

# Elements of a Demonstration Project

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# Introduction

- This draft is a foundation for discussion and dialogue
- We hope it will grow from the collective wisdom gathered from all of you

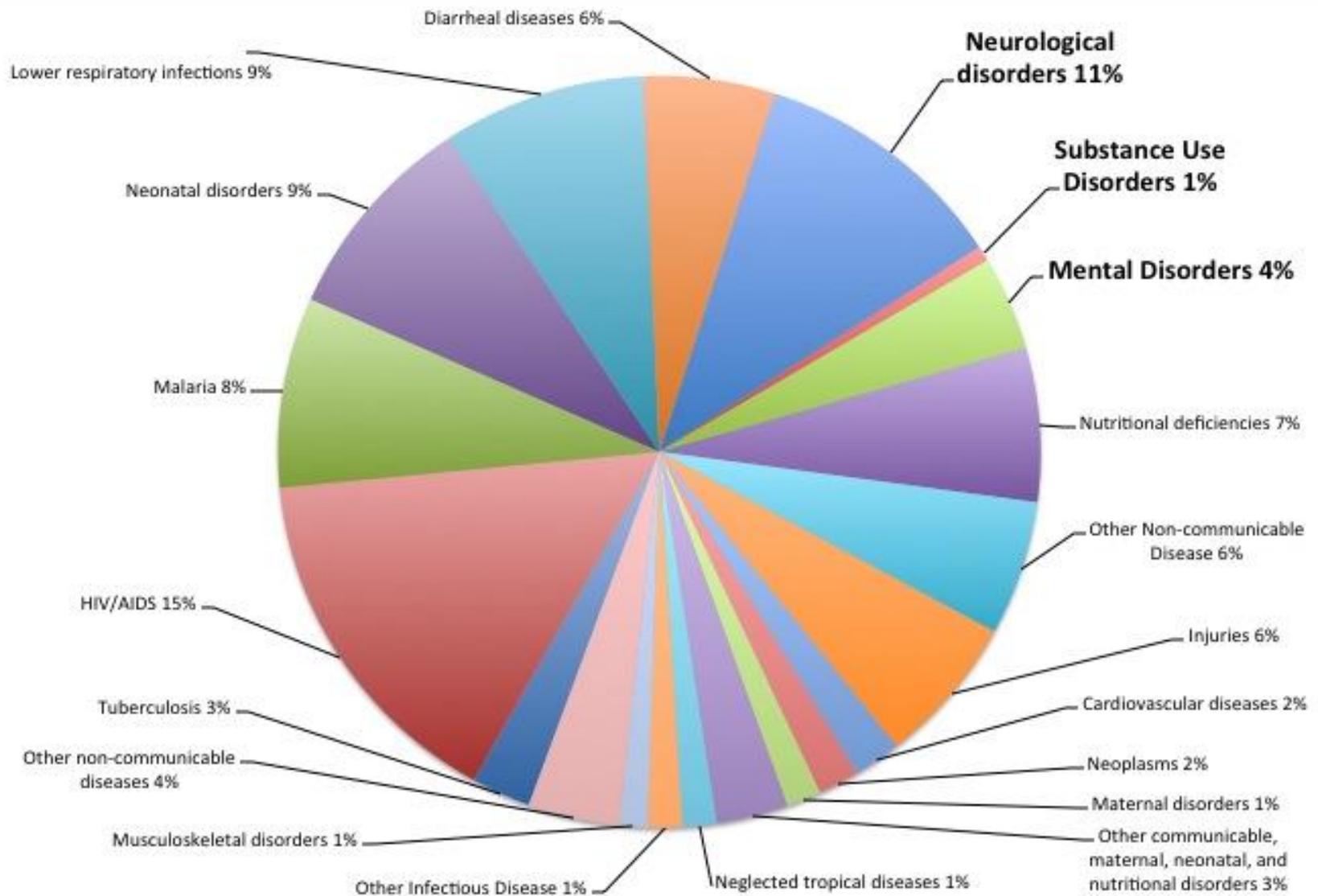
# Goal

- To develop sustainable access to health care for mental, neurological and substance use disorders in Kenya, and ensure that the right patients get the right care and treatment, at the right time, and in the right setting.

