



REDRESS

Reducing the burden of
Severe Stigmatising Skin Diseases

Integrating Mental Health and Neglected Tropical Diseases promotes person centred care within health systems and communities in Liberia



Summary / Synopsis

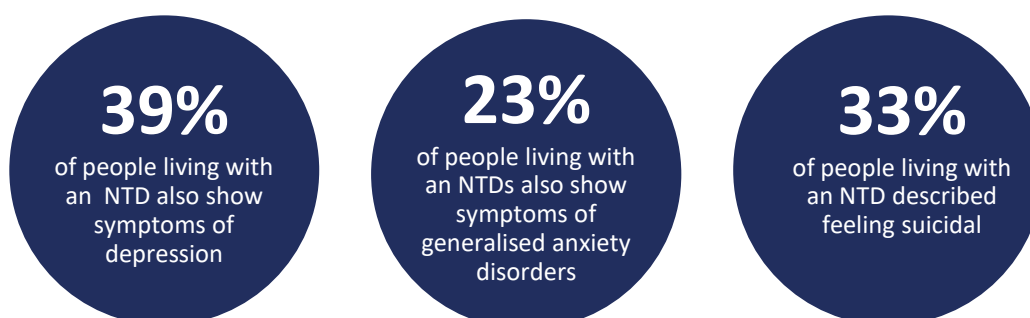
Recognising the critical importance of supporting positive mental wellbeing amongst people affected by skin Neglected Tropical Diseases (NTDs), within REDRESS, we prioritised the integration of mental health and NTD services. **Delivering mental health and NTD services together through the primary health care system and in collaboration with communities presents a critical opportunity for improved availability, acceptability, and adherence to quality care, whilst also supporting health systems strengthening and promoting equity in health care access. The process of integration and development of shared training and intervention resources was catalysed by cross-departmental collaboration and dialogue between the NTD department and the mental health department, formalised within a technical working group at national level.** The strength of collaboration enabled REDRESS to influence technical guidance and policy within Liberia by including mental health within the national 'Masterplan for Neglected Tropical Diseases 2022-2027' for the first time. REDRESS evidence has also informed the Essential Care Package for Mental Health, Stigma and NTDs produced in collaboration with the World Health Organisation and the NGDO Network on NTDs.

Background

Why is the integration of NTDs and Mental Health services important?

Rates of common mental health conditions (e.g. depression and anxiety) amongst people affected by NTDs are significantly higher than in the general population. Both mental health conditions and NTDs require early intervention(s) that are available locally to reduce burden on health systems and to ensure persons affected have improved health outcomes and can achieve their full socio-economic potential. Yet, to date, globally, evidence on the best interventions to respond to co-occurring NTDs and mental health conditions has been minimal, with limited focus on person-centred care that responds to needs throughout the life course.

In Liberia, prior to the REDRESS intervention, we found that:



“I was feeling bad myself and even that time I was having bad plan about myself for me to kill myself because I was feeling too bad. So, I say let me just die one time. It’s not good living here inside. I left my town to sleep in the bush.”

Person affected by Leprosy, Male

Co-morbidity of NTDs and mental health conditions results from their shared social and structural causes. In Liberia, these social and structural causes have been shaped by multiple factors including post-conflict/crisis fragility, poverty, rurality, stigma, under-resourced health systems and gendered social norms which lead to NTDs and mental wellbeing having a syndemic relationship. Mental wellbeing and experiences of stigma and discrimination continue to be intrinsically linked. Traditional healers, faith healers, peer advocates and community health assistants are trusted individuals within communities where persons affected by NTDs seek support and guidance for both physical and emotional health needs.



[Read: A syndemic born of war](#)



[Read: Neglected tropical disease as a ‘biographical disruption’](#)

To generate new knowledge of the best strategies to ensure person-centred, early, and sustained intervention(s) for people affected by NTDs and Mental Health conditions, within REDRESS, we focused on:

- ✓ the **co-production of evidence on the needs and priorities** of people affected by NTDs, health workers and national decision makers;
- ✓ the **co-development of a systems wide approach to integration of mental health and NTDs through a series of stakeholder meetings** at community, county and national level, and the establishment of a national technical advisory board that included representation from all levels of the health system, including persons affected;
- ✓ the **piloting and multi-disciplinary evaluation of our systems wide approach**;
- ✓ the **sharing of our findings using innovative and creative methodologies** that bring the experiences of people affected by NTDs and health workers to life to support policy change and influence national guidance.

