# Exploring the Barriers to Mental Health Care and Mitigation Strategies in Kenya

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## ABSTRACT

Barriers to mental health care globally remain a health concern, however, these are more pronounced in low- and middle–income countries. The prevalence of mental illness is approximately 10%. A gap exists between the need or demand for mental health services due to a set of barriers that limit access. Based onthis gap, this paper aims to explore barriers to mental health services, treatment and services sought. This might contribute to mitigating them. The barriers include inadequate funds, poverty, stigma attached to mental health conditions, lack of faith in mental health services, high cost of medication, poor awareness, socio-cultural and religious influences and inadequate mental health facilities. These barriers have been shown to affect mental health. After decades of neglect, recent efforts by governments such as in Kenya to address barriers to mental health can demonstrate the growing importance of this issue. Evidence shows that barriers to mental health impacts on mental health in Africa, moreso Kenya and demonstrates that there is need for more contextual awareness and research in this area in Africa to mitigate potential mental health crises in the near future. It is important that institutions and governments in Africa, Kenya to begin paying attention to this emerging threat to the health of the population.

## INTRODUCTION

The World Health Organization (WHO) defines mental health as a state of well being in which individuals realize their own capacities and can cope with life stressors and contribute positively to the society (WHO, 2013). According to WHO, mental health is an integral component of health including different aspects of activities which are directly related to promotion of well being, prevention of mental disorders and treatment as well as rehabilitation of mentally disordered people (Glderis et al; 2017)). Positive mental health includes emotion, cognition, and social functioning and coherence. (Coombs, C.N.,Wyatt, E. 2021)

Mental health determines the health of individuals overally and directly influences development of a country both socially and economically. It influences a variety of outcomes for individuals and communities such as healthier lifestyles, better physical health, improved recovery from illness, fewer limitations in daily living, higher education attainment, greater productivity, employment and earnings, better relationships with adults and with children, more social cohesion and engagement and improved quality of life (Whtney, D. G.,and Peterson, M.D., 2019).

Increasing health and socio-economic burden of mental illness and disorders have become a major concern in both developed and developing countries. Globally it is estimated that more than 450 million people suffer from mental illness or behavioural disorders and one in four families has at least one member with a mental disorder (Aguwa, C. 2022). For example, in the United States of America, one in five people face mental health challenges every year with effects that ripple across every area of their lives. Although high

quality treatment can help mitigate those effects less than half of people who need care actually get it due to persistent barriers to mental health treatment. This low utilization of mental health services means many people are left untreated, raising the risk that their symptoms will get worse and their quality of life will diminish.

Globally mental health illness affects more than 25% of all people during their lifetime. Issues of mental health are increasing worldwide and the causes vary and are many. Many young people today are vulnerable as they meet challenges which they are unable to cope with and in many cases, leading to mental breakdown. According to Sankoh O., Sevalie S., Weston M. (2018), mentally ill people often lack access to education, health care and opportunities to earn a decent living, which limits their chances of economic development and deprives them of social protection and recognition within the community. They often have their human rights violated, including being subjected to unhygienic and inhuman living conditions, physical and sexual abuse, neglect, social isolation as well as stigma and discrimination in health care facilities, in homes and the community at large (Wainberg, M.L. 2017).

According to the WHO Mental Health Atlas 2014-2015, only 36% of the people in low – income countries have mental legislation which suggests there is need to improve mental health and reinforce mental health systems, especially in low-income countries (Ali & Agyapong, 2020). Worldwide there has been emphasis on mental health, mental disorders which are among the major burdens that lead to disabilities and unemployment with the estimated prevalence rate of 37% (Mojtabai et al., 2010). Other far reaching effects are shorter life expectancy, lost income and lower overall life satisfaction. Despite an increase in mental disorders, studies have documented that only 32% of people worldwide utilize community intervention facilities. About ¾ of those with mental disorders mainly in low- income countries have no access to treatment. A gap exists between the need or demand for mental health services and their utilization due to a set of barriers that limit access. Mental disorders constitute a mammoth global burden (Cage, 2020). Lack of access to and utilization of mental health services remain particularly prominent in the low-income countries and Kenya is not an exemption (Demyttenaere et al., 2004, Jack- Ide and Uys, 2013., Ali and Agyapong, 2020). Studies have indicated that 30% of countries worldwide do not have a budget for mental health at all. Sub-Saharan Africa has been hit most by this problem. The National budget spent on mental health services remains low (Abdel-Hady, D. 2022).

## BARRIERS TO MENTAL HEALTH CARE

Mental disorders continue to increase, and these disorders remain poorly understood mostly in developing countries (Wittchen et al., 2003; Wainberg et al., 2017; Alloh et al., 2018). Studies found that mental disorders are less prioritized in most of developing countries in terms of policies, health services, and research, and only 36% of people with mental disorders are covered in developing countries while 92% of people are provided mental health services in developed countries (Glderisi et al., 2010, Abdelgadir, 2012). In some countries, mental health services and resources are available but they are not accessed as it could be due to different factors such as stigma, poverty, and discrimination towards patients with mental health conditions. This discrepancy may affect the access to mental health services and may worsen mental health disorders of the patients (WHO, 2019, Abdelgadir, 2012, Thyloth and Singh, 2016).

Recent studies obviously indicated multiple barriers to use and the utilization of mental health services in developing countries where three-quarters of the patients with mental disorders do not have access to mental health services (Ali and Agyapong, 2020). They revealed that the treatment gap for mental health in developing countries is higher than in developed counties (Wainberg et al., 2017). Earlier studies indicated that the major barriers to mental healthcare access comprise limited availability and affordability of mental healthcare services, insufficient mental healthcare strategies, lack of education about mental disorders, negative attitudes towards mentally disordered patients, and stigma (Qureshi, O. 2021). The barriers to

accessibility include stigmatization, financial strain, acceptability, poor awareness, and socio-cultural and religious influences. Several studies suggest the existence of barriers to access and the utilization of mental health services especially in low and middle income countries. In a qualitative survey of International Mental Health Experts and Leaders to review barriers to mental health service development, it was reported that the prevailing public- health priority agenda and its effect on funding, the complexity of and resistance to decentralization of mental health services, challenges to implementation of mental health care in primary-care settings, the low numbers and few types of workers who are trained and supervised in mental health care and the frequent scarcity of public health perspectives in mental health leadership represented significant barriers that needed to be addressed by national Governments. Even though some efforts, such as the decentralization of mental health care have been made in some countries in Africa, significant challenges remain (Tilahun,D.& Fekadu, A. 2017). The authors concluded that population wide progress in access to human mental health care would depend on substantially more attention to politics, leadership, planning, advocacy and participation. The World Health Organisation (WHO, 2010) recognised and listed "five key barriers" that need to be overcome to increase the availability of mental health services at primary care level, namely: the absence of mental health from the public health agenda and the implications for funding, the current organization of mental health services, lack of integration within primary care, inadequate human resources for mental health, and lack of public mental health leadership. These could be the combination of political, physical and social barriers reported to hamper the provision of mental health services at primary healthcare (PHC) centres (Tilahun, D. & Fekadu, A. 2017)