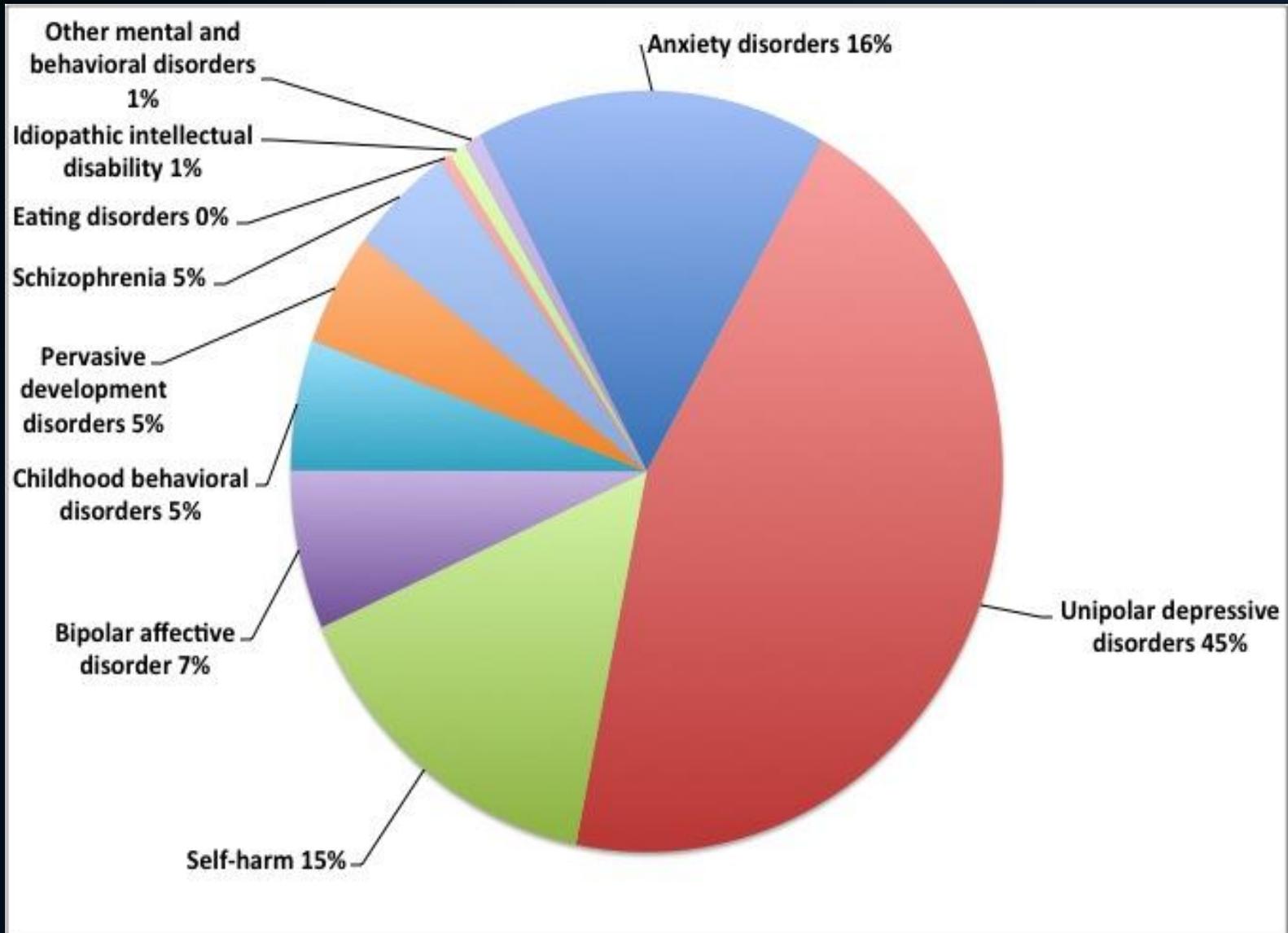
# Background

- Mental, neurological and substance use (MNS) disorders are a leading cause of burden of disease as measured using disability adjusted life years (DALYs) in Kenya

