access, and sustainability of care. In June 2018, he was the President of the 1st International Perinatal TOTAL Health Congress. Dr. Sorel is the lead author of "*Healthcare, Inclusive of Mental Healthcare, Is a Human Right*," which is now APA policy. Dr. Sorel co-chairs the scientific committee of *the Social Determinants of Health/Mental Health & Access to Care World Congress*, October 2019, www.wasp2019bucharest.org.



Tamkeenat Syed, MD, MPH

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Dr. Tamkeenat Syed is a Post-Graduate Year 2 Resident Physician in Psychiatry at Boston University Medical Center. She will be joining her residency program this year to participate in the 3rd African Diaspora Global Mental Health Conference. Dr. Syed is interested in trauma, psychosis, addiction and the role of ketamine, neuromodulation and ECT treatments. She is also interested in looking at structural disparities on local and global levels.

PSYCHIATRY, RACISM, AND THE BIRTH OF 'SESAME STREET'

How an African-American psychiatrist helped design a groundbreaking television show as a radical therapeutic tool for helping minority preschoolers.

May 17, 2019 / By Anne Harrington



In the wake of the assassination of Martin Luther King Jr. on April 4, 1968, a newly formed group called the *Black Psychiatrists of America* began to challenge their white colleagues to think about racism in a new way. Its members had been discussing for some time the possibility of creating an organization that would address their lack of representation within the key bodies of American psychiatry. But now, as one of these men, Dr. Chester Pierce, later put it “we anguished in our grief for a great moderate leader,” and it seemed that the time for moderation on their side was also over. In Pierce’s words: “As we listened to radio reports and called to various sections of the country for the on-the spot reports in inner cities, our moderation weakened and our alarm hardened.”

Racism had led directly to King’s assassination, and not only had white psychiatry consistently failed to take racism seriously; it had, in ways both subtle and overt, enabled it.

The decision was thus made to organize black psychiatrists into an independent body that would use tactics of the civil rights movement to force American psychiatry to acknowledge both its own racism and its professional responsibility to address the scourge of racism in the country.

On May 8, 1969, representatives from the Black Psychiatrists of America interrupted the trustees of the American Psychiatric Association while they were eating breakfast, and presented them with a list of demands. These included a significant increase in African-American representation on APA committees, task forces, and other positions of leadership; a call for the APA to commit itself to desegregating mental

health facilities; and a demand that any individual member of the society who was found to be guilty of racial discrimination be barred from practicing psychiatry.

The most fundamental demand made that morning, however, was that the profession begin to think about racism differently than it had in the past. Racism did not just happen because some bad people had hateful beliefs. Unlike many of their liberal white colleagues, who were fascinated by the potential mental pathologies of individual racists, the Black Psychiatrists of America (drawing on new sociological work) insisted that racism was built into the systems and structures of American life, including psychiatry itself. For this reason, as some of them put it in 1973, “institutional change (as opposed to personality change) are needed to root out and eliminate racism.”

Chester Pierce—the founding president of the Black Psychiatrists of America—was most concerned about the pernicious influence of one institution in particular: television. By 1969, virtually every American family home had at least one set. As one commentator at the time observed: “American homes have more television sets than bathtubs, refrigerators or telephones; 95 percent of American homes have television sets.”

Small children of all ethnicities were growing up glued to TV screens. This worried Pierce, because he was not just a psychiatrist but also a professor of early childhood education. And from a public health standpoint, he believed, television was a prime “carrier” of demeaning messages that undermined the mental health of vulnerable young black children in particular. In fact, it was Pierce who first coined the now widely used term microaggression, in the course of a study in the 1970s that exposed the persistent presence of stigmatizing representations of black people in television commercials.

It seemed to Pierce, though, that the same technology that risked creating another generation of psychically damaged black children could also be used as a radical therapeutic intervention. As he told his colleagues within the Black Psychiatrists of America in 1970: “Many of you know that for years I have been convinced that our ultimate enemies and deliverers are the education system and the mass media.” “We must,” he continued, “without theoretical squeamishness over correctness of our expertise, offer what fractions of truth we can to make education and mass media serve rather than to oppress the black people of this country.”

Knowing how Pierce saw the matter explains why, shortly after the founding of the Black Psychiatrists of America, he became personally involved in helping to design a new kind of television show targeted at preschool children.

