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Improving outcomes for people experiencing homelessness and severe mental illness in Ethiopia, Ghana and Kenya: The HOPE pilot study

Submission date
11/06/2026

Recruitment status
Recruiting

Registration date
22/06/2026

Overall study status
Ongoing

Last Edited
16/10/2026

Condition category
Mental and Behavioural Disorders

[ ] Prospectively registered
[ ] Protocol
[ ] Statistical analysis plan
[ ] Results
[ ] Individual participant data
[X] Record updated in last year

Plain English summary of protocol

Background and study aims
The HOPE study is seeking to understand how to implement a programme for people experiencing homelessness and severe mental illness (HSMI) in Addis Ababa (Ethiopia), Tamale (Ghana) and Nairobi (Kenya). The aim of the pilot phase of this study is to check if the programme we have developed will work well to help to support people who are homeless and have mental health problems, and to improve it.

Who can participate?
(1) People who are experiencing homelessness and severe mental illness (e.g. schizophrenia, bipolar disorder or severe mental illness) in the pilot sites, (2) people trained to deliver care as part of the intervention, and (3) a working group of people involved in implementing the pilot intervention.

What does the study involve?
The HOPE programme will be implemented in the pilot sites. The HOPE programme has been developed in a participatory manner, with extensive stakeholder engagement and based on findings from formative studies that involved a survey and an ethnographic study to understand the experiences of people who are homeless and have mental illness.

The resulting programme focuses on community and primary healthcare settings. The study team will train and support community workers, health and social care professionals and other relevant stakeholders to deliver the HOPE programme. The programme is trying to (1) achieve community-based identification of severe mental illness in people experiencing homelessness, carry out a brief assessment and start the process of engaging the person in care; (2) respond to any emergency needs (healthcare or protection), and (3) carry out comprehensive person-centred care planning, support longer term engagement and co-ordinate the person's care. The intervention packages for the three study settings (Ethiopia, Ghana and Kenya) have elements that are similar, although addressed in differing ways depending on the context. In every site,

there will also be peer support workers, who are people with lived experience of mental illness, to provide a recovery-oriented intervention that also facilitates engagement.

This pilot study will collect data on the performance of the programme as it is implemented, and track anonymised, summarized data on 10-15 people experiencing HSMI who engage with the pilot intervention. For example, this data will tell us about how many people engage with the programme, the proportion who have a person-centred care plan, and the proportion for whom there is documentation that their preferences were taken into account.

In addition, the study team will interview people experiencing HSMI (n=6-8 per country), intervention providers (n=6-8 per country) and people involved in monitoring and adapting the implementation (implementation working group; n=6-8 per country) to get more detailed understanding about what is working or not working, how well the interventions meets the needs of people in the programme and fits in with existing systems, and how it can be improved.

What are the possible benefits and risks of participating?
People who experience homelessness and have severe mental illness in the pilot sites will be able to receive the intervention as part of this pilot study. For those who participate in the study, their perspectives on whether these interventions are helpful will improve them for other people who are experiencing homelessness and mental illness. What is learnt from the study will also help us to improve the training and supervision that is given to the providers of this intervention. All participants will be reimbursed for transport and time for participating in the study interview.

Participants may discuss experiences which are distressing and/or cause discomfort. All those involved in interviews will be trained to be sensitive to these instances and participants will be reminded of your right to stop participation at any time during the study.

If participants disclose about illegal use of substances, this information will be kept confidential and will not disclose it to anyone beyond the research team. If they disclose an illegal activity that could lead to serious harm to themselves or other people, the study team may need to disclose that to the authorities.

If participants tell us that they have experienced abuse from authority figures, the study team will ask them whether they would like support to report this abuse. If they do not wish to report the abuse, the information will still be used to report to the project community advisory board, but in a way that makes sure they would not be identified.

Where is the study run from?
The University of Edinburgh, UK.

When is the study starting and how long is it expected to run for?
May 2026 to November 2026

Who is funding the study?
The National Institute for Health and Care Research (NIHR), UK.

