Toward The Nakuru Mental Health Action Plan: A Situational Analysis Report

JULY 2024

Journey Towards Nakuru Mental Health Action Plan

21st November 2023 - Waterbuck Hotel

MIDRIFT Organized for a Mental Health Sensitization forum where Dr. Nasri Omar, Focal person for Mental Health Legislation and systems strengthening, Ministry of Health was invited to sensitize the Nakuru County Health Management Team (CHMT) on the National Mental Health Policy and the National Mental Health Action Plan. The importance of having a contextualized County Mental Health Action Plan was emphasized as an important framework for actualizing the Mental Health Policy. It was agreed that after conducting a situational analysis on the state of mental Health in Nakuru county, then the Department of Health (DoH) would be ready to hold a 5-day workshop that will lead to Draft –Zero of the Nakuru Mental Health Action Plan.

22nd February 2024 – Agricultural Training Center (ATC) – Soilo

The Nakuru DoH services hosted 43 stakeholders from Various Government departments who were given a brief overview on mental health in Nakuru County by the County Health Information Officer. The stakeholders consisted of Social services, Mental Health Care workers, Youth and Gender, National Police service, Rehabilitation Facilities, County Commissioners, Civil Society Organizations and Faith Based organizations among others. This meeting resulted in the constitution of a Technical Working group of 30 representatives and MIDRIFT HURINET MERL team who were tasked with coming up with a questionnaire to conduct a baseline survey on the status of provision and accessibility of mental Health services in the county.

5th March 2024 – Christ The King Hall

The Nakuru County CHMT held a meeting to discuss the way forward regarding crafting of the baseline survey questionnaire. The CEC for health attended the meeting and she commended the CHMT for the good work. She expressed her commitment to support the formation and implementation of the MHAP. The aim of the meeting was to discuss the steps and processes in developing the Nakuru County MHAP. It was agreed after that a small representative group would create a baseline questionnaire for the upcoming baseline survey.

15th March 2024 - Department of Health Services

The meeting focused on developing the baseline survey questionnaire and defining the sampling criteria. The team drew inspiration from the Nairobi baseline survey questionnaire. The respondents who took part in the survey include; CHPs, CHEWS, Nurses, Clinical Officers, Doctors, Counselors, PHOs, Administrators, Health records specialists, Nutritionists and Correctional officers. 145 respondents took part in the survey. The survey was administered

online through Google forms and the link shared via WhatsApp to stakeholders providing mental health services. The questionnaire was disseminated on **March 25th 2024** and data collection lasted for three weeks till **April 15th 2024**.

June 14th to August 5th 2024 Data Analysis

Data Analysis of and writing of the MHAP Situational Analysis Report by representatives from DoH and MIDRIFT Research department. After completing the data collection through Google forms, responses were exported and organized for analysis. Upon completion of the analysis and drafting of the report, Lydia presented the findings to the County Director of Medical Services.

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Glossary

Definition of Key Terms

Mental Health- According to the World Health Organization, mental health is a state of well-being where individuals can realize their full potential, cope with life's stresses, work productively and contribute to their community

Health Care workers - All people engaged in activities whose primary intent is to enhance health

Mental Health Action Plan - A structured and detailed roadmap that emphasizes the need for services, policies, legislations, plans, strategies and programmes to improve and support mental health

Psychosocial Support- Actions that address a person's emotional, social, mental and spiritual needs as well as psychological and social needs of individuals, families and communities to promote positive human development and build resilience to help people cope with adversity.

Community based mental health - Is a system where the community is the primary provider of mental health services

List of Abbreviations

CECM County Executive Committee Member

CHP Community Health Promoter

CHMT Community Health Management Team

CGN County Government of Nakuru

CSO Civil Society Organisations

DOH Department of Health

EAP Employment Assistance Programme

FBO Faith Based Organization

GOK Government of Kenya

HCW Health Care Workers

HIV Human Immunodeficiency Virus

HURINET Human Rights Network

KHIS Kenya Health Information System

LMIC Low- and Middle-income countries

MHAP Mental Health Action Plan

MHPSS Mental Health and Psychosocial Support

MOH Ministry of Health

NCDs Non communicable diseases

NCTRH Nakuru County Teaching and Referral Hospital

NGAO National Government Administrative Officers

NHIF National Health Insurance Fund

OJT On Job Training

SPSS Statistical Package for the Social Sciences

PDO Psychiatric Disability Organization

PFA Psychological First Aid

PM+ Problem Management Plus

PMC PubMed Central

TB Tuberculosis

TOT Training of Trainers

WHO World Health Organization

Background Information

According to the World Health Organization (WHO), health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. Mental health on the other hand refers to a state of mental well-being that enables people to cope with the stresses of life, realize their abilities, learn well and work well, and contribute to their community (WHO, 2022) . It is an integral component of health and well-being that underpins our individual and collective abilities to make decisions, build relationships and shape the world we live in. Mental health is a basic human right. And it is crucial to personal, community and socio- economic development.

Mental health is more than the absence of mental disorders. It exists on a complex continuum, which is experienced differently from one person to the next, with varying degrees of difficulty and distress and potentially very different social and clinical outcomes. Good mental health enables people to realize their potential, cope with the normal stresses of life, work productively, and contribute to their communities. Individual psychological and biological factors such as emotional skills, substance use and genetics can make people more vulnerable to mental health problems (WHO, 2018).

Globally, 1 in every 8 people, or 970 million people around the world are living with a mental disorder, with anxiety and depressive disorders being the most common (Global Health Data Exchange, 2019). In 2020, the number of people living with anxiety and depressive disorders rose significantly because of the COVID-19 pandemic. Initial estimates show a 26% and 28% increase respectively for anxiety and major depressive disorders in just one year (WHO, 2O22). While effective prevention and treatment options exist, most people with mental disorders do not have access to effective care. Many people also experience stigma, discrimination and violations of human rights, (WHO,2022).

Mental and substance use disorders are a major public health concern globally, with high rates of disability, morbidity, and mortality associated with these. In low- and middle-income countries, such as Kenya, mental health is often given low priority, and resources for the prevention and treatment of mental and substance use disorders are limited. Adolescence and young adulthood are critical periods for the development of mental and substance use disorders, with many disorders emerging during this time. In Kenya, the burden and risk factors of mental and substance use disorders among adolescents and young adults is not well understood.

