

Integrating Mental Health Support in Drug Resistant Tuberculosis Treatment

A Mental Approach to Ease Care and Enhance Motivation to Stay in the Treatment Journey

Introduction

Tuberculosis (TB) is still a great challenge to public health in Sub-Saharan Africa. In Kenya, the disease is one of the leading causes of morbidity and mortality, and control has remained a major challenge for the TB Program, especially in this HIV/AIDS era and with the emergence of multi-drug-resistant TB (MDR-TB). Despite these challenges, Kenya continues to make progress towards achieving the end-TB targets of eliminating TB by 2035 through the adoption of innovative response strategies to combat the epidemic.

It's estimated that 140,000 people acquire drug-sensitive tuberculosis (DSTB) in Kenya annually, while 2,500 acquire drug-resistant tuberculosis (DRTB), though only up to 60% are identified by the health system and managed. According to the National Tuberculosis Program, 804 drug-resistant tuberculosis patients were notified in 2021, which is way below the estimated target based on population. The majority of those with DRTB are persons aged 25–44 years who are among the working population; hence, the epidemic is affecting the economic power of the population. The treatment success rate (TSR) stands at 77%, against a target of 80%. Death rate is still high at 13%, and lost to follow-up is at 5.4%. The low TSR has been affected by complex treatment challenges, which include psychological challenges paused by the disease and a long treatment journey that can range from 6 months to 2 years.

The national strategic plan (NSP) 2019–2023, emphasizes the organization of TB services around the needs of the patient through the provision of differentiated care approaches as a means of providing need-based care for TB patients based on clinical and psychosocial status. The patients who are not likely to adhere to TB treatment need closer follow-up, frequent counseling, attachment to peer educators and experts' clients, as well as a thorough evaluation of underlying psychosocial factors.

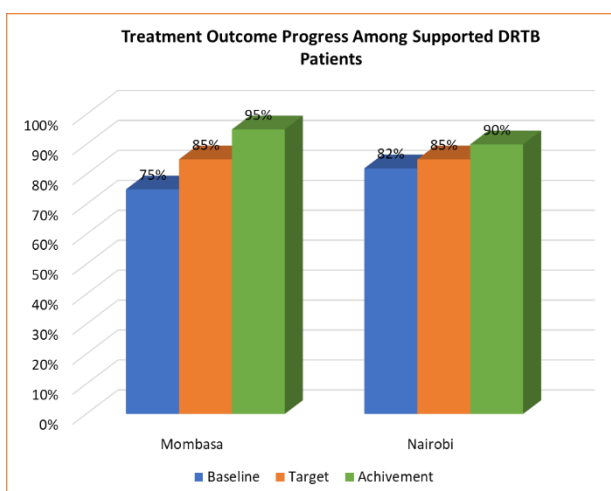
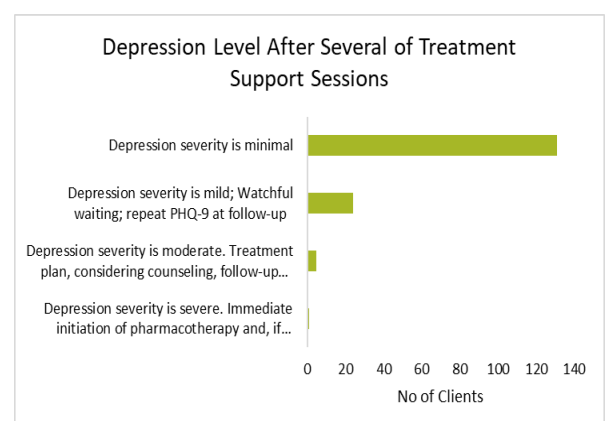
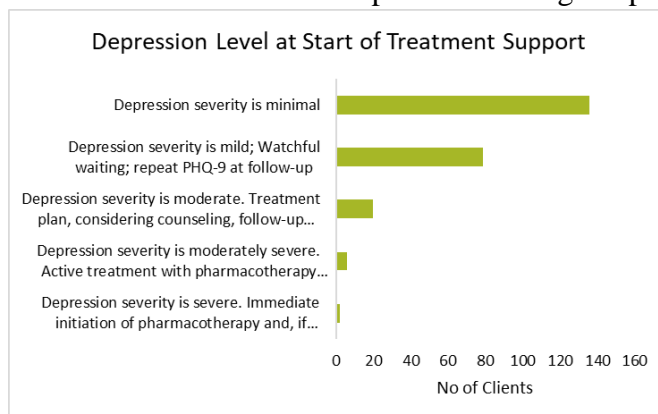
Project Strategies

Population Services Kenya (PS Kenya), as one of the development partners in 2022, supported, through the Stop TB Partnership (TB REACH), the implementation of activities to support the management of drug-resistant TB activities in two DRTB high burden counties (Nairobi and Mombasa). The project aimed at optimizing the quality of care among drug-resistant (DRTB) patients in order to improve their treatment outcomes through optimal treatment adherence. This was done through a patient-centered services provision approach, addressing treatment adherence barriers among drug-resistant TB patients in the journey of treatment, which include mental health challenges. Our key innovations included the engagement of counselors and psychologists to support treatment adherence of DRTB patients as "treatment buddies," the establishment of DRTB patients' psychosocial support groups to enhance treatment adherence, and support for DRTB patients to establish income-generating activities (IGAs) to support financial recovery and improve treatment adherence. The implementation of the strategies started in January 2022 and will be completed in August 2023.

Results/outcomes

In 2022, the project enrolled 240 DR-TB patients into patient adherence support systems, provided daily psychotherapy support to the patients, and established nine patient psychosocial groups to ensure a peer-to-peer support system as well as improve treatment adherence. In addition, the project established six income-generating initiatives for patient groups to improve their socioeconomic status. Out of the implemented strategies, positive progress has been achieved in the two counties in 2022, which include:

- ✓ Good treatment adherence rate among enrolled patients; tracking at 96%
- ✓ Improved patient-centred care, through adoption of tender love and care (TLC) service provision approach by the service providers
- ✓ Improved treatment outcomes among drug-resistant TB patients are tracking at 93% among those with a positive treatment outcome, way above the national target of 80%.
- ✓ reduced tuberculosis stigma among the patients and their family members due to good health education and close mental support.
- ✓ improved peer-to-peer support system through the sharing of individual treatment journeys among patients and their peers.
- ✓ Reduced level of depression among the patients



Conclusion

The project continues to draw a lot of lessons from the implementation especially on the involvement of the counsellors/psychologist to provide mental health support to DRTB patient's treatment journey, a great initiative of holistic care. More lessons will continue to be documented to inform and support improvements in the management of drug-resistant tuberculosis in the country and beyond.