The show had originally been conceived as a novel way of bringing remedial education into the homes of disadvantaged children, especially children of color. Pierce, though, saw a different kind of potential for a show like this: one that could directly counter and counteract the racist messages prevalent in the media of his time. The issues for him were even more personal than they might otherwise have been: at the time, he had a 3-year-old daughter of his own. He thus agreed to serve as a senior advisor on the show, working especially closely with the public television producer Joan Ganz Cooney, one of its two creators (the other was the psychologist Lloyd Morrisett).

In 1969, the show aired on public television stations across the country for the first time. It was called “Sesame Street.”

It was not only the most imaginative educational show for preschoolers ever designed: it was also, quite deliberately, populated with the most racially diverse cast that public television had ever seen. All the multi-ethnic characters— adults, children and puppets — lived, worked, and played together on a street in an inner-city neighborhood, similar (if in an idealized way) to the streets in which many minority children were growing up.

Each show opened with scenes of children of different races playing together. Episodes featured a strong black male role model (Gordon, a school teacher), his supportive wife, Susan (who later is offered the opportunity to develop a profession of her own), a good-hearted white storekeeper (Mr. Hooper) and more.

Within a few years, Hispanic characters moved into the neighborhood as well. As Loretta Moore Long (who played Susan) later reflected: “‘Sesame Street’ has incorporated a hidden curriculum ... that seeks to bolster the Black and minority child’s self-respect and to portray the multi-ethnic, multi-cultural world into which both majority and minority child are growing.”

The radical nature of this “hidden curriculum” did not go unnoticed. In May 1970, a state commission in Mississippi voted to not air the show on the state’s newly launched public TV network: the people of Mississippi, said some legislators, were not yet “ready” to see a show with such an interracial cast. The state commission reversed its decision after the originally secret vote made national news — though it took 22 days to decide to do so.

“Sesame Street” would go on to become the most successful children’s show of all time. Over time, though, the radical mental health agenda fueling its creation was largely forgotten. Later critics would instead increasingly suggest that the show, as a straightforward experiment in early education, benefited white middle-income children more than its primary target audience of disadvantaged minorities, and in that sense had arguably partly misfired.

Chester Pierce, however, never lost sight of the hidden curriculum that, for him, had always been at the heart of “Sesame Street.” “Early childhood specialists,” he reflected in 1972, “have a staggering responsibility ... in producing planetary citizens whose geographic and intellectual provinces are as limitless as their all-embracing humanity.”

What mattered most about “Sesame Street” was not the alphabet songs, the counting games or the funny puppets. What mattered most was its vision of an integrated society where everyone was a friend and treated with respect.

The program had originally been a radical experiment in the use of mass media to give the youngest generation of Americans their first experience of what Martin Luther King Jr. had famously called the Beloved Community: one based on justice, equal opportunity and positive regard for one’s fellow human beings, regardless of race, color or creed.

Anne Harrington is the Franklin L. Ford Professor of the history of science and medicine at Harvard University, director of undergraduate studies in her department, and faculty dean of Pforzheimer House, a 400-strong undergraduate community on the Harvard campus. She is the author of four books and numerous articles.

UPCOMING CONFERENCES

Dates	Name	Location
January 16-17, 2020	International Summit on Mental Disorders and Illness	Lisbon, Portugal
March 4-9, 2020	ISPRM 2020 - 14 th ISPRM World Congress and 53 rd AAP Annual Meeting	Orlando, FL
March 18-22, 2020	3 rd International Congress on Evidence Based Mental Health: From Research to Clinical Practice 2020	Ioannina, Greece
March 27-28, 2020	Annual Mental Health 2020 - 7 th Congress on Mental Health, Psychiatry and Wellbeing	Barcelona, Spain
April 2-3, 2020	The Talks on Psychiatry and Mental Health	San Antonio, Texas
April 13-14, 2020	29 th International Conference on Psychiatry & Psychology Health	Lisbon, Portugal
April 20-21, 2020	Psychiatry Conclave 2020	Bali, Indonesia
April 25-29, 2020	American Psychiatric Association (APA) 173 rd Annual Meeting	Philadelphia, PA
April 27-28, 2020	26 th International Conference on Psychiatry, Mental Disorders & Psychosomatic Medicine	Rome, Italy
May 14-16, 2020	27 th International Symposium on Controversies in Psychiatry	Barcelona, Spain
May 18-19, 2020	35 th International Conference on Psychiatry and Mental Health	Osaka, Japan
July 20-23, 2020	24 th World Congress of the International Association for Child and Adolescent Psychiatry and Allied Professionals	Singapore
Sept 20-23, 2020	IEPA 12 Early Intervention in Mental Health Conference	Rio de Janeiro, Brazil
October 14-17, 2020	20 th World Psychiatric Association (WPA) World Congress of Psychiatry	Bangkok, Thailand