In Kenya, a taskforce on mental health was launched by the Kenyan Ministry of Health in the year 2020 which noted that depression and anxiety disorders were the leading mental illnesses diagnosed in the country followed by substance use disorders. The report noted that among the different types of substances, alcohol contributes to the largest burden of substance use related illnesses in Kenya. Of great concern is how mental distress exacerbates high risk behaviors like alcohol abuse which is most prevalent in the 18–29-year-old age group.

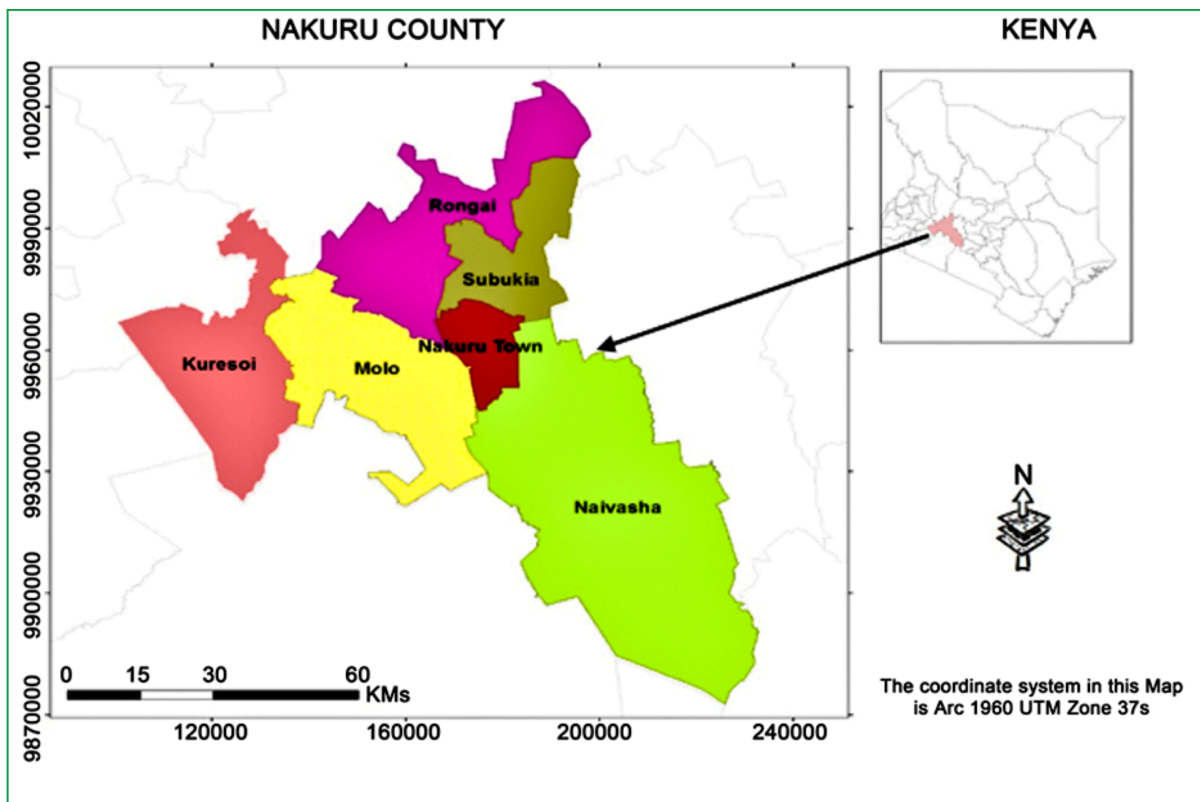
Many mental health conditions can be effectively treated at relatively low cost, yet health systems remain significantly under-resourced and treatment gaps are wide all over the world. Mental health care is often poor in quality when delivered. People with mental health conditions often also experience stigma, discrimination and human rights violations (WHO, 2019). Exposure to unfavorable social, economic, geopolitical and environmental circumstances – including poverty, violence, inequality and environmental deprivation – also increases people's risk of experiencing mental health conditions.

Mental Health Context In Nakuru

Nakuru County is one of the 47 Counties in the Republic of Kenya. The County lies within the Great Rift Valley and borders eight other counties namely; Kericho and Bomet to the West, Baringo and Laikipia to the North, Nyandarua to the East, Narok to the South-West and Kajiado and Kiambu to the South. It comprises of 11 sub-counties/constituencies namely; Naivasha, Nakuru Town West, Nakuru Town East, Kuresoi South, Kuresoi North, Molo, Rongai, Subukia, Njoro, Gilgil and Nakuru North and 55 wards. The County population projection of 2,396,522 for the year 2024, Male contributes 1,188,425 while female has 1,208,097 and is expected to hit 2,445.196 in the year 2025. It has a growth rate of 3.5 with a population density of 312/sq.km.The households are estimated to be at 479,304 as of 2024.

Nakuru County's administrative structures consists of 11 Sub- counties namely; Nakuru East, Nakuru West, Naivasha, Molo, Njoro, Kuresoi North, Kuresoi South, Rongai, Nakuru North, Subukia and Gilgil. There are 39 divisions, 145 locations and 303 sub-locations. The County government has 11 administrative Sub-counties namely; Nakuru East, Nakuru West, Naivasha, Molo, Njoro, Kuresoi North, Kuresoi South, Rongai, Bahati, Subukia and Gilgil. It has 11 electoral constituent units and 55 wards and 11 constituencies. Most of the wards are concentrated towards the North west while there are few wards towards the southern part of the county.

Figure 1: Map showing administrative regions in Nakuru



The County Government of Nakuru (CGN) is a devolved Government established under the County Government Act No 17 of 2012, whose mandate is to decentralize government functions transferred to the County under Article 187 of the Constitution with the aim of promoting democratic and accountable exercise of power, to give powers of self-governance to the people, to protect and promote the interests and rights of minorities and marginalized communities, to promote social and economic development. Under the Kenyan Constitution 2010 on devolution, the health service delivery function was transferred to county governments while the national government retained policy and regulatory functions. County government holds responsibility for planning, management and budgeting. Therefore, for better supervision, implementation of policies and promotion of quality of life, the Department of Health Services is mandated to offer these services.

