

# How to write high-quality, compelling policy briefs

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CENTRE FOR GLOBAL  
MENTAL HEALTH



# Learning objectives

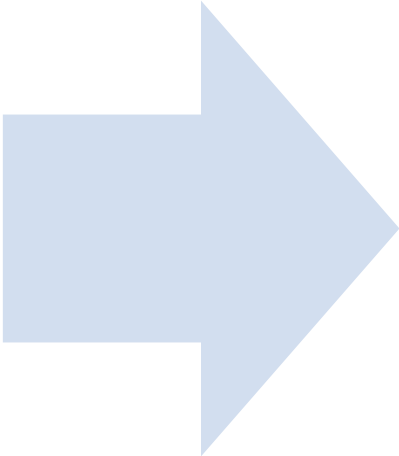
Appreciate where policy briefs fit in the processes of policy engagement (why, what, when, who and how?)

Gain some practical tips on developing policy briefs (content, format)

Why do we engage  
with policy makers?



Evidence

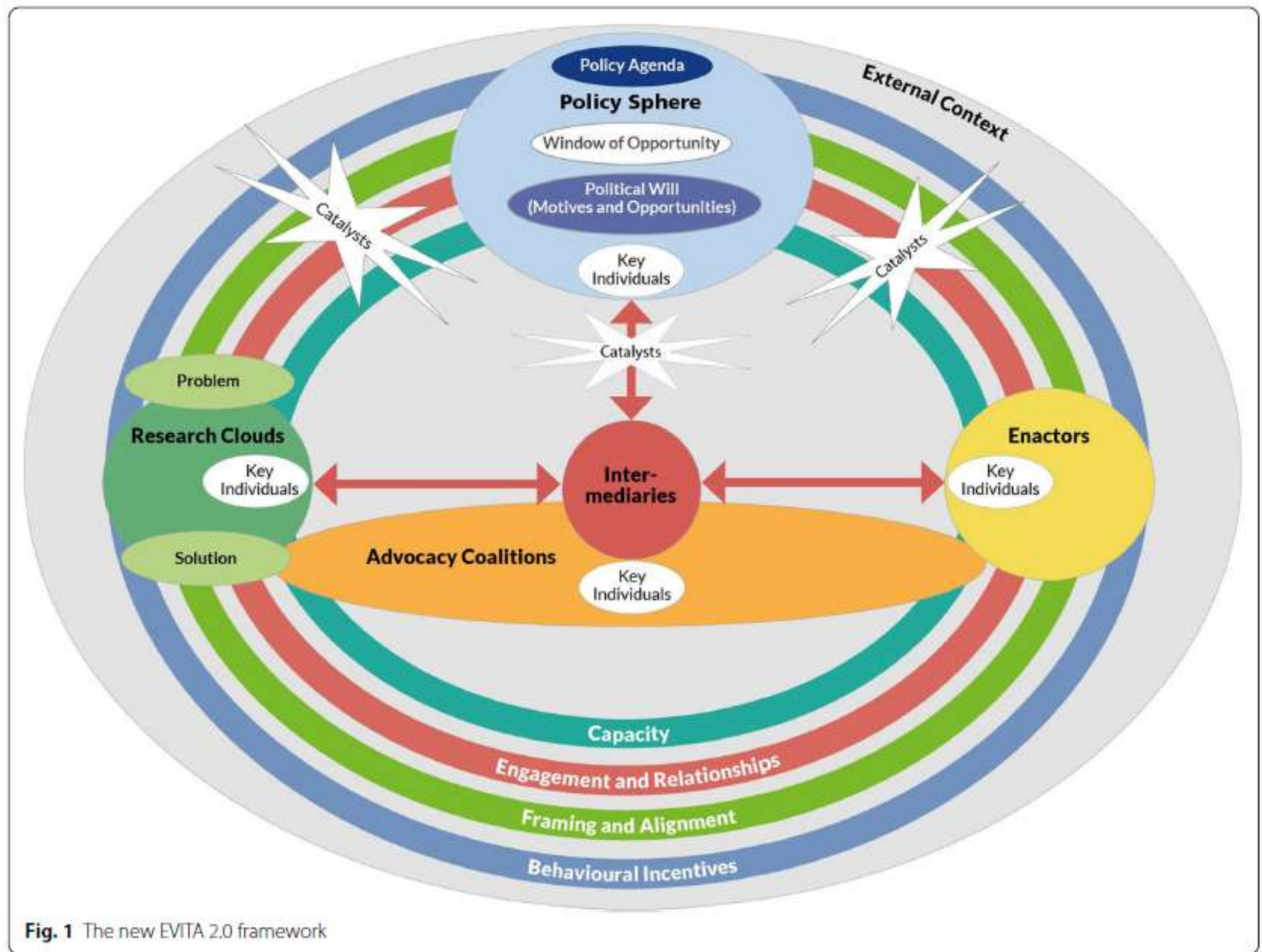


Policy

# Or does it?

- EVITA 2 framework
- Influencing policy agenda-setting
- Non-linear interactions, fluidity and complexity


