Policy Brief

MENTAL HEALTH FOR ALL: ADVANCING KENYA'S PROGRESS TOWARD SDG 3 AND BEYOND

CHOICE KENYA PROJECT

Policy Brief

Mental Health for All: Advancing Kenya's Progress Toward SDG 3 and Beyond

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Key Messages

01   **Prioritize and increase investments** in mental health by raising funding to at least 5% of the health budget and strengthen mental health infrastructure and workforce.

02   Scale up **integration of mental health into primary healthcare and community systems** to expand access, especially in rural areas.

03   **Break stigma** for instance by launching nationwide mental health literacy and anti-stigma campaigns, with strong intersectoral and community engagement.

04   **Strengthen data & policy action by building robust data systems and fully implement existing mental health policies** to drive accountability and evidence-based action.

05   **Ensure mental health policies and programs are gender-responsive**, addressing the distinct needs of women, men, boys, and girls, and promoting gender equality as a key driver of mental well-being.

Introduction

Mental health is a crucial component of the Sustainable Development Goals (SDGs), specifically within the broader context of Health and Health-Related SDGs (HHSDGs). In Kenya, mental health issues remain highly prevalent, compounded by stigma, underfunding, and limited accessibility to mental health treatment, especially in rural areas. Thus, addressing mental health in line with SDG 3 (Good Health and Well-being) is critical to ensuring the overall well-being of the population and achieving equitable health outcomes. Furthermore, since mental health crisis in Kenya is deeply intertwined with issues of gender equality — women and girls, for instance, face unique risks due to gender-based violence, reproductive health challenges, and unequal care responsibilities. A gender-lens is therefore essential for equitable policy responses. This brief focuses on the mental health landscape in Kenya, highlighting key progress, gaps, and recommendations for improved implementation and advocacy efforts under the CHOICE project, which aims to advance mental health in Kenya. The primary audience for this brief includes policymakers, healthcare providers, civil society organizations, mental health advocates, development partners and any other relevant stakeholders in the mental health space.

3 GOOD HEALTH AND WELL-BEING

Ensure healthy lives and promote well-being for all at all ages

Problem Overview

Mental and neurological disorders affect about 1 in 4 people globally at some point in their lives, according to the Global Burden of Disease Study (2021) and WHO's Mental Health Atlas (2017). In Kenya, an estimated 10–20% of the population—roughly 5–10 million people based on a population of 50 million—suffer from mental health conditions. The most common mental health issues include depression, anxiety disorders, substance use disorders (primarily alcohol,tobacco and khat), bipolar disorder, and schizophrenia. Depression and anxiety are particularly prevalent and cause the highest levels of disability at the population level among affected individuals (Kenya Mental Health Policy, 2015–2030; WHO, 2017).

Contributing factors such as poverty, trauma, socio-economic challenges, and the effects of emerging technology exacerbate mental health conditions, creating a vicious cycle of poor mental health and poverty. This situation is further compounded by widespread stigma, which limits access to care, and reinforces dehumanizing attitudes toward mental illness. Such stigma is entrenched in existing laws and policies that reflect sanism and human rights violations - for example, the criminalization of addiction. This situation is worsened by an under-resourced mental health system, characterized by understaffing and insufficient funding. Alarmingly, mental health services receive less than 0.01% of the national health budget (Kenya MoH, 2020), despite mental illnesses contributing to approximately 13% of Kenya's total disease burden. Worth noting too is that while there has been a growing interest and a shift in focus toward mental health, this has yet to translate into substantial investment.

To address these challenges, it is critical to break the silence and prioritize mental health in Kenya through targeted efforts in promotion, prevention, and the provision of adequate mental health care.

Key Findings on Mental Health in Kenya

Progress and Achievements

1. Integration into Primary Healthcare:
Efforts to integrate mental health into Kenya's primary healthcare system have seen some progress, particularly through rapid assessment and treatment at the primary care level, making referrals where appropriate and encouraging intersectoral collaborations. Further, there is increased training for community health workers and implementation of prevention strategies for mental health.

2. Inclusion of psychologists in the public sector job structure:
This system-level integration has facilitated Psychologist recruitment into public health facilities, enhancing access to psychotherapy and counseling services. This has allowed for greater integration of psychological therapies within the healthcare system, alongside a growing societal receptiveness to counseling interventions.

3. Awareness and Stigma Reduction Initiatives:
Public campaigns by government and civil society organizations and mental health programs have made strides in raising awareness and addressing the stigma associated with mental illness.

4. Capacity Building:

Capacity-building programs targeting healthcare and community workers to equip them with skills to identify, manage and respond to mental health cases are ongoing. In recent years, there has also been a growing multisectoral approach to capacity development, extending beyond the health sector. Notable efforts have included training and sensitization within the Judiciary (e.g., High Court, prison systems), the Legislative arm (political leadership), and the Executive, reflecting an increasing recognition of mental health across government structures.

Challenges and Bottlenecks

1. Underfunding and inadequate resources:

Mental health services are severely underfunded, with less than 0.01% of the health budget allocated to mental health, well below the WHO's 5% recommendation for low-income countries (Kenya MoH, 2020; WHO, 2022). Where services exist, they are often delivered in poor conditions with limited infrastructure, staff, and supplies, undermining care quality and reinforcing stigma.

