CIVIL SOCIETY STAKEHOLDERS’ FORUM ON MENTAL HEALTH

MEMORANDUM ON THE REPORT OF THE MINISTRY OF HEALTH “MENTAL HEALTH AND WELLBEING: TOWARDS HAPPINESS AND NATIONAL PROSPERITY, 2020”

The civil society stakeholders’ forum on mental health is a forum convened by the Kenya National Commission on Human Rights and consisting of civil society organizations that work in the mental health sector. The stakeholders’ forum submits this memorandum which examines the findings and recommendations of the report on mental health and well-being and provides recommendations to duty bearers and stakeholders on the rights-based approach towards implementing the report. The recommendations made are geared towards strengthening the implementation of the report in line with the obligations set out in the Constitution of Kenya, 2010 and international human rights instruments to which Kenya is a party to including the Convention on the Rights of Persons with Disabilities and the International Covenant on Economic, Social and Cultural Rights.
A. General Observations

1. The establishment of the Mental Health Taskforce by the Cabinet Secretary for Health on the 11th December 2019 and the launch of its report on the 7th July 2020, are welcome steps towards reforming mental health systems and service delivery in Kenya. We extend our appreciation to the Ministry of Health and the Taskforce for the substantive work conducted in the course of developing the final report on Mental Health and Well Being: Towards National Happiness and Prosperity.

2. Mental health policies, legislation, priorities, and strategies should be guided by human rights standards and principles provided under the Constitution of Kenya, 2010, regional and international instruments to which Kenya is a party. Key amongst these is the right to highest attainable standards of health provided for in article 43 (1) (a) of the Constitution of Kenya, 2010. The right to the highest attainable standard of health is also provided for in article 12 of the International Covenant on Economic, Social and Cultural Rights to which Kenya is a state party. The right to the highest attainable standards of physical and mental health has been interpreted to include a minimum set of operational elements, which include availability, accessibility, acceptability, and quality, as well as participation, transparency human dignity and accountability¹.

3. The Convention on the Rights of Persons with Disabilities provides the highest standard for the protection of rights of persons with disabilities, including persons with psychosocial, intellectual, and cognitive disabilities. Kenya is a state party to the Convention on the Rights of Persons with Disabilities as of May 2008. The Convention binds all state parties to ensure the full and equal enjoyment of all rights by persons with disabilities.

4. Article 4(3) of the Convention obligates state parties, including Kenya, to actively involve and consult with persons with disabilities or their representative organizations in decision making concerning issues relating to persons with disabilities. Article 12 of the Convention affirms the legal capacity of all persons with disabilities in all areas of life and acknowledges the role of supported decision-making in exercising legal capacity. Article 12 further challenges and prohibits practices such as forced admission and treatment, guardianship, and substituted decision making. It promotes the concept of supported decision making where people are provided with access to supports such as family, friends, peers, a personal ombudsman in order to make decisions and choices for themselves. Article 14 of the Convention clarifies that “the existence of a disability shall in no case justify a deprivation of liberty,” which the Committee on the Rights of Persons with Disabilities and other human rights bodies and experts have interpreted as an “absolute ban” to involuntary commitment to a mental health facility, including in crisis situations. Furthermore, article 25 of the Convention reaffirms the right of all persons with disabilities to the enjoyment of the highest attainable standard of health without discrimination, including the right to free and informed consent.

5. The implementation of recommendations under the mental health and well-being report and strategies pursued to reform mental health systems must be guided by the principles and standards outlined above.

B. Positive Findings

6. In our analysis of the findings and recommendations, we welcome recommendations touching on:

(i) Legislative reform to inter alia decriminalize suicide, amend and align the Mental Health Act, 1989 with the Convention on the Rights of Persons with Disabilities, and the

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removal of derogatory language used in reference to persons with mental illness or persons with psychosocial or intellectual disabilities. We commend the Taskforce for identifying within annex 6 of the report legislation that ought to be reviewed to address existing gaps and inconsistencies with the Constitution of Kenya and Convention on the Rights of Persons with Disabilities.

