Re-Imagining mental health care in Kenya: results from a mental health literacy survey and education pilot.

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Overview

- Context and background information
- Theory
- Research aims and design
- Key findings: Phase-I to Phase-III
- Research limitations
- Next steps
Background

Globally:
- Over 450 million people have a mental illness\(^1\)
- 12\% of the global burden of disease, increasing to 15\% by 2020\(^2\)
- Mental health care in low and middle-income countries (LAMICs) is described as:
  – inadequate
  – inefficient
  – inequitable\(^3\)
- The treatment gap in LAMICs is estimated to be over 85\%\(^3\)

Kenya: problem statement
- Very low levels of specialised mental health workforce\(^4\)
- Poor financing for mental health care (\(<1\%\) of health budget)\(^5\)
- Poor access to mental health services\(^5\)
- Lack of policy and legislation to guide mental health services delivery\(^6\)
- Lack of knowledge and skills for mental health care in primary health care settings\(^6\)
- High disease burden related to mental disorders and associated disabilities\(^4\)
Cosmopolitanism\textsuperscript{7,8}
\begin{itemize}
\item a critical social theory
\item emphasis on openness to the world beyond the nation state to enable social transformation
\item successfully applied to studies involving complex, political, economic and social settings
\end{itemize}

Capabilities Approach\textsuperscript{9,10}
\begin{itemize}
\item Amatya Sen
\item core focus is on what individuals can do within their abilities
\item normative framework for assessment and evaluation of wellbeing and society and the design of policies and proposals for social change
\end{itemize}
KENYA HEALTHY MINDS – STUDY PHASES
Phase-I Mental Health System Assessment

Setting:
- Ministry of Health Headquarters in Nairobi, Kenya

Participants:
- Key informants in public and private sector

Instruments:
- World Health Organization’s Assessment Instrument for Mental health Systems (WHO-AIMS)\(^1\)
- Data triangulation from different sources

\(^*\) Field research image used with permission
Phase-I Findings

Mental health gaps identified in:

- Policy and legislation
- Financing
- Human resources
- Facilities
- Inter-sectoral collaboration
Phase-I Mental Health Literacy Survey

Setting:
• Primary health care (PHC) settings of Machakos, Nairobi, Murang’a and Meru Counties of Kenya

Participants:
• Health workers including, nurses, doctors and clinical officers

Instruments:
• Jorm’s mental health literacy questionnaire¹¹

* Field research image used with permission
Phase-II Findings

- Participants drawn from PHC facilities across four counties of Kenya \((n=212)\)
- Majority of the participant were nurses
- >65% under the age of 40 years
- 58.8% had <5 years experience post qualification
- 87% no formal mental health qualifications
- 91.3% reported no CPD in the 5 years preceding the cross-sectional survey

- Low diagnostic accuracy levels
- Low level awareness of helpful care options or appropriate referral pathway
- Limited knowledge of causes of mental illness and population groups at risk
- Overall, positive attitudes towards the mentally ill
### Phase-II Findings – correct diagnosis

<table>
<thead>
<tr>
<th>Selected diagnosis</th>
<th>depression</th>
<th>schizophrenia</th>
<th>Other**</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>depression</td>
<td>37 (35.6%)</td>
<td>2 (1.9%)</td>
<td>65 (62.5%)</td>
<td>104</td>
</tr>
<tr>
<td>schizophrenia</td>
<td>10 (9.3%)</td>
<td>17 (15.7%)</td>
<td>81 (75.0%)</td>
<td>108</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>47 (22.2%)</strong></td>
<td><strong>19 (9.0%)</strong></td>
<td><strong>146 (68.9%)</strong></td>
<td><strong>146</strong></td>
</tr>
</tbody>
</table>

*Chi-square goodness of fit test 29.041 (2df) p<0.001


* Field research image used with permission
Phase-III Mental Health Education Program & Survey

Setting:
Primary health care setting in Meru County of Kenya

Participants:
Health workers including, nurses, doctors and clinical officers

Instruments:
- Kenya Mental Health Education Program
- Jorm’s mental health literacy questionnaire\textsuperscript{11}

\textsuperscript{* Field research image used with permission}
Phase-III Findings

- Participants from PHC facilities in Meru County of Kenya \((n=23)\)
  - Majority of the participants were nurses
  - 40% under the age of 40 years
  - 77% had <5 years experience post qualification
  - 77.3% no formal mental health qualifications
  - 95.5% reported no CPD in the 5 years preceding the cross-sectional survey

- Improvement in participant’s ability to make correct diagnosis after mental health training \((p=0.003)\)
  - Training had minimal impact on knowledge relating to causes of mental illness and population groups at risk
  - Overall, positive attitudes towards the mentally ill and minimal impact after training
## Phase-III Findings—correct diagnosis

### Table 6.

<table>
<thead>
<tr>
<th>Diagnostic category</th>
<th>Pre-intervention $n$ (%)</th>
<th>Post intervention $n$(%)</th>
<th>p-value*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Depression</td>
<td>4(17.4)</td>
<td>11(47.8)</td>
<td>.003</td>
</tr>
<tr>
<td>Schizophrenia</td>
<td>2(8.7)</td>
<td>8(34.8)</td>
<td>.003</td>
</tr>
<tr>
<td>Other</td>
<td>17(73.9)</td>
<td>4(17.4)</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>23(100)</td>
<td>23(100)</td>
<td></td>
</tr>
</tbody>
</table>

*McNemar-Bowker Test 13.6 (3) $p=.003$*

*Field research image used with permission*
SUMMARY FINDINGS

Mental Health Care in Kenya

- National MH policies/plans
- Health worker Training
- Low mental health literacy
- Treatment and care strategies
- Budget
- MH legislation
Limitations

**Phase-I:** Bureaucracy, lack of health information systems

**Phase-II:** No validity data on Jorm’s mental health literacy questionnaire, convenience sample, large areas of inaccessible for logistic reasons

**Phase-III:** Small sample, short interval between training and post-test > recall bias
NEXT STEPS

Short term
• Provide (in accessible language) research feedback to participating Counties

Medium term
• Explore opportunities for introducing the Mental Health Education Program as a CPD module in Primary health care settings of Kenya

Long term
• Develop deeper understanding (through research) of the public mental health literacy in Kenya
Asante Sana!!
References


2WHO. (2009). Improving health systems and services for mental health: WHO.


