

MIND FREEDOM KENYA

"Mind Kenya, Mind Africa"

MENTAL HEALTH IN KENYA

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MINDFREEDOM KENYA (MF-K)

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REPORT OF MENTAL HEALTH IN KENYA

Introduction:

Kenya has little provision for mental health; the government only spends 0.01% of its health budget on mental health.

Mental health is defined as a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community.

"The state must provide equal medical care to everybody, including those with behavioral symptoms. Until it does, mental wards will continue to be prisons that punish people for poverty and undiagnosed medical conditions".

Community mental health care programmes lack adequate funding to reach a wider portion of the population affected. The general hospital in Kisumu for instance runs a mental health programme with funding from the ministry of health but lacks a comprehensive community based rehabilitative scheme to reintegrate the mentally ill persons back to the community.

Adequate mental health facilities offering services in mental health are needed in Kenya. Currently there is approximately one psychiatrist for every 500,000 people; a small portion of these psychiatrists work in the public sector which affects early mental health interventions in the rural areas or at the community level.

MindFreedom Kenya aims to lobby the government to reform laws and legal documents that relate to mentally ill persons in Kenya, such as the Mental Health Act, Vagrants Act, Persons with Disabilities Act, with reforms the government should be able to provide healthcare insurance to people unemployed to access mental health services.

Community care facilities are urgently needed for people suffering from mental illness, crisis centers and rehabilitative centers are also needed to increase accessibility for mentally ill people who in most cases fall under the bracket of poverty lines.

Mathari hospital in Nairobi most famous and one of the oldest in Kenya offers psychiatric services for most of the country using advanced medical technologies in treating mental illness. The most controversial treatment that has been decried by mental health rights groups is Electro Convulsive Therapy (ECT) is also offered at this facility.

People in Kenya still hold to traditional beliefs that if one is mentally ill then he must have offended the community or that spirits and demons are after the affected person, this view hampers proper medical intervention during crisis situations.

MindFreedom Kenya was set up to improve the mental health and lives of sufferers and survivors in Kenya. The organization also seeks to develop and facilitate the provision of rehabilitative schemes that would ease the re-integration of the mentally ill into the society.

MindFreedom Kenya is currently involved in capacity building with stakeholders to influence policy and planning, and to encourage improvements in the management and delivery of mental health services.

- Policy makers acknowledging the need and strongly pursuing mental health policies that positively impact their constituents and calling for revision of existing mental policies to match today's complex and changing mental health care.
- Leaders in health profession, professional associations, mental health boards and health care companies to take a leading role in initiatives that increase access, quality and equity. On the same note, they must be able to establish a mental health advisory council independent from government that works collaboratively with policy makers. This mental health advisory council will create a mental health reform blueprints with support and input from both public and private health care sectors. The mental health advisory council along and/or with sponsoring policy makers will ensure that such mental health policies are passed, implemented and delivered.
- Human Right organizations must recognize equity, access and quality of mental health care is a basic human right and they must take initiatives that will harness just distribution, fair and favorable policies and practically implementable mental health rights processes.
- Humanitarian Organizations involved in health care, WHO (World Health Org.) and UN (United Nations) to continue supporting mental health locally made policies and initiatives that are practical to the social realities of the people who need equal representation against abuses within the mental health system.

BACKGROUND

The concept of mental health advocacy has been developed to promote and enhance the human rights of persons in the mental health system specifically aimed at de-stigmatization and discrimination. It consists of various approaches and actions aimed at changing the major structural and attitude barriers to achieving positive mental health outcomes within the population at the community level.

Although initiatives to fight the spread of psycho-social disabilities have multiplied in the developed countries, little has been done especially in the third world countries, especially Africa to address these disparities.

There is a great need to develop new strategies to reform the mental health system in Kenya. Majority of the population in the mental system cannot access the health services and resort to traditional healers. The traditional healers demonize psycho-social disabilities as a result of which the pandemic becomes a psychosocial problem rather than a medical one.

