Integrating Mental Health within Case Management for people affected by skin Neglected Tropical Diseases: The Role of CHWs in Liberia

Wede Seekey Tate, Hannah Berrian, Zeela Zaizay, Karsor Kollie, Dr. Rosalind McCollum, Dr. Laura Dean, Dr Jo Raven, Prof. Sally Theobald

REDRESS: Reducing the Burden of Severe Stigmatising Skin Diseases through equitable person centred approaches to health systems strengthening in Liberia

Introduction

REDRESS supports--CHWs as they deliver integrated case management for people affected by skin NTDs (including basic mental health support and stigma reduction). People affected by skin NTDs are among the poorest and most marginalised, often experiencing isolation, stigma and mental health conditions. CHWs expand access to equitable care beyond case detection when delivering support to people and communities affected by NTDs.

Methodology

REDRESS research programme seeks to strengthen holistic care for people affected by skin NTDs in Liberia through collaborative intervention development. Formative research:

• Photovoice with CHAs (8) and CHPs (8)
• FGDs (3) with CHAs and CHPs
• reflective diaries (12).

Participatory action research process for CHA CHP intervention development and roll out

Key Findings

➢ Mental health support at community level is limited and mental health care should be extended to remote areas for affected persons.

➢ CHWs can play a critical role in extending service access. However, CHWs experienced long distances reaching out to dispel myths and stigma amongst affected persons (see quote), their families and communities (see photos).

➢ Using look listen link strategies are essential for identifying, supporting and linking affected persons in need of further mental health support for timely care and treatment.

➢ CHWs expressed need for essential resources to enable their work, such as rain gear and technical resource materials (provided as part of REDRESS intervention).

➢ CHW training was modified to include a focus on basic psychosocial support (see collaborative process above) and peer supervision.

➢ CHWs appreciated inclusion of mental health within training, and felt braver to raise awareness and identify persons affected.

➢ With adoption of look listen link approaches and helping patients to believe in treatment, encouraging patients to live like anyone else, without stigma.

➢ Ongoing integrated supervision involving community health, mental health and NTD actors is needed.

Conclusion

CHWs can play a vital role in extending care for people affected by skin NTDs, including psychosocial support. Our findings showed that CHWs are committed to supporting the affected person in ensuring that they have access to care and treatment and dispelling myths and stigma against them. CHW programmes should seek to provide both training and practical support, through supportive supervision. See the manual here

https://www.redressliberia.org/resources/

Acknowledgements: Thank you to the members of the REDRESS human resource management technical working group, including representatives from MOH community health, neglected tropical diseases and mental health divisions. Thanks to the CHAs, CHPs, CHSS and other community health colleagues who took part in this study.

wedetate@gmail.com
REDRESS@lstm.ac.uk Twitter @REDRESSLiberia https://www.redressliberia.org/