

KENYA - IMPROVING REFERRAL FOR ADOLESCENTS WITH MENTAL HEALTH DISORDERS IN NAIROBI: A PILOT STUDY

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Overview

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NOTES

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Overview

ABSTRACT

Recent findings from the Kenya National Adolescent Mental Health Survey (K-NAMHS) show that over two-fifths (44%) of adolescents in Kenya experienced a mental health problem in the past 12 months, yet only 11% sought services for emotional and behavioural problems. Among those who sought help, 34% turned to religious or faith leaders, while 32% sought support from school staff. Very few consulted doctors or nurses (10%). While some mental health conditions can be adequately addressed by religious leaders and school teachers through counselling, others require specialised treatment and care in mental health facilities. For example, psychiatric and neurological conditions such as epilepsy, schizophrenia, and psychosis need specialist intervention. However, in Kenya, there is no clear referral pathway linking religious and faith leaders with clinical services for such conditions.

The general objective of this study was to determine the acceptability of establishing referral pathways between religious/faith leaders, school teachers/resident nurses, and professional mental health services in Nairobi. The specific objectives were:

- (i) To identify barriers and facilitators of adolescent referrals from religious leaders and secondary school teachers/resident nurses to professional mental health providers or facilities; and
- (ii) To identify mental health services and facilities in Nairobi City County as well as the existing referral services.

The study was conducted in Nairobi County using a mixed-methods approach. We carried out key informant interviews with Nairobi mental health service focal persons and in-depth interviews with religious/faith leaders, secondary school nurses, and guidance and counselling teachers. Quantitative methods were also employed to abstract data from facilities offering mental health services in Nairobi County. Data abstraction was conducted through interviews with the Nairobi County mental health department. Qualitative data were analysed deductively using a pre-specified framework and inductively to incorporate emerging factors identified by respondents. Quantitative data were analysed descriptively and summarised in tables.

The study lasted one year and cost approximately US\$10,000. The outcomes included insights on feasibility, acceptability, and existing gaps in establishing referral pathways for adolescent mental health conditions between religious/faith leaders, schools, and clinical services in Kenya. It also assessed the readiness of the healthcare system to manage referred cases. The findings will contribute to the development of a comprehensive mental health referral pathway linking professional mental health services with other providers, thereby improving care for adolescents with mental health needs.

UNITS OF ANALYSIS

Individual

Institutional

Scope

NOTES

The scope of the Improving Referral for Adolescents with Mental Health Disorders in Nairobi (RAMH Project) includes:

RELIGIOUS/FAITH LEADERS: Knowledge and perceptions of mental health, role in providing care and support, barriers and facilitators in providing care for adolescents, collaboration with the healthcare system, community education and awareness, attitudes towards referral, and stigma reduction.

SCHOOL STAFF (Guidance and Counselling Teachers, School Nurses): Burden of mental health among students, types of mental health care and services provided, challenges in providing care, challenges faced by students in seeking care, referral practices, barriers and facilitators of referral, and training and support needs.

MENTAL HEALTH FOCAL PERSONS (Nairobi City County): Burden of mental health conditions in the community, services available for adolescents and youth, factors facilitating or hindering access to care, challenges in service provision, capacity of community and health facilities, existing referral processes, and strategies to strengthen referral pathways.

FACILITY MAPPING: Identification of facilities providing mental health services in Nairobi County, types of services offered, availability of referral services, and contact information of providers.

KEYWORDS

Adolescent mental health, Referral pathways, Mental health services, Barriers and facilitators, Religious leaders, School staff, Nairobi County

Coverage

GEOGRAPHIC COVERAGE

Capital city (Nairobi County, Kenya)

UNIVERSE

The study targeted:

-Religious/Faith Leaders (Protestant, Catholic, Seventh Day Adventist, and Muslim)

-Secondary School Staff (guidance and counselling teachers, and school nurses) from both public and private schools in Nairobi County

-Nairobi City County Mental Health Focal Persons responsible for mental health service provision and referral coordination

The primary beneficiaries of the study are adolescents aged 10–19 years in Nairobi County, who are the focus of referral pathways for mental health care.

Producers and Sponsors

PRIMARY INVESTIGATOR(S)

Name	Affiliation
Daniel Mtai Mwanga	African Population and Health Research Center (APHRC)

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FUNDING

Name	Abbreviation	Role
African Population and Health Research Center	APHRC	Funder

OTHER ACKNOWLEDGEMENTS

Name	Affiliation	Role
Stella Wangari Waruinge	Nairobi County Government	Mental Health Technical Advisor

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Sampling

Sampling Procedure

We used convenience and purposive sampling approaches to identify the study participants for the qualitative interviews. Purposive sampling was used to select the key informants among mental health focal persons in Nairobi County. We used convenience sampling to select religious/faith leaders and secondary schools guidance and counselling teachers and nurses depending on their availability for interviews during the study period. The sample size for the qualitative interviews depended on response saturation.

We spread the sampling to get representation from all sub-counties in Nairobi City County. Mental health service data abstraction was conducted through desk review and interviews with a representative of the mental health department in Nairobi City County. The study extracted as much information as possible using the resources available for all facilities in the Nairobi County mental health department database.