The victims are isolated and are highly traumatized and their rights grossly violated. The implication of this stigmatization is that the future of the affected persons is compromised and some end up dying earlier than they would in developed countries. Fighting the stigma will give a new lease of life and hope to the affected persons faced with mental health challenges.

There is a large gap between the number of people affected by psycho-social disabilities and those receiving treatment in Kenya. The mental health systems are not integrated into the general health services but either delivered in parallel to them. Few health care providers in the health facilities have knowledge, skill and motivation to provide follow up, treatment and care for the people with psycho-social disabilities at the community level. This is compounded by:

- Lack of mental health service facilities at the community level
- Unaffordable cost of mental health and physical health
- Poor quality of care in the few mental health hospitals and Psychiatric institutions/facilities
- Need for information about the treatment planning for mental health disorders
- Lack of right to self determination
- Insufficient implementation of mental health policies, plans, programmes and legislations
- Absence of promotion and intervention in schools, work places and neighborhoods
- Stigma associated with mental health disorders resulting in exclusion
- Lack of housing and employment for persons with mental health disorders/illnesses
- Blatant violations of human rights of persons with mental disorders/illness
- Need for service to facilitate active community participation

PROBLEM STATEMENT/RATIONALE

It is important to appreciate from the outset that issues of psycho-social disabilities have a very significant role in the development of sustainable strategies. National policies should preserve the rights of mental health system victims as analytical concept, which focuses on victims and survivors roles and responsibilities. In economic development these roles and responsibilities exploit existing disparities.

In addition to economic factors, the socially and culturally ascribed roles have contributed to the predicament the victims/survivors find themselves in. They are not part decisions made on resource allocation at the national level.

Families have the distinctive role of caring for people with psycho-social disabilities. In many places they are the primary caregivers. They also provide mutual support key in reintegration back to the community.

Many families are affected and have become advocates educating the community, disseminating and interpreting support obtained from policy makers denouncing stigma and discriminations and fighting for improved services and emphasis of human rights for the mental health victims and survivors.

The mental health system reform campaign has never been quite elaborate based on the government statistics budget allocation to mental health. This problem accelerating very fast and every village and homestead is now in deeper threat as evidenced from:

- Increased number of illicit drugs and alcohol abuse
- Increased upsurge of serious human and economic effects of illicit substance production and abuse
- Inadequacy in family support systems within the mental health system
- Exclusion of people with psycho-social disabilities {due to labels by the mental system} in mainstream economic development and decision making
- Social welfare assistance for homeless people and the elderly exist but none for the psycho-socially disabled
- Pre-occupation with HIV/AIDS epidemic

POLICY MEASURES

From the policy point of view, national mental health policies and legislations should outline specific measures to address the problems associated with the mental system in Kenya, particularly poor access to various productive resources and rehabilitation of users and survivors back to society.

These policies should ultimately aim to eliminate the imbalances that places heavier burden on the psycho-socially disabled at the household, community and national levels due to failure of the mental health system in Kenya.

The objective to redress the outlined constraints should include:

- Enhancement of access, recognition and control of opportunities in economic structures, policies and means of production by the psycho-socially disabled
- Promotion and facilitation of access to information and economic resources
- Elimination of imbalances in access to and resource allocation to within the mental health system in Kenya
- Enhancements of user and survivors participation in employment and income generating activities
- Development of strategies to specifically address user s and survivors

To enhance equitable access to productive resources, it is imperative by way of strategy to remove barriers for their economic participation, design special economic schemes and reduce stigmatization of users and survivors through provision of appropriate technologies. Emphasis should be placed on the combination of access to treatment, human rights, assets and increasing return to various societal activities.

