Essential care package to address mental health and stigma for persons with neglected tropical diseases

World Health Organization

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ISBN 978-92-4-011846-1 (electronic version)
ISBN 978-92-4-011847-8 (print version)

Troeung Village, the leprosy village in Cambodia, 04/27/2022. © WHO / Luisa Ryan

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Acknowledgements

This Essential Care Package for addressing mental health and stigma in persons with neglected tropical diseases (NTDs) was developed through a joint effort of the World Health Organization (WHO) and supporting partners. The Neglected Tropical Diseases Nongovernmental Organization Network (NNN) cross-cutting group on Disease Management, Disability and Inclusion (DMDI) and others have effectively made the case for attention to issues related to mental health and stigma in the wider field of NTDs and have carried out research to guide action. This collaboration has cut across nongovernmental organizations (NGOs), academia and representative organizations of people affected by NTDs. These including CBM Global Disability Inclusion, The Leprosy Mission, Netherland Leprosy Mission, Liverpool School of Tropical Medicine, Brighton and Sussex Medical School, The Carter Center, Lepra, Effect:Hope, the International Federation of Anti-Leprosy Associations (ILEP) Advisory Panel of Persons Affected by Leprosy, infoNTD, the Anesvad Foundation and others.

Particular thanks are extended to all those who contributed to the development of the draft and example tools during the workshop on the link of Mental Health and NTDs in Nigeria on 9–14 May 2022 and in Ghana on 14 September 2022. CBM Global facilitated the workshop and the development and refinement of the toolkit.

WHO departments of Malaria and Neglected Tropical Diseases and Non-Communicable Diseases and Mental Health organized the development of the report. The production of the report was led by Jonathan King, Neerja Chowdhary and Aiysha Malik.

Peer review

WHO headquarters staff and consultants: Piumee Bandara, Natalie Drew Bold, Kenneth Carswell, Sudipto Chatterjee, Alexandra Fleischmann, Michelle Funk, Fahmy Hanna, Dzimitry Krupchanka, Sandersan Onie, James Underhill, Mark van Ommeren, Inka Weissbecker. Technical advice and updates were also provided by colleagues working across offices in the WHO African Region (Jean Baptiste Achoribo, Joana Ansong, Florence Baingana, Didier Bakajika, Abate Mulugeta Beshah, Mary Tongkhir Dewan, Priscilla Eshun, Levena Gyimah, Cynthia Hagan, Amir Bedri Kello, Gadama Mpazanje, Kelias Msyamboza, Chido Rwafa Madzvamutse, Chijioke Obagha, Lynda Ozor, Aliyu Usman Suleiman); WHO's Regional Office for South-East Asia (Andrea Bruni); and WHO's Regional Office for the Western Pacific (Atsuro Tsutsumi).

A steering group provided guidance and feedback: Ashok Agarwal (Netherland Leprosy Relief (NLR) India), Tarry Asoka (Network of International Consultants in Heath and Development/NICHAD), Theresa Baird (CBM Global), Wim van Brakel (NLR International), Heleen Broekkamp (NLR International), Bahadir Celiktemur (The Leprosy Mission, United Kingdom of Great Britain and Northern Ireland), Shahreen Chowdhury (Liverpool School of Tropical Medicine), Laura Dean (Liverpool School of Tropical Medicine), Idiatou Diallo (Johns Hopkins University), Julian Eaton (CBM Global and Liverpool School of Tropical Medicine), Danny Haddad (CBM Global), Samhita Kumar (The Carter Center), Akere Makmud (King's College London, United Kingdom of Great Britain and Northern Ireland), Rosalind McCollum

(Liverpool School of Tropical Medicine); Emeka Nwefoh (CBM Global), Philip Ode (CBM Global), Naveen Satle (Lepra India), Maya Semrau (Brighton and Sussex Medical School), Paul Tsaku (The Leprosy Mission Nigeria).

The development of the *WHO Essential care package to address mental health and stigma for persons with neglected tropical diseases* would not have been possible without the contribution of the wider NTD community, particularly the NTD NGO Network and its Mental Wellbeing and Stigma Group.

Financial support: WHO gratefully acknowledges the financial support provided by the Coalition for Research on NTDs (COR-NTD) and UK Aid for the development of this product.

Abbreviations

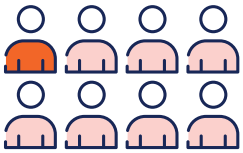
BPS-N	Basic Psychological Support for persons with NTDs
COR-NTD	Coalition for Research on NTDs
CDDs	Community Drug Distributors
ECP	Essential Care Package
HAT	Human African Trypanosomiasis
ILEP	International Federation of Anti-Leprosy Associations
LF	Lymphatic Filariasis
mhGAP	Mental Health Gap Action Programme
NTDs	Neglected Tropical Diseases
NNN	Neglected Tropical Disease NGO Network
SDGs	Sustainable Development Goals
UHC	Universal Health Coverage

1

Introduction

Nepal. 2015. © GSK

Over 1 billion people worldwide are affected by neglected tropical diseases (NTDs) and a similar number are affected by mental health conditions. These independently burdensome conditions are significantly interlinked. People affected by NTDs often experience stigma, discrimination and social exclusion. Many people report distress associated with these experiences, and there is evidence to show that mental health conditions are more common among this group, compared to the general population *(1)*.



Over 1 billion
people worldwide are affected by neglected tropical diseases (NTDs) and a similar number are affected by mental health conditions.

For people living with NTDs, stigma creates barriers to participation in society, leading to a decreased quality of life and resulting in delayed help-seeking and treatment. The distress associated with living with NTDs or the experience of stigma – such as worry, fears, sadness and insecurity – contribute to reduced social functioning and further isolation. People living with chronic NTDs experience higher rates of depression, anxiety and suicidal behaviours compared to the general population, or even compared to other populations with chronic conditions *(1)*. WHO's *Mental health of people with neglected tropical diseases – towards a person-centred approach* (2020) provides a comprehensive summary of the relationship between NTDs, stigma and mental health conditions *(1)*.

Recognizing the significance of the impact of stigma and the comorbidity with mental health conditions for people living with NTDs, some civil society organizations are working to reduce stigma and promote mental health in their work. However, a whole-of-society approach and multisectoral response are required *(2)*. Historically, the intersection of mental health and NTDs has been neglected, yet without its adoption the broader agenda of eliminating NTDs will be hindered.

Addressing the negative impacts of NTDs, stigma and mental health conditions therefore requires systematic actions that go beyond health service interventions. Social, psychological and socioeconomic factors should be addressed to ensure social and economic inclusion and the overall improved well-being of people affected by NTDs. A person-centred approach is essential to ensure that people's multiple specific needs are addressed effectively. This requires multisectoral collaboration and efficient integration of work among relevant partners to address stigma, and it requires provision of accessible comprehensive services for people affected by the comorbidity of NTDs and mental health conditions *(1)*.

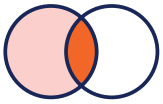
The *Essential Care Package (ECP) to address mental health and stigma for persons affected by neglected tropical diseases* (hereby referred to as the ECP) includes evidence-based mental health interventions, drawn from the WHO mhGAP guidelines for mental, neurological, and substance use disorders *(3)*, particularly those listed in the UHC Compendium *(4)*. Evidence-based interventions to reduce population health-related stigma and discrimination are included in the ECP in order to address the stigma experienced both by people living with mental health conditions and by those living with NTDs.

An ECP is defined *(5)* as "*detailed lists of interventions/services (preventive, promotive, curative, rehabilitative, and palliative) across different levels of care, endorsed by the*

government at the national level, or agreed to by a substantial group of actors when services are to be provided in areas outside of government control. These interventions should be available to all, safe, people-centred, and of assured quality to be effective. They should be funded by the government, with or without donor support, and to the extent possible be provided without user fees at the point of service delivery."

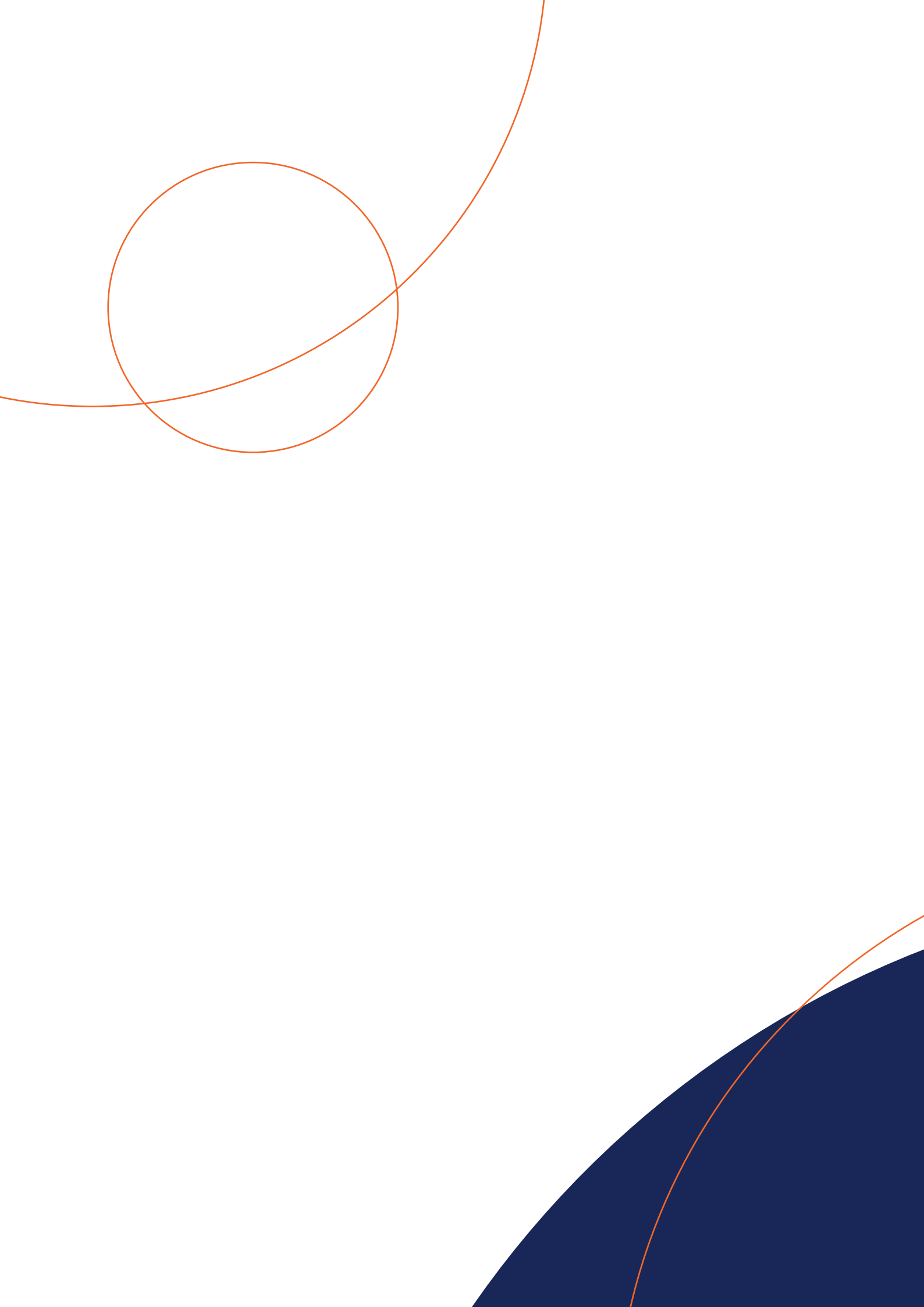
This ECP further operationalizes the guidance provided in WHO's *Mental health of people with neglected tropical diseases – towards a person-centred approach (1)*. It provides health service leaders with a summary of evidence-based interventions for:

1. the prevention of poor mental health and the promotion of (good) mental health;
2. the identification and assessment of mental health conditions in people living with NTDs; and
3. the management (treatment) of mental health conditions; as well as
4. effective interventions for reducing stigma.



Historically, the intersection of mental health and NTDs has been neglected

The ECP is largely aimed at general health care (which for the purpose of this ECP is inclusive of primary care, secondary care and community levels of care) and provides multiple stakeholders with guidance on the competencies (i.e. attitudes, knowledge and skills) required to implement a holistic, whole-of-society approach to managing stigma and mental health for people living with NTDs. It includes specific recommendations for action by people living with NTDs, their families and caregivers, health leaders and policy-makers, health workers, personnel of other sectors and community members.



