



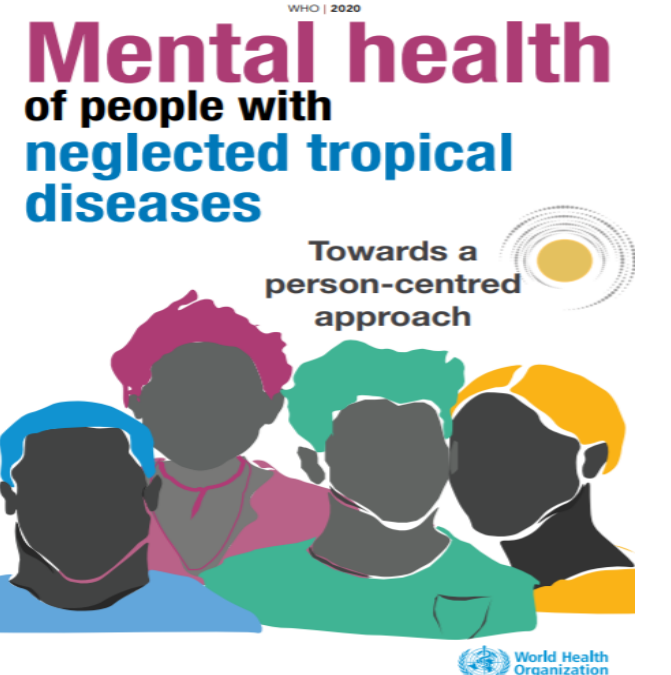
Moving toward person-centered care for NTDs Integration of Mental Health within Case Management NTDs in Liberia

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Introduction

Progress toward eliminating Neglected Tropical Diseases (NTDs) continues, but many persons will experience lifelong impacts including stigma, and mental health consequences. Health system gaps mean affected persons (PAs) often lack access to effective services resulting in physical and psycho-social consequences, complex treatment journeys, and catastrophic socio-economic impacts. Liberia is one of the first countries to focus on integrated management of skin NTDs. REDRESS focuses on person-centered approaches to co-develop and adapt health systems interventions, integrating mental health, for the management of people affected by skin NTDs in Liberia to address these gaps.



Methodology

REDRESS seeks to strengthen holistic care for people affected by skin NTDs in Liberia through collaborative intervention development (see photo series below). The intervention developed included: addition of NTD case studies within mhGAP training, addition of mental health screening tools (with referral as needed to mhGAP trained provider) for all new skin NTD patients, basic psychological support materials and training for health workers at facility level, look listen link materials and training for CHWs and informal providers, sensitisation and look listen link for informal providers (faith and traditional healers), sensitisation for persons affected about NTDs, mental health, and establishment of peer support groups, including soap making for income generation.



Figure 1: Map of Liberia with study sites circled.

Monitoring and evaluation of the intervention includes:

- Photovoice with 20 Pas, IDIs with 12 Pas (baseline and endline) exploring the impact of their condition on mental wellbeing.
- KIIs with 15 county stakeholders, FGDs with health workers to explore their involvement with, and perception of the intervention.
- 6 FGDs with faith and traditional healers to explore their perceptions about skin NTDs, and their engagement throughout.
- Survey with 85 persons affected at 3-time points to assess the impact of the intervention on mental wellbeing and experience of stigma