What was the impact of REDRESS interventions?

Our systems wide intervention improved the mental wellbeing of persons affected by NTDs. We found:

Smaller proportion of persons affected were classed as having severe depressive symptoms at endline.

The mean PHQ-9 score at baseline was 8.1 (sd 6.1) and 39% of participants had a score indicative of moderate-severe depressive symptoms (PHQ-9 ≥ 10). The mean endline score was 7.0 (sd 7.1), with 30% of participants meeting the moderate-severe depressive symptom cut-off score.

33% of respondents at baseline reported thinking about self-harm or suicide in the two weeks preceding the survey; this was 30% in at endline.

The average GAD-7 score was 6.0 (sd 4.7) at baseline, and 23% of participants screened positive for general anxiety disorder. At endline, the average score was 5.5 (sd 5.4) (GAD score ≥ 10), with 22% being classed as having anxiety.

- Mental health training has empowered healthcare workers to recognize and address mental health issues, enabling them to ask the right questions to support the physical and mental wellbeing of persons affected and their families.
- Simple tools such as the [BPS-N](#), especially the 'look-listen-link' components, enable close to community health providers (peer advocates, traditional healers, faith leaders and community health assistants) to recognise and acknowledge the importance of mental wellbeing and provision of psychosocial support, whilst also working with communities to dispel myths about disease that can catalyse stigma.



PATIENT LEDGER	PHYSICAL	Date	Site	Site	Site	UP
	CATAGORY	✓	X	X	✓	✓
	CATAGORY	✓	W	X	✓	✓
	CATAGORY	✓	X	0	✓	X
	CATAGORY	✓	✓	✓	W	W
	MENTAL HEALTH					
	CATAGORY					
	W	✓	✓	X	✓	✓
	W	W	W	W	W	W
	W	X	W	W	W	W

“When it comes to grading of people with skin diseases and their psycho-social status nobody used to think that people with skin diseases or neglected diseases had psycho-social problems, but this particular guide (BPS-N) made people know that the people have a psycho-social problem and they need to assess them for their psycho-social status.”

- Peer support groups that are led by persons affected with guidance and support from the health system and that focus on holistic components of wellbeing including: mental health literacy; livelihood support/economic empowerment; advocacy and awareness; and self-care (including wound care), have fostered increased social participation and inclusion for persons affected contributing to enhanced mental wellbeing. Peer to peer support was essential in promoting dialogue and support to persons affected in relation to their mental wellbeing.



[Read: Centring Lived Experience](#)

“To be very frank, I felt hurt and my brain was disturbed. You know, that alone, I mean, the way it happened, I felt that even there were craziness coming to my life. But by this time, I feel good. All those things must be erased from my brain.”

PSG member, male, GG, FGD

“The people there where never use to eat with me sometimes when I get food when I call them they can come eat with me. So I'm very, very happy for the group here.”

PA, Margibi, FGD

- Facilitating the expansion of mhGAP training to ensure all health facilities have an mhGAP trained clinician or referral point at a neighbouring facility alongside integrated NTD and mental health training (using the BPS-N and other associated materials within the REDRESS intervention manual) has supported a team approach to care delivery with partnerships between the NTD and mental health departments at different levels; enhancing the continuum of support and care for persons affected by NTDs, promoting a stronger and more inclusive primary health care system.



The MH gap training, REDRESS also conducted a training in the county where they trained twenty-four health worker (midwives) from every facility and that is why now, every facility have mental health practitioner that whenever we have case in the facility that you will be able to counsel and talk to that person to continue that treatment.”

NTD FP, GG, KII

- Minimal or no availability of mental health medications was commonly identified, and stock-outs continue to persist. This is a challenge for the health system in Liberia and is also common in many low-and-middle income settings. However, what is apparent for many people affected by NTDs, is that psycho-social interventions at the community and primary health care level that are centred on social inclusion and community support, have significant positive impacts on overall mental wellbeing.