Deviations from Sample Design

There was no deviation from the original sample design.

Response Rate

The response rate was 98%.

Weighting

N/A

Questionnaires

Overview

Data collection was conducted in two phases. The first phase involved quantitative data abstraction from facilities providing mental health services in Nairobi County. The second phase applied qualitative methods, including KIIs and IDIs, to explore barriers and facilitators of adolescent mental health referrals and to identify existing referral pathways. A total of 62 respondents were recruited: 12 mental health focal persons, 30 religious leaders, and 20 secondary school guidance and counselling teachers and resident school nurses.

1) Key Informant Interviews with Mental Health Focal Persons

>The key thematic areas included:

- Burden of mental health conditions in the community (extent, types of conditions, affected groups)
- Mental health services provided (types of care, available interventions, unmet needs)
- Mental health among adolescents and youth (knowledge levels, sources of care, services sought)
- Facilitators of access to mental health services (enabling factors at individual, community, and system levels)
- Barriers to access and service provision (knowledge gaps, stigma, financial constraints, resource limitations, system-level barriers)
- Challenges in providing care for adolescents with mental health conditions
- Capacity of community and health facilities to provide mental health care (school nurses, counsellors, religious leaders, etc.)
- Referral processes for adolescents and youth (existence, clarity, gaps, and possible improvements)
- Strategies to strengthen referral pathways (recommendations for system, community, and provider-level improvements)

2) In-depth Interviews with Secondary School Guidance and Counselling Teachers and School Nurses

>The key thematic areas included:

- Burden of mental health conditions among students (extent, comparison with general public, most prevalent conditions)
- Types of services provided in schools (treatment, counselling, referral, outreach, screening, rehabilitation, unmet needs)
- Challenges in providing mental health care (resource constraints, stigma, difficult cases, barriers encountered)
- Students' challenges in seeking care (awareness, stigma, financial constraints, perceptions)
- Referral practices and attitudes (perceptions of referral as part of role, existing referral practices, facilitators, barriers)
- Training and support needs (skills, resources, or support required to improve referral and care capacity)
- Strategies for improving referral pathways (recommendations to overcome barriers and strengthen links with health facilities)

3) In-depth Interviews with Religious Leaders

>The key thematic areas included:

- Knowledge and perceptions of mental health (awareness, conditions affecting community, perceived causes)
- Role of religious leaders in providing mental health support (types of care/support offered, age groups served, situations prompting care-seeking)
- Barriers faced in addressing mental health needs of adolescents (conditions or circumstances difficult to manage, challenges in practice)
- Facilitators of providing support (cultural/religious practices, enabling factors, successful experiences)
- Collaboration with the healthcare system (experience with referrals, perceived role, training/resources needed)
- Attitudes towards referrals (comfort with referring adolescents, factors that encourage or discourage referral)
- Stigma and misconceptions (community beliefs, stigma in adolescents vs adults, role of leaders in stigma reduction)
- Community education and awareness (leaders' role in raising awareness, strategies to reduce stigma, leveraging religious/cultural practices)

Data Collection

Data Collection Dates

Start	End	Cycle
2024-04-29	2024-05-09	Phase 1 (Quantitative)
2024-06-10	2024-08-07	Phase 2 (Qualitative)

Data Collection Mode

Other [oth]

Questionnaires

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Supervision

Data collection activities were supervised by the Principal Investigator and Co-Investigators from the African Population and Health Research Center (APHRC). The Qualitative Team Leader, who initially joined the project as a Research Intern, coordinated the fieldwork, ensured adherence to the study protocol, and monitored the progress of both quantitative data abstraction and qualitative interviews. Regular debriefing sessions were conducted with the data collection team to review challenges, clarify procedures, and ensure data quality. Completed interview transcripts and facility data abstraction forms were reviewed by supervisors for accuracy, completeness, and consistency prior to data processing and analysis.

Data Processing

Data Editing

Quantitative data from facility records were entered into Excel spreadsheets and were mainly descriptive, focusing on the mental health services offered, the types of mental health conditions managed by the mental health focal persons in each sub-county, and the designated clinic days. Qualitative data were audio-recorded, transcribed verbatim, and anonymized to protect participant confidentiality. The transcripts were reviewed against the original audio recordings to ensure accuracy, and data cleaning involved verifying consistency across facility abstraction forms and qualitative transcripts. Coding of qualitative data was conducted using NVivo version 15 software, guided by a codebook framework developed specifically for this study. All cleaned transcripts were securely stored and prepared for analysis.

Other Processing

All qualitative transcripts were anonymized by removing personally identifiable information prior to analysis to ensure participant confidentiality. Transcripts were reviewed and standardized to maintain consistency in formatting. A codebook framework was developed and refined iteratively during the qualitative data analysis process. Coding was conducted using NVivo version 15 to facilitate thematic analysis. For the quantitative dataset, variables were checked for consistency and clarity, and descriptive tables were generated to summarize the distribution of mental health services offered, the types of conditions managed, and the designated clinic days across sub-counties.

Data Appraisal

Estimates of Sampling Error

N/A

File Description

Variable List

Documentation

Reports

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