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A Novel Approach to Mental Health Recovery: Family Empowerment Program in Rural Kenya



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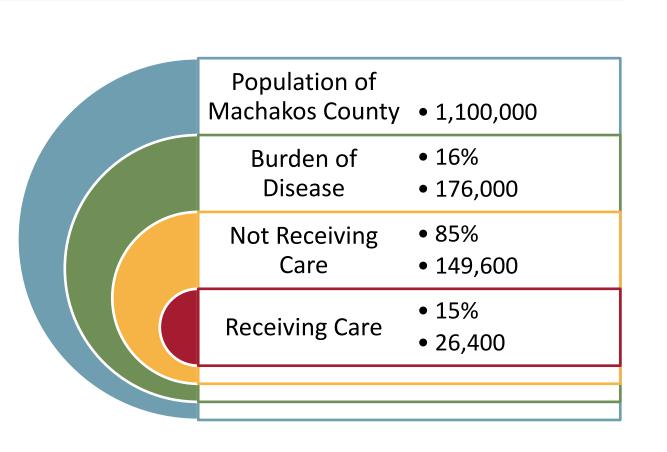
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Key Question

How can we facilitate the reintegration of patients with mental illness in a way that promotes recovery through community follow-up?

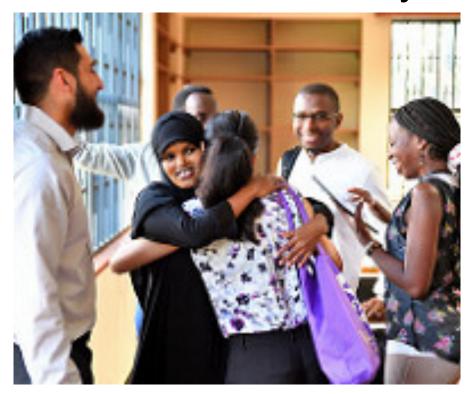
Background & Objectives

- Level 5 hospitals provide specialized care and consultation.
- Only one for all of Machakos county.
- Stigma, limited resources, and distance to care affect the health of patients.



Objective: Introduce a Family Education and Support Program to:

- 1. Provide education about mental illness.
- 2. Share resources for mental healthcare and follow-up.
- 3. Create a space where caregivers can share skills and strategies on how they can be most helpful to their family member's recovery and reintegration process.









Challenges & Opportunities

Challenges

- Political turmoil and security concerns in Kenya causing delay in project implementation.
- Nursing strike stalls patient care and hampers support received from nurses.
- Home visit by nurses is the primary route of community follow-up after mental illness. However, there are only 2 full time psychiatric nurses at the Machakos hospital.

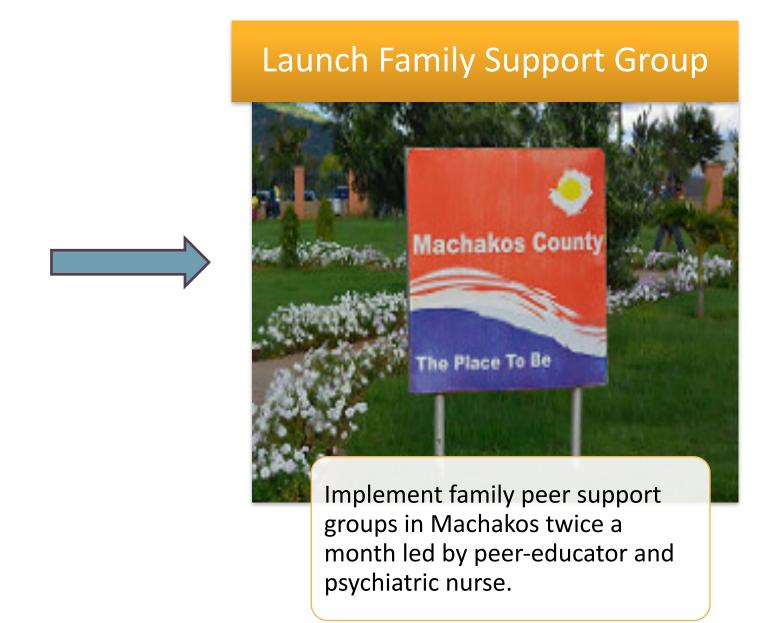
Opportunities

- More time to create detailed implementation plan, receive training, and incorporate focus groups.
- The public acutely aware of overburdening of nurses. They may desire low cost interventions to circumvent the expensive and overworked healthcare system.
- Opportunity to harness a compassionate, highly available resource in families.

