<u>MEWA- Mental Wellness Policy Framework for National Police Service</u>

Policy Statement

Mental health is a key tripartite component of health in accordance to the World health Organization (WHO) definition of Health as a state of physical, mental and social wellbeing, and not just mere absence of infirmity. Further, WHO defines mental health as a state of wellbeing in which individuals realize his or her own potential/abilities, can cope with the normal stresses of life, can work productively and fruitfully and is able to contribute to his or her community. Mental health is a key determinant to the overall health and socio-economic development. It influences a variety of outcomes for individuals and communities such as healthier lifestyles; better physical health; improved recovery from illness; fewer limitations in daily living; higher education attainment; greater productivity, employment and earnings; better family relationships; social cohesion and engagement and improved quality of life (WHO Global Mental Health Action Plan 2013-2020). Mental illnesses are largely due to interplay and pathways of multiple factors including; biological, psychological, social and environmental. The resultant mental health conditions contribute to individuals, families and communities increased healthcare costs, socioeconomic losses, marginalization and other forms of vulnerability. The national police service through Kenya Mental Health Policy (2015-2030) envisions a national police service where mental health is valued and promoted, mental health conditions are prevented and persons affected by mental health conditions are treated without stigmatization and discrimination. The mental health policy gives a roadmap for securing reforms and building strong mental health systems with ultimate goal of attaining the highest standard of mental health among police officers. This Action plan will operationalize mental health policy's framework four main objectives: to strengthen effective leadership and governance for mental health; ensure access to comprehensive, integrated and high-quality mental health care services at all levels of healthcare; to implement promotive and preventive mental health strategies and strengthen mental health systems. There is overwhelming evidence on the returns on investment in mental health. Lancet study in 2016 found benefit returns to the ratio of 1:5 for the overall health and economic benefits. I call upon all stakeholders to commit and invest in these mental health strategic actions to address mental health disparities for a healthy police service and socioeconomic development.

Executive Summary

The Kenya Mental Health Policy (2015-2030) provides for a framework on interventions for securing mental health systems reforms in Kenya. This is in line with the Constitution of Kenya (2010), Vision 2030, the Kenya Health Policy (2014- 2030) and the global commitments including the resolution adopted at the 66th World Health Assembly that called on member states to develop comprehensive mental health action plans in line with the Global Comprehensive Mental Health Action Plan (2013-2020).

There has been a significant increase in the number of police officers suffering from mental illness. Officers suffer from post-traumatic stress disorder (PTSD), depression, substance abuse or misuse that are related to suicide and psychological illnesses. These psychological health challenges are due to traumatic work experiences and lack of social support within the organization (from peers and supervisors); inadequate support networks (family, peers and friends); lack of personal qualities needed to deal with problems (e.g., emotional abilities) and inadequate coping strategies. However, stigma related to mental health in the workplace curtails officers' willingness to talk about their mental health problems. These guidelines postulate that the use of effective health promotion programs can assist in reducing police officers' psychological problems.

This policy framework aims to attain the highest standard of mental health through strengthening effective leadership and governance for mental health; ensuring access to comprehensive, integrated and high-quality mental health care services; implementing strategies for the promotion of mental health, prevention of mental disorders and substance use disorders and strengthening mental health systems within the National Police Service. Ultimately, the framework aims to have a police service where mental health is valued and promoted, mental disorders are prevented, and persons affected by mental disorders are treated without stigmatization and discrimination.

The principles guiding the implementation of the framework shall be adopted from the National Mental Health Policy (2015-2030). These include the realization of the centrality of mental health in overall health over the lifespan, the human rights nature of mental health and the significant contribution of mental health in socio-economic development. Additionally, the principle of equity in mental health provision, the need for a participatory people-centred approach to designing interventions and incorporation of multiple stakeholders in designing interventions; and the efficient application of health technologies shall guide the framework. The framework shall also respect the constitutional obligation of accountability to the public.

To enable the execution of this framework, the National Police Service shall establish a Directorate of Mental Health and Substance Abuse to provide overall institutional leadership and coordination for mental health for the police service in Kenya. Further, the National Police Service shall develop its human resource capacity on mental health by integrating mental health in the training curricula for the police service, which shall include adequate content and time offered on mental health training. This will involve in-service training for service providers, recruitment and training of specialized mental health workers and financial support for the training of mental health workers at national and county levels. A Public-Private-Partnership (PPP) model and framework shall be developed to facilitate the development of a competent mental health workforce.

