



MINISTRY OF HEALTH

KENYA MENTAL HEALTH ACTION PLAN

2021 - 2025

*Towards attainment of the highest
standards of mental health*

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Kenya Mental Health Action Plan 2021 – 2025

Published by:

Ministry of Health

Afya House, Cathedral Road

PO Box 30016 Nairobi 00100

<http://www.health.go.ke>

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ABBREVIATIONS AND ACRONYMS:

AIDS	Acquired Immune Deficiency Syndrome
CBO	Community Based Organization
CNS	Central Nervous System
DSM 5	Diagnostic and Statistical Manual of Mental Disorders
DALYs	Disability- Adjusted Life Years
FBO	Faith Based Organization
HIS	Health Information System
HIV	Human Immunodeficiency Virus
ICD - 11	International Classifications of Diseases -11
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

NHIF	National Hospital Insurance Fund
PWID	People Who Inject Drugs
PWUD	People Who Use Drugs
PPP	Public-Private-Partnership
STIs	Sexually Transmitted Infections
SUD	Substance Use Disorders
UNODC	United Nations Office on Drugs and Crime
UHC	Universal Health Coverage
W.H.O	World Health Organization

FOREWORD:

Mental health is a key tripartite component of health in accordance to the World Health Organization (WHO) definition of Health as a state of physical, mental and social wellbeing, and not just mere absence of infirmity. Further, WHO defines mental health as a state of wellbeing in which individuals realize his or her own potential/abilities, can cope with the normal stresses of life, can work productively and fruitfully and is able to contribute to his or her community. Mental health is a key determinant to the 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 family relationships; social cohesion and engagement and improved quality of life (WHO Global Mental Health Action Plan 2013-2020). Mental illnesses are largely due to interplay and pathways of multiple factors including; biological, psychological, social and environmental. The resultant mental health conditions contribute to individuals, families and communities increased healthcare costs, socioeconomic losses, marginalization and other forms of vulnerability.

The Kenya Mental Health Policy (2015-2030) envisions a Nation where mental health is valued and promoted, mental health conditions are prevented and persons affected by mental health conditions are treated without stigmatization and discrimination. The mental health policy gives a roadmap for securing reforms and building strong mental health systems with ultimate goal of attaining the highest standard of mental health in Kenya. This Action plan will operationalize mental health policy's four main objectives: to strengthen effective leadership and governance for mental health; ensure access to comprehensive, integrated and high-quality mental health care services at all levels of healthcare; to implement promotive and preventive mental health strategies and strengthen mental health systems.

There is overwhelming evidence on the returns on investment in mental health. Lancet study in 2016 found benefit returns to the ratio of 1:5 for the overall health and economic benefits. I call upon all stakeholders to commit and invest in these mental health strategic actions to address mental health disparities for a healthy nation and socioeconomic development.



Sen. Hon. Mutahi Kagwe, EGH

Cabinet Secretary, Ministry of Health

ACKNOWLEDGEMENT:

The Kenya Mental Health Action Plan 2021-2025 was developed through a consultative process of key health stakeholders whose inputs contributed significantly in a variety of ways towards its planning and development.

Foremost, we acknowledge the Cabinet Secretary for Health whose leadership and guidance ensured that all the necessary resources and technical inputs were provided for effective planning and development of the Action Plan. We thank the technical team headed by the Director for Mental Health under the leadership of the Director General for Health and support from all Heads of Directorates in the Ministry of Health. We would like to thank the Council of Governors, who through the secretariat supported and gave significant inputs to the development of the plan. The contributions from Ministries, State Departments and Agencies bring the multisectoral approach and commitment to partnership and collaboration. Special thanks to the Division of Mental Health and the technical working group, who spearheaded the whole exercise. We acknowledge the World Health Organization (WHO) for technical and financial support toward the development of the action plan.

Last but not least, acknowledgement goes to; the Taskforce on Mental Health, Non-Governmental Organizations, Users Organizations, Mental Health Professional Associations and all other persons whose effort, contributions and support made it possible to have the Action Plan.

We take this opportunity to call upon all the stakeholders and partners for future engagements with the goal of implementing the action plan by the year 2025. Your investment and collaboration in this regard will be of paramount importance in realizing this goal.



Susan N. Mochache, CBS

Principal Secretary, Ministry of Health

EXECUTIVE SUMMARY:

The Mental Health Action Plan (2021-2025) will provide a framework for both National and County Governments and stakeholders to implement the Mental Health Policy through strategic objectives with specified priority targets and indicators. It will also guide the implementation of recommendations by the Taskforce on Mental Health with strategic actions and investments to bring transformative reforms in the following broad key areas;

1. Policy and Legal reforms.
2. Reforms to improve access to quality mental health services.
3. Financial reforms and investments.
4. Cross sectoral mental health reforms.
5. Administrative Actions.

Strategic Objective and Priority Actions:

1. Mental Health Leadership and Governance:

- Strengthen mental health governance with an objective of improving oversight and national coordination on mental health
- Establishment of an independent Mental Health Board or equivalent Governance institution (Mental Health Commission/Authority) through legislation.
- Strengthen the operation of the board as stipulated in the Mental Health legislation.
- County mental health leadership and governance structures through establishment of County Mental health Councils and Mental health coordination units.
- Review and Amend the Mental health Act 1989 to establish County mental health councils.
- Appointment of County mental health Focal Persons.
- County Mental health plans and Budget allocation.
- Mainstreaming Mental Health across Sectors (Social services, Education, Justice, Youth and Sport etc.);
- Establish and operationalize counselling and wellness units in all Government ministries, state departments and agencies to address mental health and wellbeing.

2. Preventive and Promotive Mental Health:

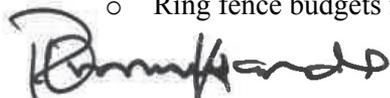
- Establish multi sectoral promotion and prevention programs on mental health at National and County levels.
 - Community promotive and preventive programs (Risks reduction and build protection/resilience through life, social and family skills training).
 - Promote mental health friendly communities and spaces.
 - Implement suicide prevention program.
 - Implement substance use prevention and harm reduction programs.
 - Mental health promotive and preventive interventions through community, School and workplace programs.
- Mental health literacy and Stigma reduction.
 - Public education campaign through media, mental health ambassadors, religious groups, sport and art.
 - Mental health and wellness program at workplace.
 - Mental health literacy through inclusion and training of mental health modules in school and colleges curricula.

3. Access to Quality Mental Health Services:

- Services reorganization and expanded coverage towards WHO recommended optimal mix of services;
 - Integrate mental healthcare services at primary care and community level through cascaded training of community health volunteers (CHVs) and primary care providers.
 - Establishment of functional referral County mental health units in all the Counties.
 - Strengthening existing mental health units to offer Substance use disorders treatment and rehabilitation services
 - Mainstreaming mental health services in already existing health care programs (HIV/AIDs, maternal and child health, NCD etc.), through mental health skills training for psychosocial staff and other health workers in those programs.
 - Establish peers support groups and community care coordination network.
- Implementation of Quality Rights mental health standards and guidelines.
- Establish integrated person-centred mental health clinics in County and primary care health facilities.

4. Strengthening of Mental Health Systems:

- Mental healthcare financing in line with the Universal Health Coverage (UHC) agenda.
 - Coverage of comprehensive mental health services under the UHC Health benefit package.
 - Ensure mental health parity through provision by parliament and County Assemblies of financial resources (**mental health fund**) to address the mental health disparities and establish community mental health programs.
- Mental health workforce; Incremental training and recruitment of mental health workers to the norms and standards for human resources in health.
 - Establish training courses in mental health for; nurses, clinical officers, occupational therapists, medical social workers, counsellors and psychologists in ALL Kenya Medical Training Colleges (KMTC) in the Country.
 - Prioritize and increase scholarships for mental health professionals training at County and National level.
 - Training programs for primary care providers and community health units.
 - Revise training curricula in medical colleges to include human rights and disability as it relates to mental health.
- Infrastructural development for mental health to the National and County health facilities;
 - Establish comprehensive county mental health services at National and County health facilities.
 - Establish and integrate Substance use disorders prevention, treatment and rehabilitation centres integrated within the healthcare system
 - Infrastructural development of community based mental health services with psychosocial support units.
 - Restructuring and improvement of Mathari hospital to a National specialized referral hospital and institute of mental health with affiliated six regional training and specialized services referral centres.
- Health information system and research; monitoring and evaluation framework to strengthen mental health data management and promote research
 - National survey to establish disease burden and resource gaps,
 - Revising mental health indicators and enhance reporting through health information system
 - Partnership and collaboration to strengthen the capacity in mental health research
- Access to cost effective essential medicines and supply of equipment and technologies;
 - The Kenya Medical Supply Agency (KEMSA) to stock all psychotropic medicines (varieties of first and second generation) in the Kenya Essential Medicine List (KEML).
 - Ring fence budgets for specified essential psychotropic medicines and equipment kit for the different levels of care.



Dr. Patrick Amoth, EBS
Ag. Director General for Health

CHAPTER 1 : BACKGROUND

Mental Health is defined as a state of wellbeing in which individual realizes her or his own potential/abilities, can cope with the normal stresses of life, can work productively and fruitfully and is able to contribute to her or his community (WHO Definition).

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 family relationships; social cohesion and engagement and improved quality of life.

Mental health conditions are due to multiple factors which impact people mental health leading to higher rates of disability and mortality as well as barriers to full participation and inclusion in the community. Mental health conditions also directly and/or indirectly increase risk factors for other diseases such as diabetes, cardiovascular disease, injuries etc. and vice-versa. All these factors in turn lead to increased healthcare costs, socioeconomic losses, marginalization and other vulnerability for individual, families and communities. Mental health conditions are common affecting one in four people at some point in their lives. In other words, every family is likely to be affected.

Stigma and discrimination are a major barrier to the improvement of mental health and wellbeing of the population, it contributes to human rights violations of people with mental and psychosocial disabilities, and inadequate investment in mental health acts as a barrier to their inclusion in the community.

Kenya is experiencing a rapid increase in suicides, mental health conditions, substance use and addictive disorders of an epidemic proportion, an indication of social challenges and unmet needs at societal level. It is estimated that 50% of all mental disorders start by the age of 14 years and 75% by the age of 24 years. In addition, stigma and discrimination contributes to and perpetuates mental ill health and marginalizes persons with mental health conditions, psychosocial, intellectual and cognitive disabilities.

The **COVID-19 pandemic** has caused enormous significant health, socioeconomic and psychological impacts on the population, hence mental health and psychosocial support strategies and measures are critical in the short-term and long-term responses.

