

Providing Sustainable Mental Health Care in Kenya

A Workshop - Villa Rosa Kempinski,
Nairobi

TRADITIONAL AND FAITH-BASED SERVICES

BY

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In Deus Nos Fides

Acknowledgement



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County Governments of Machakos and Makueni for the
open door policy

INTRODUCTION



- Traditional medicine is popular in rural communities who have little or no access to modern medicine.
- In Kenya, the healthcare system has grown as a result especially in terms of hospitals and dispensaries built.
- Despite this, the clinician:patient ratio is still extremely low relative to the population growth. This means that many health facilities in rural areas are overwhelmed due to understaffing.
- According to WHO 80% of people globally have access to traditional medicine.

TH's mode of treatment



- **Recognized:** history taking and use of medicinal herbs
- **Unrecognized:** Rituals, locally known as “*kuausya*”. The aim is to identify the source of this problem as well as warding off any evil spirits or acts of witchery.

AMHF Staff in a Traditional Healers' Shrine



SPECIAL ISSUE

Kenya Gazette Supplement No: 59 (National Assembly Bills No. 20)



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KENYA GAZETTE SUPPLEMENT

NATIONAL ASSEMBLY BILLS, 2014

NAIROBI, 22nd April, 2014

CONTENT

Bill for Introduction into the National Assembly—

	PAGE
The Traditional Health Practitioners Bill, 2014	2457

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THE TRADITIONAL HERBAL MEDICINE AND MEDICINAL PLANTS BILL, 2014

Traditional Healers' Bill in Kenya - 2014



- Traditional Health Practitioners Council of Kenya bill aims at regulating the practice of the TH in order to safeguard patients from unfit practitioners.
- Supports recognition of traditional healers and requires them to be registered and issued a certificate; otherwise they serve a jail term of three months or a fine of Kshs. 30,000 or both.
- This bill will thus govern their practices so as to eliminate any unforeseen malpractices in the sector

Reducing Mental Health Treatment GAP



- Ndetei et al. reports that there is no formal channel of cooperation between traditional healers and western-trained medical professionals
- An on-going study by AMHF funded by Grand Challenges Canada aims at creating dialogue among THPs and conventional health workers in delivering services to patients.
- These practitioners have been trained on using the mhGAP-IG, a standardized tool developed by WHO to assess priority mental conditions in LMIC.

Dialogue among Traditional, Faith Healers and Clinicians



Traditional and Faith Healers' training on mhGAP-IG



THE COMPLEMENTARY ROLE OF TRADITIONAL AND FAITH HEALERS AND POTENTIAL LIAISONS WITH WESTERN-STYLE MENTAL HEALTH SERVICES IN KENYA

David M. Ndetei*, Director, Africa Mental Health Foundation

Lincoln I. Khasakhala, Research Fellow, Africa Mental Health Foundation

Joyce Kingori, Program, Manager, BasicNeeds UK in Kenya

Alan Oginga, Research and Policy Officer, BasicNeeds UK in Kenya

Shoba Raja, Director, Policy and Practice, BasicNeeds UK in India

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THEMATIC PAPERS - TRADITIONAL HEALERS

Traditional healers in East Africa

David M. Ndetei FRCPsych

Professor of Psychiatry, University of Nairobi; Founder and Director, Africa Mental Health Foundation (AMHF),
email dmndetei@mentalhealthafrica.com
Paper presented at the Royal College of Psychiatrists' annual meeting, 10-13 July 2006, Glasgow, UK



Traditional healers and provision of mental health services in cosmopolitan informal settlements in Nairobi, Kenya