This framework advocates for mental health promotion via continuous confidential counselling, screening of mental disorders, a psycho-educational program, and a peer-support program for police officers' mental health. Further, the guidelines advocate for institutionalization of work policy for mental health and substance use to minimize stigma, and efficient referral mechanisms.

To meet the objectives, the framework proposes a budgetary allocation to mental health services at both national and county levels; support from public-private partnerships and the private sector; and targeted support from international partners. The framework also advocates for non-discrimination against persons with mental, neurological and substance use (MNS) by the health insurance system.

To measure the progress of the achievement of framework objectives, mental health indicators will be adopted from the national key and vulnerable population mental health training guide and included in the general health information and reporting system to be evaluated biannually and an annual status report published for planning and service improvement. The mental health policy shall be evaluated every 5 years.

1. Introduction

1.1. Background

The Kenya Mental Health Policy 2015-2030 provides for a framework on interventions for securing mental health systems reforms in Kenya. This is in line with the Constitution of Kenya 2010, Vision 2030, the Kenya Health Policy (2014- 2030) and the global commitments. The Constitution of Kenya 2010, in article 43. (1)(a) provides that "every person has the right to the highest attainable standard of health, which includes the right to healthcare services". This necessarily includes mental health. The 65th World Health Assembly adopted Resolution on the global burden of mental disorders and the need for a comprehensive coordinated response from the health and social sectors at country level. Subsequently, during the 66th World Health Assembly, Resolution was adopted. It called on member states to develop comprehensive mental health action plans in line with the Global Comprehensive Mental Health Action Plan 2013-2020.

1.2. Problem Statement

Currently, there is inadequate data and information on the prevalence of mental health, neurological, and substance use (MNS) in Kenya. However, it is estimated that up to 25% of outpatients and up to 40% of in-patients in health facilities suffer from mental conditions9 (KNCHR: 2011). Further, the probable prevalence of psychosis in Kenya is at an average of 1 % of the population (Kiima and Jenkins, 2012). The most frequent of diagnosis of mental illnesses made in general hospital settings are depression, substance abuse, stress and anxiety disorders. (Ndetei et al: 2008)

The number of police officers suffering from mental illness is becoming a significant public health concern. Police officers are more likely to experience mental health problems than the general population. A mental disorder can be described as a clinical significant disturbance in an individual thinking, emotional control, or behavior.[1] Police officers are generally considered to be high-risk group for the development of psychological illnesses due to the numerous significant and potentially traumatic events they experience during their careers. The duties and responsibilities in police officers place them in difficult and stressful circumstances, which can have a major consequence on the mental health and probably even the performance. Police officers were found to have a higher rate of psychological health problems.[2] One in every seven police officers worldwide suffered from post-traumatic stress disorder (PTSD) or depression,

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[1] New WHO prevalence estimates of mental disorders in conflict settings: a systematic review and meta-analysis. Charlson Fiona, Ommeren Mark, Flaxman Abraham, Cornett Joseph, Whiteford Harvey, Saxena Shekhar. Jul;2019 *The Lancet.* 394(10194):240–248. doi: 10.1016/s0140-6736(19)30934-1. doi: 10.1016/s0140-6736(19)30934-1. [PMC free article] [PubMed] [CrossRef] [CrossRef] [Google Scholar]

[2] Mental Disorder Symptoms among Public Safety Personnel in Canada. Carleton R. Nicholas, Afifi Tracie O., Turner Sarah, Taillieu Tamara, Duranceau Sophie, LeBouthillier Daniel M., Sareen Jitender, Ricciardelli Rose, MacPhee Renee S., Groll Dianne, Hozempa Kadie, Brunet Alain, Weekes John R., Griffiths Curt T., Abrams Kelly J., Jones Nicholas A., Beshai Shadi, Cramm Heidi A., Dobson Keith S., Hatcher Simon, Keane Terence M., Stewart Sherry H., Asmundson Gordon J. G. 2018*The Canadian Journal of Psychiatry.* 63(1):54–64. doi: 10.1177/0706743717723825. doi: 10.1177/0706743717723825. [PMC free article] [PubMed] [CrossRef] [CrossRef] [Google Scholar]

and one in every ten struggled from other mental illnesses.[3] When compared to the general population, police personnel have approximately twice the prevalence of PTSD and depression (20% vs 7% to 9%), and are associated with a lower quality of life. Moreover, substance abuse or misuse (i.e., alcohol and drugs) is widespread and is directly related to suicide and psychological illnesses.[4] The stigma related to mental health in the workplace continues to prevent officers from being willing to talk about the problems they are facing. It has been demonstrated that engaging and reducing stigma in police officers improves behavioral responses such as improved communication and desire to work.[5]

