



# Why the Eye: Innovative Mental Health Approaches

## Keynote Presentation



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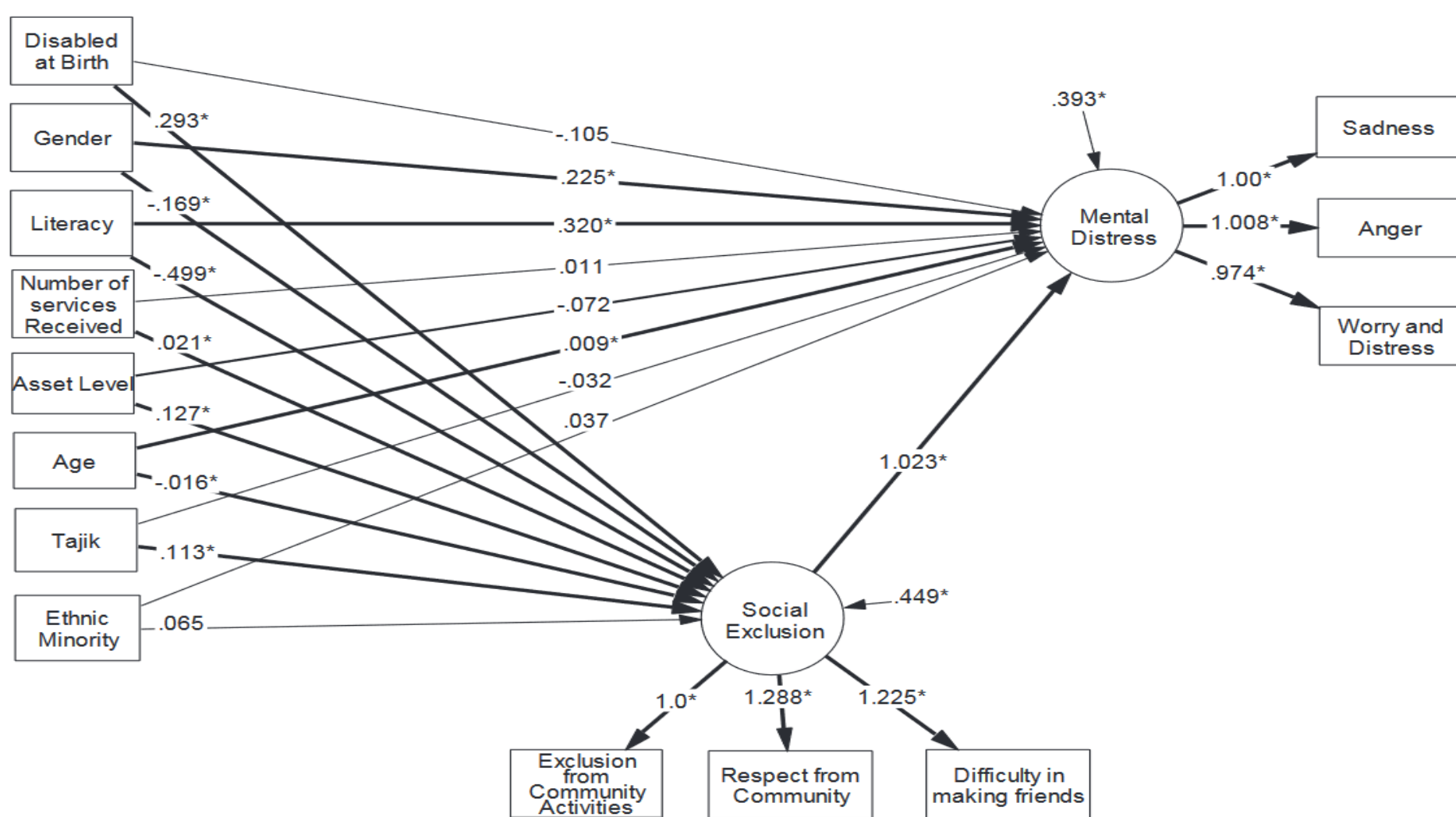
# Mental health and visual impairment

- Increased prevalence of mental conditions in people losing vision or with vision loss
  - Mainly common mental conditions, some other symptoms
  - Widely varying prevalence of comorbidity in research
- Better mental health improves not only quality of life, but social and physical outcomes
  - Increase in physical problems in people with MH diagnosis

# Mental health and visual impairment 2

- Mechanisms
  - A grief reaction
  - Profound change in lifestyle, self-sufficiency and functioning
    - Loss of employment, social role, status
  - Biological mechanisms
- Coping and resilience

Trania J-F, Ballard E, Peñac J. Stigma of persons with disabilities in Afghanistan: Examining the pathways from stereotyping to mental distress. *Social Science & Medicine* 2016; 153:258–265



