



Ministry of Health



KENYA MENTAL HEALTH POLICY

2015 - 2030

Towards Attaining the Highest Standard of Mental Health

Nairobi, August 2015

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Kenya Mental Health Policy 2015–2030

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FOREWORD

The Kenya Health Policy, 2014 – 2030 gives directions to ensure significant reduction in the overall ill health in Kenya in line with the country's Vision 2030 and the Kenya Constitution, 2010. This is a sector commitment under government stewardship in ensuring the Country attains the highest possible standards of health, in a manner responsive to the population needs. It focuses on ensuring equity, people centeredness and participatory approach, efficiency, multi-sectoral approach and social accountability in delivery of health care services. The Kenya Mental Health Policy 2015-2030 provides for a framework on interventions for securing mental health systems reforms in Kenya.

This is in line with the Constitution of Kenya 2010, Vision 2030, the Kenya Health Policy (2014-2030) and the global commitments. The Constitution of Kenya 2010, in article 43. (1a) provides that "every person has the right to the highest attainable standard of health, which includes the right to healthcare services". This includes mental health. This policy seeks to address the systemic challenges, emerging trends and mitigate the burden of mental health problems and disorders.

The Kenya Mental Health Policy 2015-2030 is a commitment to pursuing policy measures and strategies for achieving optimal health status and capacity of each individual. The goal of this policy is attainment of the highest standard of mental health. This policy recognizes that it is the responsibility of every person in the public and private sector to ensure the goal is attained. Mental health policy interventions are broad and cut across other sectors, and consequently, this calls for a multi-disciplinary and inter-sectoral approach in the implementation of this policy. This policy was developed through a consultative process involving the public, private and non-state actors under the stewardship of the Ministry of Health.

This policy highlights why mental health should be understood; Mental health is a key determinant of overall health and socio-economic development. It influences individual and community outcomes 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. This policy also brings out the determinants of mental health and mental disorders, the burden and prevalence of mental disorders globally and locally and the challenges facing mental health care and service delivery in Kenya. It also provides policy directions on prevention, management and control of mental disorders.

It is therefore my belief that collectively we can make a difference. Let us all join hands in embracing healthy lifestyles towards achieving a mentally healthy society.



Mr. James Macharia
Cabinet Secretary
Ministry of Health

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Last but not least, acknowledgement also goes to all the non-governmental organizations who stood with the ministry to see to it that this document comes to pass and that the policy will be utilized by all stakeholders to provide a road map to the provision of quality mental health services as envisaged in the Kenya constitution 2010, Kenya vision 2030 and in line with international Health legislations.

ABBREVIATIONS

CBO	Community Based Organization
DALYs	Disability- Adjusted Life Years
FBO	Faith Based Organization
HIS	Health Information System
ICT	Information and Communication Technology
KNCHR	Kenya National Commission on Human Rights
MHA	Mental Health Act (1989)
MHIS	Mental Health Information System
MNS	Mental, Neurological and Substance use
NGO	Non-Governmental Organization
PPP	Public-Private-Partnership
WHO	World Health Organization

1.1 Introduction

The Kenya Mental Health Policy 2015-2030 provides for a framework on interventions for securing mental health systems reforms in Kenya. This is in line with the Constitution of Kenya 2010, Vision 2030, the Kenya Health Policy (2014-2030) and the global commitments. The Constitution of Kenya 2010, in article 43. (1)(a) provides that “every person has the right to the highest attainable standard of health, which includes the right to healthcare services”¹. This necessarily includes mental health. The 65th World Health Assembly adopted Resolution WHA65.4 on the global burden of mental disorders and the need for a comprehensive coordinated response from the health and social sectors at country level. Subsequently, during the 66th World Health Assembly, Resolution WHA66.8 was adopted. It called on member states to develop comprehensive mental health action plans in line with the Global Comprehensive Mental Health Action Plan 2013-2020.

1.2 Understanding Mental Health

The World Health Organization (WHO) in its constitution of 1948 defines health as “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity”².

Mental health is defined as “a state of well-being whereby individuals recognize and realize their abilities, are able to cope with the normal stresses of life, work productively and fruitfully, and make a contribution to their communities”³ (WHO: 2003). Positive mental health includes emotion, cognition, and social functioning and coherence. (WHO: 2009).