The use of effective health promotion programs can assist in reducing police officers' psychological problems. This guideline emphasizes the importance of mental health promotion and programs in improving police officers wellbeing and decreasing mental disorders.

1.3. Justification

Growing number of police officers are being treated at work for stress-related mental health difficulties. It is possible that the work roles related to this professional field potentially lead police officers to mental health difficulties.[6] One of the variables that has best explained mental health problems in police officers is a lack of social support within the organization. For these professionals, the perception of support from peers and superiors is essential.[7] Police Officers are at a high risk of developing mental health problems if they perceive a lack of control or decision-making control, high demands or pressure to complete tasks,

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[3] Global prevalence and risk factors for mental health problems in police personnel: a systematic review and meta-analysis. Syed Shabeer, Ashwick Rachel, Schlosser Marco, Jones Rebecca, Rowe Sarah, Billings Jo. May 21;2020 *Occupational and Environmental Medicine.* 77(11):737–747. doi: 10.1136/oemed-2020-106498. doi: 10.1136/oemed-2020-106498. [PubMed] [CrossRef] [CrossRef] [Google Scholar]

[4] Depression, suicidality and associated risk factors among police officers in urban Tanzania: a cross-sectional study. Njiro Belinda Jackson, Ndumwa Harrieth Peter, Msenga Charles Joseph, Kawala Thomas, Matola Ezekiel, Mhonda Juhudi, Corbin Hillary, Ubuguyu Omary, Likindikoki Samuel. Jun;2021 *General Psychiatry.* 34(3):e100448. doi: 10.1136/gpsych-2020-100448. doi: 10.1136/gpsych-2020-100448. [PMC free article] [PubMed] [CrossRef] [CrossRef] [Google Scholar]

[5] Statewide mental health training for probation officers: improving knowledge and decreasing stigma. Tomar Nikhil, Ghezzi Marilyn A., Brinkley-Rubinstein Lauren, Wilson Amy Blank, Van Deinse Tonya B., Burgin Stacey, Cuddeback Gary S. Nov 15;2017 *Health Justice.* 5(1):11. doi: 10.1186/s40352-017-0057-y. doi: 10.1186/s40352-017-0057-y. [PMC free article] [PubMed] [CrossRef] [CrossRef] [Google Scholar]

[6] Psychosocial factors linked to the occupational psychological health of police officers: Preliminary study. Deschênes Andrée-Ann, Desjardins Christine, Dussault Marc. Jan 24;2018 *Cogent Psychology.* 5(1):1426271. doi: 10.1080/23311908.2018.1426271. doi: 10.1080/23311908.2018.1426271. [CrossRef] [CrossRef] [Google Scholar]

[7] Surviving the shift: Rural police stress and counseling services. Page Kyle S., Jacobs Sue C. Feb;2011 *Psychological services.* 8(1):12–22. doi: 10.1037/a0021796. doi: 10.1037/a0021796. [CrossRef] [CrossRef] [Google Scholar]

and insufficient support and coping strategies.[8] Police personnel are especially vulnerable to poor psychological health if they lack support networks (family, friends, and trust from coworkers and supervisors), or if they lack the personal qualities needed to deal with problems.[9] Prior studies demonstrated that police officers who perceived low organizational and peer support, as well as low rewards, had a higher prevalence of symptoms related to mental disorders such as depression.[10]Additionally, prolonged hours of work and an excessive workload, police culture, and organizational restructuring were the sources of job stress affecting police officers' psychological state.[11]

