Kenyan Mental Health Policy Change Advocacy Plan

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Abstract: **This paper presents a strategic blueprint for advocating a transformative policy shift addressing mental health in Kenya. Despite its significant impact on society, economy, and justice, mental health remains an under-addressed concern in the country. The plan details the process of identifying the current issues, specifying desired outcomes, outlining essential tactics, and emphasising leadership's role in successful implementation. It encompasses a comprehensive strategy involving community mobilisation, policy analysis, lawmaker engagement, and media outreach. Leadership is pivotal in team coordination, research, and overcoming potential obstacles to facilitate effective policy transformation. The goal of this advocacy plan is to improve mental health services, reduce stigma, and advocate for equitable access to mental health care in Kenya, fostering a healthier and more just society.**

Keywords: **advocacy, mental health, policy change, stigma.**

1. INTRODUCTION

Mental health is a comprehensive state of well-being encompassing emotional, psychological, and social aspects (Huppert & So, 2013). It enables individuals to effectively negotiate their life difficulties, achieve success in their professional endeavours, have fulfilling relationships, and make important contributions to their communities (Komeili & Bolhari, 2018). Ryff and Singer (2018) argue that this notion encompasses various elements, such as emotional resilience, self-esteem, and stress management, which impact a person's overall quality of life and wellness.

Mental health is important in Kenya, yet the national policy framework inadequately addresses this issue (Musyimi et al., 2017). Patel et al. (2018) emphasises that despite the significant impact of mental health issues on many individuals, they are frequently disregarded and marginalised in both public discourse and policy discussions. This problem is not unique to Kenya, and the consequences of such neglect are substantial, encompassing economic challenges, social exclusion, and human rights violations (Mahomed et al., 2020).

This paper delineates a comprehensive strategic approach to catalyses a paradigm shift in mental health policies within Kenya. The foundation of this strategy rests on recognising that effective advocacy plays a pivotal role in bringing about substantial transformations in mental health, as highlighted by Dockweiler (2023). The primary goal is to amplify the accessibility of mental health services, alleviate the pervasive societal stigma associated with mental health issues, and safeguard the rights of individuals grappling with mental health disorders by enacting policy adjustments proposed by Ndetei and Jenkins (2009)

The advocacy plan is created as a comprehensive strategy comprising multiple vital elements. The process involves mobilising support from local communities to amplify voices (Kiima & Jenkins, 2010), performing a thorough examination of current mental health policies (Marangu et al., 2021), engaging with legislators to advocate for legislative changes (Maina et al., 2010), contacting the media to raise awareness (Kamaum & Riany, 2023), and organising peaceful protests to underscore the significance of mental health reform (Kiima & Jenkins, 2010).

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The significance of leadership in executing this advocacy plan is important (Reid & Silver, 2013). The process involves orchestrating many teams and committees, researching to support data-driven decision-making (Patel et al., 2018), and formulating contingency plans to address potential obstacles that could impede the advocacy process. At the start of this advocacy initiative, the plan envisions a future where Kenya's mental health policies are equitable, empathetic, and centred on upholding human rights. The objective is to foster a culture that diminishes the difficulties associated with mental health issues, ensuring equitable access to healthcare, and replacing negative attitudes with empathy as advocated by Lund et al. (2013).

Impact of Mental Health in Kenya

Kiima et al. (2004) highlight the substantial economic impact of mental health issues in Kenya, affecting around 10% of the population. Conditions such as depression and anxiety not only impose significant challenges on individuals and their families but also lead to broader economic consequences. As outlined by Jenkins et al. (2010), mental health problems contribute to reduced productivity and increased absenteeism in the workplace. Employees grappling with mental health issues struggle to unleash their full potential, thereby constraining overall output. Additionally, individuals with mental health disorders exhibit elevated rates of absenteeism and turnover, leading to increased labour costs for businesses (Kiima et al., 2004).

Furthermore, the financial burden associated with addressing mental health disorders in Kenya is substantial. The healthcare system is under considerable strain, often lacking adequate funding for mental health services. This situation forces individuals to bear the cost of expensive private care or forego therapy altogether (Kiima et al., 2004). The economic impact extends beyond healthcare and the workplace, as psychological disorders contribute to heightened poverty rates. Individuals struggle with maintaining employment and productivity, leading to a ripple effect on their overall well-being. Additionally, untreated mental illness results in significant indirect costs to the criminal justice system, homelessness, and disruptions within families (Mugisha et al., 2011).

Mental health challenges in Kenya exert a substantial and widespread economic impact on individuals, employers, and society (Jenkins et al., 2010). It is imperative to embrace a holistic approach that addresses multiple facets of this issue, including increased allocation of resources to mental health services, mitigating the stigma associated with mental health, and implementing workplace programs to offer support (Mugisha et al., 2011). According to Kiima et al. (2004), failing to confront this challenge would continually erode the economic and social well-being of the nation.

The impact of mental health disorders in Kenya is profound, affecting not only individuals but also families and the broader public (Ebuenyi et al., 2019). According to Ebuenyi and colleagues, mental health disorders in the country carry diverse and deeply rooted social consequences. The widespread social stigma surrounding mental health contributes to discriminatory practices and the exclusion of those grappling with such issues. Individuals facing mental health challenges may experience ostracism, prejudice, and social isolation, factors that can exacerbate their symptoms and impede their recovery. This societal stigma also deters individuals from seeking help, as they fear potential negative social repercussions (Marmot, 2013).

Furthermore, as emphasised by Tele et al. (2022), families and communities experience substantial impacts. Providing care for those suffering from mental health conditions can be emotionally and financially burdensome, resulting in damaged family connections and heightened social support requirements. Due to the inadequate mental health infrastructure in the country, families frequently encounter difficulties in obtaining suitable services and support (Jenkins et al., 2010).

The wider societal consequences encompass a diminished labour force and economic output, as persons grappling with mental health disorders may encounter difficulties in sustaining employment (Jenkins et al., 2010). This impacts individuals, families, and communities, leading to social and economic pressures. Moreover, if mental illness remains untreated, it can exacerbate the issue of homelessness and lead to engagement with the criminal justice system, placing an additional burden on social resources (Mugisha et al., 2011).