FUNDING OPPORTUNITIES

Training & Education Grant Opportunities	
USAID Knowledge SUCCESS (Strengthening Use, Capacity, Collaboration, Exchange, Synthesis, and Sharing) APS	<p>Funding amount and eligibility: \$35M available for distribution to one or multiple awards, each with a maximum duration of 5 years.</p> <p>Description: The Strategic Objective is to ensure high-quality health information, knowledge, and expertise is exchanged, accessed, and used, and to build capacity in knowledge sharing, collaboration, and learning. We anticipate that an upcoming round will be non-communicable disease specific.</p> <p>Website: https://www.grants.gov/web/grants/view-opportunity.html?oppld=306385</p>
Global Health through Education, Training, and Service (GHETS)	<p>Funding amount and eligibility: Does not provide details of funding amount or duration.</p> <p>Description: GHETS supports a variety of health initiatives that are designed and implemented with the expertise of local health and development professionals. They distribute seed grants and provide follow-up monitoring and evaluation support to project partners. The focus is on 3 content areas: women's and community health, occupational and environmental health, and training and capacity building. We anticipate that an upcoming round will be non-communicable disease specific.</p> <p>Website: http://www.ghets.org/projects/</p>
Chronic, non-communicable diseases and disorders (NCD) across the lifespan: Fogarty International Research Training Award (D43)	<p>Funding amount and eligibility: \$1.25-\$1.15M over 5 years not to exceed \$230-250K/year. Collaborations may be between LMIC institutions or between LMIC and US institution.</p> <p>Description: The proposed institutional research training program is expected to sustainably strengthen the NCD research capacity of the LMIC institutions, and to train in-country experts to develop and conduct research on NCDs across the lifespan, with the long-range goal of developing and implementing evidence-based interventions relevant to their countries</p> <p>Website: https://grants.nih.gov/grants/guide/pa-files/PAR-18-901.html</p>
National Institute on Drug Abuse (NIDA) research education program for clinical researchers and clinicians (R25)	<p>Funding amount and eligibility: \$1.75M not to exceed \$350K/year. May not exceed 5 years. Unrestricted citizenship and activity locations</p> <p>Description: This grant supports educational activities that enhance the training of a workforce to meet the nation's biomedical, behavioral and clinical research needs with a focus on substance use disorders. The program is optimally intended for those combining clinical research with clinical care delivery and may not be used to support non-research-related clinical training.</p> <p>Website: https://grants.nih.gov/grants/guide/pa-files/PAR-19-258.html</p>
International Research Ethics Education and Curriculum Development Award (R25)	<p>Funding amount and eligibility: \$1.15M not to exceed \$230K/year. Time duration not to exceed 5 years.</p> <p>Description: This grant supports education in the ethics of international biomedical, behavioral and clinical research and the application of research ethics principles in LMICs through LMIC master's level research ethics education.</p> <p>Website: https://grants.nih.gov/grants/guide/pa-files/PAR-19-244.html</p>
Collaborative Research Grant Opportunities	