*Votruba et al. 2021*



# Knowledge exchange

- “a two-way exchange between researchers and research users, to share ideas, research evidence, experiences and skills. It refers to any process through which academic ideas and insights are shared, and external perspectives and experiences brought in to academia.”

*Economic and Social Research Council (UK)*



# Why? What are we trying to achieve?



Align our research questions and plans with the policy context



Involve policymakers in what we are doing, highlight the policy relevance



Kick-start conversations



Show how specific findings are relevant for particular policy concerns



Show how findings highlight the need for new policy, and what that could look like



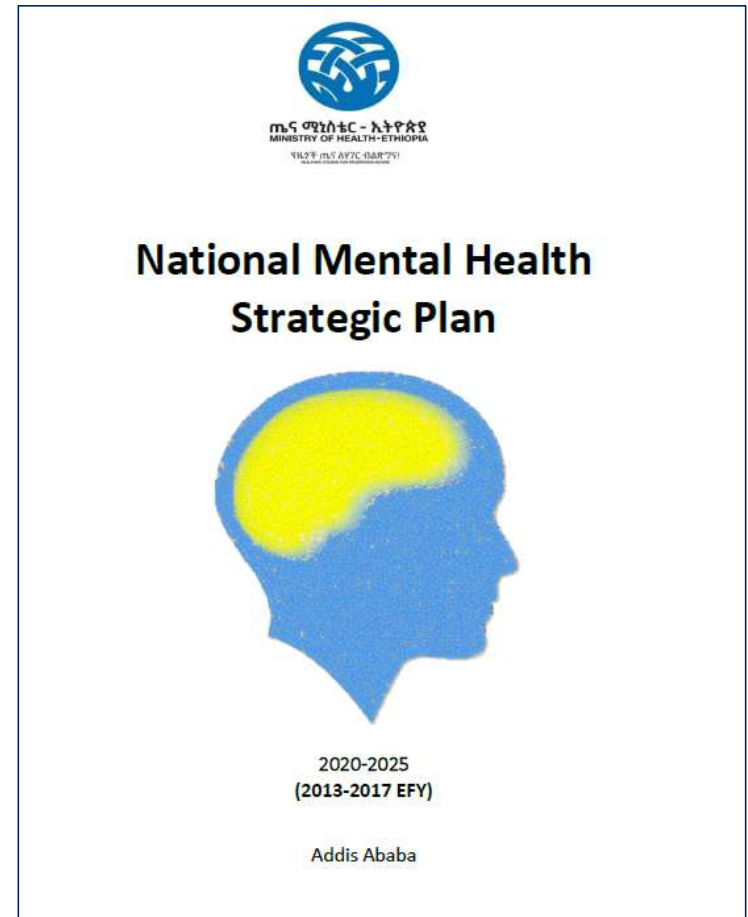


Understand what policy-makers need,  
and when they need it



# What is relevant now?

- Read the existing policies
- Understand the policy processes
- Provide opportunities to hear what is needed (and listen)
- Think in terms of solutions and actions – don't just list problems
- Be prepared to go faster than you want to
- Be willing to contribute when they need you



# What is relevant?

- **Think beyond your narrow area & a specific project**
- **Integration not fragmentation**

Example:

- Integrating psychosocial care into maternal care in Ethiopia
  - Woman-centred maternal care
  - Compassionate, competent and motivated clinicians
  - Transforming primary care
  - (mental health care)



Who are we  
targeting for  
policy  
engagement?

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Sub-national, national, regional,  
global policy-makers

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Within health – cross-cutting  
directorates, advisors

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Outside the health sector –  
finance, social care, justice