Policy Environment: Kenya Mental Health Policy 2015-2030;

The policy provides for a framework on interventions for securing mental health systems reforms and strengthening in Kenya. This is in line with the Constitution of Kenya 2010, Vision 2030, the Kenya Health Policy (2014-2030), realization of Universal Health Care and the Global commitments such as the Global Mental Health Action Plan (2013-2030 and Convention for the Rights of Persons with Disability (CRPD). 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”. **The goal of mental health policy is attainment of the highest standard of mental health.** The policy seeks to address the systemic challenges, emerging trends and mitigate the burden of mental health problems and disorders through policy measures and strategies for achievement of optimal mental health status and capacity for individuals and communities. Also, to integrate the mental health services within the Kenya Essential Package for Health (KEPH) and to promote, respect and observe the rights of persons with mental disorders in accordance with National and International laws. The 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. The policy also recognizes that it is the collective responsibility of every person in the public and private sector to ensure the goal is attained.

The Kenya Mental Health **Policy implementation and monitoring framework** stipulates five yearly Mental Health Strategic Plans. The strategic plans provide activities under the priority actions supported by programme investment plans with objectives around specific health systems. It also stipulates a core set on indicators and targets to monitor and evaluate the implementation of the policy every 5 years. The results of the policy evaluation shall be used to inform the best practices in terms of mental health policy interventions.

Mental Health Legislation

The Mental Health Act was enacted in 1989, repealing the Mental Treatment Act of 1948 which provided for leadership and governance institutions such as Kenya Board of Mental Health, office of Director Mental Health and Mental Health Council (at then District level) among other provisions. However, the implementation has encountered many challenges including inadequate enforcement, lack of well-defined financial provisions, inadequacy on emerging issues, lack of alignment to the Constitution of Kenya 2010 and Convention of the Rights of Persons with Disability. The Health Act 2017 in Section 73 on Mental Health states the provisions of enactment of mental health legislation. Other laws such as penal code, criminal procedure act etc. have clauses which negatively impact on mental health and thus the need for legal reforms.

CHAPTER 2: SITUATIONAL ANALYSIS

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 conditions (KNCHR: 2011). Further, the probable prevalence of psychosis in Kenya is at an average of 1 % of the population (Kiima and Jenkins, 2012). The most frequent of diagnosis of mental illnesses made in general hospital settings are depression, substance abuse, stress related and anxiety disorders (Ndeti et al: 2008). The persistent reported traumatic events such as violence, disasters and conflicts as well as unemployment and poverty, may play a significant role in the development of rising trends of post-traumatic disorders, anxiety, depression and suicide among those affected.

In Kenya, the mental health systems gaps are similar to the elaborated global situation of low- and middle-income countries. The country is still struggling with the communicable diseases while the mental neurological and substance use disorders and other non-communicable conditions are on the rise leading to a double burden of disease. The Kenya Mental health policy identifies 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.

The Report by Taskforce on Mental Health (2020)

The Taskforce on Mental Health was constituted following a Cabinet directive on 21st November 2019 and inaugurated on 11th December 2019 with primary mandate to study the status of mental health in Kenya through a consultative and participatory process with stakeholders across the country, including the legal, policy and administrative environment, related determinants and contributing risks factors to ill mental health and recommend transformative solutions to reform mental health systems.

This was a follow up to Presidential Directive during the National celebrations to mark the 56th Madaraka day on 1st June 2019 held in Narok, where His Excellency, The President said, *“Depression has today become a common phenomenon and it affects persons from all walks of life and ages. I urge employers and institutions of learning to invest more time and resources in monitoring and facilitating the mental well-being of their charges. I, therefore, direct the Ministry of Health in consultation with County Governments, Ministries of Education, Labour & Social Protection and Public Service, Youth & Gender Affairs, to formulate an appropriate policy response...”*

The taskforce report 2020 titled, *“Mental Health and Wellbeing- Towards Happiness and National Prosperity”* provides the status of mental health in Kenya under the following thematic areas with key recommendations;

1. Mental Health & Wellbeing:

The understanding of mental health from majority of Kenyans was associated with negative narrative on mental illness leading to low focus on the importance and benefits of mental health and wellbeing.

Recommendations:

- Promotion of mental health and wellness programmes at all levels of society
- Cabinet to approve and gazette the National mental health awareness week on every 2nd week of October.

2. Burden of mental illness:

Kenya has a high burden of mental illness measured on numbers of years lost due to ill health, disability and premature mortality with huge gaps in access to care. There were high reported cases of depression, suicide and substance use in various epidemiological studies as well as by the media reporting.

Recommendations:

- Declare mental ill health as a National public health emergency of an epidemic proportion.
- A National suicide prevention program to be established with the role to restrict means, conduct surveillance, education, access to treatment, decriminalization, responsible media reporting, helpline and crisis intervention.

3. Mental health in special population:

Some populations are more affected by the burden of ill mental health with a vicious cycle leading to a high impact on quality of life. Among the key vulnerable and special populations identified by the taskforce were: the youth, elderly, prisoners, disciplined forces, and the boy child.

Recommendations:

- Develop and implement guidelines, screening tools and user-friendly care and support pathways for special populations in Prisons, Schools, displaced populations, trauma survivors, veterans.

4. Social determinants of mental health:

Kenyans were constantly going through various stressful and traumatizing experiences and exposures leading to increased vulnerability to mental ill health with far reaching impact on their health and quality of life.

Recommendations:

- The happiness of Kenyans and their wellness should be monitored.
- Family affairs and Social protection policy to target mental health and psychosocial support services for vulnerable population.
- Establish a surveillance mechanism on mental health to measure determinants of mental health.

5. Stigma and discrimination:

In Kenya, stigma plays a significant role on how mental health is addressed. Stigma and discrimination lead to social exclusion, marginalization of users of mental health services and underfunding of the sector leading to poor service delivery.

Recommendations:

- Have multisectoral programmes against stigma and discrimination.
- Launch Countrywide sustained anti-stigma and mental health education campaign through public baraza, sport, media, art and cultural festivals.
- Empowerment and inclusion of people with mental health conditions through reasonable accommodation in Education, skills development and Employment.
- Quality Rights initiative implementation to improve quality of care, to protect, respect and fulfill the human rights of people with mental health conditions, psychosocial, intellectual and cognitive disabilities.

6. Policy and legislative framework:

The mental health task force report pointed out the perennial non-prioritization of mental health policy implementation at National, County and Community levels. Mental Health Act enacted 1989 requires amendment to align to the Constitution, CRPD and address emerging issues. Other legislations were found to have clauses which negatively impacted on people with mental health conditions, psychosocial, intellectual and cognitive disabilities.

Recommendations:

- Disseminate the Mental Health Policy to all MDA, Counties and Private sectors to implement mental health as part of their performance contracting.
- Develop a Mental Health Action Plan with prioritized resources to fast track the implementation of the Policy.
- Amend mental health act to align to the constitution of Kenya, Health Act, International laws and address emerging issues.
- Decriminalize Suicide and amend other laws which are discriminatory and use derogatory language.
- Amend law relating to criminal justice system to ensure people with mental health conditions are not discriminated by criminalization of symptoms of mental illness and get fair administration of justice.
- Implementation and enforcement of existing mental health related laws including Counsellors and Psychologist Act.

7. Leadership and governance:

Inadequate mental health leadership structures at National and County levels. The Kenya board of mental health is not constituted and there are no mental health coordination mechanisms or focal point in health management teams in most Counties.

Recommendations:

- Establish a Commission for Mental Health and Happiness.
- Establish the Directorate of Mental Health & Substance Use at the Ministry of Health.
- Mandatory requirement for performance contracting by all Ministerial Departments and Agencies (MDA) and Counties to mainstream mental health programmes.
- Establish County mental health council and county mental health coordinators.
- Establish Sub county mental health focal point and ward mental health committees.
- Strengthen Users and Caregivers organizations and support groups.
- Promote leadership for Youth Peers groups lead interventions in mental health.

8. Mental health services and systems:

The current status is that many Kenyans have no access to mental healthcare despite the heavy burden in existence. The mental health services infrastructures are in dehumanizing conditions across different parts of the country. Kenya Medical Supply Agency (KEMSA) has inadequate stocks and inconsistent supply of emergency and other variety of quality drugs to mental health facilities in Kenya.

The multidisciplinary team of mental health professionals was in low ratio to the service need and some qualified professionals were unemployed. There were insufficient promotive and preventive services with focus on curative services in the delivery of mental health services. The system of forensic psychiatric services is dysfunctional with many people with mental health conditions not accessing healthcare services, fair administration of justice and fulfilment of their human rights.

Recommendations:

- Decentralize and integrate mental health services accessible by communities, user friendly, people centred, recovery oriented and with a human rights approach.
- Take urgent administrative measures to ensure availability of emergency drugs in mental health facilities.
- Mathari National Teaching & Referral Hospital to be gazetted and operationalized as a semi-autonomous Institute of Neuropsychiatry and Mental Health.
- An affirmative action fund to train and recruit critical threshold of mental health professionals in accordance to the multidisciplinary staff establishment at different levels of service across sectors.
- Support implementation of psychosocial rehabilitation and aftercare services.
- Preventive and promotive interventions programmes.

9. Mental health financing and UHC:

Only 0.01% of the national health budget is allocated to mental health. Kenyans have been forced into poverty due to out-of-pocket payment for mental healthcare. The amount of money ought to be spend on mental health is KES 250 per capita but Kenya is spending 15 cents. NHIF cover is not comprehensive and private insurance policies are discriminatory.

Recommendations:

- Urgently reduce out of pocket payment for mental health services by increasing public funding for mental health under Universal Health Care.
- Increase general government revenue to closely match the international median health financing of KES 250 per capita per year.
- Insurance healthcare financing by NHIF to provide comprehensive coverage of outpatient and inpatient mental health care package.
- Insurance Regulatory Authority (IRA) to ensure all insurance companies are compliant with the law in respect to issuance of equitable medical cover for all mental health conditions including substance use disorders and suicide attempts.

- Mental Health Act amendments to provide for mental health fund to address mental health disparities which will include revenue raised from sin taxes to be managed by the commission on mental health and happiness.
- Tax incentives for organizations that promote and support implementation of approved mental health programmes to service users and caregivers.

10. Mental health data and research:

The current health information system is inadequate in not addressing specific mental health conditions in data collection and reporting. Also, inadequate mental health research data in Kenya.

Recommendations:

- Carry out a national mental health survey to establish the burden, determinants and impact of mental ill health.
- Additional funding to Mathari hospital to build research capacity in mental health working in collaboration with KEMRI and other partners.

SWOT Analysis of Mental Health Systems in Kenya

The strategic focus of this action plan considers the following situational analysis of mental health systems in Kenya to come up with objectives and interventions which will be of high impact and transformative.

