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KENYA PSYCHIATRIC ASSOCIATION

Book of Abstracts

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Contents

2

Increasing access to Mental Health services by Capacity Building and Community Integration: Insights from Kilifi County, Kenya

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Background
Kilifi county faces a growing mental health burden, with only 0.6% (12,000 cases) of its 1.7 million outpatient workload diagnosed with mental health conditions, clearly indicating significant under diagnosis. Mental health services in Kilifi County have long been limited by limited personnel, poverty, stigma, inadequate funding and political goodwill. To address this, a targeted initiative focused on building mental health capacity among healthcare providers (HCPs) and community members, while establishing effective community-level screening, referral, and follow-up mechanisms.
Objective
To strengthen Kilifi's mental health system through structured training and continuous capacity building of healthcare providers and integration of mental health into primary care aimed at improving early identification, support, and referral for individuals with mental health needs.
Methodology
Beginning in early 2024, deliberate and ongoing efforts were implemented to build the capacity of healthcare providers in mental health care. In addition, 66 healthcare providers and 51 community members were trained using a newly developed mental health manual. The focus areas included:
• Mental health screening at facilities (Depression/ Anxiety screening Majorly).
• Psychological First Aid (PFA)
• Basic counseling and communication skills
• Community based psychoeducation through outreaches.
• Mental health referral, documentation and linkage systems.
These efforts were supported by county health leadership and aligned with broader system reform goals.
Results
• Mental health screening numbers significantly increased between 2023 and 2024, demonstrating the combined effect of formal training and continuous capacity building:
PHQ-9 screenings rose from 5,293 in 2023 to 25,749 in 2024 (a nearly 5-fold increase).
GAD-7 screenings rose from 4,866 in 2023 to 30,005 in 2024 (a more than 6-fold increase).
Newly screened individuals also increased sharply: PHQ-9 from 165 to 679, and GAD-7 from 137 to 757.
• Screening tools were successfully integrated into routine service delivery at health facilities and documentation was also enhanced using registers.
• Referral pathways and care linkage improved, with the average time from screening to referral reducing by an estimated 65%, enabling faster access to specialized psychological care.
• 87% of trained healthcare providers reported sustained use of skills learned, actively applying psychological first aid, screening tools, and peer support strategies.
• The initiative contributed to a cultural shift, as evidenced by increased self-reporting and help-seeking behavior across key and vulnerable populations, including adolescents, women, and persons living with HIV.
Conclusion
This initiative highlights that mental health system strengthening in resource-limited settings requires not only one-time training, but intentional, continuous capacity building, institutional support, and strong community engagement. The model implemented in Kilifi County demonstrates how local health systems can sustainably expand access, reduce stigma, and embed mental health within primary care.

3

Enhancing Psychosocial Wellbeing and ART Adherence: The Critical Role of Peer Navigators in Supporting Adolescents with HIV in Western Kenya

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Adolescents and young adults living with HIV (AYAH)face intersecting psychosocial challenges that significantly impact their mental wellbeing and adherence to antiretroviral therapy (ART). Despite growing global emphasis on improving ART adherence, there is a notable gap in intergrating psychosocial wellbeing into HIV care particurlaly in resource-constrained settings like Kenya. Peer navigation, delivered by trained individuals with lived experience has emerged as a promising strategy to bridge this gap by offering emphatic contextual relevant support. This study aimed to explore how peer navigation may support the wellbeing of AYAH in Western Kenya

A qualitative approach was employed, utilizing in-depth interviews (IDIs) with Peer Navigators(N=9) and AYAH who received peer navigation(N=20) in an ongoing clinical trial. The semi-structured interview guide explored themes related to emotional support, stigma, mental health, ART adherence behaviors, and the navigator-participant relationships. The Capability, Opportunity, Motivation – Behaviour (COM-B) provided a framework to examine how peer navigators and AYAH perceived the intervention's impacts on wellbeing.

Findings revealed that peer navigators'capabilities were significantly strengthened through structured training giving them the ability to address key psychosocial well-being challenges faced by AYAH including stigma, disclosure, and intimate partner violence (IPV), enabling them to provide targeted support. They said that ongoing mentorship, debriefings, and collaboration with families and healthcare teams enhanced their ability to provide consistent, empathetic support . In turn, peer navigators supported AYAH in terms of improved emotional regulation, communication, self-management, and clinic attendance. Peer navigators reported that the intervention fostered self-efficacy among AYAH, helping them to manage health-related challenges, reduce internalized stigma, and increase ownership of their care.

Peer Navigators reported that both electronic (phone-based) and in-person peer navigation sessions offered an opportunity to provide AYAH support. However, in-person session was felt to be more in-depth. Despite barriers like limited finacial resources, participant relocation, communication, and gender dynamics which occasionally disrupted opportunities to provide the intervention, peer navigators remained adaptable.

AYAH reported that the intervention provided the opportunity to have a safe, non-judgmental space that encouraged open discussions, as well as feeling understood and less alone resulting in reduced stigma. While some participants appreciated the inclusion of family members for added support, others preferred private sessions due to concerns about stigma and confidentiality

Both navigators and AYAH reported that motivation was developed through the establishment of strong, trusting relationships between navigators and AYAH. AYAH reported that peer navigation contributed to positive identity transformation and empowerment. Nonetheless, concerns regarding confidentiality, particularly related to facility identification and phone-based communication, emerged as challenges requiring creative strategies to maintain trust

Overall, findings underscored the pivotal role of peer navigation in delivering intergrated psychosocial wellbeing tailored to unique needs of AYAH. Through the lens of COM-B framework, it became evident that enhancing individual capability, enabling opportunities and sustaining instinsic motivation are essential for promoting behaviour change. Embedding peer-driven strategies that address the overall wellbeing of AYAH offers a promising pathway to improve health outcomes and support the psychosocial needs of of this population.