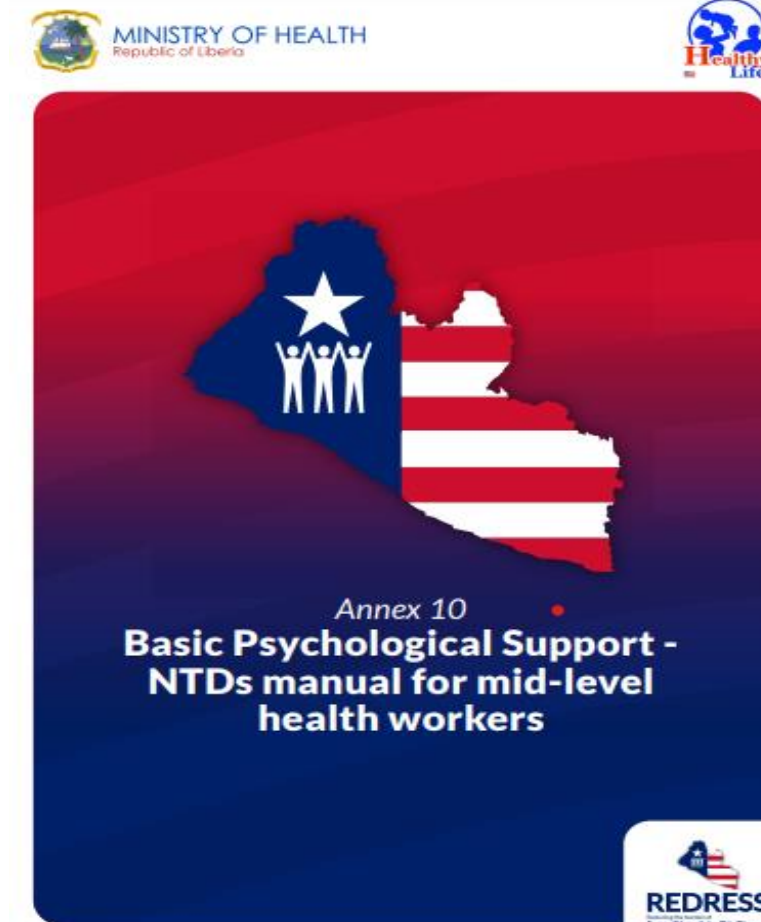
Participatory Action Research (PAR) Process for Mental Health Intervention Development and roll-out



MOH technical working groups (including NTD and mental health representatives) co-create tools.



Sense checking of intervention tools with end users



Integrated tools for health workers at facility, community levels



Participatory training for 3423 health workers, CHWs, informal providers and affected persons



6 peer support groups established across the three intervention counties



Integrated Supervision involving mental health, NTD and community health staff

Key Findings

- Mental health support at community level was limited. Many people reach out to informal providers in the first instance.
- After training, persons affected have increased awareness of the physical cause for their condition and expressed plans to seek care from facility, instead of informal providers. They described new knowledge of how to care for themselves, feeling braver and proud to join their friends again.
- Health workers appreciated inclusion of mental health within training and felt more able 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.
- Integrated supervision involving community health, mental health and NTD actors is appreciated by health workers and valuable for embedding learning in practice for health workers, including mental health screening and referral of persons affected and promoting mental health record keeping.
- 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.
- Some Persons Affected mentioned experiences of stigma, with community dwellers being afraid to come around because of their conditions. While others described family and friends supporting them to seek care from health facilities.
- Persons Affected appreciated the establishment of a Peer Support Group (particularly the soap making income generating activity) and see it as a form of empowerment.



"These are group of rock, and you see another rock sitting far. Okay, when I was diagnosed, at the time treatment has not begun. This was my thinking that ...there will be a time when ...I will be neglected by people...Community may not want me. That's what I was thinking about." Person affected Grand Gedeh County photovoice participant 04



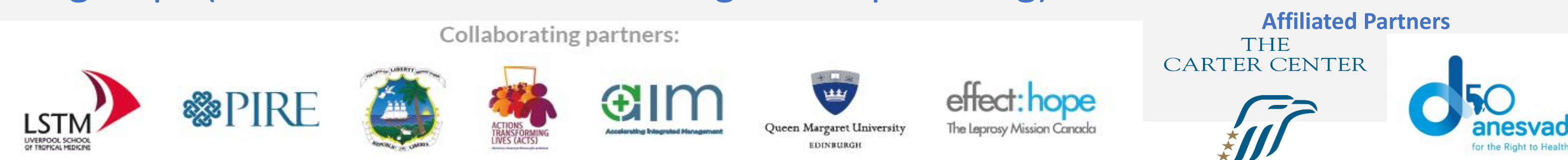
"We should use [the peer support group seed funding] and be able to help ourselves. This money, if we divide, it will finish. But the only thing we need to do is to try to put it into at least business that small money will be there all the time to help our members." Grand Gedeh person affected photovoice participant 03

Conclusion

- We found that integrating mental health within care for persons affected by NTDs is feasible, where an integrated approach is taken involving integrated training, supervision and record-keeping involving mental health, community health, and NTD actors, with involvement from informal providers and affected persons.
- We found that persons affected generally described having more friends and feeling more engaged within their communities with a greater sense of financial empowerment following participation in peer support groups (with the use of seed funding for soap making).
- Manual available:

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

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