



Clinicians from MEWA are reaching out to young people who use drugs with HIV tests and services, in Bombo, Kenya.

## YOUNG, WILD AND... FREE? CHANGE STORY: KENYA

### A YOUTH-CENTRED APPROACH TO INCREASING ACCESS TO MENTAL HEALTH AND SOCIO-ECONOMIC SUPPORT FOR YOUNG PEOPLE WHO USE DRUGS

#### 1. INTRODUCTION

Young people are under-served with mental health, harm reduction, HIV, sexual and reproductive health and rights (SRHR) and human rights services. They face multiple barriers to accessing these services, particularly if they use drugs. Through partnering with Mainline, MEWA developed interventions to increase access to comprehensive and youth-friendly services and provide socio-economic support for young people who use drugs (YPWUD). This change story describes the successes and lessons learned.

The project goal was to improve access to prevention on drugs and substance use, address violence, and promote social justice for 500 young people (aged 15 to 24) living at home or on the streets in Mombasa County, Kenya.

The project aimed to address the complex interrelation between poverty, mental health, drug use and vulnerability to HIV by:

- improving access to health, rights, and harm reduction services for 500 YPWUD;
- increasing literacy and opportunities for education and employment for 100 YPWUD.

MEWA worked with young people in school at risk of transitioning to drug use or in the early stages of drug use (stimulants, sedatives, and opioids), and with young people who are chemically dependent on drugs.

#### 2. THE PROBLEM

Our project aimed to address the multiple challenges of increased risk of HIV, drug use, poor mental health, and stigma and discrimination against young people who use drugs. The



2012 Kenyan Aids indicator survey showed that the increase in HIV prevalence starts at 17 years, peaking at 22 years within the 15-24 age group, with the highest growth in women. Even though 51% of all new HIV infections in 2015 occurred among adolescents and young people (aged 15-24), MEWA's data shows that less than 1% of the YPWUD had access to appropriate HIV services. It is vital to develop interventions for young people below the age of 17 to curb new infections.

Widespread drug use and drug-related crime is a major public health and safety concern in Kenya.<sup>1</sup> The 2016 NACADA<sup>2</sup> survey among 3908 students showed that students are likely to initiate alcohol and drug abuse in schools. The transition from primary to secondary school (13-15 years) marks the age of onset to alcohol and drug abuse, and unstable home environments are a major risk for the initiation of drugs by students.<sup>3</sup>

In Kenya, YPWUD lack access to mental health care, HIV, SRHR services, human rights, and harm reduction services. A MEWA study in Mombasa and Lamu West showed that 76% of young key populations suffer mental disorders and are unfamiliar with harm reduction practices and safe injecting. Studies in Kenya show that YPWUD experience stigma and discrimination at multiple levels (in health care and law enforcement settings and society in general).

Kenya has a high burden of mental illness. In a recent study by the World Health Organization (WHO), Kenya ranked sixth, of countries with the highest number of people living with depression in Africa and ninth globally.<sup>4</sup> Five out of six Kenyans who have a mental illness do not receive treatment. The situation is worse for people who use drugs.

Existing laws and regulations around harm reduction services restrict access to services. Kenyan law defines children as those under 18 (also the age of sexual consent). Adolescents accessing SRHR services and drug use disorder treatment must have parental consent. However, recognising the significant risks for HIV in young people under 18, the age for HIV testing services without the consent of a guardian/parent has been reduced to 15.<sup>5</sup> Many young people in Kenya are demotivated about accessing HIV testing services.<sup>6</sup>

UNAIDS reports that the "lack of support during adolescence, at schools or on the streets increases their [young people's]



*YPWUD who participated in MEWA's entrepreneurship skills training and received the business start-up kit set up their own businesses.*

vulnerability to HIV but also other social issues".<sup>7</sup> This change story shows how a multi-prong intervention to work with young people who use drugs – working closely with relevant Ministries, schools, courts and police, community members and parents – was critical to achieving better outcomes for YPWUD in Mombasa and Kilifi.

### 3. THE CHANGE(S)

In 2021, MEWA's intervention targeting YPWUD and their caregivers in Kenya increased access to mental health, harm reduction, HIV, SRHR and human rights services. The findings of the youth-led research carried out by MEWA in 2021, which identified barriers and enablers to accessing services for YPWUD,<sup>8</sup> informed the project design.

In December 2020, MEWA surveyed YPWUD to define and assess their mental health needs. The survey findings were used in a national manual for mental health for young key populations in the country.<sup>9</sup> A national task force, which includes MEWA, is developing the manual and will disseminate it in 47 counties in 2022. MEWA is working closely with Mainline to develop a training manual for mental health interventions for Kenyan key populations at the community level.