Authors declare no commercial interests related to this study

8

Before the Breakdown: Community-Driven Early Mental Health Support for Africans in Diaspora

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Before the Breakdown: Community-Driven Early Mental Health Support for Africans in Diaspora
Background
Humanity has been migrating for a wide range of reasons since antiquity. More than 200 million Africans have formed a community in the diaspora in pursuit of academic and professional advancements, services within international agencies or seeking humanitarian aid encounter a convergence of stressors, including cross-cultural adjustments, identity fragmentation, systemic discrimination, cultural dislocation, work and academic pressures. Despite functional competence, many experience psychological distress and functional trauma. Systemic blind spots and stigma around mental health within immigrant populations impede mainstream interventions.
Aim
1.To explore clinical patterns of psychological distress among African immigrants
2.To explore barriers to accessing culturally informed mental health care services in the host country
3.To develop culturally sensitive strategies that leverage community- and peer-driven interventions for early reduction of mental health difficulties.
Methodology
The study was undertaken using a mixed-methods design drawing on 100 anonymised clinical cases from consultations involving African diaspora youth and professionals reviewed between January and April 2025 at Chiromo Hospital Group (CHG) via both in-person and telepsychiatry services.
Cases were identified through:
1.Direct review of consultation records from the selected time frame
2.Focused discussions with the attending clinicians on cases that exhibited functional trauma characteristics
Included cases were (a) clients of African origin residing abroad; (b) aged 16–45; and (c) had at least one session between January–April 2025. Excluded were clients currently residing in Kenya, or those whose records lacked sufficient detail for thematic coding.
Results
Several key themes emerged:
Masked distress: Participants presented with anxiety, mood instability, attention difficulties, and somatic symptoms. These were often misdiagnosed or minimized due to their high-performing external presentation.
Delayed help-seeking: Participants expressed reluctance to engage services due to cultural stigma, visa fears, and lack of trust in host country systems.
Isolation and fragmentation: Emotional disconnection and cultural dissonance were especially pronounced among students and young professionals.
Systemic mismatch: Diagnostic models in host countries often failed to recognize culturally coded expressions of distress.
Conclusion
This exploratory study underscores the hidden emotional load carried by African migrants. It underscores the urgent need for preventative, community-driven mental health approaches that resonate with the lived experience of transition and cultural complexity. CHG has established foundational infrastructure, including: the application of telepsychiatry, diaspora-focused psychoeducation, virtual CME programs to build capacity for culturally attuned care and piloted virtual support groups. It has taken initiative to partner with stakeholders including the ministry of foreign affairs and diaspora affairs, Kenya. Future directions include a community co-design for service provision encompassing promotive to curative care, thus facilitating scalable, sustainable peer-informed systems for diaspora communities.

Ethics
This project was compliant with CHG's internal protocols.

Declaration of interest
All authors declare that they have no conflict of interest to disclose.

13

Leveraging Artificial Intelligence for Early Detection of Depression in Community Mental Health Settings: Opportunities and Ethical Considerations in Kenya

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Depression remains one of the most pressing mental health challenges globally, with a significant impact in low- and middle-income countries like Kenya. Limited access to trained mental health professionals, stigma, and underfunded systems hinder early detection and treatment. This paper explores how Artificial Intelligence (AI) can be leveraged to address these gaps in community mental health settings across Kenya. Through technologies such as Natural Language Processing (NLP) and machine learning, AI can analyze social media posts, voice patterns, and mobile usage data to identify early signs of depression with notable accuracy. Integrating AI-driven tools such as mobile chatbots like a hypothetical Swahili-based assistant "Ubongo" within widely used platforms like WhatsApp offers a scalable and culturally relevant approach to screening. Further, embedding these tools into Kenya's existing Community Health Promoter (CHP) network enhances reach and impact, enabling real-time mental health triage during household visits. However, successful implementation requires addressing several ethical and practical concerns. Issues of data privacy, algorithmic bias, digital exclusion, cultural sensitivity, and public trust are paramount. Locally relevant datasets and inclusive design are essential to ensure that AI tools resonate with Kenyan users and do not perpetuate harm. Ultimately, while AI presents a transformative opportunity for mental health care, its application must be ethically grounded, contextually adapted, and community-driven to improve early intervention and reduce the burden of depression in Kenya and beyond.

14

Catalyzing Community-Based Mental Health Solutions: The Erasmus+ Exchange and Incubator Journey

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Introduction
The Erasmus+ exchange program, implemented by On The Move e.V., fosters social innovation in mental health by equipping students and professionals from Kenya, Ghana, and Germany with the

skills to design and implement community-based interventions. In collaboration with Maseno University and Uzima University, the program has engaged over 50 participants to date, providing hands-on training in Design Thinking and cross-sectoral collaboration to address mental health challenges in diverse contexts.

Methods
Participants applied Design Thinking methodologies to develop innovative mental health interventions tailored to their local contexts. The program emphasized human-centered problem-solving, stakeholder engagement, and iterative prototyping. To ensure sustainability, On The Move e.V., in partnership with StradMed Innovations and Ashesi University in Ghana, launched the Mental Health Venture Incubator (MHVI), a 12-week program offering mentorship, seed funding, and capacity-building support for project implementation.

Results
Participants developed and piloted several community-based mental health projects, including:
- *Tujumiize:* a youth-centered intervention in urban Kisumu, Kenya, addressing the rising use of cannabis among high school students aged 14–18. The project combines peer pressure resistance training, mental health education, and structured links to care through schools and community networks. It involves students, teachers, parents, and health providers, aiming to reduce cannabis-related school dropouts and behavioral issues by promoting informed choices and accessible support systems.
- *Inuka Against Chang'aa Initiative (IACI):* a proposed community-based intervention targeting Western Kenyan men aged 36–45 who consume chang'aa. Rooted in Design Thinking, IACI aims to address the underlying issues of idleness, poverty, and lack of purpose by offering vocational training, entrepreneurship support, and recreational activities. The goals are to reduce chang'aa consumption, promote mental and physical health, foster social responsibility, and empower participants economically.
- *Maseno University Mental Health Policy:* this project aimed to develop a culturally tailored mental health strategy at Maseno University in Kenya using a bottom-up, participatory Design Thinking approach. Through ten workshops and interviews with students, staff, and leadership, the team identified key mental health stressors (e.g., financial strain, sexual harassment, substance use), evaluated existing support systems, and co-designed targeted interventions.

