



Republic of Kenya

Ministry of Medical Services

THE MENTAL HEALTH POLICY

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List of abbreviations

ACRWC	The African Charter on the Rights and Welfare of the Child
CAT	The Convention Against Torture
CEFDW	The Convention on Elimination of all Forms of Discrimination Against Women
CPPRPD	The Convention on the Protection and Promotion of Rights and Dignity of Persons with Disabilities
CRC	The Convention on the Rights of the Child
ICCPR	The International Covenant on Civil and Political Rights
ICD-10	International Classification of Diseases- 10th edition
ICESR	The International Covenant on Economic, Social and Cultural Rights
KEMSA	Kenya Medical Supplies Agency
MHIS	Mental Health Information System
WHO	World Health Organization

CHAPTER 1

INTRODUCTION

1.1. Background

The Mental Health Policy provides for a framework on interventions for securing mental health in Kenya. Mental health is a major determinant for the overall health and societal well being. The reality of mental illness and disorders across the country and the plight of persons suffering from mental illness cannot be ignored. The policy was developed as a result of increased demand for mental health services and evidence based interventions. The government recognizes that the health of the people is a national priority and that it has the responsibility of ensuring that mental health forms part of the national and local agenda.

The policy seeks to reform mental health system in Kenya in order to address the systemic challenges, emerging trends and mitigate the burden of mental disorders. The policy also seeks to overhaul the Mental Health Act, Cap 248, which is the main legal framework for mental health. The policy is anchored on other related policy and legal reforms that have set the national direction in the health sector. Key among them are the Constitution of Kenya, the Kenya Vision 2030 and the Kenya Health Policy (2012-2030). In addition, the policy borrows from international evidence based best practices.

The Mental Health Policy is a national commitment to pursuing policy measures and strategies to achieving optimal health status and capacity of each individual. This policy recognizes that the goal of realizing mental health is the responsibility of every person and every sector whether public or private. The policy acknowledges that-

- The government has the responsibility to take care of persons with mental illness and promote mental health in the country
- No person with a mental illness or disorder in Kenya should live without care and support;
- Rights based approach to mental health interventions promotes equity;
- A comprehensive and multi-dimensional approach to mental health interventions is fundamental;
- People must be at the center of mental health system;
- People with mental disorders have the capability of living productively within their communities.

Whereas mental health policy interventions are broad and cutting across diverse sector, the mental health policy is primarily a health policy. Consequently, the focus and emphasis is on health policy interventions. However, as noted later in the policy directions, other policies with mental health implications will be reviewed in order to ensure that they promote mental health and protect, respect and fulfill the rights of persons with mental disorders.

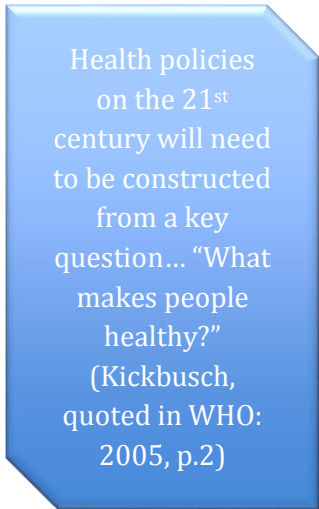
1.2. Development of the Mental Health Policy

This policy was developed through participatory process involving the public, private and non-state actors in the mental health service delivery. The Ministry of Medical Services provided leadership in the policy development process. The policy framework was informed by the national and global research and knowledge on mental health service delivery. Specifically, the World Health Report of 2001 titled *Mental Health: New Understanding, New Hope* provided the framework for the policy development as well as other related resource materials on mental health.

1.3. Understanding Mental Health

The World Health Organization (WHO) defines health as “*not merely the absence of disease or infirmity*’, but rather, “*a state of complete physical, mental and social well-being*” (2001: 3).

Mental health is defined as “the successful performance of mental function, resulting in productive activities, fulfilling relationships with other people, and the ability to adapt to change and to cope with adversity; from early childhood until later life, mental health is the springboard of thinking and communication skills, learning, emotional growth, resilience and self esteem (WHO: 2010 pg. 116). Concepts of mental health include subjective well-being, perceived self-efficacy, autonomy, competence, intergenerational dependence and recognition of the ability to realize one’s intellectual and emotional potential. It has also been defined as a state of well-being whereby individuals recognize their abilities, are able to cope with the normal stresses of life, work productively and fruitfully, and make a contribution to their communities” (WHO: 2003 P.7). Positive mental health includes emotion (affect/feeling), cognition (perception, thinking, reasoning), social functioning (relations with others and society) and coherence (sense of meaning and purpose in life) (WHO: 2009).



Health policies on the 21st century will need to be constructed from a key question... “What makes people healthy?” (Kickbusch, quoted in WHO: 2005, p.2)

Mental health is a key determinant of overall health. It influences a variety of outcomes for individuals and communities such as healthier lifestyles; better physical health; improved recovery from illness; fewer limitations in daily living; higher education attainment; greater productivity, employment and earnings; better relationships with adults and with children; more social cohesion and engagement and improved quality of life (WHO: 2009).

The International statistical classification of diseases and related health problems (ICD-10) defines the mental illness and disorders. The common mental disorders are depressive disorders, substance use disorders, schizophrenia, epilepsy, Alzheimer’s disease, mental retardation and disorders of children and adolescence. Box 1 below highlights the main categories of mental and behavioral disorders. The common

symptoms of these disorders are abnormal thoughts, emotions, behavior and relationship with others (WHO: 2003).

Box 1: Broad Categories of Mental and Behavioral Disorders Covered in ICD-10

1. **Organic, including symptomatic, mental disorders** – e.g. dementia in Alzheimer’s disease, delirium.
2. **Mental and behavioral disorders due to psychoactive substance use**- e.g. harmful use of alcohol, opioid dependence syndrome.
3. **Schizophrenia, schizotypal and delusional disorders** – e.g. paranoid schizophrenia, delusional disorders, acute and transient psychotic disorders.
4. **Mood (affective) disorders**- e.g. bipolar disorder, depressive episode.
5. **Neurotic, stress-related and somatoform disorders**- e.g. generalized anxiety disorders, obsessive-compulsive disorders.
6. **Behavioral syndromes associated with physiological disturbances and physical factors** - e.g. eating disorders, non-organic sleep disorders.
7. **Disorders of adult personality and behaviour** – e.g. paranoid personality disorder, transsexualism.
8. **Mental retardation** – e.g. mild mental retardation.
9. **Disorders of psychological development**- e.g. specific reading disorders, childhood autism.
10. **Behavioral and emotional disorders with onset usually occurring in childhood and adolescence**- e.g. hyperkinetic disorder, conduct disorders, tic disorders.
11. **Unspecified mental disorders.**

Adopted from WHO World Health Report 2003

The development of mental disorders is associated with biological, psychological and social risk factors. In regard to **biological factors**, the common severe mental and behavioral disorders are associated with a significant genetic component of risk (WHO: 2003). The disorders are principally due to interaction of multiple risk genes with environmental factors. WHO notes that ‘a genetic predisposition to develop a particular mental or behavioral disorder may manifest only in people who also experience specific environmental stressors that elicit the pathology such as exposure to psychoactive substances as a fetus, malnutrition, infections, disrupted family environments, neglect, isolation and trauma (WHO: 2003).