(ii) Establishment of programs to address mental health needs of children, youth, refugees, women, prisoners, disciplined forces, sexual and gender minorities and survivors of sexual and gender-based violence. We especially welcome recommendation tasking the national and county government health ministries and departments to integrate mental health services with pre-natal and ante-natal care.

(iii) Mental health financing calling for an increase in public funding for mental health to reduce out of pocket expenditure, provision of mental health services under the universal health coverage benefit package and provision of social security and protection for persons with psychosocial, intellectual or cognitive disabilities. The emphasis on the Insurance Regulatory Authority to ensure all insurance companies are compliant with law in providing equitable medical cover for mental health services is welcome.

(iv) Decentralising and integration of mental health services in general health facilities which are people centred, recovery oriented with a human rights-based approach. We note the recommendation of enhancing accessibility and availability of services by ensuring that all licenced health facilities provide mental health services as part of the essential package of care.

(v) Creating awareness on mental health especially recommendations on inclusion of mental health curriculum in school learning programme and the establishment of community preventive programmes to train community health workers, community and peer groups. We further welcome recommendation to include examinable mental health training curriculum in the training of all healthcare professionals.
(vi) The implementation of the World Health Organization’s QualityRights initiative that is aimed at promoting human rights through practical solutions in mental health and social care systems in line with standards outlined in the Convention on the Rights of Persons with Disabilities.

(vii) Recommendations addressing the social and cultural determinants of mental health

C. Key Issues for Consideration

7. We however note KEY ISSUES which ought to be addressed and strengthened in implementation of the findings and recommendations of the report and when reforming mental health systems in Kenya. The issues discussed herein below are:

(i) **Issue 1**: The deprivation of liberty of persons with mental illness or persons with psychosocial or intellectual disabilities;

(ii) **Issue 2**: The establishment of Special Courts to screen and link to care special needs offender with mental health conditions;

(iii) **Issue 3**: The establishment of the National Mental Health and Happiness Commission; and

(iv) **Issue 4**: The involvement of persons with lived experiences, persons with disabilities, care givers and their representative organizations.

8. Policies, legislation, strategies and measures geared towards reforming mental health service delivery through the report should also address the following:
ISSUE 1: Widespread incarceration/deprivation of liberty of persons with mental health conditions or persons with psychosocial or intellectual disabilities.

9. A human right based approach in reforming the mental health system must address the widespread incarceration or deprivation of liberty of persons with mental illness or persons with psychosocial or intellectual disabilities. The report indeed recognizes that the treatment and care of those with mental illness have traditionally involved isolation at home or institutions leading to widespread incarceration of persons with mental illness, which entrenches stigma and discrimination within society.\(^3\) Whereas the report notes this as an issue of concern, it does not delve deeper to interrogate the causes and make concrete recommendations towards addressing the incarceration of persons with mental illness, persons with psychosocial or intellectual disabilities.

10. It is important to note that widespread incarceration has been raised as an issue of concern during Kenya’s review by the United Nations Committee on the Rights of Persons with Disabilities on the implementation of the Convention on the Rights of Persons with Disabilities.\(^4\) The Committee has specifically raised the following concerns:

(i) The widespread institutionalization of children with disabilities and the prevalence of residential care\(^5\).

(ii) Persons with disabilities being detained based on actual or perceived impairment, the alleged danger of persons with disabilities to themselves or others, and the apparent need for care or treatment, which is incompatible with the Convention\(^6\).

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\(^3\) Ministry of Health ‘Mental Health and Wellbeing: Towards Happiness and National Prosperity (2020)’ page 16


\(^5\) Ibid para 13

(iii) It is also concerned that persons who are considered of “unsound mind” or “insane” can be subjected to deprivation of liberty and are not entitled to the same guarantees as other persons in criminal procedures.

