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120	Abstract	<p>The rising recognition of mental health as a critical driver of morbidity and mortality worldwide demands advanced training opportunities for investigators in global psychiatry and mental health. Despite the great need, there remains a shortage of advanced training opportunities and clearly defined career paths for trainees in global mental health clinical research in the USA. This educational case report describes a new National Institute of Mental Health (NIMH)-funded clinical research fellowship in global mental health at Massachusetts General Hospital. The fellowship aims to address gaps in training opportunities for clinical researchers in global mental health in the USA. This report describes the new fellowship program, discusses challenges and lessons learned in the first 2 years of its implementation, provides initial metrics for its success, and includes future directions for refining the program and developing other similar training opportunities.</p>	
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**Massachusetts General Hospital (MGH) Global Psychiatric
Clinical Research Training Program: a New Fellowship in Global
Mental Health**

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Abstract The rising recognition of mental health as a critical driver of morbidity and mortality worldwide demands advanced training opportunities for investigators in global psychiatry and mental health. Despite the great need, there remains a shortage of advanced training opportunities and clearly defined career paths for trainees in global mental health clinical research in the USA. This educational case report describes a new National Institute of Mental Health (NIMH)-funded clinical research fellowship in global mental health at Massachusetts General Hospital. The fellowship aims to address gaps in training opportunities for clinical researchers in global mental health in the USA. This report describes the new fellowship program, discusses challenges and lessons learned in the first 2 years of its implementation, provides initial metrics for its success, and includes future directions for refining the program and developing other similar training opportunities.

[1, 2]. Despite this need, there is a paucity of cross-cultural training opportunities, experienced mentors, and established career pathways for clinical investigators committed to global mental health [3]. Given the unique skills needed to conduct global clinical research in resource-limited areas, formal training programs are necessary to ensure culturally sensitive, collaborative, and ethical approaches. The Massachusetts General Hospital (MGH) Global Psychiatric Clinical Research Training Program, funded by the National Institute of Mental Health (NIMH), was launched in 2012 to develop independent and productive clinical investigators in the USA who are committed to global mental health clinical research in resource-limited settings. This report describes the specific components of the fellowship and the first 2 years of its implementation.

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Keywords

The growing recognition of mental health's contribution to morbidity and mortality worldwide requires greater attention to training clinician scientists to deliver and evaluate mental health interventions in resource-limited, international settings

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Primary Aims

The goals of the fellowship follow key priority areas for global mental health outlined by the NIMH [4], including the following:

1. Recruiting high-quality trainees, including psychiatry residents, clinical psychology, and public health candidates, with motivation and potential for independent clinical research careers 54-57
2. Providing fellows with the financial support, scientific mentorship, didactic training, and supportive institutional environments (domestically and abroad) to develop productive independent research careers in global mental health 58-62
3. Developing a cadre of clinical researchers who are committed to long-term global improvement of mental health 63-64

