

**CIHR – NSFC Application Development Workshop**  
**GACD Mental Health Call**  
**February 21-22, 2017**  
**Beijing, China**

## **Workshop Overview**

On February 21-22, 2017 the Canadian Institutes of Health Research (CIHR) and the National Natural Science Foundation of China (NSFC) hosted an Application Development Workshop in Beijing, China. The objectives of the workshop were to introduce the NSFC-CIHR joint program on mental health, launched in collaboration with the Global Alliance for Chronic Diseases (GACD), and to provide an opportunity for Chinese and Canadian researchers to discuss interests related to collaborative implementation research projects in the field of mental health.

The workshop was well attended with over 57 participants from the two countries including 23 participants from Canada and 34 from China.

Throughout the two-day workshop a series of presentations offered information on a range of topics related to the CIHR-NSFC joint funding program as well as an opportunity for participants to share ideas for and develop collaborative research projects.

The following report provides a brief summary of the workshop. Copies of presentations are available upon request by emailing [events-evenements@cihr-irsc.gc.ca](mailto:events-evenements@cihr-irsc.gc.ca).

## **Workshop Day 1 – Tuesday February 21, 2017**

### **Welcome and opening remarks**

Mr. Liyao ZOU, Deputy Director-General, Bureau of International Cooperation, NSFC welcomed workshop participants and offered thanks to Dr. Jun MA, Peking University for hosting the event. Mr. ZOU reflected on the importance of international collaboration in research and the productive collaboration NSFC has enjoyed with CIHR for more than a decade. The first memorandum of understanding was signed between CIHR and NSFC in 2005 and since that time the organizations have jointly supported 140 research projects across a range of health research disciplines and topics. Mr. ZOU concluded his remarks by acknowledging the extensive burden of dementia and mental health disorders in China and the potential for this joint initiative to forge new research collaborations and contribute to improved prevention and treatment of these disorders.

Dr. Jun MA, Director of Institute of Child and Adolescent Health, Peking University warmly welcomed all meeting participants. He thanked NSFC for their strong support in the organization of the workshop and all other contributors, particularly the Canadian researchers whose participation critical to the event's success.

## **Overview of the GACD & CIHR-NSFC funding opportunity**

Jennifer Gunning, Manager, International Relations and Executive Support delivered a presentation on the Global Alliance for Chronic Diseases (GACD) and the CIHR-NSFC funding opportunity the organizations have launched in line with the GACD call on global mental health. Alignment of the CIHR-NSFC funding opportunity with the GACD allows funded teams to be part of a global research network supported by 10 participating GACD member organizations. Ms. Gunning reviewed the expectations of the GACD mental health call and the requirements of the CIHR-NSFC program.

## **Current challenges & opportunities in the diagnosis and management of dementia**

Dr. Yves Joannette, Scientific Director, CIHR Institute of Aging and Chair, World Dementia Council delivered a presentation on the aging demographics of the global population via a video message. Dr. Joannette shared information on responses to the growing challenge of dementia including by the World Health Organization, G8 countries and CIHR.

Dr. Jing GAO, Neurologist and Professor, Peking Union Medical College Hospital (PUMCH) shared information on the epidemiology, cost and social services related to dementia in China. She discussed the dementia work occurring within PUMCH including in the areas of diagnosis, caregiver education, treatment, genetic research and cognitive screening tests such as MoCA.

During the discussion, participants and speakers reflected on the implementation research focus of the joint funding program and the importance of building on solutions that are known to have some effectiveness. In the field of dementia, this could include for example risk reduction strategies (e.g., speaking more than one language daily), enhancing quality of life through and for care givers and improving society's awareness of dementia. It was clarified that regardless of cause (e.g., aging, trauma, alcohol), projects focused on dementia are relevant to the funding opportunity.

## **Current challenges & opportunities in the prevention and management of mental health disorders**

Dr. Anthony Phillips, Scientific Director, CIHR Institute of Neurosciences, Mental Health and Addiction briefly reflected on the strong history of collaboration between CIHR and NSFC, which he has had the pleasure of being actively involved in for many years. Dr. Phillips went on to suggest that while globally the attention to mental health has been highly insufficient, there is previous work in the area of global mental health on which researchers can build, for example the Grand Challenges in Global Mental Health published in 2011. Dr. Phillips reviewed the Grand Challenges as they relate to the current call for implementation research projects and reflected on the unmet need of ensuring effective approaches for mental health prevention and treatment are widely available to those who need them.

Dr. Lin LU, Director of Peking University Institute of Mental Health/Peking University Sixth Hospital informed participants of the burden of mental health disorders in China by gender and age. Dr. LU pointed out that the budget allocation for addressing mental health is only 2.3% of health care expenditures in China, well below the average of 5.1% in high-income countries. There are shortages in mental health services and trained health care providers as well as challenges with low recognition rates of mental disorders and related stigma. However, Dr. LU also shared information on progress that

is being made in China through recent laws, the development of a national mental health strategy and research efforts.

### **Implementation research: What is it and how to do it well?**

Dr. Nancy Edwards, Professor, Faculty of Health Sciences, University of Ottawa provided a comprehensive presentation focused on the importance of implementation research as a scientific discipline, what implementation research is and how to do it well. After highlighting the opportunity for implementation research to help close the gap in the availability of effective mental health policies and services, Dr. Edwards presented a series of implementation research principles, concepts and frameworks. The presentation concluded by offering a checklist for implementation research to guide the consideration and development of relevant applications.

