Providing Sustainable Mental Health Care in Kenya

A Workshop - Villa Rosa Kempinski, Nairobi

TRADITIONAL AND FAITH-BASED SERVICES

BY

VICTORIA MUTISO, MSC., PHD
SENIOR RESEARCHER

Africa Mental Health Foundation (AMHF)
Acknowledgement

Project supported by:

Grand Challenges Canada®
Grands Défis Canada

International Development Research Center through the Global Health Research Initiative (GHRI), Canada

Institute of Medicine of the National Academies (IOM)

County Governments of Machakos and Makueni for the open door policy
Traditional medicine is popular in rural communities who have little or no access to modern medicine.

In Kenya, the healthcare system has grown as a result especially in terms of hospitals and dispensaries built.

Despite this, the clinician:patient ratio is still extremely low relative to the population growth. This means that many health facilities in rural areas are overwhelmed due to understaffing.

According to WHO 80% of people globally have access to traditional medicine.
TH’s mode of treatment

- **Recognized**: history taking and use of medicinal herbs

- **Unrecognized**: Rituals, locally known as “kuausya”. The aim is to identify the source of this problem as well as warding off any evil spirits or acts of witchery.
Bill for Introduction into the National Assembly

The Traditional Health Practitioners Bill, 2014

PAGE

2457
Traditional Healers’ Bill in Kenya - 2014

- Traditional Health Practitioners Council of Kenya bill aims at regulating the practice of the TH in order to safeguard patients from unfit practitioners.

- Supports recognition of traditional healers and requires them to be registered and issued a certificate; otherwise they serve a jail term of three months or a fine of Kshs. 30,000 or both.

- This bill will thus govern their practices so as to eliminate any unforeseen malpractices in the sector.
Reducing Mental Health Treatment GAP

- Ndetei et al. reports that there is no formal channel of cooperation between traditional healers and western-trained medical professionals.

- An on-going study by AMHF funded by Grand Challenges Canada aims at creating dialogue among THPs and conventional health workers in delivering services to patients.

- These practitioners have been trained on using the mhGAP-IG, a standardized tool developed by WHO to assess priority mental conditions in LMIC.
Dialogue among Traditional, Faith Healers and Clinicians
Traditional and Faith Healers’ training on mhGAP-IG
THE COMPLEMENTARY ROLE OF TRADITIONAL AND FAITH HEALERS AND POTENTIAL LIAISONS WITH WESTERN-STYLE MENTAL HEALTH SERVICES IN KENYA

David M. Ndetei*, Director, Africa Mental Health Foundation

Lincoln I. Khasakhala, Research Fellow, Africa Mental Health Foundation

Joyce Kingori, Program Manager, BasicNeeds UK in Kenya

Alan Oginga, Research and Policy Officer, BasicNeeds UK in Kenya

Shoba Raja, Director, Policy and Practice, BasicNeeds UK in India
Traditional healers in East Africa

David M. Ndatei FRCPsych

Professor of Psychiatry, University of Nairobi; Founder and Director, Africa Mental Health Foundation (AMHF), email dmndetei@mentalhealthafrica.com

Paper presented at the Royal College of Psychiatrists’ annual meeting, 10–13 July 2006, Glasgow, UK
Traditional healers and provision of mental health services in cosmopolitan informal settlements in Nairobi, Kenya

AW Mbwayo¹, DM Ndeitei¹,², V Mutiso¹, LI Khasakhala¹,²
¹Africa Mental Health Foundation, Nairobi, Kenya
²Department of Psychiatry, University of Nairobi, Nairobi, Kenya
Some Results – 2010 – 2012
(Supported by IDRC)

31% of the referrals were confirmed to have some type of a mental illness

77.5% of these self-reported improvement after 12 months of intervention using mhGAP-IG
Number of patients referred by lay health workers

- Community health worker
- Faith healers
- Traditional Healers
- Self referral

- August-December 2011
- January-April 2012
- May-August 2012
Comparison of Referrals (Urban vs Rural)

Referals by Lay health care workers (September 2011 to September 2012)

<table>
<thead>
<tr>
<th>Category</th>
<th>Kangemi</th>
<th>Kibwezi</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community health worker</td>
<td>51</td>
<td>41</td>
</tr>
<tr>
<td>Faith healers</td>
<td>34</td>
<td>39</td>
</tr>
<tr>
<td>Traditional Healers</td>
<td>16</td>
<td>22</td>
</tr>
<tr>
<td>Self referral</td>
<td>39</td>
<td>18</td>
</tr>
</tbody>
</table>
## Functional Outcomes

<table>
<thead>
<tr>
<th>On Medication</th>
<th>Gone back to work</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td>Yes</td>
<td>146</td>
</tr>
<tr>
<td>No</td>
<td>23</td>
</tr>
<tr>
<td>Total</td>
<td>169</td>
</tr>
</tbody>
</table>
Other Expected Outputs

- Community based Epidemiological Patterns of DSM-IV/ICD-10 Psychiatric Disorders in rural and urban slum settings in Kenya

- Prevalence and Psychiatric Co-morbidities of Posttraumatic stress Disorder in a rural and urban slum population in Kenya

- Prevalence and Psychiatric Co-morbidities of Psychotic Disorders in a rural and urban slum population in Kenya

- Patterns and Sociodemographic Properties of Stigma associated with mental illness in a rural area and an urban slum in Kenya
Stakeholder Engagement to reduce Mental Health Treatment Gap
Training of Nurses and Clinical Officers
Community Health Workers
Traditional and Faith Healers
Pre and Post Training Evaluation

Changes before and after intervention

There was a change of 10.29%, $P=0.001$
Community Awareness to fight Stigma
In Schools
Administration (Office of the President)
In Churches
Strengthening Defaulter Tracing
County Government Collaboration
Public Private Partnership - The Makueni County Government Case Study

His Excellency, Governor (Makueni County)
Deputy Governor
Conclusion

• AMHF has demonstrated the feasibility of task sharing in mental health (in the spirit of policy engagement and policy influence)

• We are in the process of scaling up this model in the entire Makueni County where we started with one health facility

• Through its work, AMHF in collaboration with County governments is aligning itself to the WHO Mental Health Action Plan 2013-2020

• We are inviting other partners and collaborators for their inputs and contributions towards achieving this objective and reducing the treatment gap