11. Kenya has ratified the Convention on the Rights of Persons with Disabilities, which under article 14 prohibits the deprivation of liberty based on an actual or perceived impairment, including involuntary commitment of persons to mental health facilities. The common forms of incarceration within the Kenyan context include the involuntary hospitalization in psychiatric facilities, placement into institutions, detention as a result of diversion from the criminal justice system, and home confinement. Deprivation of liberty can be attributed to:

(i) The Mental Health Act\textsuperscript{8} which allows for involuntary admission/hospitalization on the ground of being diagnosed with a “mental illness” or “mental disorder,” alleged risk to oneself or others\textsuperscript{9} or likely need for care and treatment\textsuperscript{10}. In most cases, it is often purported to be used as a measure of last resort. In addition, mental health services in Kenya are mostly provided for in an inpatient setting.

(ii) Criminal Procedure Code\textsuperscript{11}, which contains provisions that allow for the detention of persons who successfully plead the defence of insanity\textsuperscript{12}; where a person is found incapable of understanding criminal trial\textsuperscript{13} or is found to be of “unsound mind” and incapable of making his/her defence during criminal trial\textsuperscript{14}.

(iii) Criminalization/penalizing of atypical behaviour and symptoms that is sanctioned by legislation such as the Mental Health Act which allows a Police Officer or an Administrative Officer to take persons who, ‘because of the mental disorder acts or is likely to act in a manner offensive to public decency.’ In addition, persons with mental

\textsuperscript{7} Ibid para 27
\textsuperscript{8} Cap 248 Laws of Kenya
\textsuperscript{9} Section 16 (2) Mental Health Act Cap 248 Laws of Kenya
\textsuperscript{10} Section 14 (1) Mental Health Act Cap 248 Laws of Kenya
\textsuperscript{11} Cap 75 Laws of Kenya
\textsuperscript{12} Section 166 (1) & (3) Criminal Procedure Code Cap 75 Laws of Kenya
\textsuperscript{13} Section 167 Criminal Procedure Code Cap 75 Laws of Kenya
\textsuperscript{14} Section 162 (4) and (5) Criminal Procedure Code Cap 75 Laws of Kenya
illness of persons with psychosocial or intellectual disabilities are repeatedly criminalized because law enforcement agencies take their non-compliant behaviour as a threat.

(iv) Stigma and discrimination which is driven by prejudice and misconception of persons with mental illness or persons with psychosocial or intellectual disabilities has led to incarceration. A belief that persons with mental illness or persons with psychosocial or intellectual disabilities are unable to live in the community as they are a danger to others or that they need specialized care that can only be provided in institutions has significantly contributed to the incarceration of persons with mental illness, persons with psychosocial or intellectual disabilities.

(v) Lack of community-based support services and supports to caregivers including state funded supports towards personal assistants, supports in decision-making and communication, non-medical crisis, employment and housing arrangement services has led to the incarceration of persons with mental illness, intellectual or psychosocial disabilities. The lack of social and financial support to provide adequate assistance, the inability to cope with stress and pressure of giving round the clock care drives families and care givers to take persons with psychosocial disabilities to institutions/hospitals or confine them at home therefore inhumane and degrading.

12. Efforts geared towards reforming mental health systems and ensuring a rights-based approach to mental health service delivery must address the question of deprivation of liberty on the basis of actual or perceived impairment. The taskforce has recommended the implementation of community-based services which would contribute towards addressing the deprivation of the freedom of persons with mental illness or persons with psychosocial/intellectual disabilities. The taskforce has recommended for the design and implementation of multi-sectoral program against stigma and discrimination and the implementation of the World Health Organization’s QualityRights initiative aimed at changing narratives, attitudes and practices in line with human rights. We also note that there is a specific recommendation to amend the Mental Health Act to align it to national
and international law specifically the Convention on the Rights of Persons with Disabilities. It is our considered view that these recommendations alone are not enough to address rights violations occasioned by incarceration of persons with psychosocial or intellectual disabilities.