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Think tanks

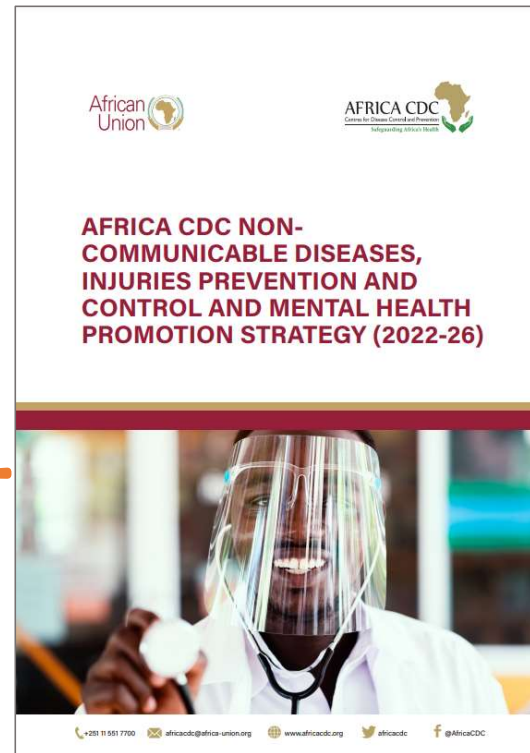


Engage with people who influence policy-makers



# Who affects policy?

- Service users
- External funders
- International organisations



**GLOBAL MENTAL HEALTH**  
PEER NETWORK

*Unapologetically, Experts by Experience*  
[www.gmhpn.org](http://www.gmhpn.org)



**AAMMH**  
African Alliance for  
Maternal Mental Health  
**Educate. Advocate. Act.**



WHO WE ARE WHAT WE DO WHERE WE WORK REPORTS AND DATA NEWS AND INFORMATION WORK WITH USAID

HOME » WHO WE ARE » ORGANIZATION » BUREAUS » BUREAU FOR DEVELOPMENT, DEMOCRACY, AND INNOVATION (DDI) » MENTAL H

WHO WE ARE

MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT





How to engage with policy-makers

# Little and often

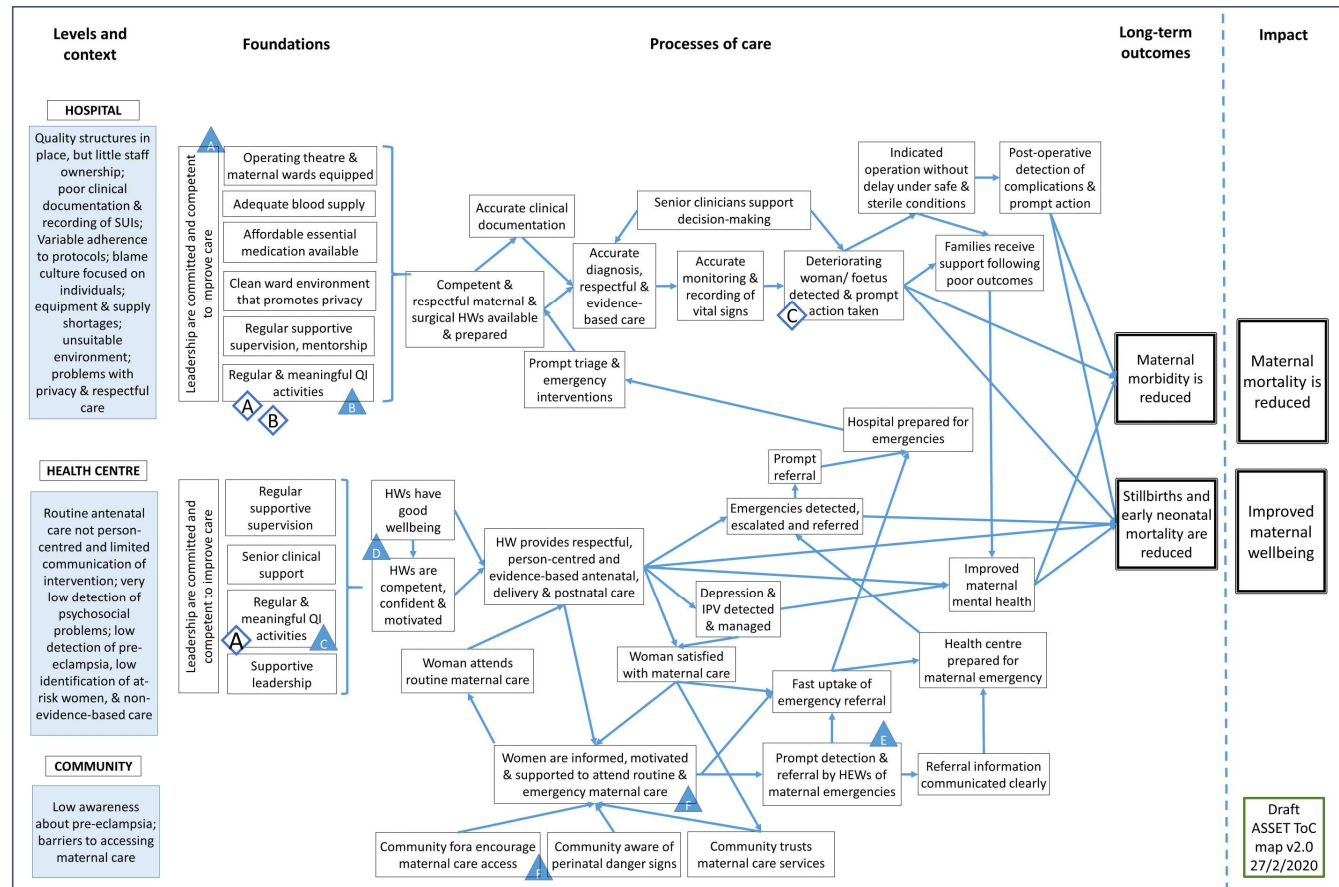
- Policy space is dynamic
- Turnover of staff
  
