

MENTAL HEALTH SERVICES IN KENYA¹

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Kenya is one of the East African countries situated on the equator. It has an area of 500,000 sq. km. and had a population of over 15 million (1979). It has one of the highest rates of population growth in the world (4 per cent).

Basically, southern Kenya is rich agricultural country and Kenyans grow a number of cash crops, such as, tea, coffee, maize, pyrethrum, cereals etc. It has also a well developed industrial infrastructure and almost all commodities for local use as well as export are produced. Tourism is an efficient and well organised industry and is second only to agriculture in earning Kenya's foreign exchange. People from all over the world come here to see the Kenyan well preserved wild-life, scenic land and enjoy the temperate climate. One can travel from sea-level to snow-capped mountains and enjoy all types of weather. Sandy and safe beaches and our marine national parks are envy of many countries.

Since independence in 1963, the medical services have been expanded to meet the needs of our people 80 per cent of whom live in the rural areas. In every part of Kenya, a health centre or dispensary with a qualified clinical staff are available to her subjects within an easy travelling distance. District and provincial hospitals are manned by general physicians and specialists. Facilities at the provincial hospitals can cope with almost all medical emergencies. Very

few patients have to be referred to the Kenyatta National Hospital (K. N. H.), the country's main referral and teaching hospital in Nairobi. At K. N. H. all advanced therapies are available. The medical school is attached to this hospital.

Psychiatric services have been expanding rather slowly mainly due to lack of trained staff and money but the schools medical and nursing, are endeavouring to train students to meet the national needs of our manpower requirements. Recently, we have been able to train more than a dozen psychiatrists in the U. K. who are now returning to accept the challenge of providing psychiatric care to the people in the provinces.

The mental services will be briefly described.

MATHARI HOSPITAL, NAIROBI

Mathari is the only mental hospital in Kenya and is situated on the outskirts of the Kenyan capital. More than seventy years ago in 1910, a smallpox isolation centre was converted into Nairobi Lunatic Asylum. During the First World War, Mathari admitted insanes, from the various African troops who fought the war on this continent for Britain. Records at Mathari hospital show an admission dating back to 1910. No written records exist of earlier years but it is a common knowledge that the 'hospital' admitted mainly the Africans and a few Indians. The European insane were

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admitted to Mathari in a small unit while waiting to be repatriated to their countries for further care. The treatment was invariably of custodial nature.

Until independence in 1963 and for a short period thereafter, the psychiatrists and the senior personnel deployed at Mathari hospital were Europeans. There were no Kenyan psychiatrists in the whole psychiatric service. In 1964, the President proclaimed free medical and psychiatric treatment for all the nationals. This was, indeed, a turning point in the medical care which was, hitherto a service for those who could afford it. It may be inferred, therefore, that the Government had realised that psychiatric disorders were treatable conditions and deserved a place in the free medical facilities in Kenya (Muya & Muhangi, 1976; Muya & Acuda, 1981).

In consultation with the psychiatrists, the senior officials at the Ministry of Health headquarters have been formulating a comprehensive mental health policy. This policy is based on the following principles: (a) all psychiatric disorders are treatable, (b) every citizen is entitled to satisfactory psychiatric care, if he needs it, (c) mental health services should keep abreast with the overall development of the country and (d) untreated psychiatric morbidity results in a serious loss of productivity and that as many as 25% of the patients attending hospitals, clinics, G. P. surgeries may primarily have a psychiatric disorder.

GILGIL EXTENSION

A former military base at Gilgil-a town about 115 km from Nairobi was acquired by the Ministry of Health and converted it into an "overflow unit" in 1966. It remains as an extension of Mathari hospital and has about 480 beds. Administratively, it remains a part of Mathari hospital and contains almost exclusively refractory long-stay patients.

PROVINCIAL HOSPITALS AND PSYCHIATRIC UNITS

At present, according to the accepted policy of decentralisation of mental health services, each province would have a 22-bed psychiatric unit attached to the multi-disciplinary provincial hospital. The psychiatrist based at such units would not only treat in-patients but would also conduct outpatient clinics locally. They are also expected to participate in the teaching of the paramedical staff, visit the district hospitals and advise the local administration on the mental health policies.

