International Journal of Community Medicine and Public Health
Kitui LE et al. Int J Community Med Public Health. 2025 Jul;12(7):2952-2957
http://www.ijcmph.com
pISSN 2394-6032 | eISSN 2394-6040

DOI: https://dx.doi.org/10.18203/2394-6040.ijcmph20252082

Original Research Article

Assessment of mental health care services in public health facilities: a study of socio-demographic characteristics, resource availability, and service delivery challenges in Kiambu County, Kenya

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Received: 25 September 2024
Revised: 27 May 2025
Accepted: 28 May 2025

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ABSTRACT

Background: Despite the growing recognition of mental health as a critical component of overall well-being, mental health care services in public health facilities in Kiambu County, Kenya, remain under-researched and under-resourced. There is a lack of comprehensive data on the socio-demographic characteristics of healthcare workers, the availability of resources, and the challenges faced in delivering mental health services. This gap in knowledge hinders the development of effective policies and interventions to improve mental health care delivery and outcomes in the country. This study aimed to assess the state of mental health care and treatment services in public health facilities in Kiambu County, Kenya.

Methods: This study employed a mixed-methods approach, collecting qualitative data through interviews and quantitative data via structured questionnaires from 165 healthcare professionals across 13 Kiambu County, Kenya public hospitals. Data analysis included descriptive statistics for quantitative data and thematic analysis for qualitative data.

Results: The workforce is predominantly female (57.6%) and relatively young, with 40.6% aged 40-49. The majority hold degrees (65.5%) and have significant experience in mental health care, but there are gaps in specialized training and a shortage of psychiatrists (6.1%). Mental health care resources in Kiambu County are insufficient, with uneven staff distribution, a shortage of specialists, and limited training opportunities. Insufficient training opportunities, along with inadequate policy and funding support, further hinder service provision. Inadequate referral systems, a lack of essential equipment and medications, and poor budget allocation further strain service delivery.

Conclusions: There are major gaps in specialized training, a shortage of psychiatrists, insufficient resources, and inadequate policy and funding support which significantly hinder effective mental healthcare service delivery.

Keywords: Challenges, HCW characteristics, Mental health care, Resource availability

INTRODUCTION

Mental health care is an integral component of comprehensive healthcare, yet its integration into public health facilities often faces significant challenges. Public health systems globally, including in Kenya, struggle with disparities in the quality and effectiveness of mental health services due to uneven resource distribution, insufficiently trained personnel, and unmet community needs.[1] Mental health disorders are increasingly prevalent, necessitating a thorough evaluation of mental health care systems to identify strengths, weaknesses, and opportunities for improvement.[2] Such assessments are critical for informing evidence-based policies, enhancing community well-being, and integrating mental health care into broader public health initiatives.[3]

Public health facilities play a pivotal role in delivering mental health services, particularly in low-resource settings where they are often the primary access point for care.[4] These facilities provide essential services such as diagnosis, therapy, prevention, and community-based interventions, which are vital for improving mental health outcomes.[2] However, systemic barriers such as stigma, limited resources, and a shortage of trained mental health professionals hinder service delivery, particularly in underserved regions.[5] This underscores the need to evaluate mental health care services in public health facilities to identify gaps, address challenges, and ensure that mental health is adequately prioritized in policy and community contexts.[6]

In Kenya, mental health remains a growing public health concern, yet there is limited evidence on the accessibility, quality, and effectiveness of mental health services in public health facilities. This lack of data impedes the development of targeted interventions and policies aimed at improving mental health outcomes.[7] Kiambu County, like many other regions, faces unique challenges in delivering mental health care, including resource constraints and a high burden of mental health disorders. Understanding the socio-demographic characteristics of healthcare workers, the availability of resources, and the challenges in service delivery is essential for designing context-specific solutions to improve mental health care in the county.

Despite the growing recognition of mental health as a critical component of overall well-being, mental health care services in public health facilities in Kiambu County, Kenya, remain under-researched and under-resourced. There is a lack of comprehensive data on the socio-demographic characteristics of healthcare workers, the availability of resources, and the challenges faced in delivering mental health services. This gap in knowledge hinders the development of effective policies and interventions to improve mental health care delivery and outcomes in the county.