13. We, therefore, call upon the Government to take the following measures to address the issues of incarceration of persons with psychosocial/intellectual disabilities as follows:

(i) **Law reform.** Review of Mental Health Act ought to address involuntary hospitalization/admission and full recognition without any exception of legal capacity of persons with mental illness, or persons with psychosocial or intellectual disabilities. We recognise that the report calls upon a reform of the Mental Health Act. However, the reform must be targeted towards removing provisions that allow for involuntary hospitalization and admission and the full recognition of legal capacity without any exception. Recommendations and inputs from other stakeholders including Civil Society ought to be considered and applied in the process of reforming the Mental Health Act.

In addition, law reform should also be directed towards amending the Criminal Procedure Code. It is noteworthy that within Annex 6 of the report addressing the proposed review of existing legislation governing mental health systems in Kenya, there is a proposal to amend the Criminal Procedure Code to address the ineffective administration of justice for offenders with mental health conditions. In the review of the Criminal Procedure Code, we call upon Parliament to review and add specific clauses providing for an express legal duty for the courts to provide persons with psychosocial or intellectual or cognitive disabilities who are disproportionately affected by provisions of “unfitness” to stand criminal trial procedural and age-appropriate accommodations during criminal trial. This will enable participation in trial proceedings and forestall indefinite detention in mental health facilities or prison. Accommodations that can be adopted include support persons trained to facilitate communication with a person with intellectual disability and setting of practical evidence-based guidelines to support
communication needs of the persons and to ensure their fair treatment during criminal trial proceedings. This is in line with concluding observations of the United Nations Committee on the Rights of Persons with Disabilities\textsuperscript{15}. We further recommend that law reform efforts must have the full and active involvement of persons with psychosocial/intellectual disabilities or their representative organizations in line with Article 4 (3) of the Convention on the Rights of Persons with Disabilities.

(ii) \textit{End coercion as rights-based approach to transforming the mental health system}. We note the government plan to implement the World Health Organizations QualityRights Initiative which is expected to support efforts towards ending coercive practices in mental health system in line with the Convention on the Rights of Persons with Disabilities\textsuperscript{16}. It is important to recognise that persons with mental health conditions or persons with psychosocial or intellectual disabilities have the right to make free and informed choices concerning their treatment.\textsuperscript{17} This should be accompanied by the full recognition of the legal capacity of persons with mental health conditions of persons with psychosocial, intellectual or cognitive disabilities. This entails refraining from admission and incarceration of persons with mental health condition or persons with psychosocial or intellectual in institutions against their will, either without the free and informed consent of the persons concerned or with the consent of their families or care givers.

(iii) \textit{De-institutionalization}. In addition to law reform that will address incarceration on the basis of an impairment, we recommend that the Government set up a clear de-institutionalization process. We note with concern recommendation within the report to renovate existing mental health facilities as well as building modern facilities. We

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\item[\textsuperscript{16}] M Funk & N Drew Bold ‘WHO’s Quality Rights Initiative: Transforming Services and Promoting Rights in Mental Health’ 22 Health and Human Rights Journal (June 2020) pg.69
\item[\textsuperscript{17}] Article 25 Convention on the Rights of Persons with Disabilities
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reiterate the need to eliminate segregated psychiatric institutions that reflect the historic legacy of social exclusion, disempowerment, stigma and discrimination. We further note the World Health Organizations recommendations on this matter. The process of de-institutionalization should include the adoption of a plan of action with clear timelines and concrete benchmarks, a moratorium on new admissions, the redistribution of public funds from institutions to community services and the development of adequate community support, such as housing assistance, home support, peer support and respite services\textsuperscript{18}. This is in line with the concluding observations of the United Nations Committee on the Rights of Persons with Disabilities to Kenya to come up with a de-institutionalization program\textsuperscript{19}.