In regard to **psychological factors**, mental disorders are likely to develop among children (or in latter years) who were deprived the nurture of their care-givers. They may also be viewed as maladaptive behavior that is learnt or human behavior that is shaped through interactions with the nature and social environment. Other disorders such as anxiety and depression may be a result of failure to cope adaptively to a stressful life event.

Social factors such urbanization, poverty (e.g. deprivation, homelessness,

unemployment and low education) and technological change have been associated with occurrence of mental disorder. For example, urbanization may negatively impact on mental health through the influence of increased life stressors and adverse life events such as overcrowded and polluted environments, poverty and dependence on cash economy, high levels of violence and reduced social support (WHO: 2003).

Determinants of mental health

There are various factors that determine the prevalence, onset and course of mental disorders (WHO: 2003). Key among the factors are-

- *Social and economic factors* such as poverty (unemployment, low literacy levels, deprivation and homelessness) contributes significantly to mental disorders
- *Demographic factors such as sex and age* have a bearing on prevalence of mental disorders. For example anxiety and depressive disorders are more common among women while substance use disorders and antisocial personality disorders are more common among men. Domestic violence targeting women and ability to cope with stressful events also play a part. In regard to age, a high prevalence is seen among children, adolescents and in old age
- *Serious threats such as conflicts and disasters* are known to significantly contribute to post-traumatic stress disorder as well as depressive or anxiety disorders
- *Prevalence of major physical disease* such as HIV/AIDS and cancer contribute to individuals mental disorders due to stress and anxiety.
- *Family and environmental factors* such as undesirable family events e.g. bereavement or failure, family breakdown play a part also to prevalence of mental disorders.

Impact of mental disorders

If untreated or attended to, mental disorders can create an enormous toll of suffering, disability and economic loss (WHO: 2003). Mental disorders have an impact on individuals, families, communities and the nations. Persons with mental disorders often are not able to participate in society's economic life due to the disability or discrimination. Families taking care of persons with mental disorders in cost in terms of finances (for treatment) as well as loss of potential income due to the time spent taking care their family members with the disabilities. The family burden also includes emotional stress while coping with the disorders as well as social deprivation as the family member with disorder cannot participate fully in a productive manner in the family life.

Mental disorders also impact on society through the cost of providing care, loss of productivity, vulnerability to violence (for some mental disorders on few occasions) and reduced contribution to the societal development by due to the disabilities of persons with disorders.

1.4. Mental Health and Human Rights

This policy adopts a human rights approach to mental health. Persons with mental disorder are often vulnerable to human right violations with the most common being discrimination, abuse of personal dignity, inhuman and degrading treatment, torture,

forced medical interventions, sexual violence, domestic violence and psychological stress. Others include reduced access to basic rights such as health care, education, food, housing and employment, restriction on civil liberties such as right to vote. The Constitution of Kenya as well as international human rights instruments have elaborate protection of the rights of persons with mental disorders.

1.4.1. Constitution of Kenya

The Constitution of Kenya provides for the overarching policy guidelines in regard to the mental health policy. Article 10 on the national values and principles of governance provides for core values that are instrumental in promotion of mental health and provision of mental health services. These values and principles include: human dignity, equity, social justice, inclusiveness, equity, human rights, non discrimination and protection of the marginalized, participation of the people good governance and accountability. Article 10(1) binds the government and any person while enacting laws, interpreting the Constitution and while making or implementing public policy decisions.

Article 27 on equality and freedom from discrimination guarantees the right of persons with mental illness before the law and equal benefit of the law just like any other persons. Persons with mental illness have the right to fully enjoy all the rights and fundamental freedoms. In addition, the state is obligated not. The state is further obligated not to discriminate persons with mental disorders because of their health status or disability. Article 27 therefore calls for review of all policies and laws that may be discriminating persons with mental disorders.

Article 28 recognizes that even persons with mental disorders have inherent dignity and the right to have that dignity respected and protected. The treatment of persons with mental disorders and family, community or health institutions level must therefore observe Article 28 whenever they are dealing with a person with mental illness.

Article 29 protects persons with mental disorders from being deprived of their freedom arbitrarily or without just cause for example in relation to forced admission or confinement. It also protects them from any form of violence from either public or private sources or from being treated or punished in a cruel, inhuman or degrading manner.

Under Article 43, a person with mental disorders has the right to the highest attainable standard of health, which shall include the right to health care services. The highest attainable standard of health must be related to the quality, accessibility, responsiveness, equity and appropriateness of mental health services provided. Connected to this, Further, under Article 21, the state and every state organ is obligated to observe, respect, protect, promote and fulfill the rights and fundamental freedoms of persons with mental disorders. Specifically, the state is obligated to take legislative, policy and other measures including setting the standards to achieve the

progressive realization of the rights to persons with mental disorders in Article 43. This policy in line with Article 21 seeks to provide for policy measures and setting of core standards for facilitating persons with mental disorders realize the highest attainable standard of health.

In safeguarding the rights of children especially on factors that may negatively affect their mental health, it is the right of every child under Article 53 to be protected from abuse, neglect and harmful cultural practices, all forms of violence, inhuman treatment and punishment, and hazardous or exploitive labour.

Under Article 54, persons with mental disorders, which is a form of disability must be treated with dignity and respect and to be addressed or referred to in a manner that is not demeaning. De-stigmatization of mental disorders will be anchored on this Article. The state is also obligated to ensure that persons with mental disorders are integrated into society to the extent compatible with their interests.

Under the devolved system of government, the county governments in Part 2 of the Fourth Schedule are responsible for county health services including county health facilities and pharmacies and promotion of primary health care.

