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The Relationship between Integration of Mental Health Services in Primary Health Facilities and Access to Mental Health Services in Kiambu and Makueni Counties, Kenya

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ABSTRACT

Whereas the Kenyan Government has made progressive efforts towards improving mental health services in the country, such as the launch of the mental health policy 2015-2030 and the launch of the mental health action plan 2021-2025, there is still a high unmet need for mental health services in Kenya. The current service statistics indicate that Kenya has 120 psychiatrists. This number is low, given that the Kenyan population is estimated to be over 50 million. Besides, most psychiatrists tend to concentrate in urban areas, making them not easily accessible to the rural populace. Worse still, there is little documentation of mental health services at the county levels at a time when access to health care has been devolved to Counties in Kenya. This study, therefore, examines how integration of mental health services in primary health care facilities can enhance access to mental health care and treatment in Makueni and Kiambu Counties, Kenya. The study adopted a cross-sectional survey design. The target group was healthcare providers from Kiambu and Makueni primary healthcare facilities. The Yamane formula was used to calculate the sample size of 179 healthcare facilities as a unit of analysis. Two health practitioners were selected in each health facility, yielding 358 respondents. Respondents were clinical officers and nurses who directly interacted with patients in primary health facilities. A structured questionnaire was used to collect data from members of healthcare providers. Data collected was checked for completeness, cleaned, coded, keyed in, and stored in the SSPS version 25. A binary logistic model was then fitted into the data. Results of the analysis indicated that the integration of mental health services is a significant predictor of access to mental health services in primary care health facilities in Makueni and Kiambu Counties.

Keywords: Mental Health, primary health care, primary care facilities, Integration

1. Introduction

Mental illness remains to be a major global public health issue (WHO, 2022). According to WHO (2022), about 450-500 million individuals worldwide suffer from a mental ailment, which can contribute up to 14% of the world's disease burden. In primary health care (PHC) settings, up to 70% of patients with mental health (MH) are followed up.

Global initiatives have been undertaken to reduce the prevalence of mental illnesses. The creation of the Mental Health Gap Action Programme (mhGAP) guideline for mental, neurological, and substance use disorders and formulation of the "Comprehensive Mental Health Action Plan 2013–2030" aims at improving mental health by strengthening effective leadership and governance, providing comprehensive, integrated and responsive community-based care, implementing promotion and prevention strategies, and strengthening information systems, evidence and research (WHO, 2023).

In Kenya, mental illness is a significant health burden. According to MOH (2020), 1% of the general population in Kenya has mental-related illnesses. In 2019, the president of the Republic of Kenya declared mental ill health as a national health emergency (MOH, 2020). Consequently, national initiatives have been undertaken to address the threat posed by mental illness. These include The Constitution of Kenya 2010, Vision 2030, and the Kenya Health Policy (2014- 2030), aligning with global mental health commitments. The Constitution of Kenya 2010, in article 43 (1)(a), provides that "every person has the right to the highest attainable standard of health, which includes the right to healthcare services" (MOH, 2020).

Whereas mental ill health has been recognized as a national health emergency in Kenya, treatment and care of mental illness are far from being fully integrated into primary healthcare facilities in Kenya. The current statistics indicate that only 29 of the 284 hospitals in level four and above offer mental healthcare services in Kenya, with Mathari National Referral Hospital serving as Kenya's sole referral for such services (Office of the Auditor General, 2018). This scenario demonstrates that access to mental health is not fully mainstreamed in primary health care facilities, although MOH,2020 recommends that mental health be decentralized to primary health care in Kenya.

1.1 Purpose of study

The purpose of this study is to determine the influence of the integration of mental health services in primary healthcare facilities on access to mental health services in Kiambu and Makueni Counties, Kenya.

2.0 Review of literature

Globally, the treatment of mental illnesses has been hampered by the significant scarcity of psychiatric nurses, psychiatrists, social workers, and psychologists (World Health Organization, 2022). Most mental health workers tend to be concentrated in urban areas, leaving very few mental health workers in rural areas. (Meyer & Ndetei, 2016).

