Integrating Mental Health Screening and Services into HIV Management to Improve Health Outcomes for Persons Living with HIV (PLHIV) in 10 MiCARE-Supported Counties: A Case Study of USAID Stawisha Pwani (USP)

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Background: Mental health is a critical yet frequently neglected aspect of HIV care, particularly in resource-constrained settings. Persons living with HIV (PLHIV) experience higher levels of exposure and vulnerability to mental health disorders such as depression, anxiety, and trauma, which negatively impact treatment adherence, retention in care, and viral suppression (WHO, 2022). Limited integration of mental health services in 10 USAID-supported counties, including those under the MiCARE project, prompted the initiation of an integrated mental health and HIV care model to improve health outcomes among PLHIV.

Description: The initiative adopted an adaptive implementation design to enhance scalability, ownership, and alignment with national priorities. Mental health screening and services were integrated into HIV service delivery points through co-creation sessions with the Ministry of Health (MOH) and key stakeholders. Training-of-trainers (TOT) sessions were conducted for healthcare workers (HCWs) and peer educators, supported by the development of customized mental health tools, registers, and indicators. Interventions included use of WHO's mhGAP, Psychological First Aid (PFA) and structured referral pathways.

Lessons Learned: Before the intervention, there were undefined pathways for mental health care post screening. In 10 months, 141 HCWs and 103 peer educators were trained as TOTs, cascading to 312 facility-based HCWs. Screening and MH service yields from EMR data (Oct 2024–May 2025) from USP counties (Kwale, Kilifi, Mombasa, and Taita Taveta) revealed a low recorded prevalence of moderate-to-severe depression (0.24%) and anxiety (0.15%), suggesting possible underreporting or provider hesitancy in diagnosis. Notably, 100% of identified cases received PFA. Gaps emerged in screening coverage among high-risk groups: only 40% (PHQ-9) and 4% (GAD-7) of newly initiated ART clients were screened, and screening rates declined among patients with high viral loads (PHQ-9: 68%, GAD-7: 55%)—highlighting missed opportunities for targeted mental health interventions in populations with poor treatment outcomes. Compared to the pre-MiCARE period, uptake of mental health screening and services in HIV management significantly improved, with the integration now routine in high-volume facilities and included in data review processes and clinical mentorship.

Conclusion and Next Steps: Adoption of mental health tools by MOH was pivotal to national alignment and long-term sustainability. Embedding tools within MOH systems has fostered ownership and scalability. The integration of mental health screening, psychosocial support, and referral systems into HIV care is proving instrumental in improving outcomes for PLHIV. Moving forward, efforts will focus on strengthening provider confidence in diagnosis, expanding screening to underserved populations (e.g., newly initiated clients and viraemic patients), and reinforcing data use for decision-making at all levels.