ABSTRACT

ENHANCED MENTAL HEALTH DATA REPORTING: THE DEVELOPMENT OF THE MENTAL HEALTH INDICATORS AND THE MENTAL HEALTH MORBIDITY SUMMARY TOOL.

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Introduction
In Kenya, mental illness affects about 25% of outpatients and 40% of inpatients, with psychosis impacting 1% of the general population. Despite policy provisions, current health information systems lack adequate tracking of mental health conditions and interventions. The Mental Health Taskforce recommended creating a dedicated mental health data system and conducting regular surveys. In response, the Division of Mental Health initiated efforts to bridge this critical data gap. The goal was to strengthen mental health data reporting in Kenya by assessing existing indicators and tools, documenting the development of standardized mental health reporting mechanisms, and evaluating their integration into the national health information system.
Method
A multi-stakeholder, phased approach was used to improve mental health data reporting in Kenya. A situational analysis guided the co-development of standardized indicators and a morbidity summary tool for integration into KHIS. This informed the co-development of mental health indicators and a standardized morbidity summary tool for integration into the Kenya Health Information System (KHIS), capturing key data such as age, sex, visit type, and facility details. The tool was piloted in 16 facilities across 14 counties, followed by training, weekly reporting, and an evaluation workshop. Based on feedback, the tool was refined and validated for national scale-up.
Findings.
A situational analysis revealed that mental health data is currently captured in the Kenya Health Information System (KHIS) through various existing tools. These include the general outpatient morbidity registers for under-5s (MoH 705A) and over-5s (MoH 705B), which record the number of patients with mental health disorders seen at outpatient clinics. The Service Workload Report (MoH 717) captures psychiatry clinic attendance, while the Integrated Summary Report (MoH 711) covers a broad range of mental health services such as psycho-social counselling, alcohol and drug abuse, adolescent mental health issues, assessments, social investigations, rehabilitation, outreach services, health talks, and mental health referrals. At the community level, the Community Health Reporting Tool (MoH 515) tracks the number of individuals with mental illness referred by Community Health Volunteers (CHVs), although this data remains within the community health system rather than being reflected at the facility level. Additional tools include the AWP Monthly Service Delivery Report, which records new outpatient cases with mental health conditions, and hospital administrative statistics that document inpatient numbers in psychiatric wards. The NCD Facility Commodity Data Report (MoH 647B), piloted in three counties, monitors the availability of selected mental health and neurological medications such as Haloperidol, Amitriptyline, and Carbamazepine.
Conclusion & recommendations
The development and piloting of the Mental Health Morbidity Summary Tool have addressed key gaps in Kenya's mental health data reporting by introducing standardized indicators into the Kenya Health Information System (KHIS). The tool proved feasible, user-friendly, and capable of generating comprehensive data to support planning and resource allocation. To sustain these gains, national rollout is recommended, alongside continuous training of health workers, stronger integration of community and facility data, routine use of mental health data for decision-making, and periodic review of indicators to adapt to emerging needs.

Key Words: Data, mental health, health information system, healthcare, hospital

Word count: 494 words