

Dan Chisholm

List of Publications by Year in descending order

Source: <https://exaly.com/author-pdf/11377002/publications.pdf>

Version: 2024-02-01

70
papers

10,498
citations

87888

38
h-index

110387

64
g-index

71
all docs

71
docs citations

71
times ranked

12299
citing authors

#	ARTICLE	IF	CITATIONS
1	The Lancet Commission on global mental health and sustainable development. Lancet, The, 2018, 392, 1553-1598.	13.7	1,534
2	Effectiveness and cost-effectiveness of policies and programmes to reduce the harm caused by alcohol. Lancet, The, 2009, 373, 2234-2246.	13.7	908
3	Scaling-up treatment of depression and anxiety: a global return on investment analysis. Lancet Psychiatry, the, 2016, 3, 415-424.	7.4	906
4	Treatment and prevention of mental disorders in low-income and middle-income countries. Lancet, The, 2007, 370, 991-1005.	13.7	737
5	Poverty and mental disorders: breaking the cycle in low-income and middle-income countries. Lancet, The, 2011, 378, 1502-1514.	13.7	609
6	Addressing the burden of mental, neurological, and substance use disorders: key messages from Disease Control Priorities, 3rd edition. Lancet, The, 2016, 387, 1672-1685.	13.7	586
7	Chronic disease prevention: health effects and financial costs of strategies to reduce salt intake and control tobacco use. Lancet, The, 2007, 370, 2044-2053.	13.7	485
8	PRIME: A Programme to Reduce the Treatment Gap for Mental Disorders in Five Low- and Middle-Income Countries. PLoS Medicine, 2012, 9, e1001359.	8.4	436
9	Generalized cost-effectiveness analysis for national-level priority-setting in the health sector. Cost Effectiveness and Resource Allocation, 2003, 1, 8.	1.5	390
10	The mental health workforce gap in low- and middle-income countries: a needs-based approach. Bulletin of the World Health Organization, 2011, 89, 184-194.	3.3	329
11	Chronic diseases and injuries in India. Lancet, The, 2011, 377, 413-428.	13.7	328
12	Reducing the global burden of depression. British Journal of Psychiatry, 2004, 184, 393-403.	2.8	318
13	Reducing the global burden of hazardous alcohol use: a comparative cost-effectiveness analysis.. Journal of Studies on Alcohol and Drugs, 2004, 65, 782-793.	2.3	239
14	Strengthening mental health systems in low- and middle-income countries: the Emerald programme. BMC Medicine, 2015, 13, 79.	5.5	190
15	World Health Assembly adopts Comprehensive Mental Health Action Plan 2013-2020. Lancet, The, 2013, 381, 1970-1971.	13.7	163
16	Health and economic benefits of public financing of epilepsy treatment in India: An agent-based simulation model. Epilepsia, 2016, 57, 464-474.	5.1	134
17	Strengthening mental health system governance in six low- and middle-income countries in Africa and South Asia: challenges, needs and potential strategies. Health Policy and Planning, 2017, 32, 699-709.	2.7	127
18	Towards a multi-criteria approach for priority setting: an application to Ghana. Health Economics (United Kingdom), 2006, 15, 689-696.	1.7	126