(iv) **Fund community supports.** It is recommended that national and county governments implement a system to coordinate access for persons with mental illness or persons with psychosocial/intellectual disabilities to rights-based community supports\textsuperscript{20}. We welcome the administrative recommendation 12 in annex 5 of the report which calls on Ministry of Labour and Social Protection to empower people with mental health conditions and disabilities through their inclusion in social protection schemes including cash transfers, employment quotas and grants for socio-economic development. We call upon the government to extend financial support to other community support services including day care, supports for care givers, family based alternative care arrangements (in the case of children where family separation is inevitable), access to general services and programs such as education, housing, health care and employment, peer supports and respite care. We further note that the

\textsuperscript{20} United Nations Human Rights Council ‘Report of the Special Rapporteur on the Rights of Persons with Disabilities’ (A/HRC/40/54) available at https://undocs.org/en/A/HRC/40/54 In this thematic report the Special Rapporteur provides recommendations on how to governments should address deprivation of liberty for persons with disabilities including persons with intellectual or psychosocial disabilities
implementation of this recommendation will also involve County Governments in line with their functions as outline in fourth schedule of the Constitution of Kenya. This is critical towards promoting independent living and community inclusion in line with the concluding observation of the United Nations Committee on the Rights of Persons with Disabilities\textsuperscript{21}. We further recommend that community supports should extend to providing rights-based supports for persons experiencing serious crisis related mental conditions at community level. In our observation, response to crisis situations are often the flashpoints for human rights violations and facilitate detention or involuntary commitment in psychiatric institutions. As observed by the Special Rapporteur on the Rights of Persons with Disabilities, ‘[t]he existence of community-based services that do not resort to the use of force or coercion has proven to be effective and is critical to ensure a right-based response’\textsuperscript{22}. We recommend for the establishment of non-coercive and non-medical programmes directed at persons in extreme distress within their family or social networks such as crisis or respite houses, peer-led services, crisis respite services or host families\textsuperscript{23}. Rights based community support services require sufficient government financing and investment to make it a reality.

(v) Oversight on quality of mental health care providers- With the increased funding for local/community mental health care providers, there should also be a uniform system of vetting and approval for this caregiver/service providers. Said personnel or institutions should have their county and national database for tracking administration and accountability for their service and use of funds/resources allocated to them.

\textsuperscript{22} United Nations Human Rights Council ‘Report of the Special Rapporteur on the Rights of Persons with Disabilities’ (A/HRC/40/54) available at https://undocs.org/en/A/HRC/40/54. In this thematic report the Special Rapporteur provides recommendations on how to governments should address deprivation of liberty for persons with disabilities including persons with intellectual or psychosocial disabilities
\textsuperscript{23} P Gooding & Others ‘Alternatives to coercion in mental health settings: a literature review commissioned by the United Nations Office at Geneva to inform the report of the United Nations special rapporteur on the rights of persons with disabilities (October 2018)’ available at www.socialequity.unimelb.edu.au social-equity@unimelb.edu.au page 67-77
14. The planning and implementation of the aforementioned recommendations should be done with the full and active involvement of persons with lived experiences, persons with psychosocial or intellectual disabilities and their representative organizations in line with article 10 of the Constitution of Kenya and article 4(3) of the Convention on the Rights of Persons with Disabilities.
15. The taskforce recommended the, “Establishment of mental health courts in collaboration with mental health professionals to screen and link to care special needs offenders with mental health conditions.” to enhance fair administration of justice and decongestion of prisons.\(^{24}\)

16. It is our considered view that a rights-based approach to ensuring access to justice for persons with mental health condition or persons with psychosocial or intellectual disabilities should focus on eliminating barriers that exclude their full and equal participation in court processes. The establishment of special mental health courts will fuel stigma and discrimination faced by persons with mental health conditions or persons with psychosocial or intellectual disabilities.

17. Inclusion for persons with mental health conditions or persons with psychosocial or intellectual disabilities means the provision of services within the existing frameworks in the society. The spirit of the Convention on the Rights of Persons with Disabilities is to build a strong and resilient community by respecting the diversity of human beings. Therefore, creating mental health courts goes against this spirit and it is an expression of segregation and exclusion from the mainstream society.

