SUCCEED
INCLUSIVE MENTAL HEALTH
RESEARCH & CARE IN AFRICA

INTERVENTION MANUAL

Support, Comprehensive Care and Empowerment for People with Psychosocial Disabilities in Sub-Saharan Africa

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FOREWORD

This Intervention Manual is the operational guide for those implementing the SUCCEED Africa community-based rehabilitation (CBR) model. It has been developed through a rigorous, multi-year co-production process involving people with lived experience of psychosis, their families, civil society partners, and research teams across Malawi, Nigeria, Sierra Leone, and Zimbabwe.

The SUCCEED model is grounded in the social model of disability and in the principles of the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD). It reflects our firm belief that people living with psychosis have the same rights as everyone else, and that meaningful recovery depends not only on addressing health needs, but on removing the social and structural barriers to full participation in community life.

This manual was updated following the SUCCEED pilot study to incorporate learning. It is designed to be a practical, living document: flexible enough to be adapted to diverse community contexts, yet precise enough to ensure that the core active ingredients of the intervention are delivered with fidelity.

We are deeply grateful to all the people with lived experience, families, peer workers, civil society organisations, and community members who shaped this work. We dedicate this manual to the late Alhaji Koroma, Peer Researcher from Sierra Leone, whose insight and commitment exemplified the spirit of SUCCEED.

HOW TO USE THIS MANUAL

This manual guides the implementation of the SUCCEED intervention. It is organised in three main sections, followed by supporting annexes.

Section	Content
Section I: **Preparation**	Delivery organisation identification, staff recruitment and remuneration, capacity-building and training
Section II: **The SUCCEED Community Intervention**	Delivery of peer support, case management, livelihoods support, and community engagement; intervention timeline and components
Section III: **Ensuring Safe and Ethical Practice**	Monitoring, evaluation, supervision, safeguarding, and ethical standards
Annexes	CBR Matrix (Annexe 1), inclusion principles (Annexe 2), terms of reference (Annexe 3), sample training schedule (Annexe 4), asset inventory (Annexe 5)

IMPORTANT NOTE

This manual provides guidance on the core components and minimum standards of the SUCCEED intervention. Much detail will depend on individual needs, strengths, and available community resources. The intervention is person-centred, rights-based, and deliberately tailored to the assessed needs and preferences of each service user.

The term 'psychosocial disability' is used throughout this manual in alignment with the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD). It recognises that people with severe mental health conditions are often stigmatised, discriminated against, and excluded from community life, and frequently face barriers to education, livelihood opportunities, and meaningful participation in society.

WHAT IS COMMUNITY-BASED REHABILITATION FOR PSYCHOSOCIAL DISABILITIES?

Community-Based Rehabilitation (CBR) is an approach rooted in the social model of disability[1] that shifts care away from institutions and into the community, focusing on recovery, social inclusion, and meaningful participation in everyday life. As described in the World Health Organization's CBR Guidelines[2], CBR is person-centred and holistic, integrating support across five domains: health, education, livelihoods, social participation, and empowerment (see CBR Matrix, Annexe 1).

Rather than focusing solely on symptom reduction in hospital settings, CBR emphasises community integration, family and peer involvement, and task-sharing approaches in which community health workers, lay providers, and peers — under professional supervision — support individuals with psychosis in achieving recovery and social inclusion. This model addresses both clinical needs and broader social determinants, offering access to treatment, psychoeducation, vocational training, income generation, and community engagement.

Evidence from low- and middle-income countries demonstrate that CBR for psychosis can reduce disability, improve functioning, and enhance quality of life[3,4]. SUCCEED aims to add to this evidence base by evaluating a CBR-based intervention designed to be sustainable, socially anchored, and to restore dignity, agency, and meaningful roles for people living with psychosis.

Psychosocial disability

The term psychosocial disability is used to recognise that people with severe mental health conditions are often stigmatised, discriminated against, and excluded from community life. They often struggle to have access to education and livelihood opportunities, or to participate in the community in a way that promotes a full and rewarding life.

WHAT IS SUCCEED?

Support, Comprehensive Care and Empowerment for People with Psychosocial Disabilities in Africa (SUCCEED Africa) is a six-year research consortium, funded by UK Aid, that sought to develop and evaluate a community-based model of support for people with severe mental health conditions in low-resource settings. Building on the principles of CBR[5], SUCCEED recognises that meaningful participation requires access to community resources, such as workplaces, social settings and places of worship as well as more formal services such as health and education.

The SUCCEED intervention model was developed through close collaboration between researchers and communities in four African countries: Malawi, Nigeria, Sierra Leone, and Zimbabwe, with coordination from the London School of Hygiene and Tropical Medicine.[6] A central principle of this collaboration was the inclusion of people with lived experience of mental health conditions at every stage, from design through delivery and evaluation. This is what we mean by co-production: a continuum of meaningful involvement across the entire research and implementation cycle, guided by the principle 'Nothing about us without us.'

SUCCEED INTERVENTION OVERVIEW

The SUCCEED model uses a community-based rehabilitation approach to support people living with psychosis. It is a holistic model that aims to address both mental health needs and the social determinants of wellbeing, with the goal of restoring dignity, agency, and meaningful participation in community life. It is grounded in co-production and rights-based principles, and is delivered by a core dyad — a Peer Support Worker and a Community Support Worker — working in close collaboration within a supported civil society organisation.

The four core components of the intervention are:

- **Peer Support:** One-to-one visits, peer groups, recovery planning, and self-help activities fostering hope, empowerment, and shared learning.
- **Case Management:** Linking individuals and families to health, education, social welfare, and community resources, reducing barriers to inclusion.
- **Livelihoods Support:** Group and individual livelihood activities, guided by asset-based community development, to enhance self-reliance and social participation.
- **Family and Community Engagement:** Caregiver support groups, Community Mental Health Forums, and anti-stigma activities to build community inclusion.