The purpose of this study was to assess the state of mental health care and treatment services in public health facilities in Kiambu County, Kenya. The study aims to provide empirical evidence on the socio-demographic characteristics of healthcare workers, the availability of resources for mental health care, and the challenges experienced in service delivery. By doing so, the study seeks to inform policy and practice, ultimately contributing to improved mental health outcomes and equitable access to care in the region.

Objectives of the study

To determine the socio-demographic characteristics of healthcare workers providing mental health services in public health facilities in Kiambu County.

To identify the available resources for mental health care in public health facilities in Kiambu County.

To establish the challenges experienced in the delivery of mental health services in public health facilities in Kiambu County.

METHODS

This study utilized a mixed-methods research approach, where qualitative data were collected through comprehensive interviews on specific topics, while structured questionnaires were used to acquire quantitative data from a representative sample of mental health service healthcare professionals.

The study area included the assessment of mental health care and treatment services in public health facilities in Kiambu County, Kenya. A sample size of 169 health workers was determined using Creswell's (2018) formula, with adjustments for a finite population and a 10% allowance for non-response. The researcher employed purposive sampling to conduct a pretest for this research study. Out of a total target population of 169 public health hospital workers, 165 from 13 public hospitals responded to the research study, presenting a response rate of 97%. Key informant interviews (KIIs) were conducted with healthcare providers. Overall, the study included healthcare professionals who were available during the data collection period and provided mental health care and treatment services. It excluded those who did not offer mental health services, as well as CHMT members without the necessary technical knowledge in mental health care. The data collected included characteristics of healthcare providers, the available services, and the challenges in providing mental health-care services. Data collection took place from March 1, 2024 to April 1, 2024 on weekdays between 8 am and 5 pm.

The quantitative data were subjected to statistical analysis, involving the use of descriptive statistics, while the qualitative data were analyzed using thematic analysis to identify recurring themes and patterns. To ensure ethical compliance, the research gained approval from the appropriate ethical review board and obtained informed consent from all participants. Strict confidentiality protocols were established to safeguard the anonymity and privacy of the participants.

RESULTS

Socio-demographic characteristics of healthcare workers

The study surveyed 165 healthcare workers in Kiambu County, with a diverse demographic and professional profile (Table 1). The majority of respondents were female (57.6%), with males comprising 42.4%. The age distribution showed that 40.6% of the workers were aged 40-49, while only 6.1% were aged 50 and above. This

suggests a relatively young workforce, which may have implications for experience and retention in mental health care.

In terms of education, 65.5% of the workers held a degree, while 19.4% had a master's degree, indicating a relatively well-educated workforce. However, only 15.2% had a diploma, which may reflect gaps in specialized training for mental health care. Professionally, counselors made up the largest group (35.2%), followed by nurses (21.2%) and clinical officers (8.5%). Psychiatrists, who are critical for mental health care, represented only 6.1% of the workforce, highlighting a significant gap in specialized personnel.

Table 1: Demographic and professional characteristics of public health workers in Kiambu county, Kenya.

Variable	Category	N	100%
Gender	Male	70	42.40
	Female	95	57.60
Age group (in years)	20-24	8	4.80
	25-29	14	8.50
	30-34	27	16.40
	35-39	39	23.60
	40-49	67	40.60
	50 and above	10	6.10
Level of education	Diploma	25	15.20
	Degree	108	65.50
	Masters	32	19.40
Professional job group	Medical doctor	10	6.10
	Nurse	35	21.20
	Public health officer	9	5.50
	Records information officer	7	4.20
	Lab technician	6	3.60
	Clinical officer	14	8.50
	Pharmacist	12	7.20
	Community officer	14	8.50
	Counsellors	58	35.20
Years worked in facility	Less than 1 year	15	9.10
	2 years	23	13.90
	2-3 years	18	10.90
	3-4 years	17	10.30
	4-5 years	62	37.60
	Above 5 years	30	18.20
Years worked in mental health unit	Less than 1 year	14	8.5
	1-3 years	32	19.4
	3-5 years	80	48.5
	Above 5 years	39	23.6

The data also revealed that 48.5% of the workers had 3-5 years of experience in mental health units, while 23.6% had over 5 years of experience. This indicates that a significant portion of the workforce has substantial experience in mental health care, which is crucial for service delivery. However, 8.5% had less than one year of experience, suggesting a need for mentorship and capacity-building programs for newer staff.

