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STRATEGIC MANAGEMENT & LEADERSHIP

MENTAL HEALTH POLICY REFORM IN KENYA: A CASE STUDY OF UNIVERSITY OF NAIROBI, COLLEGE OF HEALTH SCIENCES

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ABSTRACT

Mental health policy reform in Kenya is important because of the growing burden of mental health conditions, ongoing gaps in the health system and changes in the socio-economic environment, such as the psychosocial effects of the pandemic and rising substance use. Key challenges include insufficient financing, ineffective integration of mental health into PHC, workforce shortages, stigma and spotty implementation across the counties. Addressing these challenges is necessary to strengthen prevention and early intervention, improve the efficiency of the systems and ensure the constitutional right to the highest attainable standard of health. The College of Health sciences at the University of Nairobi is best placed to support mental health reform through research to inform policy, developing future leaders in this field and supporting improvements in the health system. Through academic-government partnerships, capacity building initiatives and policy relevant scholarship, the College helps to support equitable, people-centered and sustainable mental health services in support of national priorities and the best practices from around the world. Three major strategies for reforming have been identified: specialist-centered services, separate mental health facilities and integration into primary health care. While specialist and standalone models play an important role for severe cases, it is limited by disproportional access to them as well as the underutilization of community-level resources. Integration of mental health into PHC appears to be the most feasible, cost-effective and scalable option. This model increases access, early detection, decreases stigma, improves continuity of care, and builds on existing service models and response at the community level. For the University of Nairobi-College of Health Sciences, the inclusion of MH in PHC is in line with the agenda on Universal Health Coverage and contributes to the institutions mandate of producing competent and responsive health professionals. It allows the College to generate evidence specific to the context, build workforce capacity to address the challenges and engage in policy dialogue with national and county stakeholders. Furthermore, this approach enhances leadership and governance processes by

improving institutional agility, responsiveness and interdisciplinary working while incorporating mental health competencies into pre-service and in-service education.

Keywords: *Mental Health Policy Reform; Primary Health Care Integration; Universal Health Coverage; Mental Health Services; Leadership and Governance*

INTRODUCTION

Mental health policy reform focuses on strengthening the legal, policy and institutional frameworks that govern the provision of mental health services and care to ensure that mental health services are accessible, equitable, integrated and evidence-based (WHO, 2018). In Kenya for example, growing mental health needs are being heightened by limited funding, poor integration into the primary health care service, workforce shortages, stigma and inconsistent uptake at the county level. These challenges are similar to in many low and middle-income countries and are often limited because of relying on specialist services and a lack of integration in the health system.

Compared to other countries, some high-income countries (e.g. UK and Australia) have made significant progress in integrating mental health into primary care, investing in community-based services and incorporating mental health in universal health coverage frameworks. Regionally, countries are taking a decentralized, community-oriented approach to providing improved access and equity with countries like South Africa and Rwanda being leaders, although resource limitations remain a barrier. Kenya's current UHC reforms and constitutional health rights are creating an opportunity to align with the global best practices and fill local gaps.

The University of Nairobi-College of Health Sciences supports this agenda in the form of research and leadership development and health systems strengthening. By producing evidence, building workforce capacity and promoting government partnerships and relationships; the College intends to support equitable, resilient and people-centered mental health care consistent with national mental health care priorities and international standards.

Kenya’s Mental Health Policy Landscape

Mental health policy reform focuses on enhancing the legal, policies and institutional frameworks for the provision of mental health services so that care is accessible, equitable, integrated and based on evidence (WHO, 2018). In Kenya, with increasing mental health needs and limited funding, weak integration in the primary health care (PHC) and workforce, stigma and uneven implementation at the county level, mental health is particularly challenging. These challenges are similar to those faced in many low-and middle-income countries (many have a reliance on specialist services and fragmented health systems). Ministry of Health [*MoH], 2020; WHO, 2021; Patel et al., 2018.* The Constitution of Kenya (2010) establishes the right to the highest attainable standard of health, providing a strong legal basis for mental health system development. This commitment is operationalized through the Kenya Mental Health Policy 2015–2030, which prioritizes decentralization, community-based approaches, and the integration of mental health services into primary health care (Government of Kenya, 2010, 2015).

In comparison with other countries, high-income nations such as the United Kingdom and Australia have advanced further in bringing mental health services to the mainstream of primary care, with the help of significant investment in community-based care as well as the integration of mental health into frameworks of universal health coverage (UHC), NHS England, 2019 Austraian

Government, Department of Health, 2-021. Regionally, countries like South Africa and Rwanda are moving towards decentralized, community-based models to ensure better access and equity, although there is still a lack of resources to overcome this (WHO Regional Office for Africa, 2022, *Peterson et al,2019)*. Kenya's current UHC reforms and the constitutional health rights offer a chance to harmonize with the global best practices and address the existing gaps (Government of Kenya, 2010; Ministry of Health [MoH], 2015; MoH, 2020).

Research, leadership development and health systems strengthening are areas in which the University of Nairobi-College of Health Sciences is supporting this agenda. Through creating evidence, development of workforce capacity and government partnerships, the College seeks to stimulate equitable, resilient and person-centered mental health care that is aligned with national priorities and international standards.

