

CBM UK Project Evidence Brief #9

Strengthening person-centred mental healthcare for people affected by NTDs

The mhCAP-NTDs Project, Nigeria



Photo: A Project Participant from the Federal Capital Territory, Nigeria

Project partners: CBM Global Disability Inclusion, Nigerian Federal Ministry of Health, Jos University Teaching Hospital, RedAid Nigeria, The Leprosy Mission Nigeria, Health and Development Support Programme (HANDS), Impact Group, and International Association for Integration, Dignity and Economic Advancement (IDEA)

Funding partner: Anesvad Foundation

Overview

[Neglected Tropical Diseases](#) (NTDs) impact mental, not just physical, health and wellbeing. This is especially true for people affected by visible [skin NTDs](#) – NTDs that present with lesions on the surface of the body.

The *Strengthening Access to Mental Health Care for Persons Affected by NTDs* (mhCAP-NTDs) project tested and evaluated the effects of a comprehensive intervention to address the mental health impact of skin NTDs. The intervention supported people affected by skin NTDs directly and addressed stigma in the surrounding environment. It was highly successful in improving mental health and wellbeing, with mhCAP-NTDs showing that livelihood support, peer support groups, anti-stigma campaigns, and integration of mental health services into local health systems are all essential to improving the wellbeing of people affected by NTDs.

Introduction

NTDs cause devastating human, social and economic impacts on over one billion people globally. In Nigeria, Africa's most populous country, an estimated 168 million people are at risk of at least one NTD.

Many NTDs have been shown to have a substantial co-morbidity with mental health. Depression and anxiety are most common, driven by social exclusion and discrimination associated with stigma. In [research carried out by CBM Global with partners in Nigeria](#), we found that this link was stronger where there are visible signs of disease, for example in the skin NTDs of leprosy, lymphatic filariasis, and cutaneous leishmaniasis.

Since the [London Declaration on NTDs](#) in 2012, a substantial increase in attention has been given to these diseases. However, the major focus of investment was achieving the elimination agenda, through preventive chemotherapy. Less attention was paid to the needs of people already affected as an integral part of this new wave of interest.

Global and national NGOs, including CBM, have worked

Title: The mhCAP-NTDs project, Nigeria

Location: Cross River State, Anambra State, Kano State, and Federal Capital Territory, Nigeria

Timeframe: August 2023 – September 2025

The mhCAP-NTDs project aimed to contribute to improved mental health and wellbeing of people affected by NTDs in Nigeria and the West Africa region. Specifically, it aimed to support government and civil society actors in Nigeria to develop and pilot test a comprehensive intervention for integration of mental health and NTDs. Project achievements include:

- 849 people affected by NTDs accessed basic mental health services
- 20 self-help groups established and active, 6 of those registered with local authorities
- 526 people accessed peer wellbeing support
- 130 people provided with livelihoods training (fish farming, trading, animal husbandry, skills acquisition) and business start up grants
- 106 frontline healthcare providers trained on mhCAP
- 100 counsellors trained on safeguarding, peer counselling, and one-to-one support
- 11 town hall and anti-stigma community dialogue meetings held, with 38,319 people reached with anti-stigma message through community awareness raising.

The mhCAP-NTDs project represents a model of collaborative, research-driven, and rights-based intervention.

under the [NTD NGO Network \(NNN\)](#) to develop an evidence base for mental health and stigma interventions, and to advocate for a more holistic approach to NTD programming and research. The combination of this increasing knowledge base and increasing experience of NTD actors in Nigeria, alongside relevant policy frameworks (globally with the WHO's [Essential Care Package](#) and nationally under the [Nigeria NTD Master Plan \(2023-2027\)](#)), provided the environment in which the mhCAP-NTDs project piloted and was able to evaluate mental health elements of the Nigeria NTD Master Plan. The project targeted people affected by [leprosy](#), [Buruli ulcer](#), and [lymphatic filariasis](#) through three components:

- Improved governance, technical advice, and coordination by the Federal Ministry of Health for inclusive implementation of the mental health components of Nigeria's NTD Master Plan by state and non-state service providers.
- A combined set of interventions designed to (1) support the capacity of health workers to respond to mental health needs, (2) strengthen referral pathways for complex mental health cases, (3) establish peer support groups for people affected by NTDs and (4) provide them with livelihood supports, while also (5) running community-based anti-stigma campaigns.
- Evidence generation alongside project implementation to support learning and scale-up of integrated mental health care, guided by the WHO Essential Care Package, in Nigeria, across the West Africa region, and beyond, through global NTD networks.

