

# Improving the Mental Health Needs of Elderly Kenyans in Rural Areas: An Examination of Treatment Barriers

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**Abstract:** This paper investigates the obstacles preventing elderly individuals in rural Kenya from receiving therapeutic treatment, recognizing their vulnerability to mental health problems. The increasing global recognition of mental health needs among older adults, especially in low- and middle-income countries (LMICs) (WHO, 2021), highlights the urgent need to address this issue. In Kenya, just like a study done in Uganda, disparities in mental health service access between urban and rural areas further exacerbate the challenges faced by older adults, who experience a range of mental health conditions (Wakida, et al., 2018). Understanding the obstacles hindering their access to therapeutic treatment is crucial for developing effective policies and interventions. This scoping review aims to map the existing literature on these barriers, identifying key areas for intervention and informing future research. It is important to note that the review, is designed to provide a broad overview of the available literature, rather than a systematic review, which involves stricter inclusion criteria and quality assessment. Using a defined search strategy across multiple databases and grey literature sources, this study identified healthcare system, socio-cultural, and logistical barriers. Implementing these interventions in Kenya requires careful consideration of infrastructure, resources, and community needs that have been interrogated in this paper.

**Keywords:** Barriers, Elderly Kenyans, Mental Health, Treatment, Rural Areas.

## 1. Introduction

The mounting global detection of mental health needs among older adults, with a focus on the challenges in low- and middle-income countries (LMICs) is inadequately researched. This vulnerable group faces unique challenges that require specialized attention, targeted interventions and research to improve mental health care (Saran et al. 2020). The World Health Organization 2021, global report on ageism recognizes that the aging global population presents a significant mental health challenge.

A World Economic Forum Report (2020) indicates that several global north countries are experiencing aging population booms due to low birth rates and this seems to have demanded more research about the mental health experiences of this social class, however little emanates from the global south. The mental health burden experienced by older adults in

LMICs is aggravated by a range of systemic socio-economic, cultural, and logistical barriers.

These challenges include harmful substance use, food insecurity, multimorbidity, and chronic diseases, which are compounded by limited healthcare resources and socio-economic constraints (Wulandari *et al.*, 2025). The interaction of demographic shifts, including an aging population and increased life expectancy, is projected to significantly elevate the prevalence of mental health disorders such as depression and dementia within LMICs.

This implies that understanding the mental health challenges of this population especially in the rural areas where most of the elderly choose to retire is important. It requires a proactive approach to addressing the growing mental health needs of older adults in these contexts. However, accessing therapeutic treatment for the elderly in rural Kenya is a multifaceted issue. The majority of older adults in rural areas, face heightened vulnerability due to a confluence of unique mental health challenges. Ageism, or discrimination based on age, is prevalent and can lead to increased risks of depression and chronic diseases among older adults. It often manifests through negative stereotypes and societal attitudes, which can be internalized by the elderly, further affecting their mental health and self-perception (Jin et al., 2023). These mentioned stressors, combined with, social isolation, bereavement, and chronic physical health conditions, can increase their risk of developing mental health problems. Common mental health disorders among this population include depression, anxiety, and dementia, which frequently go undiagnosed and untreated (Ansary, M. 2020).

The importance of understanding the barriers to therapeutic treatment for this population, through a scoping review and synthesis of existing literature to inform policy and intervention development is therefore paramount. The subsequent sections of this paper aim to provide a clear understanding of the specific obstacles faced by this population.

## 2. Methodology

This paper utilized a scoping review approach. The scoping review followed the framework developed by Arksey &

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O'Malley, (2005) and further refined by Levac *et al.*, (2010). A comprehensive search strategy was employed across multiple databases, including PubMed, PsycINFO, Web of Science, Scopus, ClinPSYC, Medline and grey literature sources such as Google Scholar and reports from relevant Kenyan Government Ministries and INGOs websites.

Keywords used included "older adults," "mental health," "Kenya," "rural," "therapy," "treatment," "barriers," "access," "stigma," and "healthcare systems," along with variations and combinations of these terms. Inclusion criteria encompassed peer-reviewed articles, reports, policy documents, and studies focusing on older adults (defined as individuals aged 60 and above) conducted in rural Kenya or similar global contexts, and published in English or translated. Studies not relevant to the research question, those focusing on other age groups, or those not focusing on therapeutic treatment were excluded. The screening process involved title and abstract screening followed by full-text review, conducted by two reviewers. Discrepancies were resolved through discussion and consensus.