Strengths:

- Enabling Constitution of Kenya
- Legislative framework: Health ACT 2017 section 73 – Legislation on mental health and the Mental Health ACT 1989-Kenya Mental Health Board, office the Director of mental health. (Organizational structure)
- Kenya Health Policy 2014-2030.
- Availability of Kenya Mental Health Policy 2015-2030
- Existing Health strategies, guidelines, protocols and frameworks with focus on mental health.
- Existing Organizational Structures at policy level (Division of Mental Health)
- Availability of trained mental health professionals.
- Training of mental health workforce in public and private medical training colleges and universities.
- Health workers training curricula include course content on psychiatry and mental health.
- Mental health services under essential health benefit package under Universal Health Coverage programme.
- Existing budget line allocation for mental health at Ministry of Health.
- Willing Public private partnership in mental health promotion and advocacy on international mental health days
- Kenya essential medicines list contains first and second generation psychotropics medicines available at Kenya Medical Supply agency (KEMSA)
- Specialized mental health training and referral hospital (Mathari National teaching and referral Hospital).

Limitations:

- There exists mental health care disparities at policy and services investment priorities comparative to the focus on other health services such as communicable diseases prevention and control.
- Limited access to quality mental health services at all levels of healthcare. Only 14 County hospitals have functional mental health unit.
- Inadequate infrastructure for mental health services at all levels of care (public and private sector).
- Poor integration of mental health services in the healthcare service delivery and referral system.
- Inadequate budgetary allocation with limited fund disbursed only covering the recurrent expenditures at hospital level.
- Shortage of human resources for mental health.
- Unequal distribution of the existing trained mental health professionals especially in arid and semi-arid regions.
- Limitation in mental health course content in the training curricula for other health workers.
- Inadequate collecting and reporting of mental health indicators.
- Inadequate mental health products and equipment.
- Lack of well-coordinated collaborative structures and mechanisms amongst entities in the mental health.

Opportunities:

- Political will with the Presidential directive on mental health and Universal Health Care agenda.
- With the increasing global focus and commitments on mental health (SDGs, WHA resolutions, UNGAs, Mental Health Action Plan, AU commitments on substance use) NCDs and UHC it may be easier to access funding.
- Increased advocacy on the investment on mental health by users, caregiver, young people, NGOs, corporates and other stakeholders
- Increasing resources and materials to train on evidence based and best practices interventions in mental health.
- The technological advancement for innovation and effectiveness in service delivery.
- Availability of media platforms for mental health advocacy communication, education and management.
- Trained human resources who are available for employment in public and private sectors.
- Increasing Training and Research grants funding opportunities.
- Leverage on other existing health services platforms to integrate mental health services.
- Public private partnerships to strengthen mental health systems
- Demographic changes- engendering understanding and importance of mental health.

Threats:

- Stigmatization of persons with mental health conditions and mental health services (internal and external)
- Negative socio-cultural beliefs and practices. The chronic nature of mental illness and associated burden of disease and disability.
- Mental health disparity with non- prioritization of mental health with shift of focus on other disease conditions.
- Human resources; reduced training to meet the population needs and the brain drain.
- Declining budgetary allocation visa vis, the rising burden of mental health.
- Social determinants of mental health in a changing world; conflicts, trauma and humanitarian emergencies, population movements, urbanization, socioeconomic and sociocultural disadvantages, climate change and technological advancement Low level of mental health literacy.
- Increasing prevalence and trends of substance use and addictive behaviors.
- High costs of treatment.

CHAPTER 3: STRATEGIC FOCUS

VISION:

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

GOAL: To attain the highest standards of mental health.

STRATEGIC OBJECTIVES:

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

The action plan relies on six cross-cutting principles and approaches:

Universal health coverage: Regardless of age, sex, socioeconomic status, race, ethnicity or any other status and following the principle of equity. Persons with mental health conditions should be able to access, without the risk of depriving themselves, essential health and social services that enable them to achieve recovery and the highest attainable standard of health.

Human rights: Mental health strategies, actions and interventions for treatment, prevention and promotion must be compliant with the Constitution of Kenya, Convention on the Rights of Persons with Disabilities and other international and regional human rights instruments.

Evidence-based practice: Mental health strategies and interventions for treatment, prevention and promotion need to be based on scientific evidence and/or best practice, taking cultural considerations into account.

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 infancy, childhood, adolescence, adulthood and older age.

Multisectoral approach: A comprehensive and coordinated response for mental health requires partnership with multiple public sectors such as Health, National treasury, Education, Security, Employment, Trade, Judicial, Housing, Social and other relevant sectors as well as the private sectors.

Empowerment of persons with mental disorders and psychosocial disabilities: Persons with mental health conditions, psychosocial, intellectual and cognitive disabilities and their families should be empowered and involved in mental health advocacy, policy, planning, legislation, service provision, monitoring, research and evaluation.

These are the Objectives that all the actors will be expected to implement in order to achieve set targets and realize the policy Goal.

STRATEGIC OBJECTIVE 1: STRENGTHENING LEADERSHIP AND GOVERNANCE FOR MENTAL HEALTH (Stewardship, Advocacy, Partnerships and Effective Governance Structures)

Strategic Action 1.1: Strengthening Planning for Mental Health Resources (Resource planning)

- Mental health plans and budgetary allocation across all relevant sectors that is commensurate with identified mental health needs and required resources.

Strategic Action 1. 2: *Mainstreaming Mental Health across Sectors (Stakeholder collaboration)*

- Leveraging on existing Partnership Frameworks to mainstream Mental Health into the existing programs through; integrated actions for intersectoral implementation of mental health plans, development and implementation of an MNS communication strategy and dissemination of IEC materials.
- Establishment of intersectoral coordination mechanisms for joint planning and implementation in line with the existing partnership framework.

Strategic Action 1.3: *Adaptation and Implementation of Mental Health Policies and legislation (Policy and law)*

- The County Governments develop plans to implement National policies, Strategies and Programmes on mental health.
- Conduct an audit of existing Acts of Parliament that have an impact on Mental Health and propose amendments, align the Mental Health Act to be in tandem with the Constitution, the Health Act, Human rights instruments and any other relevant legislation.
- The new legislation will make provision for establishment of a **Mental Health parity and equity fund**, establishment of County Mental Health coordination units, and appointment of mental health focal persons at the counties level.

Strategic Action 1.4: *Strengthening and empowerment of people with mental health conditions and psychosocial disabilities and their organizations*

- Engagement and participation of Users Organizations, people with mental health conditions, psychosocial, intellectual and cognitive disabilities in matters concerning their health and care.

TARGETS AND INDICATORS:

Target 1.1: *National and County governments to have annual mental health plans with increased budget allocation for mental health (Promotive, preventive, curative and rehabilitative) **100%** (by the year 2022/23)*

Indicator: Annual mental health plans with progressively increasing budgetary allocation.

Target 1.2: *Functional intersectoral collaborative technical working groups (TWG) and coordination committees at National and County Levels* **Indicator:** Number of counties with functional TWG (implementation of activities on the mental health plan)

Target 1.3: *Audit undertaken of Acts of parliament that have an impact on mental health and revision of Mental Health Act 100% (By the year 2022/2023).*

Indicator: Existence of revised Mental health act that is in line with the Constitution, Health act and ratified international instruments (yes/no).

Target 1.4: *100% of Counties set up County mental health coordination unit with a mental health focal person (mental health coordinator). (By the year 2022/23)*

Indicator: Existence of County Mental Coordination unit and a mental health coordinator. (Yes/no)

Target 1.5: *User Organizations active participation in mental health roles and responsibilities at National and in all Counties (100% by 2022/23).*

Indicators: Number of Counties with operational Users Organizations actively participating in the development and implementation of annual mental health work plans, and other community mental health activities.

STRATEGIC OBJECTIVE 2: TO IMPLEMENT STRATEGIES FOR PROMOTION OF MENTAL HEALTH AND PREVENTION OF MENTAL AND SUBSTANCE USE DISORDERS.

Strategic Action 2.1: Promotion of Mental Health:

Good mental health of individuals, families, the communities and the society contribute enormously towards investment and development of social capital an important determinant of health. Mental health promotion should be availed to individuals, families, communities and the society spearheaded by primary health care team in partnership with other government sectors, Non-Governmental Organizations, Community Based Organizations, Faith Based Organizations and the Private sector.

Family, Workplace and School Mental health will include:

- Integration of parenting skills education in existing parent-child health programs (ANC, MCH-FP) to address threats to healthy parent child bond and adverse childhood experiences.

- Life skills education programs offered to school-going children and college-going persons.
- Provision of psychological counseling services in schools and colleges for mental health conditions and emotional distress.
- Training of teachers in mental health to implement mental health literacy curricula in all learning institutions.
- Introduce workplace wellness support programs to assist employees in handling stressful life situations and access to employer assisted treatment programs.
- Dissemination of reliable mental health information and education materials to the public.
- Implementation of mental health promotion and advocacy campaign at the community level as well as to the policy makers.
- Develop and implement stigma reduction strategies to ensure there is no violation of human rights and discrimination against persons with mental health conditions in schools and communities, in attaining or retaining jobs.

Strategic Action 2.2: Preventive Programs:

Multisectoral integrated programs that combines universal and targeted interventions for: promoting mental health and preventing mental disorders; reducing stigmatization, discrimination and human rights violations; and which are responsive to specific vulnerable groups across the lifespan. Two key prevention programs will include:

- ***Suicide prevention:*** Develop and implement comprehensive national strategic interventions for the prevention of suicide, with special attention to vulnerable groups identified as at an increased risk of suicide. The strategies to be implemented by National and County governments working in collaboration with all stakeholders.
- ***Substance use prevention:*** Effective substance use prevention will involve evidence based multiple interventions implemented across sectors aimed at demand reduction and harm reduction. This will include:
 - To invest in a National Substance use Prevention and Control Program that provide technical guidance to improve access to effective substance use prevention programs, treatment and rehabilitation services across the country.
 - To integrate substance use treatment and care in the health care system in a comprehensive continuum of care with referral strategy from the community level.
 - To ensure continuous capacity building and quality assurance to meet the guidelines and standards for evidence-based and best practices in substance use treatment and care.

TARGETS AND INDICATORS:

Target 2.1: *100% of counties will have a functioning multisectoral mental health promotion and preventive interventions programmes. (by the year 2023).*

Indicator; Functioning County preventive and promotive mental health programs (yes/no)

Target 2.2: *The rate of suicide mortality in Kenya will be reduced by 10% (by the year 2023)*

Indicator; Number of suicide deaths per year per 100,000 populations.

Target 2.2: *The alcohol per capita consumption will be reduced by 10% (by the year 2023)*

Indicator; Morbidity rate of alcohol use disorders, per annum for 100,000 of a population.

At least 1 functioning national, programmes (by 1

STRATEGIC OBJECTIVE 3: TO ENSURE ACCESS TO COMPREHENSIVE, INTEGRATED AND HIGH-QUALITY MENTAL HEALTH SERVICES AT ALL LEVELS.

Strategic Action 3.1; Mental health services reorganization, transformation and expanded coverage:

The mental health services reorganization will aim to shift the services to primary care and community level, this will include; community based mental health services, comprehensive mental health centres, day care centres, outpatient and short-stay inpatient care in general hospitals and community psychosocial support of people with mental health conditions living with their families. The services will integrate and coordinate holistic prevention, promotion, rehabilitation, care and support that aims at meeting both mental and physical health care needs, protect and promote human rights and a person-centered recovery approach. Decentralization of services and integration of care within other health services as well as multisectoral mental health programs will ensure wider coverage and improve access.