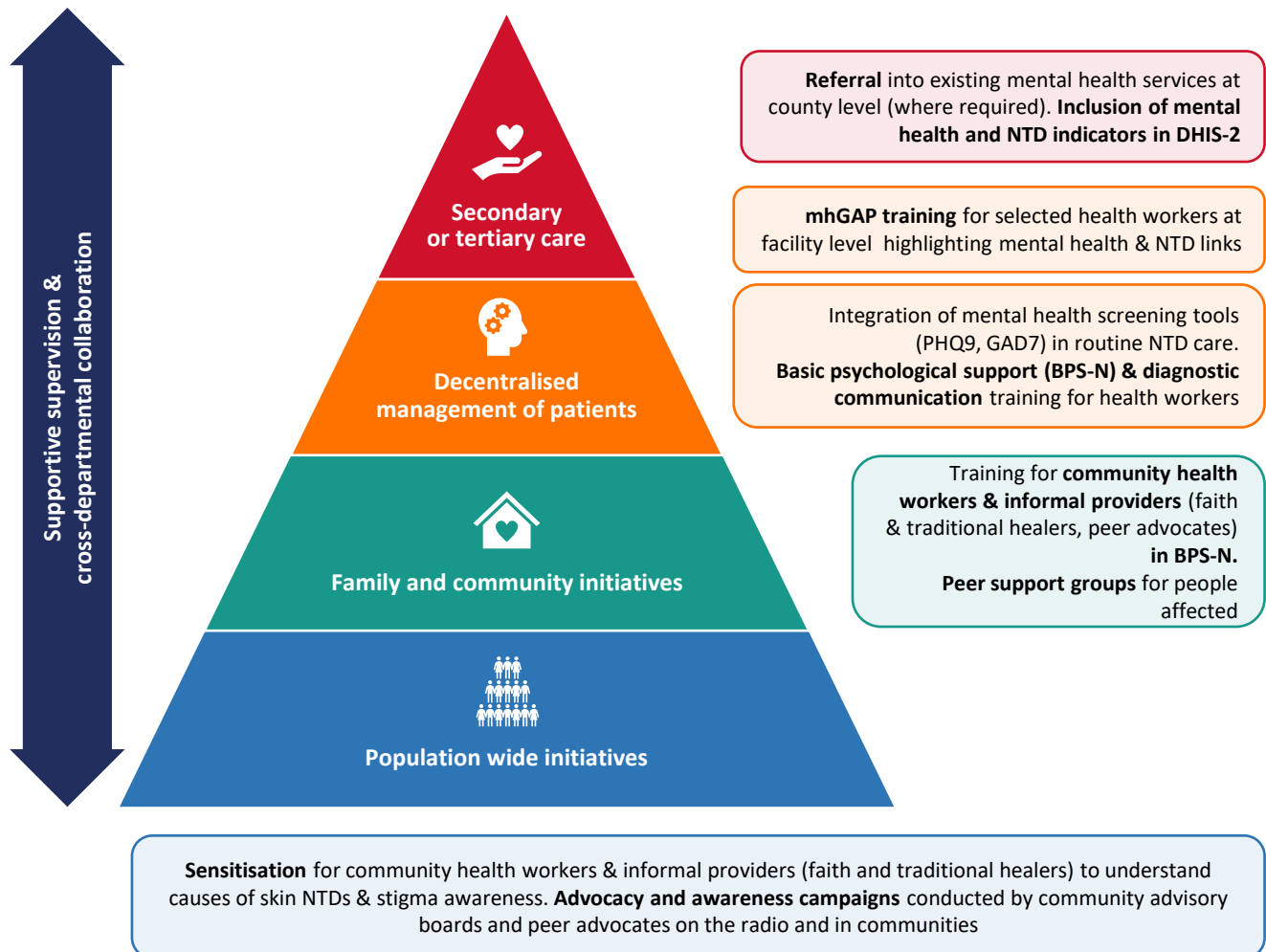


NOT AVAILABLE

How did REDRESS integrate mental health and NTD services?

Our approach consisted of linked interventions across multiple health systems levels, as summarised in Figure 1 (adapted from WHO 2020) and described below. All associated intervention materials can be accessed in the [REDRESS Intervention Manual](#).

Figure 1.



Population Wide Initiatives

- ✓ **Mental Health and NTDs Sensitisation for community health assistants/health promoters (n=2022), faith healers (n=294), traditional healers (n=294) and peer advocates (n=60)**, was provided as part of an integrated training cascade. Training materials were informed by the [NNN stigma guides](#) to promote enhanced understanding of the causes of skin NTDs, address stigma and support diagnostic communication. This included the distribution of posters to communities.
- ✓ **Advocacy and awareness campaigns** were conducted in communities and on local radio stations. These activities were led by community advisory boards, established at county level and inclusive of leadership from sub-sections of the local population, including: women's group leaders, local community chairmen's, organisations of persons with disability, people affected by NTDs, informal provider representatives, and key non-governmental organisations.

