

**CASE STUDIES IN KENYA:**  
**THE CASE OF AFRICA MENTAL HEALTH FOUNDATION**

BY  
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[WWW.AFRICAMENTALHEALTHFOUNDATION.ORG](http://WWW.AFRICAMENTALHEALTHFOUNDATION.ORG)

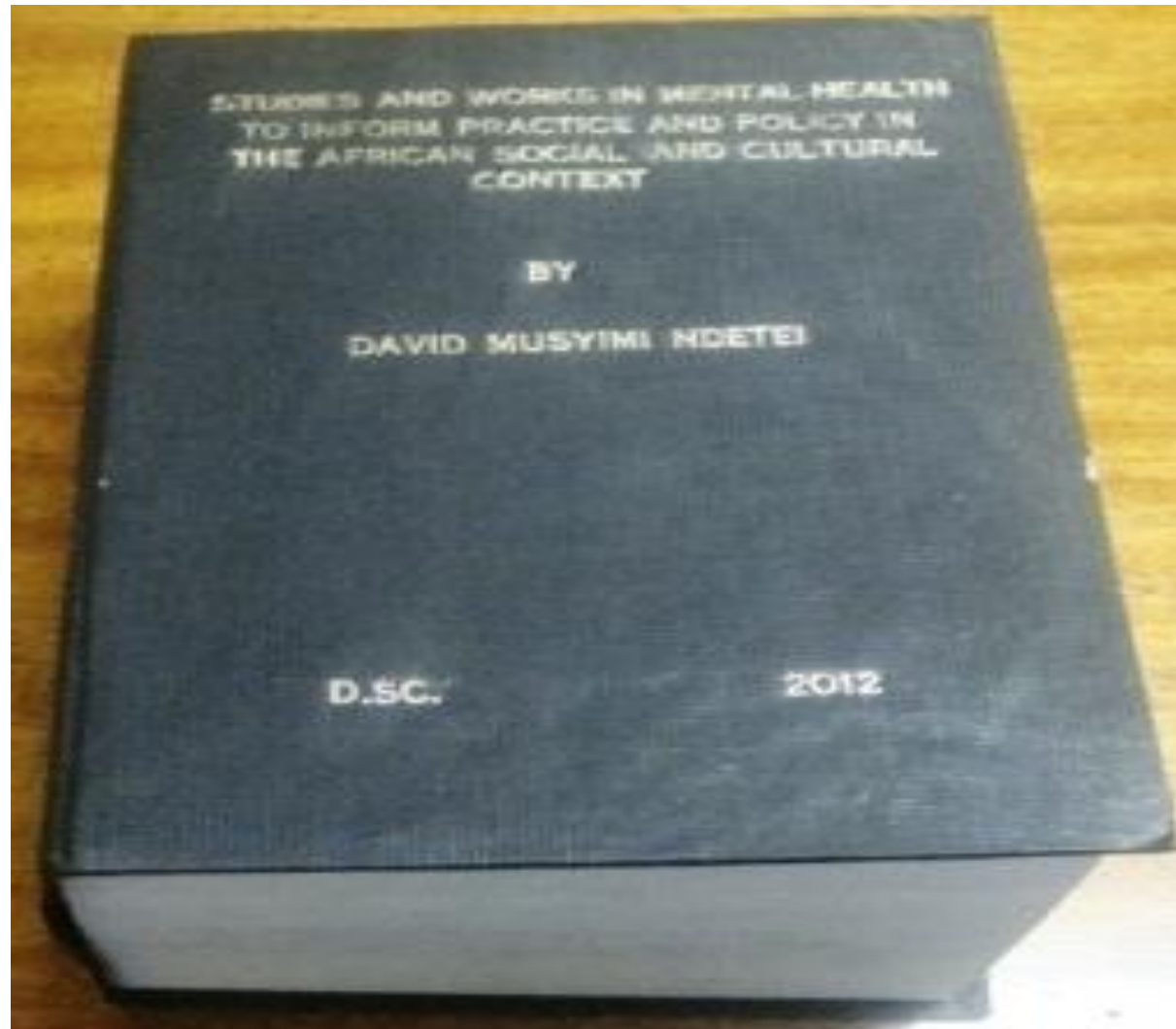
**A PRESENTATION MADE AT THE IOM WORKSHOP  
HOTEL VILLA ROSA KEMPINSKI  
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# Introduction

My professional life has focused on 3 main areas:-

- 1) Training of psychiatrists and other related professionals. The Department of Psychiatry which I headed for 12 years (4 terms instead of the maximum allowed 2 terms) has been singularly successful
- 2) Research to inform policy and practice summarized in these documents:
  - My Doctor of Science (Higher doctorate) dissertation – on display
  - Monographs
- 3) Founding of Africa Mental Health Foundation (AMHF) – it is this that I will concentrate on as one of the most successful case stories.

