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The Silent Crisis: Mental Health Impacts of Funding Cuts and Service Disruptions Among Key Populations and PLHIV in Kenya

Strengthening Mental Health Systems / Community Approaches

Background:
Community-led health clinics have played a critical role in providing stigma-free, holistic care to key populations (KPs) and people living with HIV (PLHIV) across Kenya. However, recent reductions in donor funding have led to the closure of multiple KP-friendly facilities. This shift has not only disrupted essential HIV services but also triggered widespread mental health challenges among affected populations and service providers.

To examine the mental health impacts of service disruption, job losses, and increased stigma on KPs and PLHIV following clinic closures due to funding cuts.

Methods:
A qualitative rapid needs assessment was conducted in Nairobi and Kisumu involving focus group discussions and key informant interviews with former clinic staff, peer educators, PLHIV clients, and community advocates. The study explored emerging mental health concerns, access barriers, and perceptions of public healthcare spaces post-closure.

Results:
The assessment enrolled 389 respondents, 272 (70%) of former KP clinic workers reported moderate to severe anxiety and depressive symptoms due to abrupt job loss and identity crisis from disrupted community support roles. While 62(16%) had suicidal ideations.
Out of 389, 100 PLHIV patients feared to be outed due to stigma that is voiced by the host community.
PLHIV clients expressed fear of being outed or stigmatized when accessing medication in general public facilities, leading to treatment interruptions.
Many participants reported increased feelings of hopelessness, social isolation, and insecurity.
Peer-led mental health support systems weakened significantly, leaving communities more vulnerable to poor coping mechanisms including substance use and suicidal thoughts.
Conclusion:
The defunding of KP programs has created a mental health emergency layered on top of the HIV epidemic. The disruption of care, coupled with stigma in mainstream healthcare, leaves many KPs and PLHIV at serious psychological risk.

Recommendations:

Integrate mental health services into HIV programs and train providers on non-discriminatory care.
Support transition programs for laid-off KP workers to maintain community trust.
Advocate for domestic financing to ensure continuity of care without overreliance on external donors.
Establish safe, inclusive spaces for mental health support across all counties.

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