According to the WHO Mental Health Treatment Gap Action Program (mhGAP), low-income nations, particularly those in sub-Saharan Africa, Asia, and Latin America, are bearing the brunt of the global acute shortage of healthcare personnel. It is also difficult to estimate the number of specialists involved in delivering care for people with mental issues in Kenya (Kenya Mental Health Policy, 2015-2030). Geographically, there is a considerable gap between what is available in rural and urban areas. About 70% of the Kenyan population lives in rural areas. This inconsistency is also replicated in mental health services (Kumar et al., 2022). Most private facilities in significant urban centers and referral private hospitals offer specialized psychiatric care. In countries like Nepal, poor human resource distribution makes it difficult to deliver mental health care. For instance, there are supposedly only 27 psychiatrists in the nation. Because of the unequal geographic distribution of services, only urban areas can access mental health facilities, leaving rural areas without such facilities. Most people with mental health issues choose to see traditional healers (Dixon, 2006).

In South Africa, little emphasis is placed on mental health. Therefore, patients do not get the attention they require from these facilities. Many nurses lack the knowledge and abilities to recognize and treat mental health disorders, and they frequently have unfavorable views about those who suffer from mental illness. This results in the delivery of services that are frequently insufficient and subpar (Kigozi-Male et al., 2023).

3.0 Research Methodology

The study employed a cross-sectional survey design. The study focused on healthcare practitioners at levels 2, 3, and 4 in Kiambu and Makueni Counties. Using Tara Yamane's (1973) formulae, 179 facilities providing primary health care in Kiambu and Makueni counties arrived. A simple random sampling design was used to select two healthcare providers from each of the 179 health facilities sampled. Thus, the study sample was 358 healthcare workers. Structured questionnaires were then administered to the 358 health workers. Descriptive and inferential statistics, including frequencies, percentages, and logistic regression, were generated using SPSS software version 25.

4.0 Results and Discussions

This section presents the results of the analysis. Analysis was done through descriptive statistics and inferential statistics. Section 4.1 presents descriptive statistics, while section 4.2 presents the inferential statistics.

4.1 Descriptive statistics on integration of mental health services in primary health care facilities.

Figure 1: shows the results on mental health integration in primary care health facilities