Method

Approach: The Global MINDS Social Innovation Framework Iterative process of Sensemaking, Creating, Testing, Evaluating, and Disseminating





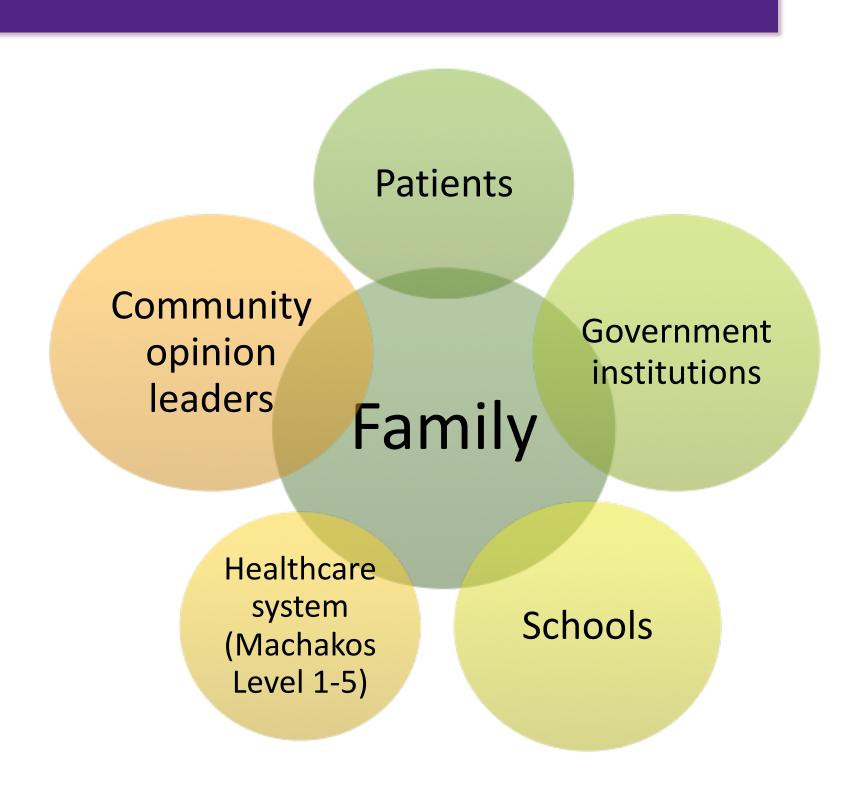


Impact and Innovation



Promoting Recovery And Reintegration Through **Strengthening Families**

- Harness family members' potential by reorienting families as a resource instead of a barrier.
- Creating a peer education circle of support by disrupting the cycle of isolation.
- Creating family advocates for sustained community education and repositioning them as an integral part of the patient recovery and reintegration process.
- Building and sustaining new relationships where patients are partners, and communities can play an active role in their local health and care services.



Lessons Learned

- Stigma and lack of community and family awareness continue to contribute to social isolation of persons with mental illness in Kenya.
- There is a severe human resource shortage to tackle mental illness in Kenya. Alternative forms of caregivers and community support is required for reintegration and recovery from mental illness.
- Participatory process of co-designing the content of the education sessions ensures an integrated bottom-up approach that also builds on existing educational programming, and leverages current community networks, gathering places, and cultures of knowledge dissemination.
- Applied research requires continuous program modification. Adaptability and creativity propel projects forward.

References & Acknowledgements

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