Conclusion
This model demonstrates how international collaboration and experiential learning can drive scalable mental health interventions. Lessons learned from the program highlight the importance of participatory approaches, stakeholder engagement, and the integration of social innovation in mental health care. The MHVI ensures that these projects transition from concept to sustainable, community-driven solutions.

21

Project Tujiimize: A Community-Driven, Design Thinking–Informed Approach to Adolescent Cannabis Use Prevention in Kisumu County, Kenya

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Background:
Cannabis use among adolescents is a growing public health concern in low-resource settings, including Kisumu County, Kenya. Early initiation is often linked to peer pressure, media influence,

and limited mental health education. Project Tujiimize was launched as a community-driven initiative to assess patterns of adolescent cannabis use and co-design locally appropriate, youth-informed interventions. The project aims to: (1) assess prevalence, risk factors, and perceptions of use; (2) identify education gaps and support systems; (3) implement youth-preferred strategies for prevention; and (4) empower parents and teachers to support students affected by cannabis use. A Design Thinking framework was used to explore the problem space and guide future intervention development.

Methods:
A cross-sectional survey was administered to 98 students across two urban high schools in Kisumu County, with three additional schools planned to reach a target sample of 250. Participants included 83 males, 14 females, and one respondent who preferred not to disclose their gender. The structured questionnaire collected data on demographics, cannabis exposure and motivations, perceptions of harm, and preferred prevention strategies. Findings will inform the design of school-based interventions, peer mentorship programs, and parental engagement efforts.

Results:
Most respondents (73.5%) were aged 15–17, and the majority (83.7%) reported never having used cannabis. Among users, reported consequences included poor academic performance, anxiety, memory issues, and encounters with law enforcement. Peer pressure was cited as the primary driver of use (91.8%), followed by emotional distress (26.5%) and curiosity (12.2%).

Initial cannabis information most commonly came from media (51%), followed by schools (30%), friends (24.5%), and family (4.1%). Awareness of cannabis-related harms was high, especially regarding mental health effects (70.8%), addiction (64.6%), academic performance (47.9%), and criminal risk (33.3%). A family history of substance use was reported by 54% of respondents.

Students expressed strong preferences for prevention through counseling services (65.2%), school-based education (26.1%), parental involvement (23.9%), and to a lesser extent, law enforcement (15.2%). Schools were identified as the most trusted source of information (81.6%).

Discussion/Conclusion:
The results highlight both the vulnerabilities and resilience of adolescents in Kisumu County regarding cannabis use. While many students reported never using cannabis and expressed strong disapproval of it, a subset face direct exposure and adverse outcomes. Community-based, school-centered interventions aligned with student-identified needs, such as counseling and peer support, show strong potential for impact. Design Thinking proved useful in exploring the social and structural drivers of cannabis use, and will be used to iteratively refine intervention content and delivery based on student feedback. Expanding Project Tujiimize across schools, while maintaining its participatory, locally grounded framework, could meaningfully contribute to improved adolescent mental health and substance use prevention in similar contexts.

22

THE UNSEEN TOLL:THE PREVALENCE OF DEPRESSION,BURNOUT AND PTSD AMONGST HUMANITARIAN AID WORKERS IN KAKUMA AND DADAAB REFUGEE CAMPS

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THE UNSEEN TOLL:THE PREVALENCE OF DEPRESSION BURNOUT AND PTSD AMONGST HUMANITARIAN WORKERS IN KAKUMA AND DADAAB REFUGEE CAMPS.
BACKGROUND:
The 21st century has seen a dramatic increase in global humanitarian crises, doubling the number

of people in need to 360 million in the last decade. This surge far outstrips available resources, placing immense pressure on humanitarian aid workers who operate in inherently dangerous, volatile, and unpredictable environments. The mental health and resilience of humanitarian aid workers is directly intertwined with the well-being and resilience of the conflict-affected communities they serve. If aid workers are struggling with trauma, burnout, and depression, their capacity to effectively support the community's healing and resilience building is compromised.
Understanding the mental health burden on these frontline providers is critical for community mental health. This study aimed to determine the prevalence of depression, burnout, and PTSD, and their associated factors, among humanitarian aid workers delivering healthcare services in Kenya's Dadaab and Kakuma Refugee camps.
METHODS:
This study utilized a cross sectional quantitative design amongst 124 humanitarian aid workers, employing a census survey to collect data. Data collection involved a researcher-designed sociodemographic questionnaire and adaptations of established psychometric tools: the Beck Depression Inventory (BDI) for depression, the Maslach Burnout Inventory (MBI) for burnout, and the Posttraumatic Stress Disorder Checklist for DSM-5 (PCL-5) for PTSD. Ethical approval was granted by the KNH –UON ERC.This robust methodology provides a foundation for evidence-based integration of mental health support within humanitarian operations.
RESULTS:
Psychometric analyses showed that 31% of respondents had depression, with 19% experiencing severe depression. For PTSD, 41% were above the cut-off score, suggesting they could benefit from further assessment and treatment. Burnout analysis revealed that 7% had high emotional exhaustion, 77% had high depersonalization scores, and all 124 respondents had high scores for personal accomplishment. The study revealed a significant number of humanitarian aid workers providing healthcare to refugees suffer from depression, PTSD, and burnout. Key contributing factors identified included high staff turnover, heavy workloads, stressful shifts, lack of supervisor support, and poor mental health-seeking behavior. These findings underscore the critical need for proactive mental health interventions. The high prevalence of these conditions among aid workers has direct implications for the sustainability and effectiveness of humanitarian efforts, impacting not only the aid workers themselves but also the resilience of the communities they serve.

CONCLUSION:
Understanding the mental health landscape of aid workers is crucial for designing more effective, sustainable, and humane humanitarian interventions in conflict zones. Investing in aid worker well-being is an investment in the long-term recovery and resilience of affected communities. The delineation of these determinants and patterns of depression, burnout, and PTSD among humanitarian aid workers in Dadaab and Kakuma refugee camps is crucial. The study's findings provide a clear mandate for innovation in developing and implementing targeted programs and policies aimed at mitigating the incidence and progression of these disorders. By identifying effective modalities of management, we can ensure humanitarian aid workers remain safe and effective providers of essential care. This is vital for strengthening community mental health initiatives in the 21st century, ensuring the integration of mental health support into humanitarian aid systems, and ultimately enhancing the impact of their life-saving work on vulnerable populations.