Mental health is a key determinant of overall health and socio-economic development. 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).

1 The constitution of Kenya 2010

2 <http://www.who.int/about/definition/en/print.html> (Preamble to the Constitution of the World Health Organization as adopted by the International Health Conference, New York, 19-22 June, 1946; signed on 22 July 1946 by the representatives of 61 States (Official Records of the World Health Organization, no. 2, p. 100) and entered into force on 7 April 1948.)

3 http://www.who.int/mental_health/media/investing_mnh.pdf (World Health Organization, Investing in mental health.)

1.3 Mental Health and Mental Disorders: Determinants and Consequences

Determinants of mental health and mental disorders include not only individual attributes such as the ability to manage one's thoughts, emotions, behaviours and interactions with others, but also social, cultural, economic, political and environmental factors such as national policies, social protection, living standards, working conditions, and community social supports. Exposure to adversity at a young age is an established preventable risk factor for mental disorders.⁴

If untreated, mental disorders can create an enormous amount of suffering, disability and economic loss (WHO: 2003). Mental disorders have an impact on individuals, families, communities and nations. People with mental disorders experience disproportionately higher rates of disability and mortality. Mental disorders frequently lead individuals and families into poverty. Homelessness and inappropriate incarceration are far more common among people with mental disorders than for the general population, and having mental disorders exacerbates their marginalization and vulnerability.

Persons with mental disorders often have their human rights violated, as a result of stigmatization and discrimination. Many are denied economic, social and cultural rights, with restrictions on the rights to work and education, as well as reproductive rights and the right to the highest attainable standard of health. They may also be subjected to unhygienic and inhumane living conditions, physical and sexual abuse, neglect, as well as harmful and degrading treatment practices in health facilities.

They are often denied civil and political rights such as the right to marry and found a family, personal liberty, the right to vote and to participate effectively and fully in public life, and the right to exercise their legal capacity on other issues affecting them, including their treatment and care. As such, persons with mental disorders often live in vulnerable situations and may be excluded and marginalized from society, constituting a significant impediment in the achievement of national and international development goals.

The Convention on the Rights of Persons with Disabilities, which is binding on State Parties that have ratified or acceded to it, protects and promotes the rights of all persons with disabilities, including persons with mental and intellectual impairments, and also promotes their full inclusion in international cooperation including international development programmes.⁵

4 MHA action Plan

5 MHA action Plan

1.4 Policy Rationale

The development of the Mental Health Policy was informed by the need to reform the mental health systems in Kenya. This policy seeks to address the following:

- a. To align the mental health services with the Constitution of Kenya, and with the National and Global health agenda
- b. To address the mental health systemic challenges, emerging trends and mitigate the burden of mental disorders
- c. To integrate the mental health services within the Kenya Essential Package for Health (KEPH)
- d. To promote, respect and observe the rights of persons with mental disorders in accordance with national and international laws.

1.5 Policy Development Methodology

The Kenya Mental Health Policy 2015-2030 is a commitment pursuing policy measures and strategies for achieving optimal health status and capacity of each individual. The goal of this policy is the attainment of the highest standard of mental health. This policy recognizes that it is the responsibility of all stakeholders in the public and private sectors to ensure that this goal is attained.

Mental health policy interventions are broad and cut across other sectors and therefore it is imperative that a multi-disciplinary and inter-sectoral approach is employed in the implementation of this policy. This policy has been developed through a consultative process involving public, private and non-state actors under the stewardship of the Ministry of Health.

1.6 Situational Analysis

1.6.1 Burden and prevalence of mental disorders: The Global Context

Mental, neurological and substance use disorders are common and affect more than 25% of all people at some point during their lifetime⁶ (WHO: 2001). In addition, the WHO observes that it is estimated that about 10% of the adult and child populations 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, neurological and substance use disorders will be 15% of the

6 WHO: 2001

total Disability-Adjusted Life Years (DALYs), a rise from 12% in 2000 (WHO 2001).