R01 Global Brain and Nervous System Disorders Research Across the Lifespan	<p>Funding amount and eligibility: L/MICs + US or L/MICs + UMICs. Funding level unspecified.</p> <p>Description: This grant funds innovative, collaborative research on brain and other nervous system function and disorders throughout life, relevant to LMICs. The collaboration should contribute to the long-term goals of building and strengthening sustainable research capacity in LMICs.</p> <p>Website: https://grants.nih.gov/grants/guide/pa-files/PAR-18-835.html</p>
American Foundation for Suicide Prevention Blue Sky Research Grant	<p>Funding amount and eligibility: \$500K/year x 3 years. Not limited to studies in the US.</p> <p>Description: This grant funds innovative, impactful study in an area of suicide research that will achieve significant goals.</p> <p>Website: https://afsp.org/our-work/research/grant-information/the-focus-grants/</p>
American Foundation for Suicide Prevention Linked Standard Research Innovation Grants	<p>Funding amount and eligibility: \$150K/year x 2 years. Not limited to studies in the US.</p> <p>Description: This grant is awarded to investigators at any level performing research in suicide involving two or more unique sites with each site contributing unique expertise, as well as data collection.</p> <p>Website: https://afsp.org/our-work/research/grant-information/</p>
R21 Computationally-Defined Behaviors in Psychiatry	<p>Funding amount and eligibility: Not limited to studies in the US; Non-US entities can apply.</p> <p>Description: This grant funds studies of behavioral measures, models, and parameters that have the potential for back-translation from humans to animals, especially for pre-clinical therapeutics development, and/or in models for clinical use.</p> <p>Website: https://grants.nih.gov/grants/guide/rfa-files/RFA-MH-19-240.htmls</p>
R01 Leveraging EMR for Psychiatric Genetic Research	<p>Funding amount and eligibility: Funding level uncertain.</p> <p>Description: This grant supports molecular epidemiologic approaches using individual genetic information from large, population-based cohorts to advance understanding of the etiology of severe mental disorders.</p> <p>Website: https://grants.nih.gov/grants/guide/pa-files/PAR-18-904.html</p>
R01 Development and Optimization of Tasks and Measures for Functional Domains of Behavior	<p>Funding amount and eligibility: Unrestricted citizenship and activity location.</p> <p>Description: This grant supports the development and optimization of tasks and/or measures for constructs pertaining to functional aspects of behavior or cognitive/affective processes, for use in laboratory or population-based studies, clinical trials outcomes, or related research.</p> <p>Website: https://grants.nih.gov/grants/guide/pa-files/PAR-18-930.html</p>
R01 Collaborative Clinical Studies in Mental Illness	<p>Funding amount and eligibility: Unrestricted citizenship and activity location.</p> <p>Description: This grant supports collaborative clinical studies (excluding treatment development, efficacy, or effectiveness trials) on mental health genetics, biomarkers, and HIV/AIDS-associated mental illnesses.</p> <p>Website: https://grants.nih.gov/grants/guide/pa-files/PAR-19-297.html</p>
R01 Confirmatory Efficacy Clinical Trials of Non-Pharmacological Interventions for Mental Disorders	<p>Funding amount and eligibility: Funding level unspecified. Unrestricted citizenship and activity location.</p> <p>Description: This grant supports confirmatory efficacy testing of non-pharmacological therapeutic and preventive interventions for mental disorders in adults and children through an experimental therapeutics approach.</p> <p>Website: https://grants.nih.gov/grants/guide/rfa-files/RFA-MH-18-707.html</p>

Samsung Global Collaboration	<p>Funding amount and eligibility: Unrestricted citizenship and activity location. \$150K/year x 3 years.</p> <p>Description: This grant funds novel research ideas to work with Samsung’s Research and Development to foster technological innovation including mental health assessment using mobile technology.</p> <p>Website: https://www.sait.samsung.co.kr/saithome/about/collabo_apply.do</p>
R01 International Research Collaboration on Drug Abuse and Addiction Research	<p>Funding amount and eligibility: Unspecified funding level. Must include both US and non-US partners.</p> <p>Description: This grant funds “unusual opportunities” that exist outside the US to access talent, resources, populations, or environmental conditions that will speed scientific discovery to advance U.S. addiction sciences</p> <p>Website: https://grants.nih.gov/grants/guide/pa-files/PA-18-773.html</p>