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23

PREVALENCE AND RISK FACTORS ASSOCIATED WITH DEPRESSION AND ANXIETY AMONG PREGNANT WOMEN RECEIVING ANTENATAL CARE IN LEVEL FOUR AND FIVE HOSPITALS IN NYANDARUA COUNTY, KENYA

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PREVALENCE AND RISK FACTORS ASSOCIATED WITH DEPRESSION AND ANXIETY AMONG PREGNANT WOMEN RECEIVING ANTENATAL CARE IN LEVEL FOUR AND FIVE HOSPITALS IN NYANDARUA COUNTY, KENYA

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Background

Perinatal depression and anxiety represent significant public health challenges in low-resource settings such as Nyandarua County, Kenya. Despite their high burden, these conditions remain under detected in routine antenatal care (ANC). This study aligns with the 17th KPA Annual Scientific Conference theme by exploring the integration of mental health screening into community ANC services, fostering innovation in early detection and generating impact on maternal and child health outcomes.

Methods

A cross-sectional study was conducted among 318 pregnant women attending ANC at three Level 4/5 hospitals in Nyandarua County between July and August 2024. Validated screening tools—the Patient Health Questionnaire 9 (PHQ-9), Generalized Anxiety Disorder-7 (GAD-7), and Medical Outcomes Study Social Support Survey (MOS-SSS)—were used to assess depression, anxiety, and social support, respectively. Multivariable logistic regression identified risk factors associated with perinatal depression and anxiety. Ethical approval was granted by the Kenyatta National Hospital-University of Nairobi Ethics Review Committee (KNH-UON ERC).

Results

Prevalence:

Depression was identified in 28.9% of participants, with 22.8% experiencing moderate to severe symptoms.

Anxiety prevalence stood at 8.8%, all moderate to severe cases.

Comorbidity was significant; women with depression had a 3.5-fold increased risk of anxiety (adjusted odds ratio [aOR] = 3.52, $p = 0.004$).

Risk Factors:

Unintended pregnancies doubled the risk of depression (aOR = 2.04, $p = 0.018$).

Late gestation (second and third trimesters) increased depression odds by 3 to 4 times ($p < 0.001$).

Lower education (primary level only) was associated with higher anxiety risk compared to secondary or tertiary education (aOR range 0.26–0.37, $p < 0.05$).

Protective Factor:

Higher education reduced anxiety likelihood by 63–74% ($p < 0.05$), highlighting education as a key empowerment strategy in community mental health.

Conclusions and Implications

Integration: The high prevalence of perinatal depression and anxiety supports routine PHQ-9 and GAD-7 screening integration into ANC services to enable early detection and management.

Innovation: Training community health workers to use mobile health tools can facilitate scalable, resource-sensitive screening in rural settings.

Impact: Targeted interventions focusing on high-risk groups—women with unintended pregnancies, low education levels, and those in late gestation—can disrupt the intergenerational transmission of mental health disorders.

Community Action: Collaborations with local NGOs to implement literacy programs and social support networks can amplify the protective effects of education and social connectedness.

Keywords

Perinatal depression, Anxiety, Antenatal care integration, Community mental health, Kenya, PHQ-9, GAD-7

Alignment with Conference Theme

This study exemplifies innovation through the use of validated mental health screening tools in ANC, integration by embedding mental health into primary care frameworks, and impact by proposing prevention-focused strategies to improve maternal mental health at the community level

24

Emerging trend of patient abandonment in an acute psychiatric ward, with a focus on community mental health as a possible solution

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Background: Patient abandonment in psychiatric wards is concerning, especially in resource-limited settings where the mental health workforce and bed capacity is inadequate. This results in congestion at the wards due to an increased number of discharge in patients, patient abscondment after long stays, staff burnout due to increased workload and a strain on the hospital budget. Contributing factors for patient abandonment include stigma surrounding mental illness; intensive caregiver burden and its effect on their quality of life; patients' impulsive, disorganized or disruptive behaviors that make caregiving challenging and their violent behavior compromising family safety; and socio-economic factors given the high cost of living and treatment costs. Systemic factors including lack of a well co-ordinated mental health care service in Kenya, and a community resource database threaten the success of re-integration efforts. Some of the patients lack identification documents, making home tracing and re-patriation challenging. This report thus highlights an emerging trend of patient abandonment at an acute psychiatric ward at a level 6 referral hospital in Kenya.
Objective: The broad objective is to highlight the challenge of patient abandonment, the management and home tracing of abandoned patients, re-integration back to the community and best practices and lessons learnt through the process.
Methods: Descriptive case reports done at Moi Teaching & Referral Hospital (MTRH). For inpatient management of patients with severe mental illness, MTRH has a psychiatric ward, a transitional skills training home, and an Alcohol and Drug Abuse Rehabilitation center with bed capacities of 80, 16 and 40 beds respectively. Outpatient services include the emergency mental health services and two outpatient clinics. Data was collected from patient records and supplemented from departmental case summaries of home tracing and repatriation.
Results: A summary of three patients who were abandoned by their families having given up hope of finding them. Two of the patients are male and had an average stay of seven years at the hospital while one is female and stayed for about one year. All were successfully reintegrated to the community after repatriation. Some of the interventions that worked included stay in the transitional home that provided structure and the services provided like skills training for economic empowerment, Illness Management and Recovery (IMR) for them to understand their illness, coping skills, and importance of medication; home tracing by social work team for re-integration; family psychoeducation and community sensitization at Barazas to reduce stigma and structured follow up post discharge for up to one year. Community focused strategies that worked included mentorship to nearby peripheral health facilities, and use of community resources like community health volunteers (CHVs).
Conclusion: Potential interventions for patient abandonment in psychiatric wards need to focus on community mental health as a possible solution. Transitional homes are beneficial in bridging the gap between psychiatric wards and community re-integration. A multi-sectoral approach is recommended to address this complex issue.