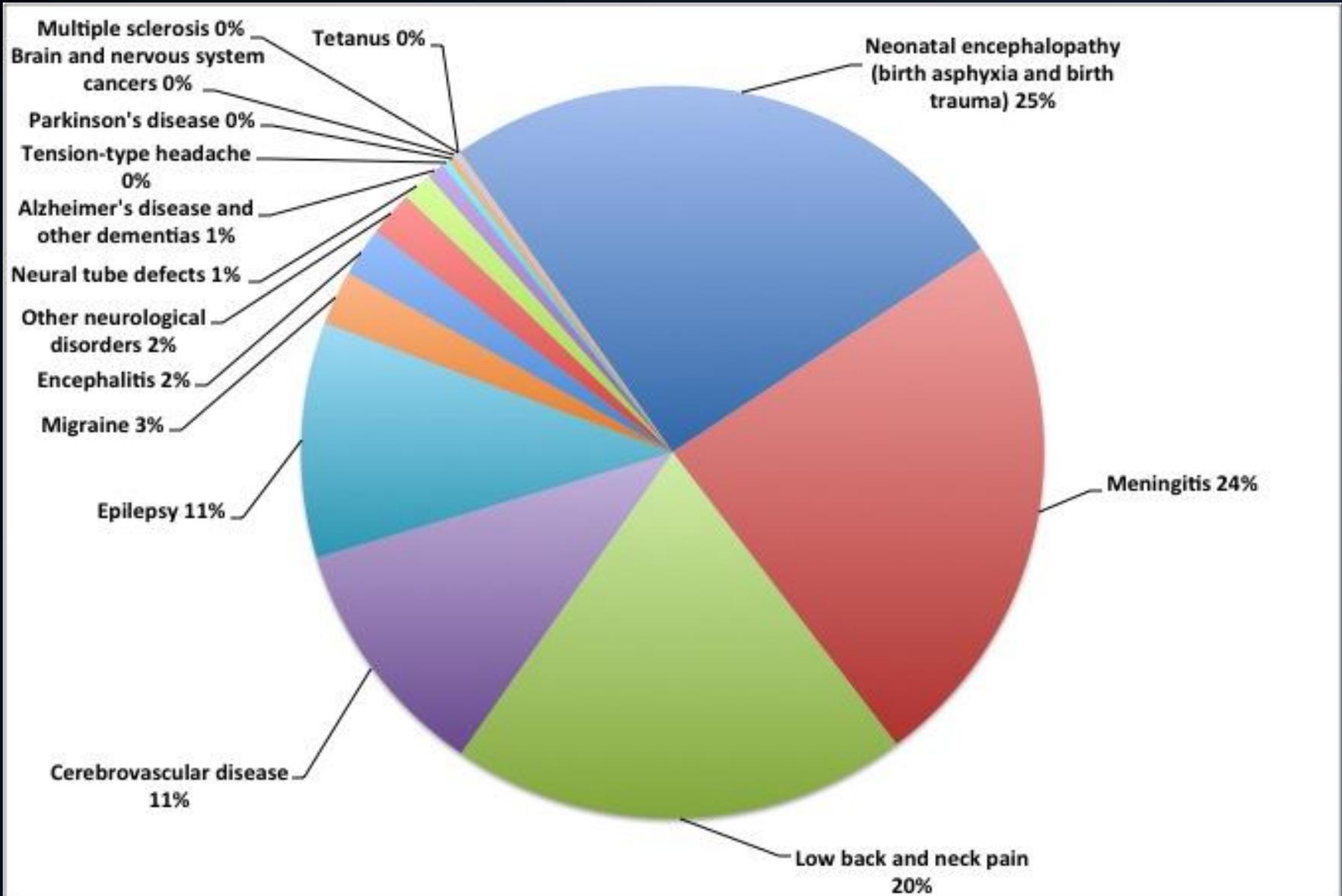
# Burden of Disease Kenya 2010



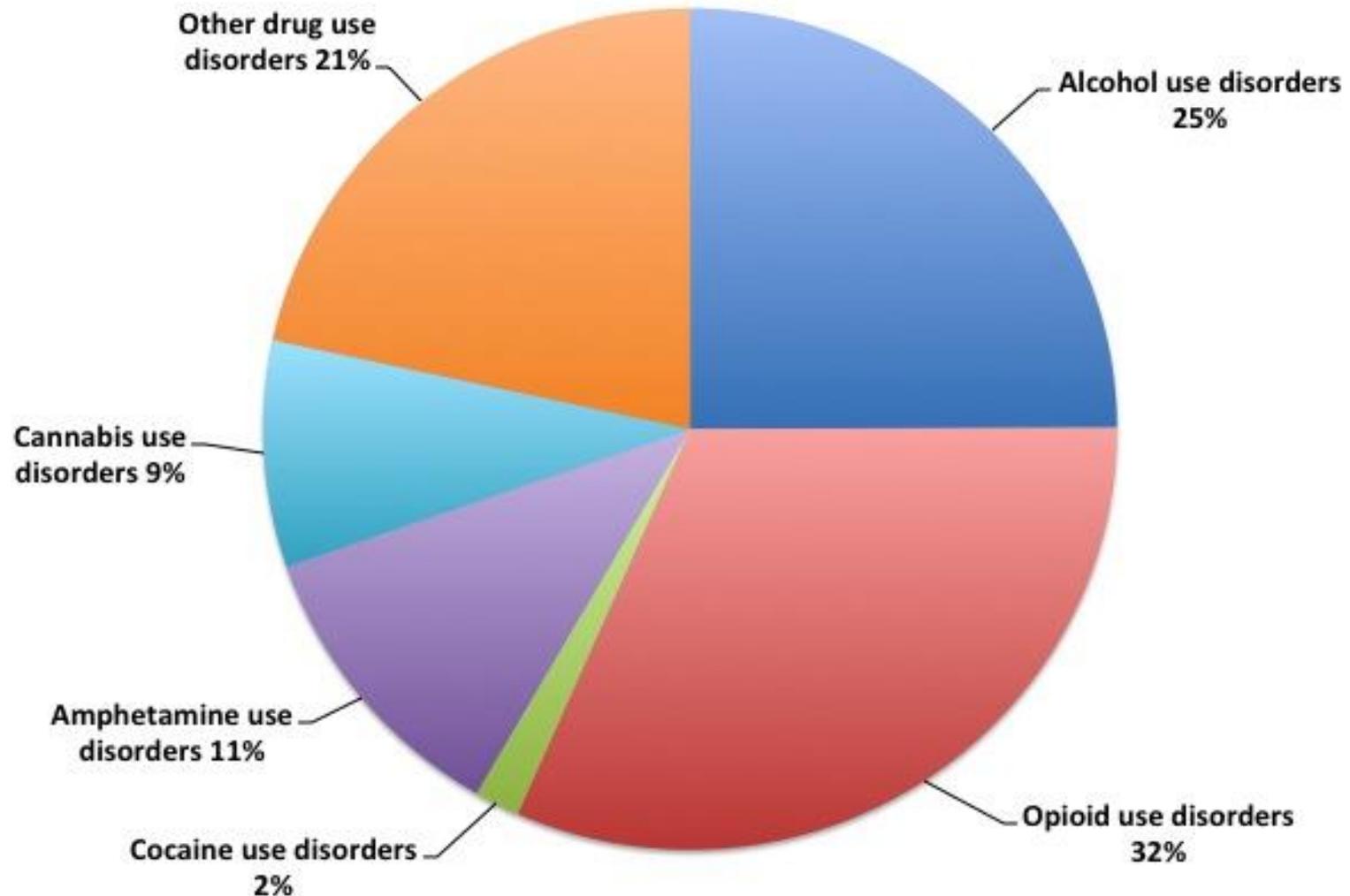
# Mental Disorders



# Neurologic Disorders



# Substance Use Disorders



# Rationale for selection of priority conditions

- Result in a high burden of disease in Kenya,
- Are not currently being addressed through other initiatives,
- Have existing evidence-based algorithms for diagnosis, treatment and care, and
- Synergies exist in developing community based interventions using lay people or non-specialist health workers for these disorders.