## BARRIERS TO ACCESS MENTAL HEALTH CARE IN AFRICA

### Effects of COVID-19 Pandemic

The COVID-19 pandemic has highlighted the prevalence of mental illness on a global scale with estimates ranging from 25 to 50% for people experiencing mental illness such as anxiety and post-traumatic stress disorder (PTSD) (Nochaiwong et al., 2021). As of 2019, Africa was shown to lag behind in meeting the objectives set out by the World Health Organization (WHO) Mental Health Action Plan 2013–2030. Approximately, 21% of the countries on the African continent reported the presence of recent mental health legislation compared to the global 40% (Eaton, 2019). In Africa, there has historically been a higher than reported mental illness burden within its 54 countries even prior to the pandemic, but the importance of mental illness treatment and its implications on society has continued to be neglected (Kisa et al., Ali and Agyapong 2016). The struggle to provide mental health services to the population of each African country leads to a widening treatment gap that leaves many Africans without treatment and care (WHO, 2011). The WHO estimates a 650,000-person burden of severe mental illness in Ghana alone, with a treatment gap of 98% (WHO, 2011). This is supported by the United Nations, who states that 97% of individuals with mental illnesses who need healthcare in Ghana lack access to needed services (Glderisi, 2016). Similar statistics have been reported in other African countries (Gilderisi, 2017). In response to these disconcerting treatment gaps, both the WHO and the Programme for Improving Mental Healthcare have created programming to increase research initiatives, services, and accessibility in different areas globally (PRIME, 2012, Jong-wook, 2017).

### Mental Health Disorder Stigma

Many factors exacerbate the mental illnesses that individuals face within these countries. Stigma and lack of mental illnesses knowledge are the main contributors to the plight experienced by these individuals and their surrounding support system (Mawadri, 2017, Schweitzer, 2019). Additionally, individuals with mental illnesses are marginalized, and face discrimination due to traditional beliefs that these illnesses cannot be treated. When compounded with issues faced by developing countries, such as socioeconomic challenges and communicable diseases, this often leads to human rights violations and negatively affects the health and

wellbeing of individuals living with mental illnesses (Mawadri, 2017). The scarcity of mental health services and inadequate management of existing resources also impact individual mental illness treatment within these countries (Okasha, 2002). WHO estimates that Kenya allocates about 0.05% of its health budget to mental health, centralizing about 70% of these mental health facilities and resources in the capital city of Nairobi (Gberie, 2016). Therefore, these resources are primarily limited to individuals who experience minimal physical and economic barriers. In order to address the mental illness burden within African countries, it is essential to determine the contributing factors that hinder individual access to mental health services. In Africa, mental health is still a taboo subject, and there are a lot of stigmas associated with it. This stigma often prevents people from seeking help or even acknowledging that they have a mental health issue.

**Risk factors for mental health in Children**

Children in Africa are often exposed to known risk factors for mental health difficulties. Among those risk factors are, the Human Immunodeficiency Virus (HIV), malaria, tuberculosis, violence, crime, and low socioeconomic status, among other risk factors (Kieling, C. 2011). In addition to these risk factors, child and adolescent mental health challenges could be exacerbated by system-wide variables, such as a shortage of trained professionals (Patel, V., Kieling,C. 2013). In Africa, there are an estimated 1.4 mental health workers per 100,000 people compared to 9.0 average workers per 100,000 globally. In addition to the scarcity of mental health professionals, the region does not have enough psychiatrists, psychiatric hospital beds, and sufficient mental health outpatient coverage (Sankok, O & Sevalie S, Weston, M. 2018). Faced with these challenges, the number of Africans who receive treatment for mental health difficulties is extremely low (Sankok, O et al., 2018). While the global annual rate of visits to mental health outpatient facilities is 1,051/100,000 population, this rate is estimated at 14/100,000 in Africa (WHO, 2014). Approximately 98.8% of those in need of mental health services in Africa do not receive such mental health services (Tol, W.A, Reis, R. 2016). In parallel to system-wide challenges, the role parents play in getting their children and teenagers mental health services is worth mentioning. A recent systematic review of literature and survey of key national stakeholders in mental health identified a large number of programmes which suggest that successful strategies can be adopted to overcome barriers to scaling up mental health services nationally.

**Low priority accorded to Mental Heath Care**

In many African countries, priority is given to problems that appear to be more pressing than mental health problem. For example, mental health sector experiences, scarcity of human and financial resources and difficulties in changing poorly organized services. A study in the Niger Delta of Nigeria examined the barriers to the utilization of mental health services from the service user's perspective. The study result revealed there are economic, physical and cultural barriers to the utilization of mental health services, centralization of mental health services and waiting time. The research also assessed user's socio-demographics barriers which hindered access to mental health services. Butler et al., 2008, Agency for Healthcare Research and Quality, (2012) identified barriers to mental health services as service provider factors, financial and funding challenges, cultural issues and organizational barriers, primary health workers unwilling to take additional responsibility, poor referral system and follow up against the recommended two-referral system, lack of operational blueprints such as lack of Standing Orders and essential drugs to treat minor to moderate mental health problems.

**Social, Physical, financial, lack of awareness and policy barriers to Mental Health care services**

For Mulligan (2013), barriers to mental health service are social barriers, physical barriers, communication barriers, attitudinal barriers, and policy barriers. To him, the social barriers include negative attitudes, negative cultural messages, and discrimination in employment. Attitudinal barriers include stereotype of

people living with mental illness, social stigma and other overt discriminations. Wakida et al., (2018) reported that there are five barriers to integration of mental health services into primary healthcare. Recently, Aryani et al. (2019) identified barriers to mental health service provision as poor dissemination of the national policy to the local government and primary healthcare centres, low prioritization of mental health issues, organization workforce issues, funding concerns, poor coordination and supervision, poor management and recording system, scarcity of ancillary facilities and other resources such as psychotropic medicines. Historically, the Federal Government of Nigeria had acknowledged that at the top levels of health administration, both at the Federal and State Ministries of Health, there are no scheduled mental health Officers in relevant Departments with cognate experience to assist in the formulation, initiation, motivation and co-ordination of mental health programmes in the country There are also human resource challenges, including serious knowledge gap due to deficient curricular content for the training of primary healthcare workers and lack of interest among health care professionals to undertake specialized courses in mental health. An estimated 20%–30% of individuals in the population (about 200 million) is reported to suffer from mental illnesses with large portions remaining unnoticed, unattended and are likely to cause severe disability and heavy socioeconomic burden on families and communities (Whiteford et al., 2013, Charlson et al., 2014, Onyemelukwe, 2016). Many community mental health problems have also been reported in the study setting (Anyebe et al., 2017). A large proportion of these could have been detected at Primary health care centres but for the non-availability of the services.

In South Africa, structural and attitudinal barriers to mental health care were examined. Structural barriers included financial cost of services (Mojtabai R. 2015) and lack of availability of services (Cage, E. 2020). Attitudinal barriers included lack of perceived need for treatment, the belief that the disorder will get better on its own, the view that mental illness is a result of personal weakness, stigma and the desire to deal with the problem on one's own (Mojtabai 2015). Although mental disorders are highly prevalent in the South African population, many of those who suffer from these conditions do not receive adequate treatment.