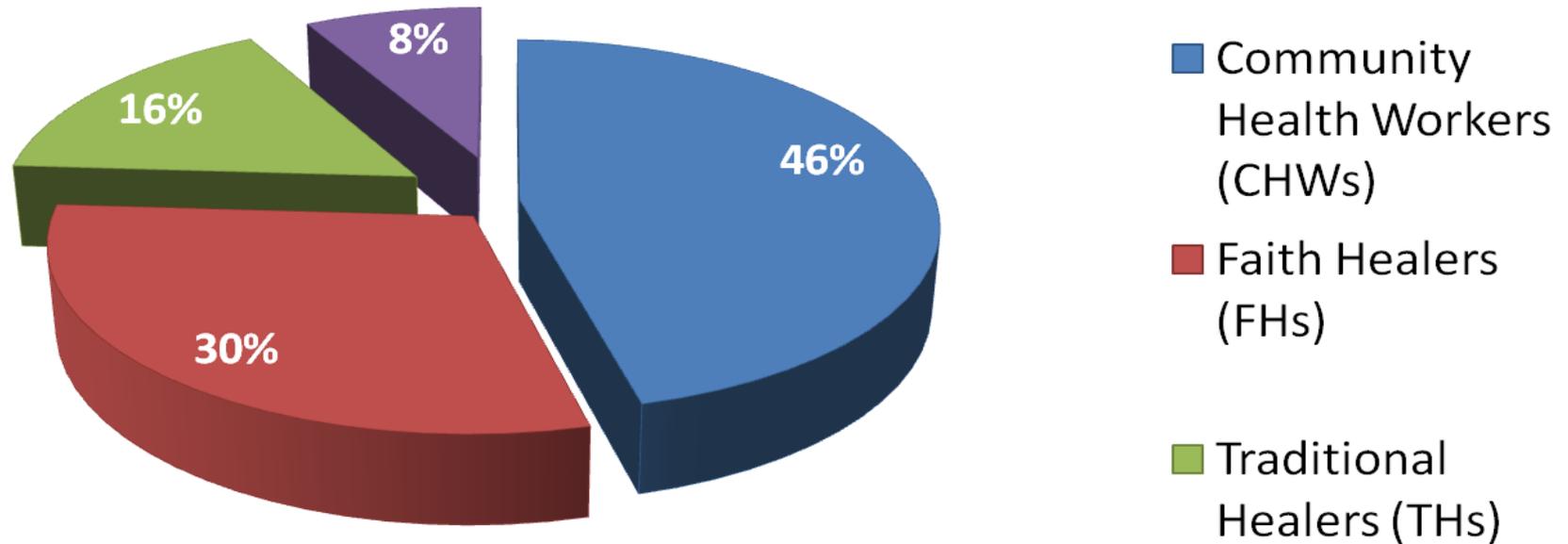
AW Mbwayo¹, DM Ndetei^{1,2}, V Mutiso¹, LI Khasakhala^{1,2}