1.4.2. International Human Rights Instruments

The rights of persons with mental disorders are enshrined in various international human rights instruments. The key instruments that Kenya has ratified therefore are part of law of Kenya in accordance with Article 2(5) and (6) of the Constitution include:

- The Universal Declaration of Human Rights;
- The International Covenant on Economic, Social and Cultural Rights (ICESR);
- The Convention on the Protection and Promotion of Rights and Dignity of Persons with Disabilities (CPPRPD);
- The Convention on the Rights of the Child (CRC);
- The African Charter on the Rights and welfare of the Child;
- The International Covenant on Civil and Political Rights (ICCPR);
- The Convention on Elimination of all Forms of Discrimination Against Women
- The Convention Against Torture (CAT).

Other international instruments and guidelines that have implication specifically on mental health are-

- The United Nations General Assembly Resolution 46/119 on the Protection of Persons with Mental Illness and the Improvement of Mental Health Care, adopted in 1991 (UN 1991);

- The General comment on Article 12 (No 14 of 2000) on the right to highest attainable standard of health (UN: 2000) issued by the UN Committee on Economic, Social and Cultural Rights.

This Policy adopts the principles espoused by these instruments and as provided under the policy directions, proposes for legislative reform that integrates the mental health components of human rights.

1.5. Mental Health and Kenya Vision 2030

The Kenya Vision 2030 envisages a *globally competitive and prosperous Kenya*. Under the social pillar, the Vision 2030 seeks to invest in the health of the people through *the restructuring of the health delivery system and shifting the emphasis to “promotive” care in order to lower the nation’s disease burden*. Some of the core measures to be intended under the health sector sub-pillar, which have direct implication on mental health, are: the promotion of primary health care and treatment of diseases at community level, encouraging Kenyans to change their lifestyles in ways that will improve the health status of individuals, families and communities and establishment of community based health information systems.

1.6. Mental health and HIV/AIDS

HIV/AIDS is a life threatening and disabling disease. A part of individuals with HIV/AIDS suffer psychological consequences as a result of the infection. Stigma and discrimination against people with HIV/AIDS contributes to psychological stress. Some of the resultant common disorders are anxiety or depressive disorders, adjustment disorders and cognitive deficits (WHO: 2003). Family members of persons infected also suffer psychologically due to stigma and loss of their family members. In addition, healthy behavior which is dependent on a persons mental health is a determinant of spread of AIDS. Persons with psychiatric disorders such as depression and substance use disorders are more likely to engage in high risk sexual behavior which exposes them to sexually transmitted diseases such as HIV/AIDS.

1.7. Mental Health and Vulnerable Groups

Mental disorders are not evenly distributed across society. There are certain population groups that are more vulnerable to mental disorders hence the need for targeted mental health interventions.

a. Children and adolescents

Children are often prone to mental disorders either at birth where there was inadequate pre-natal care or if their environment does not promote care, affection, love, stimulation for cognitive abilities or other emotional and social support. Adolescents face behavioral challenges and exposure or pressure to risky behaviour such as use of psychoactive substances that make them vulnerable to mental disorders.

b. Women

“The traditional role of women in societies exposes them to greater stresses as well as making them less able to change their stressful environment (WHO:2005). Women’s vulnerability to factors such as poverty, sexual and domestic violence, discrimination and conflicts have exposed them to high prevalence of certain mental disorders such as depression and anxiety.

c. Older persons

Older persons especially those without social protection and social networks are often vulnerable to mental disorders.

d. Prisoners

The prison setting makes prisoners more vulnerable to mental disorders. In addition, some of them have psychoactive substances use disorders. This necessitates policy interventions targeting prisoners.

e. People emerging from conflicts and disasters

Disasters and conflicts immensely contribute to stress and trauma. This often lead to mental disorders such as anxiety, depression and post-conflict traumatic disorder

CHAPTER 2

SITUATIONAL ANALYSIS

This chapter highlights the global and national context on mental health and disorders.

2.1. Burden and prevalence of mental disorders: Global context

Mental and behavioral disorders are common where they affect more than 25% of all people at some time during their lives (WHO: 2001 p19). In addition, WHO observes that it is estimated that about 10% of the adult and child population at any given time suffer from at least one mental disorder, as defined in the International Statistical Classification of Diseases and Related Health Problems. In addition, at least 20% of all patients seen by primary health care professionals have one or more mental disorders. It is projected that by 2020, the burden of mental and behavioral disorders will be 15% of the total Disability- Adjusted Lost Years (DALYs) from 12% in 2000 (WHO 2001 p 19).

The neuropsychiatric disorders (which include mental disorders such as unipolar depression, bipolar disorder, schizophrenia, epilepsy, alcohol and drug use disorders, dementias, anxiety disorders and mental retardation) account for 12% of the global burden of disease. WHO estimates that 60% of people attending primary care clinics have diagnosable mental disorder (WHO: 2008).

The mental and behavioral disorders have been identified among conditions that affect the largest number of persons at any moment globally as noted in table 1 below (WHO: 2008 p31)

	Condition	World	Africa
1	Unipolar depressive disorder	151.2	13.4
2	Bipolar affective disorder	29.5	2.7
3	Schizophrenia	26.3	2.1
4	Epilepsy	40	7.7
5	Alcohol use disorder	125	3.8
6	Alzheimer & other dementias	24.2	0.6

Source: The Global burden of Disease: 2004 Update, WHO 2008

In addition, 6 mental and behavioral disorders ranked among the top 20 leading disability conditions in the world as noted in table 2 below.

Table 2: Rankings of mental and behavioral disorders in the estimated prevalence of moderate and severe disability (millions) for 20 leading disability conditions in the world, 2004

	Ranking among top 20	Condition	Prevalence (Millions)
1	3	Depression	98.7
2	7	Alcohol dependence and problem use	40.5
3	12	Bipolar Disorder	22.2
5	14	Schizophrenia	16.7
5	16	Alzheimer & other dementias	14.9
6	20	Drug dependence & problem use	11.8

2.2. Burden and prevalence of mental disorders: Kenyan Context

Currently, there is inadequate data and information on the prevalence of mental and behavioral disorders in Kenya. However, it is estimated that up to 25% of outpatients and up to 40% of in-patients in health facilities suffer from mental conditions (KNHCR: 2011p xiii). Further, the probable prevalence of psychosis in Kenya is at an average of 1 % of the population (Kiima and Jenkins, 2010). The most frequent of diagnosis of mental illnesses made in general hospital settings are depression, substance abuse, neurotic stress-related and anxiety disorders (Ndetei et al: 2008).

The prevalence of mental disorders may also be attributed to the noted cases of suicide, homicides and violence at house hold level for example killing of children by parents or spouses killing another or inflicting serious bodily harm. The traumatic events such as accidents and disasters as well as violence and conflicts for example the 2007 post elections violence and similar conflicts have played significantly to development of post-traumatic disorders, anxiety and depression. Hopelessness and desperation may partly be attributed to such occurrence.

