

What makes an enabling context for mental health delivery?

Differential workload adjustment to sustain task-sharing delivery across education and health sectors in a low resource setting

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INTRO

- A large treatment gap in mental health care exists worldwide, particularly for children in low- and middle- income countries (LMICs)¹⁻⁴
- A lack of providers trained in mental health interventions contributes to this gap,⁵⁻⁶ which can be eased by using a task-shifting model in LMICs⁷⁻⁸
- There is a need to assess the perspectives of lay-counselors delivering care in LMICs⁹

METHODS

- As part of a large trial of Trauma-focused Cognitive Behavioral Therapy (TF-CBT) for orphaned children in Kenya, qualitative interviews of teacher (n = 18) and community health volunteer (CHV; n = 18) counselors were conducted after delivering 2 groups of TF-CBT
- Thematic coding was used to identify barriers and facilitators to implementation. Interviews were double-coded to consensus. Less than half (n = 17) were in Swahili: a bilingual team member coded these and discussed to consensus.

RESULTS

- Workload adjustment (WA) emerged as a critical and feasible implementation policy and practice for sustaining task-sharing in the education sector.
- 83% of teachers indicated that a lack of WA was a barrier to implementation (Figure 1).
- However, it was minimally important in the health sector, with only 17% of CHVs indicating lack of WA was a barrier (Figure 1).
- Teachers at urban schools (n = 6) were more likely to report WA as a facilitator than teachers at rural schools (n = 12).

DISCUSSION

- Sustainable implementation strategies are needed to address large-scale health inequities in low-resource settings.¹⁰
- We found differential use and importance of WA in two sectors, which enables tailored implementation support depending on the sector and setting (health/education and urban/rural).
- Our results can inform future implementation and sustainment of task-sharing interventions in low resource settings.

Workload adjustment emerged as a *critical* and *feasible* implementation policy and practice for sustaining task-shared mental health care in the education sector, but was *minimally important* in the health sector, of a *low resource setting*.

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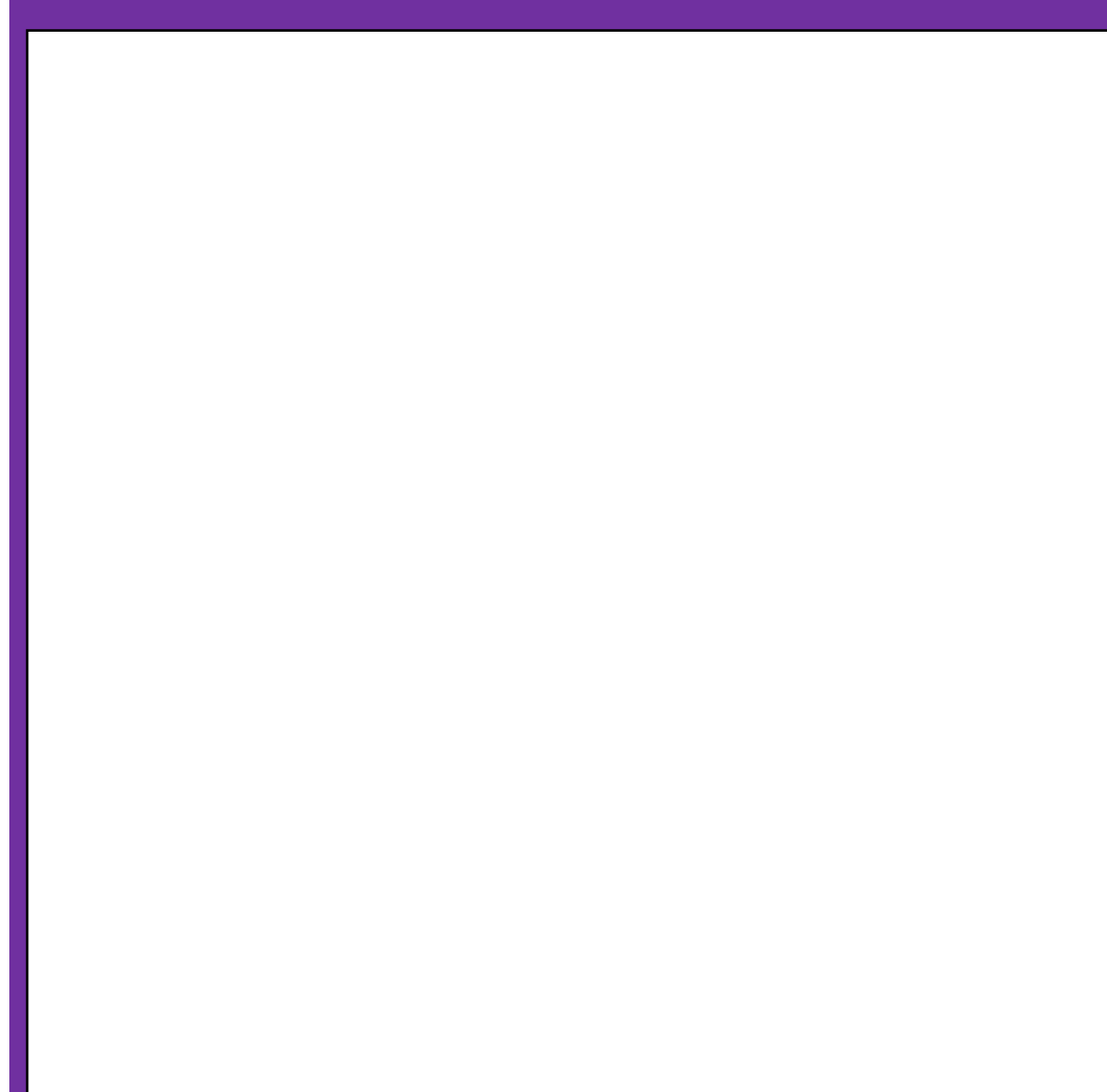