25

Digital Device Access, Use Patterns, Preferences and Acceptability for Delivery of Mental Health Interventions: Insights from Young People in a Rural Kenyan Community Setting

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Background: In sub-Saharan Africa, a considerable proportion of young people experience an array of mental disorders but few seek facility-based care. Innovative approaches for increasing youth access to mental health support are needed to improve their mental wellbeing. We collected formative data from Kenyan youth in a rural community setting to inform future design of a digital mental health intervention.

Methods: This was a mixed-design study that received ethical clearance from the Institutional Scientific and Ethics Review Committee (ISERC) of the Aga Khan University, *Ref: 2024/ISERC-159*. A cross-sectional survey was conducted among 200 randomly selected young people 16-24 years in rural Kilifi, Kenya, to understand their digital device access, usage patterns, and preferences via self-reporting on an Android tablet. Acceptability of using digital platforms for delivery of mental health interventions was assessed quantitatively, in the survey, and qualitatively, through three focus group discussions (FGDs) with a sub-sample of surveyed youth, n=21.

Results: The mean (SD) age of the study participants was 19.98 (2.47) years; 55% males and only 3.5% with no formal education. Overall, 82.5% of the youth accessed a digital device. Over half (59.5%) owned a digital device, mostly smartphones (n=98/119), while an additional 23% had access to a shared or borrowed digital device, largely smartphones (n=33/46). More than two-thirds (n=112/165; 68%) of the youth with digital device access used these devices daily and over four-fifths (83.6%) used the internet; 40.6% using it to search for mental health information. The digitally exposed young people mostly prefer brief phone calls, an App and audio/video media for receiving mental health interventions. Quantitatively, 94% of the young people considered it acceptable to use digital technologies for delivery of mental health interventions, a finding that was corroborated in the qualitative FGDs with young people: "For me, it is acceptable because many young people currently have access to smartphones, so it is easier for them to get online. Even if s/he goes to school, after school s/he can get online and receive mental health education"(FGD 1 participant, 17-year-old Female). High cost of devices and the internet, electricity problems and instances of poor connectivity were elicited as barriers for youth access and use of digital technologies.

Conclusion: There is wide access and use of digital technologies like smartphones and the internet among young people in rural Kilifi, despite some existing barriers. Digital platforms could be leveraged for delivery of evidence-based mental health interventions to Kenyan youth in addition to or as an alternative complementary approach to facility-based mental healthcare.

Declaration: There are no commercial interests to declare. We also do not have any commercial funding sources to declare.

27

Addressing Alcohol Use among Clients on Opioid Substitution Therapy at Mathari National Teaching and Referral Hospital: Innovations in Integrated Community Mental Health Care.

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The Medically Assisted Therapy (MAT) program at Mathari National Teaching and Referral Hospital (MNTRH) is central to Kenya's opioid dependence response. Clients, often facing stigma and social exclusion due to heroin or opioid use, receive methadone-based Opioid Substitution Therapy (OST) and psychosocial support, leading to medical stabilization and community reintegration. However, rising alcohol use—especially among those tapering off methadone—poses a growing threat to treatment outcomes and reintegration progress.

30

Youth and School Mental Health Project: A Model for Strengthening Adolescent Mental Health Support in Kenyan Schools

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Background: Adolescents in Kenya face increasing mental health challenges, including academic stress, peer pressure, and socio-economic hardship, compounded by stigma and low mental health literacy. This prevents early detection and timely intervention for mental health problems. To address this gap, Moi Teaching and Referral Hospital (MTRH) and AMPATH, through the Afya ya Akili Mashinani (AYAM) program, implemented a teacher-led, curriculum-based school mental health model that integrates mental health education into existing school programs, builds teacher capacity, and strengthens referral linkages to care.
Methods: We implemented the program in five phases: (1) curriculum adaptation, (2) program implementation, (3) teacher-led curriculum delivery, (4) follow-up, and (5) linkage to care. We adapted the African School Mental Health Curriculum through a participatory process into eight modules covering stigma, mental disorders, and counselling skills. Using a Trainer of Trainers (ToT) model, we trained teachers to deliver the curriculum in schools. We conducted sensitizations in schools and in the community, targeting students, teachers and non-teaching staff. We measured outcomes through attendance records for the teachers' training and sensitization sessions, the number of trained teachers actively delivering the curriculum, students reached and referrals for mental health care.
Results: The program engaged 48 schools, reaching 24,309 students, 8,126 parents, 1,486 teachers and non-teaching staff, and 18,093 community youth through sensitizations. 835 teachers were trained, with 24 schools actively delivering the curriculum. Between July 2024 and March 2025: 12,302 students attended curriculum-based lessons, 4,564 students participated in group counselling, 156 students received one-on-one counselling and 30 students were referred for mental health care. Schools tailored delivery of the curriculum to fit their programs. Integrating the content into guidance and counselling sessions and life skills classes. Teachers reported greater confidence in addressing mental health problems, while students showed improved literacy and increased willingness to seek help. Strengthened school counselling services and referral pathways enhanced access to care.
Conclusion: This teacher-led, curriculum-based model is feasible, acceptable, and effective in improving adolescent mental health literacy, early identification, and access to care in resource-limited settings. It offers a scalable, sustainable approach to adolescents' mental health and demonstrates a need for continued investment in school-based mental health interventions.

32

Peer-Led Support Groups to Improve Depression, Anxiety, and Self-Esteem Among Teen and Single Mothers in Kisumu County, Kenya: A Longitudinal Multi-Site Study

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Background/Aims:
Teen and single mothers in Kenya face disproportionate mental health burdens, including elevated rates of depression, anxiety, and low self-esteem. Access to culturally responsive and sustainable support remains limited, particularly in resource-constrained settings. We evaluated the effectiveness of a peer-led support group intervention in reducing symptoms of depression and anxiety and improving self-esteem among teen and single mothers in Kisumu County, Kenya.

Methods:
We employed a longitudinal, multi-site design across seven sub-counties in Kisumu County. Community members underwent a structured training to become peer facilitators and led support groups twice monthly for five months. Eligible participants were teen mothers (ages 14–19) or single mothers (ages 20–35) who screened positive for moderate-to-severe depression (PHQ-9 ≥15) or anxiety (GAD-7 ≥10). Participants were recruited through community outreach and local health services. Data were collected at four time points: baseline (pre-intervention), mid-intervention (after 5 sessions), post-intervention (after 10 sessions), and three months post-intervention. Validated instruments included the PHQ-9, GAD-7, Rosenberg Self-Esteem Scale, Perceived Social Support Scale, and Perceived Stress Scale. Linear mixed models were planned to assess changes over time. Ethical approvals were obtained from Maseno University, NACOSTI, and Duke University.