# “Studies and Works in Mental Health to Inform Practice and Policy in the African Social and Cultural Context” – DSc Thesis



## 2012: Donating Monographs to the University of Nairobi Library





*In Deus Nos Fides*

# AFRICA MENTAL HEALTH FOUNDATION

**Research and Intervention in Mental, Neurological and substance use disorders; Promoting Mental Health and Healthy Behavior.**

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Mawensi Gardens, Matumbato Road, opposite Geomaps Centre, Upper Hill, Nairobi

P.O Box 48423 - 00100, Nairobi, Kenya; Tel: 020-2651360/ 2716315.

Website: <http://www.africamentalhealthfoundation.org>

# AMHF Mission

To go beyond the ordinary in conducting innovative research, knowledge translation, training, capacity enhancement and advocacy realized through: -

- 1) Multi-disciplinary, multi-sectored approaches;
- 2) Strategic partnerships and alliances;
- 3) Continually developing our internal capacity and capabilities;
- 4) Strictly adhering to our core values and ethical standards and;
- 5) Conduct our activities in a manner that safeguards the environmental conservancy.

# AMHF Vision

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- To be the centre of excellence in Africa for research, training, knowledge translation, and advocacy in mental health.



# AMHF Core values

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- 1) Team spirit
- 2) Flexibility
- 3) Continual improvement
- 4) Innovation
- 5) Professionalism
- 6) Integrity
- 7) Non-discrimination



# AMHF

- Founded in 2004 to break away from silos of individual institutions (public and private) and different professions in order to bring them together under one roof.
- AMHF therefore brings together the widest possible spectrum of professionals with something to contribute to mental health solutions and enhanced mental health wellbeing – These include: psychiatrists, clinical and counselling psychologists, social scientists, economists, human rights activists and people living with mental disorders all supported by a group of research staff experienced in research management, proposal writing, grant management, communication etc.

# Highlights of AMHF's Success



- The Foundation has brought together multi-sectoral stakeholders to one table; Consumers of services, community and opinion leaders including what we have come to just call the cobblers, researchers, and policy makers.
- We are now going further to get donors/ partners to talk directly to communities.



With one of our partners, Dr. Kate Tairyan from NextGenU.org, following a meeting with County health officials in Makueni County. (Donors, researches and policy makers working together)



In the field with our partners, Dr. Daniel Mamah and Dr. Linda from Washington University Missouri, U SA (NIH Grant). Researchers, partners (donors) and community leaders working together.





Dr. Valerie Harder from University of Vermont, USA, training research assistants in the field – (NIH Grant)



Project planning meeting at AMHF offices with Dr. Veronic Claire from University of British Columbia, Canada, one of our partners in the eData K project – (GCC Grant)

# Meeting with traditional healers who desire to work with the formal sector in the area of mental health





**Churches are most appropriate for education on mental health –  
in one of our research sites**



**Bringing together Nurses, clinical officers, and traditional healers at a health centre at least to talk - We brokered this ever first meeting**





**Talking to school children about mental health in one of our research sites (the desks are exactly like the ones I used)**



# Reaching out both ways

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- Besides going down to the lowest level at the communities AMHF has also gone to the top in the opposite direction in supporting a PhD colloquium and developing top of the range, highly skilled mental health workers and researchers for all the universities.



# The PhD Colloquium at a breakfast function – Graced by The VC, UON and His Deputies and The DVC of Egerton University





Graduation ceremony for formal and informal health workers in Makueni County who successfully completed free training identification and treatment of substance use disorders provided by NextGenU.org through the eData K Project .