Figure 1. Lack of Workload Adjustment as a Barrier for Lay-Counselors.

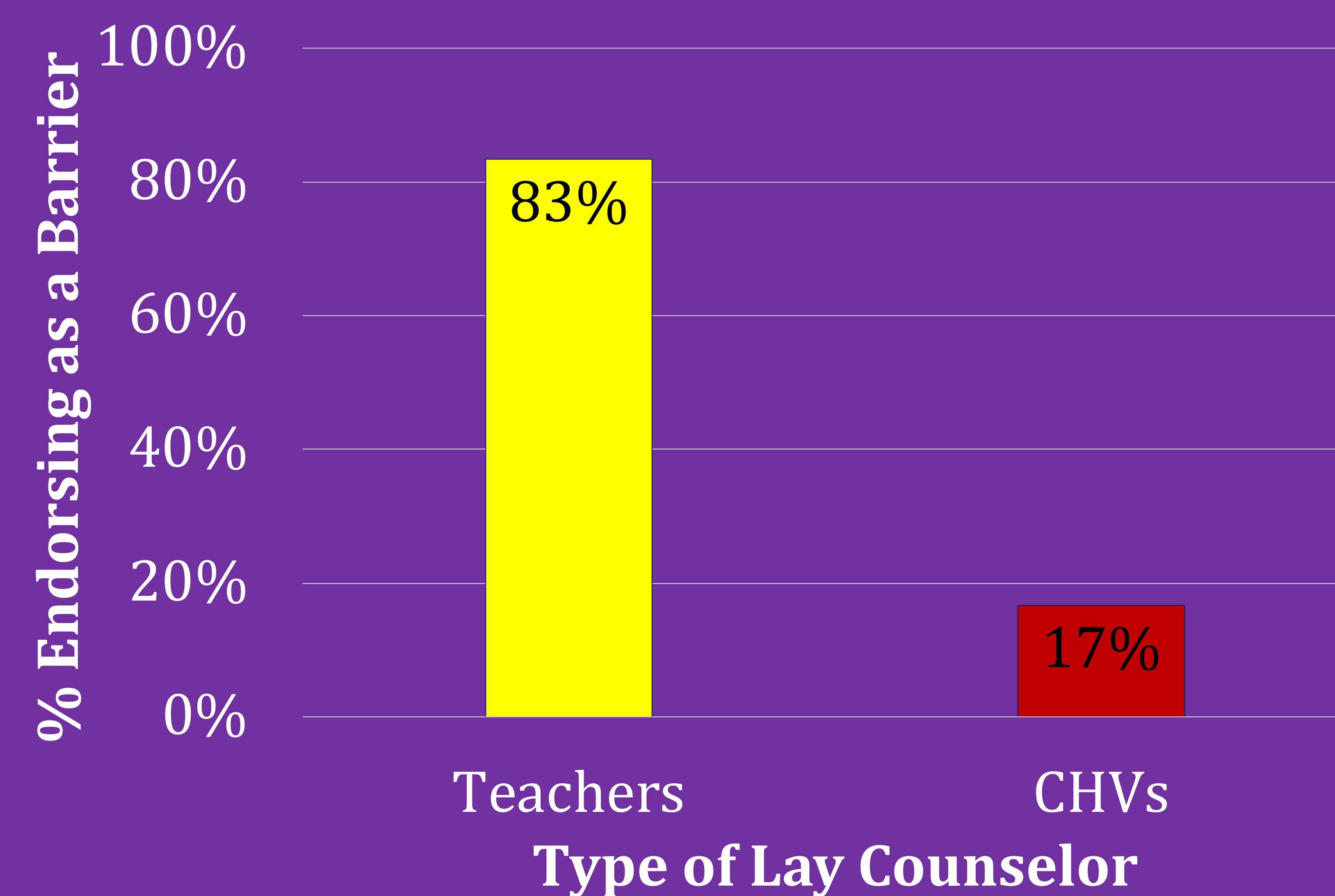
