

Husisha: Training Peer-Counselors in Adolescent Problem-Solving Therapy in Eldoret, Kenya: Implementation, Adaptation, and Outcomes

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Background and Objective:

In Kenya, youth needing mental health (MH) treatment vastly outnumber licensed mental health professionals. Task-sharing MH treatment to non-professionals has potential to reduce the treatment gap. For youth, non-professional peer counselors have the benefit of increasing engagement and reducing stigma. Problem-solving therapy (PST) is one treatment shown to alleviate MH symptoms even when delivered by non-professionals. Here we (1) evaluate the implementation of a PST training and (2) codify adaptations for PST implementation at a youth drop-in center at Family Health Options Kenya.

Experimental Design or Project Methods:

A 2-week training for peer mentors was conducted. Curriculum included core counseling skills, overview of MH, and PST introduction and application.

Peer Outcomes: Mean scores from pre- and post-written exams were compared using paired t-tests. Standard role plays were evaluated using the Working with children – Assessment of Competencies Tool (WeACT). Consensus WeACT scores from pre- and post-role plays were compared using paired t-tests.

Adaptations: Feedback on cultural acceptability, language comprehensibility, and intervention flow was collected. Proposed intervention changes were coded within the Ecological Validity Model framework.

Results:

Based on a written exam, mentors' knowledge of MH conditions and core counseling skills improved after training (Pre: 10.88 ± 4.36 ; Post: 15.38 ± 2.88 ; $p = .026$). Competence in application of counseling skills evaluated with WeACT improved after training (Pre: 20.63 ± 6.61 ; Post: 28 ± 1.69). Examples of adaptations to PST include: changes to address stigma for MH treatment in Kenya and redistribution of content between sessions.

Conclusion and Potential Impact:

A 2-week PST training improved peers' counseling skills and ability to deliver a manualized PST treatment. Training allowed contextual, conceptual, and methodological adaptations to PST for use in a Kenyan context.

Implementing and improving lay-counselor trainings for MH interventions in Kenya has the potential to increase access to preliminary MH treatment.