Healthcare service in Kenya is provided by public health hospitals, private-for-profit facilities and non-governmental organizations (M. Diop, 2014). Public health facilities are organized around a four-level system: (1) community services, (2) primary health services, (3) county referral services and (4) national referral services.

Nakuru offers mental health services in various health facilities across the county, with the highest workload being registered in Gilgil Sub-County Hospital. The facility being an annex of the National mental referral hospital Mathari, handles 41% of all mental health services in the county according to the workload statistics from the Kenya Health Information System (KHIS).

The facility although understaffed provides mental health services to over 600 clients on a monthly basis from Nakuru county and its environs. This includes both the inpatient department which runs all week and the outpatient department which runs from Monday to Friday. Additionally, the inpatient department accommodates long stay patients who were admitted as far back as during the colonial period with no extra external support. With its huge workload the facility would benefit from specialized mental health professionals and a rehabilitation center for optimal service delivery.

Study Significance

Situational analysis, a formative research process, is an assessment of the current status and is fundamental to designing and updating national policies, strategies and plans (World Health Organization, 2018). A situational analysis was used to define the circumstances prevailing in the county including needs, opportunities, resources available, service provision, challenges, and barriers when seeking mental health services. Mental health conditions are major contributors to the increasing burden of disease worldwide; they are the seventh leading cause of disability, contributing 4.9% of total disability-adjusted life years. Three-quarters of this burden is spread among low- and middle-income countries (Belgeo, 2018).

The county government of Nakuru has shown strong commitment for improving mental health care and getting services to the people who need them, as evidenced by the development of a mental health action plan. This is a critical milestone in the journey towards the development of accessible, affordable and acceptable mental health care for all Nakuru residents and neighboring counties. In Nakuru, a 2024 study indicated that 75.1% of residents within the informal settlements of Nakuru were aware of the existence of mental health problems in their community (MIDRIFT MHPSS Endline Evaluation, 2024). The participants explained mental health problems to mean chronic stress, depression, suicidal thoughts, bipolar disorder, isolation, hallucinations, addiction problems, grief, anxiety and trauma.

In this regard a situational analysis has been conducted to provide contextual information on the existing status of mental health services in Nakuru as well as to develop a county mental health action plan. The Action Plan will help Nakuru County to achieve Sustainable Development Goal target 3.4: reduce by one third premature deaths from non-communicable diseases through prevention and treatment, and promote mental health and well-being.

In terms of access to mental health services, 48.2% of community members in Nakuru East, Nakuru West, Naivasha and Njoro are aware of the existence of mental health services. Overall findings show that the level of awareness on the existence of MHPSS services in the project intervention area differs depending on the area. The situational analysis investigated:

1. Level of awareness by health care providers on mental health and mental health services
2. Perception by health care providers on the state of mental health services in Nakuru

3. Barriers faced in accessing mental health services by the community and by the health workers.

The findings of the situational analysis will inform the development of the mental health action plan which will ensure residents of Nakuru will receive quality mental health and social care services, get support from skilled health workers in community-based settings, will participate in the reorganization, delivery and evaluation of services so that treatment better suits their needs and will gain greater access to government disability benefits, housing and livelihood programmes, and better participate in work and community life.

MIDRIFT Human Rights Network

MIDRIFT Human Rights Network (MIDRIFT HURINET) is a non-profit organization established in 2008, focusing on three thematic areas: peace and security, governance and human rights, and institutional development and support. Under the thematic area of promoting peace and security, MIDRIFT collaborates with the Department of Health Services to promote access to Mental Health and Psychological Support (MHPSS) services to survivors of gender-based violence and other forms of violence in Nakuru County. The interventions include training Community Health Promoters and Community Health Extension Workers (CHEWs) to provide community-based psychological counseling.

MIDRIFT has supported the process towards developing the Nakuru County Mental Health Action Plan (MHAP) through hosting stakeholder engagement workshops, research expertise in the design and analysis of data to inform the situational analysis report and facilitating series of workshops where stakeholders from the Mental Health Technical Working Group convened to create a roadmap for the action plan. Additionally, MIDRIFT supported the MHAP situational analysis report by participating in the creation of the phrasing of the research questions.

Problem Statement

According to the Kenya mental investment case findings, the total estimated economic burden on account of mental health conditions on the Kenyan economy in 2021 was Kes 62.2 billion (US$571.8 million), an equivalent loss of 0.6% of the GDP in 2020 (Lancet Psychiatry, 2022). Lost productivity due to premature mortality, absenteeism and presenteeism accounted for the largest share of this annual cost amounting to Kes 56.6 billion while health care expenditure accounted for Kes 5.5 billion (Lopez, Mathers, Ezzati, Jamison & Murray, 2001). This shows the multidimensional impact of mental health on Kenya's development.

In order to close the gap between mental health needs and services, activists and researchers have initiated a task-sharing also referred to as *task-shifting* approach (WHO, 2007), from specialist mental health professionals to non-specialist health workers in LMIC primary health care settings (Patel et al, 2007). The provision of mental health services is influenced by several

factors; the main challenge in Kenya is poor diagnosis and lack of service provision because of the limited number of psychiatrists in Kenya.

According to WHO report 2022; Helping break mental health care barriers in Kenya, there are only 100 psychiatrists, 400 psychologists serving a population of over 50 million. Mental health is not a recognized field; hence practitioners are not being connected to the need. Kenya has trained psychologists, but due to a lack of clear structure, psychologists are poorly employed and end up volunteering their time (WHO, 2022). Psychologists can do a lot in prevention before people become mentally ill. The skills people learn through recovery through therapy translate into other parts of their lives. They work better, they have better relationships at home, they function well in the community, they look for social support and build on it.

Lack of data on prevalence of different types of mental disorders in the country as well as service utilization data (e.g. number and length of hospitalizations, number of consultations in outpatient departments and in rehabilitation services) is a critical element of the mental health situation analysis. However, due to limited technological adaptations, lack of coordination between mental health actors and duplication of roles, planning for service delivery is a challenge. The county also lacks a comprehensive action plan towards the provision of mental health services. The action plan should be able to provide a map of existing facilities in Nakuru providing mental health, the human resource available for provision of mental health both in specialized and general health settings, mental health training opportunities, both initial and 'in service' for health providers, recruitment and retention measures for skilled mental health workers and a detailed description of the quality of the mental health services available (who, 2018.