STRATEGIES

MindFreedom Kenya key strategies are increase access to community based rehabilitation and support for users and survivors which will include the following:

- Enactment and enforcement of laws and legislations that will empower the psycho-socially disabled to access treatment, care and support without violating their human rights
- Formulating and implementing policies and programmes that enhance users and survivors access to financial, technical and appropriate infrastructures and technologies that enhance and promote household food security
- Design special economic schemes for users and survivors, taking into account the multiple responsibilities of rehabilitation back to society
- Develop a progressive and modern legislation to protect and promote human rights for users and survivors and eradicate abuse within the mental health system
- Develop a mental health policy and strategic plan which sets out a clear vision and concrete strategies to improve the mental health system and to coordinate the above actions
- To promote access to treatment and stop social seclusion and dissemination of information to educate the public
- Assessment, screening of addictions , addiction education and trainings
- Community outreach interventions
- Employee assistance programs

In informal community care, the following strategies will be employed:

- Provide traditional healers with basic psycho-education
- Involve the traditional healers and the community in a new innovative approach of community based rehabilitative schemes for users and survivors
- Follow-up treatment and support organized through the closest health centers and through regular appointment/consultations with very encouraging outcomes
- To work in close partnership with traditional healers, CBOs, FBOs, in order to provide treatment/rehabilitation and care for people users and survivors while upholding human rights

GOALS AND OBJECTIVES

The goal of MindFreedom Kenya is to improve institutional capacity and strengthen community systems in response to a broken mental health system in Kenya.

The objectives of the project include:

- Advocacy to increase awareness of mental health so that the community is informed about the real challenges in the mental health system and available treatment or alternative treatments.
- Provision of more effective and humane treatment and care through better health services in primary healthcare and general health facilities
- Create a supportive environment through sensitization and mobilization of community members including traditional healers, village or community workers, police, teachers, family members, CBOs and stakeholders working on mental health system reform
- Influencing policies and legislation enacted to support users and survivors within or outside of the Kenya mental health system
- Provide support and help for the psycho-socially disabled from abuse in the mental health system in Kenya
- Improve the mental health and lives of users and survivors by developing and formulating, in conjunction with stakeholders, policies for provision of community based rehabilitation strategies that would ease the re-integration of the psycho-socially disabled into society
- Advocate for establishment of mental health counselors at the community level, peer groups, family associations and groups championing for community based rehabilitative schemes
- Advocacy for integration of mental health and developmental services within both government and stakeholders to reform the mental health system
- Build capacity of government, civil society and user groups to meet the basic needs and rights of users and survivors
- Rehabilitation for users and survivors to enable them to access credit to engage in small income generating ventures

EXPECTED OUTPUTS

Results include evidence of empowered and strengthened communities steering up comprehensive human rights of users and survivors in the mental health system. At the policy level this will result in increased responsibility and

obligation to protect mental health users and survivors. Furthermore outcomes expected are the greater acceptance, respect and understanding of mental health.

It is also expected that the following results will be realized:

- There will be evidence of respect and understanding of mental health
- Enhanced capacity of the mental health users and survivors to make sound and informed decisions
- There will be increased participatory approach to sustainable development programs
- Evidence of increased number of users and survivors accessing treatment at the community level
- Change of lifestyle and attitude of the community towards mental health users and survivors
- There will be established community based rehabilitation centers for reforming the mental health system
- Increased community based advocacy and awareness campaigns
- Evidence of increased group cohesion
- Placing mental health on government health reform agenda
- Formulation and improvement of mental health policies and practices of government and mental health institutions
- Change in laws, legislations and government regulations as relates to mental health in Kenya
- Improvement in promotion of mental health and the intervention psycho-social disabilities at the community level
- The protection and promotion of the human rights and interests of persons with psycho-social disabilities and their families
- Improvement in mental health services, treatment and care
- Changed perception of people with psycho-social challenges
- Evidence of informed decision about treatment and other matters in the lives of users and survivors of the Kenya mental health system