Furthermore, inadequate financial and human resources, lack of collaboration and consultation, and not being a priority by policy makers were recognized as barriers to mental health policy implementation in Ghana. Preceding studies documented that the barriers to the utilization of mental health services included shame and stigma of being diagnosed with mental disorders, sociocultural influences, social marginalization for the persons with mental illness, less prioritization of mental healthcare services, scarcity of human and financial resources, physical and psychosocial violence experienced by patients with mental disorders, difficulty of access to geographical areas where the patients reside, and difficulty in charging poorly organized services (Glderisi et al., 2010, Abdelgadir, 2012, Jacob and Patel, 2014, Atilola, 2015, Vigo et al., 2018). Studies in sub-Saharan African countries revealed that barriers such as financial means scarcity, poor awareness of the mental disorder, poor knowledge of mental health services, poor quality of services, negative beliefs about healthcare provision, and sociocultural and physical barriers hinder the utilization of the mental health services (Glderisi et al., 2010).

**Neglegence by Mental Health Patients, Lack of medical infrastructures and Negative attitudes**

A research carried out in Ethiopia revealed that the main impediments to adherence to mental health services are that the mentally ill people denied taking mental health services because of thinking that they would get better later and that they also want to solve their mental problems without seeking health care from mental health providers, lack of medical infrastructures, negative attitudes of healthcare providers toward mentally ill patients, and preference to get alternative forms of mental health services (Wakida et al., 2018, Negash et al., 2020). Further, prevailing public-health priority agenda and its effect on funding were the other barriers that weaken the mental health services. Thus, in such context, the complexity of and resistance to decentralization of mental health services, challenges to implementation of mental health care in primary care settings, insufficient number of trained mental health providers, and the frequent scarcity of

public-health perspectives in mental health leadership are among the foremost predictors of poor utilization of mental health services (Mojtabai et al., 2010, Abdelgadir, 2012, Molodynski et al., 2017).

A study carried out in Rwanda by Oliviette M. and Emmanuel B. (2021) established that main challenges faced by staff in caring for patients with mental disorders included the lack of compliance to medical prescriptions, patients not respecting the appointments, difficulties related to families not supporting their patients, high costs of medications, poor affordability, stigmatization, and difficulties related to families not collaborating with patients' caregivers. Actually, in some health facilities in Rwanda, there is an insufficient number of trained mental health professionals and people with mental disorders have inadequate access to mental healthcare. This results in negative reception of mental health care (Munyandamutsa et al., 2012, Mutabaruka et al., 2012). Furthermore, access to mental health services in Rwanda remains low, regardless of the efforts the government of Rwanda has made for attenuating the high prevalence of mental disorders (Wakida et al., 2018; Mukamana et al., 2019). In Sudan, one study explored the barriers to the utilization of mental health services in the capital Khartoum on the perspectives of health care providers and policy makers. In this study, the amount of funding, distribution and allocation of mental health services, poor health education, the long duration of treatment and fear of stigma were identified as barriers to the utilization of mental health services (Atilola, O. 2015).

## BARRIERS TO MENTAL HEALTH CARE IN KENYA

Data on the prevalence of mental health, neurological issues, and substance use (MNS) in Kenya are limited (Bitta M.A, Kariuki S.M, Chego, E., Newton C.R (2017). The Kenyan National Commission of Human Rights estimates that 25% and 40% of outpatients and inpatients suffer from mental health conditions. The most frequent diagnoses of mental illnesses made in general hospital settings are depression, substance abuse, stress, and anxiety disorders (Marangu E, Mansouri F, Sands N, Ndetei D, Murriithi P. (2021) A WHO report (2017), ranked Kenya fifth among African countries with elevated depression cases, with global statistics indicating that approximately two million people suffer from depression (WHO, 2022). Such mental health conditions continue to accelerate rapidly, with approximately one of each four Kenyans presenting with a mental health disorder at one point in their lives (MoH 2020). Additionally, the World Population Review places Kenya at 114 of 175 countries with escalated suicidal rates (6.5 per 100,000 persons) (Misigo B.L. 2021). Other mental health issues affecting youth include anxiety, conduct disorders, attention-deficit/hyperactivity disorders (ADHD), and personality disorders that could potentially affect quality of life (Tamburrino I, Getanda E. 2020) Some of the factors associated with increased mental health problems among this cadre include anxiety, drug and substance disorders, aggression, depression, sexual and gender-based violence (SGBV), and self-harm. The COVID 19 pandemic exacerbated mental health issues in the country, pushing the President to declare mental health a national priority (MoH 2020)

Upon estimation from the number of in patients and out patients that visit health facilities in the country 25% and 40% respectively suffer from mental health conditions. (KNCHR,2011)

In addition to that further statistics show that an average of 1% of the population in Kenya have been diagnosed with psychosis (Kiima and Jenkins, 2012). In general hospital settings, substance abuse, depression, stress and anxiety disorders top the list when it comes to mental illnesses that are frequently diagnosed. The most frequent diagnosis of mental illnesses made in general hospital settings are depression, substance abuse, stress and anxiety disorders (Ndetei et al, 2008).

### The cost of Mental Health Care, and Shortage of Mental Health Workers

Kenya is a low -middle- income country with a population of about 48 million people according to the 2019 census (Republic of Kenya, 2017). A study in a community sample in Western Kenya showed that 45% of

the community have at least one mental health disorder (Ndetei, D.M,& Khasakhala, L.I. 2008), which was very close to an earlier study among patients attending general hospitals which reported a prevalence of 42% (Keikelame, M.J, Swartz, L. 2015). There is also a huge shortage of human resources for mental health as only 29 of the 3,956 government owned facilities in Kenya actually provide mental health care, with a gross shortage of mental health workers in the country, hence patients travel long distances to access care (Mall, S., Hailemariam,M., Selamu, M et al., 2016). The cost of care is further complicated by the fact that <20% of the population has insurance cover (Musyimi, C.W, Mutoro, V.N, Nandoya, ES, Ndetei, D.M 2016), hence most patients pay out of pocket for their mental health services.

**Misconception about Mental Illness and shortage of mental Health Professionals and facilities**

In Kenya a few researches have been done to establish the causes of mental illnesses and barriers to access treatment. A pioneer hospital based study was carried out by Omar (2003) in western Kenya. The author found that negative opinions about mental illness were widely held among relatives of mentally ill patients. The respondents had varied opinions on the causation of mental illness. Drug abuse, demons, stress and inheritance were thought to cause mental illness by 38%, 32%, 18% and 10% respectively prayers were suggested as a form of treatment by 76% of the respondents. In western Kenya some of the causes of mental illnesses cited were as follows: Majority of the respondents prioritized witchcraft as the main cause of mental illness, followed by punishment from God, curses, demonic manifestation and substance abuse as major causes to mental illness. These were followed by inheritance, diseases and abnormal hormonal functions in individuals. The perceptions held traditionally that any form of mental illness is caused by witchcraft, curses and demonic forces causes a lot of stigma towards individuals affected and families. Families blame themselves for the condition and also the communities they live in blame them. The perception about the cause of mental illness to a certain extent determines the treatment strategy. Mental health problems in Kenya are compounded by several factors, including poverty, social stigma, limited access to healthcare services, and a shortage of mental health professionals. According to the Kenya Ministry of Health, the country has only about 116 psychiatrists, 30 clinical psychologists, and less than 500 mental health nurses to serve a population of over 50 million people, resulting in inadequate access to mental health care services). This shortage also makes it challenging for people to access mental health services, especially in rural areas where mental health facilities are scarce.

