

Dan Chisholm

List of Publications by Year in descending order

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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	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. PLoS ONE, 2022, 17, e0265570.	2.5	11
2	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. Health Policy and Planning, 2020, 35, 567-576.	2.7	6
3	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
4	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
5	Experience of implementing new mental health indicators within information systems in six low- and middle-income countries. BJPsych Open, 2019, 5, e71.	0.7	12
6	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
7	Effective methods for knowledge transfer to strengthen mental health systems in low- and middle-income countries. BJPsych Open, 2019, 5, e72.	0.7	10
8	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
9	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. The Lancet Global Health, 2019, 7, e951-e960.	6.3	47
10	Moving towards universal health coverage for mental disorders in Ethiopia. International Journal of Mental Health Systems, 2019, 13, 11.	2.7	24
11	Evaluation of performance and perceived utility of mental healthcare indicators in routine health information systems in five low- and middle-income countries. BJPsych Open, 2019, 5, e70.	0.7	13
12	The household economic costs associated with depression symptoms: A cross-sectional household study conducted in the North West province of South Africa. PLoS ONE, 2019, 14, e0224799.	2.5	4
13	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
14	Partnerships in a Global Mental Health Research Programme—the Example of PRIME. Global Social Welfare, 2019, 6, 159-175.	1.9	24
15	Strengthening mental health systems in low- and middle-income countries: recommendations from the Emerald programme. BJPsych Open, 2019, 5, e73.	0.7	25
16	The Lancet Commission on global mental health and sustainable development. Lancet, The, 2018, 392, 1553-1598.	18.7	1,534
17	Health Gains and Financial Protection Provided by the Ethiopian Mental Health Strategy: an Extended Cost-Effectiveness Analysis. Health Policy and Planning, 2017, 32, czw134.	2.7	7
18	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

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19	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
20	Indicators for routine monitoring of effective mental healthcare coverage in low- and middle-income settings: a Delphi study. <i>Health Policy and Planning</i> , 2016, 31, 1100-1106.	2.7	36
21	Scaling-up treatment of depression and anxiety: a global return on investment analysis. <i>Lancet Psychiatry</i> , 2016, 3, 415-424.	7.4	906
22	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
23	Estimating the cost of implementing district mental healthcare plans in five low- and middle-income countries: The PRIME study. <i>British Journal of Psychiatry</i> , 2016, 208, s71-s78.	2.8	40
24	Scaling-up of treatment of depression and anxiety – Authors' reply. <i>Lancet Psychiatry</i> , 2016, 3, 603-604.	7.4	6
25	Time for mental health to come out of the shadows. <i>Lancet</i> , 2016, 387, 2274-2275.	13.7	69
26	Evaluation of district mental healthcare plans: The PRIME consortium methodology. <i>British Journal of Psychiatry</i> , 2016, 208, s63-s70.	2.8	92
27	Scaling-up essential neuropsychiatric services in Ethiopia: a cost-effectiveness analysis. <i>Health Policy and Planning</i> , 2016, 31, 504-513.	2.7	27
28	Health and economic benefits of public financing of epilepsy treatment in India: An agent-based simulation model. <i>Epilepsia</i> , 2016, 57, 464-474.	5.1	134
29	Addressing the burden of mental, neurological, and substance use disorders: key messages from <i>Disease Control Priorities</i> , 3rd edition. <i>Lancet</i> , 2016, 387, 1672-1685.	13.7	586
30	Global Priorities for Addressing the Burden of Mental, Neurological, and Substance Use Disorders. , 2016, , 1-27.		23
31	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
32	Universal Health Coverage for Mental, Neurological, and Substance Use Disorders: An Extended Cost-Effectiveness Analysis. , 2016, , 237-251.		11
33	Health Care Platform Interventions. , 2016, , 201-218.		1
34	Population and Community Platform Interventions. , 2016, , 183-200.		1
35	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
36	Strengthening mental health systems in low- and middle-income countries: the Emerald programme. <i>BMC Medicine</i> , 2015, 13, 79.	5.5	190