- Cultivate relationships
- Go to the policymakers, not expect them to come to you
- Keep in touch and give feedback





# Co-production

- Agree on the focus
- Part of the process
- Ownership





# Practical tips on policy briefs

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# Guidance

- Research to Action

<https://www.researchtoaction.org/wp-content/uploads/2014/10/PBWeekLauraFCfinal.pdf>

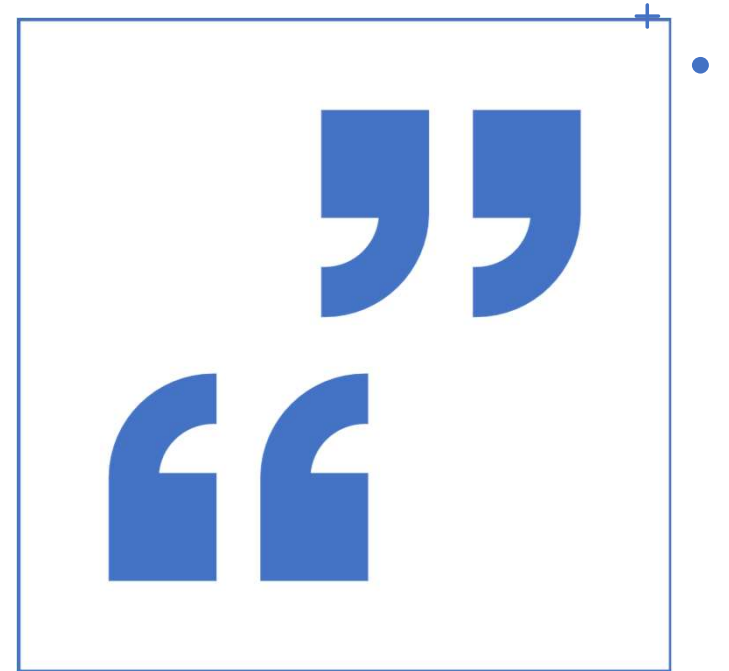
How to plan, write and communicate an effective Policy Brief

- Food and Agriculture Organisation of the UN
- <https://www.fao.org/3/i2195e/i2195e03.pdf>

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# What is a policy brief?

- “A policy brief is a short, to the point, jargon free document written for non-specialists.”





## Do policy briefs work?

“Great to put your coffee on”  
[ID18, Votruba et al. 2021]

Seen as a starting point

‘More useful in creating a belief  
than changing one’ – better earlier

Risk being ineffective if not part of  
broader engagement

# Features of a good policy brief

Short, to the point

Based on firm evidence

Focused on meanings, not methods

Relate to the big picture





# Who to involve in developing a policy brief?



Researcher working with a  
communications specialist



Wider team to review and  
comment



Advocacy coalition

# Establish relevance – catchy title

**PRIME Policy Brief 3**  
**May 2013**

## **Human resources for mental health care: current situation and strategies for action**

*Ritsuko Kakuma, Harry Minas, Nadja van Ginneken, Mario R Dal Poz, Keshav Desiraju, Jodi E Morris, Shekhar Saxena, Richard M Scheffler*

Vs.