The significant impact of mental health on justice and human rights in Kenya is a matter of considerable concern. One pivotal issue revolves around insufficient access to mental health care services, particularly affecting marginalised individuals facing disadvantaged circumstances (Jenkins et al., 2011). The scarcity of mental health resources exacerbates pre-existing societal disparities, leading to a heightened likelihood of individuals with mental illnesses becoming entangled in the criminal justice system (Nah, 2021).

In Kenya, as in many low- and middle-income countries, addressing the mental health implications within the judicial system is a pressing need. A comprehensive mental health policy advocating for community-oriented support and reintegration rather than incarceration is crucial (Jenkins et al., 2010). Furthermore, the criminal justice system must undergo essential reforms to accommodate individuals grappling with mental disorders, ensuring they receive appropriate treatment and assistance. There is a significant need to actively promote awareness of mental health and challenge the negative perceptions surrounding it. This is vital to ensure fair and impartial access to justice for individuals with mental health conditions (Muema et al., 2023).

Neglecting these issues can result in human rights violations, such as prolonged imprisonment without a fair trial, limited access to mental healthcare, and instances of severe and degrading treatment in prisons (Obame, 2017). The justice ramifications of mental health in Kenya require a comprehensive strategy involving the government, non-governmental organizations, and the international community. The shared goal of this collaborative effort is to create a fair and impartial society for individuals dealing with mental disorders (Musyimi et al., 2017).

Short, Medium, and Long-term Goals

In the immediate future, the main objective will be to increase public knowledge regarding mental health concerns, diminish social disapproval, and advocate for early detection and treatment. This involves conducting public awareness campaigns through various media channels, community outreach programs, and workshops targeting schools and workplaces, as highlighted by Mutiso et al. (2019). Emphasising the significance of diminishing stigma and increasing awareness is crucial, as studies indicate that public awareness campaigns have successfully decreased stigma (Corrigan & Rao, 2012), hence promoting early intervention and treatment (Sirey et al., 2005).

In the medium term, the advocacy initiatives will focus on promoting policy reforms designed to improve the accessibility of mental health care and ensure equitable treatment compared to physical health services, aligning with the recommendations of Ndetei and Gatonga (2011). This effort will entail close collaboration with policymakers, healthcare providers, and mental health organisations to formulate and implement policies addressing gaps in the delivery and financing of mental health services, as Baumgartner et al. (2009) emphasised. Research by Sharma et al. (2017) underscores the significance of parity between mental and physical health services regarding availability and quality, demonstrating that such parity results in increased accessibility to care and enhanced health outcomes. These adjustments are crucial to ensuring that individuals with mental health conditions receive fair and unbiased treatment, as highlighted by Uebelacker et al. (2006).

The long-term objective is to establish a unified, inclusive, and fair mental health system in Kenya, ensuring everyone receives appropriate care and support. Achieving this goal requires substantial policy reforms, increased financial resources, and the development of a robust mental healthcare framework. Research by Izutsu et al. (2015) has shown that implementing an integrated mental health system can effectively enhance care provision and improve patient outcomes. A comprehensive approach encompassing preventive measures, timely intervention, effective treatment, and rehabilitative services is crucial for significantly reducing the impact of mental health disorders (Patel et al., 2018). Addressing the inequities in mental health care, often evident in disparities in access and treatment outcomes, can be accomplished through the implementation of comprehensive and just policy reforms (Ruiz & Brondolo, 2016).

Reasons for Advocating for Mental Health Policy Change in Kenya

A fundamental shift in mental health policy in Kenya is imperative for several compelling reasons. The nation grapples with a substantial burden of mental health issues, as revealed by a study conducted by Kiima and Jenkins in 2010. A significant portion of the Kenyan population contends with mental disorders such as depression, anxiety, and schizophrenia. The absence of a comprehensive mental health policy and adequate services exacerbates this problem, leaving many individuals untreated and subject to frequent stigmatisation. The lack of proper treatment compounds the distress experienced by affected individuals and their families, resulting in not only personal but also financial consequences. This situation leads to reduced overall efficiency and increased healthcare expenses, as highlighted by Bitta et al. (2017).

Furthermore, there is a critical need to swiftly alleviate the societal disapproval linked to mental health in Kenya. The prevailing stigma surrounding mental illness could hinder individuals from seeking help or openly discussing their mental health issues (Muga & Jenkins, 2008). It is crucial to address the negative perceptions and discrimination associated with

mental health conditions to facilitate the timely identification and management of such issues (Bitta et al., 2017). This aligns with the immediate goal of the advocacy plan, aiming to enhance public awareness of mental health concerns and reduce social stigma. Research by Corrigan and Rao (2012) underscores that efforts to diminish stigma can lead to more individuals seeking timely treatment.

Moreover, it is imperative to implement policy reforms in the mental health field to safeguard fundamental human rights (Burns, 2013). Kenya, like numerous other nations, encounters difficulties in delivering sufficient mental healthcare to vulnerable people, including those confined in prisons and other institutional environments (Beckett & Goldberg, 2022). To establish a fair mental health system, it is crucial to tackle these infringements on human rights and attain equality in healthcare, as outlined in the medium-term objective. The primary objectives of policy improvements should be to safeguard individuals' rights, ensure equitable access to care, and mitigate gaps in mental health services (Frankish et al., 2019).

Constituency Represented

Policy changes on mental health in Kenya involves a diverse and multifaceted constituency. A crucial group within this constituency is comprised of individuals with mental health disorders and their families. These individuals confront daily challenges in navigating a mental health system characterised by limited resources and pervasive stigma, as highlighted by Saraceno et al. (2007). Enhancing policies to address their needs can improve access to care and support, as proposed by Dybdahl and Lien (2017). Furthermore, Meyer and Ndetei (2016) underscore the importance of incorporating the perspectives of those with personal experience in shaping mental health policies.

Healthcare providers are pivotal in delivering mental health services, making them an indispensable constituency. Their expertise provides valuable insights that are essential for effective care. To ensure the feasibility and success of mental health policy reforms in Kenya, it is imperative to actively engage healthcare providers in policy discussions and involve them in implementing policy changes (Stomski et al., 2017).

