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Implementation of a mental health intervention for youth in Kenya

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BACKGROUND

- Youth and adolescents living with HIV (YLHIV) are disproportionately vulnerable to depression
- Depression impacts retention and adherence to HIV care
- Cognitive behavioral therapy (CBT) interventions have been effective at reducing depression across age, clinical, and geographic settings
- Trauma-informed (Ti) CBT may improve both mental health and HIV care outcomes for YLHIV in Kenya

METHODS

- Component of cluster randomized controlled trial
- 24 facilities in western Kenya
- YLHIV randomized to different care steps based on risk assessment using clinical prediction tool for loss to care
- At each visit, those with PHQ2 > 2, missed visits, non-suppression or mental health concerns referred to Ti-CBT counseling
- Data collection: YLHIV surveys @ 0, 6, 12 months + EMR clinical records
- Secondary analysis: linear regression, adjusted for baseline & clustering compared referred (intervention), non-referred (intervention), and control groups
- Post-trial provider in-depth interviews

Ti-CBT INTERVENTION

- Routine HIV care providers (nurses, clinical officers, and adherence counselors) were recruited from participating sites to deliver intervention
- Completed 5-day training and supportive supervision
- Intervention = screening + 5 sessions
  - Introduction
  - Thinking in a different way #1
  - Getting active
  - Thinking in a different way #2
  - Finishing steps

It was feasible - and possibly effective - to implement a routine HIV provider-delivered, trauma-informed, cognitive-based therapy intervention for depression among youth and adolescents living with HIV in Kenya

RESULTS

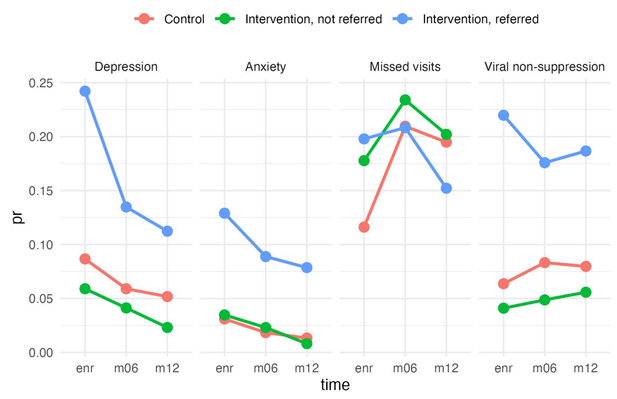
- 96/895 YLHIV at intervention sites referred for counseling
- Most (95%) identified using the clinical prediction tool
- Referred YLHIV were older (median 16 vs 17); out of school (69% of referred in school compared to 81% of non-referred); reported depression (24% vs 6%); experienced more violence (25% vs 13%); and had more reported drug use (13% vs 6%) than non-referred group

Most YLHIV (74%) completed all counseling sessions (Table 1). Four percent transferred care during the study, 8% were continuing their counseling when the study closed. Thirteen percent were lost or withdrew and one participant died. Depression and anxiety improved in all groups. The decrease in depression among Ti-CBT referred YLHIV was significantly greater than those in the control group: β = -1.8; 95% CI: -3.5 - -0.11, p<0.05. (Figure 1).

Table 1. Completion of Ti-CBT Sessions

	n (%)
Number of completed sessions	
Only screening	5 (5.2%)
Screening + 1 session	6 (6.3%)
Screening + 2 sessions	5 (5.2%)
Screening + 3 sessions	7 (7.3%)
Screening + 4 sessions	2 (2.1%)
Screening + 5 sessions	71 (74.0%)
Reasons for non-completion	
Completed all sessions	71 (74.0%)
Transfer out	4 (4.2%)
Ongoing at time of study end	8 (8.3%)
LTFU or withdrew	12 (12.5%)
Died	1 (1.0%)

Figure 1. Change in outcomes over time



PROVIDERS

- 29/33 providers completed training (Table 2)
- 20 completed supportive supervision
- Reasons for non-completion: illness/ leave (n=2), transfer or withdrawal (n=3), lack of progress (n=4)

Table 2. Provider training

Providers (n=33)	N (%)
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Nurse or clinical officer	9 (27.3%)
Adherence counselor	22 (67.7%)
Not documented	2 (0.6%)
Completed training	29 (87.8%)
Completed 3 supportive supervision sessions	20 (60.6%)

Qualitative themes

- Feeling like it was making a difference
- Enthusiasm for availability of support given absence of other referral options
- Limitations of PHQ screening tool

CONCLUSIONS

- Screening effectively identified > high-risk youth
- Most providers were able to complete the training and deliver intervention & most referred YLHIV completed
- The intervention appears to have improved depression, but future studies with better controls are needed.

ADDITIONAL KEY INFORMATION

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PLAIN LANGUAGE SUMMARY
We trained routine HIV care providers to deliver a counseling intervention for depression among youth living with HIV in Kenya. Most youth completed the intervention, and those completing the intervention had a more significant decrease in depression than controls