GUIDING PRINCIPLES

Principle	Description
Co-production: 'Nothing about us without us'	Participants define their own recovery, lead community engagement, and play central roles in anti-stigma activities. The intervention was developed with people with lived experience, whose priorities shaped monitoring and evaluation. Co-production is understood as a continuum of meaningful involvement across the entire research and implementation cycle.
Partnerships	Collaboration maximises existing resources and sustains programmes. Partnerships prevent competing services, duplication, and wasted resources, while strengthening collective voice for policy influence.
Community ownership	Strong community ownership promotes the programme's effectiveness and sustainability through active stakeholder engagement at all stages. Communities are partners, not just beneficiaries.
Sustainability	SUCCEED was designed to function within typical resource constraints. Community resources were mobilised wherever possible to reduce external dependency and promote long-term sustainability beyond the research period.
Cultural sensitivity	SUCCEED worked to balance the need to challenge potentially harmful beliefs and practices with the need to respect diverse cultural contexts. Community engagement was essential for navigating these tensions respectfully.
Capacity-building	Building stakeholder capacity for planning, implementing, monitoring, and evaluating programmes contributed to sustainability through strong awareness-raising and training.
Rights-based approach	People with psychosocial disabilities hold the same rights as everyone else to healthcare, legal capacity, liberty, work, family life and full participation in the community, to which other duty bearers must enable access. SUCCEED aligns explicitly with the UN Convention on the Rights of Persons with Disabilities (CRPD) and the social model of disability.
Effective leadership	Supervisors motivate, inspire, and support their teams. Strong leaders are committed, excellent communicators, and respected by all stakeholder groups and communities.

SECTION I

PREPARATION

IN THIS SECTION:

Identifying Potential Participants

Methods for Identifying Participants

Delivery Organisation

Staff Recruitment

Staffing Description and Recruitment Criteria

Remuneration

Capacity-building

Two-Week Structured Training Programme

Field-Based Learning

Recruitment Buffer

IDENTIFYING POTENTIAL PARTICIPANTS

The SUCCEED intervention aims to support people living with a range of conditions that fall broadly under the definition of psychosis. These are conditions that may cause people to hear voices or see things that are not there (hallucinations); have unusual beliefs, sometimes believing that people want to harm them (delusions); and behave strangely as a consequence. They may also experience difficulties thinking clearly (thought disorder) and may neglect their self-care. Conditions commonly associated with psychosis include schizophrenia, bipolar affective disorder, and schizoaffective disorder.

A prior formal clinical diagnosis is not a precondition for engagement with the SUCCEED intervention. Eligibility can be established through community-level identification of presentations consistent with psychosis, using the Community Informant Detection Tool (CIDT), followed by a structured screening process operable by non-specialists.

Where specialist clinical confirmation is available, it can be used to inform ongoing care, but it is not a requirement for entry to the intervention. This reflects a deliberate design commitment to reach people in settings where formal diagnostic services are often limited.

The SUCCEED intervention involves training frontline staff to recognise the presentation of psychosis so they can identify people who will benefit from the intervention who have not been formally diagnosed.

METHODS FOR IDENTIFYING PARTICIPANTS

1. RECRUITMENT FROM HEALTH SERVICES

- **Primary care:** Primary care staff are often aware of community members who have psychosis (whether or not they are providing treatment). The CSW should provide the primary care head with SUCCEED materials so they can share them with any community members who might benefit.
- **Local hospitals:** Local general or specialist hospitals may have patients already being treated as outpatients, or who have previously been admitted. Information about SUCCCEED can be shared with patients so they can volunteer to participate if they would like to.

In both cases, identification via health services has the advantage that clients can continue to be supported for their health care through an existing service link. However, identification in this way must comply with patient data confidentiality rules.

2. COMMUNITY MENTAL HEALTH FORUMS (CMHF)

Community Mental Health Forums can also help with recruitment. During the SUCCEED pilot, a CMHF was held in each community where the intervention was delivered. One element was to describe the type of person we wanted to reach, using the Community Informant Detection Tool (CIDT). The CIDT, was originally developed in Nepal[7] and adapted for SUCCEED, to facilitate identification and

enable the participants of the CMHF to link privately with the CSW about any suspected cases in the community. CMHFs are also used for sharing community information, reducing stigma, and gaining community buy-in.

3. COMMUNITY OUTREACH AND MEDIA

A brief description of SUCCEED and the services provided could also be shared via posters, radio broadcasts, and other community communications. The most appropriate format depends on the specific location.

It is important to remember that people who are not in touch with services are often in exceptionally vulnerable situations. The SUCCEED implementing partner, Supervisor, CSW and PSW should be knowledgeable of the local community and may be able to help identify and engage with people with psychosis.

Non-Coercive Engagement

The SUCCEED model does not engage in any form of coercion. SUCCEED training provides guidance on how to engage with people who initially do not want to participate. A key priority is to foster an environment where people feel respected and treated with dignity, so that they can make their own decisions about which services might benefit them.

As mental health is discussed in communities, people who do not meet SUCCEED criteria may attend CMHFs with significant needs. Wherever possible, SUCCEED staff should provide advice and refer people to relevant accessible services. It is useful to prepare a community resource sheet in advance to distribute at the CMHF.



Photo by Propser Kunyetu, Matamba Film Labs, Zimbabwe | An actor portrays a SUCCEED Peer Support Worker.

DELIVERY ORGANISATION

Identifying and confirming the delivery organisation is a critical preparation step and must happen before staff recruitment, training, or participant identification. The delivery organisation provides the institutional home for the intervention and underpins its credibility, safety, and sustainability. The SUCCEED intervention should be delivered through organisations that are strongly embedded in the community and trusted by people with psychosocial disabilities and their families. Priority should be given to organisations with:

- Strong, established links with local communities and grassroots actors.
- Experience working with people with disabilities using rights-based and recovery-oriented approaches.
- Formal representation of people with disabilities, preferably a civil society organisation (CSO) or disabled people's organisation (DPO) representing people with psychosocial disabilities specifically; or a broader disability-focused CSO/DPO that explicitly includes people with psychosocial disabilities.
- Adequate organisational capacity to host staff, provide supervision, manage safeguarding, and handle finances and data securely.

Experience across SUCCEED settings shows that community-trusted organisations are far more likely to achieve engagement, retention, and local ownership of the intervention.