# Highlights of AMHF's Success (contd.)

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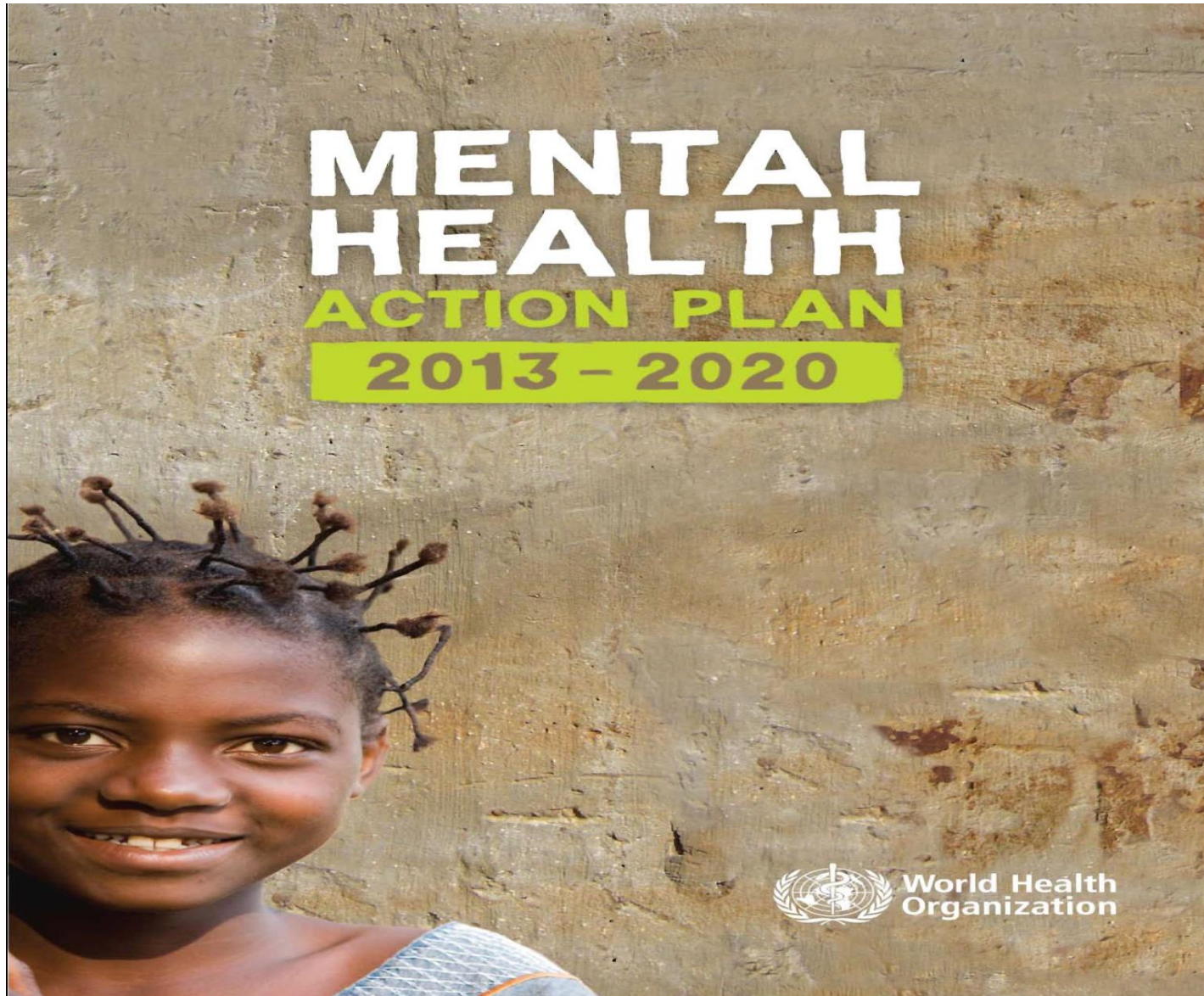
- The Foundation has developed a strong custom-made, efficient mental health research team consisting of researchers and a research support team.
- We probably have the most active mental health research group under one roof not only in Kenya but in the region, with 22 permanent staff and nearly 40 temporary research assistants in the field – all on mental health



# Our Emphasis

- 1) **Community-based research** - to include and integrate the following formal and informal health systems:
  - i. **Formal:** Nurses, clinical officers, Community Health Extension Workers (CHEWs) and Community Health Workers (CHWs) – going down to the home level
  - ii. **Informal:** Traditional and Faith healers.
- 2) **School Mental Health**
- 3) **Hospital/Facility-based** – Studies conducted at Kenyatta National Hospital and Mathari hospital and other hospitals to provide evidence necessary to:
  - i. Integrate mental health services into routine physical health services in general hospitals
  - ii. Integrate physical health services into routine mental health services at Mathari hospital

Our current work is aligned to the WHO Mental Health Action Plan 2013-2020



# Examples of Community-Based Research Activities by AMHF – Demonstration Projects

- **Task-shifting in mental health – Innovative Approaches –** International Development Research Centre (IDRC) - Involved working with traditional and faith healers to screen for and refer cases of mental illness in the community – Dr. Mutiso to present highlights
- **Multisectoral Stakeholder TEAM Approach To Scale-Up Community Mental Health In Kenya – Building On Locally Generated Evidence And Lessons Learned – GCC –** This is intended to be a demonstration project that will scale up a model developed in Kenya to engage with community leadership, Community Health Workers (CHWs), Traditional and Faith Healers to increase mental health awareness and referrals. The mhGAP-IG is used for both formal and informal health workers.
- **Dialogue to Empower, Supervise, Support and Include the Informal Traditional and Faith Healers to Deliver Evidence-Based mhGAP-IG Adapted Psychosocial Interventions to Reduce Treatment Gap in Kenya – GCC; Stars in Global Health Program –** To empower, supervise, support and include informal traditional and faith healers to deliver evidence-based mhGAP-IG adapted psychosocial interventions.