The implementation of Quality Rights mental health initiative will transform services through improvement of quality of care, promote human rights and recovery-oriented approach. The services will be people centered with continuous support supervision and monitoring to ensure they adhere to the standards of care and evidence-based guidelines.

Strategic Action 3.2; Human resources development for service delivery:

The strategic action will be to train and recruit mental health professionals to bridge the gaps in human resources per population ratio. This will be achieved through introduction of mental health curricula in undergraduate and graduate training of health care workers. Also, continuous in-service training and mentoring of health workers including community health volunteers, particularly in non-specialized settings to enable them be able to screen and identify people with mental health conditions and offer appropriate care.

Strategic Action 3.3; Mental health and psychosocial support in humanitarian emergencies:

National and County Governments in collaboration with stakeholders to provide effective mental health and psychosocial support services in disasters and emergency response. The services should cater for population mental health needs, provide psychosocial support and information, counselling and psychological services to address trauma and promote recovery and resilience. To achieve this key strategic action especially in response to COVID -19 pandemic and in future disasters and emergencies management

- ***Mental Health and psychosocial support (MHPSS) readiness in every county:***

The counties to establish MHPSS teams which coordinates the response and develop strategies for recovery management. Also, to continuously monitor and mitigate risk factors, manage long term mental health impact and have emergency preparedness contingency plans

- ***Capacity building of Mental Health and psychosocial support (MHPSS) services across the country:***

To train service providers in the country on how to deliver Psychological First Aid (PFA) and other emergencies psychosocial support to the different population segments. In additional recruitment of human resource for mental health in all counties including psychologists, medical social workers, occupational therapists, psychiatrists and mental health nurses to strengthen healthcare system to address surge in mental health conditions.

- ***Mental Health and psychosocial support (MHPSS) services infrastructure:***

Establish a national tele mental health and suicide prevention lifeline. The use of ICT infrastructure will facilitate emergency services provision, clinical supervision and training for MHPSS service providers and other health care workers and ensure continuity of care for persons with pre-existing mental health conditions across the country.

- **Long-term strategy for follow up care and support:**

Follow up care for the affected people to monitor and support recovery, continuous screening to mitigate or manage long term complications. To strengthen and facilitate referral mechanisms and outreach services in the counties for people requiring specialised care. To conduct assessment of long-term mental health impact, formulate and implement rehabilitation and reintegration mechanisms in the counties for persons affected by COVID 19 and other emergencies.

TARGETS AND INDICATORS:

Target 3:1 *Decentralized mental health service coverage increased by 50% (by the year 2022/23 Counties with functional mental health unit-outpatients' clinics, inpatients services/unit in health facilities, community-based services)*

Indicator: Proportion of Counties with a functional mental health unit at Level 3, 4 and 5 health facilities

Target 3:2 *Mental health services integration in the primary health care in all the Counties (50% 2022/23) then 100% by 2025.*

Indicator: Number of community health units trained and providing community mental health services.

Target 3.3 *Train healthcare workers on quality of care and human rights standards according to the WHO quality rights tool Kit (100% 2022/23)*

Indicator: The percentage of hospital complying to the recommended quality rights standards.

Target: 3.4 *5% of health care providers per county trained in specialised mental health by 2025.*

Indicator: The proportion of health care workers trained per county by 2025.

Target: 3.5. *Capacity building training of health workers and other providers on mental health and psychosocial support (MHPSS) on humanitarian emergency management. (100% by 2022/23).*

Indicator: Proportion of teams of County providers trained (MHPSS County teams) and actively providing psychosocial care or humanitarian emergency services.

Target 3.6: *To conduct a National mental health impact assessment survey by 2023/24*

Indicator: The mental health impact assessment survey report

Target 3.7: *100% of Counties have developed and costed contingency plans for mental health and psychosocial support in emergencies and recovery by 2022/23.*

Indicator: Proportion of Counties which have developed and costed contingency plans for mental health and psychosocial support in emergencies and recovery by 2022/23.

STRATEGIC OBJECTIVE 4: TO STRENGTHEN MENTAL HEALTH SYSTEMS

Strategic Action 4.1 Information systems:

To develop and disseminate a simplified data collection tool to the county health facilities and train health workers to record and report mental health data. Integrate mental health indicators into the routine health information system and use the analysed core mental health data to inform mental health service delivery, promotion and prevention strategies and to provide data for the Global Mental Health Observatory (as a part of WHO's Global Health Observatory).

Strategic Action 4.2 Evidence and research:

To achieve this strategic action the following activities and intervention will be paramount; conduct a baseline survey to identify the magnitude of mental health problems, burden of mental disorders and the gaps in the mental health systems in Kenya. To conduct trainings on research methodology at National and County levels targeting skills development of health workers in mental health research. To establish a centre of excellence in mental health research at Mathari National Teaching and Referral Hospital in collaboration with other academic and research institutions to support in building the capacity in mental health research. The strategic actions will improve research capacity and academic collaboration on national priorities for research in mental health, particularly operational research with direct relevance to service development and implementation science.

Strategic Action 4.3; Mental Healthcare financing for Universal Health Care:

All persons with mental health conditions should be enrolled to the National Hospital Insurance Fund (NHIF) upon evaluation by the specialized mental health care providers. The package provided by the NHIF should cover the out-patient costs, in patient costs, treatment and substance use rehabilitation costs and provide essential health benefit package for comprehensive mental health services (at primary, secondary and

tertiary levels) including long term treatment of substance use related & addictive disorders under Universal Health Care. To support people with mental health conditions and psychosocial disabilities access to disability and social protection financial support. Through legislation create a mental health fund to finance community mental health programmes through Public Private Partnerships and budgetary allocation of conditional grants to County for Community mental health programmes

Strategic Action 4.4; Infrastructure for primary mental healthcare:

Establish appropriate infrastructure for integrated and comprehensive primary care, community-based health and social care services (Mental health outpatient facility, Community residential supported living, halfway homes, Day care, Mobile crisis and outreach services, Respite homes). Establish special targeted user-friendly psychosocial support centres for vulnerable populations; children and youth, older persons and trauma recovery centres. Develop norms and standards for primary mental healthcare with set regulations under the regulatory bodies to provide for registration, licensing and quality assurance.

Strategic Action 4.5: Access to Essential Medicines, Equipment and Technologies:

To provide an assorted list of essential medicine and equipment for each level of care covered under UHC health benefit package. This will ensure access to affordable and cost effective essential psychotropic drugs and nonpharmaceutical materials in defined stocks of Assorted kits for community, primary, secondary and tertiary care levels. Ring fenced budget for Essential Medicines, Equipment and Technologies in mental health at National and County level to ensure procurement of diagnostic and therapeutic equipment and technologies, efficient logistics and technology facilities to enhance effective provision of tele mental health.

TARGETS AND INDICATORS:

Target 4.1: *100% of Counties will be routinely collecting and reporting at least a core set of mental health indicators monthly through DHIS 2 (by the year 2022/23)*

Indicator: Proportion of Counties routinely collecting and reporting the core set of mental health indicators quarterly through DHIS 2.

Target 4.2: *To conduct a baseline National mental health survey by 2021/22*

Indicator: The mental health survey report

Target 4.3: *100% NHIF enrolment of persons with mental illness attending health facility annually.*

Indicator: Proportion of persons with mental illness using NHIF to access mental health care services.

Target 4.4: *100% of Level 4,5 and 6 health facilities with designated mental health services infrastructure (mental health unit, mobile services, telemental health services) by 2022/23.*

Indicator: The proportion of level 4,5 and 6 hospitals with mental health services infrastructure.

Target 4.5: *80% of filling rate (standard order form) of essential medicines, equipment and technologies on mental health at Level 4,5 and 6 health facilities annually.*

Indicator: Proportion of Counties with stock in of essential medicines, diagnostics/ therapeutic equipment and technologies for mental health services.

CHAPTER 4: INVESTMENT AREAS AND RESOURCES MOBILIZATION

INVESTMENT AREAS:

The investment and program areas will be guided by the Kenya Mental Health Policy directives and the key findings and recommendations by the Taskforce on Mental Health to implement the five years action plan strategic actions geared to achieve the set targets and indicators. The following are priority investment areas.

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| <ol style="list-style-type: none">1. <i>Mental health leadership and governance.</i>2. <i>Human resources development and management.</i>3. <i>Mental healthcare financing and Universal Health Care.</i>4. <i>Mental health services delivery.</i>5. <i>Substance use prevention and control.</i>6. <i>Infrastructure for mental health services.</i> | <ol style="list-style-type: none">7. <i>Medical products, equipment and technologies.</i>8. <i>Mental health information health system and research.</i>9. <i>Mental health and vulnerable population.</i>10. <i>Advocacy and partnership for stigma reduction and user's empowerment.</i>11. <i>Social determinants of mental Health.</i> |
|---|--|

1. Mental health leadership and governance:

Priority investment;

- Establishment of an oversight and advisory body (Commission of Mental Health/Mental Health Board) which will oversee and steward a cross cutting sectoral mental health issues and report on the status of mental health as well as the National Happiness Index.
- Strengthen Directorate of Mental Health to provide policy leadership, technical guidance and coordination of mental health activities in Kenya.
- Countrywide dissemination of the policy, strengthening of mental planning and implementation of strategic actions.

- Legal reform in mental health; Audit, review and revise the Mental Health related Legislation to conform to the constitutional requirements and implement other health-related laws.
- Mainstreaming mental health across sectors; with establishment of mental health programs in the relevant ministries, state departments and agencies as part of mandatory performance contracting requirements.
- Establish County Mental Health Coordination units that shall coordinate mental health services at the county level.
- Decentralization and reorganization of mental health systems and services in accordance to the devolved system of Government
- Empowerment of users and caregivers to participate in the planning of recovery-oriented community based mental health services meeting quality of care and human rights standards.
- Public awareness creation campaign, advocacy and intersectoral partnership.

2. Human resources development and management:

Priority Investment;

- Training funds to support and finance the training of more mental health workers at National and County levels.
- Review and revise the training curricula of all health workers to integrate mental health training
- Expand mental health training programs to all Kenya Medical Training Colleges in Kenya and other service providers training institutions.
- Training and Recruitment of mental health workers cadres to attain the staff establishment at different levels of care {Psychiatrists; Mental health nurses (KRMHN); Mental health nurses KRPN; Psychologists (medical, health and Clinical); Higher Diploma (HD) in Addiction science and management; Medical social workers training in KMTC; Clinical Medicine HD Psychiatry & Mental health; Occupational therapists}
- Training of primary care providers on mental health (mhGAP training program)
- Training of Community Health Units on mental health modules
- Develop and implement mental health training programs for other services providers across sectors.
- Collaborate with regulatory bodies to strengthen the regulation and standards of care provided by the mental health professionals.
- Continuous education and professional development
- Equitable deployment and motivation to retain service providers at all levels of care including incentives for people working in hardship areas
- Resources for human resources technical supportive supervision and professional development.