¹Africa Mental Health Foundation, Nairobi, Kenya

²Department of Psychiatry, University of Nairobi, Nairobi, Kenya

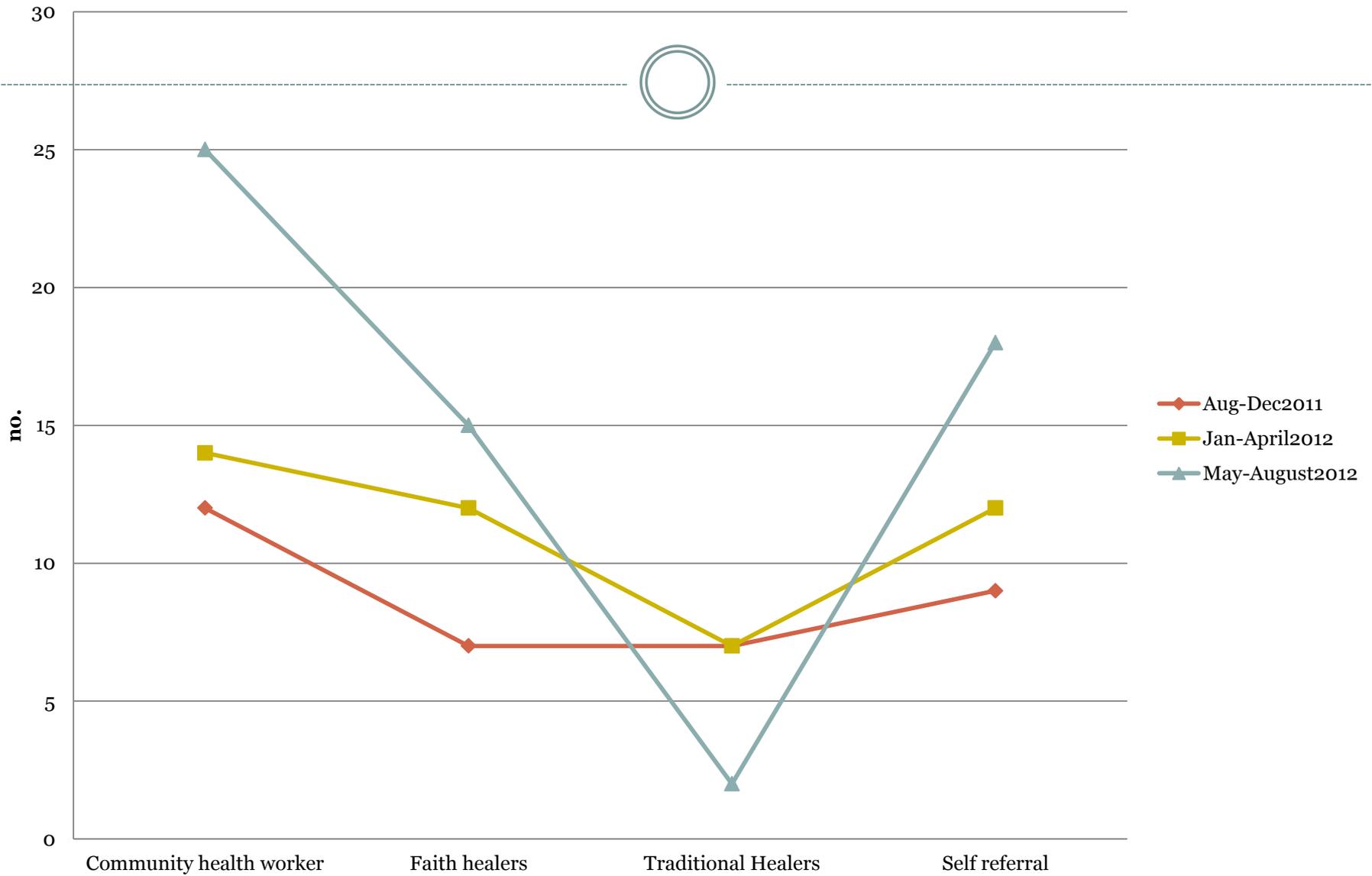
Some Results – 2010 – 2012 (Supported by IDRC)