The needs assessment and mental health survey helped MEWA expand access to mental health, HIV, SRHR, harm reduction and human rights services, from 23 clients (January 2021) to 509 (at the end of June 2021).

1 UNODC (2016). Outcome document of the 2016 United Nations General Assembly special session on the world drug problem. <https://www.unodc.org/documents/postungass2016/outcome/V1603301-E.pdf>

2 The National Authority for the Campaign Against Alcohol and Drug Abuse.

3 NACADA (2016). National survey on alcohol and drug abuse among secondary school students in Kenya. [https://nacada.go.ke/sites/default/files/2019-10/Report%20on%20National%20ADA%20Survey%20among%20Secondary%20School%20Students\\_2016\\_2.pdf](https://nacada.go.ke/sites/default/files/2019-10/Report%20on%20National%20ADA%20Survey%20among%20Secondary%20School%20Students_2016_2.pdf)

4 WHO (2017). Depression and Other Common Mental Disorders. Global Health Estimates. <https://apps.who.int/iris/bitstream/handle/10665/254610/WHO-MSD-MER-2017.2-eng.pdf?sequence=1#page=19>

5 NASCOP (2015). The Kenya HIV testing services guidelines. <https://www.fast-trackcities.org/sites/default/files/Kenya%20HIV%20Testing%20Services%20Guidelines%20%282015%29.pdf>

6 Ministry of Health (2018). National implementation guidelines for HIV and STI programming among young key populations. <http://childrenandaids.org/sites/default/files/2018-12/National%20Implementation%20Guidelines%20for%20HIV%20and%20STI%20Programming%20%20Among%20You....pdf>

7 UNAIDS (2016). Get on the Fast-Track. The life cycle approach to HIV. [https://www.unaids.org/sites/default/files/media\\_asset/Get-on-the-Fast-Track\\_en.pdf](https://www.unaids.org/sites/default/files/media_asset/Get-on-the-Fast-Track_en.pdf)

8 3.1.1. & L.3.3.1 from Bridging the Gaps Theory of Change and linked to 1C of MoFA results framework

9 <https://english.mainline.nl/posts/show/14134/young-people-who-use-drugs-and-their-mental-health-kenya>



To prevent relapse, MEWA provided psychosocial care to 76% of clients diagnosed with substance use-related disorders, depression, anxiety and a history of suicide attempts. 150 YPWUD were trained and mentored on entrepreneurship skills building and given start-up capital to support their journey.

The drug-related criminality rate reduced from 509 registered offences in the first quarter of 2021 to 150 in the third quarter.<sup>10</sup> MEWA's project has created self-awareness among YPWUD. Peer educators and outreach workers empowered 509 YPWUD to voice their needs and seek help. Active case referral and building trusted relationships increased the uptake of services and created sustainable and trusted referral pathways. A recently published report on community-led lessons documented the project's success.<sup>11</sup>

The results of such interventions include:

- Reaching 502 clients with psychosocial support.
- Providing 509 one-on-one sessions, and 344 clients with group sessions.
- Helping 30 clients presenting with psychiatric conditions to access medication for substance-induced psychosis, and a further 89 clients to prepare for rehabilitation services.
- Conducting HIV tests for 505 people and enrolling one into HIV care.
- Reinitiating 3 clients back to antiretroviral treatment, 37 are on pre-exposure prophylaxis services.
- Screening 509 clients for STIs and treating 4.
- Screening 505 clients for TB.
- Engaging with 314 families through parenting skills training which focused on communication skills and mentoring parents.
- Establishing and maintaining 2 support groups for mental health and people living with HIV.
- Providing health and legal education to 460 young people at risk of transitioning to drug use and 509 young people who use drugs.
- Reintegrating 201 YPWUD into formal and informal education and linking 10 of the 201 YPWUD to job opportunities.

#### 4. MEWA'S CONTRIBUTION TO THE CHANGE

Programmatic data in 2018 from MEWA showed that information about the barriers and enablers for young people accessing mental health, harm reduction, HIV, SRHR, human rights services was limited. As part of the Young, Wild and... Free? (YWF) programme, MEWA hosted a workshop on community-based participatory research in December 2020. The University of Nairobi's Department of Psychology facilitated a three-day course for the clinical (10) and outreach team (15). The goal was to strengthen the research skills of the clinical and outreach team to identify gaps in youth-friendly

services better. The peer educators and outreach team learned about systematic research, ethics, and interviewing skills during the workshops. After this workshop, the peer educators set up a survey in Mombasa and West Lamu in the coastal regions of Kenya, which ran from December to January 2021. The data collection method was through an online data kit tool. The team recruited 482 people to participate in the research. MEWA also conducted a local needs assessment to identify appropriate services for young PWUD in Mombasa. The findings informed the development of a harm reduction pilot targeting young PWUD. In December 2020, MEWA began reaching young people on the streets and in schools.