In regard provision of mental health services, Mathari district hospital is the main mental health specialized hospital in Kenya and attends to an average of 1500 in and out patients. On the availability of mental health personnel, Kenya has approximately 77 consultant psychiatrists, 418 psychiatric nurses and 30 clinical psychologists to serve the entire population (KNHCR: 2011p xiii). In addition, there are 46 psychiatrists working in public service of which 28 are based in Nairobi. According to Kiima and Jenkins (2010), mental health specialist care is largely delivered at district level by psychiatric nurses running outpatient clinics, by psychiatric nurses at provincial levels running inpatient units and outpatient clinics, and by the national referral hospitals at Mathari, University of Nairobi, Gil Gil hospital and Moi University.

The private sector and civil society has played a significant role in provision of mental health services. Currently there are approximately 50 privately owned treatment and rehabilitation facilities in Kenya. In addition, the users of mental health services have actively participated in providing support and care to persons with mental disorders and promoting their rights.

2.3. Challenges facing persons with mental disorders

Persons with mental disorders face numerous challenges such as stigmatization, abuse of basic rights such as dignity, subjection to inhuman treatment both at community and health institutions, in ability to access quality basic health care, loss of jobs and inability to engage in useful economic activities, neglect and abuse at family and community level (often persons with mental disorders are left on their own without any support), discrimination, in ability to access education especially among the children with mental disorders and loss of property especially at family level.

At the level of provision of mental health services, the challenges include institutionalization of mental health care contrary to the international best practices, lack of community based care and support and unavailability of psychotropic drugs.

This policy will therefore address the policy interventions to mitigate and deal with the challenges.

2.4. Policy Rationale

The development of the Mental Health Policy was informed by the need to reform the mental health systems in Kenya. It has been notable that-

- a. the weaknesses and existing gaps in the Mental Health Act, Cap 248 such as focus on only in-patient mental health care, weak institutional structure and inability to comprehensively address mental health services
- b. the need to align the mental health services and the legal framework with the Constitution of Kenya;
- c. the provision of mental health services need to be aligned with the global and national trend to move away from institutionalized based mental health care;
- d. the need to integrate the mental health services with the primary health care;
- e. the rising number of cases reported in relation to homicides, suicides and violence at family and community level;
- f. the need to promote, observe, respect and observe the rights of persons with mental disorders in accordance with national and international laws.

CHAPTER 3

POLICY FRAMEWORK

The policy framework for mental health outlines the policy vision, goal, mission, objectives, guiding principles and the policy directions.

3.1. Policy Vision

A healthy population free from the impact of mental disorders

3.2. Policy Goal

To promote the mental health and well being of all persons in Kenya and where possible to prevent the development of mental disorders

3.3. Policy Mission

To reduce the incidence prevalence and the impact of mental disorders in Kenya in order to attain the highest possible level of mental health

3.4. Policy Strategic Objectives

- a. To promote the mental health and wellbeing of all persons;
- b. To prevent the development or occurrence of mental illness and disorders;
- c. To reduce the impact of mental illness and disorders
- d. To promote and facilitate recovery from mental illness and disorders;
- e. To promote and protect the rights of persons with mental illness and disorders and enabling them participate meaningfully in society through holistic integration

3.5. Policy Principles

The following principles shall guide the mental health policy-

- a. Promotion of mental health and prevention of mental health illness and disorders: everyone should benefit from the best possible measures to promote their mental well-being and to prevent disorders;
- b. Access to basic mental health care: everyone in need should have access to basic mental health care which should be of adequate quality, affordable and equitable, geographically accessible, available on a voluntary basis;
- c. Mental health system that is affordable, equitable, accessible, sustainable and of good quality;
- d. Mental health assessments in accordance with internationally accepted medical principles;

- e. Provision of least restrictive type of mental health care: persons with mental illness or disorders should be provided with healthcare which is the least restrictive;
- f. Self determination: consent is required before any type of interference with a person can occur;
- g. Right of a person with mental illness to be assisted in the exercise of the self determination from a person of his or her choice;
- h. Evidence based mental health interventions;
- i. Participation of all mental health stakeholders such as public sector, private sector, voluntary sector, families, consumers of mental health services.

3.6. Policy values

The values of mental health policy are-

- a. People centeredness: people being at the center of health care and recognition of human dimension in health
- b. Continuity of care: care through out the course of a persons course of life (as individual, member of family and community) i.e. relational interface between health care provider and community
- c. Comprehensiveness: promotive, preventive, curative and rehabilitative care
- d. Integration:
- e. Responsiveness: meeting people's needs expectation of good mental health system
- f. Equity: bridging the health divide
- g. Inclusiveness: involvement of all persons in mental health system

3.7. Policy Directions

The mental health policy will adopt a health systems approach to policy directions in order to reform the current mental health system and services. A health system consists of all the people and actions whose primary purpose is to improve health (WHO: 2000). The systems approach is adopted from the WHO (2007:7) publication- *Everybody's business: Strengthening health systems to improve health outcomes*. The publication proposes a framework for health systems by defining "building blocks" based on the functions of health systems provided in the World Health Report 2000 (WHO: 2000). These building blocks are relevant to the mental health systems model and include service delivery, health workforce, information, medical products, vaccines and technologies, financing and leadership and governance (WHO: 2007). A health system consists of all organizations, people and actions whose primary intent is to promote, restore or maintain health (WHO: 2007 P3).

Box 2: Six Building Blocks of a health system

- a. Good **health services** are those which **deliver** effective, safe, quality personal and non-personal health interventions to those who need them, when and where needed, with minimum waste of resources.
- b. A well-performing **health workforce** is one, which works in ways that are responsive, fair and efficient to achieve the best health outcomes possible, given available resources and circumstances. I.e. there are sufficient numbers and mix of staff, fairly distributed; they are competent, responsive and productive.
- c. A well-functioning **health information system** is one that ensures the production, analysis, dissemination and use of reliable and timely information on health determinants, health systems performance and health status.
- d. A well-functioning health system ensures equitable access to essential **medical products, vaccines and technologies** of assured quality, safety, efficacy and cost-effectiveness, and their scientifically sound and cost-effective use.
- e. A good **health financing** system raises adequate funds for health, in ways that ensure people can use needed services, and are protected from financial catastrophe or impoverishment associated with having to pay for them.
- f. **Leadership and governance** involves ensuring strategic policy frameworks exist and are combined with effective oversight, coalition building, the provision of appropriate regulations and incentives, attention to system-design, and accountability.