Socioeconomic (funding cuts and social pressure), organizational (police culture, leadership, managerial instability, and peer support), and personal factors (self-employment, emotional abilities, and disillusionment) influenced law enforcement officers' psychological health.[12]A higher risk of developing psychological disorders has been related to repeated trauma events in law enforcement. Occupational stress, alcohol consumption, poor level of peer support were the risk factors for lower mental health. Experiences childhood trauma, being female, being younger, and emotional copings are all generally indicated risk factors for mental illnesses. Marital status and having chronic diseases were also found to be significantly associated with mental health difficulties. Moreover, substance abuse or misuse (i.e., alcohol and drugs) is widespread and is directly related to suicide and psychological illnesses.[13]

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[8] Identifying the antecedents of work-role overload in police organizations. Duxbury Linda, Higgins Chris, Halinski Michael. 2015*Criminal justice and behavior.* 42(4):361–381. doi: 10.1177/0093854814551017. doi: 10.1177/0093854814551017. [CrossRef] [CrossRef] [Google Scholar]

[9] Collective forms of coping and the social construction of work stress among industrial workers and police officers in France. Loriol Marc. 2016*Theory Psychology.* 26(1):112–129. doi: 10.1177/0959354315616877. doi: 10.1177/0959354315616877. [CrossRef] [CrossRef] [Google Scholar]

[10] Association of work-related stress with mental health problems in a special police force unit. Garbarino Sergio, Cuomo Giovanni, Chiorri Carlo, Magnavita Nicola. Jul;2013 *BMJ open.* 3(7):e002791. doi: 10.1136/bmjopen-2013-002791. doi: 10.1136/bmjopen-2013-002791. [PMC free article] [PubMed] [CrossRef] [CrossRef] [Google Scholar]

[11] The relationship between organisational stressors and mental wellbeing within police officers: a systematic review. Purba Amrit, Demou Evangelia. Oct 15;2019 *BMC public health.* 19(1):1–21. doi: 10.1186/s12889-019-7609-0. doi: 10.1186/s12889-019-7609-0. [PMC free article] [PubMed] [CrossRef] [CrossRef] [Google Scholar]

[12] Health in police officers: Role of risk factor clusters and police divisions. Habersaat Stephanie A., Geiger Ashley M., Abdellaoui Sid, Wolf Jutta M. Oct;2015 *Social Science Medicine.* 143:213–222. doi: 10.1016/j.socscimed.2015.08.043. doi: 10.1016/j.socscimed.2015.08.043. [PMC free article] [PubMed] [CrossRef] [CrossRef] [Google Scholar]

[13] Depression, suicidality and associated risk factors among police officers in urban Tanzania: a cross-sectional study. Njiro Belinda Jackson, Ndumwa Harrieth Peter, Msenga Charles Joseph, Kawala Thomas, Matola Ezekiel, Mhonda Juhudi, Corbin

1.4. Vision

A national police service where mental health is valued and promoted, mental disorders prevented and persons affected by mental disorders are treated without stigmatization and discrimination

Goal

To attain the highest standard of mental health.

Objective

1. To strengthen effective leadership and governance for mental health at the National Police Service.

2. To ensure access to comprehensive, integrated and high quality, promotive, preventive, curative and rehabilitative mental health care services at all levels of National Police Service.

3. To implement strategies for promotion of mental health, prevention of mental disorders and substance use disorders at the National Police Service

4. To strengthen mental health systems within the National Police Service.

2.1 Guiding Principles

The following principles have been adopted from the National Mental Health Policy (2015-2030) and should guide its implementation:

1. Mental health is an integral part of health

Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity - WHO 'There is no health without mental health'.

2. Mental health and socio-economic development

Mental health contributes significantly to socio-economic development of individuals, households, families, communities, nations and societies at large.

3. Mental health is a human right

Mental health is a human right which should be respected regardless of religion, gender, culture and socioeconomic status

4. Equity

The principle of Equity is meant to ensure Universal Health coverage for all. Services should be provided equally to all individuals in a community irrespective of their gender, age, caste, color geographical location, culture, and social class. Focus should be on inclusiveness, non-discrimination, social accountability, and gender equality.

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5. People-centered approach to mental health interventions

A people-centered approach should ensure health, and mental health interventions are organized around people's legitimate needs and expectations. This calls for community involvement and participation in deciding, implementing and monitoring of provided interventions.

6. Participatory approach to delivery of interventions

Participation should be encouraged in the design and delivery of interventions in order to maximize the contributions of different actors, in attaining the best possible outcomes. Collaborative models of dialogue should continually be emphasized to achieve desired outcomes.