# Examples of Community-Based Research Activities by AMHF - Others

- **The computer-based Drug and Alcohol Training Assessment in Kenya (e-DATA K) Project – GCC** - Provided free online training by NextGenU.org to healthcare workers in the identification and treatment of substance use disorders. It also includes an RCT phase that is ongoing in health facilities in Machakos and Makueni counties.
- **Using Mobile Phones to Empower the Frontline Healthcare Workers to Manage Depression at the Point of Care in Kenya using the WHO Mental Health Treatment Gap Intervention Guidelines” – GCC; Stars in Global Health Program** – Developed a mobile app version of the mhGAP-IG depression module and is testing the applicability of using this technology to train, supervise, support and monitor non-mental health workers in the screening and management of depression .

# Examples of Community-Based Research Activities by AMHF – Others (contd.)

- **Prevalence and Treatment Course of Diabetes and Depression in Kenya: An International Collaborative Study** – The study determines the prevalence of depression in patients suffering from type 2 diabetes, examines the relationships between depression, diabetes-related distress and diabetes complications and addresses issues such as stigma and Quality of Life.
- **Community REcovery Achieved Through Entrepreneurism (CREATE): A new paradigm for recovery from serious mental illness in low resource settings** – GCC; Stars in Global Health Program – Developing a locally-viable social business model that employs and supports the overall functioning and wellbeing of people with mental illness.

# Examples of School Mental Health Research Activities by AMHF

- **The Kenya Integrated Intervention Model for Dialogue and Screening to Promote Children's Mental Wellbeing (KIDS) – GCC** – To test the efficacy and feasibility for scale-up of a multi-stakeholder model for primary schools that seeks to promote mental well-being, prevent mental illness and reduce the treatment gap for schoolgoing children with a focus on the children, their teachers, parents and health care providers.
- **Identification of Psychosis-Risk Traits in Africa – NIH** – To evaluate factors influencing the development of psychotic disorders, without the influence of psychotropic medication in school going children aged 14-22 to enable early identification and prevention of psychosis.
- **Assessing and treating post traumatic stress disorder among youth following the post-election violence in kenya – AMHF** – Assessed the prevalence of PTSD among youth in an urban slum affected by the post-election violence provided counselling in schools and evaluated treatment outcomes.



# Examples of School Mental Health Research Activities by AMHF (contd.)

- **Dietary intake, weight status, and cognition in primary school children** – Conducted in Muhuru Bay, Kenya
- **Cognitive function in children with Malaria** – Conducted in Busia, West Kenya
- **Alcohol and Substance use in Kenyan Schools** – We have just finished collecting data on 3489 school going children aged 11-15 years to look at patterns and prevalence of substance use in urban and rural primary and secondary schools, and identify factors that encourage alcohol intake by adolescents including, but not limited to, parenting, cultural factors and the home environment.



# Examples of Facility-based Research Activities by AMHF (contd.)

- **The prevalence of mental disorders and the attitudes of staff in general medical facilities in kenya – WHO –** Determined the prevalence of psychiatric morbidity and their management in general hospitals and health centres in Kenya and staffs stigma/attitudes towards mental illness.
- **The psychological and social profiles of cancer patients seen at Kenyatta National Hospital – AMHF –** Explored the psychological, social and spiritual profiles of cancer patients attending Kenyatta National Hospital Oncology clinic and the burden of disease among cancer patients and their families.

# Examples of Facility-based Research Activities by AMHF (contd.)

- **Promotion of Physical Health in Persons with Severe Mental Disorders** – Documented the relationship between mental and physical disorders and disability levels among in-patients at Mathari Hospital.
- **Evidence-based mental health assessment and treatment for HIV prevention in Kenya** – NIH – Assessed the prevalence of mental disorders (psychiatric and alcohol use disorders) among adults living with HIV/AIDS and adults being tested for HIV at a health clinic located in Kangemi, a slum community of Nairobi, and implemented and evaluated a relevant intervention.