Furthermore, when considering mental health policy changes in Kenya, it is crucial to recognise the government and policymakers as a key constituency. These entities are responsible for enacting and implementing mental health policies. Research by Sharma et al. (2017) underscores the significance of government involvement in enhancing access to mental health services and aligning them with physical health services. Policymakers need to acknowledge the importance of mental health and prioritise it within the broader healthcare agenda (Saraceno et al., 2007). This recognition and prioritisation are essential to achieving comprehensive and effective mental health care in the country.

Additionally, it is imperative to consider the public as a significant stakeholder. The public's perceptions, attitudes, and endorsement of mental health policy alterations play a crucial role in diminishing stigma and nurturing acceptance (Omungo, 2011). Public viewpoints and sentiments can influence decision-makers and shape the trajectory of mental health reform. Underscoring the significance of enhancing public knowledge and comprehension of mental health issues, as emphasised in the short-term goal of the advocacy plan, specifically targets the public to garner support for policy changes (Kleintjes et al., 2013). Lastly, international organisations and donors constitute a constituency that can drive policy change. They can provide financial and technical assistance to facilitate the development and implementation of comprehensive mental health policies. For Kenya to effectively address its mental health challenges, it is essential to collaborate with international partners (Vaughan & Arsneault, 2008).

Current Government Responses

Kenya's approach to addressing mental health reflects the global diversity in tackling this crucial issue. While the nation has made significant progress in various areas, persistent challenges remain (Jaguga & Kwobah, 2020). The current Mental Health Act, established in 1989, is outdated and needs revision to align with contemporary norms (Sankoh et al., 2018). Efforts are underway to amend the act to ensure compatibility with the recently implemented Mental Health Policy and the 2010 Constitution of Kenya (Kenya, 2010).

The healthcare system in Kenya faces notable obstacles in providing comprehensive mental health services, including resource constraints, insufficient facilities, and a shortage of mental health experts, limiting access to care. Despite these challenges, the government has improved mental health infrastructure by establishing mental health units in specific county hospitals (Harper et al., 2021).

The criminalisation of mental illness in Kenya, as in many other regions, poses a significant barrier. Individuals with mental health issues may become entangled in the criminal justice system without adequate treatment, perpetuating a cycle of incarceration (Maschi et al., 2022). Ongoing efforts aim to increase awareness about mental health issues among court and law enforcement authorities. However, comprehensive measures are still needed to safeguard the rights of individuals with mental health problems within the legal system (Mudeyi, 2021).

Researching and Targeting Constituents

A solid understanding of the context and relevant details is crucial for making well-informed decisions, implementing successful policies, and establishing complete systems supporting mental health. To properly handle mental health disorders, it is crucial to collect thorough background information. The provided information is the basis for developing well-informed policies, programmes, and support systems (Roesch & Cook, 2017).

Gaining comprehensive insight into a mental health policy change in Kenya is an intricate task that requires careful planning and execution, as emphasised by Bukusi (2015). The initial step in obtaining background information on shifts in mental health policy is to establish precise research objectives, following the guidance provided by Kiima and Jenkins (2010). These objectives serve as a structured framework throughout the research process, facilitating the identification of specific components within mental health policy that warrant in-depth investigation. Research objectives will revolve around comprehending recent policy changes designed to enhance the accessibility of mental health services and elevate the overall quality of care, as Wasil et al. (2021) highlighted.

Thoroughly examining the literature is indispensable for obtaining a comprehensive grasp of the modifications incorporated into Kenya's mental health policy, as emphasised by Muga and Jenkins (2010). A meticulous research approach involving in-depth analysis of scholarly journals, official government documents, and publications from non-governmental organisations is essential, as highlighted by Rogers (2013). Additionally, Hudson (2022) suggests that exploring the evolution of both national and international mental health policies can offer valuable insights into the most effective strategies implemented across diverse regions worldwide.

Valuable information can be extracted from government-issued documents and official statements, which are often available on the websites of various government departments. The official website of the Kenyan Ministry of Health, in particular, serves as a rich source of such information. Significant publications may encompass announcements regarding nationwide changes in mental health policies and annual health evaluations, as highlighted in Bukusi's work (2015).

Esteemed research institutions, including the National Institute of Mental Health (NIMH), the World Health Organisation (WHO), and universities, are crucial in advancing our understanding of mental health. These organisations conduct rigorous research and collect extensive data to produce detailed reports and studies. Such tools prove invaluable to policymakers, healthcare practitioners, and researchers globally (Egger et al., 2022).

Through the implementation of comprehensive research projects, these institutions make significant contributions to the worldwide comprehension of mental health trends, the effectiveness of therapies, and the societal implications of mental health disorders. Accessing academic papers enhances the depth of background material, ensuring that information is supported by meticulous research and scientific credibility. These organisations function as primary information repositories, guiding evidence-based practices and policies in mental health and beyond (Compton & Shim, 2015).

Non-profit organisations and advocacy groups play a pivotal role in shaping and monitoring the implementation of mental health legislation. Entities such as Kamili Mental Health generate papers and publications, employing specialists who provide essential data and insights into the latest policy developments. These reports are readily available to the public on their websites (Bukusi, 2015).

Incorporating primary data through interviews with important stakeholders, such as politicians, healthcare professionals, and persons affected by the policy changes, can provide deeper insights (Ritter & Lampkin, 2012). Consent must be obtained correctly, and ethical concerns must be considered (Cooksey, 2020). For example, conducting interviews with mental health activists or healthcare workers involved in policy implementation might give knowledge and experiences gained directly from those individuals (Hooper & Longworth, 2002).

According to Geva-May et al. (2018), data analysis is the pivotal stage that follows data collection for mental health policy change advocacy. This crucial stage necessitates meticulous and systematic data synthesis. Additionally, it entails identifying trends, intricate patterns, and notable anomalies within the collection. This analytical attempt aims to make informed and substantiated findings regarding Kenya's intricate socio-political scenario and policy advancements (Hann et al., 2015).