**Poor Awareness of Mental Health disorders**

Lack of awareness of mental health care creates a treatment gap. Adolescent and young people's mental health care requirements are often unaddressed, leading to a treatment gap due to a poor care-seeking attitude (Agyapong V.I 2020). Challenges of managing mental conditions in Kenya include low awareness, limited treatment options, and implied costs of treating mental illnesses (Mutiso V.H, Musyimi C.W. 2017, Atiola O. 2015, Esponda G.M, Hartman S. 2020). Significant data gaps exist regarding the implication of mental cases in low and middle-income countries such as Kenya, making it difficult to mitigate the pandemic. More information about access and utilization of mental health services is critical in improving mental health outcomes among the adult and young people. According to a study by Were (2005), poor awareness of mental disorders is the barrier that hampers the access and use of mental health services in most people with mental disorders. For instance, during the interviews, 8 out of 10 interviewed patients presented a problem of poor knowledge about their mental health conditions. Some patients with mental disorders sought healthcare supports lately because different family members feared to bring the patients at the health facility since they had poor awareness of the causes of mental disorders and also dispelled the myths around the predictors of these disorders and their psychotherapies or therapy options. The family members of the patients with mental disorders also thought that the health facility had insufficient healthcare services namely healthcare professionals and medications that could have lessened the severity of the mental disorders. Participants seeking health care at the hospital also showed they were poorly knowledgeable about the availability and accessibility of mental health interventions and treatments. They were uncertain

about which suitable settings or health facility they could seek for mental health services, and these obstacles weakened their willingness to seek for mental health services.

**Alternative Options to Conventional Medicines**

Seeking mental health from traditional healers is a common phenomenon. Many people believe that mental disorders should be treated effectively by traditional and faith healers than professionals from the hospital. This is because they think that whatever happens to a person which affects the nervous system is related to the devil and witchcraft. Besides, exorcism to get health improvement is another means due to their belief in evil spirits whom they believe that they have power to chase away. Another challenge is that there are several mentally ill patients who seek mental health support interventions from traditional healers and faith healers instead of accessing mental health interventions from trained mental health providers in medical or psychiatric settings (Saraceno et al., 2007, Barrow, 2016). The fear of not going for treatment may also be due to challenges involved in treating the mental condition and that fact that it has no definite treatment. Surprisingly some mentally ill individuals at market places or in communities have always been there since time immemorial. This further makes people believe the condition cannot be cured. There is an unfortunate statement that states "Once mentally ill, always mentally ill". This conclusion is made from the many cases which after treatment, reoccur from time to time. Mental health patients say that they occasionally seek health intervention from church prayers where they believe that engaging in prayer for a long time helps them to get recovery. Thus, the patients seek mental health care at the medical or psychiatric setting after failing to get an improvement through traditional healers and prayers.

**Mistrust of Health Care Providers, Stigma and Socio-cultural Misunderstanding**

Studies in Kenya established that patients with mental disorders mistrust the healthcare providers, experience barriers like stigma related to their mental disorder, experience socio-cultural misunderstandings, resist to therapies, and experience barriers to medical infrastructures resulting in their difficulty in access to and utilization of mental health services (Musyimi et al., 2017). Earlier studies in Uganda, Kenya, and Tanzania discovered that the other important factors that hamper the adherence to mental health interventions include poor accessibility of clinical guidelines to provide mental health services and obstructions due to a limited number of trained mental healthcare providers (Atilola, 2015., Mugisha et al., 2019). In a study carried out by Were, D (2005) on barriers to access to mental health care in Western Kenya, it was revealed that: Inadequate funds, poverty, stigma attached to mental health conditions, lack of faith in mental health services, high cost of medication and inadequate mental health facilities in western region were major barriers to accessing mental health services. Majority of the respondents indicated they lacked funds to take their patients to clinics. These were followed by inadequate trained personnel, drugs and lack of awareness in the region. The poverty level in most communities in western region is high with most families hardly able to raise one decent meal a day. On the issue of medical treatment many families cannot afford the medical bills of their family members and in most cases they have to fundraise to pay them. Many (65%) of the respondents raised concern on the high cost of medication for mental illness which makes them opt for cheaper means of treatment. Another shocking revelation by 68% of the respondents was that they did not have faith in medical services for mental illness. They observed that the condition keeps recurring in most of the patients and therefore not effective.

In other studies, responses on barriers to accessing mental health services were 49% of the respondents who cited lack of awareness on mental health facilities. Information on such services has not reached majority of low income communities. In western region there is only one medical facility which admits and treats persons with mental illness. About 56% of the respondents indicated that there were inadequate trained personnel in the region. The country in general has few psychiatrists and psychologists to handle the rising numbers of people with mental illness. The fear of rejection, negative attitudes, lack of commitment by family members and responsibility over relatives with mental conditions also affects and delays in

intervention. Many families tend to treat mental illness as a source of shame and embarrassment (Wahl, 1999). Some also indicated that there are no support systems for Persons with mental disorders and inadequate budgetary allocation towards treatment of mental disorders.

**Lack of Knowledge about Mental Illness**

In another study by Musyimi, C.W & Mutiso V. (2017) on challenges of mental health care in Kenya, it was revealed that there are many barriers to mental health care in Kenya . For example the respondents mentioned cultural misunderstanding and stigma of mental health. Participants explained that their patients' lack of knowledge about mental illness often posed a challenge in working with them, saying that there is 'ignorance' about mental illness. The interviewees also said that most often patients have negative and stigmatizing beliefs related to mental illness, which is commonly associated with 'fear' and being 'mishandled' or 'bewitched'. Stigma is a serious thing. They think people have madness…'. This stigma resides not only in the individuals, but also in the families and communities in which they live. Numerous participants described the problem of patients' lack of social support from friends and family regarding their mental health problems and their desire to seek help. A related concern was patients' and their families' fears and misunderstanding about hospital testing and procedures related to mental illness. The same researchers found out that resource was a barrier to mental health care. The respondents in the study described finances and time as a central challenge. Issues primarily related to poverty included the lack of resources among patients and health providers. Participants said that patients could not pay for transport to the hospital, or lacked food at the time of referral, which required them to earn money rather than seek treatment.

**Resistance to Treatment**

Musyimi, C.W & Mutiso, V. (2017) in their study found out resistance to treatment as a barrier to mental health care. Patients demonstrated their resistance in a variety of ways including denying their illness, refusing to go to the hospital, or relying on substances instead of the recommended treatment. One participant compared getting patients to the hospital to 'a fight' and was disillusioned to find out that only four of the 30 patients he had referred had gone to the hospital. The researchers also cited treatment infrastructure problems. For example lack of drugs, limited medical staff, who at times are not well trained. Main challenges faced by staff in caring for patients with mental disorders included the lack of compliance to medical prescriptions, patients not respecting the appointments, difficulties related to families not supporting their patients, high costs of medications, poor affordability, stigmatization, and difficulties related to families not collaborating with patients' caregivers. Actually, in some health facilities in Kenya there is an insufficient number of trained mental health professionals and people with mental disorders have inadequate access to mental healthcare. This may result in negative reception of mental health care (Musyimi et al., 2017).