Results:
A total of 77 participants (mean age: 25 years) were enrolled from all seven sub-counties; however, due to logistical constraints, the intervention was only implemented in five sub-counties. At baseline, the mean PHQ-9 score was 21.7 (95% CI [19.9, 23.5]) and at endline, 21.2 (95% CI [19.5, 22.9]). For anxiety, the mean GAD-7 score decreased from 18.2 (95% CI [17.2, 19.4]) at baseline to 16.6 (95% CI [15.4, 17.9]) at endline. Full statistical analyses, including linear mixed models, are ongoing and will be presented at the conference.

Conclusions:
This study explores the potential of peer-led mental health interventions in low-resource settings. Preliminary findings suggest a modest reduction in anxiety symptoms, with minimal change in depressive symptoms. Further analyses will assess potential moderators and mediators of treatment response, as well as secondary outcomes including perceived stress, perceived social support, and self-esteem. At the conference, we will present finalized results and discuss policy and programmatic implications. Community-driven, culturally grounded peer support groups may represent a promising and scalable approach to address the mental health needs of adolescent and single mothers in Kenya.

33

Pilot Project: Group-Based School Intervention for preventing and addressing Substance Use.

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Background:
Youth and adolescents who use alcohol and other drugs can experience negative consequences that usually cause adverse effects on their physical, psychological, and social functioning. Direct impacts include psychiatric morbidities, poor academic performance, and behavioral problems such as misconduct at home and in school, as well as engagement in risky behaviors like reckless sexual activity. Indirectly, substance use also affects families of adolescents through conflicts, financial strain, and disrupted relationships, and affects peers through normalized risky behaviors. A study by Kurui and Ogoncho in 2019 in Kenya found that contributors to use in the context of adolescents include peer pressure, curiosity, and seeking fun.
Training programs have shown promise in equipping lay providers to deliver effective interventions and enhance the capacity of teachers to support students (Substance Abuse Treatment, 2025). Incorporating life skills training, such as managing peer pressure and mental health, is recommended to enhance their impact (Substance Abuse Treatment, 2025).

Methods:
To address this burden, we are currently implementing a pilot care program in a secondary school in Uasin Gishu County, Eldoret, under the Academic Model Providing Access to Healthcare (AMPATH), a consortium of Moi University, Moi Teaching and Referral Hospital, and North American universities. We have partnered with Parents Teachers Association representatives, the Ministry of Health, the Ministry of Education, school heads, and curriculum review professionals in Uasin Gishu County to implement and oversee the project. Central to this initiative is the formation of substance use peer support groups in schools, led by trained teachers using a 10-session school-based substance use intervention manual aimed at educating, promoting well-being, and fostering recovery among students in school. It contains topics on education about substance use, life skills training, motivational interviewing, relapse prevention skills, and linkage to individual care. The program is delivered weekly during the guidance and counselling sessions by trained teachers. To adopt a school-led approach and refine the model before scaling, the project is being rolled out in phases.

Results:
Each school has unique needs in terms of available resources and infrastructure required to support the program. In the secondary school where the first phase of the pilot project was launched in 2024, three support groups with a total of 56 students were formed and were facilitated every week during clubs'time by trained teachers. The students who had registered with the club showed a lot of interest and commitment to the program by attending the sessions even without teachers having to follow up.
The administration has also shown support by not punishing students who are involved with the club and by allocating time for the program.

Conclusion:
Most adolescents in Kenya between the ages of 15 and 19 years spend significant time in school. Teachers are therefore uniquely positioned to support students with substance use and related issues. Training programs show promise in equipping teachers to become lay providers in delivering effective interventions and enhancing their capacity to support students (Substance Abuse Treatment, 2025).

34

POSITIVE DEPRESSION SCREEN AMONG PREGNANT WOMEN ATTENDING ANTENATAL CLINIC AT AGA KHAN UNIVERSITY HOSPITAL, A CROSS SECTIONAL STUDY

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ATTACHED

36

Piloting Community-Centric Employment and Housing Solutions for Long-Stay Mental Health Patients at Mathari National Teaching and Referral Hospital

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Background:
Abandonment and prolonged hospitalization of patients in mental health facilities is a significant yet under-researched issue in Kenya's mental health system. At Mathari National Teaching and Referral Hospital—the largest mental health facility in the country—a considerable number of patients remain admitted for extended periods, not due to clinical need, but because of abandonment by families, lack of social support, legal complications, or systemic gaps in discharge and community reintegration mechanisms.
This phenomenon presents multiple challenges: it strains already limited hospital resources, compromises the quality of care for both long-stay and newly admitted patients, and violates the rights and dignity of affected individuals. Furthermore, long-term institutionalization may lead to social isolation, loss of functional independence, and worsening mental and physical health outcomes. Addressing this gap is essential for improving patient autonomy and reducing institutional dependency as well as improving efficient use of limited mental healthcare resources.
Objective:
This pilot program aims to develop and implement a comprehensive model that supports long-stay patients in MNTRH hrough sustainable employment and community-based housing solutions.
Methodological Approach:
MNTRH in a multi-stakeholder collaboration with a community based MH rehab team from Parivartan Trust (India) and mental health researcher from NYU (USA), a pilot initiative that evaluates needs and readiness to change program and policies has been undertaken. The methodological approach involves: (1) establishing skill-building and employment initiatives in partnership with local businesses and cooperatives, and (2) piloting transitional and independent housing models, including halfway homes and (3) carrying out rapid feedback and evaluation loops with these teams. The implementation is supported by staff training, ongoing mentorship, patient-centered planning, and regular monitoring and evaluation.
Expected Outcomes:
The pilot seeks to reduce long-term inpatient stays, enhance patient quality of life, and demonstrate

a replicable model for community reintegration. Key outcomes include functional employment for patients, establishment of housing units tailored to varying levels of autonomy, and strengthened multi-sectoral collaboration.
Conclusion:
This initiative would provide pointers towards what may be a scalable model for deinstitutionalization and recovery-oriented care in Kenya, promoting dignity, inclusion, and long-term wellbeing for individuals with severe mental illness.