2. Limited access:

A majority of Kenyans, especially those in rural areas, have limited access to mental health services due to a lack of infrastructure and trained personnel. Additionally, where services are available like in the private settings, they tend to be unaffordable for the majority of the population.

3. Stigma and discrimination:

Social stigma continues to deter individuals from seeking help, further exacerbating the mental health crisis. Discriminatory attitudes within communities, workplaces, and even health facilities contribute to underdiagnosis, neglect, and social isolation of those affected. Addressing stigma through public education, community engagement, and rights-based approaches is essential for improving mental health outcomes.

4. Lack of reliable data and effective surveillance systems:

The absence of well-tracked and reliable data on mental health outcomes and indicators at local and national levels poses a significant challenge in formulating, designing and evaluating effective interventions. Strengthening mental health data collection and surveillance systems is critical. Existing platforms such as the Kenya Health Data Collaborative and the Open CSO Data Commons present valuable opportunities to build robust, coordinated mental health information systems.
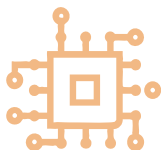
5. Emerging tech-related mental health Issues:

Widespread use of social media and digital platforms have contributed to rising mental health concerns in Kenya, particularly among youth, due to increased exposure to cyberbullying, online harassment, and unrealistic social comparisons. Additionally, the rapid digital shift has outpaced mental health literacy and regulatory frameworks, creating gaps in protection, early intervention, and support for those affected by tech-related mental health issues.

6. Mental health is not systematically integrated into national development frameworks / Lack of recognition of mental health as an economic issue:

Despite mental health having a significant impact on productivity, labor participation, and social cohesion, mental health is often excluded from economic planning and national development priorities. Key sectors such as education, transport, housing, the judiciary, environmental planning, and gender equality often overlook mental health as a foundational element of sustainable development and economic growth.

7. Gender equality is often overlooked in mental health planning despite being a cross-cutting issue:

Without intentional integration of gender analysis, policies risk leaving behind those most affected.

Recommendations and Conclusion

Recommendations

To improve the mental health situation in Kenya, several key actions are necessary:

i. **Increase mental health funding:** Advocate for increased allocation of resources and structured financing for mental health services, infrastructure, and workforce development to meet the rising demand for care.

ii. **Further integration of mental health into primary healthcare:** Further integrate mental health into primary healthcare by equipping more primary healthcare facilities with the necessary resources to manage mental health conditions at the community level and rural areas. Promote the adoption and nationwide implementation of the clinical management guidelines for mental health as a strategic step toward integrating mental health services into primary health care. This will enhance early detection, treatment, and strengthen overall systems response rate.

iii. **Intensify awareness campaigns and Improve Mental health Literacy:** Intensify mental health literacy campaigns to reduce stigma and raise awareness about mental health, targeting both urban and rural populations. Additionally have mental health psychosocial support systems to enable stigma reduction and Mental Health literacy. Can develop intersectoral action plans for Mental health that also leverage technology and digital platforms to reach and engage youth, who are particularly active in tech spaces.

iv. **Strengthen data collection, tracking and monitoring:** Develop robust systems for tracking and compiling mental health outcomes, including data on mental illnesses, suicide rates, and service accessibility, to inform evidence-based policymaking. Promoting accurate mental health metrics strengthens data collection systems and surveillance systems for mental health research.

v. **Capacity building for healthcare workers:** Expand mental health training programs for healthcare workers at all levels to enhance their ability to manage mental health conditions, particularly in underserved areas. Additionally, there is need to formally recognize and independently categorize these emerging cadres—such as clinical psychologists—to strengthen service delivery and address workforce gaps in mental health issues.

vi. **Policy harmonization and implementation:** Ensure that existing policies, such as the Kenya Mental Health Policy 2015–2030 and the Mental Health (Amendment) Act 2022, are fully implemented and operationalized across all regions. Further, revise, harmonize and update policies and legal frameworks dealing with mental health. Additionally, have Mental Health Psychological Support programs (MHPSS programs) intergrated into disaster preparedness.

vii. **Gender Lens Inclusion in Mental Health:** Integrate gender analysis into all mental health policies, program design, and service delivery to address gender-specific risks and promote equity. Engage women-led and youth-led organizations in shaping and implementing mental health interventions to ensure they reflect diverse community needs

Conclusion

Addressing mental health in Kenya requires a multi-dimensional approach involving increased funding, community-level interventions aimed at reducing stigma and improving access to care, strengthening systems for tracking and monitoring mental health outcomes, and stronger policy harmonization and implementation. Equally important is the integration of gender equality into mental health policy as both a human rights and public health imperative. By investing in mental health services and integrating mental health into the broader health system, Kenya can make significant strides towards achieving SDG 3 and improving the overall well-being of its population. This can be done while relying on the *"3Ps of Mental health", Promotion of mental health, Prevention of mental health conditions and Provision of mental health care for those in need* at all levels of the health system. The CHOICE project, through its think tank and advocacy efforts, plays a pivotal role in driving these changes, fostering partnerships, and ensuring accountability in the pursuit of these vital health and health-related SDGs

3 Ps
of Mental Health

1. **Promotion**
   of mental health

2. **Prevention**
   of mental health conditions

3. **Provision**
   of mental health care

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Note: The Think Tank team comprises experts and academia with mental health, gender, climate change, SDGs and Data backgrounds. The brief is aimed at supporting advocacy efforts and policy development for robust climate actions and advancing SDGs related commitments in Kenya.

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