



Contribution ID: 48

Type: Oral Presentation

## **: Best practice in assessing, diagnosing and successful management of mental health challenges that culminated from temporary funding freeze for USAID among PMTCT clients at maternal child health clinic (MCH) in Mutuini Hospital (MH) from February 2025 to May 2025.**

**Introduction:** WHO recommends person-centered and human rights-based approaches in mental health in the community, whereby action steps are presented for developing community mental health services that respect human rights and focus on recovery. It further promotes integration of mental health services for people living with HIV in order to maintain their wellbeing and improve their quality of life at all service delivery points. In MH MCH, mental health services are offered by a team of Community health volunteers (CHVs), nurses, adherence counsellor, mental health technician (MHT) and mentor mother. The news on USAID fund freeze in January 2025 caused pmtct clients to panic. Upon their assessments using PHQ-9 and GAD-7, all of them had some anxiety. This abstract elucidates best practices used to quickly manage diagnosed clients and the role of CHVs in the management.

**OBJECTIVE:** To showcase the role of CHVs in the interventions that were put in place to manage anxiety among PMTCT mothers secondary to the news on cessation of USAID funding at the MH MCH between February 2025 and May 2025

**Methods:** Data on mental health screening was pulled from keEMR, mental health unit register, CHVs register, mentor mother's call log, and adherence counsellor's register for four months of study between February 2025 and May 2025. Cross sectional data analysis was done based on the mental health services offered to pmtct clients. All pmtct clients who came to the clinic were assessed using GAD-7 and PHQ-9. Linkage was done by nurses to the adherence counselor for clients who lost motivation to adhere to treatment. For clients who could not cope due to stress, they were linked to MHT, support group was scheduled and CHVs gave mentor mother contacts of client for wellness calls. CHVs helped in reaching clients within their areas of operation who could not be reached by phone to inform them of the support group meeting. All rumors were clarified in support group meeting on 20th Feb 2025 and anxiety was well allayed.

**Results:** 186 clients got screened. 150(80%) got categorized under mild anxiety, while 36(19%) had moderate anxiety 50(27%) presented with inability to cope and were linked to the mental health nurse, 74(40%) had fear of unknown which was allayed by the MCH nurses. 62(33%) clients reported lack of motivation to adhere to treatment and were linked to the adherence counselor. 120(64%) Clients met in support group on February 20th 2025 in which their questions were answered and fears allayed. Wellness calls were made to all calls thereafter and continuous reassurance was given. By March 2025, clients only 9(4%) presented with mild anxiety. CHVs have since encouraged community members with stress issues to seek medical advise.

**Conclusion:** Involving CHVs in clients follow ups and awareness creation may strengthen facility/community linkage and primary healthcare. The USAID fund squabbles might have affected mental health status of both its employees and clients alike hence debriefing for both is highly recommended.

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**Track Classification:**   Securing the Future: Holistic Approach to Mental Health for Generations:  
Promoting Workplace Mental Well-being: Creating Supportive Environments Across All Sectors