Methodology

This project evidence brief draws from the continuous study, conducted by the University of Jos, throughout the lifetime of the project. The study employed a quasi-experimental design, using a mixed-methods approach to data collection. 456 people with skin NTDs (203 with leprosy, 113 with Buruli ulcer, and 140 with lymphatic filariasis) were followed for 12 months, from baseline assessment to 69.1% participating in an endline evaluation to assess project impact. Further, project participants as well as healthcare workers, community based NTDs care providers, and key stakeholders at community and government levels participated in Focus Group Discussions (FGDs) and Key Informant interviews (KIs).

What the evidence tells us

1. Skin NTDs negatively impact mental health

Confirming previous research,¹ the mhCAP-NTDs project showed that mental health was poor amongst all three skin NTDs studied. Both self-stigma and community stigma contributed to poor mental health.

"A woman asked me that I shouldn't be part of the [village] meeting because of the offensive smell that was coming out of the wound and I went back home crying," FGD participant

¹ See the introduction to this Project Evidence Brief. See also CBM UK's two previous briefs analysing projects addressing the mental health impact of NTDs: [The Neglected Mind - Skin Link \(MSL\) project, Nigeria](#) and [The CiSKuLA Project, Nigeria](#).

As seen in **Table 1** below, people affected by Buruli ulcer had the highest anxiety, while people affected by leprosy and lymphatic filariasis had high levels of depression and anxiety.

2. Significant gains in mental health were achieved across all three skin NTDs

The intervention model resulted in significantly better mental health outcomes for all three skin NTDs studied. There were major reductions in both the *prevalence* and *severity* of depression and anxiety disorders, and an increase in well-being.

While **71.9%** of study participants were screened to have some form of **depression at baseline**, this was significantly reduced to **27.9% by endline**. **Anxiety** rates also reduced, from **65.1% at the start** of the project dropping right down to **17.8% at endline**. Only **48%** of participants had **good wellbeing before the project began**, but **61.3%** reported **stronger wellbeing by project end**.

“Before now, I found it very difficult to be with people because they say I am smelling and they discuss about me. I even feel like dying, but since the project came, people are now associating with me. At times when there are problems in the villages, people come to me for help,” FGD participant

Table 1 outlines the intervention model’s effect on prevalence across all three skin NTDs studied.

Change in prevalence from start to end of the mhCAP-NTDs project

	Buruli ulcer	Leprosy	Lymphatic Filariasis
% with anxiety	71.7 to 1.6	68.5 to 31.2	55 to 0
% with depression	74.3 to 12.9	68 to 42	75.7 to 7.8

In terms of severity, **depression scores** ([PHQ-9](#)) dropped from a **median of 8 to 2**, **anxiety scores** ([GAD-7](#)) dropped **from 6.5 to 1**, and **well-being scores** ([WHO-5](#)) increased from **48 to 68**.

3. Livelihood support improves financial and mental wellbeing for people affected by NTDs



Photo: A self-help group leader in Ogbaru LGA inspecting a fish farm

Livelihood support directly addressed the socio-economic factors that undermined people’s mental health. Learning from an earlier project (see the [CiSKuLA project](#)),

livelihood grants were context specific and personalised. This meant participants started businesses that were tailored to their interests and capabilities. Participants reported that the income generation enabled through the livelihood support helped them improve their living conditions and feel more financially independent.

“They sold the chickens and bought other animals like goats for us to rear... if any challenge comes, they can use the animals to either pay the children fees, or something of that nature,” KII participant

4. Peer support groups and anti-stigma campaigns improve social acceptance

Affirming findings from the Neglected Mind – Skin Link and CiSKuLA projects, the mhCAP-NTDs project showed that peer support groups and community anti-stigma campaigns work *together* to improve social acceptance. Anti-stigma campaigns improved community acceptance of people affected by NTDs, who in turn felt more confident to participate in everyday community life due to the support from their peer support groups.

Peer support was directly targeted to people affected by NTDs. Group members reported that feeling understood and supported by others who were experiencing similar challenges improved their own confidence, happiness, and general willingness to join community life. Group attendance was strengthened by transportation assistance and livelihood support, but where these were not provided, participation decreased.

Anti-stigma campaigns targeted the community surrounding people affected by NTDs. They focused on the importance of inclusion, making community members aware of the need to treat people affected by NTDs more respectfully. As a result, community members became more understanding and supportive of people affected by NTDs.