Adopted from *Everybody's business: Strengthening health systems to improve health outcomes* (WHO: 2007)

3.7.1. Mental Health Systems

The building blocks for mental health systems, which will provide the policy directions for the mental health policy, are governance, financing, information systems, service delivery, psychotropic drugs, mental health workforce and user/consumer and family associations.

3.7.1.1. Mental health governance

Mental health leadership and governance addresses the role of government in guiding and overseeing mental health system, which includes strategic policy and legislative framework and effective oversight and accountability mechanisms. In regard the following policy directions shall be adopted:

- a. The ministry of health shall provide overall institutional leadership and coordination for mental health in Kenya. Its core roles shall include setting national direction and agenda for mental health and giving leadership in realization of mental health outcomes, facilitating policy

dialogue at macro level and ensuring a whole of government approach to mental health

- b. A sector wide mental health strategic plan will be developed and implemented at national and county level;
- c. The Mental Health Act, Cap 248 shall be reviewed in order to integrate the policy prescriptions contained in this framework. The legislation shall focus among others on human rights protection, professional training, involuntary admission and treatment, guardianship and service structure. In addition, the legislation shall integrate all the appropriate policy directions stipulated under this policy;
- d. A legal framework for mental health institutional coordination shall be developed in light of county governments being responsible for promotion of primary health care. The legal framework will be integrated with the Mental Health Act, Cap 248;
- e. The Board of mental health shall be transformed into a semi autonomous government agency with increased and comprehensive mandate the following –
 - Regulatory powers – review of cases related to mental health care and providing oversight supervisory role in regard to public services providing mental health services;
 - Role of promotion of mental health;
 - Coordinating and promoting the development of policies designed to improve the mental health of populations;
 - Assuring universal access to appropriate and cost- effective services;
 - Institutional coordination and collaboration for agencies managing policies with direct implications on mental health;
 - Promoting the rights of persons with mental disorders and ensuring adequate care and protection of institutionalized patients with most severe mental disorders which include continuous assessment of integration of such rights in all public policies, institutional programmes and in the private sector;
 - Assessment and monitoring of the mental health of communities, including vulnerable populations such as children, women and the elderly;
 - Providing technical and capacity support to county government in integration of mental health in primary care in accordance with the functions of county government;
 - Capacity building of institutions and persons providing mental health services;
 - Promoting research in mental health;
 - In collaboration with relevant stakeholders, setting the standards for mental health services;

- Promoting application of evidence based mental health interventions;
 - Advising the Cabinet Secretary on the relevant training and curriculum on mental health to be provided and adopted by academic and training institutions;
 - Advising state organs on integration of mental health in the respective policies and legislation.
- f. In order to handle the new mandate, the composition of the Board will include -
- The state law office
 - Judiciary
 - Ministries responsible for health and social development
 - Practitioners especially a psychiatrist, psychologist and social worker
 - Users of mental health services
- g. Mental health stakeholders' forum shall be established at the national level under the leadership of the ministry responsible for medical services and at county level under the leadership of the county department/division responsible for county health services. The forums shall provide avenue for developing national and county strategic and operational plans, monitoring and evaluating the implementation of mental health policy as well as sector wide mental health programmes and facilitating public private dialogue on mental health services;
- h. The institutional and regulatory framework for mental health shall be restructured through reforming the Board of Mental Health to enhance its capacity;
- i. In order to promote the development of private sector in provision of mental health services as well as adherence to professional standards for mental health services, a regulatory framework for persons or institutions operating mental health care facilities.

3.7.1.2.Financing

In order to enable the consumers of mental health services access them, the following policy directions shall be adopted-

- a. Identifying core priority mental health areas that should receive more funding to ensure that mental health financing goes into the targeted high impact areas;
- b. Increasing the budgetary allocation to mental health services from the current from the current approximately 1.4% of the health sector budget to not less than 3% of the national and county health sector budget;
- c. Establish community health financing programmes;

- d. Initiate policy framework for supporting private sector and voluntary sector participation in provision of mental health services and financing;
- e. Other sectors that have mental health components shall be engaged to make targeted budgetary allocation to mental health services and programmes;
- f. The health insurance system, legal framework and operating policies shall be reviewed in order to ensure that persons with mental disorders are not discriminated against in accessing to insurance policies.
- g. A clear balance between capital and recurrent expenditure shall be maintained

3.7.1.3. Information systems

A mental health information system (MHIS) is a system of collecting, processing, analyzing, disseminating and using information about mental health service and the mental health needs of the population it serves (WHO: 2005 p 2). The purpose of the MHIS is to improve the effectiveness and efficiency of mental health service and to ensure equitable delivery by enabling managers and service providers to make informed decisions for improving the quality of care (WHO: 2005 p2). The following policy directions shall be adopted in regard to MIHS-

- a. A Mental Health Information System shall be designed for use at national and county level;
- b. The MHIS shall be integrated with primary health care system
- c. Mental health indicators shall be identified and included in the general health information and reporting system;
- d. The Cabinet Secretary shall in each year publish an annual status report covering all mental health data for national level and for each county;
- e. Specific capacity building programmes shall be initiated for county health personnel on the use and application of the MIHS.

“It is much more important to know what sort of patient has a disease than what sort of disease a patient has”
William Osier