### **Group work: Discussion on terminology & ideas for implementation research projects**

The remainder of the afternoon was dedicated to group work. The five groups discussed key terms in implementation research and identified the most appropriate corresponding Chinese characters and also shared their initial ideas for implementation research projects.

### **Closing remarks & adjournment of Day 1**

Prior to closing the workshop for Day 1, Dr. Ruijuan SUN, Deputy Director General, Department of Health Sciences, NSFC shared reflections on past CIHR-NSFC collaboration and the productive interactions that took place throughout the day.

## **Workshop Day 2 – Wednesday February 22, 2017**

### **Opening remarks**

Professor Fan JIANG, Vice Director of the Ministry of Education, Key Laboratory of Environment and Child Health opened the second day of the meeting by reflecting on the progress made on Day 1 and outlining the agenda for the second day of the workshop.

### **Grand Challenges Canada: Global mental health innovations**

Ellen Morgan, Project Officer, Global Mental Health, Grand Challenges Canada delivered a presentation via a pre-recorded video. She focused on the challenge of global mental health, the response by Grand Challenges Canada, and its impact to date. She also shared information on the Mental Health Innovation Network and metrics for measuring impact of mental health projects.

Following the video, Ms. Morgan participated in a discussion with workshop participants via videoconference. During the discussion it was explained that, to date, GCC has not funded projects in China as larger economies have not been eligible for GCC mental health programs. Eligibility for future calls for proposals is still to be determined following a decision on future funding for GCC mental health programming. There was also some discussion on reverse innovation and the need and opportunity to apply the learnings from global health work to Indigenous communities in Canada.

## Community Engagement

Dr. Qingyue MENG, Director of Peking University China Center for Health Development Studies delivered an informative presentation on health care reforms in China and efforts to strengthen primary health care throughout the country. Dr. MENG acknowledged mental health a priority within the health sector and discussed the importance of expanding models of care beyond hospitals.

Dr. Roderick McCormick, Research Chair in Indigenous Health and Education, Thompson Rivers University shared information on indigenous populations in Canada and the historical context behind the poor socioeconomic and health status of Aboriginal peoples. He reflected on the importance of reconciliation, its relevance to health research and the strength of applying Indigenous ways of healing to address mental health.

## Group work 2: Developing collaborative implementation research projects

Prior to the continuation of group work, Dr. Edwards shared some reflections from the workshop thus far and offered suggestions for issues participants should consider as they discuss potential research projects. Dr. Edwards recommended reflection and consideration be given to scalability and its assessment before initiating implementation; contextual variation, the distinction between setting and context and contextual influences that could affect interventions; the unique opportunity to study predictable contextual variation offered by China's five-year plan with clear goals and a blueprint for rollout; and to using different phases of the project to deeply understand context and required intervention adaptations prior to the initiation of interventions.

## Report back: Terminology

Following extensive discussion, workshop participants agreed to the following Chinese characters to represent several English terms used throughout the workshop

English Term & Definition	Chinese Characters
<b>Implementation Research</b>  Implementation research is defined as the study of methods and strategies to promote the uptake of interventions that have proven effective into routine practice, with the aim of improving population health. Implementation research therefore examines what works, for whom and under what circumstances, and how interventions can be adapted and scaled up in ways that are accessible and equitable. ( <a href="#">GACD</a> )	实施性研究
<b>Scale-up</b>  Scaling up is defined as deliberate efforts to increase the impact of health service innovations successfully tested in pilot or experimental projects so as to benefit more people and to foster policy and programme development on a lasting basis	拓展

<a href="#">(WHO)</a>	
<b>Equity</b>  Health equity suggests that everyone can reach their full health potential and that they should not be disadvantaged from attaining this potential as a result of their race, ethnicity, religion, gender, age, social class, socioeconomic status or other socially determined circumstance ( <a href="#">CIHR</a> )	公平性

### **Funding opportunity: Timelines and application process**

Jeff Warren, Advisor, Program Design and Delivery, CIHR and Xiuping LIU, Division Director, NSFC presented on the application process for Canadian and Chinese applicants respectively. During the presentations, it was clarified that the second stage peer review by an international panel would be conducted in collaboration with the GACD. Mr. Warren and Ms. LIU responded to questions regarding letters of support, confirming they are optional rather than mandatory and that if submitted in Chinese, translation into English will be required in order to facilitate peer review. Regarding the budget, participants were instructed to submit one joint budget describing how the funding from CIHR and the funding from NSFC would be utilized. It was also clarified that all applications receiving an average score above 3.5 on the CIHR rating scale at Stage 1 peer review would move forward to Stage 2 review.

### **Question & answer session**

The discussion continued with the participation of additional representatives from CIHR and NSFC as well as Dr. Edwards. During the final question and answer session the panel clarified that funding available from CIHR must be administered by an eligible Canadian investigator but could be used to support research activities in China or other low- and middle-income countries. There was discussion regarding the inclusion of biological indicators in the research projects with the funding agencies indicating that such indicators would be eligible for inclusion if they are part of an evidence-based intervention to be implemented and scaled-up in the context of the research project. One participant inquired about the eligibility of a project focused on suicide. The panel indicated that suicide would indeed be a relevant outcome measure but emphasized the importance of also focusing on underlying mental health disorders as outlined in the funding opportunity.

### **Closing remarks & workshop adjournment**

Mr. ZOU offered thanks to Dr. MA for hosting a successful workshop and to the participants for their engagement before adjourning the two-day event.

## Participant List

Biographies of each participant are available upon request by emailing [events-evenements@cihr-irsc.gc.ca](mailto:events-evenements@cihr-irsc.gc.ca).

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