The Challenge
- Common mental disorders such as depression, anxiety and clinically significant stress are now leading causes of ill-health and disability worldwide.
- In Kenya, approximately 25% of outpatients and 40% of inpatients receiving health treatment experience mental disorder, but less than one in five individuals with mental disorder receive evidence-based treatment.
- Adverse life events, including gender-based violence, places individuals in Kenya at higher risk of common mental health problems.
- 41% of Kenyan women experience sexual and/or physical, with 31% of women living with violence in their homes at any point in time.
- Growing mental health needs and endemic gender-based violence is placing pressure on Kenya’s health systems to address and respond to these needs.
- Limited mental health professionals and services in Kenya demands community-mental health initiatives become a stronger priority.
- Training the existing community health workforce to address mental health care needs is the most efficient way to respond to the needs, and shows capacity to greatly increase access and treatment for mental disorders.

Problem Management Plus (PM+)
- PM+ is a brief (5 x 90 minute) evidence-based intervention, published under World Health Organization’s mhGAP Programme.
- PM+ is shown in two randomized control trials to reduce symptoms of common mental health problems, such as depression, anxiety, stress, and posttraumatic stress disorder, including for women affected by gender-based violence in Kenya.
- PM+ helps people to self-manage practical (e.g. unemployment, interpersonal conflict) and common mental health problems (e.g. depression, anxiety, stress, grief).
- PM+ strategies include approaches for managing stress, managing problems, behavioral activation and strengthening social supports. Additional components include psychoeducation, motivational interviewing and relapse prevention.
- PM+ is “transdiagnostic”, meaning it can be used to treat different symptoms and mental health problems without clinical diagnosis.
- PM+ was specifically designed to be delivered by non-professional mental health workers, such as trained and supervised Community Health Volunteers.

PM+ is embedded within Kenya’s 4-level Kenya Health Care System
- PM+ is delivered by community volunteers at Level 1 of Kenya’s health care system.
- PM+ community volunteers are trained, supported and supervised by Kenya’s paid health workforce at the 2nd primary health care levels.
- Community members may be screened for receiving the PM+ intervention are identified at Levels 1, 2, and sometimes 3.
- Cases that require more specialised care are referred to levels 3 and 4 of the health care systems, allowing for the limited professional mental health workforce to manage the more serious mental health cases.

Taking PM+ to Scale with Kenya’s Ministry of Health (MoH)
- Kenya’s MoH Mental Health Policy (2015-2030) aligns with the WHA65.4 resolution and the Global Mental Health Action Plan (2013-2020), allowing for PM+ to be embedded into Kenya’s national health care system.
- A service delivery framework, “The Kenya MoH Framework for the Implementation of PM+” was created with Kenya’s MoH and piloted in four Kenyan counties (Nairobi, Nyeri, Nakuru, Nyamira).
- The “framework” outlines operating procedures for scaling up PM+ services within district primary health care systems and establishes county-level Centers of Excellence for continued training and supervision of PM+ Helpers.

Launch of the PM+ Framework in Nairobi City County
Dr. Muia County Executive Committee member of Health leads Nairobi City County health management team and World Vision Staff to launch The Kenya Ministry of Health Framework for the Implementation of Problem Management Plus (PM+).

World Vision Kenya & Kenya MoH train the community health workforce in PM+ to reach > 5,000 individuals in Kenya living with common mental health problems
In a 12-month project, World Vision Kenya in partnership with Kenya MoH has:
- Trained 20 Kenya MoH staff PM+ Master Trainers
- Trained 137 districts-level MoH staff working in primary health care as PM+ Trainers & Supervisors
- Trained 1,500 Community Health Volunteers as PM+ Helpers
- Reached 5,000 individuals living with common mental health problems, 60% of whom are women, including those affected by gender based violence.