Out of 8 provinces in Kenya, the following psychiatric units have been established and some of them have qualified psychiatrists running these services.

Province	Hospital	Psychiatric Unit	Psychiatrist
1. Rift Valley	Nakuru	22 beds	Yes
2. Central	Nyeri	22 beds	Yes
3. -do-	Muranga	22 beds	No
4. Eastern	Machakos	22 beds	Visiting from Nairobi.
5. Western	Kakamega	22 beds	Yes
6. Coast	Mombasa	22 beds	Yes
7. Nyanza	Kisumu	22 beds	Yes
8. Nyanza	Kisii District Hospital	22 beds	No

Mathari hospital remains the hub of the psychiatric services. Its catchment area is virtually the whole country! Patients may have to be brought from home, a distance could well be over 700 km. Therefore, the patient is absolutely 'cut off' from his relatives and friends. The latter cannot afford an expensive trip to Nairobi and even if the patient is discharged he remains in the

hospital for weeks for lack of transport and money. The plight of children and women is very serious due to the long absence from their families and familiar environment.

DEVELOPMENT WITHIN MATHARI HOSPITAL.

The government is committed to modernising this old institution which has outlived its usefulness. It was originally intended to offer the custodial care to the insanes. The first phase of the development was curiously a maximum security unit (MSU) which was designed to admit and care for the criminal insanes or abnormal offenders. In view of an extremely slow turnover of its patients, the MSU is already crowded and has no place for new cases. The latter remain in prison awaiting psychiatric assessment

and reports. Waiting list in prisons is 191 (Nairobi only).

INPATIENTS AT MATHARI HOSPITAL.

The official bed strength designated to Mathari-Nairobi is 1100, but the actual number of patients often exceeds this figure, thus, there is some overcrowding. The situation at Gilgil extension is almost identical.

A psychiatric ward at the teaching hospital is being set up soon. This would be used for teaching and admitting patients who could be conveniently managed, in a general hospital environment, in an open ward.

OUTPATIENT SERVICES-NAIROBI

Regular outpatient clinics are held at Mathari and Kenyatta National Hospitals. Both hospitals deal with about

Table shows the number of qualified staff at different health units

Place	Specialists (1983)	Registered nurses (1983)	Average daily inpatients (1983)	Other Staff (1983)
1. Mathari Hospital, Nairobi	6	64	1000	15 other doctors (Registrars M. Os, S. H. Os) 161 enrolled nurses
2. Mathari-Gilgil extension	0	12	481	35 enrolled nurses
3. University Dept., Nairobi	6	—	—	—
4. Provincial Unit, Machakos	0	2	31	In addition Provincial Units have about eight enrolled nurses
5. —do— Nyeri	1	3	39	
6. —do— Muranga	0	2	34	
7. —do— Nakuru	1	2	39	
8. —do— Kakamega	1	3	45	
9. —do— Mombasa	1	3	62	
10. —do— Kisumu	1	3	14	
11. —do— Kisii	0	2	5	

110 or more outpatients weekly but the former sees the psychotics whereas the latter deals predominantly with the non-psychotics. Child psychiatric clinic, psychological assessment clinic for the evaluation of the mentally retarded children, family-marital therapy and students clinics have also been started recently in Nairobi.

PROVINCIAL UNITS

Until 1982, only four provincial units had qualified psychiatrists who were managing the grossly overcrowded wards with more than 60 patients instead of the official figure of 22. They could barely cope with their weekly outpatient clinics. The nursing staff are frequently overworked in these centres and they bear the brunt of managing so many patients.

Kenya has a satisfactory infra-structure of psychiatric services but most of the specialists and special clinics are

concentrated in Nairobi. There is a deficiency in providing mainly the following facilities, especially in the provinces: (a) assessment of children with emotional disorder (b) management of drug and alcohol abusers (c) walk-in clinics, (d) psychotherapy, groups or behaviour therapy (e) mobile clinics to reach the rural health centres. However, the mental health planners are aware of these shortcomings, but efforts are being made and priorities are being worked out to improve the quality and extent of our service to the needy.

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