Identifying key stakeholders is vital to comprehensively understanding the many competing viewpoints and interests in the proposed policy change (Leschied et al., 2018). Government officials, healthcare providers, patients, advocacy groups, and the public might all be considered stakeholders. Analysing their positions, concerns, and aims is essential in formulating policy suggestions (Brown et al., 2020).

Comparing Kenya's recent policy developments in mental health to those of neighbouring countries, such as Uganda, offers a significant opportunity to gain insights into the broader context in which these policy changes unfolded. This comparative analysis can be instrumental in identifying examples of best practices, as well as valuable lessons that can be gleaned from the experiences of these nations. The importance of such an examination cannot be overstated, as it allows us to evaluate the efficacy of policy measures and serves as a source of inspiration for countries striving to enhance their mental healthcare services (Jenkins et al., 2011).

The last phase entails amalgamating the collected data into a cohesive, enlightening, and implementable background study on the alterations in mental health policies in Kenya. This report should evaluate the existing policy's efficacy and highlight obstacles that require attention. The format can be customised to cater to the specific target audience, whether a policy brief or an academic paper (Gouttebarge et al., 2021).

Mental Health Policy Change Collaborators and Their Contributions

Health ministries and regulatory bodies, including the Ministry of Health and Mental Health Task Force (Jenkins et al., 2013), are pivotal in spearheading mental health policy reform in Kenya. These entities wield the authority to enact and oversee healthcare policies, exerting significant influence over mental health policy changes. The Ministry of Health, for instance, has the power to allocate financial resources to support mental health programs and services. Concurrently, the Mental Health Task Force can provide authoritative recommendations and directives to shape policies (Mutiso et al., 2020). The legal authority of these government bodies is essential for implementing and ensuring compliance with policy changes. Additionally, they bring valuable expertise, contributing to developing evidence-based mental health reforms through data, research, and informed suggestions (Jenkins et al., 2010).

Non-governmental organisations (NGOs) are critical in advocating mental health policy change in Kenya. Organisations like Basic Needs Kenya have actively campaigned for improved mental health services and policies (De Menil et al., 2015). Leveraging well-established networks, local knowledge, and community-level expertise, NGOs contribute essential resources for grassroots mobilisation, community outreach, and advocacy. Their deep understanding of the specific mental health needs of the local population allows them to provide firsthand accounts of the challenges individuals face in accessing care (Balagopal & Kapanee, 2019).

According to Glasby and Tew (2015), mental health professionals, including psychiatrists, psychologists, social workers, and counsellors, play a crucial role in advocating for policy reform. Drawing on their expertise in evaluating, treating, and researching mental health, these professionals offer valuable perspectives on the practical dimensions of policy development. Their involvement ensures evidence-based solutions and upholds high standards of quality care. Psychiatrists and psychologists use their expertise and empirical studies to contribute insights into policy formulation, providing information on the prevalence of mental health illnesses, the effectiveness of treatments, and optimal approaches (Fadgen, 2020).

Egger et al. (2022) argue that academic institutions and research organisations play a pivotal role in generating evidence to underpin changes in mental health policies. These entities engage in investigations, surveys, and assessments to identify shortcomings and potential areas for enhancement within the mental health system. The research findings they produce serve as a cornerstone for well-informed policymaking. Academic and research institutions contribute abundant knowledge, research infrastructure, and intellectual expertise. They can generate data-driven reports, offer recommendations, and

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produce policy briefs, thereby aiding policymakers in making informed decisions. Through their active participation, these institutions ensure that mental health policies are grounded in robust scientific evidence (Kiima et al., 2004).

Political representation at national and county levels is essential for enacting legal changes in Kenya's mental health landscape. Lawmakers can introduce and sponsor bills related to mental health, advocate for budget allocations and use their political influence to get support for policy changes. Lawmakers bring the resource of legislative power, which is vital for codifying mental health policy into law. They also have expertise in navigating the political process, which is essential for building the political will to drive policy change (Marangu et al., 2014).

Civil society organisations and advocacy groups, such as the Kenya Alliance of Resident Associations (KARA), play a significant role in raising public awareness, mobilising support, and holding policymakers accountable. Their grassroots activism can generate public pressure for mental health policy reform (Drew & Funk, 2010). Civil society organisations and advocacy groups bring the resources of public engagement and activism. They have expertise in community organising, communication, and advocacy strategies. Their involvement helps create a groundswell of support for policy changes (Chaulagai et al., 2005).

International development institutions such as the WHO and UNICEF can offer monetary aid, technical assistance, and worldwide exemplary methods for formulating mental health policies (Fadgen, 2020). They often partner with the Kenyan government to address healthcare challenges. International development agencies offer financial resources and technical assistance for capacity building. They possess expertise in global health policies and can share best practices from successful mental health initiatives in other countries (Omungo, 2011).

Incorporating a wide range of stakeholders guarantees a more thorough comprehension of the intricate difficulties inside Kenya's mental health system (Leschied et al., 2018). It allows for a holistic approach considering different populations' unique needs and circumstances (Zhou et al., 2020). Each stakeholder group brings unique resources, including funding, technical expertise, and community support (Fondrie, 2022). The collective resources of these teams and committees strengthen the capacity for implementing policy change (Omungo, 2011).

Collaborating with mental health professionals and research institutions ensures that policy decisions are grounded in evidence and clinical experience (Abayneh et al., 2017). This increases the likelihood of effective and sustainable reforms (Were & Amunga, 2020). The involvement of civil society organisations and advocacy groups can help build public awareness and garner grassroots support (Chaulagai et al., 2005). This increases the chances of policy change receiving widespread endorsement (Vaughan & Arsneault, 2008). Engaging government health ministries and lawmakers is essential for legally enacting policy changes (McCollum et al., 2016). Without their involvement, it is challenging to transform policy recommendations into law (McSherry & Weller, 2010). International development agencies can offer insights into global best practices in mental health policy development. This enables Kenya to learn from successful models and adapt them to local contexts (Were & Amunga, 2020).

Advocacy and Lobbying Process with Tools

Advocating for mental health policy change in Kenya is a complex and intricate process that requires a systematic approach to tackle the diverse difficulties in the field of mental health (Kiima & Jenkins, 2010). An all-encompassing strategy is crucial for achieving significant transformation and enhancing the mental welfare of the populace (Brown, 2023).

