

Implementer Portrait: Arlinda Cerga Pashoja

Arlinda Cerga Pashoja is a mental health researcher with special interest in the development, evaluation and implementation of digital mental health interventions. She is Assistant Professor of Global Mental Health at the [London School of Hygiene and Tropical Medicine](#) in the Department of Population Health and part of [Public Health England](#).



In two European projects, Arlinda is leading the research work on Low and Middle Income Countries in South Eastern Europe. Arlinda is based in London but her home is Tirana, Albania. In Albanian, *Implementation* translates to IMPLEMENTIM and *Knowledge Translation* to PËRKTHIM I NJOHURISË.

What is one of your favourite articles on implementation?

It is very difficult to pick one article, but currently I read an editorial called '[Reflections on the next ten years of research, policy and implementation in global mental health](#)' from Crick Lund, which is presently my favourite. This article is one of the few that considers implementation from the lens of Low and Middle Income Countries (LMICs) confirming it as one of the three research priorities for global mental health in the next decade.

What are you currently working on that relates to implementation?

At present I am working between the academia and Public Health England. I teach at a really impressive MSc Global Mental Health and am honoured to be part of the [ImpleMentAll](#) and [MINDUP](#) research consortiums, where although I am based in the UK my work focuses on two small countries in the Balkans: Albania and Kosova. Both projects relate to digital mental health treatments for common mental health problems such as depression and anxiety.

Regarding the work you are doing in Albania/Kosova, what would you highlight when it comes to implementation practices and/or science?

We are currently rolling out digital interventions for depression in Community Mental Health Centres in Albania and Kosova. The intervention is based on the [European Alliance Against Depression](#) intervention called [iFightDepression](#). Unfortunately, research is not



common in current health provisions, therefore there is some resistance and distrust from the service providers.

How does the work around implementation in Albania/Kosova differ from other contexts you are aware of?

The work we are doing in Albania and Kosova sometimes can be very different from the work of the other partners from high income countries. Sadly, mental health is underfunded and both countries have the least numbers of mental health professionals in Europe. Considering our implementation research was about digital interventions we encountered issues with lack of infrastructure such as PCs and internet and the workforce was not CBT trained. Last year one of our CMHC centres in Tirana, Albania was destroyed by an earthquake and the team has been on temporary accommodation and on the move since then.

Are there any particular projects around implementation in Albania/Kosova which you would like to share here?

I have already mentioned the ImpleMentAll project, which aims to evaluate tailored implementation strategies for e-mental health. The project has developed and is currently evaluating a toolkit called the ItFits-toolkit for tailored implementation strategies expected to make implementation trajectories more efficient for digital interventions for mental health. We are at the last stages of the randomised stepped-wedge trial.

If you were to have lunch with another 'implementer', whom would you pick?

Graham Thornicroft. I am fascinated by his implementation research work on global mental health and his persistence in fighting inequalities through research. I would love to get his thoughts in ways of closing the research geographic divide for countries in Central and Eastern Europe.

If you had the resources for it, what within implementation science or practice would you want to work with next?

I would want to work with GAMIAN-Europe and WHO -Europe. Engaging policy makers is very important for the next step of implementation of digital interventions. With the end of the research programme the financial support for using evidence-based platforms would also end, and we would like to assure sustainability. Secondly, we would love to help establish patient organisations that do not exist in Albania. Revolutionising the educational system for psychologists as currently it does not provide opportunities for practice placements, therapy teaching or patient contact, would also be essential but a very long shot.

Do you want to get in touch with Arlinda about her work in the field of implementation?

Please email her via: Arlinda.Cerga-Pashoja@lshtm.ac.uk