Methodology

The survey utilized the Descriptive research design as a general plan of answering the research questions. Descriptive survey design describes the characteristics of the target population primarily focusing on describing their nature, characteristics and experiences. The target group for the study included members of the mental health technical working group, medical services, public health officers, education officers, youth representatives, security officials, public administrators, CSO's, community health promoters etc.

A questionnaire was developed by the CHMT in consultation with MIDRIFT researchers based on indicators from the National Mental Health Policy. The questionnaire drew inspiration from the Nairobi situational Analysis survey questionnaire. Data was collected between March and April 2024 through administration of digital survey questionnaires by the use of Google Forms. The form was shared via WhatsApp groups to the targeted respondents mentioned above working in health facilities and in the community.

Sampling criteria

Purposeful sampling technique was adopted for this study. This is a non-probability sampling technique where participants are selected due to their unique characteristics as relevant for this study. Respondents for the survey were through a WhatsApp group by health care workers, CSOs providing mental health services, and community health promoters formed in the past forprofessional engagements. Purposeful sampling was preferred because it is cost effective, less time consuming and participants were information rich. The limitations for using purposeful sampling techniques is that the researcher is subject to judgment bias. The total number of respondents who were targeted for the survey was 160 from 45 mental health facilities, however 145 participants participated thus indicating a 86.3% success rate. This according Kothari (2007) is sufficient for analysis and deduction of knowledge.

Table showing target respondents presented alongside health facility level

Health facility level	Target Participant
Level 5	1 Psychiatrist, 1 Clinical Officer, 1 Nurse
Level 4	1 Medical Superintendent, 1 Clinical officer, 1 Nurse and 1 Records person
Level 3	1 Facility in Charge, 1 Nurse and 1 Pharm-tech
Level 2	1 Facility in charge, 1 Public Health Officer
Level 1	1 Community health promoter, 1 Administrator e.g Chief, 1 Community gatekeepers e.g religious leader, youth leader, village elder

Review of Literature

The researchers selected journals to inform the reviewed literature based on the following inclusion and exclusion criteria: journals published by credible institutions, within a 10-year period i.e. 2014-2024 and relevant to the topic at hand. The inclusion criteria for these sources focus on publications from reputable, peer-reviewed journals that were released within the past ten years. This time frame ensures that the information is current and relates to the most recent developments and dynamics in mental health. Search terms included: Mental health, mental health act, policy, mental health vs economic development, Nakuru county, health care workers, challenges facing mental health provision in Kenya etc. Conversely, exclusion criteria included articles older than 10 years, lack peer review, or do not relate to contemporary mental health.

Literature was obtained from Government records, academic websites such as Google Scholar, PubMed Central, Research gate and Civil Society research databases. This study was guided by research questions that were developed in order to guide the search of the articles.

Data Analysis Techniques

The questionnaires were administered online through Google forms and the link shared via WhatsApp stakeholders providing mental health services. Upon completion, the respondents' data was exported and organized using Google sheets for analysis and interpretation. A summary of the responses was then downloaded into excel spreadsheets for analysis. SPSS Version 26 was used to inferential statistical analysis and to summarize numerical outcomes. The data was presented in pie charts and graphs to provide a clear visual summary of variables. NVIVO Qualitative analysis software was used for coding the responses to identify themes and patterns. Through content analysis, responses with common themes were grouped into coherent categories, for a comprehensive interpretation of the data.

Results and Findings

Data was collected from 145 respondents using a semi-structured questionnaire for more in-depth information on the status of mental health services in Nakuru. The participants provided consent to fill the questionnaire willingly. The participants were assured of anonymity and no identification information e.g. name, ID or telephone details were captured. The self-administered questionnaire was filled by the following stakeholders providing mental health services:

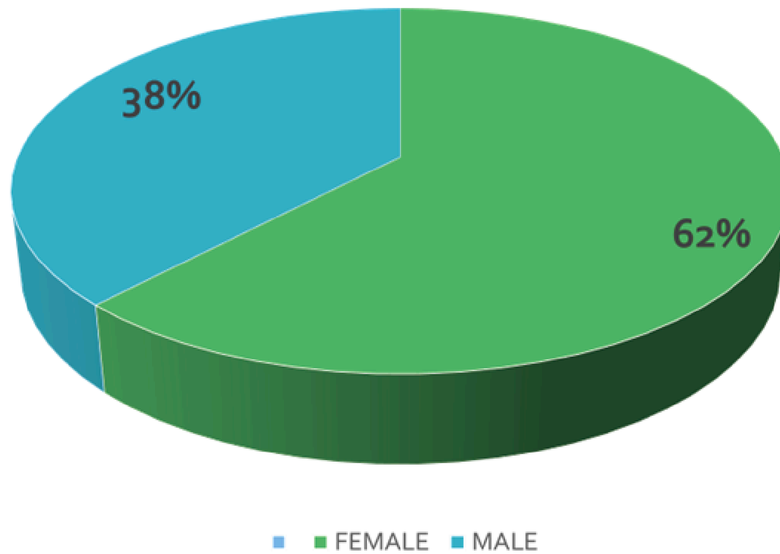
Table showing number of study respondents.

Occupation	Number of participants
CHP/CHO/CHW	44
Nurse	38
Others	15
Clinical Officer/Doctor	11
Counselor	12
PHO	10
Administrator	5
Health records	4
Nutritionist	3
Correctional officer	3
Total	**145**