7. Multi-Sectorial approach to maximizing achievement of mental health goals

A multi-sectorial approach is based on the recognition that mental health cannot be improved by interventions relating to mental health services alone, but that other related sectors are equally important in attaining the overall health goals. A focus of 'Mental Health in all Sectors' should be applied in attaining the objectives of this policy. Such related sectors include: security and correctional services.

8. Efficiency in application of health technologies

Health technologies including e-health and specialized mental health equipment are integral in the delivery of mental health services. Health technologies should maximize the use of existing resources and build capacity. This is in the selection of technologies that are appropriate, accessible, affordable, feasible and culturally acceptable to the community for addressing the mental health challenges, and in the application of such technologies.

9. Social accountability

The constitution of Kenya obligates all institutions to be accountable to the public directly and through their representatives. Realization of the highest standards of mental health can only be achieved by bridging public perceptions and their needs through assessments, performance reporting, public awareness, transparency and public participation in decision making on mental health related matters.

10. Life Course Approach

Policies, plans and services for mental health need to take account of health and social needs at all stages of the life course, including prenatal, infancy, childhood, adolescence, adulthood and older age.

3.0 Scope (Priority Actions)

1. The National Police Services security shall establish a Directorate of Mental Health and Substance Abuse to provide overall institutional leadership and coordination for mental health in police service in Kenya.
2. The National Police Service shall develop its human resource capacity on mental health by integrating mental health in the training curricula for police service, which shall include adequate content and time offered on mental health training.
3. In order to meet the current shortfall of mental health workers, the ministry shall:
   a. Provide in-service training for service providers at the national police service on mental health

b. Provide a complete mental health team work force appropriate at all levels of the national police service

c. Support and finance the training of more mental health workers at national and county levels.

d. Strategic measures shall be put in place to train and recruit specialized mental health workers to work with special or vulnerable populations

4. A Public-Private-Partnership (PPP) model and framework shall be developed to facilitate the development of a competent mental health workforce.

5. The human resources for mental health care provision will be managed more efficient by:

a. Continuous education and professional development

b. Supportive supervision and coordination

6. Mental health Promotion

a. Encourage officers to seek confidential counseling, this will be achieved through improvements in training and recruiting practices, the availability of peer counselors, organizational modifications, the addition of diversity programs, and critical incident training can all help to reduce the risk of work stress and improve police officers' mental health.

b. Screening for mental disorders in high-risk occupational groups aims to achieve accurate assessment of those experiencing symptoms to provide evidence-based interventions on time. The peers will be trained to use the quick screening tool and refer the high risk group to a psychologists/psychiatrist for assessment and management.

c. Improve mental and cognitive health. The program's uniqueness lies in the inclusion of a self-awareness technique into a psycho-educational program, which results in more effective implementation of the instructional guidelines and suggestions. The cognitive health will be achieved through positive health lifestyle, empathy, relaxation, stress coping and anger management.

d. A peer-support program for police officers' mental health. Peer support entails social and emotional support provided by a person of equal level, mutually respectful, responsibility shared, and mutual consent on what is helpful. Peer support fosters confidence and hope for the resolving of mental health problems. Peer support will be used to improve mental health literacy and mutual support among police officers.

7. Financing Resources

a. Have a budgetary allocation to mental health services at both national and county budgets

b. Public private partnerships and voluntary private sector participation in provision of mental health services and financing

c. Engaging sectors that have mental health components (Global Fund, USAID) to make targeted budgetary allocation to mental health services and programmes

d. Ensuring that the health insurance system does not discriminate against persons with Mental, Neurological and Substance use (MNS) disorders in accessing insurance policies

8. Mental Health and Substance Use

a. Improve access to psycho-education, motivational interviewing and cognitive behavioural therapy to individual and family.
b. Early identification, screening and referral.
c. Have access to effective substance use treatment and care through referral mechanisms.
d. Institutionalize work policy for mental health and substance use to minimize stigma and discrimination.
e. Mental health services referral guidelines will be integrated to the existing referral system.