ESTABLISHING TERMS OF REFERENCE

Once a delivery organisation is identified, Terms of Reference (ToR) must be agreed before implementation. The ToR should clearly define: roles and responsibilities for hosting and supervising SUCCEED staff; accountability for safeguarding, ethical practice, and complaints mechanisms; financial and administrative responsibilities including remuneration; and data protection arrangements. A standard SUCCEED ToR template is provided in Annexe 3.



Photo by Anna Cronin de Chavez | Landscape in Blantyre, Malawi.

STAFF RECRUITMENT

The SUCCEED intervention is delivered through the following core staff:

Role	Description
Peer Support Worker (PSW)	A person with lived experience of psychosis who uses this experience to support others. PSWs provide one-to-one support, facilitate peer groups and livelihoods activities, and champion anti-stigma activities. The PSW and CSW form the core delivery dyad.
Community Support Worker (CSW)	A lay person with strong community ties, working outside the health system, who is not a health worker: the CSW takes a case management approach, connecting participants to resources across education, livelihoods, social participation and health. The CSW and PSW work collaboratively, each bringing complementary strengths.
Supervisor	Provides guidance, technical oversight, quality assurance, and line management for the PSW and CSW. Responsible for safeguarding compliance and monitoring of service quality.
Peer Support Mentor	Supports PSWs through mentorship based on shared lived experience, fosters their mental wellbeing and resilience, provides coverage if a PSW needs time off, and helps PSWs maintain healthy boundaries.

STAFF RATIO

For every group of 10 to 15 people living with psychosis receiving support: 1 CSW and 1 PSW.

For the overall programme team (supporting up to 7 PSW and CSW dyads): 1 Supervisor, 1 Peer Support Mentor, and 1 to 2 'floating' Peer Support Workers providing flexible additional coverage.



Photo by Propser Kunyetu, Matamba Film Labs, Zimbabwe | An actor portrays a SUCCEED Peer Support Worker.

Experience from Sierra Leone: The Floating PSW model

The floating Peer Support Worker model was designed to provide an additional PSW who can step in when any PSW faces circumstances that affect their ability to carry out their roles.

During the SUCCEED pilot, five PSWs worked alongside five CSWs and one Supervisor across five implementation areas. A few months into the intervention, one PSW began struggling with their own condition and could no longer carry out his work. The Peer Support mentor coordinated a 'floating' PSW to cover the allocated area seamlessly, meaning participants continued to receive peer support without interruption.

The floating PSW model is now a standard feature of the SUCCEED staffing structure. Carrying out the intervention without it would create a sensitive gap in delivery that could affect programme outcomes.

SOURCE: Sierra Leone SUCCEED team



Photo by Propser Kunyetu, Matamba Film Labs, Zimbabwe | Actors represent a peer support group meeting with community support workers and participants.

GENERAL RECRUITMENT CONSIDERATIONS

Staff should be recruited with a clear understanding of their duties and role expectations. Particular thought should be given to the recruitment of PSWs, for whom lived experience is an essential criterion, rather than formal qualifications. At the same time, they must be willing and able to fulfil the requirements of the role.

Recruitment may be through open advertisement, as with any other role, but care is needed to ensure that the right potential candidates are aware of the opportunity. To do this, local organisations of people with psychosocial disabilities, civil society or mental health services might be asked to recommend people or to advertise within their services.

Once recruited, staff will need to be provided with a contract, and an appropriate salary. This should reflect the qualifications for both the CSW and the PSW, while also recognising the added value brought by the PSW in terms of their lived experience.

They may also require additional materials to fulfil their role. This might include an Identification badge, uniform, means of transport etc, depending on the local setting. Orientation and training for the PSWs and CSWs will be necessary to introduce them to the job and for them to learn about the intervention, the organization and the skills they will need to use. Didactic training is necessary but not sufficient, as the majority of learning occurs within practical settings, and ideally, new staff can be paired with more experienced workers to mentor and teach them. This may be another PSW, CSW or a supervisor.

Cultural sensitivity: Gender, Age and Language

Gender considerations are essential. In many societies, it is not acceptable to have close support provided by a person of the opposite gender. Similarly, age or language spoken may be important for some participants.

With two people per delivery dyad (PSW and CSW), a team that is mixed in terms of gender, age, and language may be better positioned to match the needs of specific participants. These considerations must be central to all recruitment processes.



Photo by Propser Kunyetu, Matamba Film Labs, Zimbabwe | Actors represent community members.

STAFFING DESCRIPTION AND RECRUITMENT CRITERIA

A. PEER SUPPORT WORKERS (PSW)

Peer Support Workers are people with lived experience of psychosis who use their experience to support others.

Key PSW responsibilities:

- Establishing supportive and respectful relationships with service users.
- Participating in community engagement activities, including CMHFs.
- Visiting people with psychosis and their families on a one-to-one basis at home, in hospital (if necessary), or in other community settings, as agreed.
- Supporting shared decision-making, including accompanying service users to clinical appointments if desired.
- Helping individuals identify their own achievable and meaningful recovery goals, drawing on mutual experience and tools such as the Tree of Life[8] narrative technique.
- Motivating and instilling confidence in peers by being a role model, demonstrating personal responsibility, self-awareness, self-belief, self-advocacy, and hopefulness through sharing their own recovery story.
- Facilitating Peer Support Groups where people with psychosis can share experiences.
- Facilitating group livelihoods activities, building on the interests and resources of group members and community opportunities.
- Monitoring and supporting peers in their individual livelihood activities.
- Protecting participants against human rights abuses.
- Promoting community awareness on mental health and facilitating anti-stigma activities.

Recruitment criteria for PSWs:

- Have lived experience of a mental health condition, ideally similar to that of the participants of the programme.
- Be on the road to recovery and able to cope with the basic demands of the position (support will be provided, and reasonable accommodation given where necessary).
- Be willing and able to support others and to complete PSW training and achieve the necessary competencies.
- Have literacy, numeracy, and fluency in the local language. Would usually have completed secondary school education, or equivalent.
- Live in close enough proximity to the intervention area to carry out their duties effectively.