**PRIME Policy Brief 6**  
**August 2014**

## **Challenges & opportunities for implementing integrated mental health care: A district level situation analysis from 5 low and middle-income countries**

*Charlotte Hanlon, Nagendra Luitel, Tasneem Kathree, Vaibhav Murhar, Sanjay Shrivasta, Girmay Medhin, Joshua Ssebunya, Abebaw Fekadu, Rahul Shidhaye, Inge Petersen, Mark Jordans, Fred Kigozi, Graham Thornicroft, Vikram Patel, Mark Tomlinson, Crick Lund, Erica Breuer, Mary De Silva, Martin Prince*

[http://www.prime.uct.ac.za/policy\\_briefs](http://www.prime.uct.ac.za/policy_briefs)

# Clear purpose – is this relevant for me?

**PRIME Policy Brief 5**  
**February 2014**

## **Integrating maternal mental health into existing health and development programmes: a way to achieve goals of key South African policies**

*Simone Honikman, Ingrid Meintjes, Sally Field, Emily Baron, Crick Lund*

### **The purpose of this Policy Brief is to:**

- Draw policy-makers' attention to broad development implications of maternal mental health
- Illustrate how addressing the mental health of mothers can help South Africa to achieve several key policy goals simultaneously

### **Audience:**

Clinicians, managers, health planners, strategists, policy-makers in the health, development and NGO sectors

- [http://www.prime.uct.ac.za/policy\\_briefs](http://www.prime.uct.ac.za/policy_briefs)

# General format (2-4 pages)

- Brief purpose/objective of the brief
- Brief summary
- Background – why is this needed/what are the gaps?
- What did you do? (brief)
- What did you find?
- Policy recommendations/highlighting relevance for existing policy
- Acknowledgments, logos, resources, website, **contact information**
  
- Flexible format

# Make it engaging

- Be creative
- Photos
- Drawings
- Maps
- Infographics
- Quotes
- Branding – colour scheme

# Avoid complex tables...

**District characteristics and health care resources**

|  | <b>Ethiopia</b>       | <b>India</b>                                     | <b>Nepal</b>                                      | <b>South Africa</b>   | <b>Uganda</b>         |
|--|-----------------------|--|---|---|-----------------------|
| <b>District Name</b>   | Sodo<br>(Gurage Zone) | Sehore<br>(Madhya Pradesh)                       | Chitwan   | Dr Kenneth Kaunda (North<br>West Province)                        | Kamuli                |
| <b>District Population</b>   | 161,952               | 1,311,008  | 575,058   | 632,790   | 740,700               |
| <b>% Rural</b>   | 90%                   | 81%  | 73%   | 14%   | 97%                   |
| <b>Literacy</b>  | 22%                   | 71%  | 70%   | 88%   | 63%                   |
| <b>Hospitals</b>   | 0                     | 2  | 2   | 4 (+1 mental hospital)  | 2                     |
| <b>Primary Care Clinics</b>  | 8                     | 15   | 4   | 28  | 41                    |
| <b>Doctors Available</b>   | No                    | Yes  | No <sup>1</sup>                                   | Yes   | Yes                   |
| <b>Psychological therapies</b>   | None                  | Yes (Generic<br>Counselling)                     | Private hospital <sup>2</sup>                     | Yes <sup>3</sup>  | None                  |
| <b>Psychiatrists</b>   | 0                     | 1 (public)                                       | 2 (public), 3<br>(private) in district<br>capital | 2 full time psychiatrists in<br>psychiatric hospital <sup>4</sup> | 0                     |
| <b>Clinical Psychologists</b>  | 0                     | 1 (public), 2 (NGOs)                             | 0   | 12 <sup>5</sup>   | 0                     |
| <b>Counsellors</b>   | 0                     | 1 (public), 1 (NGO)                              | 0(public),<br>7 (private)                         | 139 <sup>6</sup>  | 0                     |
| <b>Psychiatric medication<br/>(reliable supply of)</b>                           | No                    | No   | No  | Yes   | No                    |
| <b>District mental health<br/>plan or implementation<br/>of national MH plan</b> | No                    | No, but there is a<br>mental health<br>programme | No  | Yes   | No                    |
| <b>Budget for mental<br/>health (% of district</b>                               | No                    | No   | No  | No  | Yes (not ring-fenced) |

[http://www.prime.uct.ac.za/policy\\_briefs](http://www.prime.uct.ac.za/policy_briefs)

# Use simple figures

## ASSET Policy Brief

### Surgical Mortality in Ethiopia

3

#### TAKE HOME MESSAGES

- + More than one quarter of deaths between 2014 - 2019 in a rural community in Ethiopia were likely to have been avertable with timely surgical intervention.
- + Expanding access to quality surgical care is an urgent priority

