MENTAL HEALTH IN A DEVOLVED SYSTEM OF GOVERNMENT IN KENYA

A PAPER PRESENTED BY DR. DAVID M. KIIMA, DIRECTOR OF MENTAL HEALTH, MINISTRY OF HEALTH. DURING A WORKSHOP ON PROVIDING SUSTAINABLE MENTAL HEALTH IN KENYA ON 13TH-14TH JANUARY, 2015 AT VILLA ROSA KEMPINSKI HOTEL, NAIROBI.
INTRODUCTION

• The promulgation of the constitution of Kenya (COK) 2010 created a devolved system of government at both national and county levels.

• However, Kenya remains a unitary State with 1 national government and 47 county governments.

• The functions of the national government and county governments are defined under Fourth Schedule to the Constitution.
MENTAL HEALTH AND THE CONSTITUTION OF KENYA

• Chapter four – The Bill of Rights, of the constitution, guarantees everyone including persons with mental disorders rights and fundamental freedoms.

• Article 25 provides for the Bill of Rights which are non-derogable and may not be limited.

• Article 43(1) states that: Every person has the right to the highest attainable standard of health, which includes the right to health care services... “inclusive of mental health”.

NATIONAL GOVERNMENT FUNCTIONS

• National Health Policy formulation.
• National Health Legislation formulation.
• National Health Regulation.
• National Health Standards and Guidelines formulation.
• National Referral Health facilities.
• Capacity building and technical assistance to county governments.
<table>
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<th>Policy tiers of care</th>
<th>Corresponding levels of care at beginning of policy</th>
<th>Desired levels of care by end of policy</th>
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<td>Tier 1: Community</td>
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<td>Tier 2: Primary care</td>
<td>Level 2: Dispensaries and clinics</td>
<td>Level 2: Primary care facilities</td>
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<td>Tier 3: Secondary referral</td>
<td>Level 4: Primary care hospitals</td>
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<td>Tier 4: Tertiary referral</td>
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<td>Level 4: National referral hospitals</td>
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Mental Health Services

- Pursuant to adoption by World Health Assembly of the WHA 65.4 Resolution on Global Burden of Mental disorders and the need for a comprehensive, coordinated response from health and social sectors at country level, Kenya is obligated to implement the resolution.
• The World Health Organization during the 66th World Health Assembly (WHA) adopted WHA 66.8 Resolution on Comprehensive Mental Health Action Plan (2013-2020) to be implemented by member States.

• Kenya participated in the process and intends to implement the Plan.
MENTAL HEALTH POLICY AND LEGISLATION

• The draft Kenya Health Policy 2014-2030 includes mental health in its Strategic Objectives
• The draft Kenya Health Bill 2014 includes mental health in Part 8
• The draft Kenya Mental Health Policy 2014 at final stages
• The Kenya Mental Bill 2014 is in Parliament awaiting discussion and enactment to repeal the Mental Health Act (1989)
continued

• Kenya Health Sector Strategic and Investment Plan (2012-2017) includes mental health.
• Ministry of Health Strategic and investment Plan (2012-2014) includes mental health.
• Mental health is therefore integrated and decentralized in Kenya`s health Systems and mainstreamed in the Polices, legislations and plans.
FUNDING FOR MENTAL HEALTH CARE

• The Constitution of Kenya 2010 devolved health services function to the 47 County governments.
• The National government was left with the National Health Referral health facilities.
• The Ministry of health therefore at the moment is responsible for funding Mathari National Teaching and Referral Hospital for mental health.
• The county governments are responsible for funding of county health services which includes mental health services at community, primary, general and specialised levels.

• The Commission for Revenue Allocation (CRA) is mandated by Constitution to divide and allocate revenue vertically between the National government and the county governments as well as horizontally between the 47 county governments.
continued

• Since each county government develops its annual integrated development plan for all services, it is not possible at the moment to quantify the funds allocated to mental health services within health departments.

• At the moment, the funding levels vary from one county government to another.
APPLICABLE STRATEGIES

• De-mystification of mental disorders
• De stigmatization of mental disorders and persons with mental disorders
• De criminilization of mental disorders and persons with mental disorders
• Deinstitulization of persons with mental disorders
• Decentralization of mental health services
• Integration of mental health within health systems
• Rehabilitation and communilization of persons with mental disorders within the community
MENTAL HEALTH STAKEHOLDERS

- Public Sector-Government Ministries, Departments and Agencies (MDAs)
- Private Sector
- NGOs, FBOs, CBOs, CSOs
- UN Agencies
- Charitable organisations
- Academia
- Mental patients
- Families of mental patients
- Health care workers
PARTNERSHIP AND COLLABORATION

• The Ministry of Health, Kenya and the WHO Collaboration Centre on mental health, Institute of Psychiatry, Kings College- London have collaborated in mental health projects and programmes in the last 15 years

• The Division of Mental Health, Kenya Medical Training College, Kenya Medical Research Institute, University of Nairobi, Great Lakes University of Kenya and Kenya Psychiatric Association were involved in the collaborative work

• DFID-UK and Nullfield Commonwealth foundation funded some of the projects.
AREAS OF COLLABORATION

• Mental Health Policy formulation-an integrated approach by all sectors.

• Capacity Building in mental health at primary care level by training-Training of Facilitators, training of trainers and training of 2000 Clinical Officers and general nurses at health-center and dispensary levels respectively.

• Training of District mental health in-charges on mentorship, supervision, referral system, monitoring and evaluation of mental health services in their districts at hospital, primary care and community levels.
REFERENCES