3. Mental health services delivery:

Priority investment;

Promotion of Mental Health

- Family skills training programs
- School mental health programs.
- Workplace mental health programs.
- Targeted vulnerable population community mental health programs (People with disability, Correctional facilities, Security sector and veterans, displaced population etc.)
- Public communication and education programs to reduce stigma.

Prevention of Mental, Neurological and Substance use Disorders

- Alcohol prevention and control program
- Other substances use prevention and control programs
- Harm reduction program
- Suicide prevention program
- Community and cross sectoral risks reduction and resiliency building programs (Safe spaces and amenities, mental health friendly zones, Youth empowerment programs, Community service and volunteerism etc.)

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

- **Community level;** Screening, early identification and treatment of MNS disorders, establish community based mental health services, psychosocial support and rehabilitation.
- Develop community-based programmes to support community inclusion, families and foster recovery.
- Establish social protection and disability benefit programmes for person with MNS disorders.
- **Primary care level:** Establish functional Outpatient mental health clinics, Integration of mental health into existing primary health care programs (ANC, MCH, HIV/AIDs, NCD etc.).
- **Secondary care level:** Develop functional County mental health units, training of health workers and capacity building for integration of mental health in existing primary health care programs.
- **Specialized Tertiary level:** Establish centre of excellence for referral specialized mental health services, training and research; with the restructuring and improvement of Mathari hospital with six regional specialized centres.

- Develop **norms and standards for mental health services** and implement clinical and social audits for continuous quality improvement.
- Coordination and Organization of Mental Health Care in humanitarian settings, disasters and emergencies.

4. Substance use disorders prevention, treatment and care:

Priority investment;

- National strategic program on substance use prevention, treatment and rehabilitation.
- Infrastructure development at National and County level to improve access to effective substance use treatment and care services.
- To integrate substance use treatment and care in the health care system and social welfare system in the comprehensive continuum of care.
- Capacity building and quality assurance to meets the guidelines and standards for evidence-based and best practices in substance use treatment and care.

5. Mental healthcare financing and Universal Health Care:

Priority investment;

- Counties' mental health plans and budgetary allocation for mental healthcare financing.
- Enrollment of all persons with mental health conditions including treatment of substance use & addictive disorders to NHIF
- Establish Conditional grants (mental health parity and equity fund) for community health programmes to support users' recovery plans and bridge mental health disparities.
- Allocation of funds from sin taxes to support mental health services and programs.
- Public private partnerships and voluntary private sector participation in provision of mental health services and financing.
- Enforce the law to protect and ensure that health insurance industry does not discriminate against persons with Mental, Neurological and Substance use (MNS) disorders in accessing insurance policies.

6. Infrastructure for mental health:

Priority Investment:

- Develop a Centre of excellence in Neuropsychiatry and Mental Health Institute.
- Establish six regional specialized Centres of Excellence in treatment and care in MNS.
- Establish appropriate infrastructure for integrated community, outpatient and inpatient comprehensive for MNS at County and sub county Hospitals.
- National tele-mental health services and suicide prevention lifeline technology.

- Establish special targeted user-friendly clinics for vulnerable populations; children and youth, older persons and trauma recovery centres.
- Developing norms and standards to guide the planning, development, and maintenance of health infrastructure.
- Adequate and efficient transport and communication facilities to enhance outreach services.

7. Mental health information health system and research:

Priority Investment;

- Conduct a National Baseline survey (KDHS -household survey)
- Collection of data on mental health indicators through general health information and reporting systems.
- Monitoring and evaluation of specific mental health strategy indicators on quarterly basis.
- Strengthen mental health research through funding and partnership for evidence-based information in mental health. Capacity building on mental health research and systematic analysis of mental health research data.
- Annual National Mental Health Conference
- Establishment a National Mental Health Institute.

8. Health Products, Equipment and Technologies:

Priority Investment;

- Stock in subsidized cost effective essential psychotropic drugs and nonpharmaceutical materials for defined **assorted kits for community, primary, secondary and tertiary care levels.**
- Efficient logistics, information and communication technology equipment to facilitate effective provision tele mental health.
- Procurement for stock of diagnostic and therapeutic equipment and technologies; Electroencephalogram (EEG) machines, Transcranial Magnetic Stimulation machines, Electroconvulsive therapy (ECT) machines, CT Scans, Magnetic Resonance Imaging (MRI) machines, Drugs of abuse toxicology kits for 47 County Hospitals.

9. Mental health and vulnerable population:

Priority Investment;

- Implementation of guidelines, screening tools and user-friendly care and support pathways for special populations in prisons, schools, displaced populations, trauma survivors, veterans to mention but a few.

10. Advocacy and partnership for stigma reduction and user's empowerment:

Priority Investment;

- Anti-stigma and mental health promotion campaign through; multisectoral programmes, sport and media.

- Empower and include people with mental health conditions through reasonable accommodation in education, skills development and employment.
- Inclusion of people with mental conditions in policy development, decision making and program as a strategy of dealing with stigma and discrimination.
- Implement quality rights mental health initiative to educate the public on mental health and human rights aimed at changing narrative and attitudes and practices; transform services and reform policies and legislative framework
- Social marketing to bring social and behaviour change: package of services, modern infrastructure, champions advocates and branding.

11. Social determinants of mental Health

Priority Investment;

- Surveillance mechanism to conduct continuous monitoring and evaluation of mental health determinants and report on happiness index.
- Advisory on measures to mitigate risks (socioeconomic, sociocultural, demographic, environmental, neighborhood); strategies to promote mental health and wellbeing.
- Family affairs and social protection programs targeting mental health and psychosocial support services to vulnerable populations as well as promote family skills and unity.

RESOURCES REQUIREMENTS AND MOBILISATION:

To provide sustainable comprehensive mental health care services for Kenyans, as envisaged in Kenya mental health policy (2015-2030) requires adequate and sustained flow of resources. The modes of financing include public funding through taxation and user fees, donor funds, health insurance and public private partnership. There has been mental health care financing disparity and inequality from all these sources leading to unavailability or poor and inaccessible mental health services. This is negatively compounded by socioeconomic drift of person with mental disorders and general economic environment in low- and middle-income countries.

The resources requirements will be based on estimates costs derived from strategic priority action targets, documented unit costs; epidemiological data on mental health problem; norms and standards. Information on estimate unit costs, resources available, and the financing gap should assist stakeholders to develop realistic annual mental health budgets and resources mobilization for effective policy implementation to bridge the huge mental health gaps. Resource mobilization and allocation to the investments area will be important inputs to implementation of priority actions at different level of healthcare in devolved Governments for realization of strategic objectives targets.

CHAPTER 5: MULTI SECTORAL COORDINATION, MONITORING AND EVALUATION

MULTISECTORAL COORDINATION:

Mental health issues cut across different sectors apart from the health sector. This is because the macro determinants of mental health cut across all public sectors. To address intersectoral collaboration and partnership for effective implementation the following priority actions will be undertaken;

- The Government shall ensure that mental health policy issues are integrated and mainstreamed in all policies and legislations.
- The Government shall establish and coordinate inter-agency collaboration that brings together all public and private agencies whose policies have implications on mental health.
- There shall be a framework for partnership with all mental health non-state actors such as faith based and civil society organizations.
- Mental health advocacy by all stakeholders
- Management and coordination of role and responsibilities of stakeholders by interagency coordination committee in accordance to overall Health Sector Management and Coordination Framework.
- Core indicators for the specific targets' outcomes
- Costing and budgeting of the investments plan in the National and County mental health budget and financial appropriation plans
- Quarterly report from Counties Government and stakeholders to the National mental health Policy implementation taskforce for aggregated National report
- Annual stakeholder meeting to review the implementation work

MONITORING AND EVALUATION:

The defined core set on indicators for Mental Health Actions shall be continuously monitored and evaluated throughout the implementation process. This will ensure data is systematically generated, captured and used for decision making and performance improvements to achieve the strategic objectives and Policy GOAL. The Ministry of health is responsible for the overall implementation of the plan, with various stakeholders responsible for achieving the targets of priority actions. The Counties will ensure the indicators data on the targets are measured

and reported through the health information management system but also through a parallel special designed monitoring and evaluation framework. Annually the status report will be prepared on trends of progress in priority actions, timelines and resources available and Gaps thereof. The report will make recommendations about the status and actions needed by management.

The Mental health taskforce report recognized various roles to be played by different sectors in addressing mental health conditions and recommended a multisectoral approach with Key Actors as follows:

	Thematic area	Key Findings	Key Recommendations	Actors
1.	Burden of Mental illness	<ul style="list-style-type: none"> a) Kenya has a high burden of mental illness. This is measured based on numbers of years lost due to ill health, disability and premature mortality with huge gaps in access to care. b) Many cases of depression, suicide and substance use were reported in various epidemiological studies as well as reporting by the media. 	<ul style="list-style-type: none"> a) Declare mental ill health a National Public Health Emergency. b) Institute a national suicide prevention program. 	<ul style="list-style-type: none"> Cabinet Commission on Mental Health and Happiness Ministry of Health
2.	Mental health and special population	<ul style="list-style-type: none"> a) Some populations are more vulnerable to the burden of mental ill health with a vicious cycle leading to high impact on quality of life. b) The key vulnerable and special populations identified by the taskforce were: the youth, elderly, prisoners, disciplined forces, and the boy child. 	<ul style="list-style-type: none"> a) Develop and implement guidelines, screening tools and user-friendly care and support pathways for special populations in prisons, schools, displaced populations, trauma survivors, veterans. 	<ul style="list-style-type: none"> Commission on Mental Health and Happiness Ministry of Health Ministry of Education MDA and Counties Users and Caregivers NGOs and Private sector

3.	Mental health and wellbeing	<ul style="list-style-type: none"> a) Kenyans have a poor understanding of mental health. They thought that mental health was synonymous with mental illness. b) Negative narrative on mental illness leading to low focus on the importance and benefits of mental wellbeing and wellbeing 	<ul style="list-style-type: none"> a) The Taskforce recommends promotion of mental health and wellness programmes at all levels of society. b) Cabinet to approve and gazette the National Mental Health Awareness week to be observed every 2nd week of October. 	<p>Commission on Mental Health and Happiness</p> <p>Ministry of Health</p> <p>Ministry of Public services and Gender Affairs</p> <p>MDA and Counties</p> <p>Users and Caregivers</p> <p>NGOs and Private sector</p>
4.	Social determinants and other factors contributing to ill mental health	<ul style="list-style-type: none"> a) Kenyans are a traumatized population. They have had many experiences and exposures leading to increased vulnerability to mental ill health with far reaching impact on their health and quality of life. 	<ul style="list-style-type: none"> a) An annual measure of happiness index with focus on population mental wellbeing b) Family Affairs and Social protection policy to have a focus on mental health and psychosocial support services for vulnerable populations c) Establish a surveillance mechanism on mental health to measure determinants of mental health 	<p>Commission on Mental Health and Happiness</p> <p>Ministry of Labour and Social protection</p>