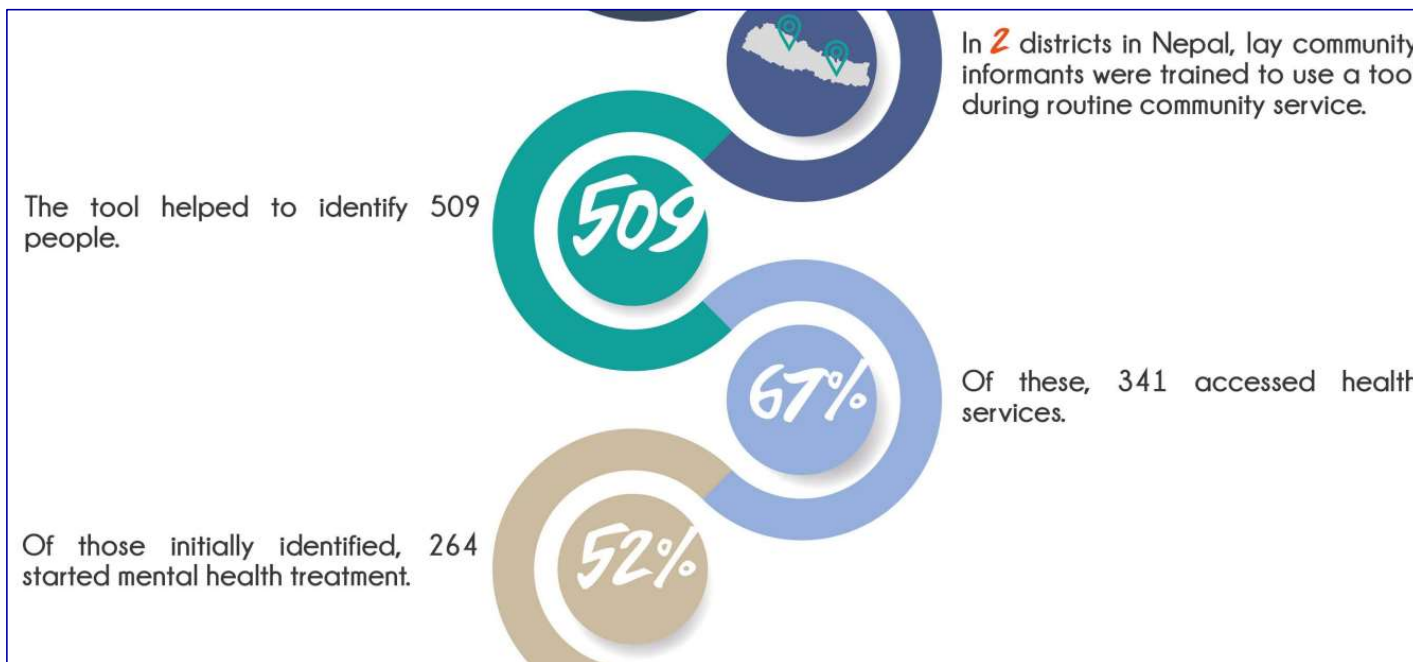
26.2%

of deaths probably or  
definitely surgically  
avertable





# Make information accessible



## Pathways to healing

Community Informant Detection Tool

Around the world, many people suffering from mental illness don't access available mental healthcare services. This underutilization prevents us from reducing the burden of disease of mental, neurological and substance-use disorders.

- 1 They're not aware of the services available to them.
- 2 Neither they or their loved ones recognise that they might have a problem.
- 3 The stigma attached to seeking mental healthcare.
- 4 No confidence in the effectiveness of treatment.

A way to increase utilization is proactive community case detection. This means that people with regular community engagement and very familiar is and with the community are taught to identify and refer people for assessment and treatment in nearby primary health care.

They developed the community informant detection tool (CIDT). The tool helps detecting people with depression, alcohol-use disorder, epilepsy and psychosis and encourages identified people to seek care.

Lay community informants use the CIDT in their day-to-day life and interactions with people in their community to see whether they know people that match the description provided in the vignettes.

In 2 districts in Nepal, lay community informants were trained to use a tool during routine community service.

The tool helped to identify 509 people.

Of these, 341 accessed health services.

Of those initially identified, 264 started mental health treatment.

Using the CIDT has increased the utilization of mental health services in a low-income country with low health resources. The tool seems beneficial in rural settings, where communities are close-knit and community informants are familiar with those in need of mental health services.

The Nepalese government has included the tool in national health care packages and the approach has been scaled up to other districts during the emergency response following the 2015 earthquakes.

Implementation of the CIDT could help address the treatment and access gaps for mental health in low and middle-income countries.

References  
Proactive community case-finding to facilitate treatment seeking for mental disorders, Nepal  
Jadhav, P.G., Karki, B.S., Upreti, A.D., Lund, C. and Kirmayer, L.J.



Use photos

**Good network of community-based workers:** The extensive networks of community-based health workers and volunteers in most districts provide further opportunities to expand mental health care.

