

Coalition of Mental Health Advocates Statement on the ongoing public hearings by the ‘Mental Health Taskforce’: #NothingForUsWithoutUs

On 21st November 2019, the Cabinet approved the establishment of a mental health taskforce to assess the state of mental health in Kenya and recommend appropriate policies to address what is fast becoming a growing concern amongst Kenyans. On 11th December 2019, the former Health Cabinet Secretary Hon. Sicily Kariuki announced the formation a taskforce to look into mental health in the country. Later that day, a photo showing the inauguration of the ‘Taskforce’ was shared on the Ministry of Health social media platforms. In late December 2019, the ‘Taskforce’ released a calendar of public hearings to be held in different parts of the country. Since then, public hearings have already been held in various parts of the country including Meru, Makueni, Nakuru, Eldoret, and Kisumu.

While the efforts of the President to address the mental health situation in Kenya are commendable, as a coalition of mental health advocates - people with lived experience of mental health conditions, caregivers, human rights advocates among others would like to raise the following issues:

- 1) The ‘Taskforce’ lacks representation from critical constituencies, especially persons with lived experience of mental conditions and caregivers. The ‘Taskforce’ is mostly led by psychiatrists and not representative of voices of those they are seeking to help, who are not on the decision making table. This may provide a loophole for boardroom resolutions with vested interests.
- 2) Key government agencies in law, human rights, education etc. are key for a wholesome conversation on cross cutting issues in mental health yet are not represented in the taskforce. These include the Attorney General’s office, Kenya National Commission on Human Rights (KNCHR), Council of Governors, National Gender and Equality Commission (NGEC), as well as practitioners and professional bodies. Additionally, including community leaders, religious leaders, traditional healers, community health workers etc. would also provide an integrative and practical approach to the mental health conversation as they play a crucial role in mental health, in our Kenyan cultural context.
- 3) While the current composition of the ‘Taskforce’ has embarked on the process of collecting information from the public, we are afraid that the process may not yield quality public voices because it was rushed and effective public awareness was not done. This is leading to the muzzling of critical voices that may have not been reached by the announcement, had adequate understanding of what the process involved or their need to engage in the conversation. The due process of gazettment has not been followed. It is not clear who the ‘Taskforce’ members are, and this lack of transparency jeopardises whatever results may emerge from the public consultation process.
- 4) We have also been informed that in most hearings so far, persons with lived experience were not prioritised. Some examples, in Nakuru they were not allowed to submit written memoranda as individuals, locking out individuals with lived experience not attached to an organisation. In Eldoret only one person

with lived experience was given an opportunity to speak on behalf of all others. In most of these places government personnel and special interest groups were given priority, with users of psychiatric services presenting last. In Kisumu, we are informed that they changed the venue in the last minute without adequately informing the public of the change of venue.

5) The structure and the format of the hearings limit the possibility of a robust contribution to this important debate. Perhaps this only goes to show that vested interests represented in the 'Taskforce' may prevail, rubber-stamped by a non-inclusive public participation process. This runs contrary to the national values and principles of governance set out in Article 10 of the Constitution, which include inclusiveness and participation of the people.

6) We propose an all-inclusive Taskforce that would focus on a non-medical approach to mental health and adhere to the World Health Organisation's Quality Rights initiative where the rights of the person with a mental health condition are at the heart of all interventions relating to people with mental health conditions. Such a Taskforce would locate solutions beyond medical perspectives, recommend community based health approaches in collecting information, conducting effective participation, as well as ensuring inclusion and transparency in the decision-making process.

7) The all-inclusive Taskforce should ultimately focus on implementation of the Mental Health Policy (2015 - 2030), integration of mental health in primary healthcare systems, NHIF outpatient cover, review of retrogressive private insurance policy clauses, abolition of offensive pieces of law including demeaning references to persons with mental conditions and denial of legal capacity in relation to mental health treatment, upholding the rights in relation to property, marriage, etc, decriminalising symptoms of mental conditions, health, and a reform of the education and employment models to provide reasonable accommodation to persons with mental conditions, psychosocial and economic support for users of psychiatric services and caregivers, with emphasis on a community based healthcare model.

8) The all-inclusive Taskforce would yield wider public participation, and make room for robust presentations with a wholesome approach.

9) Mental health is beyond people with mental health conditions. It is about having a country where people can live at their full potential and productively. It is about establishing a compassionate, empathetic society where we all thrive.

There is no health without mental health.

Signed



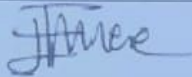
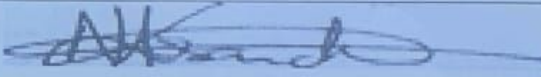
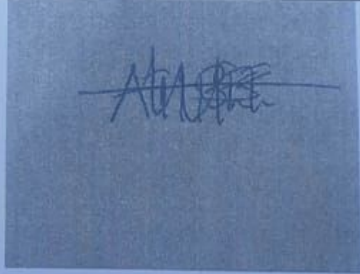

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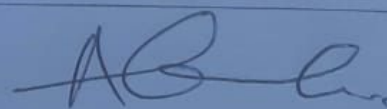
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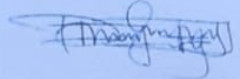
Spokesperson - Coalition of Mental Health Advocates

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Organisations and individuals	Signature
KENYA NATIONAL COMMISSION ON HUMAN RIGHTS	
USERS AND SURVIVORS OF PSYCHIATRY - KENYA	
HEALTH RIGHTS ADVOCACY FOUNDATION (HERAF)	
HEALTH NGOs NETWORK (HENNET)	
ULEMAVU RESEARCH INSTITUTE	
TUNAWIRI COMMUNITY BASED ORGANISATION	
KENYA ASSOCIATION OF THE INTELLECTUALLY HANDICAPPED	

MENTAL HAVEN



ALMIND FOUNDATION	
SPEAK MIND LOVE FOUNDATION	
MENTAL HEALTH NETWORK SOCIETY	
TINADA YOUTH ORGANISATION	
VALIDITY NGO	

Endorsed by

Senator Sylvia Kasanga