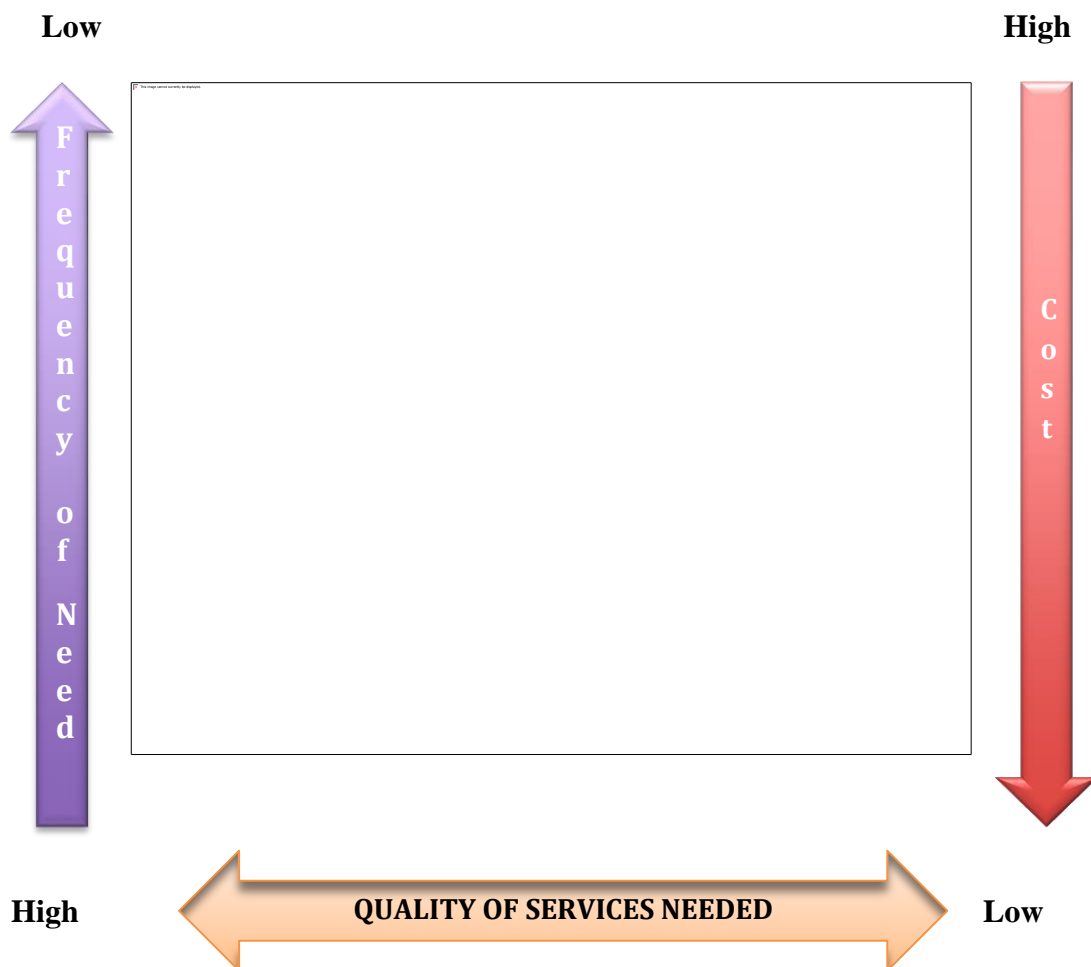
3.7.1.4. Service delivery

Interventions on mental health are delivered through the mental health services. Service delivery the core component in mental health service provision. The following policy directions shall apply in regard to mental health service delivery-

- a. The government shall ensure that the mental health system for service delivery is affordable, equitable, accessible, sustainable and of good quality;

- b. The mental health system shall be responsive i.e. the performance of the system shall meet the population expectation of dignity and respect;
- c. The mental health service organization shall adopt the WHO model of service organization pyramid for an optimal mix of services for mental health (see figure 1 below) (WHO: 2008). Under this model, mental health services shall be integrated with general health care since a single service setting cannot meet all population mental health needs. Integration of mental health into primary health care and promotion of self-care by people with mental disorders. Under this model, the principles that will be adopted are:
 - i. limiting mental hospitals
 - ii. building community mental health services
 - iii. developing mental health services in general hospitals
 - iv. integrating mental health services into primary health care
 - v. building informal community health services
 - vi. promoting self care (people making decision about their one health)

Figure 1 WHO service organization pyramid for an optimal mix of services for mental health



- d. The ministry responsible for health shall, through a public process in collaboration with mental health stakeholders develop the basic or priority essential benefit package for mental health interventions and which shall be available to all taking into consideration local priorities;
- e. All health personnel involved in primary health care shall be trained on providing mental health services;
- f. Community based mental health services shall be established through a framework to be developed. This may include establishment out patient units, day treatment units and community based psychiatrist in patient units.
- g. Assessment and treatment protocols shall be availed in all primary health care centers as shall be provided in the mental health law and related guidelines
- h. A legal framework to allow primary health care staff to prescribe psychotropic medicines at primary care shall be developed;
- i. Every level 4 and 5 hospitals shall have a specialized mental health facility providing treatment and rehabilitation;
- j. A framework for partnership between the public, private and voluntary sector in providing primary mental health care shall be developed.
- k. A review and audit of all mental health risks and vulnerabilities in relation to public and private sector work places shall be conducted. The review shall be conducted in collaboration with the Public Service Commission, Police Services Commission and other relevant human resource management public organizations and private sector and civil society organizations. The review shall form the basis for reform of respective human resource policies and laws in public and private sector;
- l. The management of mental disorders shall be based on a balanced combination of three fundamental ingredients: medication (pharmacotherapy); psychotherapy and psychosocial rehabilitation, which shall be tailored to individual needs indicated in figure 2 below.

