OT POWER ABSTRACT

Title: Piloting Community-Centric Employment and Housing Solutions for Long-Stay Mental Health Patients at Mathari National Teaching and Referral Hospital

Background:
Abandonment and prolonged hospitalization of patients in mental health facilities is a significant yet under-researched issue in Kenya's mental health system. At Mathari National Teaching and Referral Hospital—the largest mental health facility in the country—a considerable number of patients remain admitted for extended periods, not due to clinical need, but because of abandonment by families, lack of social support, legal complications, or systemic gaps in discharge and community reintegration mechanisms.

This phenomenon presents multiple challenges: it strains already limited hospital resources, compromises the quality of care for both long-stay and newly admitted patients, and violates the rights and dignity of affected individuals. Furthermore, long-term institutionalization may lead to social isolation, loss of functional independence, and worsening mental and physical health outcomes. Addressing this gap is essential for improving patient autonomy and reducing institutional dependency as well as improving efficient use of limited mental healthcare resources.

Objective:
This pilot program aims to develop and implement a comprehensive model that supports long-stay patients in MNTRH hrough sustainable employment and community-based housing solutions.

Methodological Approach:
MNTRH in a multi-stakeholder collaboration with a community based MH rehab team from Parivartan Trust (India) and mental health researcher from NYU (USA), a pilot initiative that evaluates needs and readiness to change program and policies has been undertaken. The methodological approach involves: (1) establishing skill-building and employment initiatives in partnership with local businesses and cooperatives, and (2) piloting transitional and independent housing models, including halfway homes and (3) carrying out rapid feedback and evaluation loops with these teams. The implementation is supported by staff training, ongoing mentorship, patient-centered planning, and regular monitoring and evaluation.

Expected Outcomes:
The pilot seeks to reduce long-term inpatient stays, enhance patient quality of life, and demonstrate a replicable model for community reintegration. Key outcomes include functional employment for patients, establishment of housing units tailored to varying levels of autonomy, and strengthened multi-sectoral collaboration.

Conclusion:
This initiative would provide pointers towards what may be a scalable model for deinstitutionalization and recovery-oriented care in Kenya, promoting dignity, inclusion, and long-term wellbeing for individuals with severe mental illness.

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