Available resources for mental health care

The availability of resources for mental health care in Kiambu County was found to be inadequate, as reflected in Table 2. Staff distribution was heavily skewed toward Level 5 facilities (60.6%), with only 3.0% of staff available at level 2 facilities. This uneven distribution limits access to mental health services in lower-tier facilities, particularly in rural areas.

Specialists were also in short supply. While 57.6% of facilities reported having mental well-being counselors, only 32.1% had psychiatrists, and 4.2% had no specialists at all. This aligns with the quote from KI7 (Psychiatrist): "*We are too few to handle the number of patients coming in. Sometimes, I see over 50 patients in a day, and it's impossible to give each one the attention they deserve*." The lack of psychiatrists is a critical barrier to effective mental health care delivery.

Training opportunities for mental health workers were limited, with 44.8% reporting quarterly training and 1.2% reporting no training at all. This lack of continuous professional development was echoed by KI3 (Nurse): "*I was not specifically trained in mental health. I learned on the job, and sometimes I feel ill-equipped to handle certain cases*." The absence of a structured succession plan further exacerbates the problem, with 60.1% of respondents unaware of any plans for staff development.

Referral systems were another area of concern. While 60.6% of facilities reported using standard referral forms, only 6.7% had access to ambulances, and 2.4% had no referral system at all. This lack of dedicated transport was highlighted by KI9 (Administrator): "*Our budget for mental health services is very limited. We often run out of medications, and our facilities are not equipped to handle severe cases*."

Commodities and equipment were also inadequate. Only 12.1% of respondents reported having adequate commodities, while 54.5% stated they were not adequate. Similarly, 60.6% reported inadequate equipment, and 18.2% had none at all. This aligns with KI2 (Clinical Officer): "*Without proper tools and medications, we can only do so much. It's disheartening to see patients suffer due to lack of resources*."

Budget allocation for mental health services was a significant issue, with 90.9% of respondents reporting inadequate funding. This was reflected in the fact that 90.9% of facilities charged fees for mental health services, while only 9.1% provided them for free. The lack of financial support was emphasized by KI7 (Psychiatrist): "*Without proper funding and policy support, it's difficult to make any meaningful improvements in mental health care*."

Table 2: Resources available for mental health care.

Variable	Category	N	100%
Staff distribution	Level 5	100	60.6
	Level 4	50	30.3
	Level 3	10	6.1
	Level 2	5	3.0
Availability of specialists	Psychiatrist	53	32.1
	Mental well-being counsellor	95	57.6
	All available	10	6.1
	Non-available	7	4.2
Frequency of mental health trainings	Training duration		
	Once yearly	11	6.7
	Twice yearly	42	25.5
	Quarterly	74	44.8
	Monthly	36	21.8
	No training available	2	1.2
Status of succession plan	Available but not written	32	19.4
	None available	20	12.0
	I don't know	99	60.1
Type of referral system	Ambulance	11	6.70
	Standard referral forms	100	60.60
	Referral clinics	20	12.10
	Staff to handle referral cases	18	10.90
	All available	12	7.30
	None available	4	2.40
Dedicated transport for mental health issues	Yes	30	18.20
	No	100	60.60
	Available but not dedicated	20	12.10
	I don't know	15	9.10
Status of adequate commodities	Adequate	20	12.10
	Not adequate	90	54.50
	None at all	30	18.20
	I don't know	25	15.20
Status of adequate equipment	Adequate	10	6.00
	Not adequate	100	60.60
	None at all	30	18.20
	I don't know	25	15.20
Fees charged for mental health services	Charged at a fee	150	90.90
	Provided for free	15	9.10
Budget allocation for mental health services	Adequate budget allocation	15	9.10
	No adequate budget allocation	150	90.90

Challenges in the delivery of mental health care services

The challenges identified in the delivery of mental health care services were consistent with the quantitative data. Staffing shortages were a major issue, as highlighted by KI3 (Nurse): "*The workload is overwhelming. We need more trained mental health nurses to share the burden*." This is supported by the data showing that only 6.1% of the workforce were psychiatrists, and 21.2% were nurses.

