Policy Brief

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Every Suicide Is A Preventable Tragedy, A Need For An Integrated Care Model In Kenya

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Source: Freepik.com

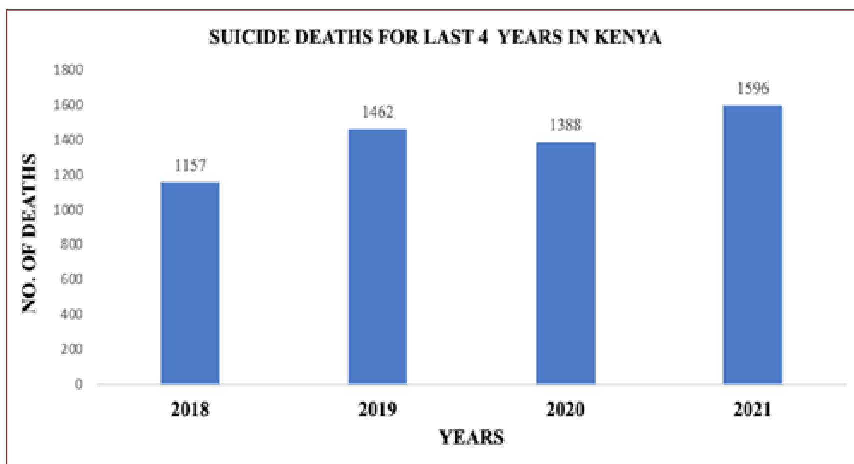
Key Messages

- Every day **4** people die of suicide in Kenya, globally **1** person dies every 40 seconds.
- **75%** of Kenyans do not have access to mental health services.
- Integration of mental health services in primary care in Kenya will save **190** lives every year.
- Training of primary health care workers is key in realization of this goal.

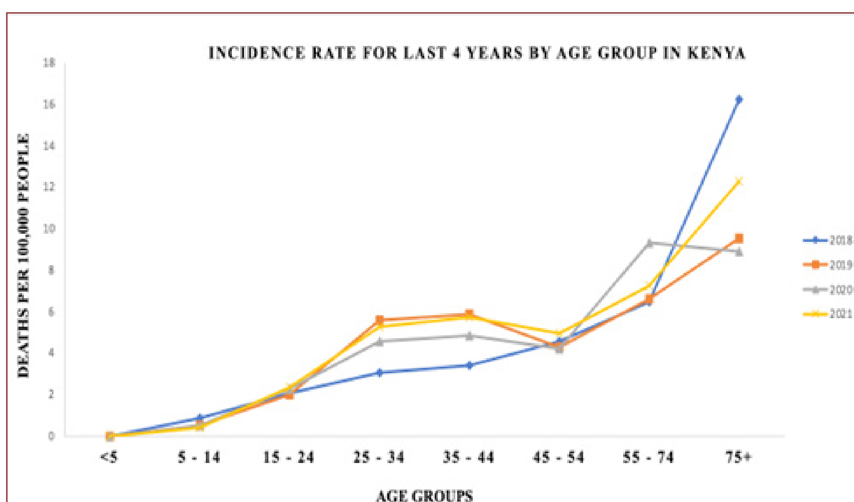
Problem Statement

Globally, suicide ranks among the three leading causes of death (1). An estimated 703, 000 people take their own lives each year, and many more attempt suicide (2). According to WHO, there are approximately 4 suicide deaths in Kenya every day, with a crude suicide rate of 6.1 per 100,000 people and an age-standardized suicide rate of 11.0 per 100,000 people (2).

Data from the civil registration services between 2018-2021 showed increasing prevalence of suicide deaths in 2019 and 2021. However, this might not be an accurate representation of the situation in the country due to criminalization of suicidal attempts in Kenya affecting suicide surveillance in the country (3).



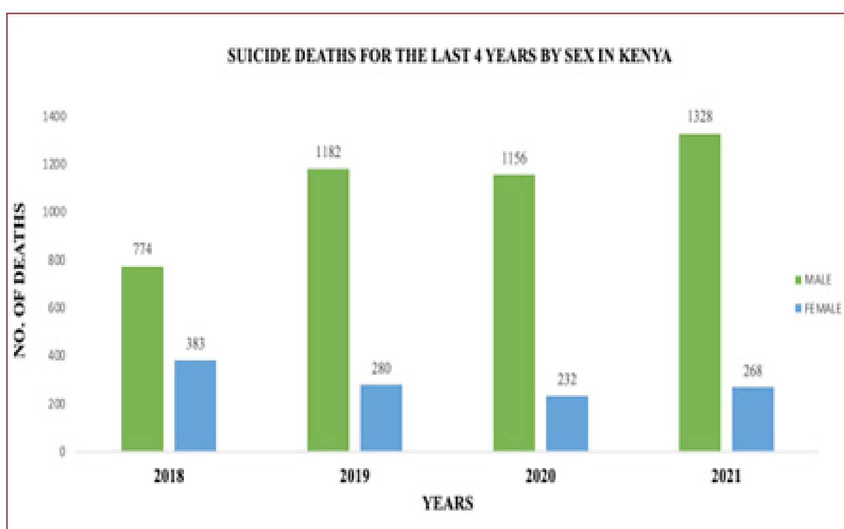
This data identified vulnerable populations to suicide been older persons (Ages 55 to 64) and young adults (ages 25 and 44).