Who is the main contact?
1. Prof Charlotte Hanlon (Chief Investigator), University of Edinburgh, chanlon@ed.ac.uk.
2. Professor Atalay Alem, Addis Ababa University, atalay.alem@gmail.com
3. Mr Peter Yaro, BasicNeeds Ghana, peter.yaro@basicneedsghana.org
4. Dr Victoria Mutiso (joint Kenya PI), Africa Institute of Mental and Brain Health, vmutiso@amhf.

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5. Prof David Ndetei (joint Kenya PI), Africa Institute of Mental and Brain Health, dmndetei@amhf.or.ke

Contact information

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Principal investigator, Public, Scientific

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Additional identifiers

Study information

Scientific Title
Improving outcomes for people who are homeless and have severe mental illness in Africa (HOPE): Pilot study

Acronym
HOPE

Study objectives
To evaluate implementation processes, acceptability and feasibility of a pilot intervention to respond to the prioritised needs of people experiencing homelessness and severe mental illness (HSMI) in Ethiopia, Ghana and Kenya.

Ethics approval required
Ethics approval required

Ethics approval(s)
1. Approved 19/05/2025, Edinburgh Medical School Research Ethics Committee (EMREC) (CMVM Research Office QMRI Edinburgh BioQuarter 47 Little France Crescent, Edinburgh, Eh16 4TJ, United Kingdom; +44 0131-2427441; EMREC@ed.ac.uk), ref: 25-EMREC-041

2. Approved 19/04/2023, Addis Ababa University College of Health Sciences Institutional Review Board (4th Floor of the Black Lion Hospital School of Medicine Building, Zambia Street, Lideta, Addis Ababa, NA, Ethiopia; +251115152753; chs.irb@aau.edu.et), ref: 035/23/CDT

3. Approved 18/09/2023, Ghana Health Service Ethics Review Committee (P.O. Box MB 190, Accra, -, Ghana; +233-0302-681109; ethics.research@ghs.gov.gh), ref: GHS/RDD/ERC/Admin/App/23/545

4. Approved 19/06/2023, Maseno University Scientific and Ethics Review Committee (Private Bag - 40105, Maseno, -, Kenya; +254057351622; muerc-secretariate@maseno.ac.ke), ref: MSU/DRPI/MUSERC/01237/23

5. Approved 20/03/2023, King's College London Health Faculties Research Ethics Subcommittee (Franklin Wilkins Building 5.0 Waterloo Bridge Wing Waterloo road London SW1 9NH, London, SE1 9NH, United Kingdom; +44 02078484020; rec@kcl.ac.uk), ref: HR/DP-22/23/34762

Primary study design
Interventional

Allocation
N/A: single arm study

Masking
Open (masking not used)

Control
Uncontrolled

Assignment
Single

Purpose
Health services research, Prevention, Supportive care, Treatment

Study type(s)

Health condition(s) or problem(s) studied
Severe mental illness, including psychotic and affective conditions (e.g. bipolar disorder or severe depression) associated with disability

Interventions
Contextualised complex intervention that focuses on (1) identification, initial engagement and assessment, (2) response to emergency needs, and (3) person-centred care planning, ongoing engagement and care co-ordination. The intervention primarily works with existing cadres of community, health and social care workers and comprises training, social contact interventions with people with lived experience to reduce stigma, referral pathways, decision support and proformas for information capture. In addition, each country will integrate peer support workers employed by the project who have lived experience of severe mental illness, with or without experience of homelessness.

