Screening MHIN for promising innovations suitable for EA-supported scaleup

Complete list of innovations accessible here, taken from the website of the Mental Health Innovation Network. We firstly focus on depression, anxiety, and stress interventions only.

Screening process

Collect the following data, spending no longer than 20 minutes per innovation on average if possible:

- Project name
- URL
- 1-line description of the project
- Does objective and description indicate this is an intervention that could conceivably receive funding (regardless of cost-effectiveness)?
    - If so record the following, else record why not and move onto next innovation
        - Objective
        - Brief description
- What illness(es) does the intervention target
    - List
- Benefits and costs of implementation
    - Found under "impact" tab below summary box, record
        - Cost of implementation
        - Number of people reached
        - Subjective impression about whether *intervention* could be cost effective if at scale and without research related costs
            - **This impression is highly subjective. The following quantifications are for rough benchmarking only.**
        - A 'mechanical' cost-effectiveness estimate reached by mutliplying:
            - Score 1-5 cost per beneficiary
                - 5 $0<$10;
                - 4 $11<$100;
                - 3 $101<$1,000;
                - 2 $1,001< $10,000;
                - 1 $10,001<$100,000
                - (leave blank if no possible way to estimate)

        - Score 1-5 benefit per average beneficiary
            - 5 cures moderate or severe illness, e.g. endured reduction in depression severity of >5 points on PHQ-9 at 6 months followup;
            - 4 improves severe illness substantially or moderately, e.g. endurance of reduction in depression severity of 2-5 points on PHQ-9 at 6 months followup;
            - 3 improves illness substantially but effects are not endured, e.g. short term reduction in depression severity > 10 points on PHQ-9 without followup data or without sustained improvement;
            - 2 improves illness moderately but effects are not endured, e.g. short term reduction in depression severity > 5 points on PHQ-9 without followup data or without sustained improvement;
            - 1 less valuable benefits
            - 0 null effects
    - Report central, lower, and upper bound (80%CI) for effectiveness score
    - ((even if there is a research component of this innovation, model the costs as if those were necessary for implementation + monitoring and evaluation, in order to be consistent across innovations. A substantial research component could however influence your final intuitive score and be reflected in your free text notes.))
    - A cut-off defining whether an intervention is screened in or out will be defined after all screenings have been completed.

- Who is working on this project
    - List affiliated organizations found in right panel *and* partners and funder found in "Innovation" tab below summary box

- [update after you have reviewed all your innovations] Subjective/intuitive score (0-10) in terms of relevance to our goal to identify strong candidates for most effective initiatives that EAs could financially support?