METHODOLOGY

MindFreedom Kenya will adopt the following in implementing this program

1. Innovative approaches to addressing the mental health system in Kenya that focuses on community response, justice and compensation by:
 - Rapid assessment of the situation to establish the extent of the community awareness on the rights of users and survivors
 - Take an inventory and training of the likely partnership, community based organizations and stakeholders
 - Through workshops and onsite trainings to create awareness and identify main actors to be trained on formation of lobby groups for mitigation within the mental health system
 - Organize training and workshop for participation to address project activities, develop regular monthly and quarterly reporting format tools

- Follow-up support and alternative treatments organized through existing CBOs and FBOs, giving users and survivors' involvement is care planning and upholding their human rights.
2. Campaign on eradication of stigmatization of users and survivors'
 - Holding onsite trainings to raise awareness
 - Administer pre and post training questionnaires to determine the level of community awareness
 - Through community based organizations, conduct a survey to establish previous cases of mental health system failures in the community and any action taken to intervene
 3. Strengthening institutional development and advocacy for organizations that support users and survivors' in the mental health system
 - Assessment of all institutions, CBOs, FBOs and NGOs that could undertake and participate in promotion of the rights of users and survivors'
 - Conduct consultative meetings with stakeholders, mental health institutions, the law enforcement officers and local administration to enforce the laws that protect the rights of users and survivors of the mental health system
 - Build the capacity of government, civil society, CBOs, FBOs to meet the basic needs and rights users and survivors'
 4. Working in the field of mental health
 - Development and formulation of policies that are aimed at improving the mental health system and lives of users and survivors
 - Development and formulation of policies that provide community rehabilitative strategies that would ease the re-integration of users and survivors into society

LOCAL/NATIONAL USER ASSOCIATION

Name of Association - Mind Freedom Kenya (MF-K)

Slogan: "Mind Kenya, Mind Africa"

Email: kenya@mindfreedom.org

Email: mindfreedomkenya@gmail.com

Postal Address: P. O. Box 510-00100, Nairobi, Kenya Tel: +254 710 284880

Or

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Japheth Makana
C/O Mohammed & Muigai Advocates –
Box 61323, Nairobi , Kenya
Tel : +254 710 284880

Officials:

Mr. Japheth Makana - Executive Director
Mr. Fred Abugah - Director and Legal Officer

Inception:

This affiliate idea developed while Mr. Japheth Makana was in the US, he has been in contact with Mr. David Oaks since 2004 and in Early 2008 Mr. Japheth Makana returned to Kenya to formally launch the Idea.

MindFreedom Kenya formally become an affiliate of MindFreedom International in October, 2008 and is working toward registering as an NGO organization in Kenya.

Membership:

At the moment our membership is 3. As we continue to build capacity and network we hope to grow the membership.

MindFreedom Kenya VISION

MindFreedom Kenya is to advocate for mental health rights and mental health reforms in Kenya

MindFreedom Kenya MISSION STATEMENT

We strive to advocate, improve, transform and increase the awareness of human rights & equal treatment for people with psycho-social challenges who are the most marginalized and vulnerable in society due to stigma and inhumane treatment.

Challenges:

- Financial support/Funding a pilot project.
- Community involvement.
- Stigma
- Overcoming bureaucratic bottlenecks.

Needs:

- Transportation-Most of MindFreedom Kenya activities of capacity building with stakeholders is not done on phone or via mail. The cost of commuting from one region is enormous. A seed donation (100 Euros) from Jolijin of

MindRights has really helped in this front.

- Office Accommodation/Office Equipment – Currently MindFreedom Kenya has no offices, due the enormous and outrageous cost of renting an office space. With time the alternative is to rent a house which is relatively cheaper and use as an office.

MindFreedom Kenya currently has limited office equipment- a Toshiba Laptop which enables the affiliate mobility. The goal is to function like an office with more functionality.

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Mr. Japheth Makana
Executive Director

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Mr. Fred Abugah
Director and Legal Officer

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