PSW Wellbeing and Working Conditions

The structural conditions within which peer support workers operate — including role ambiguity, limited locally-relevant training and supervision infrastructure, financial precarity, and broader systemic pressures within under-resourced mental health services — can create challenging working conditions.

This is not a reflection of individual capacity. The SUCCEED model actively addresses this through:

- Flexible working arrangements, including the ability to take time off without loss of income or job security
- One or two floating PSWs per site to ensure continuity of service
- A dedicated Peer Support Mentor role in each site
- Locally-relevant training, team-based support, and personal wellness plans

B. COMMUNITY SUPPORT WORKERS

Community Support Workers take a case management approach to facilitate access to community resources. A key worker, or case manager, is a designated worker who takes responsibility for coordinating a service user's care and support across health, social, and livelihood sectors. This is the practical expression of the CSW role within SUCCEED.

Key CSW responsibilities:

- Working with primary care and other community stakeholders to identify and recruit people to participate in SUCCEED.
- Identifying needs defined primarily by the service user's own priorities.
- Mapping community resources: identifying and liaising with key people and organisations to identify opportunities in education, health, livelihoods, social justice, arts/culture, and recreation.
- Working directly with PSWs to facilitate access to these opportunities for individual participants and their families.
- Organising community-based engagement activities.
- Facilitating caregiver support groups.
- Carrying out market analyses as needed to support the selection of viable livelihood activities.
- Working one-on-one with service users to help them set and achieve long-term goals for their mental wellbeing.

Recruitment criteria for CSWs:

- Have a minimum of three years of secondary education.
- Have literacy, numeracy, and fluency in the local language.
- Live locally and know the local community well, with established relationships and an understanding of available resources.
- Have prior experience of community work or relevant community engagement.

C. SUPERVISORS

Supervisors are in managerial positions within the organisation hosting the SUCCEED intervention. They are accountable for the quality and safety of delivery.

Key Supervisor responsibilities:

- Line managing the PSW and CSW, with particular attention to interpersonal dynamics and teamwork.
- Providing ongoing post-training support during the first month of delivery.
- Allocating participants to PSW/CSW dyads within their catchment area.
- Assisting the CSW and PSW in coordinating activities, maintaining a calendar, and arranging planning meetings.
- Conducting monthly team meetings and regular one-to-one supervision.
- Conducting routine observations of CSW and PSW activities for quality assurance.
- Quality-checking routine monitoring and evaluation forms. Taking responsibility for the safe storage of participant information.
- Ensure all staff operate in line with the SUCCEED Code of Practice, and taking disciplinary measures where necessary. Aiding in the investigation and reporting of serious adverse events.
- Conducting safeguarding reviews as a standing item in monthly team meetings.
- Supporting PSWs to develop and maintain personal wellness plans.

Recruitment criteria for Supervisors:

- Must have completed six years of secondary education.
- Must have literacy, numeracy, and fluency in the local language sufficient to supervise delivery and line manage the CSW and PSW.
- Must have prior experience in a supervisory or management role in a community or health-related setting.

D. PEER SUPPORT MENTOR

Peer Support Mentors play a central role in safeguarding the wellbeing, resilience, and sustainability of PSWs. Because PSWs draw directly on their own lived experience when supporting others, their work can be emotionally demanding and requires proactive, structured support.

Key Peer Support Mentor responsibilities:

- Monitoring the quality of work done by PSWs.
- Building capacity, mentoring, and sharing experience with PSWs.
- Helping PSWs maintain their own wellness while supporting others.
- Providing regular one-to-one and group spaces for reflection, helping PSWs recognise early signs of stress, burnout, or relapse, and maintain healthy boundaries.
- Supporting timely use of leave, planned breaks, and temporary workload adjustments when wellbeing is compromised.
- Intervening promptly and providing appropriate support if any PSW is struggling including coordinating the floating PSWs for service continuity.

Recruitment criteria for Peer Support Mentors:

- Have lived experience of psychosis and be on the road to recovery in a stable and sustained way.
- Have experience of providing peer support in a formal or informal setting.
- Meet the same educational and language criteria as the PSW role.



Photo by Anna Cronin de Chavez | Peer researcher, Philani, explaining her involvement in the SUCCEED project.

REMUNERATION

All SUCCEED staff must receive fair and appropriate remuneration. Salaries should reflect local market rates for comparable roles, while also recognising the additional value that PSWs and Peer Support Mentors bring through their lived experience. Remuneration structures should be agreed as part of the Terms of Reference with the delivery organisation. Budgets should include transport reimbursement for field visits, training, and supervision. All financial arrangements must be documented in writing and managed transparently.

CAPACITY-BUILDING

All implementation personnel must complete a structured training programme prior to beginning delivery. Training equips staff with the knowledge, attitudes, and practical skills required to deliver the SUCCEED intervention safely and effectively.

TWO-WEEK STRUCTURED TRAINING PROGRAMME

The SUCCEED training programme covers: background on mental health, psychosis, and the social model of disability; the SUCCEED model and Theory of Change; detailed guidance on each intervention component; assessment of needs and recovery planning; safeguarding; reporting and monitoring; and self-care and personal wellness planning (with particular emphasis for PSWs and Peer Support Mentors).

Training competency is assessed using the ENACT[9] tool to evaluate readiness for delivery of psychosocial interventions. A sample two-week training schedule is provided in Annexe 4. Please refer to the SUCCEED Training Manual for a detailed overview, which is freely available alongside this intervention manual.

All trainees should also complete the WHO QualityRights e-training on mental health, recovery and community inclusion, ideally before field-based learning begins.

FIELD-BASED LEARNING

Following the two-week structured training, a formal field-based learning element is introduced, in which Supervisors or trainers accompany staff to their first Community Mental Health Forum, peer

support group session, and home visit. Experience from the SUCCEED pilot showed that the best learning for CSWs and PSWs occurred once they started work, making structured field accompaniment an essential element of capacity-building.

