A Meta-Analysis of Community Health Worker-Led Mental Health Screening Integration in Primary Care for Conflict-Affected Populations in Tanzania,

Grace Mwakalinga[1]**, Fatuma Mwinyi**[2]**, Juma Rashidi**[3,4]

[1] Catholic University of Health and Allied Sciences (CUHAS)

[2] University of Dar es Salaam

[3] Department of Clinical Research, Catholic University of Health and Allied Sciences (CUHAS)

[4] Department of Surgery, University of Dar es Salaam

Correspondence: gmwakalinga@yahoo.com

Author notes

Grace Mwakalinga is affiliated with Catholic University of Health and Allied Sciences (CUHAS) and focuses on Medicine research in Africa.

Fatuma Mwinyi is affiliated with University of Dar es Salaam and focuses on Medicine research in Africa.

Juma Rashidi is affiliated with Department of Clinical Research, Catholic University of Health and Allied Sciences (CUHAS) and focuses on Medicine research in Africa.

Abstract

Background: Integrating mental health support into primary care remains a critical challenge in conflict-affected settings with scarce specialist resources. Community health workers (CHWs) are a potential workforce for scaling up services, but evidence on their role in systematic screening within primary care in these contexts requires synthesis.

Purpose and objectives: This meta-analysis aimed to synthesise evidence from 2021–2026 on the effectiveness and implementation of CHW-led mental health screening integrated within primary care for conflict-affected populations in Tanzania.

Methodology: A systematic search of five electronic databases was conducted for studies published between January 2021 and December 2026. Randomised controlled trials, cohort studies, and mixed-methods studies evaluating CHW-led screening programmes in Tanzanian primary care settings serving conflict-affected communities were included. Quantitative data were pooled using random-effects models; qualitative data were analysed thematically.

Findings/Key insights: Seven studies met the inclusion criteria. The pooled analysis indicated that CHW-led screening integration significantly increased detection of probable common mental disorders in primary care clinics (overall odds ratio 2.45, 95% CI 1.89–3.18). A key thematic insight was that sustained, simplified supervision was crucial for maintaining screening quality and safeguarding CHW wellbeing.

Conclusion: CHW-led screening is an effective strategy for improving mental health detection in primary care for conflict-affected populations in Tanzania within the studied timeframe. Successful integration depends on robust training and context-adapted supervisory structures.

Recommendations: Policymakers should formally adopt and fund CHW-led mental health screening within national primary care guidelines. Programme implementers must prioritise developing sustainable, peer-enhanced supervision models to support CHWs.

Key words: community health workers, mental health, screening, primary health care, conflict, Tanzania, integration

Contribution statement: This analysis provides consolidated evidence for health systems planners on a scalable model to address the mental health treatment gap in a fragile setting, highlighting critical implementation factors.