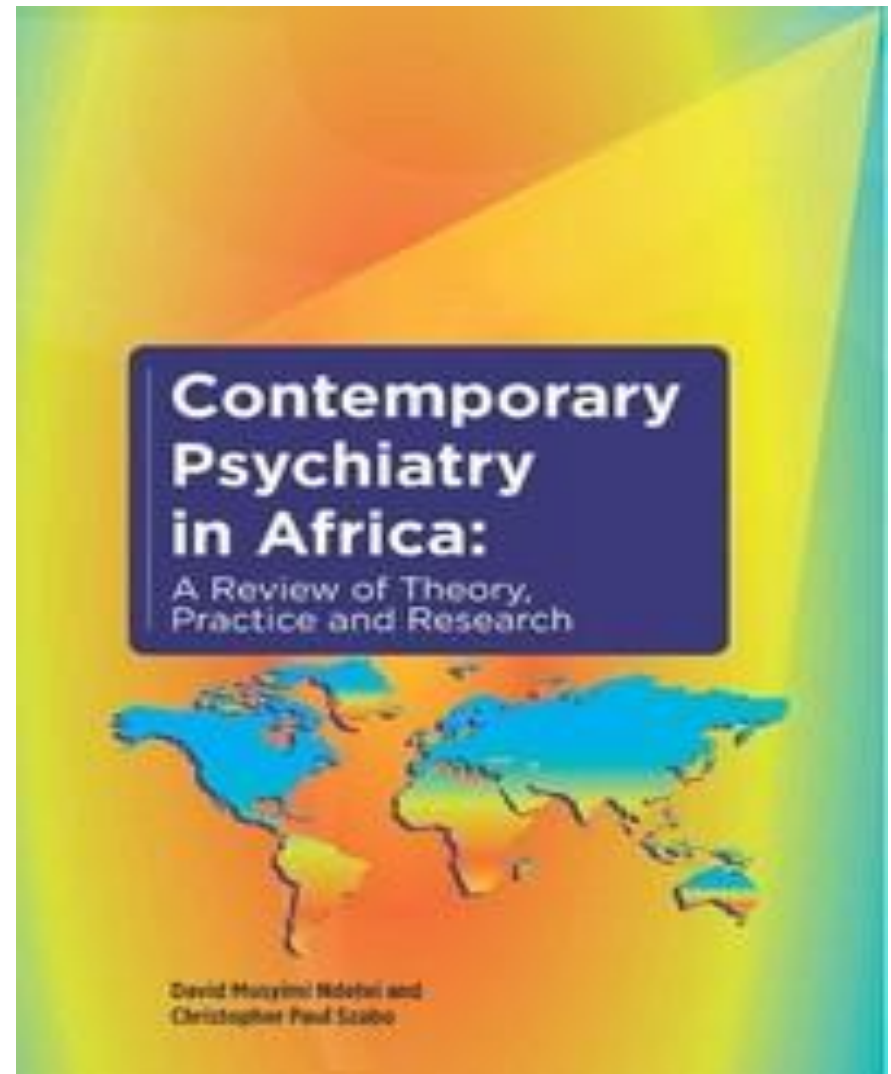
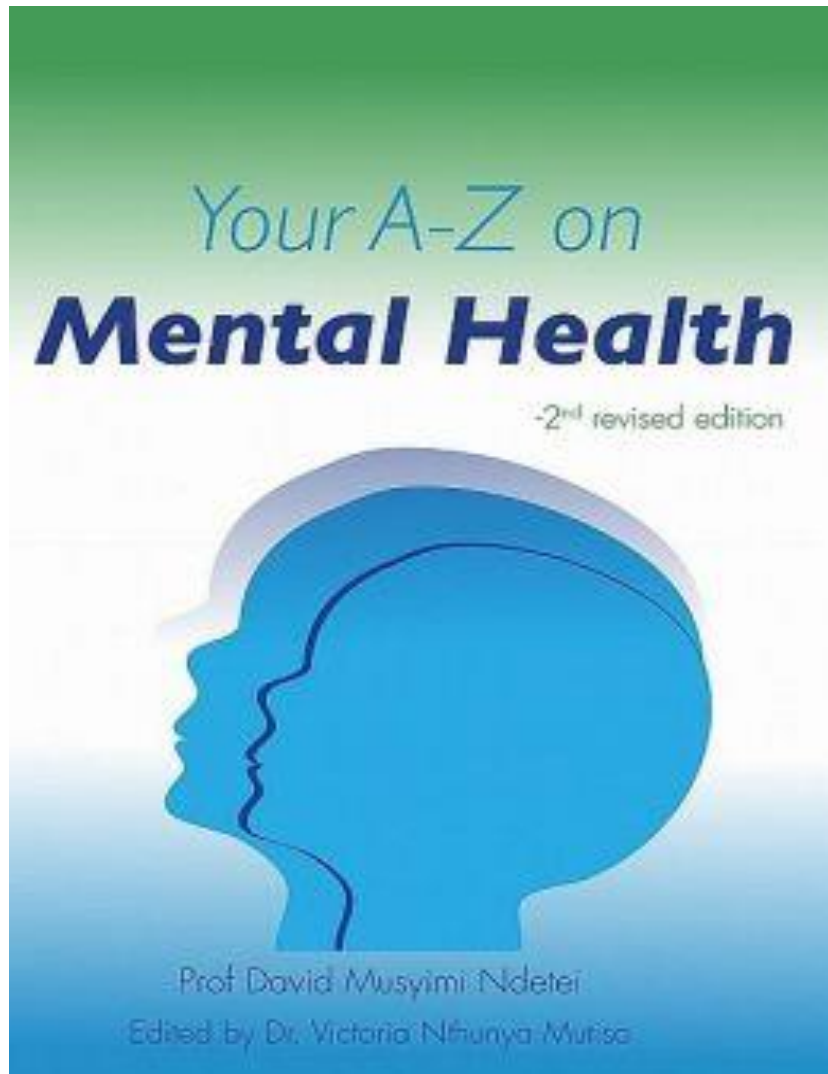
# Other Activities of AMHF to promote mental health