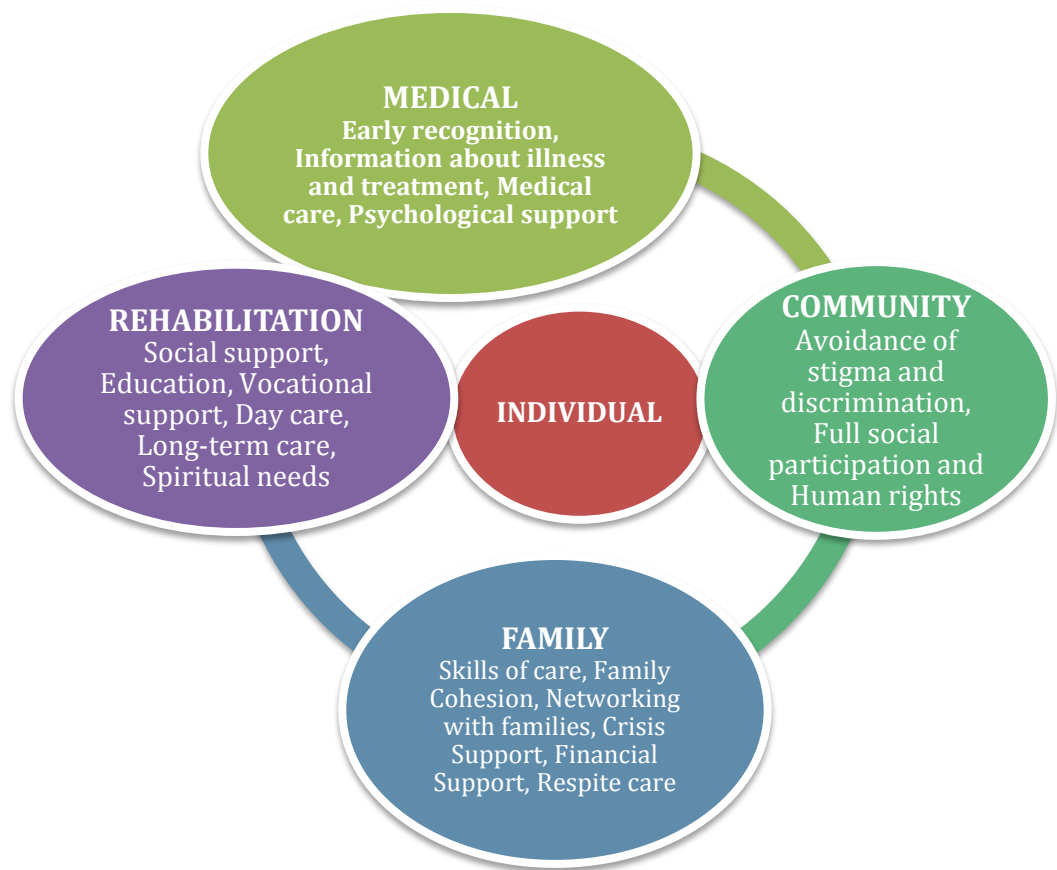


Figure 2 Needs of people with mental disorders (Adopted from WHO: 2003)

3.7.1.5. Psychotropic drugs

Psychotropic medicines are a core ingredient in mental health system. They are used for treating symptoms of mental disorders, reducing disability of preventing relapse (WHO: 2007 p49). The following policy framework shall be adopted in regard to psychotropic medicines-

- a. All essential psychotropic medicines shall be available in every primary health care facility;
- b. A framework for ensuring improved access to essential psychotropic medicines shall be established;
- c. Partnership between the public, private and voluntary sector for ensuring access to essential psychotropic medicines shall be established;
- d. Strengthening the institutional and procurement systems linkage between Kenya Medical Supplies Agency (KEMSA) and institutions providing the psychotropic drugs to users.

3.7.1.6.Mental health workforce

Mental health workers play a significant role in promoting, protecting and improving mental health. They are the backbone of mental health care. The density of health professionals is closely related to the service coverage and health outcomes (WHO: 2008 p 51). In order to ensure adequacy of qualified mental health workforce, the following policy directions shall be adopted:

- a. The mental health training shall be integrated in the curriculum for training all health workers and professionals, which shall include increased amount of time offered on mental health;
- b. In order to meet the current shortfall of mental health workers, the government shall -
 - i. provide in service training for nurses and non medical professionals on mental health
 - ii. ensure presence of psychiatrists in each level 3 hospital
 - iii. provide adequate mental health workers (such as nurses, psychologists, social workers among others) at primary health care level;
 - iv. support the training of more mental health medical and non medical mental health professionals and workers for service in the public and private sector;
 - v. recruit more non medical mental health workers
 - vi. train community mental health lay workers
 - vii. establish a regulatory framework for unregulated mental health professionals especially in the fields of psychology and counseling
 - viii. strategic measures shall be put in place to recruit and train child psychiatrists and other relevant mental health workers specifically trained and qualified to work with children with mental disorders.
- c. A public private partnership model and framework shall be developed to facilitate the private sector and volunteer sector to participate in providing personnel competencies through provision of mental health workforce in public sector.

3.7.1.7. User/consumer and family associations

The users of mental health services and related family associations play a significant role in promoting mental health rights, providing support and care to persons with mental disorders. The following policy directions shall be adopted –

- a. The government (national and county) shall promote the establishment and operation of users and family associations involved in mental health care;

- b. The user or consumers of mental health services shall participate in all structures governance and policy implementation in mental health at national and county level
- c. The ministry of health and mental health stakeholders shall profile the most vulnerable population groups that require priority interventions and initiate interventions measures immediately when this policy is adopted.

3.7.2. Other Core Mental Health Policy Directions

3.7.2.1.Mental Health and Human Rights

As noted in chapter 1, this policy promotes the rights based approach to mental health as required under the Constitution of Kenya and the relevant international human rights instruments. In regard to adopting, observing, protecting, promoting, preserving and fulfilling the rights and fundamental freedoms of persons with mental disorders, the following policy measures shall be adopted-

- a. A comprehensive human rights audit shall be conducted on all mental health systems, procedures and programmes in order to align them with constitutional requirements;
- b. Training on rights and fundamental freedoms of persons with mental disorders shall be integrated in the training curriculum for mental health professionals and workers;
- c. The current mental health professionals and workers will undergo through a capacity building programme on rights and fundamental freedoms of persons with mental disorders;
- d. The rights and principles set out in the United Nations General Assembly Resolution 46/119 on the Protection of Persons with Mental Illness and the Improvement of Mental Health Care, adopted in 1991 (UN 1991) and the General comment on Article 12 (No 14 of 2000) on the right to highest attainable standard of health (UN: 2000) issued by the UN Committee on Economic, Social and Cultural Rights shall form part of mental health policy and law and shall be integrated into the new mental health law upon review of the Mental Health Act, Cap 248.
- e. Policies and laws that do not govern the health sector but have implications on the rights of persons with mental disorders shall be reviewed in order to integrate the human rights obligations under the Constitutions and provisions of international human rights instruments.

3.7.2.2.Mental health promotion

The promotion of mental health is important in improving mental health and preventing the development of mental disorders.

The following policy directions shall be adopted in promoting mental health-

- a. Mental health promotion shall be integrated in general health promotion. Specifically, the following interventions shall be adopted-
 - i. De-stigmatization of mental illnesses in all social and cultural setting as well as institutional structures and systems
 - ii. Interventions targeting factors determining or maintaining ill-health such as psychological and psychosocial factors;
 - iii. Interventions targeting population groups such as the elderly and poor families and persons living with HIV/AIDS;
 - iv. Interventions targeting particular settings such as schools, families and all settings for children;
 - v. Interventions targeting family as the basic social unit in relation to family development, stability, protection and cohesion and human development.
 - vi. Promotion of positive mental health in all members of society

- b. Mental health promotion policies that target the determinants for mental health which shall include-
 - i. Increasing social inclusion
 - ii. Reducing discrimination and violence
 - iii. Increasing economic participation
 - iv. Improving nutrition for children
 - v. Improving housing
 - vi. Improving access to education
 - vii. Reducing economic insecurity
 - viii. Strengthening community networks
 - ix. Reducing misuse of addictive substances

- c. Promoting health lifestyles and reducing risk factors for mental and behavioral disorders such as unstable family environments, abuse and civil unrest;

- d. All institutions, workplaces or employers (public or private) shall –
 - i. shall review the vulnerability and risks of the work setting within the workplace that presents risks for workers to be affected by mental disorders and initiate remedial measures
 - ii. integrate policies and programs for promoting mental health at work place;

- e. Guidelines and programmes for promoting mental health targeting family unit shall be developed and applied at multisectoral level through out the country;

- f. Health promotion shall target mitigation measures on risk factor

- g. Public education and awareness system and programmes on mental health shall be initiated at national and county level through a multisectoral and collaborative framework.