5.	Stigma and discrimination	<ul style="list-style-type: none"> a) In Kenya, stigma plays a significant role on how mental health is addressed. b) Stigma and discrimination lead to social exclusion, marginalization of users of mental health services and underfunding of the sector leading to poor service delivery. 	<ul style="list-style-type: none"> a) Have multi-sectoral programmes against stigma and discrimination b) Launch countrywide sustained anti-stigma and mental health education campaigns through public barazas, sport, media, art and cultural festivals. c) Empowerment and inclusion of people with mental health conditions through reasonable accommodation in Education, Employment, Skills training and Policies development. d) Quality Rights initiative implementation to improve quality of care, to protect, respect and fulfil the human rights of people with mental health conditions, psychosocial, intellectual and cognitive disabilities. 	<p>Commission on Mental Health and Happiness</p> <p>Ministry of Health,</p> <p>MDA and Counties</p> <p>NGOs and Private sector</p> <p>Users and Caregivers</p>
6.	Policy and legislative framework	<ul style="list-style-type: none"> a) Lack of prioritization of the implementation of mental health policy at National, County and Community levels. 	<ul style="list-style-type: none"> a) Disseminate the Mental Health Policy to all MDAs, counties and the private sector to implement mental health as part of their performance contracting. 	<p>Commission on Mental Health and Happiness</p>

	<ul style="list-style-type: none"> b) Mental Health Act enacted 1989 requires amendment. c) Other legislations were found to have clauses which negatively impact on people with mental health conditions, psychosocial, intellectual and cognitive disabilities. 	<ul style="list-style-type: none"> b) Develop a Mental Health Action Plan with prioritized resources to fast track the implementation of the policy. c) Amend mental health act to align to the constitution of Kenya, Health Act, International laws and address emerging issues. d) Decriminalize suicide and amend other laws which are discriminatory and use derogatory language. e) Amend law relating to criminal justice system to ensure people with mental health conditions are not discriminated by criminalization of symptoms of mental illness and get fair administration of justice. f) Implement and enforce existing mental health related laws including the Counsellors and Psychologists Act 	<p>Ministry of Health</p> <p>State Law Office and department of Justice</p> <p>Kenya Law Reform Commission</p> <p>Parliament</p> <p>Judiciary</p>
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	<p>d) Mental Health Act enacted 1989 requires amendment.</p> <p>e) Other legislations were found to have clauses which negatively impact on people with mental health conditions, psychosocial, intellectual and cognitive disabilities.</p>	<p>g) Develop a Mental Health Action Plan with prioritized resources to fast track the implementation of the policy.</p> <p>h) Amend mental health act to align to the constitution of Kenya, Health Act, International laws and address emerging issues.</p> <p>i) Decriminalize suicide and amend other laws which are discriminatory and use derogatory language.</p> <p>j) Amend law relating to criminal justice system to ensure people with mental health conditions are not discriminated by criminalization of symptoms of mental illness and get fair administration of justice.</p> <p>k) Implement and enforce existing mental health related laws including the Counsellors and Psychologists Act</p>	<p>Ministry of Health</p> <p>State Law Office and department of Justice</p> <p>Kenya Law Reform Commission</p> <p>Parliament</p> <p>Judiciary</p>
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	<p>f) Mental Health Act enacted 1989 requires amendment.</p> <p>g) Other legislations were found to have clauses which negatively impact on people with mental health conditions, psychosocial, intellectual and cognitive disabilities.</p>	<p>l) Develop a Mental Health Action Plan with prioritized resources to fast track the implementation of the policy.</p> <p>m) Amend mental health act to align to the constitution of Kenya, Health Act, International laws and address emerging issues.</p> <p>n) Decriminalize suicide and amend other laws which are discriminatory and use derogatory language.</p> <p>o) Amend law relating to criminal justice system to ensure people with mental health conditions are not discriminated by criminalization of symptoms of mental illness and get fair administration of justice.</p> <p>p) Implement and enforce existing mental health related laws including the Counsellors and Psychologists Act</p>	<p>Ministry of Health</p> <p>State Law Office and department of Justice</p> <p>Kenya Law Reform Commission</p> <p>Parliament</p> <p>Judiciary</p>
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	<p>h) Mental Health Act enacted 1989 requires amendment.</p> <p>i) Other legislations were found to have clauses which negatively impact on people with mental health conditions, psychosocial, intellectual and cognitive disabilities.</p>	<p>q) Develop a Mental Health Action Plan with prioritized resources to fast track the implementation of the policy.</p> <p>r) Amend mental health act to align to the constitution of Kenya, Health Act, International laws and address emerging issues.</p> <p>s) Decriminalize suicide and amend other laws which are discriminatory and use derogatory language.</p> <p>t) Amend law relating to criminal justice system to ensure people with mental health conditions are not discriminated by criminalization of symptoms of mental illness and get fair administration of justice.</p> <p>u) Implement and enforce existing mental health related laws including the Counsellors and Psychologists Act</p>	<p>Ministry of Health</p> <p>State Law Office and department of Justice</p> <p>Kenya Law Reform Commission</p> <p>Parliament</p> <p>Judiciary</p>
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	<p>j) Mental Health Act enacted 1989 requires amendment.</p> <p>k) Other legislations were found to have clauses which negatively impact on people with mental health conditions, psychosocial, intellectual and cognitive disabilities.</p>	<p>v) Develop a Mental Health Action Plan with prioritized resources to fast track the implementation of the policy.</p> <p>w) Amend mental health act to align to the constitution of Kenya, Health Act, International laws and address emerging issues.</p> <p>x) Decriminalize suicide and amend other laws which are discriminatory and use derogatory language.</p> <p>y) Amend law relating to criminal justice system to ensure people with mental health conditions are not discriminated by criminalization of symptoms of mental illness and get fair administration of justice.</p> <p>z) Implement and enforce existing mental health related laws including the Counsellors and Psychologists Act</p>	<p>Ministry of Health</p> <p>State Law Office and department of Justice</p> <p>Kenya Law Reform Commission</p> <p>Parliament</p> <p>Judiciary</p>
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	<p>l) Mental Health Act enacted 1989 requires amendment.</p> <p>m) Other legislations were found to have clauses which negatively impact on people with mental health conditions, psychosocial, intellectual and cognitive disabilities.</p>	<p>a) Develop a Mental Health Action Plan with prioritized resources to fast track the implementation of the policy.</p> <p>b) Amend mental health act to align to the constitution of Kenya, Health Act, International laws and address emerging issues.</p> <p>c) Decriminalize suicide and amend other laws which are discriminatory and use derogatory language.</p> <p>d) Amend law relating to criminal justice system to ensure people with mental health conditions are not discriminated by criminalization of symptoms of mental illness and get fair administration of justice.</p> <p>e) Implement and enforce existing mental health related laws including the Counsellors and Psychologists Act</p>	<p>Ministry of Health</p> <p>State Law Office and department of Justice</p> <p>Kenya Law Reform Commission</p> <p>Parliament</p> <p>Judiciary</p>
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	<p>n) Mental Health Act enacted 1989 requires amendment.</p> <p>o) Other legislations were found to have clauses which negatively impact on people with mental health conditions, psychosocial, intellectual and cognitive disabilities.</p>	<p>f) Develop a Mental Health Action Plan with prioritized resources to fast track the implementation of the policy.</p> <p>g) Amend mental health act to align to the constitution of Kenya, Health Act, International laws and address emerging issues.</p> <p>h) Decriminalize suicide and amend other laws which are discriminatory and use derogatory language.</p> <p>i) Amend law relating to criminal justice system to ensure people with mental health conditions are not discriminated by criminalization of symptoms of mental illness and get fair administration of justice.</p> <p>j) Implement and enforce existing mental health related laws including the Counsellors and Psychologists Act</p>	<p>Ministry of Health</p> <p>State Law Office and department of Justice</p> <p>Kenya Law Reform Commission</p> <p>Parliament</p> <p>Judiciary</p>
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7.	Leadership and Governance	<ul style="list-style-type: none"> a) Lack of national and county mental health leadership structures and systems left mental health unattended to. b) The Kenya Board of Mental Health was not constituted as provided for by the law 	<ul style="list-style-type: none"> a) Establish a Commission for Mental Health and Happiness. b) Establish the Directorate of Mental Health & Substance Use at the Ministry of Health. c) Establish mandatory requirement for performance contracting by all Ministerial Departments and Agencies (MDAs) and counties to mainstream mental health programmes. d) Establish county mental health council and county mental health coordinators. e) Establish sub county mental health focal point and ward mental health committees. f) Strengthen users and caregivers' organizations and support groups. g) Promote leadership for youth peers' groups lead interventions in mental health. 	<p>Ministry of Health</p> <p>Ministry of Interior and Coordination of National Government</p> <p>County Governments</p> <p>NGO Council</p> <p>Ministry of ICT and Youth</p> <p>Users and Caregivers</p> <p>Youth Organizations</p>
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8.	Access to mental health services	Mental health services are generally not available to the population at the county, and community levels. Where they existed, they are in dehumanizing conditions, poor infrastructure with inadequate resources to deliver quality services.	<ul style="list-style-type: none"> a) Decentralize and integrate mental health services accessible by communities, user friendly, people centred, recovery oriented and with a human rights approach. b) Take urgent administrative measures to ensure availability of emergency drugs in mental health facilities c) Mathari National Teaching & Referral Hospital to be gazetted and operationalized as a semi-autonomous Institute of Neuropsychiatry and Mental Health d) Establish an affirmative action fund to train and recruit critical threshold of mental health professionals in accordance to the multidisciplinary staff establishment at different levels of service across sectors. e) Support implementation of psychosocial rehabilitation and aftercare services. 	<p>Commission on Mental Health and Happiness</p> <p>Ministry of health</p> <p>County Governments</p> <p>NGOs and Private sector</p> <p>Users and Caregivers</p> <p>Youth Organisations and Groups</p>
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9.	Mental health financing	<ul style="list-style-type: none"> a) Only 0.01% of the national health budget is allocated to mental health b) Kenyans have been forced into poverty due to payment for mental healthcare through out-of-pocket c) The recommended amount of money that ought to be spent on mental health is KES 150 per capita but Kenya is spending 15 cents d) NHIF cover is not comprehensive and private insurance policies are discriminatory 	<ul style="list-style-type: none"> a) Urgently reduce out of pocket payment for mental health services by increasing public funding under Universal Health Care. b) Increase general government revenue to closely match the international median health financing of KES 250 per capita per year. c) Insurance healthcare financing by NHIF to provide comprehensive coverage of outpatient and inpatient mental health care package. d) Amend Mental Health Act to provide for mental health fund to address disparities which will include revenue raised from sin taxes to be managed by the commission on mental health and happiness. e) Tax incentives for organizations that promote and support implementation of approved mental health programmes to service users and caregivers. 	<p>Commission on Mental Health and Happiness</p> <p>Parliament</p> <p>Ministry of Health</p> <p>National Treasury and Planning</p> <p>Kenya Revenue Authority</p> <p>NHIF</p>
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10.	Mental health data and research	<ul style="list-style-type: none"> a) The current health information system is inadequate in not addressing specific mental health conditions b) Inadequate research data on mental health in Kenya. 	<ul style="list-style-type: none"> a) Carry out a national mental health survey to establish the burden, determinants and impact of mental ill health b) Additional funding to Mathari hospital to build research capacity in mental health working in collaboration with KEMRI and other partners 	<p>Commission on Mental Health and Happiness</p> <p>Ministry of Health, Mathari Institute of Mental Health and Neuropsychiatry and KEMRI</p> <p>Universities and Research institutions</p>
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Annex 1: Strategic Actions towards strengthening Leadership and Governance for Mental Health