Stigma and cultural barriers were also significant challenges. KI5 (Community Health Worker): "*Many people in the community still believe mental illness is a curse. They hide their family members instead of bringing them for treatment*." This cultural stigma is compounded by gaps in community awareness, as noted by KI4 (Social Worker): "*Most people don't know that mental health services exist in public facilities. They only come when the situation is critical*."

The lack of training and capacity building was another critical issue. KI9 (Administrator): "*We need more training programs for our staff to improve their skills in mental health care*." This is reflected in the data, where only 44.8% of workers reported receiving quarterly training, and 1.2% had no training at all.

Finally, inadequate policy and funding support were identified as systemic challenges. KI4 (Social Worker): "*Mental health is not given the same priority as physical health. This is reflected in the budget allocations and policies*." This is supported by the data showing that 90.9% of facilities reported inadequate budget allocation for mental health services.

DISCUSSION

The findings from Kiambu County, Kenya, reveal significant challenges in mental healthcare delivery including gaps in specialized training and a critical shortage of psychiatrists (6.1%). Mental health resources are insufficient, with uneven staff distribution, limited training opportunities, and inadequate policy and funding support. These issues are exacerbated by poor referral systems, a lack of essential equipment and medications, and inefficient budget allocation, which strain service delivery.

These challenges align with the broader Kenyan context, where mental healthcare is increasingly recognized as a critical component of public health but remains under-resourced and stigmatized. Kenya's Mental Health Policy 2015–2030 emphasizes integrating mental health into primary care, reducing stigma, and promoting community-based services.[8] However, implementation gaps persist, particularly in rural and underserved areas like Kiambu County. The shortage of mental health specialists and uneven distribution of resources are consistent with national trends, where the psychiatrist-to-population ratio remains critically low.[9]

Kenya has made strides in addressing mental health through initiatives like the Friendship Bench project, adapted from Zimbabwe, which trains non-specialist health workers to provide basic mental health care in communities.[10] Additionally, programs such as Mental Health Friendly Schools aim to integrate mental health into the education system, addressing issues early and reducing stigma among youth.[11] However, these efforts are yet to fully bridge the gap in specialized training and resource allocation, as seen in Kiambu County.

The global and African context further highlights these challenges. While high-income countries have advanced community-based mental health programs, low- and middle-income countries like Kenya face systemic barriers, including workforce shortages and limited funding.[12] Regional initiatives like the African Mental Health Research Initiative (AMARI) and Kenya's National Suicide Prevention Strategy demonstrate progress, but disparities in urban versus rural access to care remain significant.[8,13]

Since this was a non-experimental study using mixed methods (questionnaires and interviews), it could not rule out potential biases. Additionally, causal relationships could not be inferred, and the findings might not be generalizable to other regions of Kenya.

CONCLUSION

The workforce is predominantly female (57.6%) and relatively young, with 40.6% aged 40-49. The majority hold degrees (65.5%) and have significant experience in mental health care, but there are gaps in specialized training and a shortage of psychiatrists (6.1%). Mental health care resources in Kiambu County are insufficient, with uneven staff distribution, a shortage of specialists, and limited training opportunities. Insufficient training opportunities, along with inadequate policy and funding support, further hinder service provision. Inadequate referral systems, a lack of essential equipment and medications, and poor budget allocation further strain service delivery.

Recommendations

The hospital administrations should ensure that Mental health workers receive continuous training and capacity-building programs to improve their ability to handle mental health cases effectively. This will help address skill gaps and improve service delivery in the short term. At the policy level, this study recommends that the government increase budget allocation for mental health services to ensure adequate staffing, resources, and infrastructure.

ACKNOWLEDGEMENTS

The author acknowledges support from the hospital administrations and the staff of the targeted facilities.

Funding: No funding sources
Conflict of interest: None declared
Ethical approval: The study was approved by the Institutional Ethics Committee

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Cite this article as: Kitui LE, Mbaruk S, Mogere D. Assessment of mental health care services in public health facilities: a study of socio-demographic characteristics, resource availability, and service delivery challenges in Kiambu County, Kenya. Int J Community Med Public Health 2025;12:2952-7.