2

Background: mental health, stigma and NTDs

Kingston, Jamaica. 25/11/2023. © Unsplash / Kristof Vizy

2.1 Mental health and NTDs

Mental health conditions may be a risk factor or may occur at the same time as (i.e. be comorbid with) communicable or noncommunicable diseases, including NTDs. Comorbid mental health conditions can negatively affect multiple areas of life and also adversely affect adherence to treatment for other comorbid conditions, including NTDs, HIV, tuberculosis and noncommunicable diseases such as diabetes *(6, 7, 8)*.

Comorbid mental health conditions can negatively affect multiple areas of life and also adversely affect adherence to treatment for other conditions.

NTDs and mental health conditions have many common determinants and risk factors, and there are several ways that NTDs can exacerbate mental health problems. Stigma and social exclusion are key factors in driving poor mental health consequences among people living with NTDs.

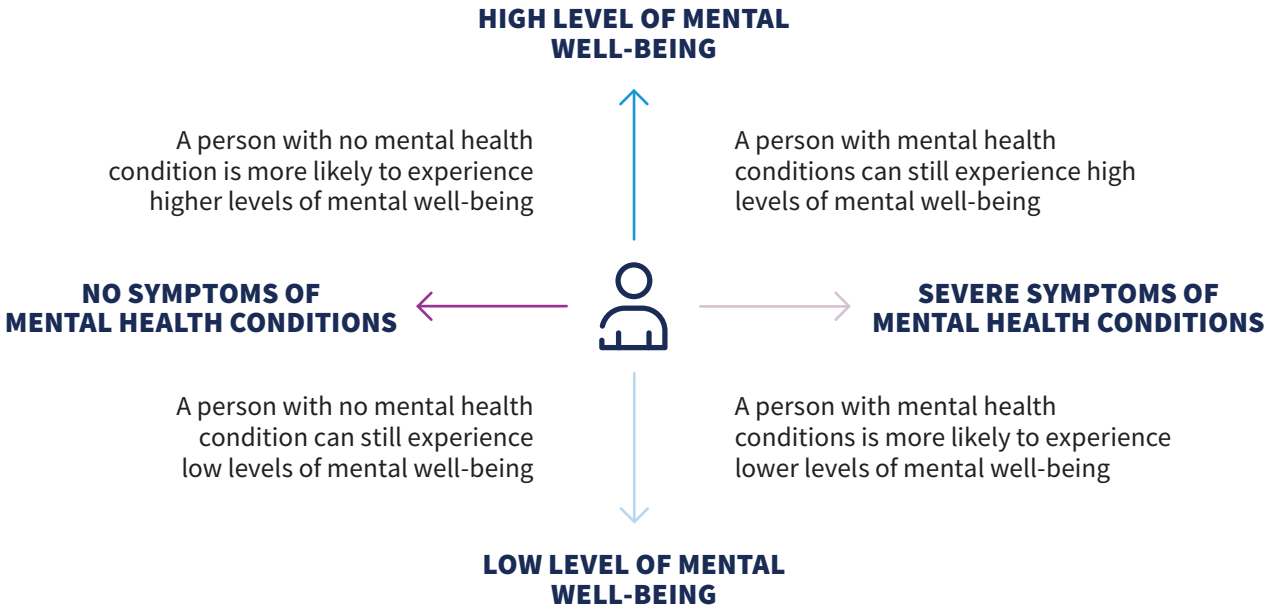
Consequences range from psychological distress to conditions such as depression and anxiety. Rates of suicide are also elevated among people with stigmatizing conditions such as leprosy, and increased rates of substance use have been reported *(9, 10, 11)*. Some NTDs have a direct effect on the brain – e.g. human Africa trypanosomiasis/sleeping sickness, nodding syndrome (in onchocerciasis), epilepsy (in neurocysticercosis). For this reason, the term "mental, neurological and substance use" (MNS) disorders is often appropriate, and maps well onto existing structures for service provision. For example, the WHO's *mhGAP intervention guide*, intended for use by primary healthcare workers, covers epilepsy and substance use alongside mental disorders *(12)*. This ECP will focus on mental health conditions, and the wider impact of NTDs on well-being.

It is important to note that mental health is defined not only by the presence or absence of a mental health condition but exists on a continuum ranging from good mental health to severe symptoms of mental health conditions (Fig. 1). Even though people with mental health conditions are more likely to experience lower levels of mental well-being, this is not always the case. People who have not been identified as having a mental health condition can still experience low levels of mental well-being, while those with severe mental conditions can experience good well-being when they are well supported. People affected by NTDs can, like other populations, be at any point on this continuum.

Low well-being or problems with mental health which are not necessarily indicative of having a mental health condition – such as low self-esteem, sadness, fear or shame – also affect people living with NTDs. These conditions are collectively referred to as "distress" in this ECP. Distress in the context of living with conditions such as NTDs can arise in relation to the illness itself, the treatment and the social stigma. Distress alone does not warrant a medical intervention. However, reducing distress is important for preventing the worsening of mental health. Distress can be alleviated through preventive approaches such as health education or poverty reduction, as seen in the lower levels of the pyramid in Fig. 2.

FIG. 1

The relationship between mental well-being and symptoms of mental health conditions (adapted from WHO's *World mental health report* *(13)*)



For some people, distress can become severe and persistent, leading to significant functional impairment or disability (such as the inability to work, study or take care of family members or oneself). In this case a diagnosis such as anxiety or depression may be appropriate. These conditions or their symptoms are common in people living with NTDs *(14, 9)*. People who already live with a mental health condition may experience a worsening of their symptoms if diagnosed with an NTD. Effective interventions (such as psychological and pharmacological interventions) to manage mental health conditions, for people living with moderate to severe levels of these symptoms, are outlined in WHO's mhGAP guidelines *(2)*.

In addition, there is a need to consider the local context and associated mental health needs, with resurgence of many NTDs occuring within humanitarian settings (communicable diseases as well as diseases of poverty and poor hygiene), including cutaneous leishmaniasis in conflict-affected settings.

Current research on the mental health impacts of neglected tropical diseases (NTDs) has largely focused on adult populations. NTDs can have profound implications for child development and psychosocial wellbeing. For example, soil-transmitted helminthiases related malnutrition may impair cognitive and physical development; epilepsy associated with neurocysticercosis can lead to exclusion from education; and visible skin conditions such as tungiasis and scabies may result in stigma, bullying, and social isolation *(15)*. Given the limited availability of child-focused mental health services in many NTD-endemic regions, integrating child-specific considerations into NTD and mental health strategies is essential.

2.2 Stigma and NTDs

Stigma has a negative impact both on people affected by NTDs and on those living with mental health conditions. People affected by NTDs who also have a mental health condition are likely to experience stigma related to both issues *(16)*. Stigma can be experienced in all aspects of a person's life – through policy and organizational processes (structural discrimination), or by working with or being related to people affected by the conditions (courtesy stigma). Importantly, people often have negative feelings about themselves because of wider stigmatizing attitudes and the experience of discrimination. This internalized stigma, also called self-stigma, negatively affects a person's well-being, their engagement in care or even help-seeking, and social engagement. Structural stigma and discrimination can be observed through lower investment and commitment by policy-makers and funders *(15)*.

People affected by NTDs that lead to physical impairments or disfigurement – such as skin NTDs (leprosy, cutaneous leishmaniasis and lymphatic filariasis)– are particularly stigmatized and discriminated against. The association of NTDs with contagion and infection can also increase stigmatization and exclusion. Whatever the background beliefs and reasons behind it, the stigmatization of people affected by NTDs can manifest as avoidance of contact, social exclusion, marginalization, verbal and physical abuse and other human rights violations. In addition, stigma and discrimination can negatively affect job opportunities and marital prospects, and can further exacerbate mental health issues as people are not able to participate meaningfully in society because of exclusion. There is also a gendered dimension, with women and girls more severely affected by stigma relating to an NTD, when compared with men, as a result of the existing disadvantaged positions of women in many societies *(17)*. This is evident, for instance, in female genital schistosomiasis, which can lead to social exclusion as it is wrongly associated with sexual misconduct.

Stigma-reducing interventions can be divided into three categories: social contact, education, and protest (or advocacy) *(18)*. These three strategies are often used together, with social contact interventions being the most effective. Social contact interventions include face-to-face or remote contact with people from a stigmatized group. This opportunity for community members, or a target group such as health workers, to engage personally with someone living with a given health condition can challenge the tendency to label a person or to define them solely by a stigmatizing characteristic and is the most powerful way of changing beliefs (see Fig. 1) *(19)*. Educational interventions provide information and address myths, labelling and stereotypes that are commonly linked to stigmatized conditions. The protest interventions refer to a strategy that comprises activities, typically by the stigmatized group and supporters from the grassroots level, that advocate reform for access to rights and supports, while challenging negative beliefs and discrimination.

The WHO QualityRights initiative supports these approaches by building capacity to change mindsets, attitudes, and practices related to stigma and discrimination. Through in-person and e-training programmes, it equips health workers and other stakeholders with the knowledge and skills to promote human rights, dignity, and inclusion. These trainings are highly relevant in NTD-affected settings, where stigma can be a significant barrier to care and participation (Table 2 for further details).

3

Key considerations in developing the Essential Care Package

Nepal. 2015. © GSK

The development of the ECP takes account of the WHO NTD roadmap approach to integration *(2)*, as follows:

- *Integrating across NTDs: joint delivery of interventions that are common to several diseases.* The ECP and the interventions for mental health and stigma recommended in it can be used for all persons, regardless of the NTD that affects them.
- *Mainstreaming within national health systems: improving the quality of NTD management in the context of efforts to achieve Universal Health Coverage.* Integrating access to mental health care and stigma reduction approaches into general health systems to improve access to these services.
- *Coordinating among stakeholders: working with other sectors within and beyond health on NTD-relevant interventions.* A holistic approach to physical and mental health conditions requires collaboration with other sectors that affect well-being, such as education, livelihoods and access to other basic rights and social services.
- *Strengthening health systems: improving the capacity to deliver interventions on the ground.* To date, mental health and NTD services have both been neglected. Realizing quality care will require improved competencies of health-service personnel, practical availability of interventions to service users, and a functioning health information systems. An innovative use of resources is needed to overcome the barriers to accessing services for these stigmatized conditions, especially where the capacity of the health system to address mental health or NTDs is comparatively weak.

The WHO NTD roadmap *(19)* recommends an integrated approach that brings NTD services into wider physical health care, mental health care and disability and rehabilitation services, and addresses stigma and social determinants in order to improve the quality of life and the realization of human rights. Links between these sectors are often weak; therefore strengthening integration by improving links between relevant sectors is often an important first step.

This proposed ECP is therefore intended to motivate joint and collaborative delivery of interventions. This could be done through combined actions aimed at common target groups such as affected persons, caregivers/family, general health-care workers and community members, including traditional and religious leaders, community-based volunteers (e.g. community directed distributors [CDDs]) and opinion leaders (Chapter 4).

The proposed ECP presents a person-centred approach that aims to encourage a broader, holistic response to the needs and concerns of affected persons. This should provide people with NTDs access to the full range of care and services they need, including care that addresses mental health conditions (Chapter 5).

The proposed ECP recommends specific interventions and actions directed at stigma reduction and mental health. This follows from the knowledge that, while activities related to stigma and mental health care can be interlinked, they draw on distinct evidence-based interventions (Chapter 6).

In addition, the ECP adopts a twin-track approach whereby mental health care is directly integrated into NTD-specific services, as well as supporting affected persons to provide them with increased access to existing mainstream community mental health care services (i.e. any service provided outside of a psychiatric hospital) and referral to specialist mental health care services where available (Chapter 7).