<i>Activities</i>	<i>Output</i>	<i>Indicators</i>	<i>Baseline</i>	<i>Y1</i>	<i>Y2</i>	<i>Y3</i>	<i>Y4</i>	<i>Y5</i>	<i>Budget</i>
<i>Strengthening Mental Health planning at all levels</i>									
<i>National Mental health Plans and budgetary allocations</i>	<i>National Mental health fund</i>	<i>Proportion of National Budget is allocated to mental health fund</i>							
<i>County Mental health Plans and budgetary allocation</i>	<i>County Mental health plans</i>	<i>Amount of County Mental health Grants allocated to mental health programs</i>							

Mainstreaming Mental Health into the Healthcare systems and other Sectors									
<i>Establish partnership coordination structures (Mental Health ICCs)</i>	<i>Mental Health ICC established</i>	<i>Functional Mental Health ICC</i>							
<i>Engage in joint annual planning with partners on Mental Health at all levels</i>	<i>Annual work plans developed</i>	<i>Proportion of Mental Health annual work plans with specified partner roles</i>							
<i>Integration Mental Health interventions into existing programs (e.g. HIV/AIDS, NCDs, MNCAH etc.)</i>	<i>47 Counties undertaking Mental Health integration action in their healthcare systems</i>	<i>Number of Counties in which Mental Health interventions have been into existing programs</i>							
<i>Integration Mental Health interventions in other sectors e.g., education, judiciary etc.</i>	<i>Multisectoral Mental health programs</i>	<i>Proportion of Government MDAs with Mental Health activities</i>							
Mental Health Policies, legislation and Human rights									
<i>Review and amend the Mental Health Act to be in line with the constitution, Health Act 2017 and other relevant legislations</i>	<i>Current Mental Health Act reviewed</i>	<i>Revised Mental Health Act</i>							

<i>Dissemination of the Mental Health policy/strategy to the Counties</i>	<i>Mental Health policy and strategy disseminated</i>	<i>Number of counties in which the Mental Health policy and strategy have been disseminated to</i>							
<i>Counties to appoint Mental health focal persons</i>	<i>Mental Health focal person in 47 counties appointed</i>	<i>Number of Counties with Mental Health focal persons</i>							
<i>Strengthening and empowerment of people with mental disorders and psychosocial disabilities and their organizations:</i>									
<i>Strengthening of User organizations and active participation in mental health roles and responsibilities</i>	<i>Strengthening and empowerment User organizations</i>	<i>Number of Counties with Active User Organizations</i>							

ANNEX 2: Strategic Actions towards Promotive and Preventive Mental Health

<i>Activities</i>	<i>Output</i>	<i>Indicators</i>	<i>Baseline</i>	<i>Y1</i>	<i>Y2</i>	<i>Y3</i>	<i>Y4</i>	<i>Y5</i>	<i>Budget</i>
<i>Establish at National and County Level a minimum of 2 Functioning multisectoral mental health promotion and prevention programmes. The programs will be formed by county mental health council in collaboration with CSOs, private sector and other stakeholders Adopt WHO guidelines to develop and implement suicide prevention strategies</i>	<i>Functioning multisectoral mental health promotion and prevention programmes comprehensive National program for suicide prevention in Kenya</i>	<i>Functioning programmes of multisectoral mental health promotion and prevention in existence (yes/no) Number of suicide deaths per year per 100,000 populations.</i>							
<i>To invest in the implementation of drug use prevention, treatment and care protocols as a program guide.</i>	<i>Strategic program that improves access to effective substance use prevention, treatment, care and rehabilitation.</i>	<i>County substance use per capita The number of health facilities providing treatment and rehabilitation services</i>							

<i>Integrate mental health issues into the existing school health policies and activities</i>	<i>Mental health school program</i>	<i>Number of schools programmes which have incorporated mental health promotion in schools</i>							
<i>Integrate Community mental health training in Community Health strategies/ family health programs</i>	<i>Community Family mental health program</i>	<i>Community Programs implementing integrated mental health programs</i>							
<i>Develop an integrated health & wellness program for the workplace in collaboration with the Ministry of public service/Occupational health & safety/ other stakeholders with mental health as an integral component</i>	<i>Workplace Mental health promotion and wellness program</i>	<i>Numbers of National and Counties with Functional integrated health & wellness program for the workplace</i>							
<i>-Develop an advocacy tool kit. -Awareness and advocacy campaigns to reduce mental health disparities, stigma and empower persons with MNS and psychosocial disabilities</i>	<i>Implement advocacy measures at the community level as well as among policy makers.</i>	<i>Number of awareness and advocacy campaigns</i>							

<p><i>-Adopt adolescent package of care (APOC) on provision of youth friendly mental health services.</i></p> <p><i>-Partner with the county council for persons with disabilities/ user & support groups to promote mental health in that population.</i></p>	<p><i>Targeted mental health interventions for vulnerable groups such as children & adolescents, women, older persons, persons with disabilities, criminal</i></p>	<p><i>-Number of health care workers providing sexual & Reproductive health services are trained on mental health</i></p>							
<p><i>-Work with the criminal justice system & Directorate of Prison Health Services to integrate MNS in their health Services</i></p> <p><i>-Prevention, screening, treatment & follow up of people emerging from the conflict & disasters in collaboration with RH/GBV program, public service & other stakeholders</i></p> <p><i>-Train health care workers on integration of mental health in the provision of sexual & reproductive health services.</i></p>	<p><i>justice system, prisoners and people emerging from conflicts & disasters</i></p>	<p><i>-APOC adopted to meet mental health needs for the youth</i></p> <p><i>-Number of persons emerging from conflict & disasters given mental health support</i></p>							
<p><i>Training of traditional practitioners, religious and community leaders on mental health promotion, prevention & advocacy.</i></p>	<p><i>Integration of traditional practitioners, religious & community leaders into the mental health care and support system</i></p>								

ANNEX 3: Strategic Actions on Access to comprehensive Mental Healthcare Services at all Levels

<i>Activities</i>	<i>Output</i>	<i>Indicators</i>	<i>Baseline</i>	<i>Y1</i>	<i>Y2</i>	<i>Y3</i>	<i>Y4</i>	<i>Y5</i>	<i>Budget</i>
<i>Screening, early identification and brief intervention of Mental Neurological and Substance use (MNS) disorders and to refer for appropriate care</i>	<i>Bridge treatment Gap of MNS disorders through community and primary care health facilities screening and brief intervention</i>	<i>50% Screening of all people seeking services in the community health units and primary care facility</i>							
<i>To conduct outreach activities in the community including learning institutions and other sectors.</i>	<i>Community health outreach services</i>	<i>2 outreaches conducted in a quarter</i>							
<i>To manage MNS disorders as part of outpatient services including for patients with chronic disease</i>	<i>Integrated mental health outpatient services clinics</i>	<i>All facilities in the counties that have outpatient MNS services clinics</i>							
<i>To provide treatment and rehabilitative services for Substance use disorders</i>	<i>Substances use disorders treatment and rehabilitative services units</i>	<i>All facilities in the counties offering treatment and rehabilitative services for Substance use disorders</i>							

<i>To initiate support groups to support families and caregivers to foster recovery</i>	<i>care coordination and after care support services and</i>	<i>number of support groups initiated</i>							
<i>Secondary and tertiary health facilities to avail Specialised user-friendly child and adolescent outpatient and inpatient mental health services (CAMHS)</i>	<i>Child and adolescent mental health services</i>	<i>Number of secondary and tertiary health facilities with user friendly CAMHS</i>							
<i>To provide mental health and psychosocial support services for patients with chronic diseases (communicable and noncommunicable) as part of integrated health services)</i>	<i>Integration of mental health in the management of other chronic medical conditions</i>	<i>Integrating Psychosocial interventions in chronic disease clinics.</i>							
<i>To provide preceptorship level 5 health facilities for training in mental health</i>	<i>Preceptorship mental health training in level 5 health facilities</i>	<i>Proportion of level 5 health facilities offering training in mental health</i>							

<i>Referral specialized mental health services in tertiary health facilities targeting different age cohorts and special populations</i>	<i>Targeted user-friendly specialized services (CAMH, Geriatrics, Addiction etc.)</i>	<i>Number of targeted specialized units in tertiary health facilities</i>							
<i>Training in psychiatry and mental health in tertiary health facilities</i>	<i>Training in psychiatry and mental health</i>	<i>Number of mental health specialists trained</i>							
<i>To facilitate research in mental health through research review committee</i>	<i>Mental health research informing policy and practice</i>	<i>research work reviewed by the Mental health Research review committee</i>							
<i>To build capacity for the emergency response teams and develop psychosocial support and mental health management guidelines in emergency and trauma settings.</i>	<i>To ensure that people affected by emergencies have access to mental health services at the time of the disaster/ emergency</i>	<i>Proportion of emergency response teams trained Psychosocial support and mental health management guidelines</i>							

ANNEX 4: Strategic Actions on the strengthening of mental health systems:

<i>Activities</i>	<i>Output</i>	<i>Indicators</i>	<i>Baseline</i>	<i>Y1</i>	<i>Y2</i>	<i>Y3</i>	<i>Y4</i>	<i>Y5</i>	<i>Budget</i>
<i>Healthcare Financing</i>									
<i>Increase funding for mental health services</i>	<i>More Financial Resources for mental health</i>	<i>Number of Counties with Mental Health Plan and Budgetary allocations</i>							
<i>Establish Community health financing programs to support mental health through Public private partnerships and conditional grants from the National Government</i>	<i>Counties Community Mental Health Programs</i>	<i>Number of Counties with Community Mental Health Programs with financing mechanisms</i>							
<i>Engaging sectors that have mental health components to make targeted budgetary allocation to mental health services and programmes</i>	<i>Mainstreaming of Mental Health through multisectoral/ multi-disciplinary partnership and collaboration</i>	<i>Number of Ministries/Govt agencies with Mental Health Services and Programs</i>							
<i>Ensuring that the health insurance system does not discriminate against persons with Mental, Neurological and Substance use (MNS) disorders in accessing insurance policies.</i>	<i>Healthcare financing of mental health services</i>	<i>Number of persons with mental disorders enrolled to NHIF</i>							