Family and Community Initiatives

- ✓ **Training for community health assistants, faith healers, traditional healers and peer advocates in a basic package of psychosocial support for NTDs (BPS-N)**, and was informed by tools produced by NLR International. This tool supported community health cadres to be able to respond appropriately to promote positive mental wellbeing amongst persons affected and to enable the identification of individuals who may need further and more specialised support using the 'look-listen-link' guide.
- ✓ **Establishment of peer support groups** to bring together people affected by skin NTDs to: share and express concerns and challenges; build connections and friendship; discuss how to manage conditions through self-care and live positively; provide support to each other following training in mental health literacy and psychosocial support. See Peer Support Case Study for further information.



Decentralised Management and Support to People Affected

- ✓ **Integration of mental health screening into the care pathway for persons affected by NTDs** was completed by: including screening as a key step within clinical algorithms for the diagnosis of skin conditions/NTDs; training on the use of the PHQ-9 and GAD-7 (both adapted and validated in local language (Liberian English)) including a description of scoring and management options; inclusion of mental health screening scores within NTD ledgers within health facilities; and training of multiple health workers per facility (n=3) in these intervention tools as well as the provision of basic psychosocial support and diagnostic communication, including use of the BPS-N. A total of 436 primary healthcare workers were trained on these materials.
- ✓ **mhGAP training** was also provided to a selected number of health facility personnel to ensure access to appropriately trained mental health clinicians where necessary. The mhGAP materials were reviewed by the national technical committee to include NTD specific case studies for relevant conditions (e.g. depression and anxiety). 60 health workers were subsequently trained in mhGAP.



Secondary or Tertiary Care

- ✓ **Referral** to secondary or tertiary level care providers was encouraged (where necessary) through the provision of clear referral guidelines and pathways through existing mental health referral structures.
- ✓ **Integration of mental health and NTD indicators** within the DHIS-2 reporting tools e.g. proportion of new skin NTD cases screened for mental health conditions.
- ✓ **Integration of mental health within NTD supervision structures** with inclusion of mental health questions within supervision tools, and inclusion of mental health (and community health) focal persons as part of regular NTD supportive supervision.
- ✓ **Cross-departmental working and collaboration** between the NTD department and the mental health department was enabled at national and county level by establishing a national technical working group to support training material development and adaptation.



Influencing Guidance and Policy within Liberia and Beyond

An Essential Care Package for NTDs, Mental Health and Stigma

The World Health Organisation (WHO) has made significant progress in promoting action for the integrated management of NTDs and mental health conditions through processes that promote country ownership and prioritise the needs of affected populations. Additionally, the World Health Organisation (WHO) have led development of an Essential Care Package (ECP) for Mental Health and Stigma in partnership with the NTD non-governmental organisation network (NNN). REDRESS evidence has supported the development of integrated resource materials and provided example indicators for inclusion within the DHIS-2. This ECP will sit as part of the Universal Health Coverage compendium to support delivery of holistic and integrated services worldwide. To date, REDRESS, and subsequently Liberia, is one of the only programmes and countries to pilot a systems approach to delivering the critical components of this ECP.



[Listen: Connecting Citizens to Science Podcast Episode](#)

A Person-Centred NTD Master Plan in Liberia

In 2023, Liberia redeveloped its 'Masterplan for Neglected Tropical Diseases 2023-2027' based on REDRESS evidence and collaborating structures that have been established through the programme (e.g. technical working group for NTDs and Mental Health), for the first time, the master plan now includes strategic outcomes, activities and indicators that are directly related to the integration of NTD and mental health services. For example:

- **Strategic Outcomes:** The integration of identified NTD interventions including mental health, IPC/WASH, and One Health strengthened.
- **Strategic Activities:** NTDs diagnostics and management with mental health conditions integrated for a holistic approach.
- **Performance Indicators:** Proportion of new CM-NTDs managed for mental health conditions.

Consequently, the systems-based approach to the integration of mental health and NTDs has been scaled up to 4 counties in Liberia through the TRANSFORM Programme. Further research to understand the process and impact of scale-up on persons affected and the sustainability of community level interventions would be beneficial to inform continued systems strengthening and integrated person-centred approaches in Liberia.





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References

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