4

Integration into existing systems

Community drug distributor for onchocerciasis, Congo. 18/11/2024. © WHO / Mwizarwa Alain Patrick

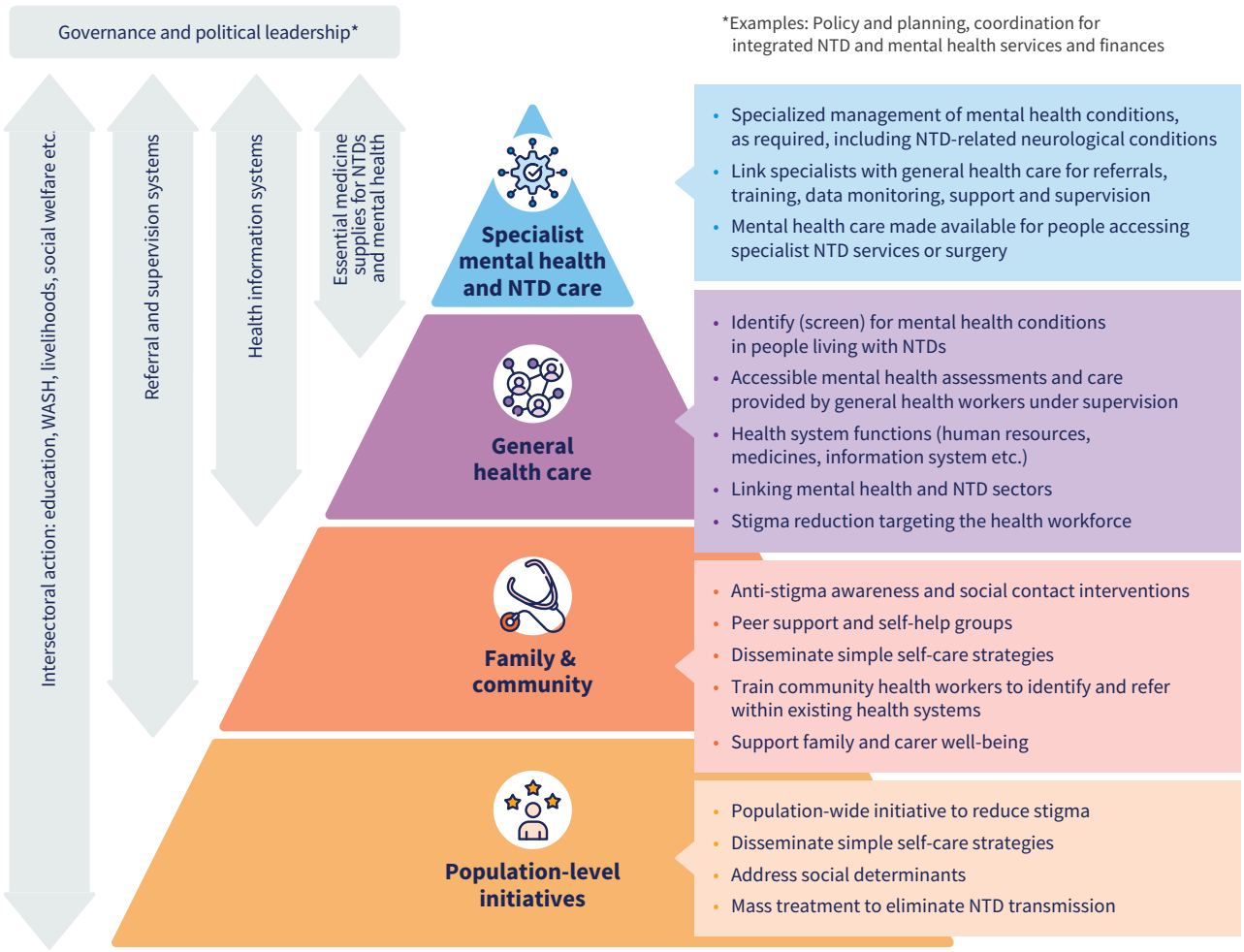
Integrating mental health care into NTD programming and services requires considerations at community level, throughout the health system, and in other key sectors *(1)*. The intervention pyramid (Fig. 2) illustrates actions relevant to integrating mental health into NTD programmes at different levels of the health system. People affected by NTDs and mental health conditions require support beyond health services in order to address barriers in accessing education, livelihoods, water and sanitation (WASH) and other sectoral services and community resources. Establishing multisectoral collaboration can help to identify opportunities for stigma reduction and mental health care integration that go beyond the often siloed and vertical systems that are currently in place.

Achieving this requires:

1. collaboration between various related sectors such as education, sanitation, social care, employment etc;
2. strengthening the capacity of health-care facilities and establishing additional services to ensure greater accessibility and strong referral systems; and
3. changes in financing, policy frameworks and planning related to health services. NTD and mental health professionals are well placed to provide technical guidance and capacity-building across sectors.

FIG. 2

Integrating the stigma and mental health ECP into existing structures



5

The role of key stakeholders in integrating mental health care and stigma reduction for people living with NTDs

Rabies control in Lao PDR. Xayaboury, Lao People's Democratic Republic. 04/09/2024. © WHO / Bart Verweij

Achieving integration does not mean simply adding one service to another. Rather, it means helping people in all sectors to consider the potential role they can play in promoting more effective support. Without buy-in and the knowledge that can be gained from people living with NTDs (and/or with comorbid mental health conditions), from caregivers/family or household members, community members, health workers and health service leaders, integration efforts risk failure. Therefore, below it is proposed that the following actions (which can also be conceived as competencies – or attitudes, knowledge and skills) would be needed to achieve an integration of mental health care into NTD services. Actions are presented according to each cadre. Text in black regular font relates to mental health actions while *text in italics relates to stigma-related actions*.

Note that the WHO QualityRights initiative supports the proposed stigma-related actions by building capacity to change mindsets, attitudes and practices related to stigma and discrimination. Through in-person *(20)* and e-training programmes *(21)*, Quality Rights equips health workers and other stakeholders with the knowledge and skills to promote human rights, dignity and inclusion.

5.1 People living with NTDs should have the opportunity to:

- know what mental health is and what they can do to improve it, and be able to identify distress, including where to access appropriate services or other resources;
- know how they can leverage support from family, carers and other social networks;
- attend self-help/peer support groups where they can receive information to learn more about mental health and NTDs in order to *reduce stigma and increase help-seeking behaviour*;
- *learn more about the physical care that is needed (e.g. wound care) to facilitate better physical health which can positively affect mental health and reduce self-stigma;*
- *know their rights in terms of equal access to employment, social welfare, benefits, the health-care system, community inclusion and political participation.*

5.2 Caregivers, family and community members need to:

- be able to identify distress and understand the link between NTDs, mental health, *stigma and human rights*;
- be able to support people affected by NTDs and know how to help them to access local NTD and mental health services;
- know how to support themselves and look after their own mental health;
- *be aware of their own attitudes and stigmatizing behaviours that might have an impact on someone affected by an NTD, including benefitting from training opportunities to reduce stigma;*

- *connect with other caregivers to form support groups as a platform for peer support and advocacy, and as a forum for socioeconomic and livelihood support.*

5.3 General health workers and mental health specialists need to:

- understand the relationship between NTDs, mental health, stigma and human rights, and provide appropriate information about NTDs and mental health to people affected and their caregivers (psychoeducation);
- identify and assess persons affected by NTDs for mental health conditions, including using measurement tools that are culturally validated (e.g. PHQ9, GAD7);
- identify suicide risk and know how to respond;
- provide persons affected by NTDs with compassionate care, including basic psychosocial support, evidence-based mental health care (such as through use of mhGAP) and, where appropriate, recommend social support or how to access financial support;
- refer persons affected by NTDs to peer support, to physical health services, or to specialist mental health care where available, including psychological interventions if available;
- maintain accurate records via the health information system to document NTDs and mental health comorbidities;
- *receive training to address their own attitudes and stigmatizing behaviours that might have an impact on someone affected by an NTD;*
- *link service users to local organizations of persons with disabilities, or to other organizations working to tackle stigma and discrimination, and advocate for the rights of people with NTDs/disabilities*

5.4 Health service leaders (policy-makers and NTD service programme managers) need to:

- *facilitate the participation of persons with lived experience in the design, planning and implementation of policies, plans, programmes, services/interventions (see Modules 2 (22) and 3 (23) of WHO Guidance on mental health policies and strategic action plans);*
- accurately map the existing the NTD and mental health burden and the resources available for prevention, treatment and support;
- put in place person-centred policies and systems (including supervisory and information systems, essential drug supplies etc.) to support the interventions and actions outlined above, including *mainstream access to dignified, integrated, person-centred care (so that there is less stigma associated with using services), with tailored supports for people whose needs cannot be met in mainstream services (twin-track approach)*;

- plan collaboratively with mental health programmes to integrate NTD care and to promote the integration of mental health into NTD programmes at multiple levels, including:
  - » general health care with a focus on prevention;
  - » capacity-building for task-sharing and regular supervision for non-specialist general health workers,
  - » community-based supports, including peer support, for people living with NTDs and mental health conditions,
  - » considering mental health indicators for inclusion in routine NTD data collection,
  - » establishing clear referral pathways where specialist mental health professionals are available, and
  - » considering inclusion of a mental health care manager in NTD services (such as through collaborative care);
- *review all relevant laws, policies and practices in order to repeal or revise elements that perpetuate stigma and discrimination; update to promote equity and reduce structural stigma and discrimination (see Module 3 of WHO guidance on mental health policies and strategic action plans (23))*;
- *organize and implement training of health-care workers on stigma by using evidence-based approaches such as education and social contact with people with mental health conditions and NTDs;*
- *develop and conduct community campaigns: a) to reduce public stigma in the communities where people affected by NTDs live, and b) to provide support to people affected by NTDs and mental health conditions, with targeted campaigns – e.g. to address stigma and discrimination in employment sector and provide education on the rights of persons with NTDs and mental health conditions.*

Without buy-in and the knowledge that can be gained from people living with NTDs, integration efforts risk failure.

6

Integrating the prevention and management of mental health conditions and stigma-reduction in contexts that serve people living with NTDs

Indonesia. 2015. © GSK

6.1 What?

6.1.1 Prevention

- It is important to address the social and economic factors that worsen mental health, and which are also determinants of NTDs (e.g. poverty, individual and family finances, lack of participation within the community, employment exclusion). An important first step is to ask people attending services about their wider socioeconomic circumstances.
- Interventions to reduce the prevalence of NTDs (such as the elimination efforts that form part of national NTD programmes) serve as a means to prevent the worsening of population mental health by reducing the number of people who are then affected by NTDs. It is important that messages to promote the prevention of NTDs do not inadvertently contribute to worsening the stigma towards persons already living within an NTD.
- Stigma makes those affected by NTDs and mental health conditions less likely to seek help, access treatment or adhere to treatment when it is available. This cycle negatively affects physical rehabilitation and mental health, as well as the overall aim of eliminating and eradicating NTDs. Work to address stigma, discrimination and exclusion is an important complement to health services, as is engagement with the media and entertainment industries to change perceptions and the narrative on NTDs and mental health conditions.
- Health workers' knowledge can be built through training and routine discussion about mental health in wider NTD services. In addition, capacity-building to reduce stigmatizing attitudes and display compassion and prevent discrimination is critical for initial contact with people with NTDs and for supporting referral for persons with a mental health condition.
- Suicidal behaviours (such as thoughts, plans, attempts) are elevated among people affected by NTDs, Thoughts of suicide are common and can be distressing *(13)*. Community members should be aware of the signs of distress and should know where to access or refer to appropriate care. Health workers must be trained to identify and assess the risk of suicide, and to manage that risk appropriately where it is identified (such as through the mhGAP training and resources included in Table 1).

6.1.2 Management

- The management of mental health conditions requires health workers to be able to identify signs of distress, assess the presence of a mental health condition and, upon identification, to manage the condition appropriately according to severity, complexity and individual circumstances (e.g. through psychological and/or pharmacological interventions). Management also includes follow-up, whereby a person should be offered follow-up appointments so that their status can be assessed after referral.
- Identification can be done through the use of screening tools which are culturally validated

for the population (Table 1). These tools provide information about the severity of a person's mental health symptoms and can therefore be used to identify people who need further assessment by a person trained in assessing mental health conditions. Screening tools do not offer information on diagnostic status but can be used to track changes in symptoms over time.

- Identification can be conducted as part of routine service delivery for people living with NTDs. For instance, nurses could administer brief screening tools for symptoms of anxiety and depression. Identification can also be conducted through models of service delivery such as Collaborative Care which provide integrated evidence-based, person-centred care for mental health in physical health-care settings.
- The management of persons affected by NTDs who are also experiencing mental health conditions should be conducted by trained general health workers who are supervised (e.g. by a mental health specialist). Depending on the capacities of the available workforce, management may include provision of brief education about NTDs and mental health, as well as medical care for NTDs and mental health. Referrals will be required to provide access to members of the health and social care workforce who can provide psychological and social interventions.
- General health workers can play a role in record-keeping by recording the findings of mental health screening tools used with persons affected by NTDs.
- Mental health specialists can provide ongoing support and supervision of general health workers and of any individuals requiring specialist services, such as people living with NTDs and severe mental health conditions.
- There is limited evidence on the simultaneous use of drugs for treatment of NTDs and mental health conditions. Therefore, as with any other prescribing, a number of principles and approaches can be applied when considering drug treatment. For instance:

    1. if a person is taking NTD medication, consider referral to, or consultation with, a mental health specialist prior to commencing mental health medication;
    2. investigate any potential drug interactions using standard reference resources;
    3. use a cautious approach (i.e. wait until the course of NTD medication is complete if time-limited to avoid polypharmacy, then "start low and go slow", watching for side-effects); and
    4. report any suspected drug interactions or adverse drug reactions to senior colleagues and the national NTD programme for further investigation, as required.