#	ARTICLE	IF	CITATIONS
19	Guidance on priority setting in health care (GPS-Health): the inclusion of equity criteria not captured by cost-effectiveness analysis. <i>Cost Effectiveness and Resource Allocation</i> , 2014, 12, 18.	1.5	125
20	Evaluation of district mental healthcare plans: The PRIME consortium methodology. <i>British Journal of Psychiatry</i> , 2016, 208, s63-s70.	2.8	92
21	Closing the treatment gap for mental, neurological and substance use disorders by strengthening existing health care platforms: strategies for delivery and integration of evidence-based interventions. <i>International Journal of Mental Health Systems</i> , 2015, 9, 40.	2.7	90
22	Cost-effectiveness of First-line Antiepileptic Drug Treatments in the Developing World: A Population-level Analysis. <i>Epilepsia</i> , 2005, 46, 751-759.	5.1	87
23	Cost of scaling up mental healthcare in low-and middle-income countries. <i>British Journal of Psychiatry</i> , 2007, 191, 528-535.	2.8	87
24	Cost effectiveness of strategies to combat cardiovascular disease, diabetes, and tobacco use in sub-Saharan Africa and South East Asia: mathematical modelling study. <i>BMJ: British Medical Journal</i> , 2012, 344, e607-e607.	2.3	84
25	Schizophrenia treatment in the developing world: an interregional and multinational cost-effectiveness analysis. <i>Bulletin of the World Health Organization</i> , 2008, 86, 542-551.	3.3	81
26	Estimating the coverage of mental health programmes: a systematic review. <i>International Journal of Epidemiology</i> , 2014, 43, 341-353.	1.9	78
27	Cost-effectiveness of clinical interventions for reducing the global burden of bipolar disorder. <i>British Journal of Psychiatry</i> , 2005, 187, 559-567.	2.8	74
28	Cost effectiveness of strategies to combat neuropsychiatric conditions in sub-Saharan Africa and South East Asia: mathematical modelling study. <i>BMJ: British Medical Journal</i> , 2012, 344, e609-e609.	2.3	73
29	Time for mental health to come out of the shadows. <i>Lancet, The</i> , 2016, 387, 2274-2275.	13.7	69
30	Promotion, prevention and protection: interventions at the population- and community-levels for mental, neurological and substance use disorders in low- and middle-income countries. <i>International Journal of Mental Health Systems</i> , 2016, 10, 30.	2.7	68
31	Comparative cost-effectiveness of policy instruments for reducing the global burden of alcohol, tobacco and illicit drug use. <i>Drug and Alcohol Review</i> , 2006, 25, 553-565.	2.1	65
32	Economic impact of disease and injury: counting what matters. <i>BMJ: British Medical Journal</i> , 2010, 340, c924-c924.	2.3	56
33	Cost-effectiveness analysis of interventions to prevent cardiovascular disease in Vietnam. <i>Health Policy and Planning</i> , 2011, 26, 210-222.	2.7	55
34	Cost-effectiveness of an essential mental health intervention package in Nigeria. <i>World Psychiatry</i> , 2007, 6, 42-8.	10.4	54
35	Choosing cost-effective interventions in psychiatry: results from the CHOICE programme of the World Health Organization. <i>World Psychiatry</i> , 2005, 4, 37-44.	10.4	48
36	Effect of a stepped-care intervention delivered by lay health workers on major depressive disorder among primary care patients in Nigeria (STEP CARE): a cluster-randomised controlled trial. <i>The Lancet Global Health</i> , 2019, 7, e951-e960.	6.3	47

#	ARTICLE	IF	CITATIONS
37	Catastrophic health expenditure and impoverishment in households of persons with depression: a cross-sectional, comparative study in rural Ethiopia. BMC Public Health, 2019, 19, 930.	2.9	44
38	Economic evaluation in health: saving money or improving care?. Journal of Medical Economics, 2007, 10, 325-337.	2.1	43
39	Mental health financing challenges, opportunities and strategies in low- and middle-income countries: findings from the Emerald project. BJPsych Open, 2019, 5, e68.	0.7	41
40	Estimating the cost of implementing district mental healthcare plans in five low- and middle-income countries: The PRIME study. British Journal of Psychiatry, 2016, 208, s71-s78.	2.8	40
41	Indicators for routine monitoring of effective mental healthcare coverage in low- and middle-income settings: a Delphi study. Health Policy and Planning, 2016, 31, 1100-1106.	2.7	36
42	Costs, health effects and cost-effectiveness of alcohol and tobacco control strategies in Estonia. Health Policy, 2007, 84, 75-88.	3.0	33
43	Resource utilisation for neuropsychiatric disorders in developing countries:. Social Psychiatry and Psychiatric Epidemiology, 2004, 39, 218-227.	3.1	30
44	Primary care treatment of epilepsy with phenobarbital in rural China: Costâ€œoutcome analysis from the WHO/ILAE/IBE global campaign against epilepsy demonstration project. Epilepsia, 2008, 49, 535-539.	5.1	28
45	Scaling-up essential neuropsychiatric services in Ethiopia: a cost-effectiveness analysis. Health Policy and Planning, 2016, 31, 504-513.	2.7	27
46	Strengthening mental health systems in low- and middle-income countries: recommendations from the Emerald programme. BJPsych Open, 2019, 5, e73.	0.7	25
47	Moving towards universal health coverage for mental disorders in Ethiopia. International Journal of Mental Health Systems, 2019, 13, 11.	2.7	24
48	Partnerships in a Global Mental Health Research Programmeâ€œthe Example of PRIME. Global Social Welfare, 2019, 6, 159-175.	1.9	24
49	Global Priorities for Addressing the Burden of Mental, Neurological, and Substance Use Disorders. , 2016, , 1-27.		23
50	Household economic costs associated with mental, neurological and substance use disorders: a cross-sectional survey in six low- and middle-income countries. BJPsych Open, 2019, 5, e34.	0.7	21
51	Cost-Effectiveness and Affordability of Interventions, Policies, and Platforms for the Prevention and Treatment of Mental, Neurological, and Substance Use Disorders. , 2016, , 219-236.		21
52	Sustainable financing options for mental health care in South Africa: findings from a situation analysis and key informant interviews. International Journal of Mental Health Systems, 2019, 13, 4.	2.7	20
53	Mental health problems and socioeconomic disadvantage: a controlled household study in rural Ethiopia. International Journal for Equity in Health, 2019, 18, 121.	3.5	18
54	Resource Needs for Addressing Noncommunicable Disease in Low- and Middle-Income Countries: Current and Future Developments. Global Heart, 2012, 7, 53.	2.3	16

