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Evaluating the Impact of the mhGAP-IG Child and Adolescent Mental and Behavioural Disorders Module in Kenya: Training Outcomes on Knowledge, Attitudes, and Practices

Up to 20% of children and adolescents globally experience mental health disorders, yet in Kenya, over 75% lack access to care. Primary healthcare workers (HCWs) are key to bridging this gap, but limited training and resources hinder effective service delivery. The WHO's Mental Health Gap Action Programme Intervention Guide (mhGAP-IG) includes a Child and Adolescent Mental and Behavioural Disorders (CMH) module, but its implementation and evaluation in Kenya remain unexplored. This study aimed to implement and assess the impact of the mhGAP-IG CMH module on knowledge, attitude and practices in primary healthcare settings.

A mixed-methods study was conducted in Nairobi and Kilifi counties, Kenya, to assess the impact of training primary healthcare workers (HCWs) using a contextualized and adapted mhGAP-IG CMH module. A total of 93 HCWs participated in a structured training program on child and adolescent mental health, delivered by mental health experts. Knowledge and attitudes were assessed at three time points: baseline (pre-training), immediately post-training, and three months post-training. Knowledge was measured using a structured assessment, while attitudes were evaluated using the Mental Illness: Clinicians' Attitudes Scale (MICA-4). Three months post-training, focus group discussions (FGDs) were conducted with trained HCWs to explore changes in mental health practices, barriers to implementation, and experiences with integrating CAMH into routine care. Quantitative data were analyzed using R software. A Friedman test assessed changes in knowledge over time, while the Wilcoxon Signed-Rank Test examined attitude changes. Qualitative data from FGDs were thematically analyzed using NVivo to identify emerging patterns related to training impact and implementation challenges.

Knowledge scores significantly improved immediately post-training ($p = 1.5e-08$) and sustained three months later ($p = 9.8e-08$), with no significant decline over time ($p = 1$), indicating strong knowledge retention. The Friedman test confirmed a significant overall effect of training on knowledge ($\chi^2(2) = 40.121$, $p = 1.94e-09$). Attitudes toward mental health also improved post-training ($p < 0.001$), with a 15.74% reduction in stigma-related scores. These improvements were maintained after three months ($p < 0.001$), despite a slight but non-significant increase (8.72%, $p = 0.93$) in attitude-related scores. Three months post-training, HCWs revealed improvements in mental health practices, including increased confidence in identifying and managing child and adolescent mental health conditions, and enhanced integration of mental health care into routine clinical services.

The findings suggest that training effectively enhances knowledge, attitudes, and practices toward mental health, with sustained benefits over time. However, barriers such as high caseloads, stigma, and weak referral networks persisted, highlighting the need for continued supervision and policy support. Sustainable implementation requires policy integration, resource allocation, and structured supervision. These findings contribute to global efforts to scale up CAMH services in LMICs through implementation of contextualized and adapted international mental health guidelines.

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