6.2 Who?

- Identification, assessment and management (as well as follow-up) can be provided by trained and supervised general health workers.
- General health workers are, for instance, non-specialty physicians and nurses in primary or secondary outpatient services or health workers in services providing NTD care and support who can be trained to identify, assess and manage mental health conditions. *WHO's mhGAP intervention guide (11)* provides the necessary training and framework for general

health workers to build competency and skills in assessment and management for mental, neurological and substance use conditions.

- In addition, capacity-building for any workers engaged in NTD services in foundational helping skills *(24)* will ensure that competencies in empathy and respect for the privacy of people seeking care for NTDs and mental health conditions are strengthened.
- Mental health specialists should be available to supervise staff providing mental health care. This includes:
    1. supervising mhGAP-trained general health workers in the management of pharmacological interventions; and
    2. supervising nonspecialist health, community or social care workers delivering psychological interventions.

    Mental health specialists may benefit from basic information on NTDs. Opportunities for joint supervision of general health workers by both NTD and mental health specialists should be explored.
- General health workers such as physicians and nurses are often limited in their capacity to provide evidence-based psychological interventions due to the time constraints of their jobs. Psychological interventions may be available via referral to specialist services or, where feasible, it is also possible to train general health, community or social care workers to provide brief or low-intensity evidence-based psychological interventions. This includes guided or unguided self-help interventions, such as WHO's *Doing what matters in times of stress (25)*. See WHO's *Psychological intervention implementation manual (26)* for more information on training and setting up psychological interventions for delivery by non-specialists.

6.3 How?

- Most people with NTDs who are identified as having a mental health condition will not require specialist support but can be largely supported in the community, in NTD services or in primary care. Levels of intervention should be provided according to the complexity of symptoms or impairment (Fig. 3). In the event that a person's mental health symptoms do not improve at lower levels of health care, the next level of care can be provided – or people may be directly referred to higher levels of care if indicated from the beginning. Regardless of the level of complexity of mental health symptoms, all persons living with NTDs can be referred to peer support groups which can support general well-being and address experience of stigma and discrimination.
- **STEP 1:**
  At the population level, psychoeducation should promote awareness about the connection between NTDs and mental health conditions in the population. This is also where interventions to counter stigma occur.
- **STEP 2:**
  Health workers caring for persons with NTDs should routinely screen those persons for mental health concerns and should know how to manage or refer as appropriate. However, it should be noted that, as the burden is likely to be high, services and referral pathways for mental health care should already be established to meet the anticipated demands

before screening starts. General health workers can provide persons with NTDs with information on how to self-manage distress (known as "unguided self-help") which they can read in their own time (assuming they are literate). If a person has screened positive for signs of distress, that person can then be assessed for a mental health condition by a trained and supervised general health worker.

- **STEP 3:**
  Guided self-help involves self-learning skills, guided by a facilitator, to manage distress. These skills can be delivered in sessions for groups or individuals. An example of manualized content which can be unguided or guided (using a facilitator) is WHO's *Doing what matters in times of stress (25)*. WHO's *Self-help plus* is an example of a group-based self-help guide for stress management *(27)*.

- **STEP 4:**
  For people living with NTDs with symptoms of anxiety and depression, brief psychological interventions can also be provided by trained and supervised non-specialist workers (assuming that a specialist workforce is lacking). Psychological interventions can be delivered in group or individual format. These interventions should be evidence-based and can be manualized – such as WHO's *Problem management plus*, which comes in individual *(28)* and group formats *(29)*.

- **STEP 5:**
  People identified as having a mental health condition may not require support in specialist services alone, and can benefit from support in the community at the above levels. Specialist referrals could, depending on resources, be reserved for severe mental health conditions or complex presentations. Specialist mental health and neurological services are often not well prepared for the particular needs of people affected by NTDs. It is important that in endemic areas such specialists are trained to assess and provide appropriate care. In some cases, this will occur within NTD services (e.g. neurological consequences of leprosy are often well managed here). As referral systems are established, there is value in ensuring that mental health specialists are aware of the specific needs of people with NTDs – by, for instance, moderating pharmacological care for mental health so that it does not interact with care for NTDs. Pharmacological care for mental health conditions does not need to be delivered exclusively at the level of specialist care, and can be managed by trained and supervised general health workers.

- For appropriate medication to be available, it is important that a supply chain is functioning to provide affordable and accessible medications that are on the essential medicines list for mental health. This may involve engaging with the relevant health service agencies.

- For appropriate psychological interventions to be available, a sufficient workforce (whether specialist or non-specialist) with a suitably qualified supervisor (providing regular supervision) must be available to meet the needs of the population.

Table 1 and Table 2 present potential interventions for mental health conditions and stigma reduction respectively. The tables include information about potential interventions, their purpose, what the target condition is, who could be performing/delivering the intervention, and signposts to some resources that can be helpful when designing interventions in settings where NTDs are prevalent.

FIG. 3

Continuum of options in mental health care (adapted from WHO's *Operational handbook on tuberculosis. Module 6: tuberculosis and comorbidities – mental health conditions)* *(30)*

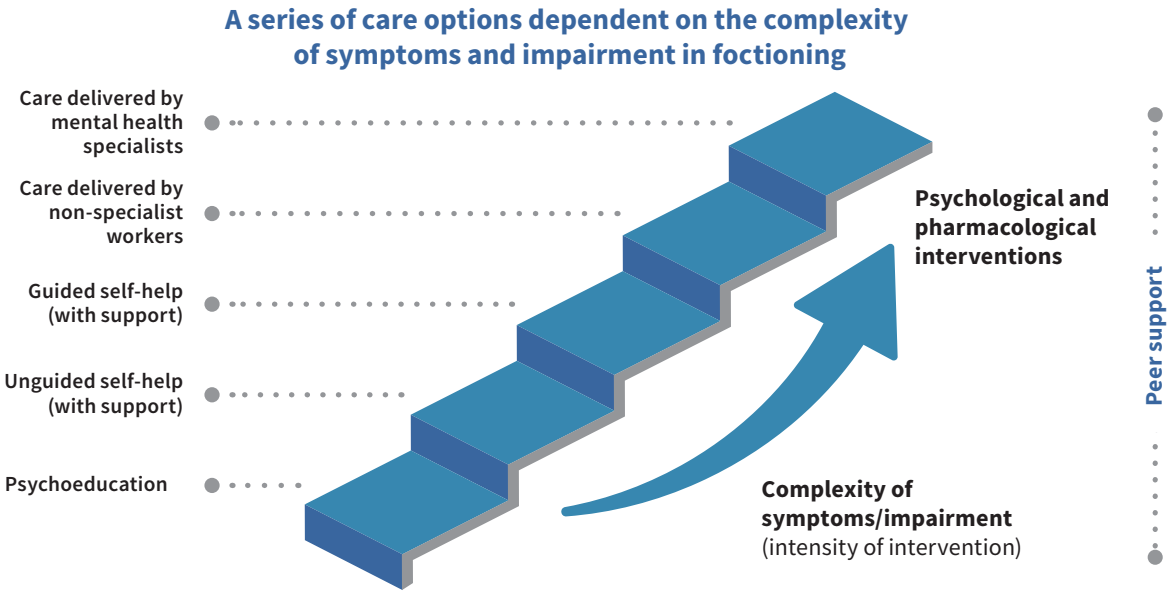


TABLE 1

Prevention, assessment and management of mental health conditions for people living with NTDs

MENTAL HEALTH PREVENTION AND PROMOTION

INFORMATION

Creating opportunities at population level to prevent mental health conditions and self-harm/suicide and to promote mental health is an important stage in support for people affected by NTDs by providing them with information on positive ways to cope with stress, on what mental health conditions are, and on where they can access help to support themselves.

ACTION	RESOURCES AND LINKS
Raise awareness about mental health and NTD care - targeting CDDs, traditional healers, traditional and religious leaders. This may include using ongoing mass drug administration for NTDs, such as filariasis as an opportunity for community awareness about NTDs and mental health through community workers using the mhGAP community toolkit.	• Informative pictorial materials to support awareness-raising, trained health-care or community workers. • Information about positive ways of coping, NTDs and mental health and where to seek help for persons affected. 1. Chronic care for neglected infectious diseases: leprosy, lymphatic filariasis, trachoma and Chagas disease 2. mhGAP community toolkit 3. Chapter on community health assistants in REDRESS intervention manual

MENTAL HEALTH PREVENTION AND PROMOTION

ACTION	RESOURCES AND LINKS
Engage with the community so that community members recognize links between mental health and NTDs, and know how to access services.	Information on pathway to care. 1. A strategic framework for integrated control and management of neglected tropical diseases of the skin 2. One-to-one peer support by and for people with lived experience 3. Peer support mental health services: Promoting person-centred and rights-based approaches
Build capacity of NTD peer support or self-help groups to provide peer support and promote self-care for mental and physical health (e.g. wound care, adherence to medication).	Resources to train facilitators of peer support to provide ongoing mentoring of persons affected, as well as training and information materials for physical care. 1. Person-centred recovery planning for mental health and well-being self-help tool 2. One-to-one peer support by and for people with lived experience 3. Peer support groups by and for people with lived experience 4. Annex 27. Peer support group handout in REDRESS intervention manual 5. WHO QualityRights e-training on mental health, recovery and community inclusion

MENTAL HEALTH ASSESSMENT

INFORMATION

Trained and supervised general health workers collect a comprehensive history and/or carry out screening to identify whether a person affected by an NTD also has a mental health condition (or is affected by socioeconomic factors). Assessment indicates what kind of intervention/referral is needed.

ACTION	RESOURCES AND LINKS
Screening tools for common mental health conditions such as depression, using patient health questionnaire 9 (PHQ9), or anxiety, using generalized anxiety disorder item 7 (GAD7), to identify quickly if a person is indicated for symptoms. Collect a comprehensive history through interviewing and assessment, such as through mhGAP assessment protocols, and additional questions to identify socioeconomic needs. General health workers should also be aware that some NTD medications (e.g. albendazole) may have neuropsychiatric side-effects that require management by mental health specialists.	• Access to validated screening tools and the means to score and interpret these. • Referral protocols for mental, social or physical care depending on the outcome of the screening tool. 1. Guides on stigma and mental wellbeing 2. Manual for WHO Disability Assessment Schedule (WHODAS 2.0) 3. WHOQOL: Measuring quality of life 4. Patient health questionnaire 9 (PHQ9) 5. Generalized anxiety disorder item 7 (GAD7) 6. mhGAP intervention guide

MENTAL HEALTH ASSESSMENT

ACTION	RESOURCES AND LINKS
Assess for self-harm and suicide in people with acute emotional distress, chronic pain or mental health conditions, and follow protocols to support a person at imminent suicide risk, or who is at risk of suicide (e.g. as per *mhGAP intervention guide*).	• Assessment tools for suicidal behaviours. • Referral protocols depending on the outcome of the assessment. 1. mhGAP intervention guide (self-harm/ suicide module) 2. Risk and protective factors for suicide 3. LIVE LIFE: an implementation guide for suicide prevention in countries

MENTAL HEALTH MANAGEMENT AND FOLLOW-UP

INFORMATION

Management of mental health conditions can include a multitude of different actions that can be taken in primary health care (PHC) and at community levels, with referral for specialist care as needed.

Integrating mental health indicators (Annex 3) into routine health information systems for NTD data collection is required to monitor demand for services among persons affected by NTDs.