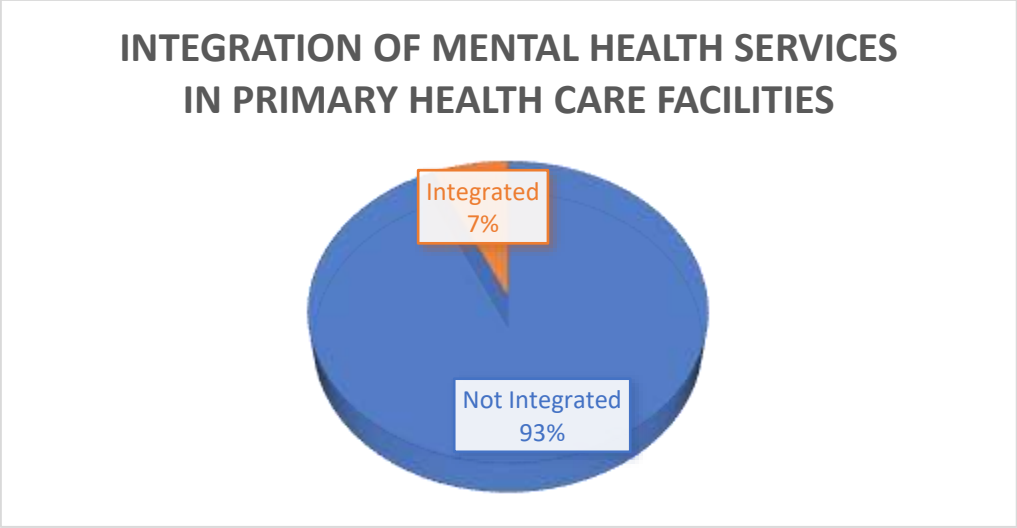

Figure 1: Mental healthcare integration in primary healthcare facilities

As shown in Figure 1, the majority of the respondents (93%) indicated that primary care facilities had not integrated mental healthcare services. The results agree with the auditor general report (2018), which stated that only 29(10%) of the 284 hospitals in level four and above offer mental healthcare services in Kenya. This demonstrates that mental health care has not fully integrated into Kenya's primary facilities. Mental healthcare was provided at higher-level facilities within the counties, with minimal structures at primary care facilities. In addition, studies have also indicated that in Kenya, no county has a stand-alone policy on mental health services or a dedicated budget for mental healthcare (Kwobah et al., 2023).

4.2 Regression Results

Binary logistic regression was run to determine the influence of the integration of mental health services on access to mental health care in primary care facilities in Kiambu and Makueni counties, Kenya. The results are presented in Tables 1, 2, 3, and 4.

Table 1: Omnibus Test of the Model Coefficient

	Chi-square	df	P-value
Step1	23.227	3	0.001
Block	23.227	3	0.001
Model	23.227	3	0.001

Omnibus test of model coefficients tests whether the logistic regression model is fit for prediction. As shown in Table 1, the p-value of the model as a block was $p<0.01$, which indicates that the model was fit for use in prediction.

Table 2: Model Summary

-2 Log likelihood	**Cox & Snell's R Square**	**Nagelkerke's R Square**
121.039a	0.247	0.494

As indicated in Table 2, when all other factors are held constant, mental healthcare integration would account for approximately 49.4 % of the variation in access to mental healthcare in Makueni and Kiambu Counties.

Table 3: The Hosmer & Lemeshow's Test

Chi-square	**df**	**p-value**
0. 328	3	0.545

In a binary logistic regression, the Hosmer and Lemeshow test is also used to measure the model's suitability. The null hypothesis tested is that the model is appropriate against the alternative that the model is not fit. As per the results presented in Table 3, the chi-square results were $\chi^2 = 0.328$, $p=0.545$. Thus, we failed to reject the null hypothesis. This implies that the model fits this study and possesses significant predictive ability. It was concluded that the model is appropriate for this study.

Table 4: Variables in the Equation

Variable	**B**	**S.E.**	**Wald**	**P-Value**	**Odds Ratio**
Integration of mental health services in primary care facilities					
Integrated (RC)					1.000
Not Integrated	-0.459	0.317	2.096558	0.001	0.632

As shown in Table 4, mental healthcare integration turned out to be a significant predictor of access to mental healthcare in Makueni and Kiambu Counties. Access to mental health care was 0.632 times lower in facilities that had not integrated mental health care in their service when compared to those that had integrated mental health services in their service delivery. The results were significant at the 5% level. The results are expected since integrating mental health into primary healthcare facilities entails increasing the number of staff with knowledge on the provision of mental health care, increasing infrastructure to support mental health care, and increasing advocacy for mental health access. All these, in turn, are likely to improve mental health access. The results correlate with the auditor general's findings in Kenya(2018), which confirms that mental health has not been adequately integrated into general hospitals in Kenya.

5.0: Conclusion and implications for policy

The findings of this study indicated that integrating mental health care into primary healthcare facilities improves access to mental-related health care in Kiambu and Makueni counties. Integration of mental healthcare was significantly associated with increased odds of access to mental health services in

Makueni and Kiambu counties of the Republic of Kenya. Based on the findings of this study, the recommendation contained in the Mental Health and Wellbeing: Towards Happiness and National Prosperity (2020) taskforce report that mental health services

need to be decentralized to the primary health care level needs to be emphasized in Kenya's health sector. This is because, the results indicated that mental health services were far from being fully integrated into the primary health care. Besides, the study found a strong and significant relationship between the integration of mental health care services and access to mental health care in primary health care facilities.

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