



Integration of Mental Health Screening with HTS In Kenya

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Outline

- Background
- Rational for Integration
- Kenya MoH Approach to Integration with HTS
- Project Example: Mental Health Screening and Brief Intervention in 4 Counties
 - Project design, implementation and results
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Background



Differentiated Service Delivery (DSD) is an innovative approach that tailors HIV testing services (HTS) to meet the diverse needs of various populations



Integrating HTS with other health services such as mental health (MH) screening aims to improve access, efficiency, and effectiveness to MH services



This approach ensures holistic care, improves overall health outcomes, and enhances the quality of life for clients



Task-shifting strategies where trained lay counselors provide both HTS and basic mental health support

The Kenya Approach: Bi-directional integration of HTS with other services

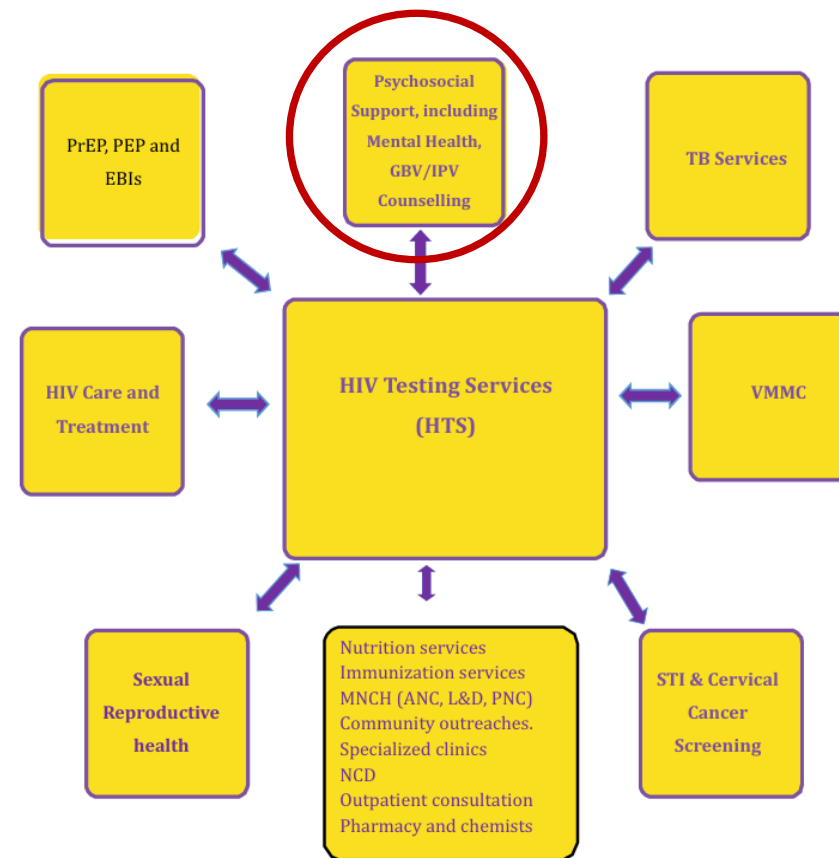


Figure 5.1: Bidirectional HTS integration facility and community settings

Mental Health Screening and Brief Treatment within HTS - Project Example

- Project implemented in 4 counties in coastal Kenya to integrate mental health screening and brief treatment for common disorders by lay health workers
- Supported by *Stawisha Pwani*, a USAID funded implementing partner
 - Mombasa, Kwale, Kilifi, Taita Taveta
- Intervention initiation in Quarter 1 (Oct – December 2023) and is now scaled up in the four counties



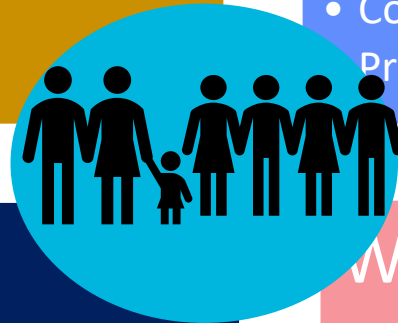
MH and HTS Integration Project Design

Who

- Lay HTS service providers trained
- Facility HTS providers in 4 Counties virtually sensitized on Integration of mental health with HTS

What

- Screening for depression using EMR-based PHQ-9
- Screening for anxiety using GAD-7
- Conduct psychological first aid (PFA)
- Provide appropriate referrals



Where

- All HTS service delivery points

When

- At every interaction with client accessing HTS services

Mental Health Integration Approach

- Integration is led through a national TWG and the Mental Health Council
- Uses a Hub and Spoke model with a roving psychologist
- Community health providers assess for 5 priority mental health conditions: Depression (PHQ2), Anxiety (GAD 2), suicide self harm and substance use
- SPICE electronic digital tool used
- Clients are referred to CCC for retesting and adherence counseling pre-ART