“I forgot all my sorrows because I interact with people in the group, my sorrow has turned into joy,” FGD participant

“Like this stigma campaign that we have made... it is helping... there is no time we come that people don't ask us, how are you feeling?... make us to believe that people are really helping us and caring for us,” KII participant

Learning from experience

1. Mental health services should be integrated into local health systems

mhCAP-NTDs embedded mental health services into everyday clinical interactions by providing initial and refresher mental health support training to front-line health workers. It also strengthened referral pathways to specialist mental health services for those requiring advanced care. The benefits were significant. The local health system's overall capacity to address mental

health issues was strengthened. Front-line health workers could use their community access together with their training to quickly identify and then address the mental health needs of people affected by NTDs. Front-line workers were also more visible and easily accessible, building trust and encouraging people experiencing mental health challenges to seek support. Finally, hospital caseloads reduced because simpler cases were treated at the local level. mhCAP-NTDs showed that for referral of complex cases to hospital, the hospital should be in the same Local Government Area as the patient, and even then, transportation or financial assistance to reach the hospital should be provided.

“From the community, they know the NTD cases and are being treated ... and the major ones are being referred to that Takai primary health care centre,” KII participant

2. Integration of mental health services needs government support

Project participants, project staff, and healthcare workers agreed that government support was vital to integrating mental health services into local health systems. It also enables nation-wide scale-up – an outcome strongly advocated for by project stakeholders. Government support brings funding, technical capacity and oversight, and represents a significant public endorsement of the importance of mental health service provision. mhCAP-NTDs found government support through sharing success stories with officials and supporting and working within government operated primary health care facilities, thereby promoting government ownership of the integration approach.

“What we are promoting is actually integration. We're not running this project as a standalone; we're integrating it into the government's existing projects and programmes,”
Programme officer

3. To better understand project impact, examine that impact across the gender divide

By analysing how male and female participants each responded to project interventions using a Gender Equality, Disability, and Social Inclusion (GEDSI) assessment at project end, mhCAP-NTDs was able to better understand project impact. The assessment showed that resistance from men toward female-focused livelihood initiatives, coupled with limited access to care and project services for women and girls affected by NTDs—largely driven by stigma and entrenched gender norms—sometimes prevented women and girls from benefitting fully from project activities. It also showed that while the project was effective for both men and women, this was often for different reasons. Female participants valued the project’s emotional and relational effects while male participants saw it as socially legitimate and consistent with religious values. Also, while both genders reported improved mental well-being and reduced stigma, women valued their improved emotional connection whereas men valued their restored identity.

4. Persistence is key to reducing stigma

Changing stigma-based behaviours and attitudes requires persistence and is not a one-off task. Stigma is rooted in long-held social norms and personal beliefs, so transformation happens only through consistent engagement and reinforcement. In mhCAP-NTDs, persistence was demonstrated through regular consultative meetings with implementing partners, regardless of competing priorities or external disruptions. These served as repeated opportunities to challenge assumptions, reinforce inclusive behaviours, and normalise new ways of thinking. Challenges were met with targeted troubleshooting and capacity sessions. Direct support for partners helped maintain momentum and trust, while ongoing collaboration strengthened relationships and laid the groundwork for sustained impact and scale-up.

Recommendations

- **For project teams**

- **Provide livelihood support to people affected by NTDs** to improve their financial situation and mental health. If engaging in similar livelihood activities to mhCAP-NTDs, it is important to note that participants reported that more point-of-sale machines would

enhance business capacity, bigger fishponds would improve fish farming, and group-based livelihood activities enabled peer support when challenges were encountered.

- **Employ anti-stigma campaigns and peer support groups** to break down stigma in communities.
- **Provide grants to peer support group members** to encourage group participation.
- **Mobilise government support for project activities** to ensure sustained success.
- **Analyse the project's impact across the gender divide** at project end.
- **Hold regular consultative meetings with implementing partners.**

- **For national policy makers**

- **Recognise and address the significant mental health impact of skin NTDs**, including by supporting scale up of the effective intervention model that mhCAP-NTDs developed.
- **Integrate mental health services** into local health systems.

- **For international donors**

- **Fund efforts to address the mental health impact of NTDs**, to provide livelihood support to people affected by NTDs, and to integrate mental health services into local health systems, alongside investment into NTD prevention and elimination.

Conclusions

The mhCAP-NTDs project built on findings from CBM UK's previous projects about the detrimental mental health impact of NTDs and the comprehensive response needed to address that. It showed that a more holistic intervention model that improves access to integrated mental healthcare as well as providing social and livelihood support can improve mental health outcomes for people affected by skin NTDs. It affirmed the approach of supporting people affected by NTDs directly at the same time as transforming the wider environment within which they live to make it more inclusive – addressing all, not just the physical, impacts of NTDs.

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