# Selected priority MNS conditions

- Depression
- Epilepsy
- Alcohol abuse

# Gaps and Challenges

- Shortage of resources
  - Human
  - Coordination of Health Systems
  - Essential Medications
  - Lack of epidemiologic and health systems data
- Stigma greatly limits access to care and decreases quality of life for individuals affected by MNS disorders.
- Need for collaboration with traditional and faith healers
  - Many patients attribute disease causality and pathology to a spiritual dimension.

# Key components of program

- A decentralized stepped care approach to care that is evidence based and locally relevant
  - Strengthen referral networks including community based referral, partnerships with traditional and faith-based healers
  - A supportive supervisory framework and referral pathways, including adequate numbers of specialists in MNS disorders

# Key components of program

- Promoting health literacy and community engagement through a model of social inclusion, self-help and human rights for MNS disorders
- Strengthen existing infrastructure for distribution of essential drugs
- Strengthen and expand existing information systems infrastructure for MNS disorders

# Program Duration and Phases

- 4-year demonstration project
- Phase 1: Planning phase (Year 1)
  - Work closely with key stakeholders including the Ministry of Health to develop:
    - a learning curriculum
    - implementation plan

# Program Duration and Phases

- Phase 2: Implementation Phase (Years 2 & 3)
  - Implement clinical services for mental and neurological disorders in two counties.
- Phase 3: Evaluation Phase (Year 4)
  - Evaluation of program objectives
  - Transfer of ownership to the Kenya Ministry of Health.

# Phase 1: Planning

- Implementation Plan
- Identify key stakeholders
- Identify implementation site; consider partnership with DHSS
- Resource mapping
- Identify core outcome variables
- Establish a County Centre of Excellence for Training and Care including training of advanced providers

# Centre of Excellence for Mental and Neurological Disorders

- Dedicated Staff:
  - 1 Clinical Officer/Coordinator
  - 3 Nurses
  - Data Clerk
  - Information Technology
- Activities:
  - Mental and Neurological Specialty Clinic
  - Data Collection and Analysis
  - Ongoing Supportive Supervision to the County

# Phase I: Planning

- Innovative Training Models:
- Adapt mhGAP materials to a self-learning format that incorporates adult learning principles
  - Small group format
  - Bedside teaching
  - Skills sessions
  - Self-learning using interactive text
- Accreditation of Training Program (CME)
- Ongoing supportive supervision from mobile teams
- Limited sit-down trainings focused on CHWs

# Phase 2: Implementation

- Begin training primary health care providers and community health workers
- Begin implementation of services at the primary care level
  - Year 2: start in first county
  - Year 3: start in second county

# Services at Primary Level

- Activities:
- Training of all primary care staff
- Ongoing Supportive Supervision from Centre of Excellence staff
- Coordinate linkages with community health workers, traditional and faith healers and referral centers
- Data Collection

# Services at Community Level

- Dedicated Staff:
- 10 Lay counselors
- Activities:
- Training of community health workers
- Ongoing Supportive Supervision from dedicated staff
- Linkages with primary care level
- Community Engagement and Stigma Reduction

# Health Systems Strengthening

- Strengthening human resources at the consultant level
  - Promote training of psychiatrists and neurologists
- Strengthening infrastructure for distribution of essential drugs
  - Rational use guidelines/National guidelines
  - Developing demand
- Strengthen and expand existing information systems
  - Partnership with Ministry of Health
  - Partnerships with DHSS, KDHS, KAIS

# Phase 3: Evaluation

- Continue to provide clinical care
- Transfer management to Ministry of Health
- Final evaluation of outcomes

# Structure and Oversight

- Lead organization
  - Subcontracts for specific activities
- Convene a board comprised of key stakeholders, partners, and sub-awardees
- County team to oversee day-to-day activities
  - County Health Management Team
  - Health Management Board
  - Community Leaders
  - Other stakeholders

# Challenges to Implementation

- Ensuring this is integrative and not parallel to existing services
- Impact of devolution which is occurring at different rates in different counties
- Others?

# Acknowledgements

- Institute of Medicine