Scale-Up of Mental Health Services Grant Opportunities	
Wellcome Trust Joint Health Systems Research Initiative	<p>Funding amount and eligibility: For applicants from UK, LIC and MIC. £200K for 24months or ~£400-800K for preliminary studies.</p> <p>Description: This grant funds proposals that generate evidence on how to strengthen and improve health systems in LIC/MIC to inform use of evidence-based interventions or structural changes of relevance to decision makers.</p> <p>Website: https://wellcome.ac.uk/funding/schemes/joint-health-systems-research-initiative</p>
R01 Health Habits: Timing for Developing Sustainable Healthy Behaviors in Children and Adolescents	<p>Funding amount and eligibility: Funding amount unspecified x 5 years. Unrestricted citizenship and activity location</p> <p>Description: This grant funds Innovative research to identify mechanisms of influence and/or promote positive sustainable health behaviors in children and youth.</p> <p>Website: https://grants.nih.gov/grants/guide/pa-files/PA-18-355.html</p>
R34 Pilot Health Services and Economic Research on the Treatment of Drug, Alcohol, and Tobacco Use Disorders	<p>Funding amount and eligibility: \$225K/year x 3 years up to \$450K. Unrestricted citizenship and activity location.</p> <p>Description: This grant funds trials that test interventions, practices, and/or policies designed to optimize access to, and the quality, effectiveness, affordability and utilization of drug, tobacco, or alcohol use disorder treatments.</p> <p>Website: https://grants.nih.gov/grants/guide/pa-files/PA-18-774.html</p>
R01 Dissemination and Implementation Research in Health	<p>Funding amount and eligibility: Funding amount unspecified x 5 years. Unrestricted citizenship and activity location</p> <p>Description: This grant funds studies to identify, develop, test, evaluate, and/or refine strategies to disseminate and implement evidence-based practices to public health, clinical, and community settings.</p> <p>Website: https://grants.nih.gov/grants/guide/pa-files/PAR-19-274.html</p>
R01 Innovative Mental Health Services Research	<p>Funding amount and eligibility: Funding amount unspecified x 5 years. Unrestricted citizenship and activity location.</p> <p>Description: This grant supports the delivery of high-quality, continuously improving mental health services to benefit individuals with, or at risk for developing, a mental illness.</p> <p>Website: https://grants.nih.gov/grants/guide/pa-files/PAR-17-264.html</p>

R33 Development of Psychosocial Therapeutic and Preventive Interventions for Mental Disorders	<p>Funding amount and eligibility: Funding amount unspecified. Unrestricted citizenship and activity location.</p> <p>Description: This grant supports pilot testing of novel psychosocial therapeutic and preventive interventions for mental disorders in adults and children, using an experimental therapeutics approach.</p> <p>Website: https://grants.nih.gov/grants/guide/rfa-files/RFA-MH-18-705.html</p>
R01 Effectiveness Trials for Post-Acute Interventions and Services to Optimize Longer-term Outcomes	<p>Funding amount and eligibility: Funding amount unspecified x 5 years. Unrestricted citizenship and activity location.</p> <p>Description: This grant funds studies to evaluate the effectiveness of therapeutic and service delivery interventions for the post-acute management of mental health conditions affecting youth, adults, and older adults.</p> <p>Website: https://grants.nih.gov/grants/guide/pa-files/PA-18-430.html</p>
R01 Innovations in Mechanisms and Interventions to Address Mental Health in HIV Prevention and Care Continuum	<p>Funding amount and eligibility: Funding amount unspecified x 5 years. Unrestricted citizenship and activity location.</p> <p>Description: This grant funds studies that advance understanding of how mental health affects HIV prevention and treatment and that test interventions to improve mental health and HIV outcomes along the entire HIV care continuum.</p> <p>Website: https://grants.nih.gov/grants/guide/pa-files/PA-18-274.html</p>
R01 Identification and Management of Behavioral Symptoms and Mental Health Conditions in Individuals with ID	<p>Funding amount and eligibility: Funding amount unspecified x 5 years. Unrestricted citizenship and activity location.</p> <p>Description: This grant supports identification and management of behavioral symptoms and mental health conditions in individuals with ID including the development of assessment tools and studies of psychotropic medications in individuals with ID.</p> <p>Website: https://grants.nih.gov/grants/guide/pa-files/PA-18-766.html</p>
R01 Clinical Trials of Effectiveness of Treatment, Preventive, and Services Interventions	<p>Funding amount and eligibility: Funding amount unspecified. Unrestricted citizenship and activity location.</p> <p>Description: This grant supports clinical trials to establish the effectiveness of interventions and to test hypotheses regarding moderators, mediators, and mechanisms of action of these interventions.</p> <p>Website: https://grants.nih.gov/grants/guide/rfa-files/RFA-MH-18-701.html</p>