- h. All correctional facilities shall have access to a psychiatrist as well other mental health workers

- i. Mental health screening shall be conducted to every person being admitted to a correctional facility and on a continuous basis

2.7.2.3. Inter-sectoral collaboration and policy reform

Mental health issues cut across different sector apart from the health sector. This is because the macro determinants of mental health cut across all public sectors. It is therefore necessary to ensure that mental health policy issues are integrated and mainstreamed in all policies and legislations. The following policy directions shall be adopted in promoting inter-sectoral collaboration-

- a. All laws and policies that relate to mental health or with mental health implications shall be reviewed in order to align them with the rights based approach to mental health care and current service delivery processes. In particular, policies and laws related to the following areas shall be reviewed in order to ensure that they address the specific and unique needs of persons with mental illness-
 - i. Labour and employment;
 - ii. Criminal justice system;
 - iii. Education;
 - iv. Social services and social development
 - v. Children affairs;
 - vi. Youth affairs
 - vii. Family;
 - viii. Elderly persons;
 - ix. Disability;
 - x. Economic and commerce;
 - xi. Disaster and crisis management;
 - xii. Urban management;
 - xiii. Housing.
- b. All policies and being developed shall be analyzed for their mental health implications before being implemented
- c. Interagency collaboration that brings together all public agencies whose policies have implications on mental health shall be established and coordinated by the Ministry responsible for health.
- d. There shall be developed a framework for partnership with all mental health non state actors such as faith based and civil society organizations

2.7.2.4. Research, monitoring and evaluation

Effective interventions in mental health require evidence based information and knowledge. Mental health research plays significant role in enabling policy makers and implementers to provide effective services. In this regard the following policy directions shall be adopted-

- a. The government shall undertake and promote the following forms of research –
 - i. Epidemiological research;
 - ii. Treatment, prevention and promotion outcome research;
 - iii. Policy and service research; and
 - iv. Economic research.
- b. The Cabinet Secretary responsible for medical services shall within 2 years after the mental health policy is adopted cause to be conducted a comprehensive nationwide baseline survey based on the core mental health indicators and publish the survey. The survey will however be conducted through collaboration of all mental health stakeholders.
- c. A mental health research fund shall be established which shall consist on monies from the government, private sector and development partners.
- d. There shall be an annual mental health conference to address the mental health issues and provide forum for scientific exchange of research and knowledge on mental health in Kenya and globally.
- e. The monitoring and evaluation of mental health systems shall be undertaken on a continuous basis

CHAPTER 4

POLICY IMPLEMENTATION, MONITORING AND EVALUATION

4.1. Policy Implementation

The success of the mental health policy will depend on the effective implementation process. The implementation will adopt a multisectoral and participatory approach as indicated in the policy directions.

4.1.1. Instruments for policy implementation

The following policy instruments shall be adopted in order to effectively implement the mental health policy-

a. Provision public mental health services

The government shall directly provide the promotive, preventive mental health service. The services will be provided at the county level (primary health care level) and at national level (referral services level). The national and county governments will therefore ensure that there are adequate budgetary allocations for mental health services.

b. Public private partnership

As envisaged in the Kenya Vision 2030 and in this policy, the provision of mental health services will also entail partnership with the private and voluntary sector. The government will encourage and promote the development of private sector in provision of mental health services. This will enhance the financial and human resource base for provision of mental health services.

c. Regulation

In order to ensure professionalism, ethical standards and quality of provision of mental health services, the unregulated practice of mental health professions shall be regulated through a legal framework to be established for that purpose.

In addition, persons or institutions operating mental health facilities shall also be regulated through a legal framework. The regulatory framework shall however promote the development of the private sector and not be inhibitive.

d.Subsidization

Persons with mental illness face hard economic challenges due to limited abilities to access employment of economic generating activities. Some of them do not have mental capacity to engage in gainful economic activities. In this regard, the government shall establish a mental health services subsidy framework based on the nature and magnitude of the mental illness.

4.1.2. Institutional coordination and leadership

Institution coordination and leadership for effective mental health policy implementation is essential. At national level, the Cabinet Secretary responsible for medical services shall provide overall policy leadership, governance and coordination.

At county level, the county executive responsible for health services at the county shall provide the policy implementation as well as development of county specific primary health care related policies for better implementation of this policy at the county level.

4.1.3. Multi-sectoral collaboration

Since mental health implications cut across all sector, this policy will be implemented through a sector wide collaboration and partnership. However, the collaboration shall be conducted in line with other collaboration frameworks operating under general health services. Specifically, the following shall participate in the multisectoral framework for implementing this policy-

- a. Ministries responsible for health, justice and legal affairs, children, women and youth affairs, county governments and any other relevant ministry or state agency involved in policy process with implications on mental health;
- b. Private sector players providing private mental health services;
- c. Civil society organizations working in mental health services sub-sector;
- d. Development partners;
- e. Users/consumers and family associations;
- f. Academia;
- g. Professional bodies regulating mental health professionals.
- h. Media

4.2. Policy implementation plans

The mental health policy shall be implemented where applicable through a sector wide strategic plan, and annual operational plans developed and implemented at national and county level.

4.3. Policy Synergy

The implementation of the mental health policy shall be in tandem with the Constitution of Kenya other key relevant government policies and plans. Specifically, the policy implementation shall be in synergy with-

- a. The Kenya Vision 2030
- b. The Kenya Health Policy (2012-2030)
- c. The Medium Term Plans
- d. The Health Sector Strategic Plans

4.4. Policy Monitoring

Policy monitoring will be instrumental in feeding the policy makers and implementers with timely information and data necessary for effective policy implementation. The mental health policy will be monitored on a continuous basis through the coordination of the Cabinet Secretary responsible for medical services. The mental health sector stakeholders shall participate in developing indicators to be measured on policy implementation. Monitoring reports shall be prepared every 3 months, which shall be shared among the stakeholders and shall be used as basis of mental health program planning.

4.5. Policy Evaluation

Policy evaluation is important in assisting the mental health stakeholders identify key policy aspects such as effectiveness, efficiency, outcome and impact of the mental health policy. The mental health policy shall be evaluated every 5 years. The results of the policy evaluation shall be used to inform the best practices in terms of mental health policy interventions applicable in Kenya.

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