Data were extracted using a pre-defined data charting matrix, capturing information such as the type of barrier, study design and population characteristics. The extracted data were then synthesized and reported using thematic analysis and narrative synthesis. The findings presented here offer valuable insights into barriers to treatment for the elderly in rural Kenya and lay the groundwork for future research exploring policy implementations & feasibility studies for needed interventions.

### 3. Barriers to Treatment

#### A. Health Care System and Logistical Barriers

Healthcare systems is one of the major obstacles to health care, particularly for the elderly especially those living with mental illnesses (Rural Health information Hub, 2024). According to a study by Otu, (2024), the frequency of psychosis in Sub-Saharan Africa has considerably increased the region's mental health burden, possibly as a result of the lack of resources available to combat the threat. In Sub-Saharan Africa, mental health services typically receive less than 1% of national health budgets, indicating the region's low allocation of resources to this area. Inadequate funding for healthcare results in poor infrastructure, a scarcity of mental health professionals, and limited access to services, particularly in remote areas.

A different study by Gichimu *et al.* (2021), indicated that there are a number of reasons for the high index of mental diseases, including a lack of mental health specialists. Out of Kenya's 50 million residents, there are only approximately 88 qualified psychiatrists. In contrast to the internationally recognized ratio of one psychiatrist per 10,000 people, the number of psychiatrists in the country's rural areas is roughly one per 5,000,000 people (Ministry of Health, 2015 Cited in Gichimu *et al.* 2021).

Due to the inaccessibility of mental health care services in certain local hospitals, some patients go untreated, which in turn affects the quality of mental health services that patients receive (Ministry of Health, 2020). A cross-sectional study by Marangu *et al.* (2021) evaluated the mental health literacy of primary

health care providers in Kenya. The study found that primary healthcare providers had extremely low mental health literacy, as seen by their poor diagnostic accuracy for both common and serious mental diseases. When given a depression scenario, only 39% of participants were able to accurately identify the disease; for schizophrenia, the diagnostic accuracy was significantly lower at 24%. Low levels of diagnostic accuracy can significantly affect the care and treatment that individuals receiving health services receive.

According to Chelelgo (2023), Kenya, like other African nations, have insufficient number of mental health professionals. As a result, many people, especially those living in rural areas, may turn to unofficial health providers like faith healers and traditional healers to treat mental illnesses. Chelelgo goes on to say that over 70% of the nation's mental health facilities are located in Nairobi, making it more difficult for people in remote areas to get treatment. His findings support those of Otu (2024), who claims that the majority of mental health treatments are provided in hospitals with little access to outpatient or community-based care, which leads to lengthy treatment delays and a high relapse rate.

These findings suggest a significant gap in healthcare services for rural elderly populations experiencing mental health challenges suggesting that the Ministry of Health efforts have not sufficiently addressed this disparity, specifically, the integration of mental health services within primary care and the deployment of appropriately trained personnel. For the elderly people to access these services, they have to travel to the urban towns and other urban centers as well as depend on their children to facilitate them.

#### B. Social and Cultural Barriers

Traditional beliefs about mental illness significantly influence how individuals perceive, respond to, and seek help for mental health issues (Mantovani, *et al.*, 2017). These beliefs can shape attitudes towards mental health disorders, often leading to stigma and reluctance to seek professional help. Cultural norms and values, such as those observed in various communities, play a crucial role in determining the acceptance and understanding of mental health conditions (Teran *et al.*, 2023). The stigma associated with mental illness further hinders help-seeking behaviors, compounding their suffering.

Stigma is partially driven by the relationship patterns and privacy concerns in rural areas. Personal relationships with the healthcare professionals or other staff members may be the cause of the patient's distress. Patients may also experience anxiety or worry that other residents who are often friends, family members, or co-workers may notice them seeking services for medical illnesses such as mental disorders that are not usually discussed in public (Muhorakeye & Biracyaza, 2021).

Like other African nations, Kenya has a complex culture that is reflected in its many ethnic groups. There are at least 42 different ethnic groups in Kenya (Osborn *et al.*, 2020). These ethnic groups differ in their comprehension of the meaning of mental illness, causes and its management. Consequently, cultural beliefs and practices hinder effective diagnosis and

treatment.

