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Affordable Mental Health in Kenya

Frugal Innovations with Global Implications

New Directions in Health Care: The Commonwealth Fund Podcast

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This is New Directions in Health Care: The Commonwealth Fund's Podcast, and in this edition we learn about a creative program designed to bring affordable mental health care to millions of people. As part of our series on *frugal innovations with global implications*, we travel to Africa, where a young man named Chris Underhill was serving in England's version of the Peace Corps in the late 60's. He and his wife thought she might be pregnant, so they traveled to the local hospital where a test confirmed the news. Hospital staffers congratulated them warmly, and they left the laboratory on a cloud.

“We'd gotten slightly lost I suspect in the complex of the hospital and there, in front of me, was this big cage, and inside the cage were five mentally ill men who were being bullied by children who were poking sticks through the cage and making them jump up and down. This was very shocking. We had this very sweet moment of knowing that we were going to have a child, but at the same time there was this cruelty unfolding in front of us.”

On that day, he resolved to work at overturning stereotypes and restoring the dignity of people afflicted with mental illness.

“In each of our countries, in each of our cultures, we have developed ways in which we reject people who have mental illness. Generally, we feel frightened. They are basically just suffering very, very badly. They have their own pain, and this pain is what I'm really interested in helping to solve.”

But it would take decades to begin seeing results. For one thing, countries around the world commit few resources to a very big challenge.

“There are something like 500 million people at any one time who need treatment in mental health, and the amount of treatment that's being given is very, very small indeed. If you take the developing world, it's probably true that something like 10 percent of the population that needs treatment is actually being treated.”

So Underhill came up with a program that relies heavily on community health volunteers, churches, mosques, families and peers. With support from governments and NGO's, *BasicNeeds* trains people to recognize behaviors that may signal mental illness.

“We are talking about anxiety disorder, depression, psychosis, bi-polar affective disorder and schizophrenia, and in addition one of the neurological conditions, which is epilepsy, and the reason why we've done that is that people treat those who have epilepsy in very much the same way as they would treat a person with mental illness.”

In most countries, it's just not possible for everyone with a mental illness to see a psychiatrist, but lay people can begin the process of getting the sickest people to clinics where they will be seen by a nurse. Take Kenya for example.

“We estimate that four out of every ten people will either have a mental health problem or will develop a mental health problem within their lifetime.”

That's Joyce Kingori, who heads Basic Needs in Kenya. She helps to train people who work for the national health service – to identify and treat mental illness with generic medications.

“It can cost as little as \$57 every month per person. The government will provide the health service providers. The government provides medication.”

But that is only the beginning of what *BasicNeeds* does.

“After the patients have been treated, we help them to form themselves into support groups that do two things. They provide emotional and psycho-social support and at the same time we try to rebuild people's lives by helping them to start income-generating activities.”

Working with other people who have epilepsy or a mental illness, members of the support group create a valuable role for themselves in the family and the community. Again, Chris Underhill.

“They might start a small farm or garden, so they can work collectively, and as they get their confidence back they might then strike out with a very small loan to start a project on their own. The thing that really shifts the stigma in my opinion is when the patient starts to make a financial contribution.”

Ultimately, Underhill says, it's that economic contribution that restores self-esteem.

“Many people begin to feel quite anxious and guilty that they have not been able to make a contribution to their family for some time. Don't forget that we're talking about countries where there is no welfare benefit – there is no pension if you are ill, whether physically or mentally.”

Eunice Kambua is one of those who's gotten help from the program. She had suffered from epilepsy for 20 years, but medication has controlled her seizures, and she earns a living making colorful tie-dyed and embroidered dresses.

“My family is so happy. Especially my husband and children. I remember when my husband landed a messenger job. This meant he was away for up to two weeks, but he was not worried about me, because he knew that I was stable. I thank *BasicNeeds* for making this possible.”

Grace Mosubo struggled with depression before getting help from *BasicNeeds*. Her husband was a drug addict who alienated their extended families, then left Grace to raise their children alone.

“I was so depressed that I stopped going to work and neglected my children. I was hopeless.”

With counseling and support from the program, she was able to go back to work.

“I started a salon business. As a family we are doing fine. I feel strong. I’m back to normal. I’m confident because I now don’t bother anyone anymore. I lost my parents when I was young, but I do have a brother who actually brought us up. Initially he found it very difficult to deal with me, and I used to put so much pressure on him, but now things are good. Whenever he comes, he asks me if I’m okay. I tell him I’m well, and the kids are well too. After counseling, good medication, everything is now normal.”

So far, *BasicNeeds* has established about 500 self-help groups in 13 countries – six in Africa and seven in Asia. Underhill says it takes about three years to train volunteers and see changes in public attitudes.

“These are not people to throw stones at. These are people to support and help and to recognize for what they are. Then the next three years is really for the program to move into a new phase, and for government to take a real interest in the program.”

Sometimes local, regional or national governments will assume responsibility for the program or fund NGOs to do so.

“We can sort of tiptoe away and just let them get on with it. Essentially then the program has become local, and that is what is so exciting.”

And as volunteers take greater control of support groups and activities, managers like Joyce Kingori are free to advocate for those who have mental illness, and to educate their friends and families.

“A person with a mental illness will be with a doctor or a psychiatric nurse for at most even one hour in a month, so the rest of the month that person will be within a family, so that straightaway tells us that people with mental illnesses will always need their family and the community to recover.”

Underhill believes *BasicNeeds* can be adapted to any country where government is supportive, and the program is now in talks with a large NGO in this country. With funding from the Robert Wood Johnson Foundation, Underhill says *BasicNeeds* is ready to bring its wisdom from the

developing world to Southwest Solutions – a partner in South Detroit, where mental health services are badly needed and enjoy too little government support.

You've been listening to the first in a series of reports from the Commonwealth Fund. Next up on our tour of *frugal innovations with global implications*, we visit Brazil, where about a quarter of a million specially trained people visit their neighbors – not to gossip or exchange recipes but to play a central role in the nation's ***Family Health Strategy***. I'm Sandy Hausman. Thank you for listening.