

THE KISUMU COUNTY SUICIDE PREVENTION ACTION PLAN- A CASE FOR BOTTOM-UP/LOCALIZED MENTAL HEALTH POLICY-MAKING

Sarah Atieno Ouma I School of Medicine, Maseno University, Maseno, Kenya | On The Move e.V., Dresden, Germany; Florina Frey I School of Medicine, University Hospital Düsseldorf, Düsseldorf, Germany | School of Medicine, University Hospital Dresden, Dresden, Germany; Paul André | On The Move e.V., Dresden, Germany; Rick Peter Fritz Wolthusen | Duke University Medical Center, Department of Psychiatry and Behavioral Sciences, Durham, NC, USA | On The Move e.V., Dresden, Germany

Key Take Aways

- Kisumu County in Kenya developed, based on literature and desk reviews, focus group discussions, and key information interviews, a county-specific suicide prevention action plan; some of the risk factors did not align with suicide risk factors identified in high-income countries
- Based on the research findings, a strategic prevention framework based on data collection was proposed in a county-specific suicide prevention action plan
- Apart from the potential of decreasing the number of suicide cases and informing global research on suicides, the work on the action plan also created momentum for the belief that complex challenges such as suicide prevention can be targeted when all relevant stakeholders own the process and work on a shared mission; the plan also demonstrates how researchers can build on local knowledge

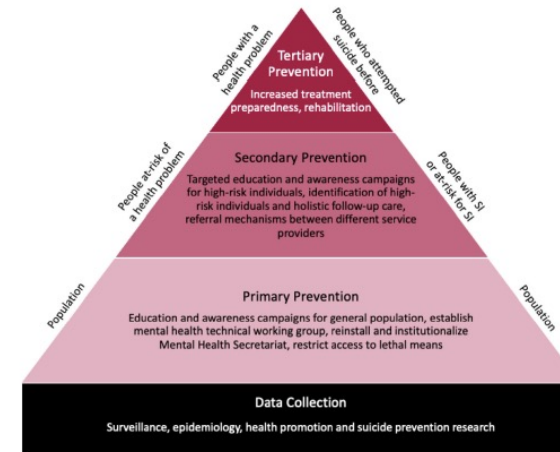
Introduction

- About **800,000 people die by suicide every year globally**
- **Kenya has an age-standardized suicide rate of 11 per 100,000 people** → number is likely an **underestimate** due to **underreporting** from stigma and criminalization of suicides
- **Kisumu County**, one of the 47 counties, had the **fourth-highest absolute number of suicide cases** in Kenya
- During the COVID-19 pandemic, in 2022, it was estimated that the **suicide-specific mortality rate** in Kisumu County was **14.7 per 100,000 populations per year**
- Kisumu County Government **recognized the urgency** of a suicide prevention strategy but **could not rely on a national blueprint or on suicide-related research findings from other low- and middle-income countries** → developed its own **Kisumu County Suicide Prevention Action Plan**

Methods

- Kisumu County Government convened a **multidisciplinary workgroup** with **stakeholders from various sectors**, who led the development of a suicide prevention action plan based on Kisumu County-specific data
- Workgroup focused on **four thematic core areas around suicides** (magnitude and variations of suicide cases, risks and protective factors, community perceptions, and potential solutions to decrease the number of suicides)
- Team utilized a **mixed-method approach** (literature review, desk review of mental health indicators and death certificates, eight focus group discussions, and nine key informant interviews)
- all data were **collected in January 2020** and **analyzed between February and March 2020**

The Kisumu County Suicide Prevention Action Plan/Strategic Prevention Framework



Levels of prevention	Strategies and activities	
Primary prevention	Strategy 1	Education and awareness campaigns to sensitize the population
	Strategy 2.1	Improve governance by setting up a technical mental health working group
	Strategy 2.2	Reestablish and institutionalize the Mental Health Secretariat
Secondary prevention	Strategy 3	Restrict access to legal means for suicide
	Strategy 4.1	Education and awareness campaigns to sensitize professionals working with target populations at-risk, e.g., teachers and law enforcement
	Strategy 4.2	Education and awareness campaigns to reduce the number of copycat suicides
	Strategy 4.3	Education and awareness campaigns to target professional groups at risk for suicide
	Strategy 5	Develop the mental health workforce that can identify and follow-up on cases of mental illness and suicidal ideation in the community
Tertiary prevention	Strategy 6	Strengthen the collaboration between conventional medical practitioners and alternative medical professionals
	Strategy 7	Customize training modules to allow holistic mental health counseling and suicide prevention
	Strategy 8	Improve readiness to respond to suicide cases and cases of organophosphate poisoning
	Strategy 9	Offer medical and biopsychosocial rehabilitation

Note: The strategies were designed based on the findings of the county-specific qualitative and quantitative data collection.

Table 2: Strategies discussed in the Kisumu County Suicide Prevention Action Plan sorted by prevention levels.