RECRUITMENT BUFFER

Due to the experience of some staff dropping out soon after training, all SUCCEED sites should train more CSWs and PSWs than are immediately required, so that trained staff are available for rapid recruitment if needed. This ensures continuity of service and protects service users from disruption.

SECTION II

THE SUCCEED COMMUNITY INTERVENTION

IN THIS SECTION:

Delivery of Intervention

Timeline of Activities

Specific Intervention Components

Peer Support: Additional Guidance

Livelihoods Support: Additional Guidance

DELIVERY OF INTERVENTION

The SUCCEED intervention is delivered by dyads made up of one Community Support Worker (CSW) and one Peer Support Worker (PSW), each supporting approximately ten service users in a defined geographic area. Their roles are complementary: the CSW provides links to available community and system-level support, while the PSW engages directly with service users and caregivers, promotes participation in peer activities, and draws on shared lived experience to promote hope and recovery.

A structured process of identification, engagement, screening, and needs assessment is followed for all service users. The CIDT is used as part of Community Mental Health Forums to facilitate identification. Following identification, engagement with service users and their caregivers occurs, followed by a detailed needs assessment, which forms the basis for an individualised, person-centred care plan organised across CBR domains.

MINIMUM DELIVERY STANDARDS

At a minimum, each service user and their family should receive:

- At least one in-person home visit per month by the CSW/PSW dyad.
- At least one telephone review per month.
- Regular peer group sessions (e.g., monthly), as part of the Peer Support Group structure.
- Access to an annual Community Mental Health Forum in their community.
- A personalised care plan based on assessed needs and preferences, reviewed at least every six months.



Photo by Propser Kunyetu, Matamba Film Labs, Zimbabwe | Actors representing a peer support worker and a community support worker meeting with a participant.

TIMELINE OF ACTIVITIES

Phase	Key Activities
Preparation (Months 1–2)	Identify and establish delivery organisation. Agree Terms of Reference. Conduct community needs assessment. Recruit and train CSWs, PSWs, Supervisors, and Peer Support Mentors. Map community resources. Establish safeguarding and complaints mechanisms.
Launch (Month 3)	Hold first CMHF. Identify and screen potential participants using CIDT. Conduct individual and family needs assessments. Develop personalised care plans. Establish peer support group structure.
Ongoing Delivery (Month 3 onwards)	Monthly home visits and telephone reviews by CSW/PSW dyad. Monthly peer support group sessions. Ongoing livelihoods support (group and individual). Monthly team supervision meetings. Field-based quality observation by Supervisor. Safeguarding review as standing agenda item.
Community Engagement (Annual)	Annual CMHF in each community to maintain awareness, identify new cases and address stigma.
Review and Monitoring (Continuous)	Routine recording of service delivery contacts. Monthly reports to delivery organisation management. Needs assessment review at least every six months. Logging and cross-site review of safeguarding incidents.



Photo by Propser Kunyetu, Matamba Film Labs, Zimbabwe | Actors representing a community support worker and a participant in a group discussion.

SPECIFIC INTERVENTION COMPONENTS

The following table describes each SUCCEED intervention component. All components derive from the cross-site Theory of Change and were refined through the co-production and piloting process as part of the SUCCEED research programme. See the SUCCEED intervention development paper[6] checklist for full details of providers, dose, and fidelity indicators.

Intervention Component	Description
Establishing the Service	Assess needs and available resources in the community. Establish appropriate governance and local ownership, including participation of people with lived experience. Adapt the intervention to local needs, resources, language, and culture. Recruit and train staff using SUCCEED job descriptions and training materials.
Community Mental Health Forums (CMHFs)	Annual community-based meetings where relevant community stakeholders are invited to an open gathering. Aims: to listen to and understand local needs, resources, and beliefs about mental health; to build trusting relationships; and to address stigmatising beliefs and attitudes. Direct contact between community members and people with lived experience is a crucial element. The CIDT is used to facilitate community-level case identification.
Identification and Recruitment	Appropriate clients are identified through three routes: 1. Referral from existing health services 2. Active case finding through CMHFs and community engagement 3. Use of the Community Informant Detection Tool (CIDT) and structured screening A prior formal clinical diagnosis is not required. Eligibility is established through the structured screening process.
Needs Assessment and Care Planning	Individual and family needs assessment is conducted using the SUCCEED Needs Assessment Tool. A personalised care plan is then developed based on a person-centred recovery approach, organised across CBR domains, but primarily defined by the preferences and priorities of the service user.
Case Management	Link service user with CSW and PSW dyad to oversee care and support across sectors. Establish regular review meetings (monthly in-person and by telephone). Support access to community and formal services including health, education, livelihoods, and social participation. May involve accompaniment and institutional readiness visits.
Peer Support	Establish (or make use of existing) groups that meet regularly in a convenient location. Includes time for service users alone and with family members. The PSWs draw on shared lived experience to promote hope, recovery, and shared learning. The Tree of Life narrative technique supports individual recovery planning.

Livelihoods Support	Identify realistic aspirations of service users based on their needs assessment. Options are based on an individual career or education aim, or a group-based resource mobilisation activity. Group activities use the Asset-Based Community Development (ABCD) approach. Individual support draws on Individual Placement and Support (IPS) principles: rapid entry into real work based on the person's own preferences, with support continuing after placement rather than ending at it. Flexibility in implementation across different economic contexts is built in, while ensuring needs assessment and available support options remain consistent.
Supervision and Quality Assurance	Provide regular supervision and support of PSWs and CSWs. One Supervisor for up to seven dyads routinely accompanies staff to observe activities and ensure quality and good practice. One Peer Support Mentor provides dedicated peer-led supervision for PSWs. Safeguarding review is a standing item at monthly team meetings. Routine monitoring data are collected and reported using SUCCEED M&E forms.



Photo by Anna Cronin de Chavez | Livelihood products on sale.

PEER SUPPORT: ADDITIONAL GUIDANCE

- Peer Support Groups should ultimately be led by group members themselves, rather than implementation staff. The PSW may facilitate until the group agrees an internal leader or facilitator.
- Carers should not attend at least some Peer Support Group meetings, so that all participants can share freely.
- An initial home visit helps establish the relationship and engage the family, but home visits carry time, cost, and safeguarding considerations; a convenient alternative location in the community may be preferable for routine contact.
- PSWs and CSWs may also encourage informal peer support where appropriate, for example by setting up WhatsApp groups for self-help group members or arranging recreational activities.