[http://www.prime.uct.ac.za/policy\\_briefs](http://www.prime.uct.ac.za/policy_briefs)



Include real  
life  
experience

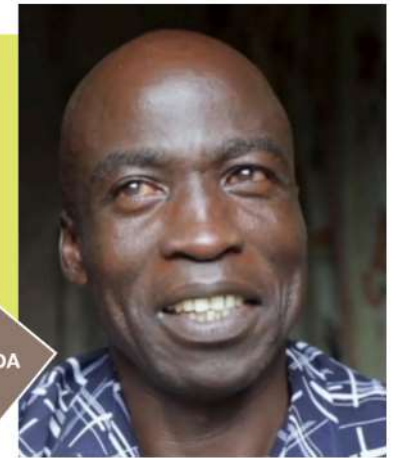
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## SOME OF OUR STORIES

**Semakula**, a UPDF soldier, was initially diagnosed with high blood pressure and received medication to treat this while he was on duty. He eventually stopped taking the blood pressure medicine and his symptoms improved briefly.

Upon his return after three years of service and finding the situation at home to be dire, his symptoms returned. When visiting the Kamuli District Hospital where he was receiving treatment, a new doctor referred him to speak to a mental health nurse. Through counseling he was educated about depression and learned practical ways to manage his stress. He was also prescribed some medication. "Overall, the tablets I was prescribed plus the counseling were the most helpful."

UGANDA



SOUTH  
AFRICA

**Ma Agnes** lives in the North-West Province in South Africa. After the death of her husband she gradually developed depression. During a routine visit to the local clinic, a nurse screened Ma Agnes for depression as she was referred for talk therapy.

Using the PRIME counseling manual for depression, her assigned counselor assisted Ma Agnes to work through her depression. "The people who counseled me enlightened me about depression and helped me remove all these things inside me one by one." The PRIME intervention has empowered Ma Agnes to improve her life significantly. "Before I couldn't go to church. Now I can go to church."



[http://www.prime.uct.ac.za/policy\\_briefs](http://www.prime.uct.ac.za/policy_briefs)

# Powerful quotes



Spark

## Policy Brief

### Supporting Families of Children with Developmental Disabilities in Ethiopia

A mother from  
Addis Ababa

*The awareness level of the community is very low, and a lot needs to be done. ... . They talk about you behind your back and because of that, you will be forced to exclude yourself from them. ... . They believe in the curse and they give different explanations. Due to this and to protect your mind you will exclude yourself. It has a huge impact. It is very difficult.*

POLICY BRIEF 1

# Hospital assessment of surgical readiness: Findings in Ethiopia

# ASSET

HeAlth System StrEngThening in Sub Saharan Africa

[www.healthasset.org](http://www.healthasset.org)

@assetKCHI



**1 ABOUT ASSET-ETHIOPIA**  
ASSET-Ethiopia is a health system strengthening programme led by Addis Ababa University in collaboration with the Federal Ministry of Health of Ethiopia and King's College London.

**2 GOAL OF SURGICAL PLATFORM**  
The goal of the ASSET surgical platform is to adapt, implement and evaluate the impact of health system strengthening interventions to improve the coverage, quality and outcomes of surgical, anaesthetic and dental care.

**3 DIAGNOSTIC PHASE**  
Diagnostic phase includes 6 studies:

|   |                             |                            |
|---|-----------------------------|----------------------------|
| Hospital assessment of surgical readiness | Hospital ethnographic study | Surgical community survey  |
| surgical cohort study                     | Qualitative study           | Theory of change workshops |

**4 HOSPITAL ASSESSMENT OF SURGICAL READINESS**

- 5 primary hospitals, 2 general hospitals assessed
- Conducted by surgeons/surgical nurses
- Checklist completed from observation and discussion with key personnel

## FINDINGS

### EQUIPMENT AND INFRASTRUCTURE

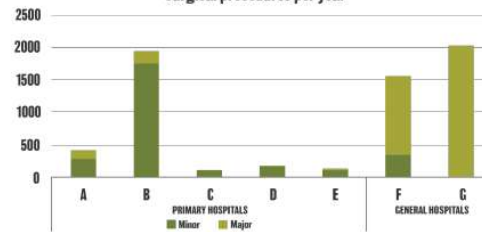
- Free ambulance for all
- Only 1 primary hospital had an X-ray machine
- Blood available < 50% of the time in 4 of 5 primary hospitals
- Laboratory investigations: most hospitals had consistent availability of complete blood counts but no coagulation screens and low availability of chemistry panels (< 50% of the time for 4 of 8 hospitals)
- 1 out of 5 primary hospitals had a complete surgical set for management of open fractures