Demographic Information

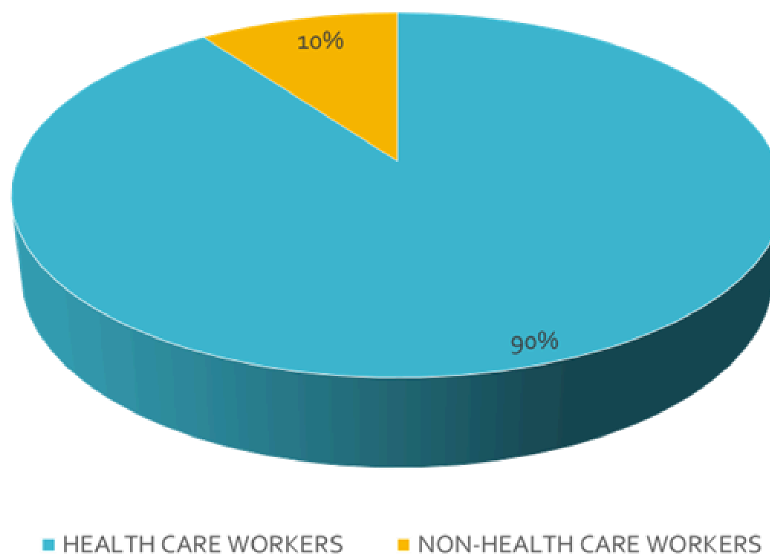
I. Gender

Descriptive statistics were generated from data collected from the respondents. Out of the 145 participants that were reached, the majority were at 63% and males at 38%. The data is presented in the pie chart below:

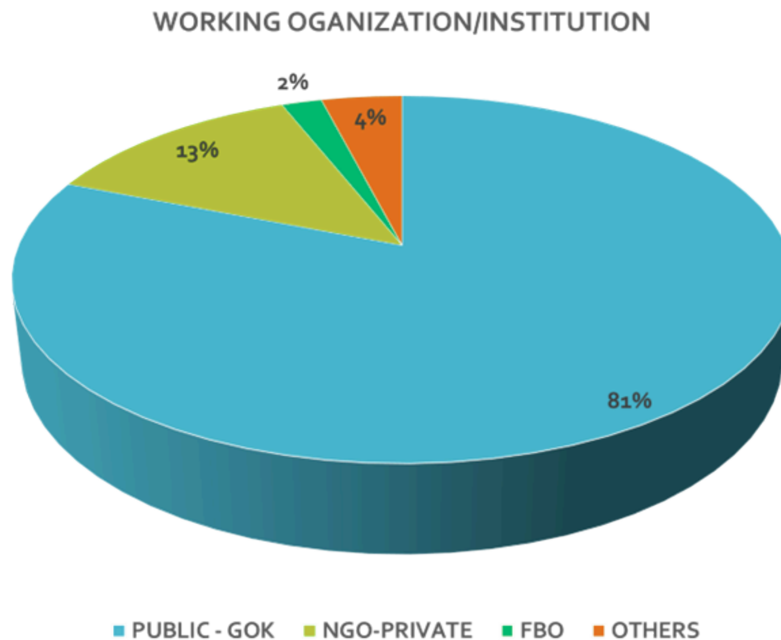


II. Occupation

As part of descriptive data, the participants provided information about their work. Majority of the respondents work in public medical setting, either in facilities or in the communities (CHPs) while others are non-health care workers in public sector. The results show that 90% of the respondents were health care workers, while 10% worked in other sectors/ministries. The data is summarized in the chart below:

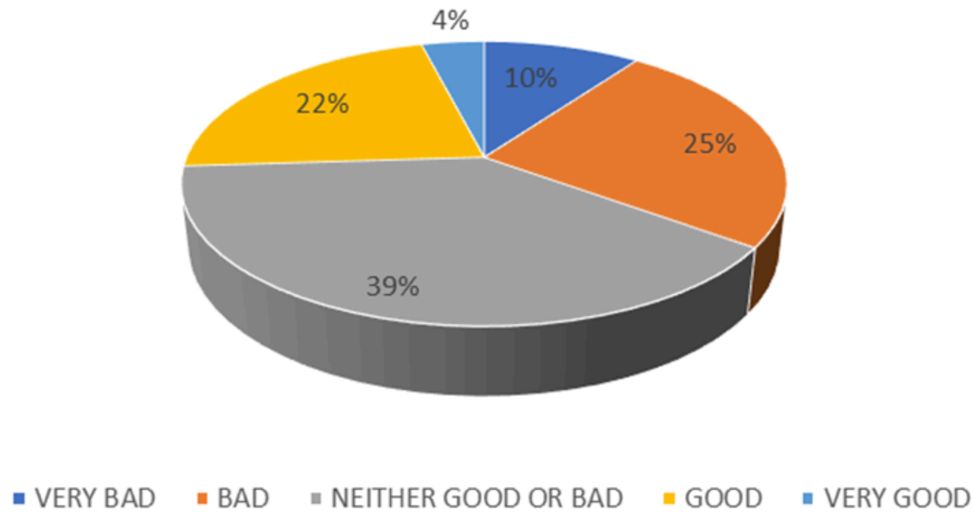


The respondents were also dominant in the health care department within the public sector at 81%, and 13% were in the private sector. 4% were in the NGO/Private sector while 2% work in faith-based organizations.



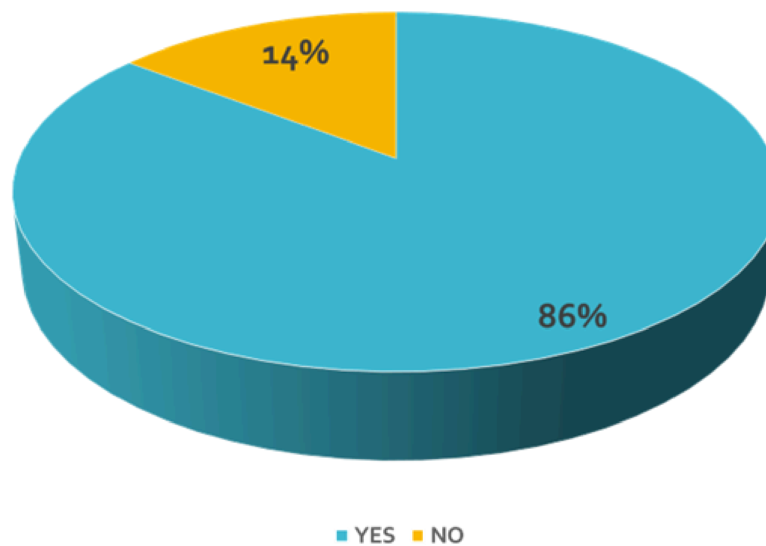
III. Current State of Mental Health Services in Nakuru

On perception of the current state of mental health services and support in Nakuru County, the analysis showed that majority of the respondents at 39% felt that it was neither good nor bad, followed by 25% who indicated that it was bad and 22% indicated that the services were good, with the least respondents being as very good. The findings are presented in the pie chart below:



IV: Mental Health Awareness

Mental health awareness is vital in recognizing whether people know about the availability of these services and most preferably where one can access these services. From the survey analysis most of the respondents were aware of the mental health services at 86% while the minority 14% were not aware of the mental health services



The services mentioned by respondents ranged from preventative, promotive, rehabilitative and curative services. Preventive services focus on promoting mental health and enhancing individuals' coping abilities, rather than just addressing symptoms and deficits (WHO, 2022). The preventive services available in Nakuru County as mentioned by the respondents include; guidance and counseling, debriefing sessions, providing Psychosocial First Aid (PFA) services, routine screening and mental health screening for PLHIV and GBV patients and Problem management plus (PM+).