LIVELIHOODS SUPPORT: ADDITIONAL GUIDANCE

Livelihoods activities showed the greatest diversity in implementation across the four countries where SUCCEED was implemented, reflecting differing economic contexts and the preferences of different sites. The following principles should guide livelihoods support while allowing local flexibility:

- Needs assessment and available support options should be consistently applied across all sites.
- Flexibility is essential to meet participants' individual preferences and local economic contexts.
- Group activities should use the Asset-Based Community Development (ABCD) approach. Once members come together, a group register must be compiled.
- Group members are trained in collective asset mapping using the Asset Inventory (Annexe 5).
- After asset mapping, the group selects one viable project based on the Asset Inventory. The CSW and PSW assist in identifying extra resources without prescribing what the group or individual must do.
- Groups must draft a constitution for group management and division of labour.
- The guiding question for asset mapping is what is STRONG, not what is WRONG, keeping the focus on strengths rather than limitations, in line with co-production principles.
- Group members receive basic training in identifying, coordinating, and managing their assets before any financial assistance is provided. Small start-up resources can be provided by SUCCEED.
- Individual livelihoods support should draw on Individual Placement and Support principles: the person's own job or education preference drives the search; the search begins quickly rather than after a period of preparatory training; support continues once a placement is secured; and the aim is competitive, mainstream work rather than sheltered or segregated activity.
- In addition to group-based work, CSWs and PSWs support individuals by seeking work placements and supporting successful long-term employment.

SECTION III

ENSURING SAFE AND ETHICAL PRACTICE

IN THIS SECTION:

Participants Recruitment and Data Collection

Service Delivering and Monitoring

SUCCEED Code of Practice

PARTICIPANTS RECRUITMENT AND DATA COLLECTION

Before initiating service delivery, basic information should be collected about potential participants using a recruitment form, including sociodemographic information, preferred contact methods, and preferences for follow-up visits. Monitoring sociodemographic data enables the delivery organisation to understand which groups are being successfully reached and to identify where additional outreach may be needed.

SERVICE DELIVERY MONITORING

Frontline providers (CSWs and PSWs) are trained to record key information on each contact with a participant: the date and duration of the contact; which intervention elements were covered; which aspects of the CBR Matrix were addressed; and who was involved. Separate forms are used for individual and group contacts. Supervisors record information on supervision sessions and quality observations. Service delivery data are entered into a spreadsheet at each site on a routine basis and used to produce monthly reports shared with the delivery organisation's management.

SUPERVISION

Supervision is where the manual's ethical commitments are upheld, and fidelity to the intervention is measured to ensure quality. It is the mechanism through which coercion is identified and challenged, safeguarding concerns surface early, and the pressures on staff are noticed before they become harmful. In SUCCEED, supervision is the responsibility of the implementing organisation, and adequate capacity to provide it is a condition of hosting the intervention.

Supervision is carried out primarily by a dedicated Supervisor, with weekly remote contact and monthly in-person meetings, alongside a monthly meeting where all staff come together. A separate Peer Support Mentor provides dedicated peer-led supervision for PSWs, reflecting the distinct demands of working from one's own lived experience. Full responsibilities for both roles are set out in Section I (Staffing Description and Recruitment Criteria).

Two features distinguish supervision in SUCCEED from routine line management. The first is that it is observational as well as conversational: Supervisors accompany staff into the field rather than relying solely on what is reported back, which is how quality and adherence to the Code of Practice are assessed in practice. The second is that wellbeing, flexibility and rest are embedded in the routine structure rather than offered in response to crisis. Supporting a peer support worker to take leave before they are unwell is a supervisory function, not a concession.

Supervision sessions are also where difficult situations are brought for discussion. Regular supervision and refresher training provide opportunities to work through challenging cases and learn from peers, including where staff have had to challenge poor practice by others.

SAFE AND ETHICAL PRACTICE

SUCCEED takes a fundamentally rights-based approach: people with mental health conditions have the same rights as everyone else and should be in control of their own lives. This principle is emphasised in staff recruitment and training, and SUCCEED staff are expected to convey it clearly to external stakeholders — including by respectfully challenging poor practice when they encounter it. WHO QualityRights training supports staff learning about rights-based approaches.

Staff are trained in de-escalation techniques that avoid violence and coercion. Regular supervision and refresher training provide opportunities to discuss challenging situations and learn from peers. Complaint mechanisms must be in place and clearly communicated to all participants at the point of recruitment.

SAFEGUARDING

Safeguarding is a core responsibility of all SUCCEED staff. Training includes a dedicated safeguarding session, and implementing partners must have a code of practice that all staff understand and adhere to. Violations will result in disciplinary action in line with the partner organisation's procedures.

Safeguarding covers identification and response to: risk of harm to self (including mental health crises and self-harm); risk of harm from others (including domestic violence, coercion, and abuse); child safeguarding; and staff wellbeing, including the emotional demands of peer support roles.

Safeguarding procedures include:

- A designated safeguarding lead in each country site.
- A documented escalation and referral pathway agreed before the programme begins.
- Dedicated peer-led supervision structures for PSWs.
- Safeguarding review as a standing item at monthly team meetings.
- Logging and cross-site review of any safeguarding incidents or near-misses to inform iterative revision of procedures.



Photo by SUCCEED programme | SUCCEED team meeting, Malawi, 2022.

SUCCEED CODE OF PRACTICE

Principle	Expected Behaviours
Respect	Be respectful of one another, service users, and communities served. Notify your supervisor as soon as possible, if you are going to be late or unable to attend appointments. Create a non-judgmental environment.
Autonomy	Respect service users' personal autonomy and decision-making. Create a 'pressure-free' environment. Avoid discriminatory language and humour.
Honesty	Be honest and transparent. Report conflicts of interest. Be honest in reporting, especially when things are not going well.
Preparedness	Plan ahead for emergencies and periods of unwellness. Maintain updated personal wellness plans (PSWs and Peer Support Mentors).
Community	Create an environment of curiosity and continuous learning among the delivery team, and foster good relationships with communities in which service users live, including with families and informal caregivers.
Ethics	Maintain confidentiality at all times. Do not use coercion in any form. Do not enter into romantic or sexual relationships with participants and their family members. Declare any relationships between staff members that could affect supervision, allocation of work, or impartiality.