Referral Services are directed within the facility using an internal referral directory:

- Psychotherapy Services
- Child and adolescent counselling
- Maternal mental health services
- Occupational therapy services
- Disability assessment
- Medical social services
- Interpersonal therapy for groups

Mental Health Referral Services and Processes

The referral process for mental health services occurs during or after HIV testing:

Pre-test counselling

- Mental Health screening for depression, anxiety or suicidal ideation.
- Psychoeducation: on the impact of HIV and potential MH challenges.
- Provide referral options for available mental health services and support groups

Post –test Counselling:

- The lay HTS counsellors offer a tailored approach depending on the test results.

HIV Positive Results:

- Mental Health Referral for a professional for further evaluation and treatment as needed.
- Support Groups: refer them to support groups for PLHIV to address stigma and isolation.

HIV Negative Results:

- Risk reduction counselling: address ongoing risk factors, maladaptive behaviors and potential anxieties related to HIV prevention.
- Mental health Resources: address any pre-existing mental health concerns and refer appropriately.

Referral Services and Processes

Mental Health Referral Services

Hospital based MH clinics and professionals: Some HTS facilities are staffed with therapists who offer psychological support.

Community mental health centers: Public or private clinics that offer mental health services.

Virtual mental health spaces: tele therapy platforms or online spaces can be convenient especially in remote areas

Peer support groups: Members share their own lived experience and practical guidance, leaders help people to develop goals, create strategies for self-empowerment

Project Results

PHQ9 (Depression screening)						
County	Total Screening	Depression Unlikely	Mild Depression	Moderate Depression	Moderate Severe Depression	Severe Depression
Mombasa	1217	1014 (83%)	139(11%)	44 (4%)	12 (1%)	8 (1%)
Kilifi	1256	1152 (91%)	100 (8%)	1 (1%)	3 (1%)	0
Kwale	306	298 (96%)	5 (2%)	1 (1%)	1 (1%)	1(1%)
Taita Taveta	18	5 (28%)	7 (39%)	6 (33%)	0	0
Total	2797	2469(87%)	251 (9%)	52 (2%)	16 (1%)	9(1%)

General Anxiety Disorders 7 (Anxiety screening)					
County	Total Screening	Minimal Anxiety	Mild Anxiety	Moderate Anxiety	Severe Anxiety
Mombasa	378	366(96%)	9(2%)	1(1%)	2 (1%)
Kilifi	319	299 (94%)	14(4%)	6 (2%)	0
Kwale	1422	1417 (97%)	1 (1%)	2 (1%)	2 (1%)
Taita Taveta	25	23 (92%)	2 (8%)	0	0
Grand Total	2144	2105 (96%)	26 (2%)	9(1%)	4 (1%)

- Overall Depression – 328 (11.7%)
- Mild to severe anxiety (1.8%)
- All identified cases provided with Psychological First Aid and appropriate referrals made

Challenges

- Inability of the EMR to provide real-time PHQ9 and GAD7 screening reports and algorithm for decision making
- Lay workers may resist adopting new protocols and practices, especially if they are accustomed to traditional HTS methods
- Limited resources and skills can hinder effective implementation of the integrated model
- Inconsistent follow-up with clients due to absence of a national MH register. Service data was recorded in the back GBV registers

Lessons Learnt

- Continuous training and capacity building are essential for the successful implementation of integrated services including both technical and soft skills.
- Incorporation of monthly tracking mechanism would help to assess contribution per thematic area
- Regularly tracking, collecting and analyzing data helps identify gaps and areas for improvement
- Implementation of the EMR-based screening may face technical issues (e.g., lack of internet connectivity)
- Additional responsibilities of MH screening and provision of PFA can increase the workload of HTS lay workers, potentially leading to burnout

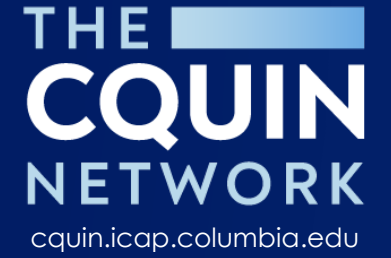
Scale up and Sustainability



- Scale to 100% screening for depression and anxiety by HTS providers
- Collaboration with the division of mental health to expedite the provision of mental health registers and tool
- Consider a scale up plan for the inclusion of the PHQ-9 and GAD7 screening tools into the EMR system to streamline documentation
- Sustain supervision and mentorship for quality of screening and MH service delivery

Acknowledgement

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Thank You!

