

DIAGNOSIS AND TREATMENT OF MENTAL, NEUROLOGICAL, AND SUBSTANCE USE (MNS) DISORDERS IN KENYA.

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BACKGROUND

- ◉ The Kenya population as per the last censuses is estimated to be 41 million
- ◉ It is estimated that one in five individuals will suffer from a diagnosable mental disorder in their lifetime.
- ◉ Public health in Kenya is divided into National and county levels
- ◉ Private health care is more concentrated in the cities and big municipalities

- A study on the prevalence and clinical presentation of psychiatric illness in a rural setting in Kenya by D.M Ndetei and J. Muhangi showed a prevalence of 20%
- It has been observed that anxiety and depression in African patients are masked by somatic symptoms, often leading to unnecessary delays in diagnosis and management.

- ⊙ Annals of General- Psychiatry 2009, 8:1 - The prevalence of mental disorders in adults in different level general medical facilities in Kenya: a cross-sectional study by David M. Ndetei et al
- ⊙ 42% of the subjects had symptoms of mild and severe depression.
- ⊙ Only 4.1% were diagnosed of a psychiatric condition, which included bipolar mood disorder, schizophrenia, psychosis and depression.

- ◉ There was high prevalence of psychiatric morbidity in Kenyan general medical facilities but this largely goes undiagnosed and therefore, unmanaged.
- ◉ The more specialized medical facilities get in the various general and surgical disciplines, the less recognized mental disorders became.
- ◉ Chronic conditions had the highest comorbidity with mental disorders, particularly depression and anxiety.
- ◉ These findings call for continued education on mental health at all levels of general and surgical facilities, and also for routine screening for mental disorders.

DISORDERS

- ◉ Neurodevelopmental disorders (childhood)
- ◉ Schizophrenia spectrum and other psychotic disorders
- ◉ Bipolar and related disorders
- ◉ Depressive disorders
- ◉ Anxiety disorders
- ◉ Obsessive-compulsive disorders
- ◉ Trauma and Stress related disorders
- ◉ Dissociative disorders
- ◉ Somatic symptom and related disorders

- ◉ Feeding and Eating disorders
- ◉ Elimination disorders
- ◉ Sleep wake disorders
- ◉ Sexual dysfunctions
- ◉ Gender dysphoria
- ◉ Disruptive, impulse-control and conduct disorders
- ◉ Substance related and addictive disorders
- ◉ Neurocognitive disorders
- ◉ Personality disorders
- ◉ Paraphilic disorders

TO NOTE

- ◉ Psychosis due to human immunodeficiency virus (HIV) infection.
- ◉ The prevalence of neurodevelopmental disorders (childhood) and epilepsy is high, largely due to inadequate care at childbirth
- ◉ **Kenya Demographics Profile 2014**
- ◉ **0-14 years: 42.1%**
 - 15-24 years: 18.7%**
 - 25-54 years: 32.8%**
 - 55-64 years: 3.7%**
 - 65 years and over: 2.8%**

- ◉ Almost half of the population of the region is made up of children below age of 15 years. poor psychosocial development due to inadequate stimulation and Brain damage is one of the main causes of serious mental retardation.
- ◉ Low population of those aged above 65 years- Lower rates of dementia however other brain syndromes, which usually follow an infection or cerebrovascular accidents are common (Many Kenyans don't go for medical check ups and hence higher rates of complications of lifestyle diseases)

- ◉ Higher rates of post-traumatic stress disorder due to recent higher rates of terrorism activities and political tensions
- ◉ There is an increase in alcohol, tobacco and drug related problems
- ◉ Increasing poverty, natural disasters, wars and other forms of violence and social unrest are major causes of growing psychosocial problems (Ipsos Synovate- 93 per cent of Kenyan adults earning Sh40,000 and below & Standard Bank estimated the number of low-income households in Kenya at 92 per cent.

Diagnosis in the public sector

- ◉ In the hospitals first contact is either a medical officer, a registrar, or a clinical officer
- ◉ History taking
- ◉ Blood tests to rule out infections
- ◉ Biochemical and immunological tests are limited
- ◉ Radiological tests like CT scan brain and M.R.I. are limited
- ◉ Most patients have to pay for the tests and so it is still a challenge
- ◉ Only a small percentage of patients are insured.

