

Private Keep Out: A Case Study of Private Mental Healthcare in Kenya

As discussed in a recent LSE Africa seminar, LSE's Victoria De Menil discusses the rise of private mental healthcare in Kenya. The *LSE Africa seminar series* takes place every Wednesday in term-time from 4 to 5.30pm in CLM1.02, Clement House, The Aldwych.

In the past 12 months, Kenya has experienced three large-scale strikes of public medical workers and a scandal of epic proportions to its National Hospital Insurance Fund. Within an ill-functioning public health system, mental health is among its lowest priorities. Acute psychiatric care for a population of 40 million is relegated to one 750-bed psychiatric hospital, Mathare, and seven provincial hospitals with psychiatric wards of 20 beds each. Given the inability of the Kenyan government to adequately supply healthcare in general and mental healthcare in particular, private providers are increasingly stepping in to address the mental health treatment gap.



The Chiromo Lane Medical Centre is one of several private mental healthcare providers in Kenya

Private care is particularly prevalent in the areas of drug and alcohol treatments. The national authority on drug and alcohol abuse (NACADA) lists 35 registered rehabilitation centres in Kenya: 80% of them were founded since 2000 and only three of them are public. Little is known in scientific terms about the nature of these mushrooming rehabilitation centres, nor about the practice of private mental health more broadly in Kenya and sub-Saharan Africa. The barriers to accessing data from these providers are often prohibitive to research.

In June 2012, the Board of Chiromo Lane Medical Centre granted me rare permission to conduct a case-study of their facilities. The study comes at a pivotal time in the trajectory of the institution, as it is in the process of rapid expansion. Chiromo Lane Medical Centre was originally founded in 1996 with the aim of providing acute psychiatric care and a detox. It is a 30-bed hospital located in a former home in the wealthy Westlands neighbourhood of Nairobi, and it maintains the structure and feel of a home – open doors, small rooms and a garden – rather than that of a purpose-built hospital.

The first expansion to Chiromo came in 2001, when the Board responded to a request from “stable” patients (ie non-violent, non-psychotic) to be separated from “unstable” patients. Bustani, meaning resting place, was created for that purpose with 15 beds, and it functions like a second unit within a single hospital. The two facilities are owned and managed by the same Board,

medicines are supplied from the same source, staff wear the same uniforms, and patients are readily transferred between the two (although they maintain separate patient IDs).

The second expansion was from acute care to rehabilitation with the aim of improving continuity of care. In 2010, the Board of Chiromo (with a slightly modified composition), set up The Retreat, a secular rehabilitation programme located in a leafy plot one hour's drive from Nairobi in Limuru. The population is largely men and the target length of stay is 6 weeks. Prior to that point, the majority of rehabilitation centres were faith-based, so The Retreat fits a niche market for secular care with an emphasis on psychiatric comorbidity. The service offers daily visits by a psychiatrist, where most rehabilitation programmes in Kenya rely on non-medical personnel.

This year alone has seen a further expansion of the Chiromo Group in two more directions: functional and geographic. With a continuing emphasis on addiction treatment, the Chiromo Board opened a half-way house in the centre of Nairobi, called Havilah House with a capacity for 15 residents for expected stays of three months. Finally, in June, as I was visiting Chiromo's Nairobi facilities, new professional recruits were brought in from Mombasa for induction, in preparation for opening the Retreat Pwani (Swahili for coastal). This newest member of the Chiromo hospital group is a 17-bed facility with a joint function of acute psychiatry and rehabilitation. With a combined capacity of 102 beds, the Chiromo Group is the leading private provider of psychiatric services in Kenya and East Africa. But what are the hospitals doing? For whom? And are they doing it well? These are the questions on which my research is focused.

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