39

Prevalence of common mental health disorders and associated factors among sexual and gender minority youth in Nairobi City County, Kenya.

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ABSTRACT
Depression is a leading mental health concern globally, particularly among disproportionately affected marginalized groups. Sexual and gender minority (SGM) youth experience elevated rates of mental health challenges, including anxiety disorders and post-traumatic stress disorders, compared to their heterosexual peers due to factors such as discrimination, stigma, and minority stress. Studies in the global north reveal high levels of depression among SGM youth, compounded by experiences of bullying, lack of social support, and internalized stigma. In Kenya, there is increasing openness toward sexual and gender minorities, however, SGM youth continue to face significant hostility. There remains a critical data gap as influences of common mental health challenges among SGM youth in low- and middle-income countries (LMICs) remain underexplored. This study addresses this by exploring common mental disorders and associated factors among SGM youth in Nairobi, where cultural, legal, and social environments differ significantly from high-income countries.
OBJECTIVE
To determine the prevalence of common mental health conditions and the risk and protective factors in SGM youth in Nairobi City County, Kenya.
METHODS
The study was a cross-sectional, questionnaire-based study, conducted in Nairobi County including adults aged 18 years and older residing in Nairobi. Participants were required to be fluent in English and identify as members of the LGBTQIA+ community. Snowball sampling was used to select participants from organizations working with SGM individuals. Data collection involved the use of standardized online survey questionnaires to capture demographic variables and sexual and gender identity information. The Patient Health Questionnaire-9 (PHQ-9), Generalized Anxiety Disorder-7 (GAD-7), and Primary Care Post-Traumatic Stress Disorder (PC-PTSD) tools were used to assess depression, anxiety, and PTSD, respectively. SPSS version 29.0 was used for data analysis. Descriptive statistics such as frequencies and means were calculated. To examine associations between the three mental health outcomes, chi-square tests and logistic regression analyses were performed. Ethical clearance was obtained from the KNH-UON Ethics Committee and NACOSTI.
RESULTS
A total of 172 sexual and gender minority (SGM) youth residing in Nairobi participated in the study. The prevalence of clinically significant symptoms was 52.9% for anxiety, 45.9% for depression, and 35.5% for PTSD. Emotional support emerged as a strong protective factor; participants who lacked consistent support had significantly higher odds of reporting anxiety (OR = 8.2) and depression (OR = 6.1). Bisexual individuals were more likely to experience both depression and anxiety compared to their gay, lesbian, or pansexual peers. Additionally, individuals with a college-level education had six times higher odds of reporting anxiety compared to those with postgraduate education. Alcohol and drug use were reported by 38.4% and 39% of participants, respectively. Systemic barriers were also evident with 48.3% expressed discomfort discussing mental health with healthcare providers.
CONCLUSION
The findings reveal a substantial mental health burden among SGM youth in Nairobi, driven by social,

psychological, and systemic risk factors. Therefore, there is an urgent need for inclusive, affirming mental health interventions and services tailored to the unique needs of this population.

40

Evaluating the role of Chiromo Hospital Group's social media presence in enhancing technology and mental health innovations for community-based care

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BACKGROUND
Recognizing the pervasive reach of social media, Chiromo Hospital Group, through the Digital Relations Department in 2018, embarked on a deliberate strategy to leverage these platforms to address the significant treatment gap for mental health services. The initiative's primary focus was to promote mental health advocacy through social media and community-based interventions.
The core objectives of the project were to enhance mental health awareness and literacy, combat stigma associated with mental ill health, improve access to care through online platforms, foster community-based support, and drive innovation by integrating technology to understand community health needs.
An evaluation of Chiromo Hospital Group's use of social media may reveal a significant positive impact on enhancing mental health technology and fostering innovative community-based care models.
METHODS
The evaluation involved a retrospective descriptive design which included a qualitative analysis of social media content and a review of the hospital's official reports for the year 2024. The source of data was Chiromo Hospital Group official social media accounts and hospital internal reports for the year 2024.
RESULTS
The hospital's social media platforms have amassed a significant reach, with high levels of engagement on posts related to mental health awareness and literacy, destigmatization, and service accessibility.
The overall reach of its social media platforms for the year 2024 was 629000 with men forming a majority of the population at 55.4%. The overall engagement for the same period was 30308. The table below showcases reach and engagement per platform.

PLATFORM REACH ENGAGEMENT
X 173400 (27.5%) 7100 (23%)
Facebook 155400 (24.7%) 8100 (26.3%)
Instagram 139700 (22.2%) 8700 (28.2%)
Linkedin 89500 (14.2%) 3500 (11.4%)
Tiktok 22000 (3.5%) 808 (2.6%)
Youtube 49000 (7.8%) 2600 (8.4%)
TOTAL 629000 30808

The integration of online booking systems has demonstrably lowered the barriers to seeking professional help. However, we lack specific data on conversion from reach to engagement to referral.
The consistent and empathetic messaging on social media has contributed to a more informed and less stigmatizing public conversation around mental health in Kenya. The hospital has also been able to leverage data from its social media interactions to tailor its content and services to be more responsive to community needs.
CONCLUSION

Chiromo Hospital Group's strategic use of social media platforms is a transformative force in the delivery of mental healthcare in Kenya. This may serve as a case study for other mental healthcare institutions and providers in the region, demonstrating the immense potential of social media in bridging the mental health treatment gap and fostering a culture of mental wellness. Use of social media as mental health experts may also ensure quality control and regulation are crucial in addressing potential dangers and misinformation in social media and healthcare. The continued integration of digital innovations remains a key pillar of Chiromo's vision for the future of mental healthcare in Africa.

41

"Identity-as-Prevention": A Community-Led Parenting Model for Early Mental Health Intervention in Kenya

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In the 21st century, identity is no longer just a social concept—it is a psychological infrastructure. Children today face unprecedented challenges: digital overload, cultural disconnection, peer pressure, and performance-based validation. In Kenya, the 2021 Mental Health Taskforce Report revealed a surge in childhood emotional distress, often rooted in weakened self-concept, low self-worth, and a lack of cultural grounding. Meanwhile, UNICEF estimates that 7 in 10 children globally struggle with identity-related issues—placing them at higher risk for anxiety, depression, and poor decision-making in adolescence.