ACTION	RESOURCES AND LINKS
Provide psychoeducation for caregivers, PHC workers and people affected by NTDs. For example, provide persons affected by NTDs with positive ways of coping, information about NTDs and mental health and where to access help.	Capacity- building in psychoeducation for caregivers, health workers and people affected by NTDs. 1. Brief eLearning module on counselling in leprosy context 2. WHO QualityRights e-training on mental health, recovery and community inclusion
Train general health workers in the assessment and management of mental health conditions (such as mhGAP training), where management includes pharmacological and psychological interventions. Train health workers in brief interventions that can be delivered within the confines of their role (e.g. giving a self-help book, unguided self-help) with follow-up at every appointment, or basic psychological support for persons affected by NTDs. Provide supervision from a mental health specialist to all non-specialists, and monitoring.	• Capacity-building for health workers in assessment, management and follow-up for mental health conditions; and in brief psychosocial support. • Medication supply. • Supervision protocols. 1. Psychological first aid 2. Basic psychological support for persons affected by NTDs (BPS-N) 3. mhGAP intervention guide 4. Basic psychological support in NTDs. REDRESS intervention manual 5. Doing what matters in times of stress

MENTAL HEALTH MANAGEMENT AND FOLLOW-UP

ACTION	RESOURCES AND LINKS
Where feasible set up delivery of multi-session brief psychological interventions by dedicated staff who may be specialists or non-specialists, and who feasibly have the time to deliver such interventions (e.g. Problem Management Plus). Services should be available for people living with the condition, and family members where relevant. Provide supervision from a mental health specialist.	Trained health workers, community or social care staff to provide psychological interventions. Materials are needed for delivering manualized interventions, training materials, supervision protocols. 1. Problem Management Plus 2. Self-Help Plus 3. Group interpersonal therapy, G-IPT 4. Psychological interventions implementation manual
Manage complex cases by timely referral to mental health specialist.	Referral pathway to specialist care, medication supply. 1. UHC compendium (database)
Integration managers may refer to the mhGAP operations manual for guidance and support with integration as they plan, prepare and provide services (Section 5.3). Integrate mental health indicators into general health information systems, especially NTD services	Health information specialist. 1. Integrating the response to mental disorders and other chronic diseases in health care systems 2. Annex 14 NTD ledger including mental health indicators in REDRESS intervention manual

TABLE 2

Stigma-reducing interventions for people living with NTDs

STIGMA ASSESSMENT

INFORMATION

Since stigma is invisible, it is helpful to assessing in order to help visualize it and show its wider effects on people affected by NTDs and their caregivers. Assessing stigma can also help in understanding what interventions should be developed and what groups should be targeted.

ACTION	RESOURCES AND LINKS
Assess community stigma and self-stigma using appropriate instruments/tools.	Assessment tools, human resources to collect and analyse data. 1. Guides on stigma and mental well-being: Guide 4 2. Stigma and mental well-being resources

PREVENTION AND OTHER INTERVENTIONS TO REDUCE STIGMA

INFORMATION

For higher effectiveness of anti-stigma programmes, interventions should be locally acceptable and appropriate, responding to locally-held beliefs about the causation of NTDs and should be co-developed with persons with lived experience.

They should also acknowledge the differing beliefs about individual NTDs – e.g. in some settings schistosomiasis is linked to the term "male menstruation", leprosy is often linked to divine punishment due to perceived wrongdoing, lymphatic filariasis is linked to disfigurement, and neurocysticercosis and related seizures may be perceived to be possession by and/or work of the devil.

Using widespread media outlets and language that is appropriate in a given setting can be helpful in co-designing the right intervention.

ACTION	RESOURCES AND LINKS
Develop contextualized messages to challenge myths through leaflets, posters, etc.	Information materials and stigma assessment tools. 1. Guides on stigma and mental wellbeing: Guide 3 2. Guides on stigma and mental wellbeing: Guide 4

INFORMATION

Proposing policy frameworks that do not discriminate and which promote human rights and empowerment of people affected by NTDs and by mental health conditions is important in reducing structural and institutional levels of stigma.

ACTION	RESOURCES AND LINKS
Review and reform policies and laws to prevent and remove stigma and discrimination.	Policymaker collaboration and commitment 1. WHO guidance on mental health policy and strategic action plans 2. Mental health, human rights and legislation: guidance and practice 3. WHO QualityRights core training: mental health, disability and human rights 4. WHO QualityRights e-training on mental health, recovery and community inclusion 5. Transforming services and promoting human rights. WHO QualityRights training and guidance: mental health and social services 6. Advocacy for mental health, disability and human rights 7. Civil society organizations to promote human rights in mental health and related areas 8. Person-centred recovery planning for mental health and well-being self-help tool 9. Mental health, human rights and legislation: guidance and practice

PREVENTION AND OTHER INTERVENTIONS TO REDUCE STIGMA

INFORMATION

Social contact interventions to reduce stigma entail contact with those stigmatizing and those being stigmatized. These interventions should be developed and implemented with the participation of people affected by NTDs and mental health conditions, their caregivers, and the wider community where possible.

ACTION	RESOURCES AND LINKS
Social contact interventions.	Facilities to organize any campaigns or events, people to organize and implement campaigns or interventions, materials to use to disseminate information.

1. Guides on stigma and mental wellbeing: Guide 1
2. Guides on stigma and mental wellbeing: Guide 2

INFORMATION

Awareness-raising activities are aimed at reducing the stigma and discrimination relating to mental health conditions and NTDs. Talking about mental health in the community can both decrease stigma and improve access to care by enhancing the understanding of mental health and mental health conditions linked to NTDs.

ACTION	RESOURCES AND LINKS
Raising awareness about NTDs and mental health.	Human resources to develop and implement a campaign, information materials to use in a campaign or during a PHC visit, use of media or technology for presentation or for media posts.

1. mhGAP community toolkit (module 1)
2. Guides on stigma and mental wellbeing: Guide 1
3. Guides on stigma and mental wellbeing: Guide 2
4. WHO: Advocacy for mental health, disability and human rights

PREVENTION AND OTHER INTERVENTIONS TO REDUCE STIGMA

INFORMATION

Including and empowering people affected by NTDs is vital to the integration of mental health services and stigma reduction. It can help them in reducing self-stigma and projected stigma, as well as helping them to increase agency over their recovery and helping them get more support from peers and other advocacy groups.

ACTION	RESOURCES AND LINKS
Promote empowerment of people affected by NTDs to address self-stigma.	Reaching and engaging people affected by NTDs, especially those underserved and marginalized, training and promotion of empathy and inclusion of affected persons in care.

1. Person-centred recovery planning to mental health and well-being
2. WHO Quality Rights guidance module on civil society organizations to promote human rights in mental health and related areas
3. A strategic framework for integrated control and management of neglected tropical diseases of the skin

INFORMATION

Education about NTDs, mental health conditions and the link between the two can help address any misconceptions and misunderstandings about the disease, transmission of disease, care, affected persons' overall well-being and other factors. Contextualized messages which challenge myths and share locally-appropriate sources of knowledge can be part of a stigma-reducing campaign.

ACTION	RESOURCES AND LINKS
Educate the public and NTD health workers to understand what stigma is and how it works.	Facilities to organize any campaigns or events, people to organize and implement campaigns or interventions, materials to use to disseminate information,

1. Guides on stigma and mental wellbeing: Guide 1
2. Guides on stigma and mental wellbeing: Guide 2

7

Implementing the Essential Care Package

United Republic of Tanzania, Zanzibar. 2016. © GSK

In order systematically and effectively to apply the ECP in a given context, some key steps are suggested, as indicated in Fig. 3 These steps include:

- health system review and feasibility analysis;
- costing the ECP;
- developing the ECP implementation plan; and
- monitoring implementation of the ECP.

While standards can be set in developing the ECP, its implementation is not static. The ECP's contents, implementation modalities and costing need to be adapted to different national contexts, and even to the variety of environments that exist in the same country. Several standardized tools and templates are suggested to support each of these steps.

Fig. 3 shows potential tools and resources that might be useful for each step of the implementation process.

For further information on setting up general (non-specialist) services for the assessment and management of mental, neurological and substance use conditions, see WHO's *mhGAP operations manual (31)*. For further information on setting up psychological interventions for delivery by non-specialists, see WHO's *Psychological intervention implementation manual (26)*.

The ECP's contents, implementation modalities and costing need to be adapted to different national contexts, and even to the variety of environments that exist in the same country.

India. 2017. © GSK

FIG. 4

Important steps in the implementation of a stigma and mental health Essential Care Package

HEALTH SYSTEM REVIEW AND FEASIBILITY ANALYSIS

Assess mental health and well-being needs of the target population, including through screening and qualitative assessment, and understand community attitudes and experiences of people affected. Include people affected by NTDs and mental health conditions as part of planning efforts.

Analyse adaptation needed for service delivery platforms for the ECP to the different contexts within a country.

Identify bottlenecks and gaps, such as quality of care processes, facility infrastructure, supply chains, human resources capacity, and/or access barriers that need to be addressed to assure the ECP's quality and performance and expand its coverage and possibly the range of services.

1. mhGAP operations manual
2. Psychological interventions implementation manual
3. Assessing mental health and psychosocial needs and resources
4. mhGAP community toolkit: Community mental health services framework – Guide for programme managers
5. Who is where, when, doing what (4Ws) in Mental Health and Psychosocial Support
6. Service availability and readiness assessment Assessment (SARA): an annual monitoring system for service delivery

COSTING THE ECP

Assess affordability of the ECP.

Determine resource allocation to each intervention.

Review initial draft of the ECP according to available resources.

1. Costing programmes to reduce stigma and discrimination, and increase access to justice in the context of HIV
2. WHO Guide to cost-effectiveness analysis
3. Planning guide for the health sector response to HIV/AIDS

DEVELOPING THE ECP IMPLEMENTATION PLAN

Engage with people with lived experience in the conceptualization, development and review of the proposed plan.

Adapt modalities of service delivery, and cost of providing different packages, to the differing contexts.

Address constraints and bottlenecks identified by the health system assessment and feasibility analysis – addressing supply management, constraints related to the health workforce, financing options to reduce user fees, or managing minimum quality standards.

Determine the role of district health offices in implementation and monitoring of the ECP.

1. Assessing mental health and psychosocial needs and resources
2. WHO menu of cost–effective interventions for mental health
3. WHO guidance on mental health policy and strategic action plans

MONITORING THE ECP IMPLEMENTATION

Ensure that assessment of ECP implementation is based on routine health information management systems that incorporate mental health and NTD indicators.

Take action to put such information and monitoring systems in place where this is not the case.

Give local health authorities a role in coordinating stakeholders that support implementation of the ECP – integrated health facility supervision and regular review meetings.

Actively engage communities to give them a voice in design and implementation of services in areas where they live, but also for accountability purposes, such as complaints mechanisms.

1. Mental health, stigma and NTDs ECP indicator set (Annex 3)
2. Monitoring, evaluation and review of national health strategies
3. Planning guide for the health sector response to HIV/AIDS

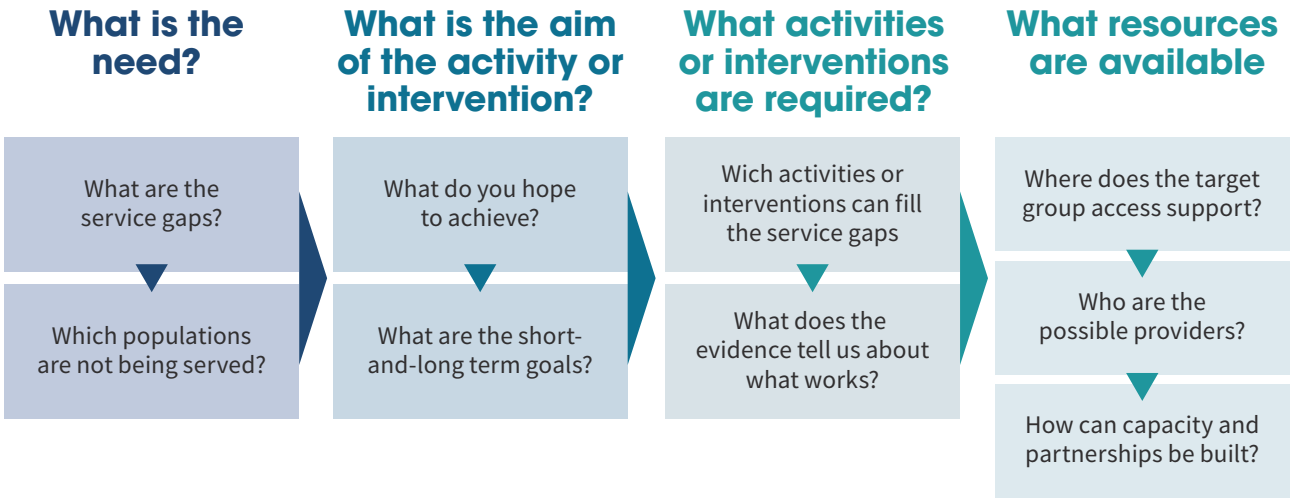
7.1. Health system review and feasibility analysis

When deciding which bundle of interventions would be appropriate and possible to implement in the community, it is important to take into account the resources needed and how prepared the current services are to undertake new services.

