Impact

Kenya Mental Health

World Vision

Improving Mental Health for Kenyan Women Affected by Violence

2013–2018

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REPUBLIC OF KENYA
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Mental Health Challenges Worldwide

- Adverse life events, including violence, are risk factors for common mental health problems such as depression, anxiety and traumatic stress disorders.
- Depression is the leading cause of disability worldwide and is a major contributor to the overall global burden of disease.
- Gender-based violence (GBV) is a major cause of psychological morbidity worldwide.
- Integrating mental health into healthcare services as a key component in primary care is vital towards the achievement of Universal Health Coverage.

Mental Health Situation in Kenya

- Over **41%** of Kenyan women experience sexual and/or physical violence in their lifetime.
- **31%** of women live with active violence in their homes within the past 12 months.
- **20–40%** of individuals seeking hospital outpatient services experience mental disorders.
- **1 in 4 people**, or **11.5 million Kenyans** will experience mental disorder in their lives
- **100% of Kenyans** are affected by mental disorders. An individual's mental disorder impacts at least three others around them, such as family, friends, employers and community members.
- Kenya's health system has limited resources to meet these needs, and individuals with mental disorders (including those as a consequence of violence) rarely seek or receive treatment.

Map of Kenya

Problem Management Plus (PM+)

PM+ is a psychological intervention for adults impaired by distress in communities exposed to adversity. The title reflects the aims of the approach: to help people improve their management of practical (unemployment, interpersonal conflict) and common (depression, anxiety, stress or grief) mental health problems. The "plus" refers to evidence-based cognitive behavioral strategies added to problem-solving counselling to create PM+.

The PM+ treatment consists of five 90-minute individual face-to-face sessions with a trained Community Health Volunteer (CHV), who helps clients by using **five key strategies.** Additional strategies include psychoeducation, motivational interviews to encourage clients to engage with PM+, as well as relapse prevention.

1) **Managing Stress** uses slow breathing techniques to better manage symptoms of anxiety and stress
2) **Managing Problems** explores possible solutions to life problems that are causing the client most concern
3) **Get Going, Keep Doing**, or behavioral activation helps increase activity and functionality in clients facing reduced activity due to mental health
4) **Strengthening Social Support** such as friends, family, co-workers or community organizations in order to support well-being
5) **Staying Well and Looking Forward** reviews strategies the client can do to stay well and discusses goals for the future

PM+ Implementation in Kenya Occurred in Three Phases:

Phase 1: Assessing Effectiveness of PM+

From 2013–2015, a PM+ study was conducted in Dagoretti, in the Nairobi suburbs, to test the effectiveness of PM+ among women who experienced distress and were affected by GBV. This involved translating the PM+ manual to Swahili, training CHVs, and ensuring PM+ was relevant and effective for the target audience.

Next, a randomized controlled trial (RCT) was implemented and 1,393 women were screened for eligibility on the basis of psychological distress and impaired functioning. Of these, 518 women (37%) screened positive, of whom 421 (81%) were women who had experienced GBV. Of the 421 women, 209 were assigned to PM+ and 212 to Treatment as Usual (TAU). These women underwent the treatment to assess PM+ effectiveness.

Phase 2: Transition to Scale: Building Kenya's Ministry of Health (MoH) workforce

Kenya's MoH Mental Health Policy (2015–2030) aligns with the World Health Assembly 65.4 resolution and the Global Mental Health Action Plan (2015–2020), allowing PM+ to be embedded in Kenya's four-tier health care system.

A service delivery framework, *The Kenya MoH Framework for the Implementation of PM+*, created with Kenya's MoH, was piloted in four counties. It outlines how the National and County MoHs link together and support county-level Centres of Excellence for long-term sustainable training and support for PM+ Helpers, who are linked to primary and community health units within which the CHVs support people with common mental health problems.

Phase 3: Ensuring Sustainability in Nyeri Province

World Vision Canada in 2018, Phase 3 supported PM+ sustainability initiatives. It empowered CHVs to deliver PM+ to households through supporting Centres of Excellence and CBOs in Nyeri County, and supported pieces of the program not completed by the end of phase 2, such as training CBO representatives on leadership, governance and business planning. It also gave CHVs different ways to support themselves to ensure they could continue their PM+ work.

This project is supported by Grand Challenges Canada, which is funded by the Government of Canada and dedicated to supporting Bold Ideas with Big Impact®

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Phase 1 - Testing PM+

This study proved that Cognitive-Behavioural Treatment is an effective way for para-professionals like CHVs in low-income settings to help women impacted by violence and reduce the risks for depression, anxiety, post-traumatic stress and other mental health challenges.

209 Women participated in 5 PM+ Treatment sessions
These women showed significant improvement from before the treatment to three months post-treatment. Compared to women recieving usual treatment, improvements included:

Reduced psychological distress symptoms
52% change for PM+ participants
43% change for usual care participants

Higher reduction in days where they were unable to work

60% increase in **functioning**

Phase 2 - Government Integration

The PM+ Framework was signed by the MoH and launched with the official MoH PM+ Helpers Training Manuals. PM+ workshops were conducted with national, county, sub-county and primary healthcare stakeholders to establish clinical and managerial supervision structures for PM+ providers.

1560 Community Health Volunteers Trained

137 Community Health Assistants Trained

20 Master Trainers were Trained

4529 clients received PM+ Treatment

Phase 3 - Sustainability

CBOs in Nyeri County have been formed, trained and equipped to facilitate income generation activities for PM+ clients and providers. In addition, monitoring visits were conducted, and CBO and Centres of Excellence materials were procured.