**Fear of Stigmatization**

In another study Mbwayo A, Ndetei D, Mutiso V.,Khasakhala L.( 2013 ) it was established that fear of stigmatization was a barrier to mental health care in Kenya. The families fear stigmatization related to mental disorder so they deny to bring the patients to the hospital so that no one could know that they have a patient with mental health condition. For them, the stigma causes them to become marginalized, resulting in a delay in receiving mental health services and refusing to be taken to the hospital. The patients who were interviewed in this study indicated that the community members often have negative attitudes and perceptions towards their mental health disorders. For the interviewees, the community lacks empathy and this negatively impacts the families of these patients and causes the patients with mental health conditions to experience psychosocial issues including feeling frustrated, shame, and socially neglected. Being mentally ill was stigmatizing and this kind of stigmatization hinders the patients from receiving mental healthcare

services (Mbwayo A., Ndetei D., Mutiso V., Khasakhala L 2013). The researchers also indicated that the patients with mental disorders developed self and social stigma from the community and family in which the patient resides. These results revealed that self-stigma occurred when the patients were aware of their mental disorder which then resulted in development of hopelessness as well as poor adherence to mental health services. The participants generally described negative attitudes of members of their communities who used stigmatized words or names due to their mental health conditions. The lack of accessibility to mental health care was caused by shame which pushed them to hide their mental health conditions to themselves.

**Socio-cultural Barriers**

According to Musyimi C.W., Mutiso V.N.,Nandoya E.S., Ndetei D.M. (2017) the society witnesses socio-cultural barriers in the treatment of mental disorders. The society believes in traditional and faith healers. The traditional healers mostly use the combination of various herbs and the "secret knowledge," and in some circumstances, rituals in the community are used for helping the patients. These traditional healers are respected in their communities and societies, and through this respect, they are involved not only in treating the disorders but also in solving disputes and other psychosocial problems within their communities. In addition to that, religious healers particularly the protestants also live in the community and share socio-cultural beliefs with the community members and teaching and preaching religion. They are mostly in every community and are accepted by the communities. The study revealed that while the family members saw this as the first solution due to the "supernatural forces" nature of mental health conditions, the medical staff complained that consultation with traditional healers usually interfered with the treatment pathway of a patient. Mental health conditions are chronic conditions; they always need to be watched and managed. Because of this, most families also ran out of patience when looking after their patients. This causes them to seek alternative treatments that affect the compliance with medication and care.

**Poor care of Mental Health Patients**

The study conducted by Kisa, R., Baingana F., Kajungu R.,Mangen P.O., Agdembe, M., Gwaikolo W. et al., ( 2016) revealed that lack of patient care and relapse were barriers to mental health services. It was found that if more care was given to the patients both at the facility and when they are discharged, they would have had fewer relapse cases. It was found that family members treated the hospital as a dumping ground for them to leave and forget about their family members. It was reported that sometimes the medication is strong enough to cause some side effects. Due to this, the patients would not have sufficient food to help cope with the side effects of the prescribed drugs.

**Financial problems**

In Kenya, like in other countries, financial barrier to mental health services is prominent. According to the researches carried out, the high cost of mental health services is a limitation to mental health care. The medicines that are prescribed are very expensive given that most patients do not have medical health insurance. Medical insurance is not clear on treatment of mental problems. Kenya has very few trained psychiatrists for the overwhelming number of patients with mental health issues. These experiences have been found to cause the delay to take medications and loss of trust for the psychotropic drugs effectiveness.

**Undocumented Mental Health Disorders**

The Kenya Mental Health Policy (2015–2030) MoH (2015) provides a framework that guides mental health reforms in the country with the aim of ensuring that all persons have access to comprehensive, integrated, and high-quality mental health care that is promotive, preventive, curative, and rehabilitative at all levels of healthcare. The policy also highlights vital strategies in mitigating the structural challenges and

emerging patterns in alleviating mental health problems and disorders. Despite the availability of mental health policies and the country's focus on addressing the gaps, Kenya has an increasing adolescent and young people population with undocumented mental health needs hampering resource allocation and service provision (APHRC 2019). Like other SSA countries, Kenya struggles with legislative issues that inhibit the potent implementation of the existing mental health policies leading to the continually widening mental health treatment gap (Ndetei D.M., Muthike J., Nandoya E. S. 2017, Jaguya F, Kwoba E. 2020). Mental health has received increased attention in recent years, but this hasn't translated into an increase in quality services, according to the World Health Organization's (WHO) Mental Health Atlas report on worldwide mental health services. The WHO added that there is a shortfall in terms of leadership, governance, and financing for more promotion and prevention efforts.

## MITIGATING MENTAL HEALTH BARRIERS

To help decrease the global mental health (GMH) treatment gap, the World Health Organization (WHO) developed the Mental Health Gap Action Programme Intervention Guide (mhGAP-IG) through a systematic review of evidence followed by an international participatory consultative process. The mhGAP-IG comprises straightforward, user-friendly, diagnosis-specific clinical guidelines for providing evidence-based practices (EBPs). The guidelines are meant to be used by non-specialized health care providers after adaptation for national and local needs (Republic of Kenya 2017). Despite the existence of these guidelines, dissemination and implementation of evidence based practices and translation of scientific findings into health policy have been lagging in low- middle –income countries (Ndetei, D.M, Khasakhala, LI, Kingori, J, Oginga, A, Raja, S. 2008). Interrelated challenges that contribute to these deficiencies and also exacerbate the global mental health treatment gap include shortages of mental health workers, lack of research capacity, stigmatization of mental illness, and the slowing of mental health services apart from other health services for physical health conditions. In a bid to mitigate the barriers to mental health care problem, there need to be consorted effort involving governments, non-governmental organizations, health professionals and other stakeholders in the country.

### Change of Attitude

Since attitude is a serious barrier to mental health care, efforts should be made to turn round people's attitude towards mental illness. Spearheading new initiatives and bolstering existing programming could augment awareness of mental illness within African countries. In order to adequately serve the different population needs, it is imperative to obtain a community needs assessment and receive input from citizens of the country. Collaboration with members of the community can facilitate buy-in by others and also improve outcomes in relation to sustainability of program impact. Increasing community awareness of the burden of mental illness within each country is designed to improve perceptions of mental illness. Acknowledgment of community members' religious affiliations is also important, as attitudinal barriers and stigma may stem from individuals choosing religious coping mechanisms for their mental illness, rather than medical treatment (Ward et al., 2013). Additionally, special consideration should be taken when educating community members about mental illness, as the delivery of information is often related to its reception. Fear of stigmatization may also be present among community members who partake in mental illness educational programming. Therefore, it is important to include community leaders such as religious leaders, politicians, and even celebrities in discussions regarding mental illness education, in order to devise a plan tailored to the community one wishes to educate. Creating an environment that is sensitive to community members' cultural and personal needs will ultimately provide a safe space for the acknowledgment of psychological problems and openness to learn about and utilize mental illness resources. The focus on awareness will help combat stigma, prejudice, and discrimination faced by individuals with mental illnesses and related stakeholders. The enhancement of the community's knowledge would ultimately improve the

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wellbeing of those affected by mental illnesses within African countries Kenya included**.**

**Capacity Building**

It is crucial to increase access to mental health services in Kenya. This can be done by training more mental health professionals and improving the availability of mental health services in health facilities. Capacity building for mental health services and research in low- middle income countries represents an urgent need that has so far failed to attract sufficient attention and funding (Keikelame, M.J, Swartz, L, 2015). Implementation research is now required to understand how best to integrate and sustain mental health services within health systems and other contexts of care (Musyimi, C.W, Mutoro V.N, Nandoya, ES, Ndetei, D.M, 2016).