Treatment in the public sector

- ◉ Challenge with Psychotherapy-staffing
- ◉ Pharmacotherapy-limited
 1. Anxiolytics- Mainly benzodiazepine-Diazepam
 2. Ant-depressants- Tetracyclic ant-depressants-Amitriptyline
 3. Mood stabilizers- Mainly carbamazepine
 4. Anti-Psychotics- Typical - chropromazine and haloperidol

- ◉ The National referral hospitals have atypical ant-psychotics, SSRIS, a variety of mood stabilizers but a patient has to pay for them at a higher cost.
- ◉ The National referral hospitals also receive donations for drugs on and off
- ◉ E.C.T. available at Mathari N.T.R.H only
- ◉ The National referral hospital and the 16 county referral hospitals with psychiatric units have psychiatrists
- ◉ K.N.H. and Moi T.R.H have a higher number of psychologists. Mathari N.T.R.H relies on students and registrars and psychiatrists for psychotherapy

Diagnosis in the private sector

- ◉ In the hospitals first contact is a general medical officer
- ◉ History taking
- ◉ Blood tests to rule out infections
- ◉ Biochemical and immunological tests are available at a cost
- ◉ Radiological test like CT scan brain and M.R.I. are available at a cost
- ◉ Slightly higher percentage of patients are insured.
- ◉ Many patients consult psychiatrists directly
- ◉ General medical officers can easily consult psychiatrists

Treatment in the public sector

- ⊙ Challenge with Psychotherapy-staffing. Psychotherapy delivered mainly by psychiatrists. Some psychiatrists work with clinical psychologists
- ⊙ Pharmacotherapy- available at a higher cost
 1. Anxiolytics- a variety
 2. Ant-depressants- a variety
 3. Mood stabilizers- a variety
 4. Anti-Psychotics- a variety

Who provides the care and what is their level of training for MNS disorders?

Referral Hospitals

- ◉ Mathari National Teaching & Referral Hospital
- ◉ Kenyatta National Hospital (KNH)
- ◉ Moi Teaching & Referral Hospital (MTRH)
- ◉ National Referral Spinal Injury Hospital

Mathari National Teaching and referral hospital

- ◉ Psychiatrists
- ◉ Registrars(Residents)
- ◉ General medical practitioners
- ◉ Psychology students
- ◉ Psychiatry nurses
- ◉ Enrolled nurses
- ◉ Medical Social workers
- ◉ Occupational therapists

Services

- ◉ Diagnosis at outpatient and inpatient
- ◉ Treatment- pharmacotherapy & Psychotherapy
- ◉ Electroconvulsive therapy
- ◉ General medical outpatient clinic
- ◉ Mother & child clinic
- ◉ H.I.V clinic
- ◉ T.B clinic
- ◉ Rehabilitation- occupational therapy and physiotherapy
- ◉ Plaster clinic
- ◉ Dental clinic
- ◉ Diabetic clinic

Specialized clinics

- ◉ Forensic clinic and wards- huge shortage of specialists
- ◉ Child psychiatry clinic- huge shortage of specialists
- ◉ Methadone Clinic
- ◉ Drug rehab
- ◉ Outpatient clinic for substance abuse
- ◉ E.E.G.
- ◉ Psychotherapy clinic
- ◉ Community outreach

- ◉ Substance use disorders, major psychiatric disorders (schizophrenia , major depression and Mania disorders) are prevalent and there is a lot of co-morbidity.
- ◉ Suicidal symptoms are common
- ◉ However, anxiety disorders and mild to moderate depression are fewer because the society assumes that the hospital is for severe mental illnesses only and such cases seek treatment from private sector, religious care and relatives.

K.N.H.- out-patient & Liaison care

- ◉ Psychiatrists
- ◉ Registrars(Residents)
- ◉ Clinical Psychologists
- ◉ Counselors diploma level
- ◉ Nurse counselors
- ◉ Psychiatry nurses
- ◉ Enrolled nurses
- ◉ Medical Social workers
- ◉ Occupational therapists

N.B. inpatient care is basically liaison psychiatry. Others referred to Mathari N.T.R.H

Moi T.R.H. CAREPROVIDERS

- ◉ Psychiatrists
- ◉ Registrars(Residents)
- ◉ General medical practitioners
- ◉ Psychologists at bachelors level
- ◉ Counselors- diploma level
- ◉ Psychiatry nurses
- ◉ Enrolled nurses
- ◉ Medical Social workers
- ◉ Occupational therapists
- ◉ EEG technologists

