



Transitioning from theory to practice and implementing evidence-based programmes that are person-centred in NTD control, elimination or eradication – The Neglected Mink Skin Link Project

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Project Title

**The Neglected Mind-Skin Link:
Promoting mental health and
wellbeing of people affected by
skin NTDs: Formative piloting of the
WHO Guide on Mental Health and
NTD Integration**



Background

Up to 76 % prevalence of depression or psychological co-morbidities have been reported among people living with NTDs^{1,2}.

Nigeria is a high burden region with regards to NTDs and psychological co-morbidities among people affected by NTDs.

Stigma is associated with reduced help-seeking and low adherence to treatment³.

Insufficient resources allocated to tackle the burden in LMICs

Benue state has about 5 million population with just about 5 psychiatrists all situated in the state capital, leaving the remaining 22 LGAs uncatered for.

Integrating mental health and psychosocial support and care in local services for people with NTDs and their families is likely to improve access to care, may reduce stigma, and, if well designed, may facilitate broader wellbeing and achievement of social priorities in addition to the impact on physical and mental health outcomes⁴



Research Questions

Primary Research Question

- What is the feasibility and acceptability of implementation of a model of integrated mental health care based on the WHO Guide on Mental Health and NTD Integration?

Secondary Research Questions

- What are the expressed priorities of service users with NTDs in relation to their quality of life and wellbeing?
- What are the social and economic effects of additional mental health problems and psychosocial disabilities?
- What are the rates of depression and anxiety among service users with visible signs of leprosy and LF, by age and gender?
- What are the attitudes of primary care staff to treating people with NTDs and associated depression and anxiety?



Site

- Konshisha and Gboko Local Government Areas in Benue State, Nigeria
- Locations where
 - TLM has links with communities of people with leprosy and LF
 - CBM has local programme where mental health is integrated into PHC





Methodology

- Measure for depression, anxiety, wellbeing (PHQ-9, GAD-7, WHO-5) & Gender disaggregated FGD.



Results

- Demographic characteristics of respondents

| Characteristics | Study group | | | Control Group |
|-----------------|-----------------------------|---|----------------------------|-------------------|
| | Leprosy n=73 Freq (%) | Lymphatic filariasis n=68 Freq (%) | Total N=141 Freq (%) | N=141 Freq (%) |
| Age (years) | | | | |
| ≤ 52 | 28 (38.4) | 49 (72.1) | 77 (54.6) | 74 (52.5) |
| ≥ 53 | 45 (61.6) | 19 (27.9) | 64 (45.4) | 67 (47.5) |
| Gender | | | | |
| Male | 35 (47.9) | 24 (35.3) | 59 (41.8) | 59 (41.8) |
| Female | 38 (52.1) | 44 (64.7) | 82 (58.2) | 82 (58.2) |

- Status of Wellbeing, Prevalence of Anxiety and Depression

| Characteristics | Study Group | | | Control Group |
|-------------------------|-----------------------------|---|----------------------------|-------------------|
| | Leprosy n=73 Freq (%) | Lymphatic filariasis n=68 Freq (%) | Total N=141 Freq (%) | N=141 Freq (%) |
| Wellbeing | | | | |
| Poor | 34 (46.6) | 29 (42.6) | 63 (44.7) | 38 (27.0) |
| Good | 39 (53.4) | 39 (57.4) | 78 (55.3) | 103 (73.0) |
| Anxiety disorder | | | | |
| Absent | 35 (47.9) | 37 (54.4) | 72 (51.1) | 100 (70.9) |
| Present | 38 (52.1) | 31 (45.6) | 69 (48.9) | 41 (29.1) |
| Depression | | | | |
| Absent | 33 (45.2) | 23 (33.8) | 56 (39.7) | 97 (68.8) |
| Present | 40 (54.8) | 45 (66.2) | 85 (60.3) | 44 (31.2) |