As a key part of global mental health efforts to address the mental health treatment gap, increasingly widespread adoption of task-sharing strategies has led to significant expansions of the mental healthcare workforce and improvements in population mental health and well-being globally (Collins, P.Y., Patel, V., Joestl, S.S, et al., 2011). Task-sharing involves the formalized redistribution of care typically provided by those with more specialized training (e.g., psychiatrists, psychologists) to individuals, often in the community, with little or no formal training (e.g., community/lay health workers, peer support workers). Task-sharing mental health interventions have been primarily implemented and evaluated in low- and middle-income countries (LMICs) (Raviola, G., Nashund, J.A, Smith, S.L, Patel, V. 2019) where the mental health treatment gap is most severe. In low-middle income countries, estimates suggest that 75% of individuals who require mental health treatment are not receiving appropriate services due to a variety of barriers—including the scarcity of mental health specialists (WHO, 2021). Models of task-sharing mental health interventions are varied, such as utilizing primary care providers to detect or provide care for mental health concerns within a broader healthcare system (Murphy, J, Corbet, K.K, Linh, D.T, Oanh, P.T, Nguyen, V.C., 2018]), training and supervising community/lay health workers to administer psychotherapy for common mental disorders (Musyimi, C.W, Mutiso, V.N, Ndetei, D.M, Unnenne, I, Desai, D, Patel, S.G et al; 2017,and employing service users themselves (e.g., as peer support workers) to augment mental health intervenentions.

**Addressing Physical Barriers to Mental Health Care**

Addressing physical barriers often starts with the acknowledgment of mental illness resources within the community and anticipated usage of such resources. Mental illness resource distribution remains an issue within African countries as resources such as healthcare providers and treatment facilities are mainly centralized in urban settings leaving individuals who reside in rural settings with decreased ability to access these resources. Additionally, significant others of mentally ill individuals may restrict their family members from accessing care, thus posing additional barriers to treatment. In order to combat physical barriers, there should be an integrated approach between healthcare providers, treatment facilities, and community educational initiatives. Available resources presented through educational initiatives should include transportation to treatment sites, on-site services that provide medication and outpatient treatment, counseling, and specific illness education, and/or traveling healthcare providers in order to address the illness burden in locations where mental illness resources are scarce. Collaboration through stakeholders involved in political, economic, and infrastructural barriers is also necessary to help support and fund such initiatives.

**Integrating Treatment of Common Mental Disorders in Primary Care**

Mental health support can be integrated into primary care services to increase access and reduce the stigma

associated with seeking mental health care. Until recently, in most low-middle- icome countries and low-resource settings within high-income countries (HICs), mental disorders have typically been diagnosed and treated in centralized psychiatric hospitals or clinics. Services for mental health diagnosis, treatment, and referral that are based in primary care or community health centers are generally lacking (WHO, 2012). In this context, people with severe mental illnesses who live far from a centralized treatment facility—the majority of the population in most low-middle income countries are often unable to access care, and people with common mental disorders such as major depression, generalized anxiety disorder, and substance use disorders, persons who collectively account for more than half of the total global mental health burden globally, are most often left untreated (WHO, 2018).

In an effort to expand the coverage of mental health services, countries around the world have been moving towards community mental health care. A series of articles in World Psychiatry describe the successes and challenges that regions around the world have faced in integrating community mental health services in primary care (WHO, 2018). Many countries have made significant strides in legislating mental health reform and in moving towards de-institutionalization. However, generally, mental health services in the community have not been prepared to face the resulting mental health care needs. Challenges to integrating mental health care into primary health care within low-middle income countries include limited infrastructure, shortages of human resources, limited community awareness of mental health, poverty and social deprivation, high rates of comorbidity with physical health problems, high levels of stigma and discrimination against people living with mental illnesses, and different explanatory models for mental health conditions, which influence the acceptablity and uptake of services ( Saraceno, B. Van Ommnen, M. et al., 2007). Despite these complex and interconnected challenges, research is advancing on how to best integrate mental health into primary care in low-middle income countries (Saraceno, B. 2007).

**Community Treatment of Severe and Persistent Mental Illness.**

Detection of mental illness should comprise activities implemented to detect psychiatric symptoms or diagnose mental disorders among patients or community members. The most common mechanisms for detection are assessment tools administered by trained formal or informal providers, using either paper forms or mHealth applications.

Specialized mental health services alone, even if community based, are unable to cope with the burden of severe mental illness in low-middle income countries. Primary care services should fill this gap by delivering effective packages of care in collaboration with specialized services. From a study carried by Sweetland,A.C & Caqueo, M.A. (2016 ) involving family members in treatment activities for benefiaries, played a significant role in implementation success. Involving families helped to reduce the burden on limited human resources, empowered families and gave them the skills and confidence to better care for their relatives. Involving family members also encouraged the building of sustainable support systems between different participating family units within the same areas.

**Advocacy**

Advocacy is an important means of raising awareness on mental health issues and ensuring that mental health is on the national agenda of governments. Advocacy is vital in a world where accessing mental health services is hampered by stigma. People with mental illness appear different or act differently from others and for this reason those around them may fail to understand how they are and for lack of information form misconceptions about them. The fear of being labelled may cause those suffering to isolate themselves and even be unwilling to seek help. To rid stigma, it is important for the community to be educated and this is through mental health promotion. Mental health advocacy is essential for raising awareness about mental health issues, breaking down stigma, and promoting access to mental health services. Mental health promotion focuses on helping people to acquire the knowledge and skills they need to promote and protect

their own mental wellbeing, while simultaneously working to create positive changes in our shared social environments that promote our collective mental well-being. Mental health advocacy can help to address issues of stigma by promoting education and awareness about mental health conditions, advocating for policy changes that improve access to mental health services, and supporting individuals who are affected by mental health challenges. By speaking out about mental health and working to reduce the stigma associated with mental illness, mental health advocates can help to promote a culture of wellness that prioritises mental health as a critical aspect of overall health and well-being. Other considerations include establishing promotive and preventive strategies to enhance early identification and intervention on mental health issues rather than mitigation.

**Allocating Enough Funds to Mental Health Programmes**

The populations of rural and urban communities in African countries may not be able to pay for mental illness treatment and services, as poverty and lack of adequate finances pose severe threats to service utilization. Therefore, fund allocation towards mental illness is imperative for the implementation of initiatives at a community, country, and continental level. Increasing the national budget for public health programming encompassing mental illness initiatives, as well as increasing mental health infrastructure such as facilities, educational professionals, and healthcare providers would help to address the problem of accessing mental health care. For example, South Africa spent 5% of its total public health budget on mental illness in 2016. Similar statistics prevail in other African countries, suggesting that monetary and political investments are needed to improve the state of economic barriers that often deter patients from seeking adequate care (Docrat et al., 2019).