Background information

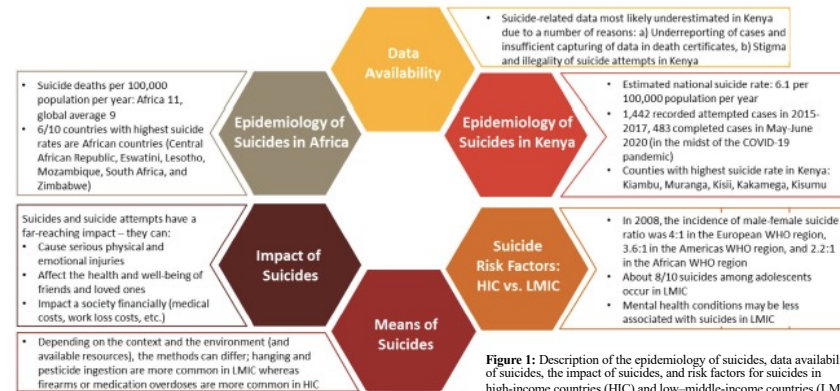


Figure 1: Description of the epidemiology of suicides, data availability, means of suicides, the impact of suicides, and risk factors for suicides in high-income countries (HIC) and low-middle-income countries (LMIC).

Economic indicators	Health indicators	Mental health indicators
Annual average growth: 5.9% (2010–2018), slowed down with COVID-19 GDP: 110 billion USD (2021) Lower-middle income country Fast growing economy before COVID-19 5/13 Kenyans live in poverty (38.6%, 2021)	Average life expectancy: 66.1 years (2018) Maternal mortality rate: 362/100,000 live births; neonatal mortality rate: 22/1000 live births Disability adjusted life years: 17,856,955 (2017) Leading causes of death: HIV/STIs, cardiovascular disease, respiratory infections/TB, cancer	DALY for mental disorders: 656,588 1.9 million cases of depression, ranking 4th in Africa 1 in 4 Kenyans suffers from a mental illness in their lifetime Outpatient care: 20%–25% of patients present symptoms of a mental health condition
Socioeconomic factors affecting suicide in Kenya		
Low growth of domestic GDP, high levels of unemployment leading to poverty, high population growth rate, rural-urban migration, insufficient planned urbanization, low literacy levels, deforestation and inequitable land distribution, lack of mental healthcare access, and stigma affecting perceptions of suicide		

Abbreviations: GDP, gross domestic product; HIV, human immunodeficiency virus; STI, sexually transmitted illness; TB, tuberculosis; DALY, disability adjusted life years.

Table 1: Economic and (mental) health indicators for Kenya and socioeconomic factors affecting suicides in Kenya.

Summary of Main Findings

- **Magnitude and variation of suicides:** number of **completed suicide cases** in Kisumu County was **higher than the number of suicide attempts** officially reported; a **significant number of death certificates did not specify the method of suicide**; however, for cases of suicide with **specified methods, organophosphate poisoning was the leading cause**
- **Risk and protective factors:** community members with the following characteristics were at higher risk: **male gender, being between 19 and 45 years of age, and being married**; community members identified the following additional risk factors: **marital and relationship issues, family feuds, economic and job insecurity, poverty, substance use, land disputes, history of sexual trauma, and “Satan”** (i.e., “The Devil”)
- **Perception of suicides:** suicides were often a **taboo topic** and associated with **negative spirits**; community members described the need to perform **rituals** after suicide attempts and completions to **remove bad spirits and prevent additional suicides**; community members were **divided over whether suicide attempts should remain illegal**
- **Potential solutions:** need for **data collection, awareness creation, scale-up of traditional and nontraditional mental health services** (i.e., services offered by trained community members), and implementation of **restrictions around organophosphates and means of suicides**

Figure 2: The Kisumu County Suicide Prevention Action Plan is built on two frameworks: a data collection framework and a prevention framework.



Picture 1: Focus group discussion led by a psychologist and the Kisumu County Mental Health Coordinator.



Figure 3: Kenya is one of the 54 countries in Africa (left); Kisumu County, located in West Kenya at Lake Victoria, is one of the 47 counties in Kenya (right).

Lessons/ Steps from the Suicide Prevention Action Plan

- Kisumu County Suicide Prevention Action Plan was **handed over to the Kisumu County Government in mid-2020**, which has been working on **implementing different recommendations**
- To date, the qualitative evidence collected through the Kisumu County Suicide Prevention Action Plan **provided the foundation for effective advocacy work**, which resulted in **financial allocations** toward mental health through the Kisumu County Assembly
- A **multisectoral mental health stakeholder forum** was established for sustainability reasons, and a **mental health technical working group** within the government was **revived**
- Kisumu County Suicide Prevention Action Plan was **the first of its kind in Kenya**; it was able to **fill the strategy vacuum in the county**
- Because of its **context-specificity**, the collected county data on protective and risk factors could be tapped to **inform future local and national action plans**
- The **work created momentum** for the belief that **complex challenges, such as suicide prevention, can be targeted effectively locally** when all relevant stakeholders own the process and work towards shared goals
- Through **sharing of information**, the work also allowed for **building trust among stakeholders**, such as government officials, mental health professionals, and nonconventional practitioners, including religious leaders
- Discussions around suicide prevention **raised awareness about mental health conditions and the need to integrate mental health programs into existing activities targeting psychosocial health determinants** (i.e., programs focusing on youth unemployment or gender-based violence)
- Following the example from Kisumu County, stakeholders from other counties in Kenya, other countries on the African continent, or from other low- and middle-income countries may engage in **bottom-up strategy development based on professional, scientific, and local knowledge**
- Some additional benefits of the work were a **decrease in the gap among those designing, implementing, and benefiting from strategies**, an **increase in the fitness of strategies**, and **opportunities for community members to provide more immediate feedback**



Read our paper:
“Developing a suicide prevention action plan in Kisumu County, Kenya”



Creating spaces of empowerment towards mentally healthier communities.

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info@on-the-move.de
www.fb.com/OnTheMoveV

<https://new.on-the-move.de>