The World Health Organization defines health promotion as the process of enabling people to increase control over, and to improve their health (WHO, 1986). Promotive mental health services available in Nakuru County include; Community mental health sensitization, promotion of good mental health through awareness campaigns, awareness walks, mental health outreaches, staff sensitization of staff on mental health and support groups.

Rehabilitative services include behavioral therapies that address the underlying causes of addiction, helping individuals modify their attitudes and behaviors related to substance abuse (Dalton et al, 2021). Rehabilitative services mentioned in Nakuru include; psychological counseling, drug and substance abuse counseling, treatment for drug addiction and alcoholism and medicinal detoxification. Curative services comprise healthcare contacts during which the principal intent is to: cure mental illness, relieve symptoms of mental illness, reduce severity of mental illness, protect against exacerbation and/or complication of mental illness which could threaten life or normal functions (OECD, 2023) The services that were mentioned include; psychiatric services, counseling for individuals with mental health disorder, psychiatric hospitalization, inpatient mental health treatment, psychiatric medication and individual therapy and assessment, diagnosis treatment and medication therapy.

Some respondents also identified facilities and organizations where mental health services are available. This includes both public and private institutions such as; Gilgil Sub County Hospital, Nakuru county teaching and referral hospital, PDO Kenya, MIDRIFT, Haven of Dreams, Arcadian Counseling Centre, Dandelion, Alika Health, Coven and Red Cross. In addition, respondents mentioned the role of personnel available in these facilities to include; psychological counselors, mental health nurses, private service providers and students mentoring for psychiatric experience.

Barriers/Challenges in accessing Mental Health Services In Nakuru

The respondents shared their insights into the challenges faced by residents seeking mental health support in Nakuru County. Some of the challenges highlighted include: difficulties encountered in mental health service provision and the factors that may have contributed to these obstacles. They listed challenges faced in accessing mental health services as health practitioners, e.g. lack of sufficient personnel to offer mental health services in the hospitals,

competence of personnel providing these services, cost of accessing mental health services at the local health facilities, and the stigma associated with seeking mental health support. The barriers found have been discussed below:

Scarcity of Practitioners

Nakuru County has only two public facilities providing in-patient services for mental health treatment services; Nakuru County Teaching and Referral Hospital and Gilgil Sub-County Hospital. These hospitals have dedicated psychiatric wards. The participants indicated the lack of enough mental health staff in these facilities due to limited resources, low bed capacity and an observable skills gap among mental health practitioners; with many healthcare professionals task shifting to mental health roles due to the shortage of specialized practitioners. In addition, the Doctor to Patient Ratio (Psychiatrist) is low, serving a county of approximately two million people.

Access to mental health services were mentioned to be generally inadequate, especially for the larger population living in rural communities. The unavailability of mental health services at lower levels exacerbates the already fragile mental health needs of these communities, leaving many without necessary support.

The stigma associated with seeking mental health services was also mentioned by the participants as a barrier to accessing mental health services. Poor access to care has led to the persistence of negative beliefs and myths surrounding mental health. There are misconceptions and limited awareness about available mental health services, and one participants mentioned that some individuals seeking help were viewed to be pretending.

Burn Out by Medical Practitioners

Health care workers expressed that they do not have safe spaces to debrief and they do face mental health issues that affect their work performance. Some workers have experienced mental breakdowns, depression, burnout, and stress due to workload and it was a challenge finding a counselor. This is combined with inadequate human resources to provide mental health services and no clear support structure for mental service provision for both the staff members and clients who come to the health centers.

A care worker noted that;

> *As a health care worker, we need at least a psychologist at my workplace and also for our patients......due to the few numbers of health care workers at our facility...most of us are going through mental breakdowns, depression ...burnout... stress to the point of not being able to offer good health care.*
>
> --*(Respondent 56)*

Another health care worker noted that;

> *I have been suicidal sometimes back but it was not a nice experience, getting a councilor anytime you feel down was not possible. As a health care worker I have never been screened for mental health and the services to the general public is very limited (Only few can access it.)*
>
> --*(Respondent 50)*

Cost of accessing services

Financial constraints, self-stigma, and lack of awareness were mentioned as key barriers to accessing mental health services. The cost is particularly high in rural areas where services are not consistently available at level 2, 3, and 4 facilities, preventing many clients from getting the help they need and they opt to seek treatment in private institutions which is costly compared to public facilities. Additionally, there is a lack of clear information about where to access these services, making it even harder for individuals to seek help in a timely manner, which can worsen their conditions.

Cost was particularly challenging among unemployed individuals who must incur transportation and medication costs when seeking treatment. Besides availability and affordability, promoting mental health services through public awareness is essential to encourage help seeking behavior. Therefore, participants noted that it is important not only to make the services accessible and affordable but also to raise public awareness about the importance of seeking mental health care.

Infrastructural Gaps

Mental health is not sufficiently budgeted for in Kenya. Participants highlighted that the few psychiatric hospitals in Nakuru County are in a bad state, suffering from neglected wards, lack of space, lack of motivation among staff, and lack of equipment and drugs. Due to few mental health personnel, patients face lengthy wait times and non-procedural processes when accessing services. The absence of diagnostic equipment and mental health medications further exacerbates the situation. Additionally, there is a general shortage of conducive facilities to accommodate clients.

Lack of Awareness on Mental Health Services

Awareness of mental health problems and where to seek services is key for access. The participants mentioned that most people aren't aware that they can access mental health services individually without attaching it to any medical need. The lack of skills to recognize common mental health issues remains a gap among many community members. Even if they do acknowledge their mental health needs, they are often unwilling to open up about their issues.