WHO estimates that 60% of people attending primary care clinics have diagnosable mental disorder⁷ (WHO: 2008). Mental disorders are important risk factors for other diseases, as well as unintentional and intentional injury. By their very aetiology, mental disorders increase the risk of getting ill from other diseases such as HIV, cardiovascular disease, diabetes, and vice-versa.

Stigma and discrimination against patients and families prevent people from seeking mental health care. Human rights violations of people with mental and psychosocial disability are routinely reported in most countries, even though anecdotal evidence suggests that the reported cases are far below the actual numbers.

Globally, there is huge inequity in the distribution of skilled human resources for mental health. Shortages of psychiatrists, psychiatric nurses, psychologists and social workers are among the main barriers to providing treatment and care in low- and middle-income countries. Low-income countries have 0.05 psychiatrists and 0.42 nurses per 100 000 people. The rate of psychiatrists in high income countries is 170 times greater and for nurses is 70 times greater. Even in the low-income countries, there are internal inequities in the distribution of these already low numbers of mental health workers, whereby the available professionals are concentrated in cities and teaching hospitals (which are often in the capital cities), while rural areas are left with far fewer professionals.

It is estimated that four out of five people with serious mental disorders living in low and middle income countries do not receive mental health services that they need. Neuropsychiatric disorders are estimated to contribute to 13% of the global burden of disease. (WHO: *The Global Burden of Disease – 2004*)⁸.

7 WHO: 2008

8 Lopez, Alan D. "Disease Control Priorities Project: Global burden of disease and risk factors." Disease control priorities project: Global burden of disease and risk factors (2006).

There are five key barriers to increased access to effective mental health services:

- The absence of mental health from the public health agenda and the implications for funding
- The current organization of mental health services
- Lack of integration within primary care
- Inadequate human resources for mental health
- Lack of public mental health leadership.

1.6.2 Burden and prevalence of mental disorders: The Kenyan Context

Currently, there is inadequate data and information on the prevalence of mental health, neurological, and substance use (MNS) 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 conditions⁹ (KNCHR: 2011). Further, the probable prevalence of psychosis in Kenya is at an average of 1 % of the population¹⁰ (Kiima and Jenkins, 2012). The most frequent of diagnosis of mental illnesses made in general hospital settings are depression, substance abuse, stress and anxiety disorders¹¹. (Ndetei et al: 2008)

The prevalence of mental disorders may also be attributed to the noted cases of suicide, homicides and violence at household level. The traumatic events such as accidents and disasters as well as violence and conflicts, for example the 2007 post-election violence and similar conflicts, have played a significant role in the development of post-traumatic disorders, anxiety and depression among those affected.

9 KNCHR: 2011

10 Kiima and Jenkins, 2012

11 Ndetei et al: 2008

2.1 Guiding Principles

The following principles guided the development of the National Mental Health Policy and should guide its implementation:

1. Mental health is an integral part of health

Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity - WHO 1948¹². 'There is no health without mental health'.

2. Mental health and socio-economic development

Mental health contributes significantly to socio-economic development of individuals, households, families, communities, nations and societies at large.

3. Mental health is a human right

Mental health is a human right which should be respected regardless of religion, gender, culture and socioeconomic status

4. Equity

The principle of Equity is meant to ensure Universal Health coverage for all. Services should be provided equally to all individuals in a community irrespective of their gender, age, caste, color geographical location, culture, and social class. Focus should be on inclusiveness, non-discrimination, social accountability, and gender equality.

5. People-centered approach to mental health interventions

A people-centered approach should ensure health, and mental health interventions are organized around people's legitimate needs and expectations. This calls for community involvement and participation in deciding, implementing and monitoring of provided interventions.

6. Participatory approach to delivery of interventions

Participation should be encouraged in the design and delivery of interventions in order to maximize the contributions of different actors, in attaining the best possible outcomes. Collaborative models of dialogue should continually be emphasized to achieve desired outcomes.

¹² WHO 1948

7. Multi-Sectoral approach to maximizing achievement of mental health goals

A multi-sectoral approach is based on the recognition that mental health cannot be improved by interventions relating to mental health services alone, but that other related sectors are equally important in attaining the overall health goals. A focus of 'Mental Health in all Sectors' should be applied in attaining the objectives of this policy. Such related sectors include: Education, labour, security, correctional services, children services, planning, finance, legal justice system, industrialization, agriculture

8. Efficiency in application of health technologies

Health technologies including e-health and specialized mental health equipment are integral in the delivery of mental health services. Health technologies should maximize the use of existing resources and build capacity. This is in the selection of technologies that are appropriate, accessible, affordable, feasible and culturally acceptable to the community for addressing the mental health challenges, and in the application of such technologies.