The Community Mental Health Services Framework from the mhGAP community toolkit (Fig. 4) aims to support programme managers/ planners in making decisions about the types of interventions to implement in the local context.

FIG. 5

The Community Mental Health Services framework



The answers to the questions may vary depending on the type of activity (mental health versus stigma-reducing intervention). An example table for stigma-reducing interventions can be seen in Table 3. The guides on stigma and mental wellbeing may be valuable resources for helping to respond to these questions.

TABLE 3

Example of use of the Community Mental Health Services framework for stigma-reducing interventions

QUESTION	ANSWER
What are some of the NTD and stigma-related needs in your community? Where are the service gaps?	Raising awareness about the impact of NTD-related stigma on mental health
	Lack of education and information about stigma, mental health conditions among the community and some health-care workers.
	Lack of locally available services for addressing stigma.
Choose one of the needs you describe above. What are your aims in addressing this need? What do you hope to achieve? List your short-term and long-term goals.	Improvement of levels of awareness and community education.
	Promotion of mental health among people with NTDs and their caregivers.
What activities or interventions are required in order to achieve your goals?	Education and social contact interventions for the community together with peer groups.
What resources are available to help you carry out these activities or interventions? Where can these activities or interventions take place? Who are the possible providers? Who are you able to partner with?	Social workers, faith group members, healers, peer networks/peer advocates.
	Community centres, places of worship.

A clean table for your practice and use is available in Annex 1.

7.2. Mapping out available services and needs assessments in the health system

To be able to plan and carry out interventions it is crucial to map out the resources that are available not only in general health care, but more widely from services such as social, educational or other services available locally. Such a wider look at the resources and services is beneficial as multisectoral collaboration can benefit people affected by NTDs and mental health conditions.

Having a wide look at the possible resources available will also help identify any gaps, barriers or facilitators to the interventions and will help to plan more strategically. Service mapping can be done in collaboration with other stakeholders and can be stored/organized in a number of ways.

The Comprehensive Service Mapping document can then also be used as a referral/resource tool to direct people to access support in a health or non-health service.

Table 4 provides an example scenario that can be used to map health services (and also other relevant services or support, such as social support, livelihoods, self-help groups or peer support in communities).

TABLE 4

Example table for health service mapping

HEALTH SERVICES AVAILABLE IN MY COMMUNITY/LOCALLY		
TYPE OF SERVICE	**HEALTH SERVICE**	**PEER SUPPORT NETWORK**
Location of service	Centre address	Centre address
Who is the target population for these services?	People affected by mental health conditions	People affected by NTDs and mental health conditions
Barriers in accessing the service by the target population	Stigma, lack of information about the support provided	Limited outreach, lack of linkages between health facilities and peer support initiatives
Contact person	Name, email address or telephone number of the centre	Name, email address or telephone number of the centre
Additional notes/follow-up steps	Contact the service for referral information or about a joint effort on stigma-reducing interventions	Contact the centre worker for networking/employment

7.3. Costing the Essential Care Package

Costing is an integral part of planning. Estimated costs can show what priorities should be set and will inform the process of resource and goal prioritization. It is also essential information for funding applications and financial allocation and can be particularly helpful when seeking to plan for more integrated processes and services.

Table 5 is adapted from *Strategizing national health in the 21st century: a handbook (32)*. It gives an example of the levels, analyses and objectives at certain levels of the health system.

7.3.1 Example costs to consider when budgeting for ECP roll-out

Before costing it is important to consider the scale of each layer of the ECP (e.g. whether general health services are rolled out across all areas of the country or within local hubs within a local district/ health area).

Governance

- cost of national meetings to build understanding and buy-in from key stakeholders across NTD, mental health and community health services, as well as social welfare, education, water and sanitation, livelihoods;
- cost of a workshop to develop the country-specific strategy and plan for ECP roll-out, and to review and adapt tools to the local context;
- costs to ensure the inclusion of persons with lived experience in all decision-making meetings and workshops, including payment for their time.

Specialist mental health and NTD services

- cost for training to orientate mental health specialists about NTDs and vice versa;
- cost to support the integration of mental health indicators within NTD health information management systems;
- cost to review and update a mental health referral pathway for persons affected by NTDs who need specialist mental health support.

Health services

- cost for training of trainers for the roll-out of ECP training;
- cost for training general health workers in ECP;
- cost for joint supervision of general health workers by NTD and mental health specialists;
- cost for essential drugs and supplies, including mental health medications;
- cost for providing training materials, intervention manuals, job aids and reporting tools;
- cost to train and provide supportive supervision for the data management team in the roll-out of ECP and new health information management systems data collection and reporting.

Family and community

- cost of training community health workers to identify and refer persons within existing community health systems;
- cost to provide training for affected persons in order to establish and facilitate self-help/peer support group;
- cost to supervise/provide support training for self-help/peer support group members about simple self-care strategies;
- cost for income-generating activities and skills-building for affected persons;
- cost to establish family support groups for caregivers;
- cost of training caregivers;
- costs for linking with existing organizations with experience of addressing stigma and discrimination;
- costs for connecting affected persons with existing patient groups to consider creating a network for persons affected by NTDs.

Population

- cost for community anti-stigma activities (e.g. marketplace campaigns, radio campaigns, social media/media campaigns, poster materials);
- costs for actions to address social determinants (e.g. cost for social welfare);
- costs for mass (NTD) drug administration campaigns;
- costs for reimbursing people with lived experience to engage in social contact interventions.

7.4. Developing the Essential Care Package implementation plan

When considering which mental health or stigma-reducing interventions might be used, planning managers will be helped by using the table in Annex 2 to analyse the interventions in terms of potential barriers and facilitators. It is important to ensure that any intervention is feasible in a given context, and that appropriate adaptation is carried out.

Table 5 provides an example of analysis for a stigma-reducing intervention. This table can be completed for any of the proposed interventions in Table 1 and Table 2. A blank table is provided in Annex 2.

TABLE 5

Examples of potential intervention facilitators and barriers

Action 1. Raise awareness about mental health and NTD care of affected persons – targeting CDDs, traditional healers, traditional and religious leaders

IS IT FEASIBLE?	
If Yes, in what ways?	**If No, in what ways?**
1. Integrating NTD and mental health training and guidance into manuals already produced by the respective programmes. 2. Training CDDs, traditional healers, traditional and religious leaders on mental health and NTD awareness. 3. Using local languages to disseminate evidence-based mental health and NTD information (e.g. on radio and television). 4. Integration of mental health and NTD messages in public education and behaviour change materials. 5. Leveraging existing NTD activities (e.g. sharing mental health and NTD messages during mass drug administration campaigns).	1. Existing strong stigma and pushback from the community. 2. Lack of resources to facilitate an awareness-raising campaign. 3. Lack of understanding about the links between mental health and NTDs and stigmatizing attitudes among health workers or those who will be delivering the awareness campaign.

WILL IT WORK?	
If Yes, in what ways?	**If No, in what ways?**
1. Using existing community NTD structure – target groups mentioned are available and accessible. 2. Engaging identified stakeholders effectively and giving them specific roles to play during implementation. 3. Giving consideration to appropriate incentives for target persons, especially CDDs/existing community-based structures. 4. Ensuring that training activities and engagement events do not coincide with those of other health programmes taking place in the districts.	1. Lack of stakeholder involvement or commitment. 2. Other competing priorities among health programmes.

IF IT CANNOT WORK, WHAT NEEDS TO BE DONE TO MAKE IT WORK?

1. If there are other competing health-care programme priorities, find a link between NTDs and mental health awareness-raising campaigns and other health campaigns to combine efforts.
2. Actively communicate with stakeholders by working together with advocates and service users.

ARE THERE ANY OTHER ISSUES THAT NEED TO BE CONSIDERED?

1. Include awareness creation in the education sector through existing or newly established health clubs in schools – to provide information about mental health and NTDs.
2. Engagement of the movie industry to produce films that have evidence-based information on mental health and NTDs for creating awareness and reducing stigma relating to mental health and NTDs.

7.5 Monitoring implementation of the Essential Care Package

Monitoring and evaluation of implementation are an important part of the process as they allow measurement of how well the interventions/activities are implemented. Monitoring and evaluation will allow programme planners to explore possible causes of problems and solutions to them. A comprehensive monitoring and evaluation system should consider not only the relevant indicators but also how the data will be collected, the flow of information and the use to which this information will be put (i.e. making sure that lessons learned are applied in the programme in order to improve it). Where possible, indicators should be disaggregated by gender or other contextually relevant sociodemographic factors.

Indicators are metrics of the progress made in a project or programme. These indicators can be categorized as indicators of inputs, process, output, outcomes and impact. All indicators that are used for monitoring need to be measurable.

Annex 3 lists suggested indicators aligned to the recommended actions for this ECP. It is important that chosen indicators are appropriate to the local context. High-level NTD and mental health indicators can be found in the WHO Roadmap for NTDs *(2)* and in the Comprehensive mental health action plan 2013–2030 *(33)*, which might provide potential indicators for a national programme.

Data collection sources for indicators should be identified. Such sources for NTDs and mental health conditions might include routine reporting, community-based surveillance systems, Health Management Information Systems or disease-specific programmes. The analysis stage should also take account of inaccuracies and any potential gaps in data collection.

All data collected for monitoring and evaluation should also go through analysis and synthesis to summarize the information, leading to a clear summary of implications for any necessary improvements or issues relating to the activity/intervention.

Lastly, monitoring and evaluation information that is obtained should be reported and used to improve the programme planning and performance of facilitated interventions/ activities. The information can further be used to engage with other stakeholders when trying to collaborate with them or when promoting the need to integrate mental health care into NTD care. Other potential uses of the information gathered include resource allocation, communication with the public, and informing future plans on mental health care integration into NTD care.

Monitoring and evaluation will allow programme planners to explore possible causes of problems and solutions to them.

Annexes

Troeung Village, the leprosy village in Cambodia, 04/27/2022. © WHO / Luisa Ryan

Annex 1. Community Mental Health Services framework from the mhGAP community toolkit

Questions can be adapted to the mental health needs or stigma-related problems of people living with NTDs.

QUESTION	ANSWER
What are some of the mental health needs in your community? Where are the service gaps?	The mental health needs in my community are the following:
	The service gaps in my community are the following:
Choose one of the needs you describe above. What are your aims in addressing this need? What do you hope to achieve? List your short-term and long-term goals.	I hope to achieve:
	Short-term goals:
	Long-term goals:

QUESTION	ANSWER
What activities or interventions are required in order to achieve your goals?	The activities or interventions required include the following:
What resources are available to help you carry out these activities or interventions? Where can these activities or interventions take place? Who are the possible providers? Who are you able to partner with?	Resources available to carry out the activities or interventions:
	Resources available to carry out the activities or interventions:
	Settings where the activities or interventions can take place:
	Providers who can carry out the activities or interventions:
	Who I can partner with:

Annex 2. Intervention facilitators and barriers analysis (blank template)

ACTION 1

IS IT DOABLE?	
If Yes, in what ways? Yes, by:	**If No, in what ways?**
WILL IT WORK?	
If Yes, in what ways? Yes, by:	**If No, in what ways?**
IF IT CANNOT WORK, WHAT NEEDS TO BE DONE TO MAKE IT WORK?	

ARE THERE ANY OTHER ISSUES THAT NEED TO BE CONSIDERED?

Togo. 2016. © GSK

Annex 3. Proposed indicators for the mental health, stigma and NTDs Essential Care Package

Table A.1 and Table A.2 describe indicators that were developed to align with the priority actions of the ECP and to monitor progress against these actions. Those in bold are proposed as priority indicators. They are primarily designed for use by the Ministry of Health (National NTD Programme in collaboration with mental health colleagues) or equivalent to monitor progress at national level, including for measurement of change (e.g. annually). This will support countries in reporting against global indicators, including the cross-cutting target indicators of the WHO NTD Roadmap *(2)*, including:

- the number of countries that adopt and implement integrated strategies for skin-related NTDs;
- the share of countries with guidelines for management of NTD-related disabilities within national health systems;
- the share of countries collecting and reporting data on NTDs disaggregated by gender.

The governance and accountability section is also a means of measuring the WHO NTD Roadmap's priority for greater national ownership, and cross-sectoral collaboration for comprehensive person-centred care. Although it does not directly align with the ECP it is considered an important dimension of national progress.