The lack of awareness on available mental health services was mentioned to be low and due to the insufficient personnel, clients often do not know where to begin. The participants highlighted that inadequate information about mental health services further affects access. Further, there is little resource allocation to promote, sensitize, and create awareness in the communities.

In addition, the participants highlighted that there exists stigma associated with mental illness and psychological disorders. Survivors of gender-based violence (GBV) were mentioned to be unaware of where to get help and hardly share their experiences in the belief that they will not receive the help they need. Respondents also mentioned that the mental health referral system remains unclear for mental health care with the only referral facility mentioned being Nakuru County Teaching and Referral Hospital.

Lack of Prioritization of Mental Health Services

Participants indicate that there is a general lack of prioritization of mental health services due to competing priorities within the health sector where mental health is often overshadowed. The respondents added that mental health is not treated with as much priority as other health programs like HIV, immunization, TB, and malaria. In addition, there is insufficient staff for mental health care, few psychiatric doctors and low sensitization about the available mental health services.

Scarcity of Mental Health Services

Accessing mental health services is particularly challenging in rural areas where there are a few facilities with psychiatric wards. Most are located in the major towns of Nakuru where services are available at the county referral hospital, making them inaccessible for many due to cost and distance. Economic challenges and limited sensitization about available services further contribute to lack of access. In Nakuru, there is a lack of public owned rehabilitation centers and inadequate community support structures for drugs and substance users.

Recommendations

Advocacy and Lobbying for funding Mental Health.

From the findings, there is a need to advocate for funding for mental health services which are scarce and inaccessible to many individuals. Advocacy should include; funding to hire additional mental health practitioners at level I, II, III, and IV health facilities; advocate for mental health services and medications to be catered for by the Government Health Insurance Fund; Lobby for Counties to invest in mental health infrastructure like wellness centers, renovate the existing mental health facilities and construct mental health facilities in each sub county. The general feeling from the respondents was that mental health services and funding should receive the same priority and support as other illnesses, supported by appropriate policies and laws.

Raise Awareness on Mental Health Services

The findings revealed that individuals seeking mental health services are stigmatized. This stigma stems from community perceptions that mental health problems are associated with witchcraft. Therefore, it is crucial to create awareness on the meaning of mental health and the availablefacilities that offer these services through health education and public sensitization programs. This will address the negative perceptions on mental health, reduce stigma and encourage help seeking behavior. One key recommendation is to strengthen mental health services into the education system, whereby the Ministry of Education can employ professional counselors to provide mental health support to students ensuring early intervention.

To further public awareness, a recommendation was to reach mental health champions who will spearhead community sensitization efforts. The champions can work closely with mental health practitioners to make referrals. The aim is to educate the community on early detection and diagnosis of mental health problems, teach on healthy coping strategies, and provide information on where to seek help. The awareness can be conducted using flyers, billboards and media campaigns, public forums, and community meetings.

Adopt Best Practices from Existing Mental Health Interventions

There are various non-governmental organizations partnering with the Nakuru County Department of Health providing mental health services to the community in the County. Some of the working interventions provided by Community Health Promoters include; Psychological First Aid (PFA)[1] and Problem Management Plus (PM+)[2].

[1] *PFA is a set of skills and knowledge that can be used to help people who are in distress. It is a way of helping people to feel calm and able to cope in a difficult situation. https://pscentre.org/wp-content/uploads/2019/07/PFA-Intro-low.pdf*

[2] *A scalable psychological intervention called Problem Management Plus (PM+) for adults impaired by distress in communities who are exposed to adversity. https://www.who.int/publications/i/item/WHO-MSD-MER-18.5*

It is recommended that the County adopts and institutionalizes some of these best practices into the mandate of Community health as well as integrated into the County Mental Health Action Plan to strengthen the mental health referral pathway and ensure smooth transition of clients seeking mental health services.

Capacity Strengthening

All healthcare workers should be capacity built on mental health issues, how to identify common mental health illnesses in the community or at the facility level and where to refer/offer treatment. This can be achieved by having training, workshops, seminars, webinars and other avenues of capacity building. With the increase of mental health cases in Nakuru County, there is need to capacity build more Community Health Promoters to provide community based mental health and psycho-social support services within the community health units. This can enhance access to mental health services by community members and also increase number of referrals to hospitals. Apart from the health care workers, community leaders should also be sensitized on basic mental health such as common signs & symptoms of mental health problems and basic first aid skills and referrals for available services at the community level, including handling suicidal cases. Finally, it is important to reduce the stigma among some health care workers on mental illnesses to enable them to provide the services with no bias.

Collaboration to tackle Drug and Substance Abuse

Drugs and substances affect the mental health of drug users and addicts, and there is insufficient infrastructure to address the growing addiction problem among the youth in the county. It is recommended for the County to partner with the private sector and faith-based organizations to subsidize the cost of rehabilitation as well as construction of a public rehabilitation. In addition, the County should work with the National Authority for the Campaign Against Drugs and Substance Abuse (NACADA) to raise awareness on mental health, enhance intersectoral collaboration and multidisciplinary approaches to eliminate substance abuse through creating awareness about the dangers of substance abuse.

Strengthen Community Based Mental and Psycho-Social Support Services

Mental health services are not easily accessible at the community level. To improve accessibility at community level, it is proposed that at level one, all CHPs in Nakuru need to be capacity strengthened on basic mental health strategies like PFA and PM+ to enable them to offer services at household level; ensure proper follow-up care for clients who have received mental health referral service ; increase budgetary allocation to mental health services to promote sustainability; and establish mental health support groups at the community level and conduct mental health outreaches in religious meetings and community gatherings to create awareness.

Data on Mental Health

The importance of data to inform policies and direction in mental health programmes is key in Nakuru. As we embrace technology, mental health data can be collected digitally which may be captured remotely and shared to the facility. Kenya Health Information System (KHIS) is an online
platform where all health facilities including Public Health Facilities (GOK), Faith Based Organizations (FBO), Non-Governmental Organizations (NGO), Military based Organizations, Mission based among others submit their reports on a monthly basis. It is recommended that all facilities providing mental health services be issued with KHIS credentials so as to allow for data entry into the system that can eventually inform key decisions on Mental Health policies and programmes. Data can be used for monitoring trends of mental health problems within the different regions in Nakuru and thus there is a need to capture these data and share with stakeholders.