9. Social accountability

The constitution of Kenya obligates all institutions to be accountable to the public directly and through their representatives. Realization of the highest standards of mental health can only be achieved by bridging public perceptions and their needs through assessments, performance reporting, public awareness, transparency and public participation in decision making on mental health related matters.

10. Life Course Approach

Policies, plans and services for mental health need to take account of health and social needs at all stages of the life course, including prenatal, infancy, childhood, adolescence, adulthood and older age.

2.2 Vision, Goals, Objectives and Strategies

VISION:

A Nation where mental health is valued and promoted, mental disorders prevented and persons affected by mental disorders are treated without stigmatization and discrimination.

GOAL:

To attain the highest standard of mental health.

OBJECTIVES:

The objectives of this policy are:

1. To strengthen effective leadership and governance for mental health.
2. To ensure access to comprehensive, integrated and high quality, promotive, preventive, curative and rehabilitative mental health care services at all levels of healthcare.
3. To implement strategies for promotion of mental health, prevention of mental disorders and substance use disorders.
4. To strengthen mental health systems.

STRATEGIES:

1. Develop a Mental Health Plan to operationalize the Mental Health policy.
2. Review and Revise the Mental Health Legislation.
3. Develop guidelines and standards on Promotion, Prevention, Care, Treatment and Rehabilitation of persons with mental, neurological and substance-use disorders.
4. Integration of mental health into the Health Information System (HIS).
5. Invest in the mental health system for health financing, leadership, health products and technologies, health information and research, human resource, service delivery and infrastructure.
6. Develop monitoring and evaluation frameworks for mental health services.

2.3 Policy Directions

2.3.1 Mental Health Leadership and Governance

Mental health leadership and governance shall address the roles of National and County governments in guiding and overseeing mental health systems, effective oversight and accountability mechanisms.

Priority Actions:

1. Organization of mental health services will be in accordance with Schedule 4 of the Kenyan Constitution: The National Government shall be responsible for health policy, the national referral health facilities, capacity building and technical assistance to the counties and disaster management. The County health services shall be responsible for county mental health facilities, promotion and provision of comprehensive mental health care services at all

levels, emergency services and an effective mental health referral system. The direct relationship between the national mental health services and the county mental health services shall be determined through the operational guidelines developed for this policy.

2. The ministry of health shall establish a Directorate of Mental Health and Substance Abuse to provide overall institutional leadership and coordination for mental health in Kenya.
3. The Mental Health Legislation shall be revised to conform to the constitutional requirements and implement other health-related laws.
4. The Kenya Board of Mental Health established under the Mental Health Act Cap. 248 shall provide the overall oversight in mental health.
5. Amendment of the Mental Health Legislation to establish County Mental Health Council that shall give oversight to mental health at county levels.

2.3.2 Human Resources

j) Human Resource Development

Human resources are paramount to social and economic development of any nation. Mental health problems place an enormous burden to nations towards social economic development endeavor the world over. It is therefore imperative that Kenya urgently addresses the enormous mental health problems affecting our population, by addressing the acute shortage of skilled mental health personnel.

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).

Priority Actions:

In order to ensure adequacy of qualified mental health workforce, the following policy directions shall be adopted:

1. The mental health training shall be integrated in the training curricula of all health workers, which shall include adequate content and time offered on mental health training.
2. In order to meet the current shortfall of mental health workers, the government shall:

- a. Provide in-service training for service providers on mental health
 - b. Provide a complete mental health team work force appropriate at all levels of health care
 - c. Support and finance the training of more mental health workers at national and county levels.
 - d. Train and recruit community mental health workers
 - e. Establish a regulatory framework for mental health professionals
 - f. Strategic measures shall be put in place to train and recruit specialized mental health workers to work with special or vulnerable populations.
3. A Public-Private-Partnership (PPP) model and framework shall be developed to facilitate the development of a competent mental health workforce.
 4. Since mental health problems are caused by multiple factors, their interventions are best made through multidisciplinary and intersectoral collaboration. It is, therefore, necessary to train workers in other sectors in mental health.