LOOKING AHEAD: A MESSAGE OF HOPE

The SUCCEED model represents more than an intervention—it is a movement toward dignity, inclusion, and meaningful participation for people living with psychosis across sub-Saharan Africa. Through the dedication of Peer Support Workers, Community Support Workers, and the communities they serve, we are collectively challenging centuries of stigma and exclusion.

Every person who receives support through SUCCEED, every family that finds solidarity in a caregiver group, and every community member who learns to see beyond mental health labels contributes to a fundamental shift in how we understand recovery and belonging. The model you hold in your hands has been shaped by people with lived experience, tested in real communities, and refined through the collective wisdom of researchers, practitioners, and families across Malawi, Nigeria, Sierra Leone, and Zimbabwe.

As you embark on implementing SUCCEED, remember that change takes time. Recovery is not linear, and building inclusive communities requires patience, persistence, and compassion. There will be challenges but you are not alone. The SUCCEED Community of Practice connects implementers across countries and contexts, offering peer support, shared learning, and collective problem-solving.

We envision a future where people with psychosis are not defined by their diagnosis but recognized for their strengths, valued for their contributions, and supported to live the lives they choose. Where families are empowered rather than overwhelmed. Where communities are enriched by the full participation of all their members.

Together, we succeed.

If you are interested in implementing SUCCEED and would like to discuss this further, you can contact:

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ANNEXES

IN THIS SECTION:

Annexe 1: CBR Matrix

Annexe 2: What does inclusion look like in SUCCEED?

Annexe 3: Terms of Reference for SUCCEED Intervention Staff (Implementation Partner)

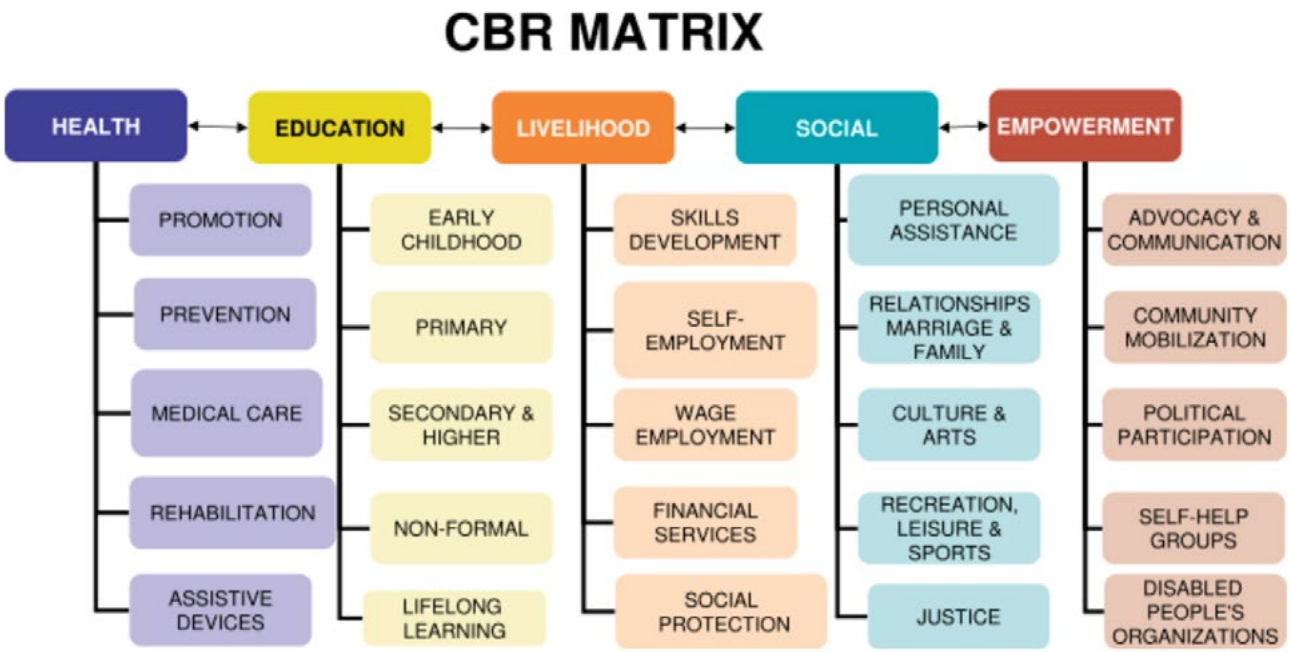
Annexe 4: Sample Training Schedule

Annexe 5: Asset Inventory (English Version 1.1)

ANNEXE 1: CBR MATRIX

Source: World Health Organization. Community-based rehabilitation: CBR guidelines. Geneva: WHO Press; 2010.

The CBR Matrix provides the overarching framework for the SUCCEED intervention, organising community-based rehabilitation into five key domains. The SUCCEED intervention addresses needs across all five domains through its core components.



ANNEXE 2: WHAT DOES INCLUSION LOOK LIKE IN SUCCEED?

Inclusion is central to the SUCCEED model, ensuring that people with lived experience of psychosis are active partners in designing, delivering, and evaluating the intervention.

CO-PRODUCTION IN INTERVENTION DEVELOPMENT AND RESEARCH

- Lived Experience Advisory Panel (LEAP): Reviews and advises on programme direction at the international level, independently of the research team.
- Local Advisory Groups (LAGs): Provide input from local stakeholders, including people with lived experience, organisations of people with psychosocial disabilities, caregiver associations, and civil society, in each country.
- Peer Researchers: Employed as integral research team members in each site, participating in all aspects of research from situation analysis to dissemination.