By maintaining accurate and comprehensive data on mental health services, areas of strengthening and financing can be detected and addressed. Research data on prevalence of mental health problems in Nakuru and also studies on root causes may inform policy recommendations, resourcing of facilities and human resource support. Creating a database of facilities providing mental health and integration of these services can enhance access to services for people in Nakuru as well as availability of data on existing facilities key for planning and decision making. It is also important to have a functional and up to date system that can be used to monitor the fruitfulness of the services offered and outcomes.

The database will also allow healthcare providers and the general public to track improvements and efforts towards the preventive, treatment and rehabilitative services offered by their Government. Through prioritizing data collection and record keeping, the department of health can better understand the challenges faced in mental health and therefore work towards more productive and equitable solutions towards Mental health. Mental health data can also be captured from different sources e.g. Chiefs, CHPs, Police, other NGOs etc. The Nakuru County Health Department has mainstreamed the collection of data from CHPs, however there is need for training support to the helpers and also collaboration with NGAO for documentation and
referral of mental health cases.

Strengthen the Legal and Policy Framework

There is a need to adapt/customize a mental health action plan designated for Nakuru County mental health needs. This will ensure that the services offered in all the facilities providing mental health services are comprehensive, accessible and affordable to all members of the community, hence the county should have a policy/guideline that provides guidance. The County can put inplace policies that ensure access to mental health for health workers and also for community members by prioritizing accessibility, affordability and mental health service delivery. These policies should aim at creating a seamless and integrated system of care mental health services

are mainstreamed and made accessible to all people that are in need of the services.

Mental health services should be accessible, affordable and culturally acceptable; and needs to emphasize the importance of early intervention, prevention and education needs.

Establish More Mental Health Facilities

Data points to an increase in cases of mental health problems in the county, there is dire need to establish more mental health centers; at least one in every sub county to increase access to mental health services. The participants in this study recommended a need to establish a public rescue center for survivors of violence and people with mental illness that is available on a 24-hour basis and also affordable for community members. Publicly owned counseling and rehabilitation centers for drug and substance abusers is also needed. Mathari National Teaching and Referral Hospital is the largest rehabilitation center in the country but is currently overwhelmed with the influx of patients and demand for mental health services. With such a huge workload, it is imperative that Nakuru establish its own mental health facility that is reminiscent of Mathari. This would ease the bulge workload on the national mental facility and promote treatment for patients.

As mental health proves to be very crucial in community health, it is equally important that it is supported similarly to other NCDs at the national level which would go as far as level 3 facilities and level four facilities at the sub county level. At the bare minimum, it is recommended that all level four facilities should have at least a mental clinic up and running. By increasing facilities providing mental health services, there is also a need for increased staffing for mental health services and also expansion of relevant infrastructure for the provision of effective mental services. For facilities with mental health inpatient services; renovations, extension of wards, supply of labor and drugs is important. In support, participants recommended linkage between counselors with mental health specialists for a much better and effective service delivery.

For sustainability, it is recommended to prioritize mental health during planning and increase County budgetary allocation to mental health services; which would support training and recruitment of more health care workers, community health promoters and facilitate continuous community sensitization on mental health to members of the public.

Self-Care for Mental Health Service Providers

The participants mentioned challenges they face within the work environment. Being overwhelmed due to the low doctor to patient ratio in the facilities, high working hours and limited opportunities for debrief. To ensure mental well-being of staff it was proposed to establish an Employee Assistance Program (EAP); conduct regular team-building and debriefing sessions to reduce stress, perform annual spot checks on staff mental health by the department, employing more staff at facility levels, and finally provide a conducive and safe working environment e.g. allocating rooms for staff counseling sessions.

Staffing

As part of ensuring effective mental health services, there is a need to employ more trained staff towards the delivery of Mental health care. On job training (OJT) can be part of strengthening the skills of staff especially with the aim of integration of mental health services together with other health services. This will not only help in addressing the gaps in accessing mental health issues within the different levels of service delivery, but also encourage health seeking behavior among the population.

Furthermore, it is important to devolve mental health focal persons to the sub-county levels who will be in charge of steering mental health activities and submit periodic reports on the progress towards achievement of a mental health problem free county. The focal persons will also be responsible for training of trainers (TOTs) who can cascade mental health skills lower to the grassroots to enhance access to community based mental health and psychosocial support services.

Youth Friendly Mental Health Services

In bid to address the unique needs of young people who form a majority of the population in Nakuru, it was proposed it initiate school health programs that promote mental health among the students by incorporating mental health into the educational curriculum; creating safe spaces e.g. support groups within youth friendly facilities where youth can discuss mental health issues freely, seek help and have access to resources on how to manage mental health problems and; organize forums for peer to peer discussions on mental health can take place in a relatable and engaging manner.

Integrate Mental Health into other Sectors

Nakuru County need to formulate and adapt mental health services that address the different needs of the diverse population. This includes integrating system care with a network of community based mental health clinics and support centers within the different levels of facilities. This can also allow community inclusion and empowering individuals and communities to manage their mental health

Positive Progress

Despite ongoing challenges, there have been notable improvements in mental health services at Ward 8 of the Nakuru County Teaching and Referral Hospital (NCTRH). The ward has acquired modern equipment for handling mental health patients, leading to smoother operations and better care. A respondent mentioned that, a patient was successfully attended to, admitted, and received the necessary medication, highlighting the progress made. One of the respondents stated that;

The services in Ward 8 NCTRH service have improved

– (Respondent 61)

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ABOUT MIDRIFT HURINET

MIDIRFT HURINET is a Non-Profit organization operating in Kenya since 2008. We are dedicated to advancing Peace, Good Governance, and Human Rights in Kenya. Our work is anchored on three strategic priorities: Peacebuilding and Conflict Transformation, where we engage stakeholders and empower communities to resolve conflicts and foster a culture of Peace and Security; Good Governance and Human Rights Advocacy, where we promote transparency, accountability, and civic participation; and Institutional Strengthening and Development, where we build the capacity of Government institutions, non-state actors, and our own team to collaboratively deliver on our mission for a more just and peaceful society.

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