Services provided at MTRH

- ◉ Outpatient
- ◉ Inpatient(Mental health unit)
- ◉ Residential drug rehab(drug rehab unit)
- ◉ H.I.V. mental health services
- ◉ Community outreach services
- ◉ E.E.G. and treatment of Epilepsy

National Referral Spinal Injury Hospital

- Care is provided by general medical officers at the outpatient department and the inpatients
- The cases that can not be handled by the general medical officers are referred to K.N.H and Mathari N.T.R.H
- The Spinal injury patients suffer a lot of depression and anxieties and need more psychiatric care(Kaguchia)
- The hospital also relies on volunteer counsellor students.

COUNTIES

- ◉ Counties with inpatient psychiatric units are 16 out of the 47 counties
- ◉ Availability of inpatient psychiatric unit is also associated with more mental health professionals translating into better outpatient care compared with counties without psychiatric units
- ◉ Level 3 hospitals have clinics run by psychiatric nurses in addition to the general medical practitioners
- ◉ The dispensaries and health centers are manned by nurses and clinical officers some of whom have some training in mental health

The human resources for health:

- ◉ Currently there is acute shortage of mental health workers in the country.
- ◉ The total numbers of trained Kenyan Psychiatrist are 108;
- ◉ Total number working in the diaspora; 20.
- ◉ Total number working in the Kenya is; 88
- ◉ Total number in private practice; 26
- ◉ Total number working in Ministry of health Headquarters and KEMRI; 4
- ◉ Total number working in WHO Kenya office; 1

- ◉ Total number in Mathari N.T.R Hospital; 13
- ◉ Total number working in counties; 15
- ◉ Total number in Universities, MTRH and KNH; 29
- ◉ Total number working in Kenya defense forces; 2
- ◉ The total of number of Psychiatric nurses in the civil service is 427.
- ◉ Clinical Psychologist in the public service- 3 at K.N.H, 2 counselling psychologists, 18 counselors., Moi T.R.H. psychologists at bachelor and diploma level. National R.S.I.H & Mathari N.T.R.H- volunteers and students. Counties have none
- ◉ Medical social worker under the Ministry Health countrywide are 98.

- ◉ Private hospitals provide mental , neurological and substance abuse care especially in the urban centres
- ◉ The care in this hospitals is mainly provided by psychiatrists and general practitioners
- ◉ Some psychiatrists practice with psychologists
- ◉ Majority of the patients treated in the private hospitals are referred from psychiatrists private offices
- ◉ Other patients also access the care from the accident and emergency departments and others are referred by other medical specialists

- ◉ Health Centers and dispensaries also provide primary mental health care
- ◉ primary care providers have been trained in mental health
- ◉ Public community mental health in Kenya is mainly utilized by those who have developed symptoms of mental illness
- ◉ Some non- governmental and private sector provide community mental health care to some schools, the police and the prison

Compare and contrast care of mental, neurological, and substance use disorders.

- Neurological care is more advanced at K.N.H AND Moi T.R.H compared to the mental and substance abuse care
- Substance abuse clinics and residential care facilities are limited. Worse in the counties.
- Liaison care is better coordinated at K.N.H M.T.R.H and private hospitals
- Public promotive and preventive mental health care is limited in both public and private sectors compared to physical health

What is the impact of stigma on the seeking and provision of care?

- ◉ Most Kenyans hesitate to seek psychiatric care because of the stigma even when they have been referred
- ◉ Most Kenyans would prefer to start with psychologists, religious clergy or even traditional healers before they can be reviewed by psychiatrists
- ◉ Stigma in Kenya also comes from other medical specialists
- ◉ Most people are scared to seek services at Mathari NTRH and will only do so when they can not sustain the expenses in the private sector

- ⦿ Those who utilize the services do not want others to know that they have suffered a mental disorder
- ⦿ There is clear stigma at work place and schools extended to those who have suffered mental disorders
- ⦿ As a result correct diagnosis and treatment is delayed
- ⦿ Compliance is also affected
- ⦿ Untreated mental conditions contribute to economic loss because they increase school and work absenteeism and dropout rates
- ⦿ Increase in healthcare expenditure, and unemployment.

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