It is important to prioritize mental health in public policy and allocate resources for mental health services. The government can increase funding for mental health services, including research, treatment, and support for mental health caregivers. There is also a need for policies and programs that address the social determinants of mental health illnesses. This includes addressing poverty, unemployment, and poor living conditions that contribute to mental health illnesses. Individuals can also maintain good mental health through regular exercise, meditation, and social support. More funding should be invested in helping more patients' access biomedical treatment. Being that this type of treatment clearly shows improvement. This will alleviate the cost of transport for the patients and the respondents every time they have to go for their appointments. It will also reduce costs related to acquisition of medication. There should be devolution of health services on a larger scale to help prevent long journeys that are made to seek treatment for mental illness. Small dispensaries run by the county governments should consider hiring mental health specialists which will help improve the experiences of the caregivers and the patients seeking treatment. The government needs to increase insurance financing, for example, by the National Health Insurance Fund (NHIF) to provide comprehensive coverage, including mental health care patients. The IRA (Insurance Regulatory Authority) can ensure that companies are compliant with the law regarding the issuance of equitable medical cover for all medical health conditions, including substance use disorders and suicide attempts among adolescents and young adults, to improve access to mental health services and utilization of mental health services. The government needs to implement the existing mental health structures and amend policies that do not improve mental health access. The laws should advocate for the rights of persons with mental health conditions to be addressed with respect and with dignity and to be accorded equal rights. This step will reduce mental health disparities by curbing the stigma associated with mental health issues and promote mental health-seeking behaviors among adolescents and other people with mental problems.

**National mental health response team**

The country needs an effective national mental health response team. Experts have projected a rise in mental health cases in the country owing to the effects of the COVID 19 pandemic. The Ministry of Health should consider up-scaling psychosocial guidelines established for health workers to promote mental health support

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for the general population to regulate the mental effects of the pandemic. More mental health facilities are required in every county with well-equipped mental health departments, and dilapidated structures need to be revamped to decentralize safe mental health service delivery environments. The government also needs to provide effective medication for the treatment of mental health disorders.

**Addressing Infrastructure barrier**

The need for amendment of the health system's infrastructure is both evident and supported by the WHO Mental Health Atlas, 2017 Edition (WHO, 2017). The *Mental Health Atlas* represents approximately 80% of the African continent and presents data demonstrating the progress of the Comprehensive Mental Health Action Plan, which acknowledges that it is essential to develop quality mental health facilities and enhance community training among mental healthcare professionals within each country (WHO, 2017). Lack of healthcare facilities remains a huge issue in African countries, as individuals who are able to seek mental illness treatment may not be able to access reputable healthcare facilities. Additionally, individuals may not know where to access available healthcare providers who are trained to treat mental illnesses. There is a shortage of mental health staff and stakeholders within these countries, therefore leading to overworked staff and underserved populations. Apart from increasing the mental health workforce through formal training and education, task sharing can be implemented to overcome the lack of specialized mental health professionals throughout Africa. Resources such as medications may not be available to patients in need, thus leading to patients seeking medications from unauthorized suppliers or replacing prescriptions with herbals and supplements recommended by traditional healers.

In order to address this barrier, there must be an expansion of the healthcare workforce to meet the needs of the population. Community educational programs should provide information to recruit individuals into healthcare and offer mentorship to those who are interested in formal medical certifications and training. Registries listing available healthcare providers who are trained to treat mental illness should also be available to community members via resource websites and bulletins at community centers and religious institutions. Lastly, funds should be allocated to building primary care and multi-specialty healthcare facilities that can provide primary care but also secondary and tertiary healthcare to patients. Initial infrastructural goals should include building one facility in each country and doubling the mental healthcare workforce through formal medical training, missionary work, and partnerships with other institutions. Healthcare facilities and trained medical professionals will be able to dispense appropriate medications to patients, while efforts are made to cease the use of non-authorized medication from pharmacies unaffiliated with official medical institutions, education regarding the use of supplements and herbals as treatments for medical conditions should also be considered. Infrastructural changes would positively impact societal knowledge regarding mental illnesses and staff availability. This would promote the development of new mental illness programming and facilities and strengthen the quality of care provided by mental healthcare workers within African countries.

**Child Mental Health as Prevention of Mental Disorders**

Given the magnitude of the burden of mental disorders, treatment alone will be insufficient to close the mental health gap in low-middle income countries, yet, mental health promotion and prevention of mental illness are nascent in most low middle income countries health systems. One promising area of prevention includes focusing on the mental health of children. Research shows the average age of onset of mental disorders is in childhood and adolescence. Undetected and untreated mental disorders occurring early in life lead to lifelong disability and to early, preventable death (WHO, 2012). Thus, attention to child mental health should be seen as a way to prevent mental disorders in adults. Adolescents need to develop a mental health care-seeking attitude to utilize the existing mental health care structures to improve their well-being and reduce the prevalence of mental health issues among this population. Adult young people also need to create awareness and advocate for positive mental health outcomes through social platforms to educate their

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peers on mental health issues and the availability of care services and reduce the stigma associated with seeking mental health care. Such preventive approaches will promote resilience through information on adaptive coping mechanisms and mental health resources, significantly reducing the mental health gaps among adolescents in the country.

## WOMEN'S MENTAL HEALTH AS PREVENTION OF MENTAL DISORDERS

Focusing on women's mental health is another under-recognized component of a strategy for preventing mental disorders. In a longitudinal study in the USA, children of women with depression were found to be five times more likely to develop depression across the course of their lives, compared to children of women without depression (Weissman, M.M.,& Wickramaratne, P. et al., 2016). The relationship between maternal mental health and children's health and development has been repeatedly demonstrated, in both high income countries and low middle income countries, and this relationship involves both psychosocial and biological pathways (Weissman, M.M. etal.,2016). Therefore, effective mental health interventions provided for mothers during the pre-natal period could potentially prevent the onset of common mental disorders in these mothers and ultimately influence the mental health trajectories for their offspring into the next generation (WHO, 2012).

### Mental Health Policies

According to studies conducted by (Ali and Agyapong, 2016, Nakku et al., 2016; Rugema et al., 2015, Hailemariam et al., 2017), there is need to develop and implement community-level policies for mental illness care in Ghana. Schierenbeck et al., also highlight the Mental Health Care Act of 2002, which was considered a positive move by South Africa. This act was designed to replace the Mental Health Act of 1973 and uphold the WHO's basic principles guiding mental healthcare law within South Africa. It allowed the country to recognize and protect the rights of individuals with mental illnesses. Stigma and negative traditional connotations of mental illness within African countries have resulted in politicians and government officials neglecting to address the illness burden within their countries. Other political agendas are prioritized, leading to a low number of political stakeholders, inefficient policies, and barriers to policy inception and implementation. The enhancement of public health campaigns through structured worldwide initiatives such as the WHO Mental Health Action Plan for 2013–2030 may provide the necessary push for regional politicians to redirect policy implementation to public health initiatives that service mentally ill persons and their communities.