ii) Human Resource Management

The human resources for mental health care provision will be managed more efficient by:

- Continuous education and professional development
- Equitable deployment and motivation to retain service providers at all levels
- Supportive supervision and coordination

2.3.3 Financial Resources

Mental health services are widely underfunded especially in developing countries. Kenya is among the 28% of WHO member states countries that do not have a separate budget for mental health^{13,14}. This has been a major impediment against development of quality mental health services in the country. In this regard there should be equitable resource sourcing and allocation for mental health services at all levels. The sources of funds should be from both National and County

13 http://www.who.int/mental_health/resources/en/context.PDF Mental health context. (Mental health policy and service guidance package): WHO 2003.

14 http://www.who.int/mental_health/media/en/243.pdf Atlas: Country Profiles on Mental Health Resources in the World: WHO 2001.

governments, development partners and non-state actors.

Mental health problems affect outcomes, impact and goals and cuts across health programmes and projects. Therefore, there is need for collaboration in terms of co-programming of various health projects and programmes across the board with a view of adding value and enhancing the attainment of goals and objectives and the overall impact of such programmes.

Priority Actions:

1. Increasing the budgetary allocation to mental health services to a minimum of the recommended WHO standards both at national and county health sector budgets
2. Establishing community health financing programmes to support mental health services
3. Public private partnerships and voluntary private sector participation in provision of mental health services and financing
4. Engaging sectors that have mental health components to make targeted budgetary allocation to mental health services and programmes
5. Ensuring that the health insurance system does not discriminate against persons with Mental, Neurological and Substance use (MNS) disorders in accessing insurance policies.

2.3.4 Mental Health and Substance Use

The extent of the global use of psychoactive substances is 2 billion alcohol users, 1.3 billion tobacco or nicotine smokers and 185 million illicit drug users. Considering the resulting social and health consequences for individuals, families and communities, there is an urgent need to enhance the accessibility of quality drug dependence treatment worldwide. This includes the establishment of a wide variety of services, which take into account the culturally sensitive needs of different target groups, like youth, women, people with co-occurring mental health disorders and sex workers.

This places a heavy burden on public health systems in terms of the prevention, treatment and care of drug use disorders and their health consequences. However, the quality of drug dependence treatment and care services play a key role in reducing the demand for illicit and licit drugs, HIV transmission amongst drug users, drug related crime, incarceration and relapse.

Worldwide, 3.3 million deaths every year result from harmful use of alcohol, this represent 5.9% of all deaths. The harmful use of alcohol is a causal factor in more than 200 disease and injury conditions. Overall 5.1% of the global burden of disease and injury is attributable to alcohol, as measured in disability- adjusted life years (DALYs).

Alcohol consumption causes death and disability relatively early in life. In the age group 20–39 years approximately 25% of the total deaths are alcohol-attributable. There is a causal relationship between harmful use of alcohol and a range of mental and behavioural disorders, other non-communicable conditions as well as injuries. Beyond health consequences, the harmful use of alcohol brings significant social and economic losses to individuals and society at large.

The mental health policy shall adopt strategic and evidence-based approaches to address substance use prevention, treatment and the rehabilitation of persons with substance use disorders.

Priority Actions:

1. National strategic program on substance use prevention, treatment, care and rehabilitation
2. Investment plans to improve access to effective substance use treatment and care
3. Capacity building and quality assurance to meets the guidelines and standards for evidence-based and best practices in substance use treatment and care
4. To integrate substance use treatment and care in the health care system and social welfare system in the comprehensive continuum of care.

2.3.5 Mental health services

The following policy directions shall apply in regard to mental health service delivery:

1. The government shall ensure that the mental health system for service delivery is affordable, equitable, accessible, sustainable and of good quality
2. The mental health system shall be responsive so that the performance of the system shall meet the population expectation in dignity and respect
3. The organization of mental health services shall adopt the WHO model of

service organization pyramid for an optimal mix of services for mental health (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

4. Comprehensive mental health services shall comprise promotion of good mental health, prevention of MNS disorders, treatment and rehabilitation of MNS disorders at all health care levels
5. To strengthen the referral system to ensure effectiveness, efficiency and cost-effectiveness in service delivery.

