Re-Imagining Mental Healthcare in Kenya: Results From Mental Health Literacy Survey and Education Pilot

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**Purpose:**

Mental health care in low and middle-income countries (LAMICs) has been described as inadequate, ineffective and inequitable (Patel & Saxena, 2014; Saxena, Thornicroft, Knapp, & Whiteford, 2007). The World Health Organization (WHO) launched the Mental Health Global Action Program (mhGAP) in 2008 to address the lack of adequate mental health care in LAMICs (WHO, 2008b), yet almost 10 years later, the treatment gap for people who have a mental illness but do not receive treatment continues to widen to as much as 85% (Saxena et al., 2011).

Serious mental illness affects approximately 12% of Kenya’s population (an estimated 45 million people) (Ndetei et al., 2009; Ngui, Khasakhala, Ndetei, & Roberts, 2010), yet, there is a disproportionately small mental health specialist workforce consisting of only 75 psychiatrists and less than 500 psychiatric nurses (Kiima, 2015; Musyimi et al., 2017). This paper presents results from a study undertaken in Kenya in 2014/15 that explored gaps in mental health care and capacity-building strategies among primary health workers.

Primary health care is the mainstay of health access in LAMICs including Kenya, and WHO’s mhGAP has emphasised the need to integrate mental health into primary health care (WHO, 2008a). This research utilised the social theoretical frameworks of Cosmopolitanism (Delanty, 2012), and Amatya Sen’s Capabilities Approach (Sen & Nussbaum, 1993), as the broad lens with which to examine the Kenyan context, including current challenges that hinder mental health care and opportunities that can be leveraged in capacity building to improve mental health care.

**Methods:**

During 2014/2015, a multi-phase mixed-methods study based on the PRECEDE-PROCEED framework (Green & Kreuter, 2005) was used to undertake a mental health gap analysis with key informants (n=10) at the national level (Phase-I). A mental health literacy survey (MHL) among primary health care workers (n=212) in four counties of Kenya (Phase-II), and a mental health education program (MHEP) pilot study with primary health care workers (n=23) in one county of Kenya (Phase-III).

**Results:**

Measured against the World Health Organizations mhGAP standards, Phase-I findings reported major gaps in financing, human resources, policy, plans and legislation for mental health care in Kenya. The mental health literacy survey findings in Phase-II identified inadequate knowledge of causes and risk factors for mental illness, impacts of knowledge deficits included inability to accurately diagnose common mental illnesses. In Phase-III, a two-day pre and post-test pilot study using MHEP reported improvements in knowledge of causes, risk factors and helpful strategies for mental health care compared to baseline, this was also associated with improvements in diagnostic accuracy post-MHEP.
Conclusion:

Results from this study suggest that health workers in primary health care settings in Kenya have limited knowledge that can enable adequate assessment, diagnosis and supportive care for people with mental illness. Targeted mental health education program was successful in improving mental health knowledge of health care workers, and with positive implications for practice. Taken together, findings in this study indicate that while there are gaps that hinder access to mental health care in Kenya, targeted capacity building strategies implemented among primary health care workers who constitute majority of the health workforce can help to improve mental health care in Kenya and similar LAMICs.

Title:

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Keywords:

Mental health care, capacity-building and low-income countries

References:


Abstract Summary:
This paper presents findings from a multi-phase mixed methods study undertaken in Kenya in 2014/15. The study utilised WHO-AIMS to perform a mental health care gap analysis. A mental health literacy survey was undertaken, and results used to design and test an educational capacity-building program among primary health care workers.

Content Outline:
I. Introduction
   - Brief outline of mental health care in Kenya
   - Aims of research and research questions
II. Conceptual frameworks used in study
   - Cosmopolitanism
   - Capabilities Approach
   - Using social theory to inform research design
III. Methods
   - PRECEDE-PROCEED framework
   - Phase-I to Phase-III research instruments
   - Research settings
   - Participant information
   - Data collection and analysis
IV. Findings
   - Phase-I to Phase-III results summary
V. Implications for practice and future research
   - Lessons from research
   - Implications for practice
   - Considerations for future research
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