OPTION ANALYSIS

Effective mental health reform in Kenya is dependent on contemplation of feasible and evidence-informed strategies toward access, equity and service integration gaps. Three main alternatives are usually identified:

- Specialist centered mental health services
- Standalone mental health facilities
- Incorporation of mental health into primary health care (PHC)

Specialist –Centered Services

This approach is prioritizing service delivery through specialist units and referral hospitals. While they are needed for the management of severe and complex conditions, a heavy dependence on tertiary care is limiting accessibility for rural and underserved populations. In Kenya, specialist facilities are overstretched and under-resourced and contribute to delays and inequities in care and limited support in managing common mental disorders at the primary level *(*Kakuma et al., 2011; Mutiso et al., 2018*)*

Standalone Mental Facilities

Establishment of dedicated mental health institutions at county or regional levels could increase the coverage of service but requires huge financial investment. There is evidence that this model may have the potential to divert scarce resources from prevention and early intervention and does not automatically promote integration with general health services or community support systems - both of which are critical for long-term outcomes (Patel et al, 2018; WHO, 2018*)*.

Integration into primary health care (preferred option)

Integrating mental health screening, basic management and referral pathways into existing PHC services is the most popular option for low and middle-income countries. WHO identifies this approach as being cost-effective and scalable and capable of expanding access, whilst reducing stigma. Evidence is available from similar contexts that shows improved coverage of treatment and better treatment outcomes when mental health care is integrated into PHC platforms *(Jenkins et al., 2011; WHO, 2018).*

Relevance to the University of Nairobi–College of Health Sciences

For the University of Nairobi-College of Health Sciences, integration into PHC is the most strategic and viable route in terms of influencing policy and practice. This approach is consistent

with the UHC agenda in Kenya and the College's mandate of training health professionals who are equipped to respond to health needs in communities. The College can contribute through several ways including the generation of context-specific evidence, enhancing the workforce capacity of PHC through training and continuous professional development, and engaging in policy dialogue with national and county stakeholders. This option also speaks to the institution's strength in both leadership development and systems thinking and in health systems research.

ARGUMENT/PROPOSAL

The integration of mental health services into primary health care is the most effective and sustainable way of mental health reform in Kenya. Embedding screening, basic treatment and referral mechanisms in PHC is beneficial to access, promote early identification, de-stigmatization and to improve continuity of care (WHO, 2018*;* Jenkins et al., 2011). Although the models of specialist and standalone models are important for severe conditions, they are limited due to high costs and limited reach (Kakuma et al., 2011; Patel et al., 2018).

For the University of Nairobi-College of Health Sciences, there are strategic advantages to this approach. It supports equitable service expansion under UHC, and provides for strengthening the production of a competent and responsive health workforce and positioning the College as an important contributor to policy development through research, training and partnerships. The integration of PHC allows for the creation of locally relevant evidence, builds competencies within workforce and promotes sustainable, people-centered mental health care.

IMPLICATIONS FOR LEADERSHIP AND GOVERVANANCE

Integrating mental health into PHC has important leadership and governance implication to the University of Nairobi - College of Health Sciences. First, it makes the institutions more flexible to respond in time to the emerging mental health needs within the existing PHC and community platforms. This is backed up by the College's ability to mobilize research, tailor curricula and implement context-specific interventions.

Second, the approach improves the responsiveness by bringing the services closer to the communities, improving the early detection of the disease and minimizing stigma and boosting the trust of public health systems. The College is in a position to model responsive leadership by training health professionals in community engagement, collaborative decision making and culturally appropriate care (WHO, 2018).

Third, integration develops institutional capacity by incorporating mental health competencies into both pre-service and in-service education, interdisciplinary collaboration, monitoring and evaluations; these efforts include contributions towards organizational learning, evidence-informed decision-making and national leadership in mental health system strengthening *(*Patel et al., 2018).

CONCLUSION

Mental health reform in Kenya is a leadership and governance challenge as opposed to a lack of policy direction. Integrating mental health into primary health care represents the most feasible, cost-effective and scalable way of improving access, early identification and continuity of care. For the University of Nairobi-College of Health Sciences, this approach is consistent with its key mandate in education, research and policy engagement, and also enhances institutional leadership, workforce capacity, and evidence-based service delivery (WHO, 2018*;* Jenkins et al., 2011).

RECOMMENDATIONS/ACTIONABLE NEXT STEPS

1. Curriculum and Training: Integrate mental health competencies into professional education.
2. Research and Evidence Generation: Evidence-based research conducted according to the local context of PHC-based mental health integration.
3. Policy Engagement: Work with the national and county authorities for support of PHC related mental health strategies and financing.
4. Monitoring and Evaluation: Develop indicators and reporting systems to monitor the delivery of services, performance of workforce, and results
5. Leadership and Capacity Building: Develop the leadership, systems thinking and adaptive management skills of the faculty and health workers.

Through these actions the University has the potential to appreciate transformative role in promoting equitable, resilient and people centered mental health care within Kenya.

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A Glossary of Terms

Mental Health Policy Reform**:**	Mental health system strengthening, mental health governance reform
Accessible	Available, reachable, attainable
Equitable	Fair, impartial, just
Integrated	Combined, coordinated, unified
Sustainable	Long-term, durable, enduring
Evidence- Based	Research-informed, data-driven, scientifically
Primary Health Care(PHC)	Community health services, first-level care
Specialist-Centered Services	Tertiary care, referral-based care
Standalone mental Health Facilities	Dedicated mental health centers, independent Clinics
Integration into PHC	Embedding services, mainstreaming mental health
Workforce capacity	Human Resource, personnel strength
Leadership	Governance, management, guidance
Agility	Flexibility adaptability, responsiveness
Responsiveness	Reactivity, attentiveness, sensitivity
Decentralization	Devolution, local governance, delegation
Community-Based care	Local healthcare, neighborhood health care
Stigma	Prejudice, discrimination, social bias
Universal Health Coverage(UHC)	National health access, comprehensive health care
Low- and Middle- Income countries(LMICs)	Classified by the world bank, based on gross national income per capita