To kickstart the campaign for a change in mental health policies in Kenya, it is essential to define the existing problem thoroughly and exhaustively (Godwin et al., 2013). Mental health issues encompass a wide range of challenges, including issues related to the availability and delivery of care and treatment, as well as the urgent need to reduce negative perceptions and prejudices surrounding mental health (Kiima & Jenkins, 2010). To undertake this crucial initial step, assembling a multidisciplinary team that includes mental health professionals, researchers, and individuals directly impacted by mental health issues is imperative (Murphy et al., 2021). The authors posit that involving these stakeholders ensures an accurate definition of the problem by leveraging the expertise of professionals and the lived experiences of those affected. These organizations possess the necessary resources and expertise to effectively engage relevant stakeholders, including government agencies, healthcare providers, civil society organizations, and the public (Mahomed et al., 2020).

Successful advocacy hinges on robust data and evidence. Advocates should gather data on the current state of mental health in Kenya, its effects on individuals and society, and the existing policies and services (Cooksey, 2020). To ensure comprehensive data collection, employing diverse approaches such as surveys, interviews, and a thorough review of existing research (Aday & Cornelius, 2011). To guarantee the reliability and inclusiveness of the data, the responsibility for data collection may be delegated to research institutes and mental health non-governmental organizations working in collaboration (Martin & Gosling, 2012).

Once the problem is identified and data is collected, the next critical step is to establish clear policy goals. These goals should directly address the identified issues and be crafted with the SMART framework, ensuring they are Specific, Measurable, Achievable, Relevant, and Time-bound (Gardner & Brindis, 2017). The responsibility for defining these SMART policy goals should be shared among mental health professionals, advocates, and policymakers (Wright & Jaffe, 2013).

Identifying and engaging with relevant stakeholders is a cornerstone of any successful policy change process. This entails contacting various entities, including government agencies, healthcare providers, civil society organisations, and the public (Anastasi, 2018). Each stakeholder brings a unique perspective and holds a varying degree of influence over policy decisions. Mental health advocacy organisations, supported by experienced lobbyists, should spearhead stakeholder mapping and engagement. This ensures that all key players are brought into the conversation and their insights considered (Bhugra et al., 2018).

An effective advocacy strategy is the roadmap for the entire process. It outlines the tactics and approaches to be used, encompassing short-term, mid-term and long-term objectives. Strategies may include media campaigns, grassroots organising, direct lobbying, and public awareness events (Peek et al., 2015). Developing and coordinating this advocacy strategy should rest with the advocacy organisations. Their expertise in this area is instrumental in creating a cohesive and effective plan (Martin & Gosling, 2012).

Public awareness and galvanising grassroots support are crucial in shaping policymakers' decisions (Notebooks, 2019). Advocacy groups on mental health should actively involve communities through diverse channels, such as workshops, town hall meetings, and social media campaigns (Smith-Frigerio, 2020). By collaborating with mental health professionals, individuals affected by mental health issues, and community leaders, these initiatives can broaden their reach and amplify their impact. The primary objective of these awareness programs is to enlighten the public, champion inclusivity, and underscore the pressing need for policy reforms in mental health (Meffert et al., 2021).

In the realm of advocacy, Azline et al. (2011) emphasise the crucial role of direct engagement with policymakers. According to their perspective, it is imperative for advocates to proactively arrange meetings with government officials, legislators, and other influential decision-makers. During these encounters, advocates are encouraged to articulate their positions by presenting compelling data and well-reasoned arguments for policy change. Jenkins et al. (2011) propose that the involvement of lobbyists well-versed in government relations can enhance the efficacy of these interactions. Their expertise can ensure that the advocacy message is communicated proficiently, adding a layer of specialised knowledge to the presentation process.

The media is a potent tool in shaping public opinion and putting pressure on policymakers. Mental health advocacy organisations should collaborate with public relations experts to develop media campaigns highlighting the importance of mental health policy change (Smith-Frigerio, 2020). This can include op-eds, interviews, and documentaries to create a groundswell of public support. Effective media campaigns help generate public interest and support for the cause, which can drive policy change (Meffert et al., 2021).

Collaboration with other advocacy groups and stakeholders can amplify the message and influence (Nolan & Badger, 2002). Mental health advocacy organisations should form alliances with related causes, such as disability rights and healthcare access. This collaboration helps create a broader coalition with a more significant collective voice. Building such alliances can be delegated to experts in alliance-building, who can facilitate these collaborations effectively (Kiima & Jenkins, 2010). Throughout the advocacy process, it is crucial to monitor progress and adapt strategies as needed continuously. Advocates should assess the impact of their efforts and be prepared to adjust their strategies based on the evolving political landscape. A dedicated monitoring and evaluation team should be responsible for this ongoing task (Gardner & Brindis, 2017).

Agenda: Policy Change in Mental Health in Kenya

Recognising the paramount significance of mental health and overall well-being is crucial and should not be underestimated. The impact extends to individuals, communities, and society at large. Notably, Kenya's mental health treatment system requires urgent improvement, as underscored by Bitta et al. in 2017. The agenda underscores the critical need to address mental health issues in Kenya and the immediate necessity for substantial legislative reforms to enhance the current system.

Impact on Individuals and Communities

Jenkins et al. (2012) contend that in Kenya, mental health challenges are widespread, impacting individuals across various age groups, spanning from young children to the elderly. These issues pose barriers to personal growth, hinder educational pursuits, disrupt interpersonal relationships, and obstruct the pursuit of fulfilling lives. Failing to address these mental health problems can result in increased morbidity and, in the most devastating instances, lead to mortality through suicide.

The repercussions of insufficient mental health care extend beyond individuals; they are keenly experienced by communities (Njenga et al., 2022). Njenga and his colleagues argue that families grapple with the emotional toll of witnessing their loved one's struggle. At the same time, communities bear the weight of diminished productivity and a surge in social challenges. The repercussions of subpar mental health care infiltrate the educational system, workplaces, and the healthcare landscape, affecting every aspect of life in Kenya (Lemma et al., 2022).