Priority Actions:

1. Promotion of Mental Health

Good mental health of individuals, families, the communities and the society contributes enormously towards investment and development of social capital which is the most important determinant of our health.

Mental health promotion should be availed to individuals, families, communities and the society. This will be spearheaded by primary health care team in each county level in partnership with other government sectors, Non-Governmental Organizations, Community Based Organizations, Faith Based Organizations and the private sector. The national government shall be tasked with development of appropriate guidelines. This endeavor of promotion of good mental health should be encouraged throughout the human development life cycle, right from pregnancy to old age.

Strategies to be used will include:

- Introduce parent-child sessions on parenting skills education to address threats to healthy parent child bond
- Life skills education program should be offered to school-going children and college-going persons
- Individual attention in the school by teachers trained in mental health promotion, since most signs and symptoms of most mental disorders appear in adolescence.
- Implement and integrate mental health education programmes in all

learning institutions

- Introduce programmes in workplaces to assist adults in handling stressful life situations
- Reliable mental health information should be readily available to the public
- Implement advocacy measures at the community level as well as among policy makers
- Develop strategies to ensure there is no discrimination against persons with mental health problems in schools, in attaining or retaining jobs and in communities.

2. Prevention of Mental, Neurological and Substance use Disorders

- Implement programmes to address alcohol and other drugs of abuse
- Increase awareness among policy makers, planners and governments of the need to reduce poverty and income disparities to improve mental health outcomes
- Implement programmes to address violence and injury prevention
- Undertake communication programs to reduce stigma
- Involve persons with mental disorders and caregivers in planning and feedback of mental health services.

3. Treatment of Mental, Neurological and Substance use disorders.

- Comprehensive mental health services should be universally accessible. All general hospitals are gazetted to treat and admit persons suffering from mental disorders in accordance with section 9 of sub-section 2 of the Mental Health Act 1989; Cap. 248 of the Laws of Kenya
- Mental health services should adopt the lifespan approach
- Develop programmes for screening, early identification and treatment of MNS disorders
- Develop norms and standards for mental health services and implement clinical and social audits for continuous quality improvement.

4. Mental health and Chronic medical conditions

Mental health and physical health are fundamentally linked. People living with a serious mental illness are at higher risk of experiencing a wide range of chronic physical conditions. Conversely, people living with chronic physical health conditions experience depression and anxiety at twice the rate of the

general population.

Co-existing mental and physical conditions can diminish quality of life and lead to longer illness duration and worse health outcomes. This situation also generates economic costs to society due to lost work productivity and increased health service use. Mental health services should therefore be integrated into healthcare services.

5. Rehabilitation of persons with MNS disorders

The psychosocial, occupational and behavioural rehabilitation services should be at all levels. The following steps shall be adopted to achieve this:

- Strengthen evidence based programmes for residential rehabilitation and reintegration into the community.
- Increase availability of a range of community based rehabilitation services.
- Develop community based programmes to support families and caregivers to foster recovery.
- Establish community recreational and therapeutic facilities with a view to socially integrate the persons with MNS disorders to the family and the society at large.
- Develop and Implement programmes to facilitate persons with MNS disorders to pursue education or vocational training to improve their chances of employment.
- Establish social protection and disability benefit programmes for persons with MNS disorders.

6. Coordination and Organization of Mental Health Care in Disasters and Emergencies

The mental health services' response to national disasters, emergencies, and disease outbreaks will be coordinated by the national government in conjunction with county governments and in line with the disaster management policy and legislation. Management of cross-border disasters will also be carried out through intergovernmental mechanisms.

This is to ensure that clients in emergency situations receive the benefits of mental health care available in the health system, irrespective of the point of service, to ensure continuity of care.

Emergency mental health services shall be a part of the referral services and shall be provided by the nearest health facility, regardless of ownership (both public and private).

Emergency services will include the following:

- Establishment and integration of mental health disaster management teams
- Protection of vulnerable groups against the impacts of a disaster or emergency
- Pre-hospital emergency care
- Hospital emergency care and psychosocial support for victims
- Mental health services referral guidelines will be integrated to the existing referral system.

