17th KPA Annual Scientific Conference



Contribution ID: 2 Type: Oral Presentation

Increasing access to Mental Health services by Capacity Building and Community Integration: Insights from Kilifi County, Kenya

Friday 5 September 2025 10:30 (15 minutes)

Background

Kilifi county faces a growing mental health burden, with only 0.6% (12,000 cases) of its 1.7 million outpatient workload diagnosed with mental health conditions, clearly indicating significant under diagnosis. Mental health services in Kilifi County have long been limited by limited personnel, poverty, stigma, inadequate funding and political goodwill. To address this, a targeted initiative focused on building mental health capacity among healthcare providers (HCPs) and community members, while establishing effective community-level screening, referral, and follow-up mechanisms.

Objective

To strengthen Kilifi's mental health system through structured training and continuous capacity building of healthcare providers and integration of mental health into primary care aimed at improving early identification, support, and referral for individuals with mental health needs.

Methodology

Beginning in early 2024, deliberate and ongoing efforts were implemented to build the capacity of healthcare providers in mental health care. In addition, 66 healthcare providers and 51 community members were trained using a newly developed mental health manual. The focus areas included:

- Mental health screening at facilities (Depression/ Anxiety screening Majorly).
- Psychological First Aid (PFA)
- Basic counseling and communication skills
- $\hbox{\bf \bullet } Community \ based \ psychoeducation \ through \ outreaches.$
- Mental health referral, documentation and linkage systems.

These efforts were supported by county health leadership and aligned with broader system reform goals. Results

• Mental health screening numbers significantly increased between 2023 and 2024, demonstrating the combined effect of formal training and continuous capacity building:

PHQ-9 screenings rose from 5,293 in 2023 to 25,749 in 2024 (a nearly 5-fold increase).

GAD-7 screenings rose from 4,866 in 2023 to 30,005 in 2024 (a more than 6-fold increase).

Newly screened individuals also increased sharply: PHQ-9 from 165 to 679, and GAD-7 from 137 to 757.

- Screening tools were successfully integrated into routine service delivery at health facilities and documentation was also enhanced using registers.
- Referral pathways and care linkage improved, with the average time from screening to referral reducing by an estimated 65%, enabling faster access to specialized psychological care.
- 87% of trained healthcare providers reported sustained use of skills learned, actively applying psychological first aid, screening tools, and peer support strategies.
- The initiative contributed to a cultural shift, as evidenced by increased self-reporting and help-seeking behavior across key and vulnerable populations, including adolescents, women, and persons living with HIV. Conclusion

This initiative highlights that mental health system strengthening in resource-limited settings requires not only one-time training, but intentional, continuous capacity building, institutional support, and strong community engagement. The model implemented in Kilifi County demonstrates how local health systems can

sustainably expand access, reduce stigma, and embed mental health within primary care.

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Track Classification: Community Mental Health in the 21st Century: Innovation, Integration, and

Impact: Community-Driven Prevention, Promotion and Early Intervention in Mental Health.