9. Mental Health Information System (MHIS) and Research
    a. Mental health indicators shall be identified and included in the general health information and reporting system
    b. Each year an annual status report (part of annual security sector performance report) covering all mental health data for national level and for each county which shall be published and used for planning and service improvement
    c. Mental health research shall be strengthened through funding and partnership for evidence based information in mental health

10. Inter-sectoral collaboration and policy reform
    a. The National Police Service shall ensure that mental health policy issues are integrated and mainstreamed in all policies and legislations.
    b. There shall be a framework for partnership with all mental health non-state actors such as faith based and civil society organizations

11. Monitoring and Evaluation
    a. A core set on indicators for Mental Health shall be defined to monitor and evaluate the implementation of the policy
    b. The indicators will be evaluate biannually
    c. The mental health policy shall be evaluated every 5 years. The results of the policy evaluation shall be used to inform the best practices in terms of mental health policy interventions at the national police service.
    d. The set of three core indicators is outlined below.
        a. Outcome indicators at the national and county level, outcomes will be measured through polling booth surveys conducted by the National Police Service on a biennial basis. The outcome indicators will be:
            i. Proportion of National Police Service officers experiencing symptoms of specified mental health disorders (depression, anxiety, gender dysphoria, substance-related disorder, suicidal attempts/self-harm and PTSD).
            ii. Proportion of National Police Service Officers receiving support for mental health symptoms.
        b. Output indicators Mental health-related output indicators will be tracked in the Key and Vulnerable Population programme through monthly reports (MoH 731 plus) submitted by all service points. The monthly report will track the following indicators at the national and county level:

      i. Number of National Police Officers screened for mental health disorders (community and facility).

      ii. Number of National Police Officers diagnosed with mental health disorders.

      iii. Number of National Police Officers treated for mental health disorders.

c. Process indicators: at the implementing police station level, mental health support activities will monitor:

      i. Number of National Police Officers screened for mental health disorders

      ii. Number of National Police Officers provided front-line support;

      iii. Number of National Police Officers referred to the facility

4.0 Stakeholders Engagement

The investment and program areas will be guided by the mental health policy framework directives and the key findings and recommendations by the Taskforce on Mental Health to implement the five years action plan strategic actions geared to achieve the set targets and indicators. The following are priority investment areas.

1. Mental health leadership and governance.

2. Human resources development and management.

3. Mental healthcare financing and Universal Health Care.

4. Mental health services delivery.

5. Substance use prevention and control.

6. Infrastructure for mental health services.

7. Mental health information health system and research.

8. Advocacy and partnership for stigma reduction and user's empowerment

9. Monitoring and Evaluation

The framework will be supported through an internal budget from the government and also partners such as Global Fund, USAID, IAVA, and any other partner with shared goals.

5.0 Implementation Framework

Investment Area	Action Points	Indictor	Time-Frame	Resources	By Who
Mental Health Leadership and Governance	Strengthen Directorate of Mental Health to provide policy leadership, technical guidance and coordination of mental health activities in the National Police Service	No. of Directorate of Mental health established	Once	Finance/Human Resource	NPS
	Countrywide dissemination of the policy framework, strengthening of mental planning and implementation of strategic actions.	No. of counties reached with dissemination information on policy framework	Bi-annual	Finance/Human Resource	NPS
	Mainstreaming mental health across sectors; with establishment of mental health programs in relevant police station and part of mandatory performance contracting requirement	No. of mental health programs established at the police station	Quarterly	Finance/Human Resource	NPS
	Establish County Mental Health Coordination units that shall coordinate mental health services at the county level.	No. of counties that have established the mental health coordination units	Once	Finance/Human Resource	NPS
	Decentralization and reorganization of mental health	No. of mental health systems operational	Continuous	Finance/Human Resource	NPS

	systems and services in accordance with the national police service.				
	In-reach awareness creation, advocacy and intersectoral partnership.	No. of police officers reached with information No.of intersectoral partnership formulated.	Continuous	Finance/Human Resource	NPS
Human resources development and management	Training funds to support and finance the training of police recruits at Kiganjo	No. of recruits trained on Mental Health and Harm reduction services	Annually	Finance/Human Resource	NPS
	Review and revise the training curricula of all recruits to integrate mental health training	No. of training curricula revised	Annually	Finance/Human Resource	NPS
	Training of Trainers of Trainers and Recruitment of mental health workers cadres to attain the staff establishment at different levels of care {Psychiatrists; Mental health nurses (KRMHN); Mental health nurses KRPN; Psychologists (medical, health and Clinical);	No. of TOTs trained No. of Specialized cadres recruited to support mental health service	Once	Finance/Human Resource	NPS
	Training of primary care providers on mental health (mhGAP training program/National Guidance on Mental Health into	No. of primary providers trained on mental health	Once	Finance/Human Resource	NPS