Urgency of the Matter

The need for a substantial overhaul of mental health policies in Kenya is undeniable. The existing state of mental health care in the country is characterized by widespread stigma, discouraging many individuals from seeking essential help (Musyimi et al., 2017). Additionally, there is a significant shortage of mental health professionals, psychiatric facilities, and community-based support networks (Jenkins et al., 2017). The lack of public awareness regarding mental health issues compounds these deficiencies, giving rise to misunderstandings and perpetuating stigma (Anglero-Diaz, 2018).

Consequences

The current state of mental health care in Kenya presents a complex set of challenges with far-reaching ramifications. Poor mental health not only has detrimental effects on the economy, such as reduced productivity, increased absenteeism, and higher healthcare expenses (Memiah et al., 2022), but it also strains the social fabric of communities. Unaddressed mental health issues contribute to societal problems like rising crime rates, substance abuse, and family disintegration (Wanyama, 2017).

Moreover, the justice system is grappling with the fallout of untreated mental health issues. Individuals experiencing mental health challenges find themselves caught in a cycle of re-offending, as their needs remain unmet within the existing legal framework (Mulder et al., 2016). This interconnected web of consequences underscores the urgency of comprehensively addressing mental health care in Kenya for the well-being of individuals and the broader health of the economy, communities, and the justice system.

Policy Change Necessity

Comprehensive policy changes are imperative for various reasons. Primarily, they play a pivotal role in ensuring the fair and accessible availability of mental health services for all Kenyans, as every individual has the right to adequate mental health assistance (Imbwaga, 2015). Revisions in policies should prioritize early intervention and prevention, recognizing their crucial role in mitigating the impact of mental health problems on both individuals and society at large (Reynolds III et al., 2012). Moreover, the economic growth of Kenya is intricately linked to addressing mental health issues, as it has the potential to unlock untapped human capital, thereby enhancing productivity and fostering overall economic development (Kirigia & Sambo, 2003). Lastly, such reforms would contribute to preventing the criminalization of mental health concerns, promoting a more just and compassionate response within the criminal justice system (Brescia, 2015).

Proposal for Mental Health Policy Change in Kenya

Policy Area

Revamping the policy framework for mental health services and support in Kenya is critical. At present, Kenya's mental health infrastructure is inadequate, hindered by societal stigma, and unable to provide readily accessible, top-tier treatment for individuals grappling with mental health conditions (Muga et al., 2017). Evident shortcomings in the existing system

include a shortage of mental health practitioners, limited access to psychiatric medications, and inadequate funding for mental health services (Musyimi et al., 2016). The proposed policy overhaul aims to address these deficiencies comprehensively.

Policy Options

To enhance public consciousness of mental health concerns, diminish social disapproval, and encourage timely intervention in Kenya, the government might adopt a comprehensive strategy. Initially, they could initiate extensive nationwide public awareness efforts across diverse media platforms, encompassing television, radio, and social media. The primary objective of these programmes should be to disseminate knowledge to the public regarding mental health, its widespread occurrence, and the imperative nature of seeking assistance (World Health Organisation: WHO, 2022). These endeavours would aid in diminishing the social disapproval associated with mental health, hence fostering a greater societal acceptance of discussing and seeking support (Sartorius, 2007).

Moreover, it would benefit the government to implement mental health education initiatives within schools, offering young individuals' early exposure to mental health concepts. This approach aims to foster a more empathetic and well-informed generation, thereby playing a role in bringing about lasting change (Loades et al., 2023). Additionally, encouraging mental health screenings at workplaces and community health centres can effectively encourage early intervention by identifying at-risk individuals or requiring support (Castillo et al., 2019).

To advance policy reforms aimed at improving the accessibility of mental health care and ensuring parity with physical health services, Kenya could implement a series of strategic measures. Initially, the government should increase financial allocations to mental health services and facilities, thereby expanding the reach of care on a statewide level. This involves the construction of new mental health facilities and integrating mental health services into the existing healthcare framework (D'Orta et al., 2022).

A crucial step, as proposed by Musyimi et al. (2017), would be the implementation of mental health parity laws. These laws would mandate insurance companies to provide equal coverage for mental health care as they do for physical health services, promoting fairness and improving the affordability and accessibility of mental health treatment for all individuals. Additionally, offering training and incentives to boost the number of mental health professionals, including psychiatrists, psychologists, and social workers, would strengthen the mental health workforce and further enhance the availability of care (Pacific, 2015).

Muga and Jenkins (2010) emphasise the need for sustained commitment and systemic transformation to establish Kenya's comprehensive, integrated, and equitable mental health system. A pivotal and enduring policy decision would be the formulation of a comprehensive National Mental Health Policy and Strategy. This document outlines a clear plan for integrating mental health into the broader healthcare system, focusing on early intervention, prevention, and community-based care (Kiima & Jenkins, 2010).

Allocating resources for research and data collection is crucial to assess the effectiveness of mental health programs and services continuously. This approach enables the customisation of interventions to address the specific needs of different locations and populations, ensuring fairness and impartiality (Samartzis & Talias, 2019). Kiima and Jenkins (2010) argue that collaborations with local and international institutions can provide technical expertise and resources to strengthen the mental health system.

Furthermore, it is imperative to prioritise addressing the root causes of mental health inequities, such as poverty and unemployment. By enacting social and economic policies that promote well-being and reduce inequality, Kenya can establish a fairer society where mental health takes precedence and all individuals receive appropriate care and support (Allen et al., 2014).

2. RECOMMENDATIONS

To achieve the short-term goal of increasing public awareness of mental health concerns, reducing social stigma, and advocating for early intervention, various targeted changes in policies and administrative procedures should be considered. Launching a public awareness campaign is crucial to educate the general population about mental health and highlight the importance of seeking assistance (World Health Organization: WHO, 2022). Allocating a portion of the budget for this campaign and involving mental health professionals, celebrities, and community leaders can effectively deliver the message (Bitta et al., 2017). Raising awareness is essential to overcome the stigma and lack of understanding that act as significant

barriers to mental health care (Calhoun & Gold, 2020). Many individuals in Kenya may not recognise the signs of mental health issues or understand the importance of early intervention, making a public awareness campaign a vital step in reaching a broad audience and reducing stigma (Girma et al., 2013).