MEWA used two strategies to reach out to young people at risk of drug use. School-based interventions provided preventive support while service delivery on the streets increased the demand for and uptake of mental health, harm reduction, HIV, SRHR and human rights services. Both strategies increased awareness of youth-friendly services, including peer-led legal and mental health support, harm reduction services, and HIV testing and treatment referral. To support young people in their socio-economic development, MEWA provided educational support and livelihood assistance, reintegrated more than 201 YPWUD into formal and informal education and linked 10 of them to job opportunities.

##### 4.1. A preventive strategy using school-based interventions

MEWA has a team of psychologists who visit schools monthly to create awareness in young people and teachers on mental health and drug use. MEWA engaged with the County Commissioner (Chair on Security, Health and Education) to gain access to upper and secondary level schools in Mombasa during COVID-19 restrictions. MEWA set up an ad hoc committee in November 2020, consisting of multi-disciplinary professionals,<sup>12</sup> to develop a mental health guide for addressing mental health issues related to COVID-19. The mental health guide was shared with WHO for roll-out in different schools in Mombasa and surveys were conducted in December 2020 to assess the preparedness of schools reopening following a long closure (March-December 2020). The assessment supported mitigation of COVID-19 risks in school. MEWA's team of visiting psychologists reached 492 young people aged between 15 and 17 in 10 schools, surpassing the initial target of 100. The team used MEWA's drug and substance use guide, developed to mentor school-going champions to prevent drug and substance use.

Using a quick screening tool (patient health questionnaire), the team screened young people at risk of drug use for anxiety, depression, suicide attempts and delusions, and referred groups at risk of drug use.<sup>13</sup> MEWA delivered treatment through outpatient psychosocial or inpatient support, underpinning the Back to School Initiative where 27 out of 30 students aged 15-17 returned to school after accessing psychosocial intervention at MEWA's drop-in centres.

<sup>10</sup> MEWA programmatic semi-annual narrative, 2021

<sup>11</sup> FCAA, and Elton John Aids Foundation (2021). Converging Epidemics: COVID-19, HIV and Inequality., Community-led lessons for funders.(P.31).

<sup>12</sup> Educationists (2), doctors (3), psychologists (5) and ICT specialists (1).

<sup>13</sup> Schools send referral letters to the psychosocial department at MEWA, which develops individualised treatment plans.



With support from the Ministry of Labour and Social Protection, MEWA developed a formal learning environment within the MEWA shelter house that supported young people at risk of drug use to continue formal education. MEWA equipped the shelter house with desktop computers, a fibre network, and a certified technical and vocational education and training trainer. Through an online school mentorship guide, the project reintegrated young people back to school, enabling a group of them to sit for their upper and secondary level end of year examinations. The formal school curriculum is accessed online through the digital platform, and a certified ICT trainer is mentoring the group. MEWA is currently accommodating ten young school-going boys and some parents to ensure continuing education and development of parental skills.

Together with the guidance and counselling department in schools, MEWA identifies vulnerable families, including street families with at-risk young people in school. These families receive entrepreneurship skills building, mentorship support, and start-up capital (cash) to promote a favourable environment for learning. This intervention has reduced the number of street families and encouraged reintegration with their larger families, both in urban and remote areas.

#### 4.2. Working with young people who use drugs on the street

The second strategy was a community-led approach for young people on the street and using drugs. Using the existing adult-based method, a youth-specific component was added, i.e., drug dens were mapped, trends of risky behaviour documented and microplanning initiated. Microplanning aided in zoning the hot spot areas, defining the typology of substance and drug



*A pro bono lawyer is releasing a young drugs user from the police station*

use, mapping out the timing for outreach and identifying the peer support networks within the group. Young people on the streets using drugs experience high levels of stigma and discrimination from peers, the community, health workers and law enforcement agencies. HIV prevalence in this community is largely undocumented.

The community of young people using drugs mostly abuse stimulants (khat/mugokha), sedatives (diazepam) and depressants (heroin) and is associated with criminal gangs that have networks in Lamu, Kilifi, Nairobi, and many other towns in the country. Young people are highly mobile and have closed networks of communications. The outreach and clinical teams initially faced resistance from this group. After three months, they managed to reach a cohort with their service. Our research uncovered sexual violence and abuse incidents against young people under 15 and young girls engaging in casual and transactional sex work.