Indicators are also suitable for use at district level, or within a project if adapted to the service level and population (Table A.1). They are generally high-level indicators that predominantly measure outputs, but at the project level it is possible to measure more informative individual-level outcome or impact indicators – including, for instance, the well-being of service users or the proportion of people being screened for mental health needs in a specific service. In addition, qualitative indicators can provide valuable insights into how well interventions are working or what the affected people are really experiencing. Many of these indicators are available at www.infoNTD.org.

Ultimately, it is important that the key indicators are collected from subnational levels by government and non-state actors in order to inform national data sets. This is the role of the national NTD programme and will be facilitated by good collaboration between NTD and mental health stakeholders.

Across all indicators included within this table, it is important to disaggregate by gender, age, disease and wealth quintile. This will enable further consideration of the equity of access to integrated mental health and NTD services. Equity tracers/indicators are particularly important when considering who is trained to deliver information, who is assessed for mental health needs and who is then able to access appropriate management and support. Documenting indicators in a disaggregated way also allows the assessment of progress in addressing the social determinants of mental health conditions.

TABLE A.1

Suggested indicators for measuring progress on mental health and NTDs

Prevention and promotion

Creating opportunities to prevent mental health problems and to promote mental health is an important stage in supporting people affected by NTDs and enabling them to have information on what mental health problems and conditions exist and where they can access help to support themselves.

ECP ACTION AREA

Raise awareness about mental health and NTD care of affected persons –targeting CDDs, traditional healers, traditional and religious leaders

ANTICIPATED COMPONENT OUTCOME

Knowledge materials available on the links between mental health and NTDs that are accessible to and used by CDDs/traditional healers/traditional leaders/ religious leaders

Increased knowledge of CDDs/traditional healers/ traditional leaders/ religious leaders on the relationship between mental health and NTDs

INDICATOR SOURCE(S)/ COLLECTION METHOD

National and subnational NTD programme

Training reports and supervision reports

Quarterly meetings/programme annual review meetings/ mid-term review meetings

Analysis of pre-post training scores and adaptation for specific questions

SUGGESTED OUTCOME INDICATOR(S)

Key message guideline developed on mental health and NTDs for use in community health worker training

Integration of information on mental health and NTDs in the training module for community health workers

Key message guideline developed on mental health and NTDs for use in sensitization meetings for traditional healers/ traditional leaders/ religious leaders

Number of community actors (target groups to be defined) trained on key message guideline for mental health and NTDs

Proportion of districts delivering awareness sessions on the links between mental health and NTDs

FEASIBILITY ISSUES

Supervision reports may need to be updated to ensure that this information is captured

Prevention and promotion

ECP ACTION AREA

Engage with affected people so that they recognize links between mental health and NTDs, and know how to access services

ANTICIPATED COMPONENT OUTCOME

Knowledge materials available on the links between mental health and NTDs and information on where to access services that are accessible to affected people

All known affected persons know the links between mental health and NTDs and where to access support services

INDICATOR SOURCE(S)/ COLLECTION METHOD

Service user data

Subnational supervision reports

SUGGESTED OUTCOME INDICATOR(S)

Proportion of people affected by NTDs reached with targeted information campaigns

Proportion of people who attend services who receive information on the mental health consequences of NTDs

Proportion of newly identified affected persons with knowledge of the relationship between mental health and NTDs

Proportion of health districts that provide health talks on the links between mental health and NTDs

FEASIBILITY ISSUES

Lack of indicators to document this within health information management systems.

Supervision reports may need to be updated to ensure that this information is captured

Adaptation of supervision checklists

Prevention and promotion

ECP ACTION AREA

Build capacity of NTD self-help groups to provide peer support and promote self-care integrative treatment inclusive of physical care (e.g. wound care, medication adherence or maintaining wound hygiene)

ANTICIPATED COMPONENT OUTCOME

Strong network of self-help/peer support groups that can promote self-care and integrative treatment inclusive of physical care in operation with a clear organizing structure

INDICATOR SOURCE(S)/ COLLECTION METHOD

NTD programme/ national health system

Self-help/peer support group leaders

SUGGESTED OUTCOME INDICATOR(S)

Guidance document developed on the provision of integrative treatment within a self-help/peer support group setting

Number of self-help/peer support groups in operation (e.g. meeting at least monthly)

Proportion of self-help/ peer support groups that have received essential training in integrative treatment guidelines

FEASIBILITY ISSUES

Implementation of these groups could/should be outside the national health system

Establishing a clear definition of what a support group is in a specific context will be essential. This should be done in collaboration with affected persons

ECP ACTION AREA

Address social determinants and risk factors associated with mental health conditions and NTDs

ANTICIPATED COMPONENT OUTCOME

Knowledge available on the social determinants and risk factors associated with mental health conditions and NTDs used in NTD and mental health programme planning and advocacy strategies with a vision to mobilize cross-sectoral action

INDICATOR SOURCE(S)/ COLLECTION METHOD

National NTD programme data

National mental health programme data

SUGGESTED OUTCOME INDICATOR(S)

Number of cross-sectoral meetings facilitated that focus on mental health and NTDs

Number of people affected by NTDs and/or mental health conditions receiving social support (disaggregated by gender, type of support)

FEASIBILITY ISSUES

Reliance on cross-sectoral partnerships and actions

Reliance on flexible/ unrestricted funding flows

Mental health assessment

Collecting physical and mental health history is important to identify whether a person is not only affected by an NTD but also has a mental health condition. Assessment can also further help to decide what kind of intervention/referral is needed to meet the needs of the person affected. Please note that assessments should not occur at one point in time only but should be repeated regularly.

ECP ACTION AREA

Collect a comprehensive history for mental health by gathering information through interviewing and assessment

ANTICIPATED COMPONENT OUTCOME

Persons affected by NTDs are given a comprehensive mental health assessment

Appropriate assessment means an interview and use of at least one contextually/culturally valid/established mental health tool, e.g. depression module of mhGAP, PHQ-9 etc.

Health workers (e.g. community health workers, general health workers) are able to carry out a brief mental health assessment (screening) for persons affected by NTDs, and refer persons with need for a comprehensive mental health assessment and possible treatment

INDICATOR SOURCE(S)/ COLLECTION METHOD

Service user records (e.g. reporting form of community health workers/PHC staff)

Training reports and supervision reports

National NTD programme data

SUGGESTED OUTCOME INDICATOR(S)

Proportion of known persons affected by NTDs who have been assessed for their mental health

Proportion of health districts in which mental health assessment skills have been integrated into frontline health workers' (e.g. PHC staff, community health workers) training

Proportion of trained general health workers (e.g. PHC staff,) who conduct mental health assessments as part of their role

FEASIBILITY ISSUES

Feasibility of including these indicators in routinely collected reporting forms (within health information management systems)

Service user reporting forms and training and supervision reports may need to be updated to ensure that this information is captured

Mental health assessment

ECP ACTION AREA

Assess for self-harm and suicide in people with NTDs and any of the priority mental, neurological and substance use (MNS) conditions, chronic pain or acute emotional distress.

ANTICIPATED COMPONENT OUTCOME

Persons affected by NTDs are assessed for self-harm and suicide if in acute emotional distress or identified as having a mental health condition or chronic pain.

General health workers (e.g. PHC staff) are able briefly to assess self-harm and suicide in persons affected by NTDs and with a mental health condition, acute emotional distress, or chronic pain, and are able to refer persons for comprehensive assessment and possible treatment, where appropriate

Suitable assessment includes asking about suicidal thoughts or plans, acts of self-harm and use of an appropriate tool (e.g. mhGAP)

INDICATOR SOURCE(S)/ COLLECTION METHOD

Service user records (e.g. reporting forms, health workers)

Training reports and supervision reports

National NTD programme data

SUGGESTED OUTCOME INDICATOR(S)

Proportion of known persons affected by NTDs with a mental health condition/acute emotional distress/chronic pain who have been assessed for self-harm and suicide

Proportion of health districts in which self-harm and suicide assessment skills have been integrated into general health workers' training

Proportion of trained health workers who conduct self-harm and suicide assessments as part of their role

FEASIBILITY ISSUES

Feasibility of including these indicators in routinely collected reporting forms (within health information management systems) and additional work associated with their collection

Service user reporting forms and training and supervision reports may need to be updated to ensure that this information is captured

Management and monitoring

Management of mental health conditions can include a wide range of different actions that should be taken at PHC and community levels. Providing care in routine mental health services (ideally at primary level) can be a feasible and efficient way of preventing and managing mental health conditions associated with NTDs.

ECP ACTION AREA

Provide psychoeducation on the links between mental health and NTDs for caregivers, health workers and people affected by NTDs

ANTICIPATED COMPONENT OUTCOME

Knowledge available for key staff, families and peers to raise awareness for early detection of distress and mental health symptoms, and for seeking mental health services

Integration of psychoeducation for persons affected by NTDs in the training of general health workers

INDICATOR SOURCE(S)/ COLLECTION METHOD

National NTD programme

Health care training institution records, curriculums

SUGGESTED OUTCOME INDICATOR(S)

Key message guideline developed on mental health and NTDs for use in psychoeducation

Proportion of national health districts which have psychoeducation activities in place

Number or percentage of people affected and caregivers in services who received information on links between mental health and NTDs

Number or percentage of general health workers (community health workers (including CDDs), nurses, doctors) who receive information in their training

FEASIBILITY ISSUES

ECP core indicators embedded in the state/national-level strategic plan for NTDs

Management and monitoring

ECP ACTION AREA

Train general health workers to identify, assess and manage mental health conditions under supervision, and relevant monitoring

ANTICIPATED COMPONENT OUTCOME

General health workers able to assess and manage mental health conditions for persons affected by NTDs (at mhGAP level)

INDICATOR SOURCE(S)/ COLLECTION METHOD

National mental health programme

District-level health workers' training reports

Health workers' field reporting formats

SUGGESTED OUTCOME INDICATOR(S)

In a given district, the proportion of general health workers trained in mhGAP or equivalent

In a given district, the proportion of general health workers trained in mhGAP who are receiving regular supervision from a mental health specialist

OR the presence of NGO provision at an equivalent level in the district

Proportion of people with NTD diagnosis assessed as having a mental health need who access mental health services in each health district (coverage)

FEASIBILITY ISSUES

Requires centralized recording of mhGAP training carried out by government and NGO

Does not take into account other necessary system components

Management and monitoring

ECP ACTION AREA

Provide (brief) evidence-based psychological interventions for service users and caregivers

ANTICIPATED COMPONENT OUTCOME

Trained health workers (not general physicians or nurses), community or social care staff to provide brief evidence-based psychological interventions to persons affected by NTDs

INDICATOR SOURCE(S)/ COLLECTION METHOD

National mental health programme

District-level health workers' training reports

Health workers' field reporting formats

SUGGESTED OUTCOME INDICATOR(S)

Proportion of health districts with trained staff providing brief evidence-based psychological interventions

Proportion of health districts with trained staff providing evidence-based psychological interventions receiving regular supervision from a mental health specialist

OR the presence of NGO provision at an equivalent level in the district

FEASIBILITY ISSUES

Number of people with NTD diagnosis provided with an evidence-based psychological intervention is the key indicator but may be challenging within current health information systems. A system that integrates this may need to be developed

Referral to services not covered by NGOs

ECP ACTION AREA

Enable management of complex cases through referral

ANTICIPATED COMPONENT OUTCOME

Referral mechanism in place for people with complex needs unable to be managed in PHC

INDICATOR SOURCE(S)/ COLLECTION METHOD

Checklist and referral slips for cross-referrals

SUGGESTED OUTCOME INDICATOR(S)

Proportion of districts with documented referral mechanism in place for people with more complex needs

Proportion of referral centres that have guidance on management of mental health and NTD comorbidity

FEASIBILITY ISSUES

Documented referral mechanisms may not translate into practice

Management and monitoring

ECP ACTION AREA

Enable essential medication prescription

ANTICIPATED COMPONENT OUTCOME

Essential psychotropic medicines are available for prescribing clinicians to follow national guidelines and protocols

INDICATOR SOURCE(S)/ COLLECTION METHOD

Essential medicines list (national and district)

District medication supply chain records

SUGGESTED OUTCOME INDICATOR(S)

Essential psychotropic medicine list drug, including in national essential medicines list

Essential psychotropic medicines are available for management of depression and anxiety in district health services

FEASIBILITY ISSUES

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ECP ACTION AREA

Integrate mental health indicators into general health information systems, and NTD services in particular

ANTICIPATED COMPONENT OUTCOME

General health information management system includes mental health indicators for persons affected with NTDs (from PHC to district and to national level)

INDICATOR SOURCE(S)/ COLLECTION METHOD

PHC and hospital health information system/ registers include mental health and NTD indicators

Information system/ registers allow recording of comorbidity

SUGGESTED OUTCOME INDICATOR(S)

District health indicators include integrated mental health and NTDs (e.g. in DHIS system)

National mental health and NTD programmes collect integrated mental health and NTD indicators, e.g. through a monthly reporting system

FEASIBILITY ISSUES

Challenge as the general health information system is outside control of the national NTD or mental health programme or individual districts

Governance, accountability and person-centred care

The WHO NTD Roadmap highlights the promotion of national ownership which includes participation of all stakeholders, including people with lived experience. It is important that stakeholder participation is measured in order to ensure accountability to service users. The measurement of access to non-health services is also important, as are community participation and inclusion *(1)*.