#	ARTICLE	IF	CITATIONS
55	Evaluation of performance and perceived utility of mental healthcare indicators in routine health information systems in five low- and middle-income countries. <i>BJPsych Open</i> , 2019, 5, e70.	0.7	13
56	Experience of implementing new mental health indicators within information systems in six low- and middle-income countries. <i>BJPsych Open</i> , 2019, 5, e71.	0.7	12
57	Universal Health Coverage for Mental, Neurological, and Substance Use Disorders: An Extended Cost-Effectiveness Analysis. , 2016, , 237-251.		11
58	Baseline situational analysis in Bangladesh, Jordan, Paraguay, the Philippines, Ukraine, and Zimbabwe for the WHO Special Initiative for Mental Health: Universal Health Coverage for Mental Health. <i>PLoS ONE</i> , 2022, 17, e0265570.	2.5	11
59	Effective methods for knowledge transfer to strengthen mental health systems in low- and middle-income countries. <i>BJPsych Open</i> , 2019, 5, e72.	0.7	10
60	Mental health system financing in developing countries: Policy questions and research responses. <i>Epidemiology and Psychiatric Sciences</i> , 2007, 16, 282-288.	3.9	7
61	Health Gains and Financial Protection Provided by the Ethiopian Mental Health Strategy: an Extended Cost-Effectiveness Analysis. <i>Health Policy and Planning</i> , 2017, 32, czw134.	2.7	7
62	Keeping Pace with Assessing Cost-Effectiveness: Economic Efficiency and Priority-Setting in Mental Health. <i>Australian and New Zealand Journal of Psychiatry</i> , 2005, 39, 645-647.	2.3	6
63	An extended cost-effectiveness analysis of schizophrenia treatment in India under universal public finance. <i>Cost Effectiveness and Resource Allocation</i> , 2016, 14, 9.	1.5	6
64	Scaling-up of treatment of depression and anxiety – Authors' reply. <i>Lancet Psychiatry</i> , the, 2016, 3, 603-604.	7.4	6
65	Health service costs and their association with functional impairment among adults receiving integrated mental health care in five low- and middle-income countries: the PRIME cohort study. <i>Health Policy and Planning</i> , 2020, 35, 567-576.	2.7	6
66	Chronic disease prevention: the importance of calls to action. <i>International Journal of Epidemiology</i> , 2010, 39, 309-310.	1.9	5
67	The household economic costs associated with depression symptoms: A cross-sectional household study conducted in the North West province of South Africa. <i>PLoS ONE</i> , 2019, 14, e0224799.	2.5	4
68	Health Care Platform Interventions. , 2016, , 201-218.		1
69	Population and Community Platform Interventions. , 2016, , 183-200.		1
70	Sertraline with or without interpersonal psychotherapy reduces dysthymia symptoms over psychotherapy alone. <i>Evidence-Based Mental Health</i> , 2003, 6, 29-29.	4.5	0