On 1 June 2019, the President of Kenya declared mental ill health a national priority, and later formed a National Taskforce on Mental Health in Kenya. This was a first in Africa and the resultant taskforce report ( Google Scholar, 2020) identified many issues as being associated with the mental health crisis, including social and environmental factors that could be linked to climate change. The Kenya Mental Health Policy 2015-2030 through it's framework that guides reforms in regards to mental health aims to ensure that all persons have access to comprehensive, integrated, and high-quality mental health care that is promotive ,preventive, curative, and rehabilitative at all levels of healthcare. Despite the availability of these policies the country still struggles to implement them like most Sub Saharan African countries. What happens in such a case when the government does not put in the laid down strategies, does it mean we throw in the towel? no! This is an opportunity for team work from stakeholders such as the private sector, non governmental organizations, community based organizations to join hands in the fight towards mental health wellness. With a teamwork approach mental health promotion to individuals, families, communities and societies becomes realistic. This is because through collective efforts the resources to fund projects, programmes and service provision are realized. In addition to that, health care providers from different agencies are sensitized on the policies created and its implementation for the greater good.

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Investment in capacity building with supportive supervision for IHPs also needs to be established in regions that have inadequate health personnel. The recently launched mental health policy (MOH, 2015) in Kenya incorporates integration of IHPs in mental health care in collaboration with the ministry on health matters to ensure adequate trained mental health workforce, promises to establish partnerships between public, private and voluntary sectors, aims to strengthen the institutional and procurement systems linkage between Kenya Medical Supplies Agency (KEMSA) and institutions providing psychotropic drugs to users; and finally, works towards adopting frameworks to ensure improved access to essential psychotropic medicines.

**Investing in mental health benefits and Building a Healthy Work Culture**

Investing in mental health pays off. Most employees (84 percent) say that when considering a new job, it is at least somewhat important that the prospective employer offers mental health benefits. When employees feel their companies support their mental health, they are less likely to experience symptoms of mental illness, miss work, or underperform. They are also more likely to talk about mental health concerns, feel satisfied with their job, and feel proud to work at their company. Be intentional about how you design your team's work and your workplace culture, so you can create an environment that supports mental well-being. For example, give employees flexibility in how they structure their day or where they get their work done, encourage employees to approach their supervisors if expectations or workloads become difficult to manage and commit to finding solutions together, model healthy behaviors by using paid time off (PTO) and talking about how you make time for self-care, accommodate paid time off to focus on improving mental, not just physical, health. Adopt company policies that reflect employee mental health needs and provide outlets for expressing concerns and asking for support, foster a culture of connection by implementing support groups, employee resource groups, and informal opportunities for socializing.

**Proactively combat stigma and Create Awareness**

Employers play an important role in destigmatizing mental illness. Some of the steps you can take include: encouraging managers and company leaders to talk openly about their mental health, which helps others feel more comfortable opening up as well, talking about mental health on all-company calls, doing regular check-ins and surveys, and following through with meaningful action based on the findings, developing anti-stigma campaigns, forming a team of "mental health champions" who build awareness and act as non-judgmental sources of support.

Addressing mental health illnesses in Kenya requires a multi-pronged approach that includes awareness-raising, community engagement, and increased resources for mental health services. First, it's essential to increase awareness and understanding of mental health illnesses through education campaigns that challenge myths and misconceptions. The government can work with non-governmental organizations and community groups to promote mental health awareness, reduce stigma, and encourage individuals to seek help which can be done by providing support systems for those struggling with mental health illnesses. Community-based interventions such as mental health awareness campaigns, support systems, and community-based rehabilitation programs can be effective in reducing the stigma associated with mental health and increasing access to care. For example, in Kenya, several organizations have stepped up to address the mental health crisis in the country. Basic Needs Basic Rights Kenya, Africa Mental Health Research and Training Foundation, Kamili Mental Health Organization, Mental 360 and Shamiri Health are among the organizations that have been at the forefront in providing preventive and promotive mental health services, raising mental health awareness, and creating support systems for individuals living with mental health challenges. These organizations have been working tirelessly to reduce the stigma associated with mental health, increase access to care, and promote mental health in Kenya. Through their efforts, they have provided hope and support to individuals and families affected by mental health illnesses.

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There is strong evidence suggesting that factors that delay or prevent mental illness treatment include low levels of knowledge regarding mental illness and prejudice and discrimination against people with mental illness (Karimi et al., 2014). There is a need to create awareness about therapeutic interventions that are available for mental health problems both in the community and among University students. Whilst patients and students would want to seek treatment, not knowing what treatment would entail hinders them. Equally, a finding of this study was that students believed that the counseling center would only help them with relationship issues. Karimi, Muthaa, Bururia, Karimi, and Mburugu (2014) had reported that university students often seek counseling for career/educational needs, life skills, and personal needs. It could be as well because of the perception that these are the only services offered in counseling centers. The need for forums dedicated to disseminating information to students about what therapy is, what it entails, what are the expected outcomes of the process, could not be understated. Where more than one therapeutic modality is offered to students in the university, they would also need to be informed about this, for instance, that group therapy, peer to peer counseling, telephone counseling, or online counseling are also offered and are an option to face-to-face counseling if an individual were to experience mental health problems. On talks and forums to raise awareness, more needs to be done to challenge and address stigma. Stigmatization of mentally ill patients and their caregivers should be addressed through education and creating awareness about mental illness up to the grass root levels. This way, individuals who coexist together with mentally ill patients can have a better understanding of what they need and how they should be treated socially. This could be well achieved by discussing causes and treatment of mental illness.(Atiola,O. 2015).

**Research Implications**

Barriers to mental illness treatment are interconnected and can impede patient and caregiver involvement in mental health systems and restrict utilization of available services. Therefore, an integrated approach should be employed to conduct more research that directly addresses the mental illness disease burden and treatment gap in Africa. Findings from studies suggest that more observational studies should be conducted to facilitate knowledge acquisition, specifically within the African Scientific Community (Ali and Agyapong, 2016, Shah et al., 2017, Anderson et al., 2013

## CONCLUSION

In conclusion, mental health awareness is crucial for the well-being of individuals and the society at large. Mental health illnesses are a significant issue in Kenya and have caused devastating consequences for individuals, families, and communities. However, by addressing the stigma and the social determinants of mental health illnesses, providing accessible mental health services, and raising awareness of mental health issues, we can create a more supportive environment for those struggling with mental health challenges. It is essential for each and everyone to play a role in raising mental health awareness and to be supportive of anyone having mental health challenges. This involves being non-judgmental, providing a listening ear, and encouraging those who may be struggling to seek professional help. By doing so, we create a more compassionate and inclusive society, where everyone can thrive regardless of their mental health status.

This paper elucidates the importance of recognizing and addressing barriers to mental illness treatment in Kenya and other African countries. The barriers to mental health care include attitudinal, economic, physical, political, and infrastructural barriers that are interconnected and can not only impede patient and caregiver involvement in mental health systems, but also restrict utilization of available services if not addressed. An integrated approach involving additional research along with a thorough plan to mitigate all the barriers, with revisions and/or implementation of policies and infrastructural plans that directly address the mental illness disease burden and treatment gap in Africa, will be necessary to begin to see systemic change in addressing mental illness in African countries. Dialogue regarding mental illness within African

communities is fundamental to decreasing the stigma experienced in these communities. Awareness will help combat stigma, prejudice, and discrimination faced by individuals with mental illnesses and related stakeholders. This will further promote community knowledge and ultimately improve the wellbeing of those affected by mental illnesses within African countries, Kenya included.

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