

# Supporting men to manage common mental health problems as a means to prevent intimate partner violence in urban Kenya

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## Sexual and intimate partner violence in Kenya is endemic

- More than 41% of Kenyan women experience sexual and/or physical violence by intimate partners in their lifetime<sup>1</sup>.
- In a 12-month period, 31% of women are living with active violence in their homes<sup>1</sup>.
- Statistics reveal that women are most commonly victims of Sexual and Intimate Partner Violence (SIPV) and men the perpetrators<sup>1</sup>.
- In a rapid ethnographic assessment, World Vision Kenya learned that the community viewed alcohol use as the biggest cause of intimate partner violence, believing men resorted to drinking because of having "too much time," marital conflict, psychosocial issues and access to alcohol<sup>2</sup>. Refer to Figure 1.
- Ethnographic findings suggest that men's mental health support may assist to re-direct a trajectory for individuals at risk of perpetrating intimate partner violence<sup>2</sup>. Refer to Figure 2.

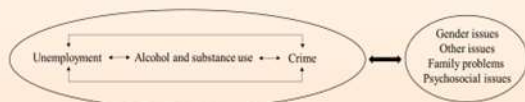


Figure 1. Circular links between common problems faced by men in Malindi and Watikani, Kenya

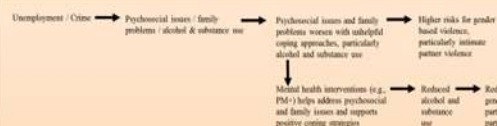


Figure 2. Hypothesized progression of common problems faced by men in Malindi and Watikani, Kenya, leading to risk for the perpetration of IPV, and potential for reducing risk by supporting men's mental health.

## World Vision Kenya to test the feasibility of reducing intimate partner violence by treating men with common mental health problems: Study objectives

Undertaking a feasibility study, World Vision Kenya's work aims to:

- Determine if a group version of the brief intervention, Problem Management Plus (PM+), is an acceptable and feasible approach for treating men experiencing common mental health problems (including alcohol abuse);
- To assess if Group PM+ (GPM+) treatment for men with common mental health problems will show patterns for reducing incidences of IPV in two projects sites; and
- If inclusion on supplementary community-wide messaging about GBV in one of the two project sites offers additive outcomes to reduce incidences of intimate partner violence.

## The feasibility study: Materials and methods

- A mixed methods approach using unpowered quantitative data and qualitative data
- Feasibility of GPM+ will be assessed from 320 adult men, using pre and post intervention assessments, and again after 3 months. Measures include:
  - WHO Disability Assessment Schedule, Version 2.0<sup>13</sup>
  - General Health Questionnaire<sup>8</sup>
  - Posttraumatic Stress Disorder Checklist, DSM-V<sup>10</sup>
  - Psychological Outcomes Profile (PSYCHLOPS) – Pre, During, Post Treatment versions<sup>9</sup>
  - WHO Alcohol, Smoking and Substance Involvement Screening Test (ASSIST), Version 3.1<sup>12</sup>
  - WHO Services Receipt Inventory<sup>11</sup>
  - Short Form of the Revised Conflicts Tactics Scale<sup>7</sup>
- Focus Group Discussions and Key Informant Interviews with clients, male and female community health volunteers facilitating GPM+ and clinical supervisors.
- Community surveys will compare incidences of IPV in one project site (intervention) with another project site (control) to ascertain if community messages have additive effects to reducing intimate partner violence; to be assessed using the Short form of the Revised Conflicts Tactics Scale<sup>7</sup>

## About Problem Management Plus (PM+)

- Problem Management Plus (PM+) is a brief (5 x 90 minute) evidence-based intervention, published under World Health Organization's mhGAP Programme<sup>1</sup>.
- PM+ has been shown in two randomized control trials<sup>4,5</sup> to reduce symptoms of common mental health problems, such as depression, anxiety and posttraumatic stress disorder, including for women affected by gender based violence in urban Kenya<sup>4</sup>.
- PM+ helps people improve their management of practical (e.g. unemployment, interpersonal conflict) and common mental health problems (e.g. depression, anxiety, stress or grief).
- PM+ strategies include approaches for managing stress, managing problems, to get going and keep doing (known as behavioral activation) and strengthening social supports. Additional strategies include psychoeducation, motivational interviewing to encourage clients to engage with PM+ and relapse prevention<sup>6</sup>.
- PM+ is 'transdiagnostic' because it can be used to treat different symptoms and mental health problems without clinical diagnosis<sup>6</sup>.
- PM+ was specifically designed to be delivered by non-professional mental health workers, such as Community Health Volunteers<sup>6</sup>.
- **This project will adapt PM+ to a group format (8-12 men) over 6 weeks; allowing for additional time to address harmful alcohol use and group therapeutic processes. Groups will be facilitated by teams of 1 x male and 1 x female Community Health Volunteers**



## Anecdotal findings from pilot feasibility study

A pilot study saw 181 men screened, of whom 93 men met inclusion criteria and participated in a full pre-assessment, and 47 men participated in Group PM+ sessions, completing the post assessment. Important learnings from the pilot revealed:

- Many men admitted to not fully disclosing their experiences and perpetration of intimate partner violence at pre-assessment, or the severity of their mental health problems;
- Group PM+ was difficult logistically – because men had competing priorities (e.g., work) to attending weekly sessions and therefore non-attendance and drop-outs were high; but
- For men who completed the 6 x Group PM+ sessions, substantial improvements were reported, including reduced alcohol consumption, improved mood, reduced stress and higher daily functioning.
- World Vision Kenya will be making minor adjustments to the Group PM+ formats for the definitive feasibility study – e.g., aligned ages of groups, types of problems (e.g., alcohol use or not) and timing of group sessions. However, **the pilot clearly indicated the feasibility study is warranted and Group PM+ to reduce intimate partner violence shows potential.**



Men involved in the pilot study and who completed the 6 x Group PM+ sessions expressed high satisfaction about the personal changes the program provided them:

- "I would say all the sessions have been of great benefit to me. They have really changed me. When I needed to talk to people, social support definitely worked very well for me"
- "We solved some problems. Like quarrelling with my wife and making sure it does not get too bad."
- "Before coming to the sessions we had stopped our car washing business in the community but after learning the strategy of get going keep doing we started again."



## Acknowledgements and contact information

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