This is the published version:


Available from Deakin Research Online:

http://hdl.handle.net/10536/DRO/DU:30050784

Reproduced with the kind permission of the copyright owner

Copyright: 2011, The University of Melbourne: Centre for Psychiatric Nursing
12th Victorian Collaborative Psychiatric Nursing Conference
11th & 12th August, 2011
“Providing quality mental health nursing in primary health care settings in Kenya: A discussion paper”

Elijah Marangu(Deakin University)
Prof Anna Karani (University of Nairobi),
Assoc Prof Natisha Sands (Deakin University)
Assoc Prof Stephen Elsom (Melbourne University)
Background

• 14% of the global burden of disease has been attributed to mental, neurological and substance use disorders (WHO 2008)

• The World Health Organisation has noted a widening gap between what is available and what is needed to address the Mental health needs of people in low and middle income countries (WHO 2008)

• Mental Disorders are a significant problem in Kenya and other countries in Sub-Saharan Africa but scarce health budgets target few high profile health problems including AIDS, Tuberculosis, Malaria and Childhood Vaccination (Jenkins 2010)
MENTAL HEALTH SERVICES IN KENYA

- 1:5 prevalence consistent with global prevalence rates (MhGAP 2008), plus increased burden related to:
  - HIV/Aids and associated emotional stress, depression and cognitive impairment in terminal stage*
  - Rapid urbanisation leading to violent crimes, substance and alcohol use and poor access to available services
  - High poverty levels
  - Internally and externally displaced people due to civil war and tribal conflict leading to more than 0.5 million people in refugee camps
  - Unemployment
  - Large number of youth 15 – 28 years in the population who are mainly unemployed and unable to access tertiary education
  - Stigma

Kenya: Some facts

- Population – Nearly 40 million people mostly young*
- One in 10 children die before the age of 5 years
- Leading cause for morbidity and mortality is Malaria
- In-country research has put prevalence rate for psychiatric morbidity at 25% in Kenya (Kiima 2004)
- HIV/AIDS prevalence is 7.4%*

*Rakuom C (2010)
# WHO (2009)
Kenyan Health System service structure

*Levels of health care delivery in the Kenya Essential Package for Health (KEPH) (Rakuom 2010)
Kenyan Health system

• 51% of health services are funded by the government

• 49% health care delivery involves a number of stakeholders including private organisations (for profit), church/religious based organisations (not for profit) and development partners eg USAID, UNICEF, DANIDA, World Bank

• Traditional healers play a critical role in informal health service delivery in Kenya

Rakuom C (2010)
Kenyan Health System: issues

• Bloated public service at executive level (Ministry of Medical Services and Ministry of Public Health)
• Low budget (4.3% of GDP)*
• Model ‘muddlement’ (Medical - Primary Health Care – Market Model): mental health services have remained with the medical model
• Poor health infrastructure

*(WHO 2009)
Kenyan Mental Health System Resources

• Workforce: 75 Psychiatrists and 500 Psychiatric Nurses, less than 20 Social workers and Psychologists to manage 40 million people

• Budget: only 3% of the health budget is dedicated to mental health services

• Beds: Less than 1000 beds in three main hospitals for the whole country

*Ndetei (2007)
Treatment of people with mental illness in Kenya
Locked up and forgotten
Positive but rare messages

Mental health is real wealth

Call us on
Tel: +254 020 2716315
Cell: +254 722 518365

or Email us on
info@mentalhealthfoundation.com
Poorly regulated services
Schools can play a role in promoting mental wellbeing

SEEK ADVICE & COUNSELING FROM THE TEACHER
Barriers to effective care for people with mental illness

- Lack of stewardship instruments (policies and regulation) for mental health
- Stigma
- Poverty
- Low political and health policy agenda for mental health
- Lack of core indicators for mental health problems enhances invisibility of burden related to mental illness, this increases marginalisation
- Lack of community-based mental health infrastructure and concentration of resources in tertiary facility/facilities
Opportunities

- Relatively high literacy levels (74%)
- Increasingly digitised environment
- Multiple development partners currently in NGO and Donor format
- Large Youth and growing middle class
- Community ethos that value caring for the sick in their home environment

*Jenkins R, (2010)*
Key aims

• To develop capacity among primary health care workers for enhanced mental health care

• To make a case for resource mobilisation to aid nurse training and training of other categories of mental health workforce in Kenya

• To create constructive alignment of current nurse training to include mental disorders and appropriate interventions for primary care in the nursing curricula in Kenya

• To inform required staff development needs for mental disorders and their management by nursing staff and others already in the workforce
Research Plan

Achieved:

• Established a collaborative relationship between Deakin University and Nairobi University in Kenya
• Identified research partner (Prof Anna Karani) and commenced discussions on research strategy.

To be done:

• Obtain research funding from WHO and other development partners for planned research
• Raise the profile of mental health services in Kenya through conference presentations and Publications in relevant journals
Potential outcome

• Provide foundation for sustainable, multi-faceted and comprehensive mental health care services in primary care settings in Kenya through staff training
Thank you!