Referrals from Lay Health Workers



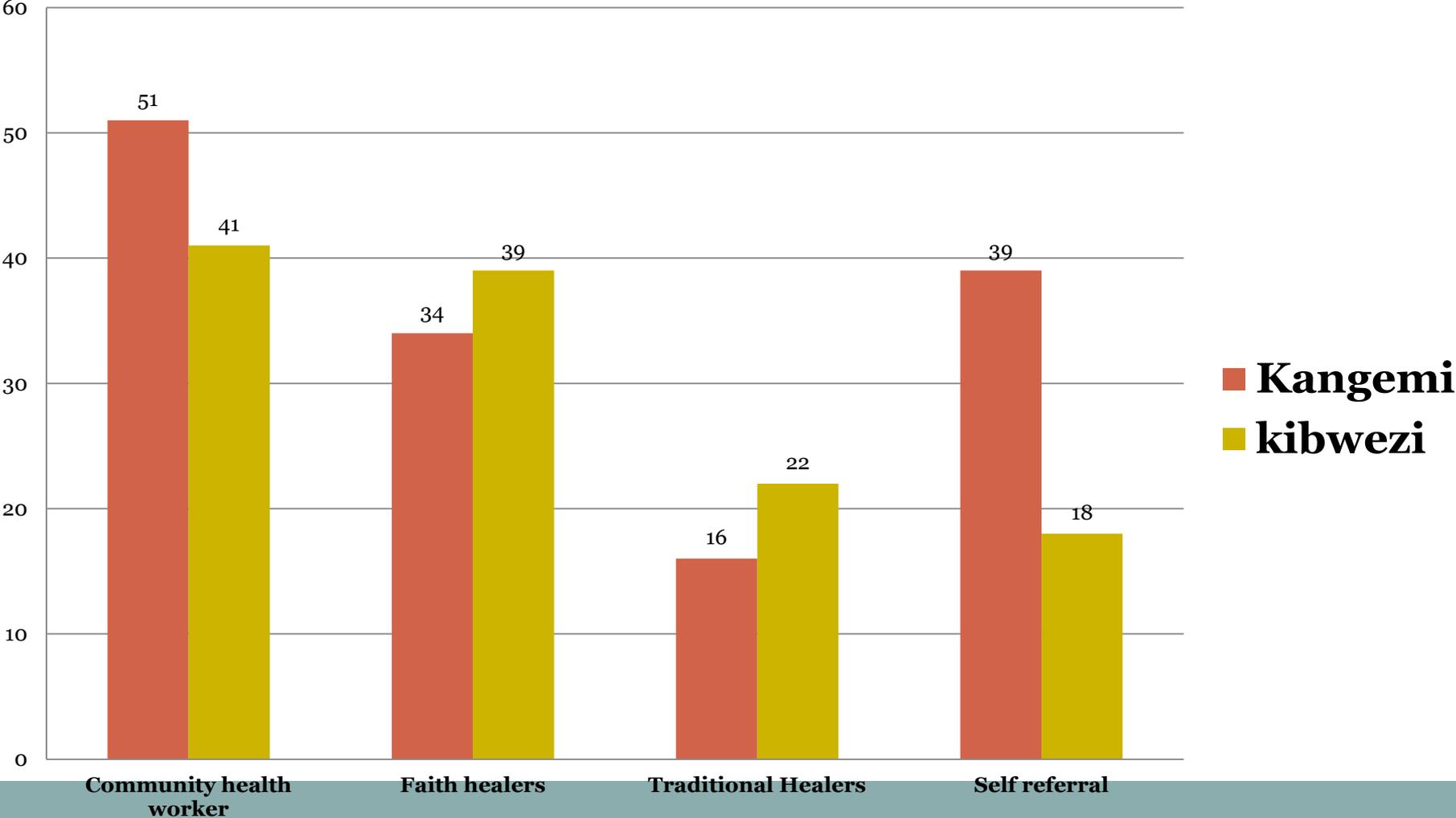
- **31%** of the referrals were confirmed to have some type of a mental illness
- **77.5%** of these self-reported improvement after 12 months of intervention using *mhGAP-IG*

Number of patients referred by lay health workers



Comparison of Referrals (Urban vs Rural)

Referrals by Lay health care workers (September 2011 to September 2012)



Functional Outcomes

On Medication	Gone back to work		
	Yes	No	Total
Yes	146	361	507
No	23	172	195
Total	169	533	702

Other Expected Outputs

- Community based Epidemiological Patterns of DSM-IV/ICD-10 Psychiatric Disorders in rural and urban slum settings in Kenya
- Prevalence and Psychiatric Co-morbidities of Posttraumatic stress Disorder in a rural and urban slum population in Kenya
- Prevalence and Psychiatric Co-morbidities of Psychotic Disorders in a rural and urban slum population in Kenya
- Patterns and Sociodemographic Properties of Stigma associated with mental illness in a rural area and an urban slum in Kenya