In the short term, the government must enforce the inclusion of mental health education in the school curriculum. This can be achieved through legislative revisions and cooperation with the education sector (Heatly et al., 2023). Providing young individuals with education on mental health is crucial for reducing stigma and promoting early intervention (Lee et al., 2022). Implementing compulsory mental health education in schools can contribute to a more comprehensive understanding of mental health among the younger generation, diminishing social stigma and increasing the likelihood of timely intervention (Ebuenyi et al., 2020).

Promoting and adopting mental health programs and policies in workplaces is also advisable. Legislative changes offering tax advantages or other incentives to companies prioritising employees' mental well-being can reduce social stigma and encourage early intervention (Brunsdon & May 2019). Since many individuals dedicate a significant amount of their daily schedule to their occupation, fostering a conducive atmosphere for employees through mental health programs benefits both employees and employers (Rajgopal, 2010).

In the foreseeable future, promoting policy reforms to enhance the availability of mental health services and establish equality with physical health care involves several essential measures. Ensuring equitable access to mental health care requires legislation promoting mental health parity, mandating insurance companies to offer mental health therapies with the same level of coverage as physical health services (Barry, 2006). Legislative amendments should include strict oversight and regular audits to guarantee compliance (Gabella, 2021). Mental health parity legislation is crucial for reducing historical disparities between mental and physical health services and encouraging early intervention by making mental health services more accessible (Scarbrough, 2018).

Budget allocations should prioritise mental health services, allowing for the expansion of facilities, the hiring of more mental health professionals, and the improvement of overall care quality (Dithung, 2022). Transparency in funding use and regular audits of mental health service providers should be established to ensure efficient allocation and accountability (Alloh et al., 2018). Sufficient financial resources are crucial for enhancing the calibre and accessibility of mental health care, enabling strategic use of funds for facility expansion, personnel recruitment, and maintenance of high service standards.

Administrative reforms can streamline the licensing process for mental health professionals, making it easier for them to practice in underserved areas and increasing access (Scheffler, 2019). Reducing barriers to mental health professionals' practice in underserved areas is vital for improving access, as efficient licensing procedures enable practitioners to work in areas with inadequate mental health resources (Wells, 2002).

To achieve the overarching objective of creating a unified, all-encompassing, and equitable mental health system, it is necessary to initiate a sequence of policy modifications and improvements (Piat et al., 2010). Establishing and executing a National Mental Health Policy and Strategy is crucial, providing a concise plan for integrating mental health into the broader healthcare system, focusing on prevention, early intervention, and community-based care (Khenti et al., 2016). Modifications to existing legislation and administrative procedures are required for the successful establishment and execution of such a project (Hogan, 2014). Prioritising mental health in this way, focusing on prevention and early intervention is imperative (Piat et al., 2010).

Achieving long-term success also requires a dedicated emphasis on conducting research and collecting data. Allocating specific funds for continuous research to evaluate the efficacy of mental health policies and services is recommended (Da Silva et al., 2019). Establishing an autonomous entity responsible for assessments and suggesting modifications streamlines this process (Faydi et al., 2011). Systematic research and assessment are essential for determining the effectiveness of programs and services, ensuring optimal resource allocation, and implementing evidence-based interventions for long-term improvement (Kamdar et al., 2016).

Furthermore, addressing the socioeconomic factors influencing mental health through extensive social and economic measures is crucial. Implementing such programs may require legislative revisions and administrative improvements to tackle poverty, unemployment, and housing (Walker et al., 2011). Comprehensive social and economic policies are essential to prevent mental health disorders and encourage early intervention (Allen et al., 2014).

Enhancing alliances and cooperative efforts with local and international groups, including non-governmental organisations (NGOs) and mental health associations, is crucial for achieving long-term goals (Weist et al., 2014). Establishing a task force to organise these partnerships (Cockerham, 2020) and ensuring their alignment with long-term objectives, providing specialised knowledge and resources, optimising the efficiency of collaborative procedures, and strengthening cooperation. Kenya can leverage external support, synchronise efforts with long-term objectives, and ensure the sustainability of the mental health system by establishing a task group to coordinate these endeavours (Cockerham, 2020).

Implementation plan

This implementation plan encompasses both immediate and enduring measures, encompassing all the suggestions. The duration of timelines can differ depending on legislative procedures and the involvement of stakeholders, but the following estimations offer a broad framework for the related stages. Continuous monitoring and fine-tuning are necessary to ensure the proper execution of the plan.

Table 1: Advocacy implementation plan

Recommendation	Step	Timelines
Short-Term Recommendations		
Public Awareness Campaign	Secure budget allocation.	0-6 months
	Form a campaign committee and engage mental health professionals, celebrities, and community leaders.	0-6 months
	Develop campaign materials and content.	7-9 months
	Launch the campaign across various media channels.	10-12 months
Mandate Mental Health Education in Schools	Draft legislative amendments and present them to lawmakers.	0-6 months
	Collaborate with the education sector to integrate mental health into the curriculum.	7-12 months
	Develop teacher training programs for mental health education.	13-15 months
	Encourage businesses to provide training for employees and management	Ongoing
Encourage Workplace Mental Health Programs	Draft legislative changes to provide tax incentives and benefits to businesses.	0-6 months
	Develop guidelines and resources for workplaces to implement mental health programs.	7-12 months
	Encourage businesses to provide training for employees and management.	Ongoing
Medium-Term Recommendations		
Enact and Enforce Mental Health Parity Legislation	Collaborate with lawmakers to draft and pass mental health parity legislation.	13-18 months
	Establish oversight and auditing mechanisms for compliance.	19-21 months
	Conduct regular audits to ensure insurance providers adhere to the legislation.	Ongoing
Prioritize Budget Allocations for Mental Health Services		
	Secure a dedicated budget for mental health services.	13-18 months
	Create a transparent process for fund allocation and reporting.	19-21 months
	Invest in facility expansion, professional recruitment, and quality improvement.	Ongoing
Streamline licensing for mental health professionals	Revise administrative procedures to streamline licensing.	13-18 months

