

Example of evaluation of implementation as one of the options: Integrating mental health into primary health care in Zambia

Two strategic options for integrating mental health into primary care in Zambia were presented in a policy brief:

Policy Option 1: An incremental approach

Incremental implementation of a plan for integrating mental health into primary care. The initiative begins with a pilot that includes a well-designed evaluation prior to scaling up.

Policy Option 2: A comprehensive approach.

Comprehensive implementation of a plan for scaling up the integration of mental health into primary care. This plan would introduce mental health services into primary care in all nine provinces of Zambia at the same time.

Monitoring and evaluation

Although high quality evidence of the effectiveness of many clinical interventions for mental disorders is available, evidence of the effects of strategies for integrating mental health into primary care is limited and, to a large extent, comes only from case studies. Consequently, the impacts and costs of both the options above are uncertain.

The incremental option addresses this uncertainty primarily by piloting the implementation of the plan for integration and evaluating the impacts (both desired and undesired) and the costs. It also incorporates process evaluations to examine how and why the strategies that are used to integrate mental health into primary care work – or do not work – as intended. The key advantage of this approach in terms of evaluation is that it makes it possible to make improvements in the plan if needed, prior to scaling up. The key disadvantage is that, assuming the plan is effective and works as intended, the incremental introduction will delay scaling up and the anticipated benefits of integrating mental health into primary care.

The comprehensive option addresses uncertainty about the impacts and costs of integrating mental health into primary care through monitoring and evaluation. The monitoring of financial, material, and human resources as inputs can address uncertainties about the magnitude of the resources required, and allows for adjustments to the budget if needed. The monitoring of impacts is unlikely to provide strong evidence that any changes in outcomes (such as changes in the burden of disease from mental illness) are attributable to integrating mental health into primary care. Monitoring can, however, inform decisions about whether changes are needed in the services provided, or how they are provided. More rigorous evaluation of the impacts of integration could be incorporated into the comprehensive option by, for example, randomising the order in which it is scaled up in different districts (using the districts where integration occurs later for comparison), or sequentially by introducing integration in different districts.