- Community engagement and Advocacy visits to stakeholders



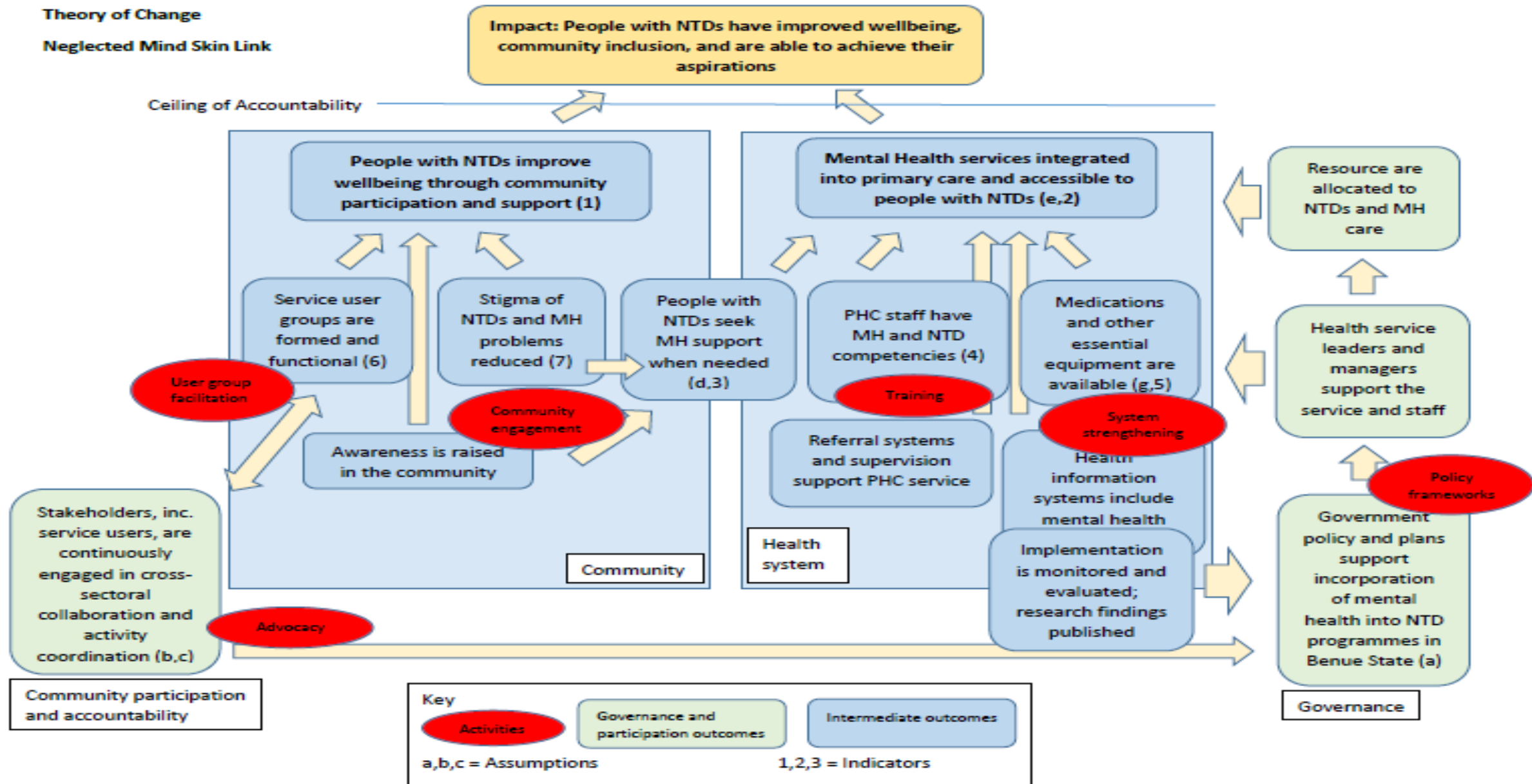
Theory of Change

- An **iterative, theory-driven** approach to the **design, implementation** and **evaluation** of complex interventions, using **participatory** methods.
- Work backward from the **impact** (ultimate outcome) you hope to achieve, in order to map the necessary **preconditions** (intermediate/long-term outcomes) onto a “**pathway of change**”.
- 5 key components on the “**pathway of change**”:
 - **Outcomes**
 - **Interventions**
 - **Indicators**
 - **Rationales**
 - **Assumptions**
- Additional components:
 - **Ceiling of accountability**

- Theory of Change workshop



The NMSL ToC Map



ToC map (indicators & Assumptions)

Outcome Indicators

1. Wellbeing improved: WHO-5 scores improve in research project sample
2. People receive good quality care at PHC clinics: acceptability of services through qual. interviews
3. Increase in help-seeking demonstrated by increased MH service use by people with NTDs
4. Trained PHC nurses and CHEWs demonstrate competence in treatment of common mental conditions (depression and anxiety)
5. Essential MH drugs available at PHC clinics
6. NTD Self-help group in each Local Government Area has received capacity building on wellbeing and NTDs, peer support
7. Stigma reduction activities carried out by self-help group

Assumptions

- a. Government, partners and donors prioritise mental healthcare delivery
- b. Favourable cultural and traditional belief system.
- c. Harmonious communal/ethnic coexistence.
- d. The people recognise their needs and are willing to be assisted. Stigma and lack of knowledge do not prevent people seeking support in clinics.
- e. Basic primary care infrastructure is adequate to accommodate mental health integration
- f. Availability of accountable programme managers and monitoring officers
- g. Functional drug revolving scheme for mental health services with effective supply chain system

- Training of nurses and CHOs on WHO mhGAP modules





Next Steps

Referral of identified cases to trained healthcare workers for psychosocial support

Community engagement and awareness creation on NTDs and MH

Training of frontline NTD workers on MH

Support supervision to trained healthcare workers for effective integration of MH in NTD programmes



Team Meetings

- Virtual monthly coordination meetings (Skype, Teams, Zoom)
- Specific meetings to plan activities
- Email



Challenges

- Covid-19
- Time
- Insecurity
- Remote communities
- Neglect



Thank you for listening