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37	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
38	Estimating the coverage of mental health programmes: a systematic review. <i>International Journal of Epidemiology</i> , 2014, 43, 341-353.	1.9	78
39	World Health Assembly adopts Comprehensive Mental Health Action Plan 2013–2020. <i>Lancet</i> , The, 2013, 381, 1970-1971.	13.7	163
40	PRIME: A Programme to Reduce the Treatment Gap for Mental Disorders in Five Low- and Middle-Income Countries. <i>PLoS Medicine</i> , 2012, 9, e1001359.	8.4	436
41	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
42	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
43	Resource Needs for Addressing Noncommunicable Disease in Low- and Middle-Income Countries: Current and Future Developments. <i>Global Heart</i> , 2012, 7, 53.	2.3	16
44	Chronic diseases and injuries in India. <i>Lancet</i> , The, 2011, 377, 413-428.	13.7	328
45	Poverty and mental disorders: breaking the cycle in low-income and middle-income countries. <i>Lancet</i> , The, 2011, 378, 1502-1514.	13.7	609
46	The mental health workforce gap in low- and middle-income countries: a needs-based approach. <i>Bulletin of the World Health Organization</i> , 2011, 89, 184-194.	3.3	329
47	Cost-effectiveness analysis of interventions to prevent cardiovascular disease in Vietnam. <i>Health Policy and Planning</i> , 2011, 26, 210-222.	2.7	55
48	Chronic disease prevention: the importance of calls to action. <i>International Journal of Epidemiology</i> , 2010, 39, 309-310.	1.9	5
49	Economic impact of disease and injury: counting what matters. <i>BMJ: British Medical Journal</i> , 2010, 340, c924-c924.	2.3	56
50	Effectiveness and cost-effectiveness of policies and programmes to reduce the harm caused by alcohol. <i>Lancet</i> , The, 2009, 373, 2234-2246.	13.7	908
51	Primary care treatment of epilepsy with phenobarbital in rural China: Cost–outcome analysis from the WHO/ILAE/IBE global campaign against epilepsy demonstration project. <i>Epilepsia</i> , 2008, 49, 535-539.	5.1	28
52	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
53	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
54	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

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55	Costs, health effects and cost-effectiveness of alcohol and tobacco control strategies in Estonia. <i>Health Policy</i> , 2007, 84, 75-88.	3.0	33
56	Treatment and prevention of mental disorders in low-income and middle-income countries. <i>Lancet, The</i> , 2007, 370, 991-1005.	13.7	737
57	Chronic disease prevention: health effects and financial costs of strategies to reduce salt intake and control tobacco use. <i>Lancet, The</i> , 2007, 370, 2044-2053.	13.7	485
58	Economic evaluation in health: saving money or improving care?. <i>Journal of Medical Economics</i> , 2007, 10, 325-337.	2.1	43
59	Cost-effectiveness of an essential mental health intervention package in Nigeria. <i>World Psychiatry</i> , 2007, 6, 42-8.	10.4	54
60	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
61	Towards a multi-criteria approach for priority setting: an application to Ghana. <i>Health Economics (United Kingdom)</i> , 2006, 15, 689-696.	1.7	126
62	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
63	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
64	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
65	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
66	Resource utilisation for neuropsychiatric disorders in developing countries:. <i>Social Psychiatry and Psychiatric Epidemiology</i> , 2004, 39, 218-227.	3.1	30
67	Reducing the global burden of depression. <i>British Journal of Psychiatry</i> , 2004, 184, 393-403.	2.8	318
68	Reducing the global burden of hazardous alcohol use: a comparative cost-effectiveness analysis.. <i>Journal of Studies on Alcohol and Drugs</i> , 2004, 65, 782-793.	2.3	239
69	Generalized cost-effectiveness analysis for national-level priority-setting in the health sector. <i>Cost Effectiveness and Resource Allocation</i> , 2003, 1, 8.	1.5	390
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