INCLUSION WITHIN THE SUCCEED INTERVENTION

- Peer Support Workers (PSWs): Individuals with lived experience provide one-to-one support, lead self-help groups, and champion anti-stigma activities.
- Family involvement: Caregivers participate in support groups and community sensitisation activities.
- Community engagement: Linking with livelihoods, education, and social opportunities aligned with the Community-Based Inclusive Development (CBID) framework.

PRACTICAL EQUITY MEASURES

- Mixed teams of PSWs and CSWs to reflect diverse identities and community connections.
- Services delivered in local languages with culturally appropriate materials.
- Cultural and gender sensitivity in all recruitment and service delivery.
- Rights-based approach explicitly guarding against human rights violations.
- Social inclusion measured as a core programme outcome.

ANNEXE 3: TERMS OF REFERENCE FOR SUCCEED INTERVENTION STAFF (IMPLEMENTATION PARTNER)

ROLE OF THE IMPLEMENTING PARTNER:

The roles of the Implementing Partner on the SUCCEED project are as follows:

- Coordinate the employment and supervision of all SUCCEED intervention staff.
- Ensure recruitment and management of participants in the SUCCEED CBR intervention.
- Participate in training and supervision provided by SUCCEED.
- Provide services for participants according to the SUCCEED CBR intervention model, including: identifying existing services and conducting CMHFs; conducting home visits; conducting peer support group meetings; linking participants with livelihoods opportunities; accompanying participants to relevant services; advocating and engaging with external bodies; and conducting anti-stigma activities.
- Maintain all data securely and in compliance with agreed data protection arrangements.
- Handle all financial arrangements transparently in line with the agreed budget and remuneration structure.
- Ensure that all staff understand and adhere to the SUCCEED Code of Practice and safeguarding procedures.

PARTNER PROFILE

- Broad knowledge, experience, and expertise in community mental health including CBR.
- Familiarity with the WHO QualityRights Initiative.
- Experience in delivering community-based mental health intervention models with contextual adaptations.
- Cultural sensitivity including local language fluency and understanding of cultural nuances.
- Local connections with relevant actors in the mental health and disability community.
- Adequate organisational capacity to host staff, provide supervision, manage safeguarding, and handle finances and data securely.

STAFF JOB DESCRIPTIONS AND QUALIFICATIONS

Full job descriptions and qualifications for all SUCCEED intervention staff are provided in Section I of this manual (Staffing Descriptions and Recruitment Criteria). These descriptions should be used as the basis for all recruitment and employment contracts.

ANNEXE 4: SAMPLE TRAINING SCHEDULE

The following two-week schedule provides a framework for the SUCCEED structured training programme. It should be adapted to local contexts, available training resources, and the specific needs and backgrounds of the staff cohort. Training should be delivered in relevant local languages and use participatory methods, role play, and peer learning throughout. Please refer to the SUCCEED Training Manual for more details, which is available alongside the intervention manual

Day	Theme	Key Topics
1	The SUCCEED intervention: Overview and Principles	Programme overview; SUCCEED values, guiding principles and intervention components (peer support, case management, livelihoods, rights-based approaches).
2	Mental Health Literacy and Lived Experience	Signs and presentations of psychosis; stigma and its effects; human rights in mental health; value of lived experience in support roles
3	CBR Principles and SUCCEED Model	CBR principles; CBR Matrix; evidence from Africa and LMICs; SUCCEED Theory of Change
4	Community Engagement	Community Mental Health Forums; CIDT; community mapping; anti-stigma approaches; role play
5	Identification and Needs Assessment	Participant identification pathways; screening process; needs assessment tool; personalised care planning; role play
6	Case Management	CSW role; case management principles; community resource mapping; accompaniment; inter-agency coordination; role play
7	Peer Support	PSW role; peer support principles; recovery-oriented practice; Tree of Life technique; self-help groups; role play
8	Livelihoods Support	ABCD approach; asset mapping; individual and group livelihoods options; IPS principles; market analysis; role play
9	Safeguarding	Safeguarding principles; identifying and responding to risk of harm; child safeguarding; escalation and referral; Code of Practice
10	PSW Wellbeing and Self-Care	Emotional demands of peer work; recognising stress and burnout; wellness planning; peer support for PSWs; boundaries
11	Supervision and Monitoring	Supervision structures and frequency; monitoring forms and reporting; quality assurance; safeguarding review in supervision
12	Communication and Leadership Skills	Helping Skills; empathy; active listening; leadership styles; conflict resolution and cultural competence
13	Reporting and M&E	Completing contact forms; data collection principles; confidentiality; monthly reporting; data use for quality improvement
14	Role Plays and Case Studies	Integrated role plays across all intervention components; case study discussions; ENACT competency assessment; graduation and certificates; field-based learning next steps

ANNEXE 5: ASSET INVENTORY (ENGLISH VERSION 1.1)

The Asset Inventory is used during livelihoods group sessions as part of the Asset-Based Community Development (ABCD) approach. It guides group members through a structured process of identifying and mapping their collective resources, in order to select a viable livelihood activity.

Province	
District	
Ward No.	
Clinic / Facility	
Group Representative Name	
Name of GROUP	
Group Income-Generating Activities (e.g., Poultry, Baking, Crocheting)	
Group Non-Income Generating Activities (e.g., Playing football)	

Asset Type	Examples	Our Assets
Individual Skills	What are you good at? e.g. sewing, baking, growing tomatoes	
Associations	Name associations in your community/ neighbourhood. e.g. burial society, choir	
Institutions	Do you know any institutions in your ward/district? e.g. schools, hospital, businesses	
Physical Assets	Which assets do you have? e.g. sewing machine, borehole, dam, library	
Connections / Networks	Which connections do you have? e.g. relative at a school, shop owner, clinic contact	
Agreed Project(s) (Be specific: e.g. 'selling oranges', not just 'selling')	1. 2. 3.	

* List agreed projects in priority order. The project chosen must largely be feasible through readily available resources identified in the inventory. This process can be repeated over time if the environment has changed.

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USER NOTES:

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SUCCEED
INCLUSIVE MENTAL HEALTH
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