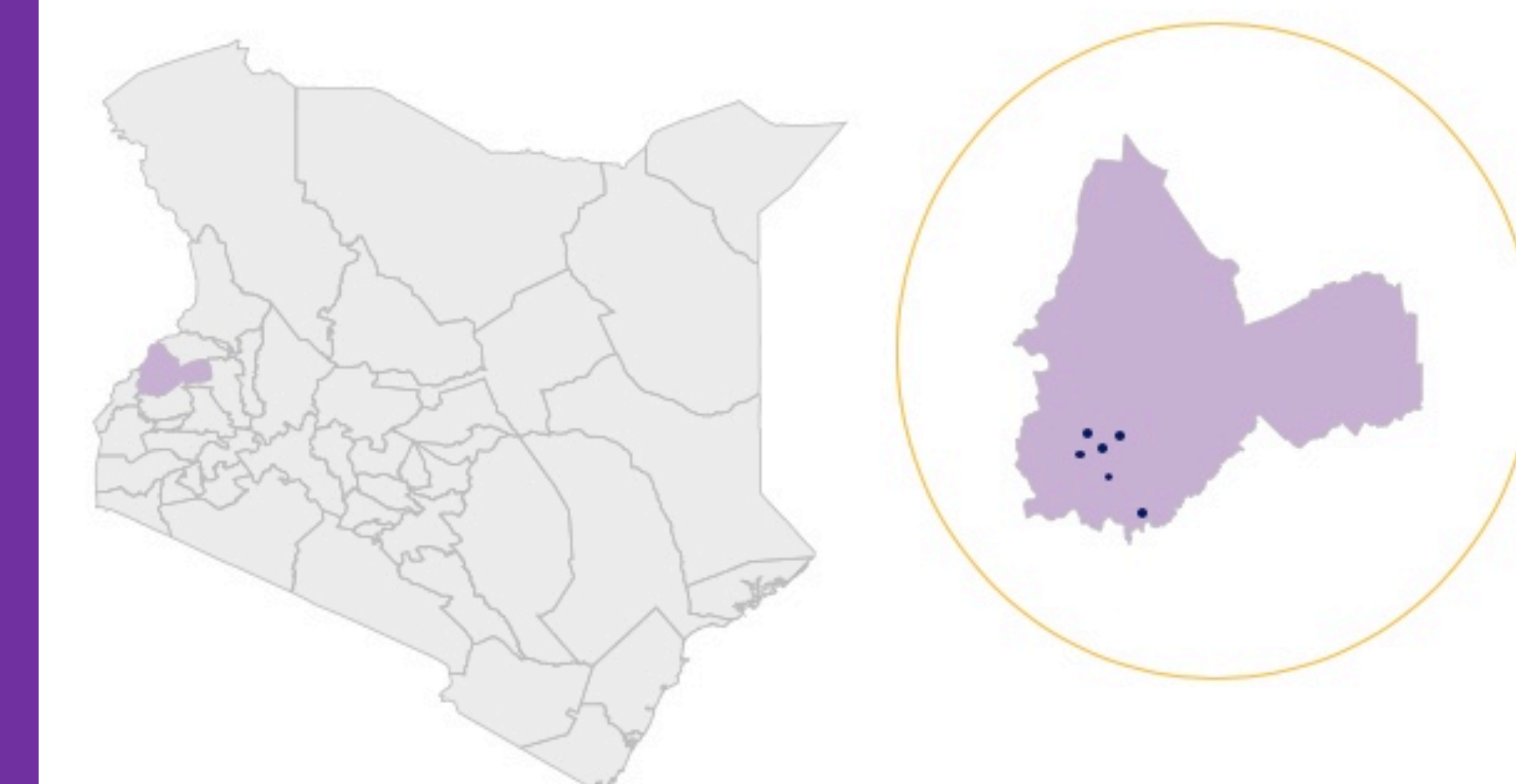
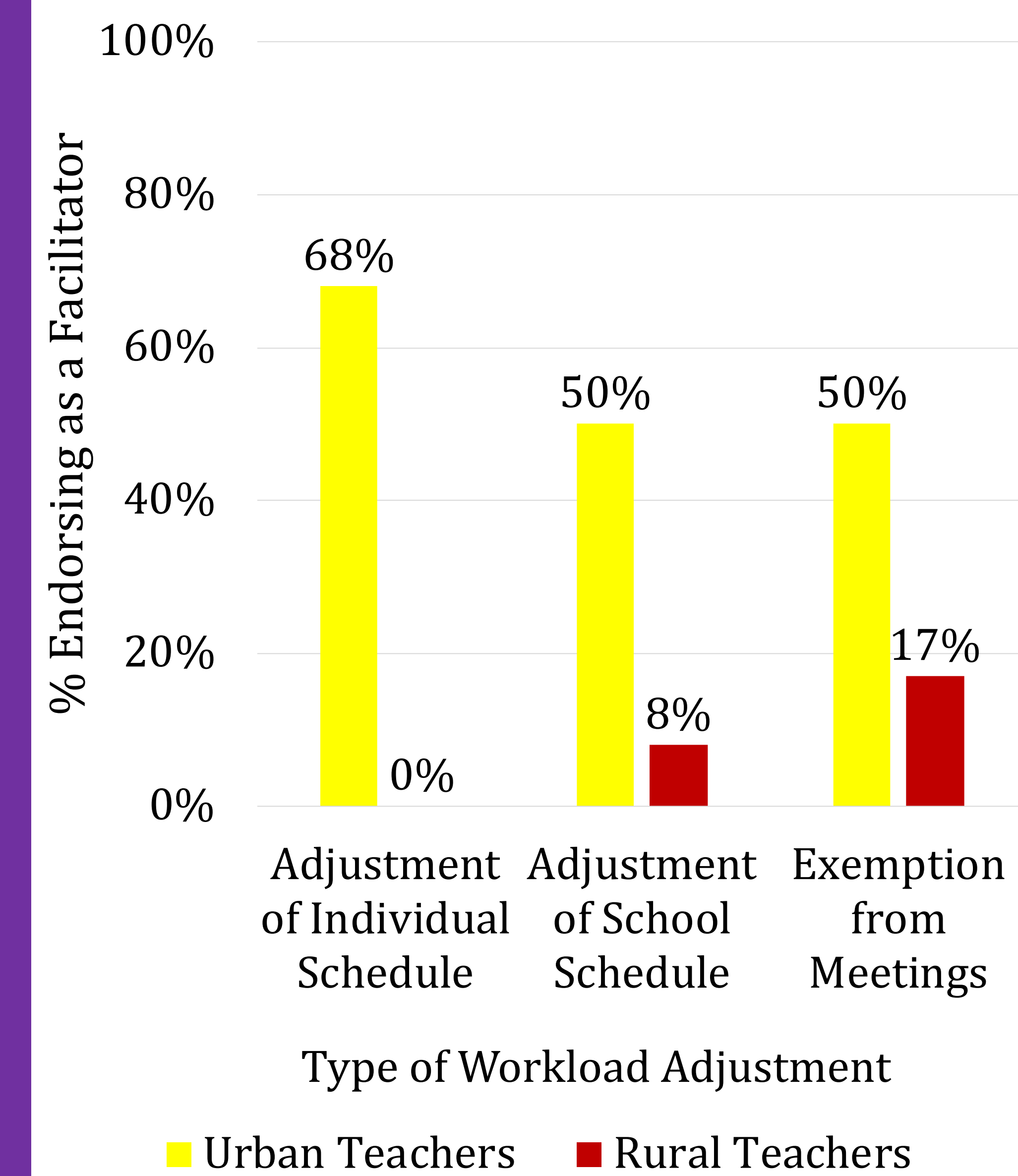


Figure 2. Types of Workload Adjustment as Facilitators for Urban and Rural Teachers.



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