



MENTAL HEALTH IN A DEVOLVED SYSTEM OF GOVERNMENT IN KENYA

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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.

LEVELS OF HEALTH CARE IN KENYA

HEALTH POLICY 2014-2030

Policy tiers of care	Corresponding levels of care at beginning of policy	Desired levels of care by end of policy
Tier 1: Community	Level 1: Community	Level 1: Community
Tier 2: Primary care	Level 2: Dispensaries and clinics Level 3: Health centres	Level 2: Primary care facilities
Tier 3: Secondary referral	Level 4: Primary care hospitals Level 5: Secondary care hospitals	Level 3: County hospitals
Tier 4: Tertiary referral	Level 6: Tertiary care hospitals	Level 4: National referral hospitals

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)

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- 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 Policies, 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.

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- 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.

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- 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
- Deinstitutionalization 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

- 1.. Jenkins R, Njenga F, Okonji M, Kigamwa P, Baraza M, Ayuyo J, Singleton N, McManus S, Kiima D: Prevalence of common mental disorders in a rural district of Kenya, and socio-demographic risk factors. *Int. J. Environ. Res. Public Health* 2012, 9, 1810-1819; doi:10.3390/ijerph9051810
2. Jenkins R, Njenga F, Okonji M, Kigamwa P, Baraza M, Ayuyo J, Singleton N, McManus S, Kiima D: Psychotic symptoms in Kenya - prevalence and risk factors, including their relationship with common mental disorders. *IntJEnviron Res and Public Health* 2012, 9:1748–1756.
3. .Mugawebster, F. and Jenkins, R. (2010).Health care models guiding mental health policy in Kenya 1965 - 1997. *International Journal of Mental Health Systems* 4 (1), 9.

4. Kiima, D.M.; Njenga, F.G.; Okonji, M.M.; Kigama, P.A. Kenya mental health country profile *International Review of Psychiatry* 2004, 16, 48-53.
5. Muga F, Jenkins R: Public perceptions, explanatory models and service utilisation regarding mental illness and mental health care in Kenya. *SocPsychiatr Psychiatric Epidemiol*2008, 43:469–476
6. Okonji, M.; Njenga, F.; Kiima, D.; Ayuyo, J.; Kigamwa, P.; Shah, A.; Jenkins, R. Traditional health practitioners and mental health in Kenya. *International Psychiatry* 2008, 5, 46-48.
7. Muga F, Jenkins R: Training, attitudes and practice of district health workers in Kenya. *SocPsychiatr Psychiatric Epidemiol*2008, 43:477–482.

8. Kiima, D.; Njenga, F.; Shah, A.; Okonji, M.; Ayuyo, J.; Baraza, M.; Parker, E.; Jenkins, R. Attitudes to depression among community health workers in Kenya. *Epidemiologica e Psychiatrica* 2009, 18, 352-356
9. Kiima D, Jenkins R (2010) Mental health policy in Kenya - an integrated approach to scaling up equitable care for poor populations. *International Journal of Mental Health Systems* 4: 19.
10. Jenkins R, Kiima D, Njenga F, Okonji M, Kingora J, et al. (2010) Integration of mental health into primary care in Kenya. *World Psychiatry* 9: 118-120.
11. Jenkins R, Kiima D, Okonji M, Njenga F, Kingora J, et al. (2010) Integration of mental health in primary care and community health working in Kenya: context, rationale, coverage and sustainability. *Mental Health in Family Medicine* 7: 37-47.

12. Rachel Jenkins, Caleb Othieno, Stephen Okeyo, Dan Kaseje, JulyanAruwa, Henry Oyugi, Paul Bassett and Felix Kauye Short structured general mental health in service training programme in Kenya improves patient health and social outcomes but not detection of mental health problems - a pragmatic cluster randomised controlled trial. International Journal of Mental Health Systems 2013, 7:25
13. R Jenkins, C Othieno, S Okeyo, J Aruwa, J Kingora, B Jenkins [Health system challenges to integration of mental health delivery in primary care in Kenya- perspectives of primary care health workers](#) BMC health services research 13 (1), 368
14. R Jenkins, C Othieno, S Okeyo, J Aruwa, J Wallcraft, B Jenkins [Exploring the perspectives and experiences of health workers at primary health facilities in Kenya following training](#) International journal of mental health systems 7 (1), 6
15. Othieno et al.: Perspectives and concerns of clients at primary health care facilities involved in evaluation of a national mental health training programme for primary care in Kenya. International Journal of Mental Health Systems 2013 7:5.