Q1
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65	in international areas, and who are able to work collaboratively across disciplines and borders	110
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67	4. Addressing the national shortage of globally oriented researchers in clinical psychology, psychiatry, and public health to address mental health in resource-limited, international settings	112
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71	Overview of Training Program	
72	Following the stated goals, the program aims to prepare fellows for clinical research careers in global mental health, following completion of their doctoral program or psychiatry residency. Fellows receive up to 3 years of support under the supervision of faculty mentors and program directors. Didactic lectures, research seminars, elective coursework, travel to international sites, and attendance at scientific meetings supplement mentored clinical research.	
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80	Thematic Areas	
81	The program focuses on eight thematic areas central to global mental health: psychotic disorders, mood disorders, child mental health, behavioral medicine, HIV mental health, health services research, trauma/complex emergencies, and food insecurity. The thematic areas leverage strengths of the faculty, interest of potential trainees, and priority research areas at the international collaborating sites. Thematic areas allow for matching of trainees with proposed mentors and intend to increase the feasibility of productivity and movement towards a career developmental award (e.g., from NIMH). Areas of research currently being conducted by fellows include integrating substance abuse treatment into HIV primary care using a task shifting/sharing approach in South Africa, developing and testing interventions for people living with severe mental illness in Ethiopia, and examining factors influencing risk and resilience for psychopathology in youth in multiple resource-limited settings.	
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98	Learn-by-Doing Approach	
99	The program focuses on a “learn-by-doing” approach—immersion of fellows in a global area through involvement in research projects at an international site under the guidance and supervision of domestic and international mentors. Core skills are built to (1) develop productive international collaborations, (2) work with governmental and non-governmental organizations and academic institutions abroad, (3) develop research questions that are clinically and culturally relevant to identified community and public health needs, (4) create a clinically relevant and achievable research proposal, (5) map a timeline for conducting an international study, (6) select appropriate methodologies, (7) establish leadership roles in an international research team, and (8) engage with international mental health policies and plans. Fellows’ primary commitment is to global psychiatric clinical research for the majority (e.g., 90 %) of their training time. Within the remaining time, fellows have the opportunity to conduct clinical work to meet ongoing requirements for licensure depending on their field of specialization and/or pursue other non-NIH research and teaching.	119
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157	Feedback and Review Process	205
158 159 160 161 162 163 164 165 166 167 168 169 170 171 172	Throughout the duration of the fellowship, fellows participate in a monthly research-in-progress seminar with mentoring faculty, where fellows provide in-depth updates on the status of their ongoing projects and provide critical feedback to peers. Fellows also receive standardized feedback every 6 months through individual meetings with program directors and mentors, which consist of a review of progress, problem solving barriers, collaborative international relationships, productivity, and career plans. The larger team of faculty also reviews fellows' progress annually, tabulates fellows' development, and provides guidance on future career options. Fellows also have the opportunity on an ongoing basis to provide suggestions to fellowship directors and administrators for process improvement of the fellowship in both formal and informal contexts.	206 207 208 209 210 211 212 213 214 215 216 217 218 219
173	Fellowship Sites	220
174 175 176 177 178 179 180 181 182 183 184 185	The primary international research and training sites include the following: (1) Ethiopia (Addis Ababa University), (2) Uganda (Mbarara University of Science and Technology; MUST), (3) South Africa (University of Cape Town, Stellenbosch University), and (4) Barbados (Barbados Nutrition Study). Sites were selected on three major criteria, including the following: the strength of the institutional relationship and commitment to mentoring junior investigators in global mental health, the availability of experienced mentors, and productive research environments, including a strong track record of NIH-funded studies. As the fellowship grows, additional sites will be added based upon these criteria.	221 222 223 224 225 226 227 228 229 230 231 232 233
186	Initial Outcomes of the Fellowship	234
187 188 189 190 191 192 193 194 195 196 197 198 199 200 201 202 203 204	Although still early in the fellowship's development and implementation, there are indications of initial success, including the following: (1) level of interest in the fellowship, (2) fellows' productivity, and (3) capacity building efforts. There has been tremendous interest in the fellowship from the start of its award, including 18 applicants in just 2 years from a wide range of disciplines (for four spots total at any time), including clinical psychology PhD graduates (11), MD psychiatrists (4), and PhDs in other disciplines, including public health and psychiatric epidemiology (3). In total, five fellows have enrolled into the program (two psychiatrists, two clinical psychologists, and one psychiatric epidemiologist), one of whom is starting in June 2015. Regarding productivity, in the past 2 years across the four fellows (two 1st year fellows, two 2nd year fellows), 23 manuscripts have been accepted and 25 manuscripts have been submitted and are under review. Additionally, three NIH career development award proposals (i.e., K awards) are being submitted/resubmitted in 2015.	235 236 237 238 239 240 241 242 243 244 245 246 247 248 249 250 251 252 253
	Capacity Building	
	Relationships being developed in the fellowship are meant to be bidirectional. Capacity building efforts have included teaching, training, supervision, and mentoring. For example, one fellow taught a statistics course to PhD students in Ethiopia during a 2-month visit, two fellows are co-supervising and co-mentoring PhD students with their local mentor, one fellow is mentoring two local researchers/psychologists in manuscript writing, and two fellows have trained local providers in evidence-based psychological interventions. Additionally, fellows' involvement in capacity building has fostered greater collaboration between the international site investigators and the fellowship faculty, serving to further strengthen the institutional relationships and secure additional funding for research.	
	Lessons Learned	
	Although the fellowship is still in its early development, the past 2 years have allowed for initial reflections on its implementation. First, the interdisciplinary nature of global mental health attracts fellows with different backgrounds and different training needs. Although this is true for any training program, it is particularly the case for global mental health where there are such varying disciplines in the field (e.g., psychiatry, public health, clinical psychology). A primary challenge is to identify a unified training program that meets the training for each individual discipline focus and career trajectory. One strategy has been focused on horizontal training and collaboration, encouraging the fellows to leverage unique strengths and skills of other fellows.	
	Another ongoing discussion has been navigating the optimal amount of time to spend in-country vs. in the USA. Primary components of training include formal coursework and didactics based in the USA and relationship building and exposure to global clinical research settings internationally. It has been an ongoing challenge to balance time in each setting so as to maximize the benefit from both sets of activities. Another travel-related consideration for fellows who maintain a clinical caseload is how to maintain ongoing clinical responsibilities and requirements with regular international travel. Faculty have encouraged fellows to work closely with their US and international mentors to find a balance based upon individual training needs and project demands to plan international travel. Ongoing discussion has also included how to prioritize a dual focus on in-country capacity building and the fellows' training needs. As indicated above, fellows have pursued teaching and/or other forms of capacity building to promote mutual benefits of the relationship for both sites (domestic and abroad), while also maintaining their own clinical research and training responsibilities.	

254 **Conclusion and Future Directions**

255 The high demand from interested candidates demonstrates the
 256 need for this type of advanced training program in global
 257 mental health. As the fellowship develops, we aim to dedicate
 258 resources to understanding what components can maximize
 259 the success of trainees in pursuing careers as independent
 260 investigators. Ideally, these discussions will occur in
 261 conjunction with other training programs being devel-
 262 oped (i.e., the Columbia NIMH fellowship in global
 263 mental health [5]) to guide ongoing refinement of this
 264 new fellowship and area of advanced training in an
 265 emerging field.

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 296

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