70 CBO representatives from **8 CBOs** trained on leadership, governance and business planning

8 CBOs have presented their business plans

Centre of Excellence was renovated at Nyeri County Referral Hospital, along with with procurement of supplies

Effectiveness of PM+

After two years of testing in Phase 1, PM+ showed remarkable results for the 209 women who received the intervention. When comparing their mental health before treatment versus three months post-treatment, women who received PM+ had significantly reduced psychological distress and reduced symptoms of PTSD. They also showed improvement in functioning and a higher reduction in days in which they were unable to work as compared to women receiving TAU. The effects of these differences were strong, meaning the evidence strongly indicates that PM+ caused the improvements. This demonstrated the effectiveness of PM+, and provided rationale for World Vision to integrate PM+ into the government healthcare framework.

Experiences of PM+ Phase I

During project evaluation interviews, participants and CHVs shared positive experiences of PM+ and their therapeutic relationships, noting emotional, behavioural, interpersonal, and physical improvements in their lives. PM+ participants mentioned they found the four strategies very useful, and reported that the stress management strategy in particular was applied most often as it was easiest to understand and put into practice.

Recognizing Challenges & Creating Solutions

Several challenges were noted during interviews with CHVs and participants upon completion of Phase 1.

One challenge was factors reducing access to treatment, such as: structural barriers (participants cancelling sessions last minute due to casual work), attitudinal barriers (participants expecting monetary support from PM+), personal barriers (husbands preventing participation) and psychological barriers (shame/ stigma, feeling responsible for abuse). Economic challenges were also present, as it was also noted that using CHVs as unsalaried volunteer providers was unsustainable, as the work was too intensive to be considered a volunteer job.

Phase 2 and 3 integrated this feedback and provided financial opportunities for both CHVs and clients, and included stigma reduction through advocacy, promotion, and community sensitization about mental health issues.

PM+ Gave Martha a new "Lease on Life"

Before participating in the PM+ program, Martha was homeless and frequently seen wandering throughout the community in search of ways to feed her family. On bad days, Martha described herself as sleeping the days away, unaware of her children's whereabouts. Written off by her neighbours as "crazy," Martha was isolated and living in the shadows of stigma. Then, a psychiatric nurse from a local health facility saw the opportunity to link Martha with a CHV who had received PM+ training.

Since receiving PM+ visits from her CHV, Martha has seen significant improvements in both her mental wellbeing and her personal life. This mother of seven now has all of her children back, three of whom are now in school. In addition, she has a permanent home built by her 15- year-old son, a thriving garden, and the full support of her community. Staff from the nearby health facility fully endorse the PM+ approach, which not only addresses mental health issues, but also increases patient compliance with other important treatment regimens.

Martha smiles after her life-changing experience with PM+

PM+ Gave Patricia Hope

PM+ works in communities across Kenya, helping women overcome their struggles and lead happier and healthier lives. One such woman is Patricia, whose name has been changed for confidentiality. Patricia is a 49-year-old married farmer living in Chinga ward who operates a small retail shop in addition to working as a casual labourer.

Patricia has had many challenges in her life that have placed a strain on her mental health. She has three sons, but unfortunately one of them was brutally killed in 2016, which left her dealing not only with grief, but also financial instability since he supported her financially. Patricia's husband was unfaithful and did not provide for his family; even neglecting to buy medicine for her. Patricia is a diabetic, and her glucometer machine recorded high blood sugar readings due to stress. Additionally, she faced stress, loss of appetite and sleep, and suffered from body aches, discomfort, and a depressed mood. She was about to close up her small retail shop since she had no money to buy more stock. She felt hopeless and nothing made sense to her, including her farming.

When PM+ sessions began in her area, she was very receptive and open to the service provider, which made it easier for her to go through the PM+ strategies. By the end of session five, she was able to sleep and eat well since she knew how to manage her stress.

As a result of PM+ strategies during her recovery, she was able to plant vegetables to sell at her retail shop. She took a loan from a women's savings and loans group called Chama and bought some stock for her shop. Now she is able to do her farming in the morning and opens up her retail shop in the afternoon. She even started weaving baskets and selling them to her fellow women in Chama, in addition to farming and selling produce.

Because of PM+, Patricia has seen positive changes in multiple areas of her life. Her health has greatly improved and her blood sugars are stable, as vegetable farming has improved her health in combating diabetes. She has managed to go to church for social support and teaches other women to manage stress using slow-breathing techniques. Patricia has also been able to reconcile with her husband, who cooks for her and ensures there is food for the family.

Patricia feels encouraged to help other people going through adversity. She is now psychologically, physically, economically and socially healthy due to PM+ Interventions. PM+ had an incredible impact on the life of this client and those who live with her, and will continue to help many women like her to lead happier and healthier lives.

Kale from Patricia's Garden

"I was in a really bad state before the program; I had no interaction with people, hated noise, got irritated and angry easily. Even my own children were too much… Now, I can enjoy them and my life and help others" - PM+ Participant

Lessons learned from Transition to Scale

- **Ministry of Health Ownership:** MoH ownership is critical, as communication and sensitization challenges existed at the initial stage of PM+ implementation, which could have been mitigated if ownership had been established at the outset. Having the MoH as the main drivers of implementation from the beginning at county and national levels is key to adapting and implementing a project scale-up.
- **Infrastructure investments:** The continued success of PM+ will require financial resources for establishment of accountability structures for successful delivery, information systems for program monitoring, and workforce development to keep up with the demands for mental health services.
- **Training and Supervision:** From the perspective of Mental Health Directors, Psychologists, Clinical and Managerial Supervisors, Master Trainers and the community health assistants, the structure of training and supervision of PM+ trainers and providers was the backbone for the success of PM+.

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