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	Provide incentives for professionals willing to work in underserved areas.	19-21 months
	Monitor the ease of licensing and evaluate the impact on access in underserved regions.	Ongoing
Long-Term Recommendations		
Create and execute a comprehensive national mental health policy and strategy.	Collaborate with lawmakers to draft and pass legislation supporting the policy and strategy.	22-28 months
	Work with relevant committees to ensure its comprehensive implementation.	29-31 months
	Engage the public in discussions and forums to gather input on the policy and strategy.	32-36 months
	Create a task force responsible for implementing the policy and strategy.	Ongoing
Allocate Budget for Ongoing Research and Evaluation	Collaborate with lawmakers to secure a dedicated budget for research and data collection.	22-28 months
	Establish an independent body responsible for conducting evaluations and recommending adjustments.	29-31 months
	Publish regular reports on the effectiveness of policies and services.	Ongoing
Address Social Determinants of Mental Health	Collaborate with lawmakers to draft and pass social and economic policies targeting social determinants.	32-36 months
	Work with relevant committees to ensure their proper implementation.	37-42 months
	Disseminate knowledge to the general population regarding the correlation between social variables and mental well-being.	Ongoing
Strengthen Partnerships and Collaborations	Collaborate with lawmakers to establish a task force responsible for coordinating partnerships.	32-36 months
	Ensure that legislation supports these collaborative efforts.	37-42 months
	Engage the public in discussions about the importance of partnerships.	Ongoing

Potential Challenges and Mitigation Measures

Stigma and discrimination surrounding mental health issues in Kenya are deeply rooted (Ndetei et al., 2011). Advocates must proactively combat these challenges through various means. De-stigmatization campaigns can help change public perceptions by emphasizing that mental health conditions are common and treatable (Mburu, 2007). Sharing personal stories of resilience and recovery can make the issue relatable and humanize those affected (Kagwanja et al., 2020). Education initiatives should challenge stereotypes, dispelling myths about mental health. Through these actions, advocates can work to create a more compassionate and accepting society that supports mental health (Ongeri et al., 2021).

In Kenya, mental health services often face the significant challenge of inadequate funding, hindering the provision of proper care (Jenkins et al., 2013). The authors argue that advocates must present a compelling case for increasing funds. Utilizing research findings to demonstrate the cost-effectiveness of mental health treatments can highlight that investing in mental health yields considerable societal and economic benefits. Proactively engaging with legislators is crucial to ensure that mental health receives prioritized funding, allocating the necessary resources to enhance the mental health system (Knapp & McDaid, 2007)

Some special interest organisations may hesitate to embrace mental health reforms due to potential financial implications (Aviram & Azary-Viesel, 2018). Advocates should proactively engage these groups in constructive dialogues. It is essential to highlight the societal and economic advantages of achieving mental health equity, demonstrating how reforms can positively affect individuals with mental health concerns and the broader community and economy (Alves-Bradford et al., 2020). Building mutual understanding and emphasising common goals can mitigate resistance and foster collaboration (Wahlbeck & McDaid, 2012)

Advocating for mental health policy change can become complicated due to complex legal and regulatory systems. To mitigate this challenge, advocates should collaborate with legal advisors who specialize in navigating these frameworks (Hudgins et al., 2013). This guidance ensures that advocacy efforts remain compliant with existing laws and regulations while seeking necessary policy changes within the confines of the legal system (Lustig, 2012).

Policymakers may resist changes to existing mental health policies for various reasons, including political considerations or competing priorities (Le Boutillier et al., 2015). Advocates can address this by building relationships with sympathetic lawmakers to the cause, increasing the likelihood of policy support (Horsfall et al., 2011). Mobilizing public support through awareness campaigns and community involvement can pressure policymakers (Sturdy et al., 2012). Using well-researched data and compelling evidence can further persuade politicians about the necessity of reform (Cairney & Oliver, 2017).

Overcoming community indifference toward mental health issues presents a significant challenge. Advocates should actively engage in proactive initiatives to connect with the community and provide education (Kopelovich et al., 2021). These programs are designed to improve public awareness regarding equal access to mental health services, dispel misconceptions, and emphasise the individual and societal benefits of prioritisings mental well-being (Mak et al., 2014). Involvement in community activities, such as participating in support groups or local mental health initiatives, can help individuals establish a personal connection with the cause and foster a collective sense of responsibility (Hann et al., 2015).

Negative media coverage can undermine advocacy efforts by perpetuating stereotypes or misconceptions (Selvik, 2021). Advocates should maintain transparency and provide accurate information to the media (Malena, 2009). Countering misinformation with facts, data, and real-life success stories can help shape a more balanced narrative. Collaborating with media outlets and journalists to promote accurate and sensitive reporting on mental health issues can contribute to a more positive public perception (Selvik, 2021).

3. CONCLUSION

To summarise, fighting for mental health policy reform in Kenya is not only a commendable pursuit but also a necessary one with the capacity to profoundly impact the well-being of numerous individuals and the entire nation. The advocacy strategy delineates a strategic approach that is highly capable of effectively tackling the urgent mental health concerns that Kenyan society is currently confronting. The significance of mental health, often neglected in policy discussions, extends to both individual well-being and the broader societal fabric. The advocacy effort has major repercussions for the economy, society, and justice. The plan advocates for this cause, pledging to bring about a more empathetic and equitable Kenya, where mental health is given the same importance as physical health.

The collective obligation is to guarantee that each Kenyan has unrestricted access to the mental health assistance they require, devoid of the encumbrances of social disapproval and prejudice. The effectiveness of advocacy is rooted in the synergy of teamwork, mobilisation at the grassroots level, and the dependence on recommendations supported by empirical data. The plan is designed to effectively bring about significant policy reforms to advance mental health equity and foster a more inclusive and compassionate society. The efficacy of this advocacy plan relies on the resolute commitment and resolve of all parties concerned. Collectively, we can have a significant and enduring influence on this urgent matter in Kenya. Let us unite in our pursuit of a more prosperous, healthier, and fairer future for all the residents of Kenya.

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