ECP ACTION AREA

Promote effective communication and engagement for mutual learning, support and coordination among NTD and mental health stakeholders

ANTICIPATED COMPONENT OUTCOME

Good communication between national NTD programme, mental health leadership and civil society stakeholders promotes effective integration of mental health

INDICATOR SOURCE(S)/ COLLECTION METHOD

Meeting records between government and civil society stakeholders

SUGGESTED OUTCOME INDICATOR(S)

Established communication platform or regular meetings between national health system, NGO partners and self-help/peer support group leadership to provide integrative treatment support

FEASIBILITY ISSUES

Informal communication and collaboration will not necessarily be well captured

ECP ACTION AREA

Enable stakeholder participation in governance and decision-making (including people affected by NTDs, and civil society working in NTDs)

ANTICIPATED COMPONENT OUTCOME

Mental health and NTD programme design and implementation are informed by engagement of stakeholders and communities

INDICATOR SOURCE(S)/ COLLECTION METHOD

Records of meetings held with key stakeholders during programme development, planning, implementation or evaluations

SUGGESTED OUTCOME INDICATOR(S)

Nongovernmental stakeholders (including people living with NTDs) participate in regular consultation – e.g. at least annual consultation or steering meetings

FEASIBILITY ISSUES

Risk of tokenism even if meetings are held.

Financial resources are needed for consultations with key stakeholders

Governance, accountability and person-centred care

ECP ACTION AREA

Promote comprehensive care and full inclusion of people with NTDs across all sectors

ANTICIPATED COMPONENT OUTCOME

People with NTDs are able to access services that are important for their well-being across all sectors to promote full inclusion in social and community life

INDICATOR SOURCE(S)/ COLLECTION METHOD

Data on service use collected by other sectors

Comparator is whether people with NTDs are equally represented (i.e. compared to their numbers in the population)

SUGGESTED OUTCOME INDICATOR(S)

The proportion of people with NTDs represented in key health and non-health sector activities such as education, employment, income-generating activities/ cash transfer, or social welfare programmes

Levels of social participation and community inclusion of people affected by NTDs

FEASIBILITY ISSUES

If data from other sectors are not disaggregated by disability/disease condition, equal representation will be hard to measure

TABLE A.2

Suggested indicators for measuring progress on activities for reducing NTD-related stigma

ECP ACTION AREA

Assess community stigma and self-stigma using appropriate instruments and tools

ANTICIPATED COMPONENT OUTCOME

Knowledge about the level of stigma or self-stigma in the community

Reduced stigma against a particular NTD

INDICATOR SOURCE(S)/ COLLECTION METHOD

Assessment questionnaire, instrument or tools e.g. 5-Question Stigma Indicators (5-QSI) *(34)* or Social Distance Scale *(35)*

List or percentage of persons assessed

Photo stories and photovoice tools

SUGGESTED OUTCOME INDICATOR(S)

Number (or percentage) of persons assessed for stigma and self-stigma

Number (or percentage) of assessed persons who report stigma and self-stigma

Percentage with median 5-5-Question Stigma Indicators community stigma score above 4

Alternative: median SDS (Social Distance Scale; 7 questions) score above 4

FEASIBILITY ISSUES

Tools/instruments adapted and validated in different settings

Requires short-scale interviews to be done

Requires training of concerned health workers

Since this concerns community stigma, it requires a representative sample to be assessed at regular intervals (e.g. annually)

ECP ACTION AREA

Develop contextualized messages to challenge myths through leaflets, posters, etc.

ANTICIPATED COMPONENT OUTCOME

The taboos, myths and stereotypes surrounding people with NTDs and/or mental health conditions are reduced in the community

Improved knowledge about a particular NTD

INDICATOR SOURCE(S)/ COLLECTION METHOD

Percentage with knowledge score above 4 on the Perception Study Toolkit- Knowledge Attitudes and Practices component

Knowledge Attitudes and Practices score (0–8)

SUGGESTED OUTCOME INDICATOR(S)

Proportion of randomly selected persons interviewed believe in myths and have negative perceptions and attitudes towards persons with mental disability

Perception Study Toolkit *(36)*: percentage with knowledge score above 4 on the Knowledge Attitudes and Practices component

Proportion of national districts that have carried out stigma campaigns or activities

FEASIBILITY ISSUES

Campaigns and production of materials can require significant resources

ECP ACTION AREA

Review and reform policies and laws to prevent and remove stigma and discrimination

ANTICIPATED COMPONENT OUTCOME

Discriminatory laws and policies are reviewed, identified and repealed

INDICATOR SOURCE(S)/ COLLECTION METHOD

Baseline and post-intervention data (potentially collected at regular intervals)

SUGGESTED OUTCOME INDICATOR(S)

Number of discriminatory laws and policies reviewed, identified and repealed

FEASIBILITY ISSUES

Requires a comprehensive review and list from every country (this is feasible, e.g. India has a list for leprosy discrimination)

ECP ACTION AREA

Social contact interventions

ANTICIPATED COMPONENT OUTCOME

Persons with disabilities are included in social gatherings and public life

Knowledge about the level of stigma or self-stigma in the community

NTD indicators are integrated into the health system, as community stigma may be reduced by social contact at PHC level

INDICATOR SOURCE(S)/ COLLECTION METHOD

Assessment questionnaire, instrument or tools e.g. 5-Question Stigma Indicators (5-QSI) *(34)* or Social Distance Scale *(35)*

List or percentage of persons assessed

Photo stories and photovoice tools

SUGGESTED OUTCOME INDICATOR(S)

Proportion of districts where people affected by NTDs are involved in working against stigma (social contact interventions)

FEASIBILITY ISSUES

Requires resources for interviews and some expertise

ECP ACTION AREA

Raise awareness about NTDs and mental health

ANTICIPATED COMPONENT OUTCOME

The community improves its knowledge of mental health and NTDs

INDICATOR SOURCE(S)/ COLLECTION METHOD

Assessment questionnaire, instrument or tools e.g. 5-Question Stigma Indicators (5-QSI) *(34)* or Social Distance Scale *(35)*

List or percentage of persons assessed

Photo stories and photovoice tools

SUGGESTED OUTCOME INDICATOR(S)

Number of community members who have improved knowledge on mental health and NTDs

FEASIBILITY ISSUES

Requires resources for interviews and some expertise

ECP ACTION AREA

Promote the empowerment of people affected by NTDs to address self-stigma

ANTICIPATED COMPONENT OUTCOME

People affected by NTDs engage in livelihood activities and take charge of their lives

Persons with NTD-related impairment and/or stigma problems are members of either a self-care group (focus on physical care) or a self-help group (focus on socio-economic development).

INDICATOR SOURCE(S)/ COLLECTION METHOD

Activity reports, participation lists, success stories, “most significant change” evaluation

SUGGESTED OUTCOME INDICATOR(S)

Number or percentage of people affected by NTDs who are engaged in livelihood activities and report increased income and inclusion

Average change in income per member of support group (per year)

Proportion of districts that have active self-care groups or self-help groups

FEASIBILITY ISSUES

Feasible, but dependent on committed funding

Income assessments should allow for seasonal variations. Income change should be assessed and compared over the course of a year/ years, and average change should be compared with persons who are not participating, as well as with those who are not affected by NTDs

ECP ACTION AREA

Educate the public and NTD health workers to understand what stigma is and how it works

ANTICIPATED COMPONENT OUTCOME

The public and health workers understand stigma and how it works

Improved awareness of NTD-related stigma in communities

Improved awareness of NTD-related stigma among health workers

INDICATOR SOURCE(S)/ COLLECTION METHOD

Training reports, attendance lists

Pre- and post-training surveys, questionnaires or tests

SUGGESTED OUTCOME INDICATOR(S)

Proportion of districts where NTD-related stigma training has been given in health facilities

Number of specialized health workers trained on health-related stigma

FEASIBILITY ISSUES

Requires regular reporting to the national level

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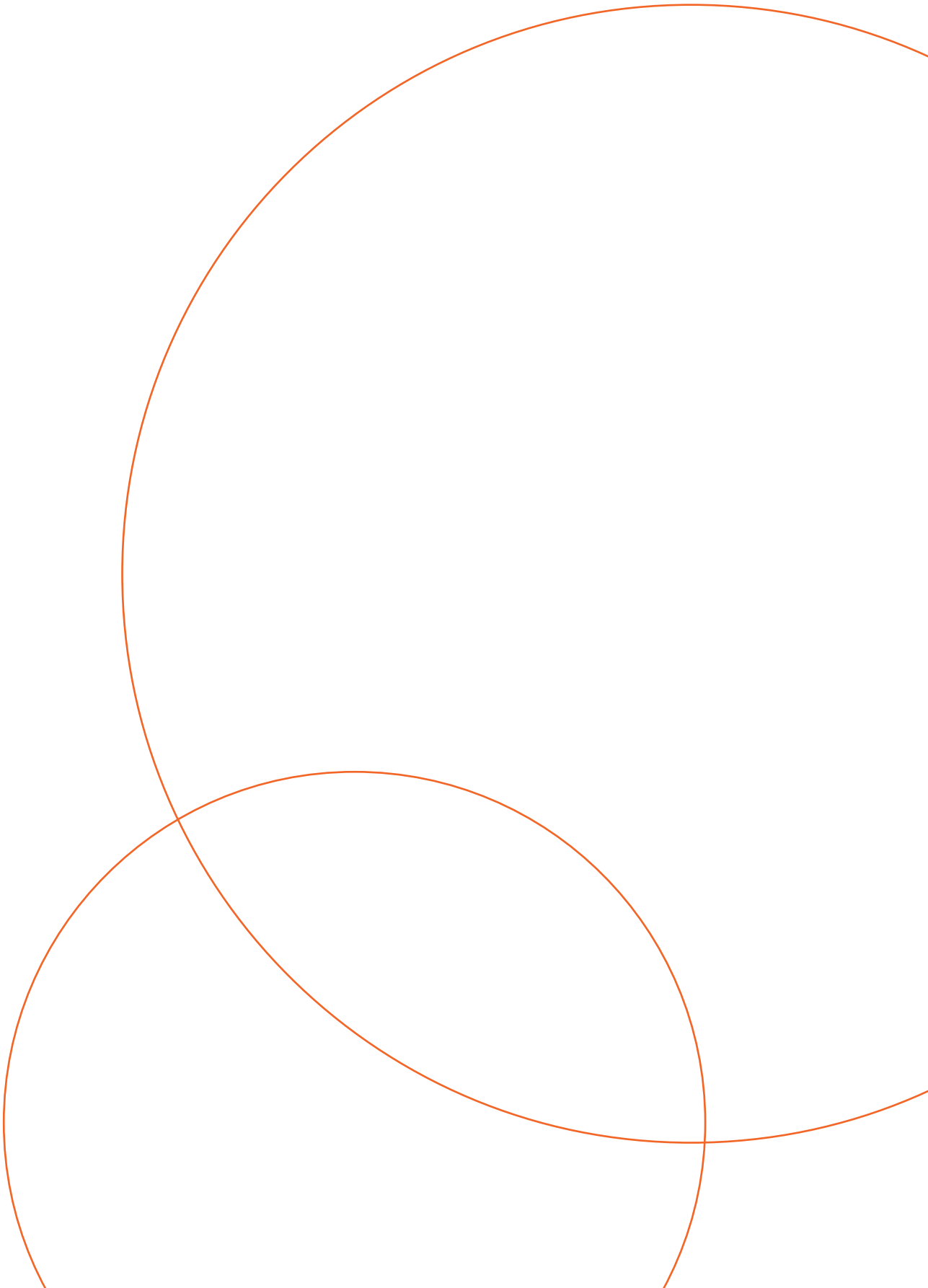

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