- 1) AMHF supports Awards for:
  - i. Meritorious Awards at University of Nairobi for medical and postgraduate students;
  - ii. Best mental health worker at Mathari hospital;
  - iii. Best National mental health worker of the year.
- 2) The foundation supports:
  - i. The Alzheimer's Association of Kenya – Supports caregivers of persons with Alzheimers and Dementia
  - ii. Befriender's Kenya – an organization focused on suicide prevention

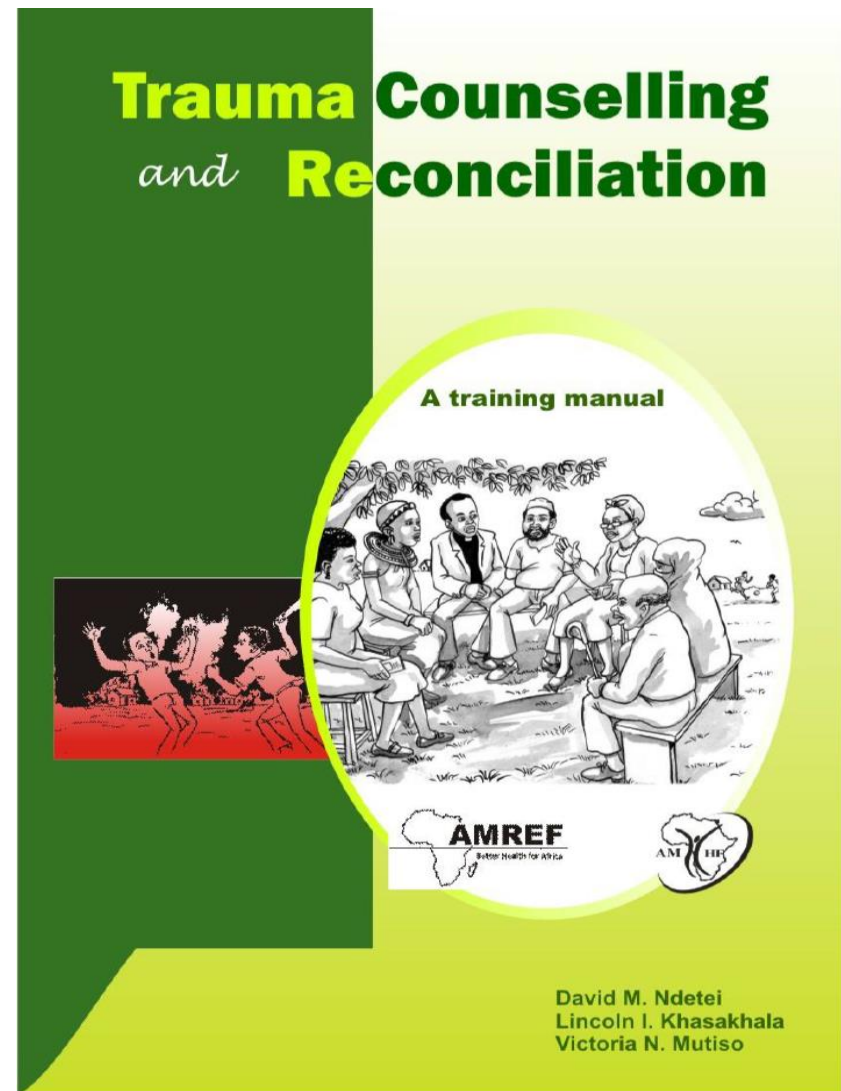
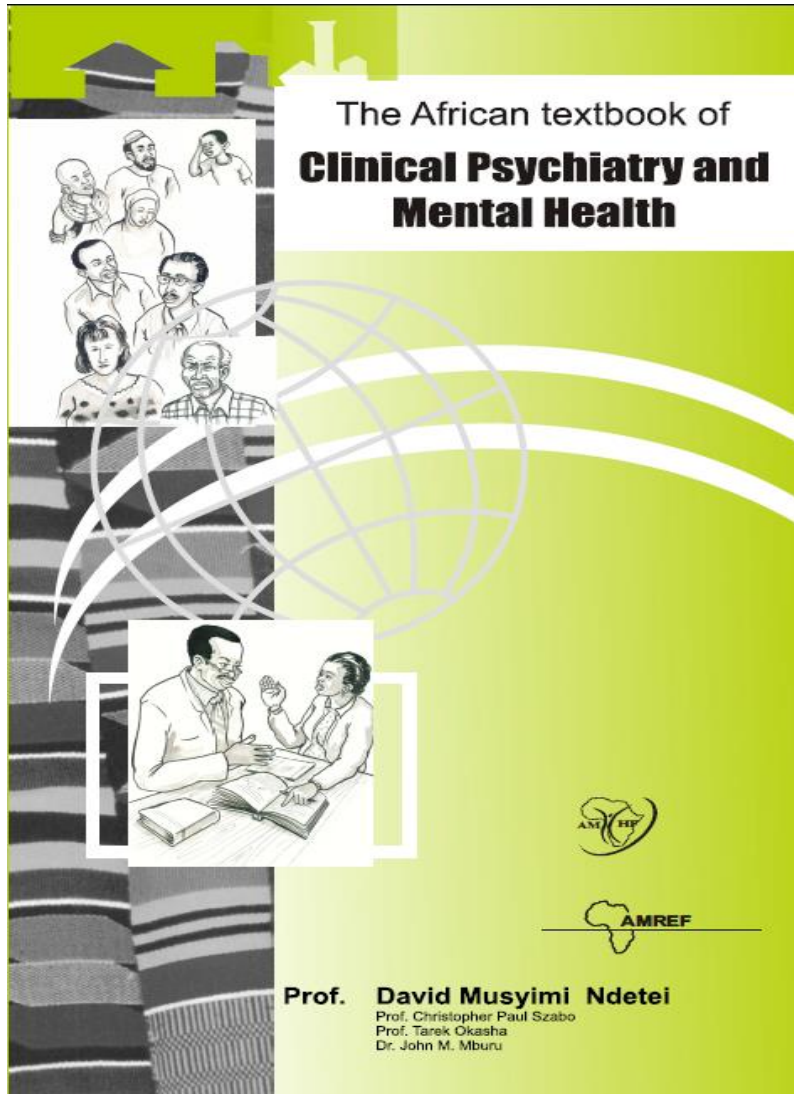
# Other Activities of AMHF to promote mental health (Contd.)

- 3) Soliciting for international students to come to Nairobi for their studies, with particular emphasis on mental health – through this scheme we have attracted students from Sierra Leon, Tanzania, Botswana, Namibia, Zambia
- 4) Writing books for researchers, professionals and lay readers
- 5) Supporting students from all parts of the World interested in mental health and mental health research in Kenya

# Books for researchers, professionals and lay readers



# Books for researchers, professionals and lay readers







In the field with Chelsea Hitchen, a Masters student from University of British Columbia, Canada attached to the eData K project.



# Challenges

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- We are lucky – we have in Kenya almost every type of human resource to support rather than do research.
- Therefore we still have a very acute shortage of people who want to make a career in Mental Health Research apart from just obtaining degrees.
- The biggest challenge is holding on to those that we have and to recruit more. (I am not necessarily talking about psychiatrists, but all mental health researchers who need not be psychiatrists).

# Challenges (contd.)

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- Development of strategic partnerships across the globe
- Grant writing skills – This is an art that needs to be supported
- We seem to lag behind in publishing our data – we generate more data than we can handle for publication – we particularly need partners in this area.