Intervention Type
Behavioural

Primary outcome(s)
1. Feasibility measured using qualitative semi-structured interviews at one time point over the 6-8 week implementation of the pilot intervention

2. People experiencing HSMI are identified in the community, triaged (initial brief assessment) and linked to services for further assessment 1: Number of people experiencing HSMI identified in the community during the study, measured using study data on the project log of number (no ID) of people identified requiring initial assessment and the number of initial assessments completed with mental health problems identified, collected at one time point at the end of the study

3. People experiencing HSMI are identified in the community, triaged (initial brief assessment) and linked to services for further assessment 2: % of identified people experiencing HSMI receiving initial assessment from community worker during the study, measured using study data on the number with initial assessment completion (numerator) and the project log of number (no ID) of people identified requiring initial assessment (denominator), collected at one time point at the end of the study

4. People experiencing HSMI are identified in the community, triaged (initial brief assessment) and linked to services for further assessment 3: % of people experiencing HSMI identified who are linked to services for further assessment during the study, measured using study data on the number of referrals for further assessment from community worker referral records (numerator) and project log documenting number of people experiencing HSMI identified in the community (denominator), collected at one time point at the end of the study

5. Person-centred needs assessment and care planning 1: % of people experiencing HSMI identified in the community who have structured needs assessment and care planning, measured using study data on the project log documenting number of structured documentation of needs assessment/ care planning (numerator) and Project log documenting

number of people experiencing HSMI identified in the community (denominator), collected at one time point at the end of the study

6. Person-centred needs assessment and care planning 2: % of participants with care plan that accounts for needs and preferences, measured using study data on the evidence that documented wishes are considered in care plan [compare Person centred Care planning Q and Care Plan] (numerator) and project log documenting number of people for whom Care Planning is completed (denominator), collected at one time point at the end of the study

Key secondary outcome(s)
Person-centred needs assessment and care planning:

Completion date
30/11/2026

Eligibility

Key inclusion criteria
Key inclusion criteria for qualitative interviews
Person experiencing homelessness and severe mental illness (SMI)
1. Person who is homeless and present in the study locations at the time of pilot study. The definition of homelessness was operationalised in the HOPE formative work and includes people who spend the night unsheltered or in other places not intended for habitation (e.g. under bridges or unfinished buildings or in a forest). The study will include people who pay for a bed for the night on an ad hoc basis when they can afford it.
2. Identified as having probable SMI based on the assessments of community workers who have been trained by HOPE
3. Aged 16 years or above based on self-report or estimation. There is no upper age limit.
4. Willing and able to provide informed consent

Provider
1. Care provider who attends training in HOPE interventions
2. Aged 18 years or above
3. Willing and able to provide written informed consent

Implementation working group
1. Professionals, experts by lived experience and peer support workers involved in implementation working group
2. Aged 18 years or above
3. Willing and able to provide written informed consent

Healthy volunteers allowed
No

Age group
Mixed

Lower age limit
16 Years

Upper age limit

99 Years

Sex
All

Total final enrolment
72

Key exclusion criteria
Person experiencing homelessness and SMI
1. People who do not meet the definition of homelessness because they spend their days on the streets, for example, to beg, but who have stable night-time accommodation
2. People who have substance use problems without any evidence of SMI
3. Children or adolescents younger than 16 years of age who have probable SMI. This group is excluded because of the different needs, interventions and service configurations for this age group.
4. Unwilling or unable to provide informed consent

Provider
1. Unwilling or unable to provide written informed consent

Date of first enrolment
01/05/2026

Date of final enrolment
30/11/2026

Locations

Countries of recruitment
Ethiopia

Ghana

Kenya

Study participating centre
Addis Ababa University
Gullele, Kebele 15
Addis Ababa
Ethiopia
1176

Study participating centre
BasicNeeds Ghana
P. O. Box TL1140
Tamale, NR

Ghana
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Study participating centre
Africa Institute of Mental and Brain Health
Upper-Hill Matumbato Road
Nairobi
Kenya
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Sponsor information

Organisation
University of Edinburgh

ROR
https://ror.org/01nrxwf90

Funder(s)

Funder type

Funder Name
National Institute for Social Care and Health Research

Alternative Name(s)
Sefydliad Cenedlaethol ar Gyfer Ymchwil Gofal Cymdeithasol ac Lechyd, NISCHR

Funding Body Type
Government organisation

Funding Body Subtype
National government

Location
United Kingdom

Results and Publications

Individual participant data (IPD) sharing plan

IPD sharing plan summary

Not expected to be made available