- Structural equation modelling indicates the effect of Disability on Mental Distress largely mediated by Social Exclusion

# Why are the links between eye care, stigma and mental health important?

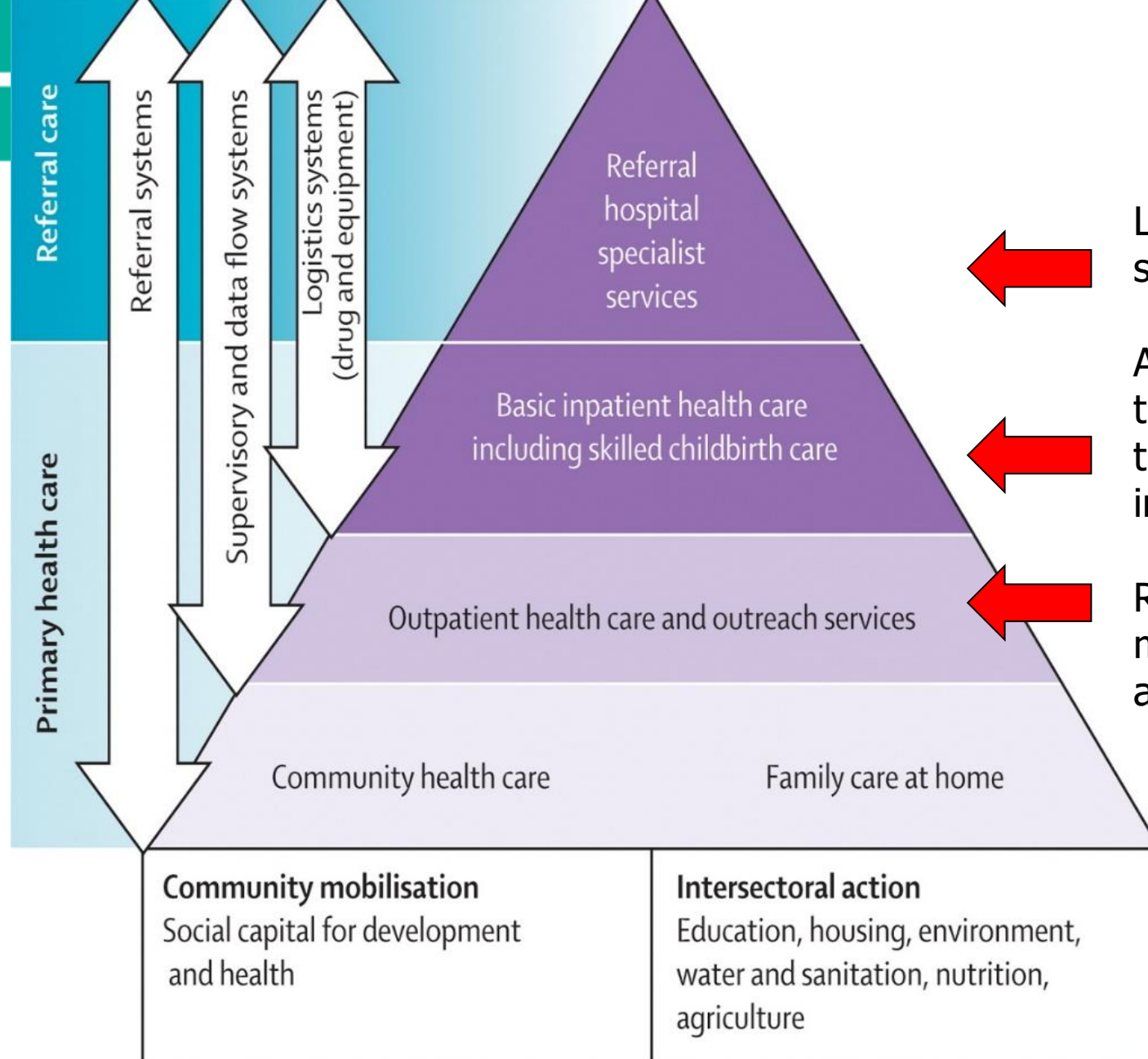
- To ensure health programmes meet people's needs
- To improve social and health outcomes
- Ensure services receive the resources they deserve for comprehensive approaches to be delivered

To support people to thrive!