Workforce for mental health									
<i>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.</i>	<i>All HCWs are trained and competent to provide primary Mental Healthcare services.</i>	<i>Number of Mental Health Modules incorporated in the curricula</i>							
<p><i>To meet the current shortage of mental health workers, the following activities shall be undertaken:</i></p> <ul style="list-style-type: none"> <i>a) Provide in-service training for service providers on mental health</i> <i>b) Provide a complete mental health team work force appropriate at all levels of health care</i> <i>c) Support and finance the training of more mental health workers at national and county levels.</i> <i>d) Train community health workers on mental health</i> <i>e) Establish a regulatory framework for mental health professionals</i> <i>f) Strategic measures shall be put in place to train and recruit specialized mental health workers to work with special or vulnerable populations.</i> 	<i>Bridge the gap of mental health workers</i>	<i>Number of trained and certified health workers providing mental healthcare services</i>							

<i>Develop a Public-Private-Partnership (PPP) model and framework to facilitate the development of a competent mental health workforce</i>	<i>PPP Scholarship programs supporting training and human resources development of mental health workers</i>	<i>Public-Private Partnership (PPP) model and framework</i>								
<i>Multidisciplinary and intersectoral training in mental health (service providers in other sectors)</i> <i>Standardized training module on Mental Health for officers in other sectors (Police, Teachers, Prison Warders, Children officers, Human Resource Officers, Judicial officers and Prosecutors)</i>	<i>Mainstreaming of mental health in other sectors</i>	<i>Number of officers trained in each sector</i>								
Infrastructure for mental health										
<i>Establish appropriate infrastructure for integrated community, outpatient and inpatient comprehensive for MNS</i>	<i>Health facilities with designated and functional infrastructure for integrated and comprehensive (community, outpatient and inpatient) mental health services.</i>	<i>Proportion of Health facilities with designated and functional infrastructure for mental health services.</i>								

<i>Develop a Centre of excellence in Neuropsychiatry and Mental Health Institute in Mathari NTRH</i>	<i>Provision of Specialized Mental Health Services, training and research on Mental Health</i>	<i>Level of completion of master plan implementation</i>							
<i>Six Regional specialized Centre of Excellence in treatment and care of MNS disorders in Meru, Mombasa, Kakamega, Kisumu, Gilgil and Garissa</i>	<i>Decentralize specialized mental health services and training in mental health</i>	<i>Level of completion of regional centre infrastructure development</i>							
<i>Establish special targeted users' friendly clinics for vulnerable populations, child and adolescent, older persons and Psychotrauma in level 4 and 5 hospitals</i>	<i>Increased access to mental healthcare services for the special populations</i>	<i>Number of Level 4 and 5 with designated and functional user-friendly clinics for special populations</i>							
<i>Efficient logistics, information and communication technology facilities to enhance effective provision of community outreach mental health services. (Vehicles, motorbikes, Mobile phones, other ICT innovations)</i>	<i>Access of community mental health services through mobile clinics or tele-mental health</i>	<i>Number of counties with mobile community mental health outreach services with/or using ICT innovation for community outreach</i>							

Health Products, Equipment and Technologies									
<i>Supply of subsidized and cost effective, Essential psychotropic drugs and nonpharmaceutical materials in Assorted kits to the Primary, secondary and tertiary health facilities levels</i>	<i>Access to affordable and cost-effective Essential medicines and other health products</i>	<i>Number of Counties with budget line for procurement and stocking of variety of subsidized essential medicines and commodities</i>							
<i>Essential Neuropsychiatric; neuropsychological and neurophysiologic diagnostic/therapeutic equipment and technology</i>	<i>Use of diagnostic and therapeutic equipment and technologies in treatment of MNS disorders</i>	<i>Number of counties with procurement plans for stock in form of diagnostic and therapeutic equipment and technologies</i>							
<i>To review and increase the variety of essential psychotropics medicines in the KEML list.</i>	<i>Access to a variety of essential psychotropics medicines</i>	<i>Numbers of atypical essential psychotropic medicines in the KEML</i>							
Mental health information systems and research									
<i>Develop and disseminate a simplified mental health reporting tools and integrate it within the Health Information System (HIS)</i>	<i>Improve mental health data collection and management</i>	<i>Number of counties /health facilities reporting using the integrated simplified mental health reporting tools</i>							

<i>Capacity building programs for both national and county health personnel on the use and application of the simplified mental health reporting tools</i>	<i>Available Mental Health data through routine reporting of mental health indicators using DHIS2</i>	<i>Number of health workers trained on collecting and reporting of mental health indicators</i>							
<i>Revise Mental health indicators for inclusion in the general health information and reporting system</i>	<i>Monitoring and evaluation of mental health services</i>	<i>Reports on mental health indicators</i>							
<i>Publish an annual status report</i>	<i>Analysis of health sector performance and guidance for planning and service improvement</i>	<i>Annual status report on Mental Health</i>							
<i>To establish a National Mental health research funding mechanism through legislation</i>	<i>National Institute of Mental Health to regulate and coordinate mental health information systems, training and research</i>	<i>The law establishing National Institute of Mental Health</i>							
<i>Do a national survey on Mental Health</i>	<i>Baseline mental health data</i>	<i>Mental health survey report</i>							

Annex 5: Costing of Kenya Mental Health Action Plan 2021-2025 (Costs Estimates)

Result area	Broad Output	Baseline (2019/2020) in Kshs	2021/ 2022	2022/ 2023	2023/ 2024	2024/ 2025	2025/ 2026	Unit cost	2021 Kshs	2022	2023	2024	2025
Strengthening leadership and governance in mental health	Implementation of mental health policy at the National level.	360,000	10M	15M	25M	30M	35M						
	Implementation of the mental health policy at the County level (office of mental health focal point)	0	15M	20M	25M	30M	35M						
	Mainstreaming of mental health in other Sectors through establishment of workplace mental health and wellness programs	0	5M	10M	10M	15M	20M						
	Establishment of user's organisations and support groups.	0	5M	10M	10M	15M	20M						
Mental health services	Promotive and preventive programs:	-	50M	50M	70M	75M	75M						

delivery <i>(Preventive & Promotive programs and Primary to Tertiary care)</i> and Infrastructural development	Community mental health (Education, Screening and care coordination)												
	Promotive and preventive programs: School mental health (National)	-	5M	10M	10M	15M	20M						
	Promotive and preventive programs: Suicide prevention program (National)	-	10M	15M	20M	25M	25M						
	Promotive and preventive programs: Substance use disorders prevention program (National)	-	15M	20M	25M	25M	30M						
	Primary mental healthcare services: functional Outpatient mental health clinics	-	2M	3M	4M	5 M	6 M						
	Secondary care level mental health services: functional County mental health unit per County	14 Mental health units	5 Units 100M	7 Units 140 M	7 Units 140M	8 Units 160 M	6 Units 120 M	20M					

	Specialized care level: Restructuring and improvement of Mathari hospital. Five regional specialized centres of excellence.	114,000 (Mathari) No regional tertiary facilities	250,000 200M	300,000 200M	350,000 200M	400,000 200 M	450,000 200 M	200M					
Human resources development and management	Training of community health volunteers on mental health	-	100 CHVs 1M	200 2M	300 3M	400 4M	500 5M	10,000					
	Training of Primary care providers on mental health Gap intervention programme (mhGAP)	-	100 providers 1.5M	200 3M	300 4.5M	400 6M	500 7.5M	15,000					
	Training of specialised mental health professionals (National and County levels) -Psychiatrists -Mental health nurses	baseline		20 (3.5) 215(18)	30 300	40 350	50 400	60 450	500000 250000				

-Psychologists (Clinical/medical)		50 (7.5)	75	100	150	200	300000					
-HD in Addiction science and management		30 (2.3)	50	35	50	60	150000					
-Medical social workers		25 (1.9)	40	70	90	120	150000					
-Clinical Medicine HD Psychiatry & Mental health		10 (1)	20	45	60	80	180000					
-Occupational therapists		10 (1)	10	30	40	50	150000					
Mental health training for service providers in other sectors	-	100 Providers 1.5M	150	200	300	400	15000					
			3M	6M	7.5	12M						
Training of service providers in mental health and psychosocial support in emergency and humanitarian settings.	-	100 Providers 1.5M	150	200	300	400	15000					
			3M	6M	7.5M	12M						

	Develop and incorporate mental health modules in the training curricula of health workers.	-	2 curricula 600000	3 900000	4 1.2	-	-					
	Recruitment of specialized mental health professionals:											
	-Psychiatrists		20 (60	30	40	50	60					
	-Mental health nurses		250 (250	300	350	400	450					
	-Psychologists (Clinical/medical/ Counselling)		50 (50	80	100	150	200					
	-Medical social workers		30 (23	25	35	50	60					
	-Clinical Medicine HD Psychiatry & Mental health		30 (30	40	45	60	80					
	-Occupational therapists		10 (7.5	20	30	40	50					
Information mental health	National mental health survey	-	200M	-	-	-	-					

<i>system and research</i>	Monitoring and Evaluation of mental health indicators	-	50M	60M	70M	75M	80M					
	Annual Mental health conference	-	10M	15M	20M	25M	30M					
Medical products, equipment and technologies	Access of essential psychotropic medicines at National referral hospitals	baseline	500M	450	400	400						350
	Access of essential psychotropic medicines budget County Health facilities	baseline	100M	150	200	200						250
	Supply of diagnostic and therapeutic equipment	baseline	100M	150M	150	-						-
	Supply of logistics and ICT technologies to facilitate mental health services	baseline	100M	150	200	-						-
Mental healthcare Financing	Community mental healthcare financing funding	-	141	235	235	235						235
	Enrolment to NHIF for persons with mental health conditions	baseline	-	-	-	-						

<i>Mental health and vulnerable population.</i>	Implementation of guidelines, screening tools and user-friendly care and support targeted program	Multisectoral budgets with annual 10% increments																	
<i>Advocacy and partnership for stigma reduction and user's empowerment.</i>	Implement Quality Rights mental health initiative.	Multisectoral budgets with annual 10% increments																	
	Anti-stigma campaign	Multisectoral budgets with annual 10% increments																	
<i>Social determinants of mental Health.</i>	Monitoring and evaluation of mental health determinants and report on happiness index	Multisectoral budgets with annual 10% increments																	
	Family affairs and social protection programs	Multisectoral budgets with annual 10% increments																	
Total		1,844,000,000	2,309,900,000	2,763,900,000	2,466,050,000	2,663,100,000													





MINISTRY OF HEALTH