Ndikove and Ng'ambwa (2020) conducted a survey in Bungoma County to determine how the local population views mental illness. According to the findings, 69.7% (276) of the respondents believed that mentally sick persons were a burden to society. This could be because of the community's negative opinion of them, which has an impact on the mentally ill patients.

Because of their cultural understanding of mental diseases, the Bukusu sub-tribe of Bungoma County, for example, viewed mental illness negatively and understood it to be the most extreme kind of insanity. Traditional healing is acknowledged as the source of successful healthcare, and this mindset influences the choice of preferred therapy. According to recent studies, the Bukusu still have a negative attitude toward mental illness (Ndikove & Ng'ambwa, 2020). Further examples from Kenya's other tribes are hard to find within the literature suggesting perceptions about mental illness is still under studied or scientifically under documented, therefore, there is lack of government intervention due to limited awareness of the illness.

Other African studies, for example Muhorakeye *et al.*, (2021) concur that societal attitudes and cultural ideas regarding mental illness are a significant obstacle to the use of mental health services in African rural areas. These studies highlight that in the past, mental health problems have frequently been linked to spiritual issues and witchcraft, which has led to a culture of silence and a reluctance to seek official medical assistance. People in need of mental health support face major obstacles because of these deeply held beliefs and the stigma attached to them. These patients may fear social isolation, discrimination, or condemnation.

According to Otu (2024), traditional beliefs have a significant impact on how people in Sub-Saharan Africa see, understand, and stigmatize mental illness. For example, in many groups, psychotic symptoms including delusions and hallucinations are frequently ascribed to spiritual possession, witchcraft, or divine punishment. As a result of such beliefs the elderly people living with mental disorders in the villages are isolated, neglected and impeded from having proper medical care for their mental illnesses.

### C. Logistical Barriers

Logistical barriers significantly hinder access to mental healthcare for elderly individuals in rural African countries. These challenges often stem from factors related to lack of adequate infrastructure, limited resource allocation, and geographical accessibility. In addition, restrained transportation options, coupled with vast distances between communities and healthcare facilities, make it difficult for older adults to seek and receive timely care. (Rural Health Information Hub, 2025).

The scarcity of specialized mental health services in rural areas further exacerbates this issue, forcing individuals and families to travel considerable distances, often at significant personal expense, to access appropriate care (D'orta *et al.* 2022, Rural Health Information Hub, 2025). Furthermore, inadequate funding for mental health services within the broader healthcare

system often results in a shortage of essential resources, medications, and diagnostic tool. This scarcity is particularly pronounced in rural settings, where healthcare systems are often under-resourced and overstretched (WHO, 2021). These logistical barriers limit the opportunities for early detection and intervention. Meaning that even if elderly individuals may be more likely to seek help from primary care providers, without proximity to integrated mental health services, these crucial opportunities for identification and referral may be missed. These logistical barriers, therefore, create a significant obstacle to ensuring that elderly individuals in rural African countries receive the mental healthcare they need (Morales *et al.*, 2020).

## 4. Discussion

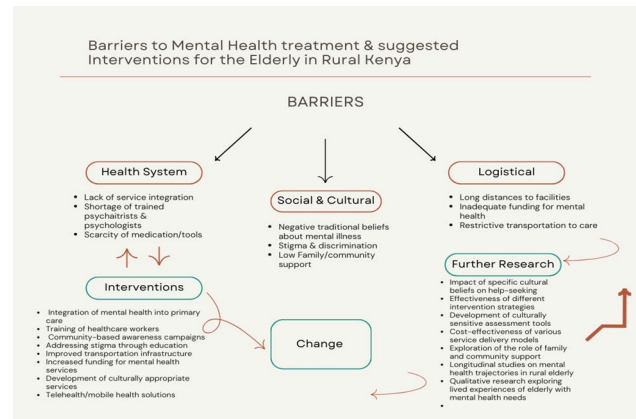


Fig. 1. Schematic diagram of the summary of identified barrier & suggested interventions and recommendation

Sources: (WHO, 2021; D'orta, I., Bennedeto, S., & Ariel E., 2022 & Morales, D. A., Barksdale, C. L., & Beckel-Mitchener, A. C., 2020)