# Integrating into existing systems

Targeting key stakeholders →

Community anti-stigma work →



← Linking to specialist services

← Accessible treatment/therapeutic skills in local services

← Recognising mental ill health and comm skills

Lancet 2008, after Alma Ata



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##### SPECIALTY SECTION

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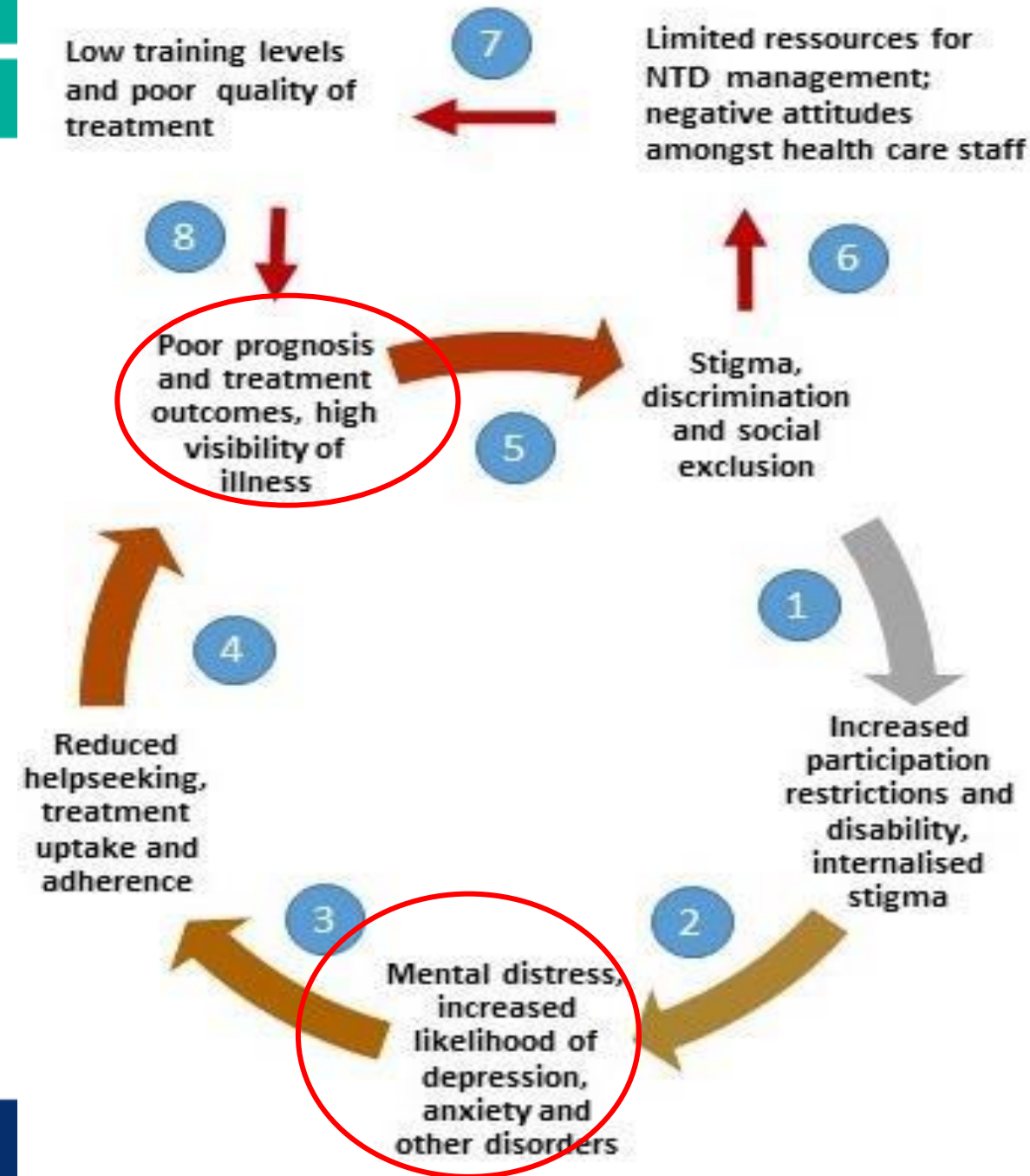
# Mental health, stigma, and neglected tropical diseases: A review and systematic mapping of the evidence

Mirja Koschorke<sup>1</sup>, Yasmin Hussain Al-Haboubi<sup>2,3</sup>,  
Po-Chang Tseng<sup>4</sup>, Maya Semrau<sup>5</sup> and Julian Eaton<sup>2,6\*</sup>

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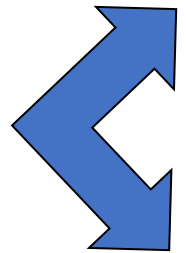
# Key messages

- ➔ Priority for people affected
- ➔ Should be part of comprehensive programming
- ➔ Negative impact on overall outcomes, and prognosis
- ➔ We can intervene at different points in the cycle