2.3.6 Health Products and Technologies

All persons with mental disorders should have equitable access to health care and opportunities to achieve or recover to the highest attainable standards. It is therefore mandatory to include essential medicines and technologies specifically for management of mental disorders in national essential medicines and medical technologies lists, and improve efficiency in the procurement, supply management and access to these products.

Priority Actions:

Adequate supply of medicines

The Kenya Essential Drug List should include essential psychotropic drugs in adequate quantities and varieties. The procurement, storage and distribution processes should ensure the availability of the drugs at all levels of the health system including the community level.

Medical equipment and technology

The health facilities shall have up-to-date medical equipment and technologies for effective management of mental disorders. The human resource to operate this equipment should also be adequately trained.

2.3.7 Mental Health Information System (MHIS) and Research

The purpose of the MHIS is to improve the effectiveness and efficiency of mental health service delivery. It ensures collection of adequate health information for evidence-based decision making and improved quality of care. (WHO: 2005).

Priority actions:

- a. A Mental Health Information System (MHIS) shall be designed for use at national and county levels
- b. The MHIS shall be integrated with the Health Information System (HIS).
- c. Mental health indicators shall be identified and included in the general health information and reporting system
- d. Each year an annual status report (part of annual health sector performance report) covering all mental health data for national level and for each county which shall be published and used for planning and service improvement
- e. Specific capacity building programs shall be initiated for both national and county health personnel on the use and application of the MHIS
- f. Mental health research shall be strengthened through funding and partnership for evidence based information in mental health.

2.3.8 Infrastructure

Health infrastructure relates to all the physical infrastructure, non-medical equipment, transport, and technology infrastructure (including ICT) required for effective delivery of services. This will be attained through focusing on the following:

Priority Actions

- All health facilities should have adequate and appropriate infrastructure for outpatient and inpatient mental health services.
- Establish special separate child and adolescent outpatient and inpatient facilities.
- There should be adequate transport and efficient communication facilities to enhance referral strategy.
- Adopting evidence-based health infrastructure investments, maintenance, and replacement through utilization of norms and standards in line with national policies.
- Facilitating development of infrastructure that progressively moves towards

the prevailing norms and standards.

- Developing norms and standards to guide the planning, development, and maintenance of health infrastructure.
- Both national and county governments shall invest in health infrastructure to ensure a progressive increase in access to mental health services.
- Digitalize the inventory of all infrastructures and any other asset.

2.3.9 Advocacy and Partnership

Mental health is given a low priority in most countries. This has a negative impact on mental health service delivery systems. The low priority given to mental health is due to the stigma attached to mental illnesses as well as to persons with MNS disorders. In order to address this situation there is need to institute measures to ensure adequate advocacy towards mainstreaming mental health in not only the National Health Agenda but also the National Social Economic Development Agenda.

This policy calls for everyone to be involved to ensure parity for mental health at all levels in both public and private sectors. This will lead to equitable resource allocation and funding for projects, programmes and service provision.

Mental health advocacy is necessary to reduce barriers which prevent people from getting services to meet their mental health needs. The target groups for advocacy activities are general public, consumers, family, professional bodies, non-state actors, mental health workers, general health workers, planners and policy makers and other service providers.

Priority Actions:

1. User/consumer and Care givers

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 of governance and policy implementation in mental health at national and county level.

2. 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.

- a. The Government shall ensure that mental health policy issues are integrated and mainstreamed in all policies and legislations.
- b. The Government shall establish and coordinate inter-agency collaboration that brings together all public and private agencies whose policies have implications on mental health.
- c. There shall be a framework for partnership with all mental health non-state actors such as faith based and civil society organizations.

2.3.10 Mental Health and Vulnerable Groups:

There are certain population groups that are more vulnerable to mental disorders hence the need for targeted mental health interventions for the following groups:

a. Children and adolescents

Children are often prone to mental disorders either at birth, where there might have been 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; 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 has 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.

e. People emerging from conflicts and disasters

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

Priority Actions:

- The Government shall establish targeted interventions for the vulnerable groups with a focus on enhancing protective factors and mitigation of risk factors.
- The Government shall establish targeted, accessible and friendly services for the vulnerable groups.

