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SUMMARY
Background and research question
The global burden of disease of mental illness is on the rise, disproportionally affecting Low and Middle-Income Countries (LMICs) with limitation of mental health workforce challenges. This has concomitantly affected the mental health service provision in various regions particularly Kenya where psychiatrist to patient ratio is 1:500,000. The situation in the rural areas is even worse as the trained professionals tend to live in the larger cities or migrate to urban settings. Given this inequitable distribution of human resources, the Lancet series on Global Mental Health has recommended mobilization and recognition of Informal Health Providers (IHPs) through task-sharing initiatives such as taking up tasks that were previously undertaken by higher cadres to increase access to mental health care in resource-limited settings. IHPs have flexible working hours, are available at nearly all times, accessible geographically and play a key role in providing services to a number of mentally ill patients in rural areas. As a result, various studies have recommended their inclusion in mental health service provision through collaboration with the formal health sectors. Their willingness to work with formal health providers relates to the fact that this process might improve the health and quality of life of their patients. Whether this interest is true for specific regions, circumstances need to be investigated. Little research has been done to find out if evidence-based interventions for priority mental disorders will indeed result into improved quality of life of patients seen by IHPs. Therefore, this thesis aims at answering the main question below that relates closely to Traditional health Practitioners (THPs) as opposed to Community Health Workers (CHWs) who have some relationship and guidance from the formal sector but lack formal training, hence their involvement in this research.

Under what conditions can collaboration between formal and informal health providers take place?

Part 1: Characteristics of patients seeking care from THPs
Part one describes the characteristics of patients seeking care from IHPs while looking at the prevalence and determinants of priority mental disorders such as depression and establishing the association between quality of life domains and mental illness. Evidence suggests that it is important to first gather epidemiological data, especially if there is little existing empirical data in order to guide any form of intervention.

Two studies were used to answer this sub-question;