# Key considerations



Integrated within front-line services

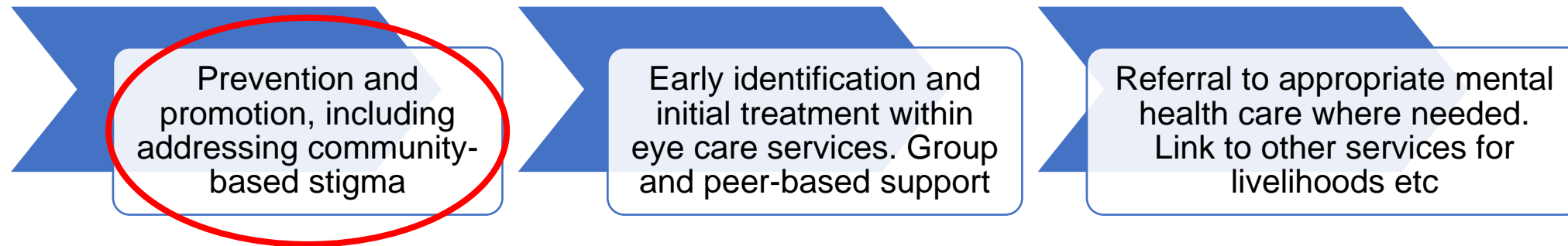
Mainstreaming and referral

Think beyond the individual to caregivers, especially for children

Mental health care and stigma work are linked, but draw on distinct evidence-based interventions



# 1. Community level care

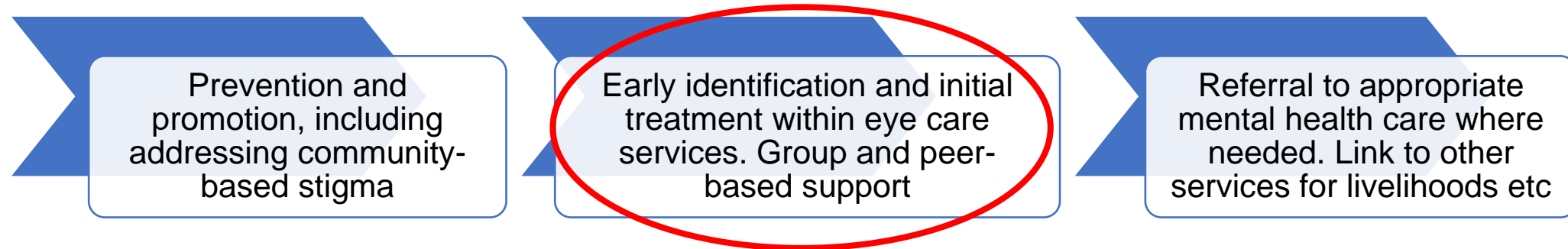


- Anti-stigma activities during field work.
- Link to holistic health promotion activities
- Links to peer support groups for social support

# Mobilise communities



## 2. Individual treatment and support



### Early identification

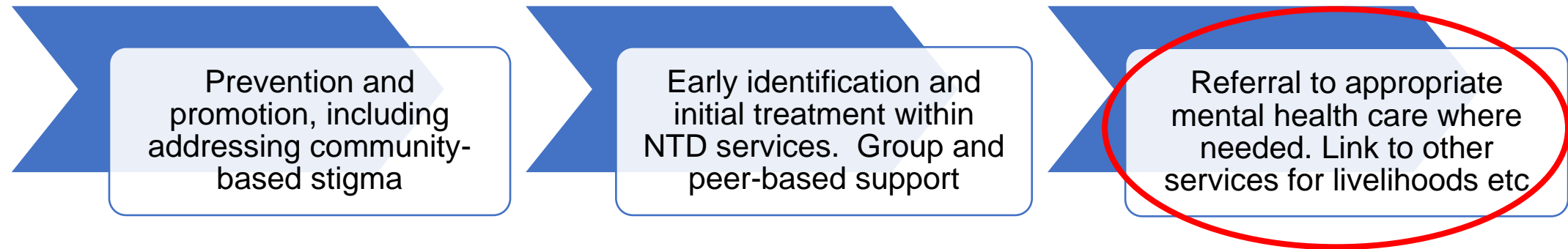
- Give front line workers skills to recognise mental health issues and know next steps for referral
- Lay and peer counselling following training

**Floyd-Richard M, Gurung S.** Stigma reduction through group counselling of persons affected by leprosy - a pilot study. *Lepr Rev*, 2000; 71: 499–504

Link people  
together



### 3. Linking with specialist services and other sectors



Ensure access to specialist support where needed

- Primary care-based treatment interventions (for general clinicians)
- Link to mental health services (for referral and supervision)

Improve liaison between wider health and mental health systems

# The move to a more inclusive world

- Building a movement across interest groups is key
  - Vision 2020 and NTD work
- Translate research to WHO endorsed guidance
- Part of a growing recognition of holistic care that we can capitalize on!





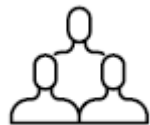
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