Stakeholder Engagement to reduce Mental Health Treatment Gap



Training of Nurses and Clinical Officers



Community Health Workers

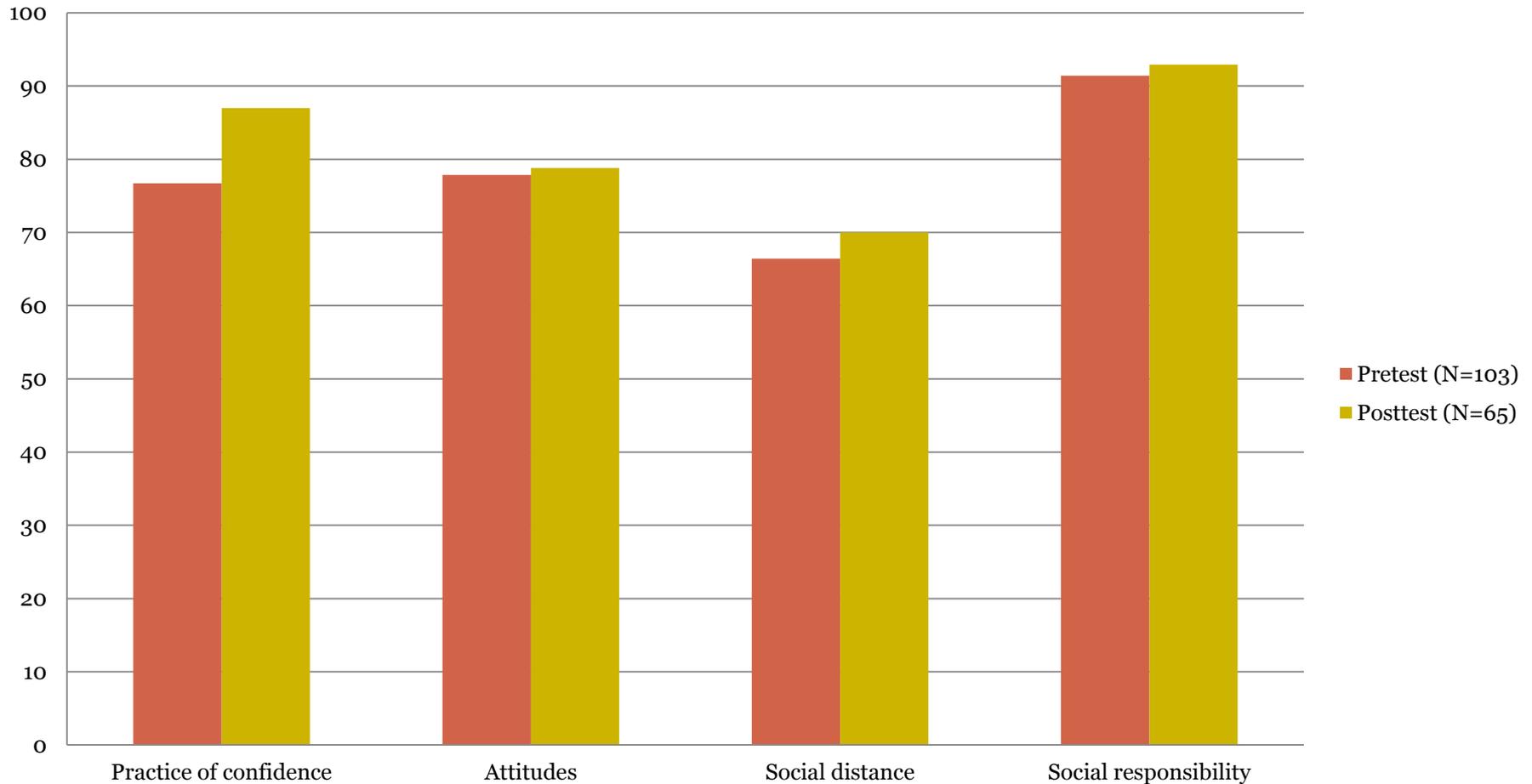


Traditional and Faith Healers



Pre and Post Training Evaluation

Changes before and after intervention



There was a change of 10.29%, $P=0.001$

Community Awareness to fight Stigma



Teachers



In Schools



Administration (Office of the President)



In Churches



Strengthening Defaulter Tracing







Minister for Health (Machakos County)



County Government Collaboration



Public Private Partnership - The Makueni County Government Case study

His Excellency, Governor (Makueni County)

Deputy Governor



Conclusion

- AMHF has demonstrated the feasibility of task sharing in mental health (in the spirit of policy engagement and policy influence)
- We are in the process of scaling up this model in the entire Makueni County where we started with one health facility
- Through its work, AMHF in collaboration with County governments is aligning itself to the WHO Mental Health Action Plan 2013-2020
- We are inviting other partners and collaborators for their inputs and contributions towards achieving this objective and reducing the treatment gap