2.3.11 Mental Health and socio-cultural perspective

This policy direction is that:

- Traditional and alternative medicine practitioners should be integrated into the mental health care and support system in collaboration with the ministry on health matters.
- Religious and community leaders should be oriented to participate in care, support and referral of persons with mental illness.
- Measures shall be established to enhance positive socio-cultural practices and deter negative socio-cultural practices for promotion of mental health.

The mental health policy will be interpreted and implemented in line with the Constitution of Kenya 2010, Kenya Vision 2030 and Health Policy 2014-2030 through a multi-sectoral approach including all health actors. The Mental Health Policy shall be implemented through 5-year strategic plans.

3.1 Management and coordination of the policy framework

The Mental Health Policy will be managed in accordance with the overall Health Sector Management and Coordination Framework, Mental Health Act and other related Laws of the Republic of Kenya.

3.2 Roles and responsibilities

a. Roles and Responsibilities of the National Government

- Develop policy, legislation, standard setting, regulation, capacity development, coordination, monitoring and evaluation and offering technical assistance to the counties.
- The Ministry of Health will facilitate policy implementation and ensure there is adequate capacity in terms of finances, human resources, commodity supply, health information and infrastructure.
- The Directorate of Mental Health and Substance Abuse will provide strategic leadership in the implementation of the policy through; an integrated strategic plan, programmes and guidelines.
- The Kenya Board of Mental Health shall provide critical oversight on the implementation of this policy.
- The Government will provide an enabling environment for the enhancement of private/public sector partnerships.

b. Roles and Responsibilities of counties

- Include mental health in the County Integrated Development Plans, Strategic Plans and Annual Implementation Plans.
- Resource mobilization, monitoring and evaluation.
- Capacity building and technical assistance for effective implementation of the policy.

c. Roles and Responsibilities of Health Regulatory Bodies

- They shall regulate health professionals under their area of jurisdiction
- They shall register, license and retain members of the mental health profession.
- Receive and facilitate resolution of conflicts from patients, aggrieved parties and discipline members who commit professional misconduct.

d. Roles and Responsibilities of the non-state actors

- The non-state actors shall expand coverage and improve access to mental health care as well as participate in formulation, financing, implementation, monitoring and evaluation of mental health programmes
- The non-state actors shall actively participate in advocacy for promotion of mental health and mental health care.

e. Roles and responsibilities of media

- The mass media will play a key role in positive advocacy and creation of awareness on matters related to mental health.

f. Roles and responsibilities of individuals, families, and communities

- The individual, family and community will play a key role in the promotion of mental Health, prevention, treatment and rehabilitation of persons affected by MNS disorders.
- They will also advocate for and participate in Community-based mental health programmes.

g. Role and Responsibilities of Development and Implementation partners

- They will support Mental Health Policy implementation through the Health Sector Partnerships and Coordination Framework with emphasis on mental health priorities and plans.
- They will be involved in resource mobilization and technical assistance.

h. Roles and Responsibilities of Training and Research Institutions

- The universities and colleges training in health shall include mental health in their training curricula that conforms to the national and international standards.
- The institutions shall provide evidence-based approaches and practices to mental health issues.

- They shall conduct scientific mental health research and share information to inform the policy implementation.

i. Roles and Responsibilities of Professional Bodies

- They offer technical advice and professional expertise.
- They ensure and facilitate professional growth and look into the welfare of the members.
- They maintain professional and ethical standards.

This policy will be implemented through five-year Mental Health Strategic Plans. These plans will be supported by programme investment plans with objectives around specific health systems.

A core set on indicators for Mental Health shall be defined to monitor and evaluate the implementation of the 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.

This policy will be implemented through medium-term strategic plans that will elaborate on the comprehensive medium-term strategic and investment approaches through two key elements:

1. Medium-term mental health and related service outcome indicators and targets for each of the policy objectives, defined by the national and county government.
2. Priority investments across the policy orientations shall be required to attain the above mentioned medium-term health and related services objectives. Priority investments shall be defined by the respective planning units, to enable attainment of the defined objectives for the sector.



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