

# THEORY OF CHANGE

Project: Delivery of quality community-based mental health services to underserved populations in Nakuru, Kenya

## Impact

Reduced mental health treatment gap among communities living in low-income settings in Nakuru

## Long-term Outcome

Improved functioning, quality of life, productivity and social participation for people affected by mental health conditions in low income settings in Nakuru

## Intermediate Outcomes

1. Improved community knowledge, attitude and behavior on mental health
2. Improved functioning and clinical outcomes for people affected by mental ill-health
3. Improved community capacity for prevention, early identification and treatment
4. People and families affected by MH lead a stigma free life

## Outputs

1. Community Health Volunteers, peers and barbers trained as lay first responders and MH champions
2. Effective MH advocacy program delivered to the target community
3. Network of community first responders and Well-being Lounge deliver affordable quality services at the grassroots level
4. Social support systems for peers and families is strengthened

## Activities

1. Design and implement community-based MH advocacy program
2. Provide affordable, evidence-based MH services at the community
3. Build community capacity to respond to MH as first responders
4. Create functional social support system for peers and families

## Inputs

Telepsychiatry van: Well-Being Lounge

Funding – Altro Foundation

Specialists – psychiatrist & psychologists

Task-shifted Community MH workers

### Assumptions

1. The peers, barbers and CHWs are willing to undergo mental health training.
2. Peer advocates are willing to be trained and have time to conduct advocacy.
3. Continuous supervision for CMHWs to enable them discuss difficult cases as well as cope with the psychosocial burden as they provide counseling services.
4. Telepsychiatry will allow for referrals and treatment follow-up for clients in the community.
5. People in the community are willing to undergo counseling and receive further treatments such as referrals to specialists.
6. Stakeholders will continue to be supportive of our community-based approach.

### Rationale

1. Evidence that people in the community with mental health issues are treated successfully and able to perform their roles.
2. Evidence of a working referral and follow-up pathway with clients referred from the community to specialists and their recovery process.
3. Evidence that task-shifting is effective when combined with supervision to support the CMHWs.

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