Despite this, identity-building is rarely addressed in mainstream mental health prevention. Most interventions arrive after symptoms have escalated, and few are designed for or led by caregivers in low-resource community settings. To address this gap, we introduce The Identity Series: A 7-Day Intentional Parenting Challenge—a culturally responsive, low-cost, community-based mental health tool for children aged 5–12.

This model equips parents to become the child's first mental health promoters by guiding identity development through structured daily conversations and creative play. Each day focuses on a different pillar of identity: name and story, affirming language, cultural roots, personal strengths, core values, resilience through failure, and vision for the future. Rooted in developmental psychology, attachment theory, and African cultural wisdom, the model reclaims parenting as a central site of prevention.

Preliminary outcomes from pilot groups in Kenya show improved emotional expression, stronger parent-child bonds, increased pride in cultural heritage, and enhanced resilience in children. This paper proposes the "Identity-as-Prevention"model—an upstream intervention framework that decentralizes mental health, placing it in kitchens, classrooms, and community spaces, not just clinics.

The Identity Series addresses four major gaps: (1) the timing of intervention (early vs. reactive), (2) the underutilized role of parents and communities, (3) the absence of culturally grounded mental health tools in African contexts, and (4) the lack of scalable, simple frameworks for prevention.

In a rapidly shifting world, children must know who they are before the world tells them who to be. This model reframes identity not as a soft skill but as a powerful foundation for lifelong mental wellbeing.

42

Voices from the Frontline: Mental Health Realities of CHWs in Kenya's Evolving Health System- Findings from a Qualitative Study

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Background:
Community Health Workers (CHWs) are vital in bridging informal and formal health systems, enhancing access to underserved populations. Despite their essential roles, they often contend with heavy workloads, limited structured support, and inconsistent compensation. While existing research has focused on their responsibilities, few studies have examined their lived experiences, particularly on their mental well-being (MWB). This multinational collaborative study seeks to explore CHWs' personal and work experiences and how these influence their mental well-being in urban and rural settings. The findings will support the co-design of context-specific interventions and inform policy recommendations.

Methods:
In Kenya, the study engaged 27 CHWs (16 F, 11 M) from two contrasting settings: informal settlements in Nairobi County and rural communities in Kiambu County. Individual and work experiences were explored using Life History Interviews to explore their current motivations, stressors, and coping behaviours, and how these influenced their MWB. Participants also created life history maps to visually represent their lived experiences. All interviews were conducted in local languages, audio-recorded, translated, and transcribed verbatim. Data were analysed using the Framework Approach with the aid of NVivo 12 software. The life history maps were examined through content analysis to identify common themes.
All participants provided written informed consent. Ethical approval for this study was granted by AMREF Ethics and Scientific Review Committee (Protocol number: ESRC P1472/2023).

Results:
CHWs identified several motivators that contributed to their engagement, including the recent introduction of stipends, provision of branded attire and kits, and increased community recognition. However, participants also reported a range of stressors affecting their mental well-being. These included compassion fatigue stemming from repeated exposure to familiar trauma, such as grief, gender-based violence, and child abuse. CHW also experienced intrahousehold challenges such as intimate partner violence and family conflicts resulting from financial difficulties. Notably, CHWs highlighted the absence of formal debriefing mechanisms or mental health support within the health system. In response, many relied on informal support systems, including peers, family members, and friends, to cope with overwhelming situations.

Conclusion:
The mental well-being of Community Health Workers is shaped by both their professional responsibilities and repeated exposure to personal and community-level trauma. Although recent reforms such as the provision of stipends and formal recognition of CHWs mark important progress in Kenya' s health system, these alone are insufficient. There is an urgent need for the Ministry of Health and county governments to integrate mental health support into community health programming. This includes mental health literacy, ensuring access to supportive supervision through regular debriefing, counselling on trauma and self-awareness, and field-based check-ins, as well as building CHWs' capacity in income-generating activities. Additionally, creating safe and structured forums for CHWs to reflect on and address work-related stressors will be critical to strengthening their resilience and improving the quality and sustainability of service delivery.

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44

Registration

KPA Secretariat

45

EAYPTA

Eastern Africa Young Psychiatrists and Trainees Association
EAYPTA Secretariat

46

ECSAPsych College Meeting

East, Central, and Southern Africa College of Psychiatry (ECSAPSYCH).
Committee Leads

47

Question And Answer

Q&A by a moderator

48

Sponsor

Pharmaceuticals

49

Dr. Edith Kwoba Memorial Walk

Flagging off - Nawiri Walk
Keynote Address from the NEC and Guests, Dr. Florence Jaguga

50

The End of Poverty Mental Health: Designing needs-relevant evidence-based Community Mental Health Services

Prof. Atwoli Lukoye

51

Keynote address by Ms. Hyaline Morara

CEO ~ Kamili Organization

52

Question and Answer

Moderator

53

Opening ceremony by Dr. Phillip Kirwa

Chief Executive Officer of Moi Teaching and Referral Hospital (MTRH)

54

Plenary session -Navigating the Labyrinth: Ethical and Legal Challenges in Contemporary Psychiatric Practice

Kevin Othero - Lawyer
Dr. Njuguna Simon - Consultant Psychiatrist
Dr. Sylvia Kemunto - Consultant Psychiatrist
Dr. Mercy Karanja - - Consultant Psychiatrist

55

Royal College of Psychiatrists

Prof Mohammed Al-Uzri

56

Question and Answer

Moderator

57

Keynote Speaker by Dr. Frank Njenga

Chairman ~ Chiromo Group Hospital

58

ECSAPsych updates

Dr Priscilla Makau

59

Sponsor

Pharmaceutical

60

Registration

KPA Secretariat

61

Question and Answer

Moderated by Dr. Irene Machua

62

KPA AGM

KPA Members

63

Dr. Edith Kwobah Memorial Lecture

Prof. Atwoli Lukoye

Test