The schematic diagram Figure 1 visually represents the complexity of barriers as discovered in the literature affecting the mental health of elderly individuals in rural Kenya. At the center lies the core issue: the barriers to treatment for this social class. Branching out from this central focus are three key categories of barriers: health system, social & cultural, and logistical. Each of these branches details specific challenges that impede access to and utilization of mental healthcare. Health system barriers encompass issues like a lack of integration with primary care, shortages of trained personnel and limited access to specialized services. Social and cultural barriers include stigma and discrimination surrounding mental illness, negative traditional beliefs, a lack of awareness and education, and the influence of family and community support structures. Logistical barriers, often exacerbated by the rural context, involve limited transportation options, vast distances to facilities and insufficient resources. These interconnected barriers create a significant obstacle to ensuring that elderly individuals in these regions receive the mental healthcare they require (WHO, 2021; D'orta *et al.*, 2020).

Figure 1 further highlights this paper's suggested recommendations and mitigation measures based on the theory of Andersen's Behavioral Model of Health Services Use. Andersen's Behavioral Model of Health Services Use provides a beneficial framework for understanding the complex factors

influencing mental healthcare access and utilization among elderly individuals in rural Kenya (Andersen & Aday, 2018). Allowing for a systematic mapping of where and how interventions can be implemented. This model advances that healthcare utilization is determined by a combination of predisposing, enabling, and need factors. Predisposing factors, such as socio-demographic characteristics and beliefs about mental health, influence an individual's propensity to seek care. In this study, stigma surrounding mental illness and traditional beliefs about its causes (Ndikove & Ng'ambwa, 2020) can act as significant predisposing barriers, shaping negative attitudes and discouraging help-seeking behavior. Social cognitive theory can further explain how these beliefs are perpetuated through observational learning and social norms within communities (Muhorakeye et al., 2021). Addressing these predisposing factors requires targeted interventions, such as community-based awareness campaigns designed to destigmatize mental illness and promote mental health literacy. Such campaigns can challenge prevailing misconceptions and foster a more supportive environment for individuals experiencing mental health challenges. Furthermore, culturally sensitive mental health education programs, delivered through trusted community channels, can empower elderly individuals and their families to recognize mental health symptoms and understand the benefits of seeking professional help.

Enabling factors, which include resources and access to care, play a crucial role in facilitating healthcare utilization. In rural African settings like the Kenyan rural region, logistical barriers, such as limited transportation options and vast distances to healthcare facilities, significantly impede access to mental health services (Wakida et al., 2018). These enabling barriers align directly with the logistical and health system barriers identified in the schematic diagram. To address these enabling factors, interventions must focus on improving access to care and strengthening healthcare systems. Integrating mental health services into primary care settings can increase the accessibility of care for elderly individuals, reducing the need to travel long distances to specialized facilities. Training primary healthcare workers to identify and manage common mental health conditions can further enhance early detection and intervention. Furthermore, exploring innovative service delivery models, such as telehealth or mobile mental health clinics, may offer promising solutions for reaching remote and underserved populations. Increased funding for mental health services is also essential to ensure the availability of necessary resources, including medications, diagnostic tools, and trained personnel. By addressing these enabling factors, interventions can create a more supportive and accessible healthcare environment for elderly individuals with mental health needs.

Finally, the main need factors that must drive the predisposing factors and enabling factors are areas for further research. This study revealed that improved mental health for elderly in rural Kenya would benefit from research in the following areas; Impact of specific cultural beliefs on help-seeking; Effectiveness of different intervention strategies ;Development of culturally sensitive assessment tools ;Cost-effectiveness of various service delivery models ; Exploration

of the role of family and community support ;Longitudinal studies on mental health trajectories in rural elderly and Qualitative research exploring lived experiences of elderly with mental health needs. This would allow for the necessary policy appraisal within the Kenyan health system.

## 5. Conclusion

This study examined the barriers to mental health care for elderly population living the rural areas, focusing on healthcare systems and logistical barriers particularly, poor infrastructure, transportation challenges as well as social- cultural barriers which include stigma and traditional beliefs which impede health seeking behavior among those living with mental health issues.

The study recommends a need for policy reforms from both in the County and National government in collaboration with other stakeholders like faith-based institutions and non-Governmental organizations. There is a need to sensitize the local community about the nature of Mental health issues to minimize and eradicate stigmatization of the elderly people living with mental health challenges in the rural areas.

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