To reduce stigma and discrimination and high HIV prevalence associated with these communities:

- MEWA trained its clinical and outreach team on communication skills focusing on empathy and active listening. The number of clients accessing services gradually increased as mutual trust grew. To be more effective, two outreach workers visited the drug dens and the timing of outreach work was changed to later in the day.
- MEWA used peer educators as secondary treatment buddies. Integrated mobile services were provided on a rotational basis in every drug den and close communication and follow up were maintained between the clinical and outreach team to build trust with the communities. The team focused on screening for mental health and early referral pathways for psychosocial support. It developed collaborations with universities to provide professional psychologists. Clients screened for drug and substance use were linked to residential rehabilitation services or outpatient services.
- The peer network groups (6 groups of 20 people) were mapped and identified for entrepreneurship skills training – an entry point for the growing acceptance of screening, diagnosis and treatment for HIV/TB/STI/drugs and substance use and gender-based violence. An increasing number of both males and females were reached in this way.
- MEWA engaged 100 families through parenting skills training which focused on communication skills, and mentored parents to follow up on the small-scale business that the young people initiated through the start-up kit provided by this project.
- MEWA partnered with four pro bono lawyers who provided free legal aid services and continued the legal literacy programme at the drug dens.

The community-led approach reduced the stigma and discrimination associated with drug use and HIV for the young people who use drugs. Because of active case management, the project was embraced by their communities, families and institutions, resulting in family members and learning institutions making referrals to MEWA and the community networks creating demand for services.



## 5. ANALYSIS

Through MEWA's efforts, schools and law enforcement agencies have realised the importance of harm reduction programmes in providing professional support, prevention and treatment for students at risk of transitioning to substance use disorders in school. The YWF project was timely because of the COVID-19 pandemic, which forced prolonged government-led closures of schools, increasing young people's risks related to mental health, substance use and gender-based violence. Students and teachers experienced a challenging learning environment at the beginning of the school year in January 2021, and MEWA's team of visiting psychologists was able to offer support to ten schools using the mental health guide.

However, the project was not given sufficient time to continue in schools as students and teachers concentrated on exam preparations.

Cross agency and multi-disciplinary collaborations were vital to the success of this project. The school-based drug prevention intervention is targeted, evidence-based, interactive, youth-focused and engaging, offering support to an increasing number of YPWUD. MEWA worked closely with National Police AIDs Control Unit under the Ministry of Interior and Coordination of National Government to YPWUD involved in petty offences for psychosocial support at MEWA.

Community-based participatory research delivered evidence that made MEWA change the way it works with YPWUD. The key finding was the need to integrate mental health care support into harm reduction and human rights-based services. The clinical and outreach teams used mental health screening as an early intervention strategy to identify mental health problems among young people and refer them to appropriate facilities.

The networks of families and peer support created an enabling environment: access to mental health, HIV, SRHR, harm reduction services and human rights services increased because barriers related to stigma and discrimination were addressed. With support from law enforcers and the Ministry of Health, MEWA is creating a positive and friendlier policy environment for young key populations.

The peer support network must go beyond psychotherapy. Socio-economic support is important, especially for young key populations. Almost 100 young people have been reintegrated into formal education and more than 100 empowered with informal education. They are on the road to creating self-employment opportunities with their entrepreneurship skills.



*An outreach worker and addiction counsellor provide the female young drug user with her daily dose of methadone.*

## 6. LOOKING AHEAD: LESSONS LEARNED AND RECOMMENDATIONS

The body of knowledge generated via the pilot, especially on mental health support, has been mainstreamed into the national modules for key population programming and will be sustained for many years to come. The national mental health implementation guidelines, which will be launched in December 2021, will provide a framework for uniform low-threshold mental health interventions working with community mental health practitioners. As of 2022, all organisations linked to the national key population technical working group will use these guidelines to contribute to humanitarian mental health interventions and reduce community stigma. Conversations are ongoing with other national parties exploring extending these guidelines to other population groups.

The group of young people who use drugs were neglected for years and had a reputation for violence. Working with this group was a new experience for the clinical and outreach team, and it took time to create rapport, mutual trust, and confidence. Over time, the team was accepted by the group, and greater strides have been made. It was not easy to access their drug dens, as timings and activities vary from those of older users. The use of blended approaches to outreach, such as using hotspot and mobile van outreach, increased uptake of the service.

To mediate conflict with the YPWUD, MEWA held several meetings with community members and law enforcers to educate them on supporting the young people to access services. With COVID-19 rules and regulations, the school visits were limited.