	Key and Vulnerable Populations Programming in Kenya)				
	Continuous education and professional development	No. of continuous and professional development conducted	Monthly	Finance/Human Resource	NPS
	Resources for human resources technical supportive supervision and professional development.	No. of resources on supportive supervision and professional development held	Continuously	Finance/Human Resource	NPS
Mental healthcare financing and Universal Health Care.	**Access to Health Insurance scheme to manage mental neurological and substance use disorder**	No. of Police Officers having access to mental neurological and substance use disorder insurance scheme	Continously	Finance/Human Resource	NPS
Mental health services delivery	Work Place Mental Health Program.			Finance/Human Resource	NPS
	Encourage officers to seek confidential counseling through motivational interviewing	No. of Police Officer seeking confidential counselling	Monthly	Finance/Human Resource	NPS
	Identification, Screening and active referral for mental disorders in high-risk occupational groups.	No. Screened for mental disorders No. of active referral made	Monthly	Finance/Human Resource	NPS
	Improve mental and cognitive health through self-awareness	No. of Police Officer with positive coping skills	Biannually	Finance/Human Resource	NPS

				Finance/Human Resource	NPS
	technique. The cognitive health will be achieved through positive health lifestyle, empathy, relaxation, stress coping and anger management.				
	Peer-support through debriefing	No. of police officers receiving peer support.	Monthly	Finance/Human Resource	NPS
		No of gained confidence and hope resolving mental health problem.	Biannually		
Substance use prevention and control.	**Prevention of Mental, Neurological and Substance use Disorders**			Finance/Human Resource	NPS
	Alcohol prevention and control program Other substances use prevention and control programs Harm reduction program Suicide prevention program Community and cross sectoral risks reduction and resiliency building programs (Safe spaces and amenities, mental health friendly zones)	No. of Police officers reached with information on Alcohol/other substances/Harm Reduction/Suicidal No. of police officers managed to reduced risks	Monthly	Finance/Human Resource	NPS
	Treatment and Rehabilitation of	No. police treated and rehabilitated of	Monthly	Finance/Human Resource	NPS

	Mental, Neurological and Substance use disorders	Mental, Neurological and Substance use disorders			
	Access to psychosocial support services i.e. Cognitive Behavioral Therapy/ Motivational Interviewing	No. of police officer received Cognitive Behavioral Therapy/Motivation Interviewing	Quarterly	Finance/Human Resource	NPS
Infrastructure for mental health	Establish appropriate infrastructure for integrated community, and outpatient for mental, neurological and substance use (MNS) at national and county level (each police station)	No. of integrated community and outpatient for MNS established at the national and county level (each police station)	Quaterly	Finance/Human Resource	NPS
Mental health information health system and research	Conduct a National Baseline survey	National Baseline Survey Report	Once	Finance/Human Resource	NPS
	Collection of data on mental health indicators through general health information and reporting systems.	Functional health information and reporting systems	Monthly	Finance/Human Resource	NPS
	Monitoring and evaluation of specific mental health strategy indicators on quarterly basis.	Quarterly Monitoring and Evaluation report	Quarterly	Finance/Human Resource	NPS
	Strengthen mental health research through funding and partnership for	Secured funding for research	Continously	Finance/Human Resource	NPS

	evidence-based information in mental health. Capacity building on mental health research and systematic analysis of mental health research data.	Generated evidenced based information			
Advocacy and partnership for stigma reduction and user's empowerment	Anti-stigma and mental health promotion through; multi-sectoral programmes, sport and media.	No. of in-reach promotion carried	Continuously	Finance/Human Resource	NPS
Monitoring and Evaluation	Monitor and Evaluation of the indicators	Mid and end Evaluation report	Monthly/Quaterly/Annually	Finance/Human Resource	NPS

Annex

Roles and Responsibilities – to be adopted from the ADA policy framework

Mental Health Tool- to be adopted from the National Guidance on Integrating Mental Health into Key and Vulnerable Populations Programming in Kenya (2022)