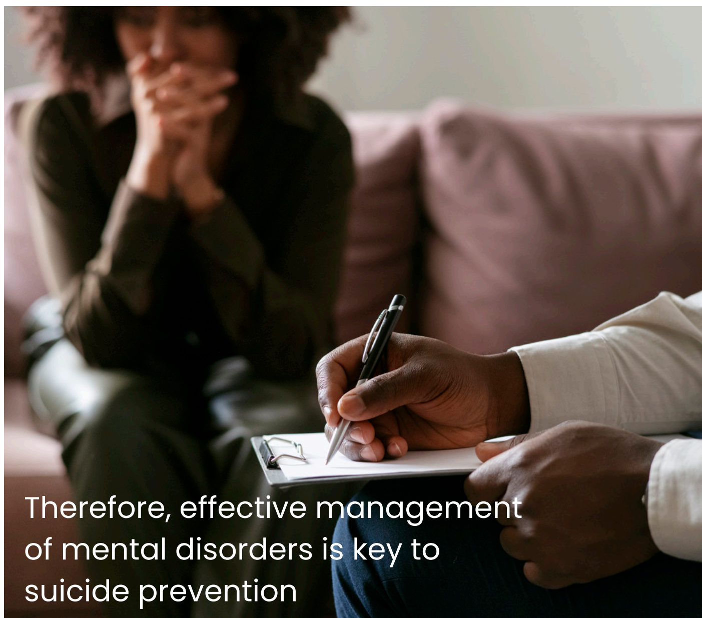
Consistently, across the 4 years, suicide deaths in men were 5 times greater than in women. This could be attributed to a number of factors with evidence showing use of lethal means of suicide by men globally (2) and a significant correlation with the reported number of friends who have tried suicide in the past and Low self-esteem in society as contributing factors (4).

Critical root cause of suicide in Kenya is: **Limited access to mental health services impacting 75% of Kenyans (5)**

The situation is compounded by the low detection rates of mental health disorders (1.7% and 4.1 %) at Primary healthcare facilities (6,7)



This means many people with Mental health disorders visiting public health facilities might be undiagnosed therefore not treated despite evidence showing an inter link between suicidal behavior and depression and anxiety disorders (8).


Therefore, effective management of mental disorders is key to suicide prevention

The government has been on the forefront to curb the rising tide of suicide in the country through a number of different initiatives, including;

- Development and launch of suicide prevention strategy 2021-2026
- Appointing a national multisectoral technical working group tasked with implementation of this strategy
- Development and launch of Kenya mental health action plan 2021-2025
- Raising awareness about suicide through digital platforms and TV/Radio
- Commemoration of World Suicide prevention Day.

One of the key action areas in the national suicide prevention strategy is to integrate mental health services in primary healthcare. The implementation of this action area is further outlined in the Kenya mental action plan 2021/2025 (9). However, there have been a number of key challenges towards effective integration of mental health services which include:

- Inadequate financing of mental health at national and county levels with the government spending less than 0.01% of the health budget on mental health.
- Inability of primary health care workers to detect, diagnose and manage mental health conditions.

Policy Options

What are the options?

To improve access to mental health services we recommend the following policy options:
(1) Training of primary health care workers.
(2) Integration of mental health services into primary health care services.

OPTION 1; TRAINING OF PRIMARY HEALTH CARE WORKERS

WHAT:
- To train 600 primary health care workers in 5 regional blocks.

WHY:
- Limited mental health services at primary healthcare.
- Low mental health literacy among the primary healthcare workers.
- Training increases knowledge, skill, and self-efficacy.

FEASIBILITY: Medium-High.
- Quality of detection and management of mental disorders in primary health care.

OPTION 2: INTEGRATION OF MENTAL HEALTH SERVICES IN PRIMARY HEALTH CARE

WHAT:

- Training 600 primary health care workers in 5 blocks.
- Access to essential psychotropic medicines
- Recruitment of additional health care workers (Psychiatric nurses, Psychologist, Medical social workers etc)
- Technical support and supervision from the national team

WHY:

- Reduce stigma when seeking mental health services by making mental healthcare accessible through regular primary healthcare
- Acceptable and accessible for most users and families.
- Better health outcomes for people with mental health conditions and
- Improved treatment outcomes for people with co-existing conditions.

FEASIBILITY: Medium.

- Improve outcomes for both physical and mental health
- Overall cost effectiveness
- Improve access to mental health services.

The table below summarizes the economic evaluation per policy option where our status quo for suicide deaths were 1596. There was a slight decline on expected number of suicide deaths with training and integration arm accounting for 1544 and 1406 respectively. Training HCWs was estimated to save 52 lives annually while integration approach saved 138 more lives than training. Additionally, government expenditure will be higher for the integration policy than training of HCW. However, the economic evaluation found Integration of mental health in PHC been more cost-effective.

ECONOMIC EVALUATION TABLE

Policy Option	Status Quo	Training	Integration
Expected number of suicide deaths	1596	1544	1406
Estimated lives saved annually	N/A	52 deaths averted	190 Suicide deaths averted
Estimated cost to the government	N/A	Ksh. 189,500,000	Ksh. 196,625,000
Cost/life saved	N/A	Ksh. 3,663,467	Ksh. 1,033,936

FEASIBILITY TABLE

Policy Option	Status Quo	Training	Integration
Political feasibility	High	Medium	High
Operational feasibility	Medium	High	Medium

Recommendations and next steps

Integration of mental health at primary care is key to suicide prevention.

- This intervention is feasible and cost effective. However, adequate financing and commitment from National Government and County Governments is critical to the success of this.
- Even with the existing policy framework in the country, we are conscious that effective integration of mental health services in PHC will require a series of developments geared towards advocacy, partnership and collaboration, resource allocation, training and monitoring.

Next steps:

i. Operationalize national suicide prevention program

ii. Allocation of financing for the national suicide prevention program

iii. Public awareness campaigns and advocacy efforts on mental health at national and county level

Abbreviations

i. **PHC** - Primary Health Care

ii. **HCW** - Health Care Workers

iii. **WHO** - World Health Organizations

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