# Successes

- A Memorandum of Understanding with the Government of Kenya for resources
- Strong support from County Governments where health services have been devolved - we are officially recognized as partners.
- Building strong community partnerships and co-joint ownership.
- An emerging strong research and research support group as well as broad-based international partnerships
- We are making an impact at community level particularly on stigma [see the branding of our staff and our vehicle] – people in the community seem to have no problem interacting with us
- WHO World Report on suicide [see demonstration]

**MEMORANDUM OF UNDERSTANDING**  
**BETWEEN**  
**MINISTRY OF MEDICAL SERVICES (GOK)**  
**AND**  
**THE AFRICA MENTAL HEALTH FOUNDATION**

This Memorandum of Understanding is made on the 4<sup>th</sup> day of Nov 2010 between the Ministry of Medical Services representing the Government of the Republic of Kenya (hereinafter referred to as the "Government") of P.O. Box 30016-00100 Nairobi on the one hand and Africa Mental Health Foundation a Non-Governmental Organization duly registered under Laws of Kenya (hereinafter "AMHF") of P.O. Box 48423-00100, Nairobi of the other part.

**WHEREAS:-**

1. The Ministry of Medical Services is one of the ministries created by the Government of the Republic of Kenya whose core mandate is to provide health services, set and regulate standards and policy for health and medical services delivery.
2. AMHF is a Non-Governmental organization registered and licensed in Kenya to operate both locally and regionally dedicated to research for evidence-based Policy, Practice and Promotion of Mental and Neurological Health including substance use/abuse and Healthy Behaviour across the lifespan within individuals, families, communities, groups and institutions.
3. The activities of AMHF are geared towards mental health awareness and promotion, prevention and treatment of mental health related disorders from conception through to old age and including the dying and related processes (thanatology).
4. The Ministry through its Division of Mental Health and AMHF are desirous of collaborating with a view to building a public-private sector partnership in mental health through, inter alia, supporting research in mental Health to inform policy and decision making in planning at national and local levels;



# WHAT WE HOPE FOR

- 1) It is our hope that in the very near future, and working together with partners in Kenya and outside Kenya, we will be able to achieve provision of mental health services down to the very least and the very last in our social structures that are:
  - Affordable – within people's means
  - Accessible – at the nearest possible point of call which could be at family level
  - Available – on demand
  - Appropriate – Evidence-based with collective multi-sectorial and multi-stakeholder ownership
- 2) That is the calling of AMHF and our lives
- 3) Therefore, the very existence of the Foundation revolves around that calling.

# WAY FORWARD

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- 1) We already have an already existing demonstration model and a site ready for take off
- 2) Following lessons learned in a pilot project on task shifting for mental health 3 years ago, using only 2 Health Centres, one rural and one urban, AMHF in consultation with Makueni County, decided to scale it up to 37 Health facilities.
- 3) This demonstration model was developed toward the end 2013.

# WAY FORWARD(contd.)

- 4) The County Government of Makueni has provided all the logistics and budgeted for the matching funds including supply of all drugs specifically for this transition to scale demonstration project with Makueni as a site.
- 5) The Government of Makueni has pledged to share all lessons learnt and successes with the Governments of the remaining 46 Counties in the country through the Governors' forums and any other appropriate forums.
- 6) The title of the demonstration project is “Multisectoral Stakeholder TEAM Approach to Scale-Up Community Mental Health In Kenya – Building on Locally Generated Evidence And Lessons Learned (TEAM)”



# WAY FORWARD(contd.)

- 7) Besides borrowing from lessons learnt, it is modelled after and borrows heavily from the WHO Mental Health Action Plan 2013-2020 and uses the WHO mhGAP-IG as the main tool including other WHO tools.
- 8) The science aspects of it have been passed by a review committee of the Grand Challenges Canada (GCC).
- 9) We can start as soon as next month once we get ethical clearance which we have already applied for.
- 10) We look forward to working with a wide spectrum of scientists and researchers from within and outside Kenya to make this a resounding success.

# Acknowledgements

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- 1) The Grand Challenges Canada (GCC)
- 2) International Development Research Center through the Global Health Research Initiative (GHRI), Canada
- 3) The National Institutes of Health (NIH), USA
- 4) Institute of Medicine of the National Academies (IOM) for organizing this Conference
- 5) County Governments of Machakos and Makueni for their open door policy

# Acknowledgements cont...

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- 6) The National Ministries of Health and Education
- 7) The communities who have accepted us and shared with us issues regarding their mental health
- 8) The University of Nairobi who have been extremely supportive of my work through AMHF
- 9) All the staff of AMHF, and staff of the Health facilities we work with

## **PARTING WORD**

**YES, TOGETHER WE CAN MAKE A DIFFERENCE!!**

**On the left a lone hyena is chased by a cheetah; on the right a cheetah is chased by a group of monkeys**

**Note: Monkey meat is a delicacy for cheetahs, alone a monkey is dead meat to the cheetah!**

