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Conceptualization of Mental Wellbeing in the context of Community Health Workers within two rural and urban informal settlements in Kenya

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Despite the general consensus about the importance of Community Health Workers (CHWs) among the global health community, mental health policy interventions to recognize and support optimal delivery of community health services by CHWs are inadequate, especially in Lower- and Middle-Income Countries (LMICs). Consequently, impact of stressors is particularly heightened in resource constrained settings among CHWs contributing to Mental Wellbeing challenges. This study explores conceptualizations of Mental wellbeing and implication on CHWs mental wellbeing in two rural and urban informal settings.

This study was conducted in sites within rural Kiambu (2) and urban informal settlements of Nairobi City (2) Counties. Key Informant Interviews (KIIs) (19 F, 15M), 16 Focus Group Discussions (FGDs) (62F, 63M) and in-depth Interviews (IDIs) (49 F, 43M) were conducted. Data triangulation was within body mapping workshops among CHW co-researchers (n=40). Thematic analysis of verbatim transcribed narrations was conducted to identify themes.

Mental wellbeing (MWB) perceptions among majority of the stakeholders were reportedly influenced by the environment, gender, language, age and literacy levels. MWB was mainly described among informants in positive terms and characterized within five themes of positive thinking and understanding of oneself, the absence of illness, ability to cope and make important decisions, economic stability and positive social relationships. Conversely, majority of community members explicated MWB in negative terms characterized by mental deficiency, comparison to severe illness, abnormality and unsoundness of mind. Among the CHWs, stigma categorized as internalized, public and institutionalized was fueled by limited knowledge and awareness on Mental Health and wellbeing and social cultural experiences which reportedly limited their MWB help seeking. While positive feelings were triggered by the perceived benefit of CHWs by community members and the recent landscape shift by the provision of remuneration and digitalization of the Community Health Service, negative feelings were fueled by limited prioritization for CHWs' Mental Health and wellbeing.

Developing optimal CHWs' mental wellbeing interventions should consider co-creation and targeted efforts to increase mental wellbeing awareness thereby reducing MWB help seeking disparities fueled by current MWB conceptualizations.

Key words: Mental Wellbeing, Community Health Workers, Coping, Co-production

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