### HUMAN RESOURCES

- Integrated emergency surgical officers in primary hospitals
- IESOs, General surgeons and Obstetrician/Gynaecologists in general hospitals
- 2 out of 5 primary hospitals had an X-ray technician and none had a radiologist

### SURGICAL VOLUME

Surgical procedures per year



Only 0.5-8.5% of the projected need of 5000 surgical procedures/100,000 population per year

Not too much text

# Text

Avoid jargon

Inclusive language

Brief sentences, bullet points

Readability – websites to check

Translate if needed

Less is more – keep it focused on 1 or 2 key messages

**Emerald**

**SERVICE USER AND CAREGIVER INVOLVEMENT IN MENTAL HEALTH SYSTEM STRENGTHENING IN LOW AND MIDDLE INCOME COUNTRIES. SYSTEMATIC REVIEW**

Maja Semrau, Heidi Lempp, Rosanne Keynejad, Sara Evans-Lacko, James Mugisha, Shoba Raj, Jagannath Lamichhane, Anshu Akem, Gaham Thomsen and Charlotte Haxton

BMC Health Services Research (2016) 16:79

**INTRODUCTION**

The involvement of mental health service users and their caregivers in **health system policy and planning, service monitoring and research** can contribute to mental health system strengthening, however, to date, there have been very few efforts to do so in LMICs.

A systematic review was undertaken in order to provide an evidence base to inform the **Emerging mental health systems in LMICs (Emerald)** programme's capacity-building activities for service users and caregivers in six low- and middle-income countries (LMICs) (Ethiopia, India, Nepal, Nigeria, South Africa and Uganda).

**FINDINGS OF PEER-REVIEWED STUDIES**

**Development of policies or strategies**

- Consultation processes with service user involvement are useful and feasible and may lead to an improvement in mental health services and/or outcomes.
- Grassroots public action might address imbalance in power relations when including service users in the decision making processes.
- If service users are not aware or do not have information about their rights, their contribution to policy development is likely to be limited or altogether absent.

EMERALD Policy Brief March 2016

**Service delivery and support groups**

There is evidence for the benefits of service user or caregiver involvement in service delivery and/or support groups. Examples of this are:

The employment of service users' family members as case managers for people with schizophrenia in Iran when compared to psychology graduates.

Service user and carer self-help groups in Ghana.

Service users and service providers were actively involved in the development and delivery of psycho-social interventions for women with depression in South Africa.

Women's groups led by peer facilitators to reduce moderate maternal depression in India.

Involvement of peer educators in people exchange programmes for alcohol and drug abuse in China.

There is still a paucity of high-quality research, especially in regards to service user involvement in the development of policies and strategies, the planning and development of services, the training of health workers in mental health care, and within mental health research.

The review showed overall that **service user and caregiver involvement in mental health system strengthening is possible and may lead to improvements in mental health services and outcomes.**

**Research** on service user or caregiver involvement in mental health system strengthening seems to be **on the rise**, as most research has been published in the **last ten years.**

However research findings are **often not translated into practice.**

EMERALD Policy Brief March 2016

**RECOMMENDATIONS**

In a field where a large majority of people do not receive any effective treatment or mental health care, and may at times receive it against their will it is necessary for professionals working within the formal health system to **share responsibility with representative organisations.**

Research needs to take into account **the local context, culture, traditions and values** in the implementation of interventions or capacitybuilding activities.

Encourage stakeholder involvement in study design as a solution to the slow translation of the findings into meaningful changes in practice.

Models of best practice **need to be shared widely** and across countries.

Use research as a platform to provide information to service users and caregivers about their rights, and **foster advocacy work.** Service users and caregivers should always give their informed consent to participate.

**Stakeholder involvement in study design is recommended**

**More systematic evaluation** needs to be incorporated into studies of service user and caregiver involvement, including rigorous study designs with low risk of bias, such as RCTs complemented by participatory approaches or case studies.

that may offer a solution to the slow translation of the findings into meaningful changes in practice at the service or systems level.

www.centreforglobalmentalhealth.org

EMERALD Policy Brief March 2016

Visually striking

<https://www.centreforglobalmentalhealth.org/emerald-emerging-mental-health-systems-in-low-and-middle-income-countries>



# Making the most of policy briefs

- Work with the 'advocacy coalition'
- Use as part of face-to-face interaction
- Printed copies for key people
- Make publicly available – project websites, mental health innovation network:  
<https://www.mhinnovation.net/>
- Email to listserves



# Summary

1

Policy briefs can be a useful component of policy engagement

2

Be clear about what you want to achieve and your audience

3

Focused content, engaging format and linked to other policy engagement

# Thank you

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