It is on this basis that we recommend:

(i) Provision of procedural, age and gender-appropriate accommodations to persons with mental health conditions and persons with psychosocial or intellectual disabilities including assistive technologies, use of intermediaries’ use of peer support members and use of self- advocates to enable them access justice on an equal basis with other in society. The Judiciary could learn and formally adopt strategies being used by peer-

\(^{24}\) Recommended Administrative Action 22 Annex 5 of the Mental Health Taskforce Report page 83
led organizations\textsuperscript{25} in supporting both victims and accused persons access the criminal justice systems.

(ii) Provision of accommodations should be accompanied with amendment to the law notably the Criminal Procedure Code and Civil Procedure Code mandating the courts to provide persons with mental health conditions and persons with psychosocial and intellectual disabilities with supports as they access court services. In addition, amendments to the Criminal Procedure Code which allows for indefinite detention of persons deemed to be “unfit” to stand trial\textsuperscript{26} or persons who have successfully pleaded the defense of insanity\textsuperscript{27} that often disproportionately targets persons with mental health condition or persons with psychosocial or intellectual disabilities should be effected.

(iii) Provision of legal aid services for persons with mental health condition and persons with psychosocial and intellectual disabilities in line with the Legal Aid Act\textsuperscript{28}.

(iv) Promote and provide appropriate continuous training for those who work in the administration of justice to facilitate access to justice for persons with mental health conditions or persons with psychosocial or intellectual disabilities. In line with concluding observations and recommendation of the United Nations Committee on the Rights of Persons with Disabilities to Kenya under the Convention on the Rights of Persons with Disabilities\textsuperscript{29}.

\textsuperscript{25} The Kenya Association for the Intellectually Handicapped https://www.kaihid.org/access-to-justice/ and the Users and Survivors of Psychiatry-Kenya https://www.uspkenya.org/ have been carrying out a program geared towards supporting persons with intellectual or psychosocial disabilities to access justice. Part of their programmatic interventions include providing training for intermediaries who provide supports for victims and accused persons with mental health conditions or persons with psychosocial or intellectual disabilities.

\textsuperscript{26} Section 162 (4) & (5) and section 167 of the Criminal Procedure Code Cap 75 Laws of Kenya

\textsuperscript{27} Section 166 (1) & (3) of the Criminal Procedure Code Cap 75 Laws of Kenya

\textsuperscript{28} Act No 6 of 2016

(v) Abolish all laws that limits capacity to testify or otherwise partake in the justice systems in the Evidence Act.\textsuperscript{30} The recommendation is made while noting that the Kenyan legal system includes evidentiary rules that limit or establish void the capacity of persons with intellectual and psychosocial disabilities to give evidence in both civil and criminal proceedings.

(vi) Ensure access to a whole range of mental health services and psychosocial support for all prisoners including those with Intellectual and psychosocial disabilities.

**ISSUE 3: Establishment of the National Mental Health and Happiness Commission**

18. The taskforce report calls for establishment of the National Mental Health and Happiness Commission through a constitutional amendment under article 256 of the Constitution of Kenya. The Commission’s proposed functions are to:

(i) Advise the National and County Government on the state of mental health and happiness in Kenya;

(ii) Conduct periodic surveys of mental health and happiness in Kenya;

(iii) Supervise the delivery of mental health services in Kenya;

(iv) Provide advisories on the effect of guidelines, policies, legislation, and any other acts by State Organs on mental health and happiness; and

(v) Perform such other functions as the Commission shall deem necessary for the enhancement of mental health and happiness.

\textsuperscript{30} Section 125 of the Evidence Act Cap 80 Laws of Kenya “All persons shall be competent to testify unless the court considers that they are prevented from understanding the question put to them, or from giving rational answers to those questions, by tender years, extreme old age, disease (whether or body or mind) or any similar cause.”
19. The establishment is underpinned by the findings of the taskforce of the scale of mental ill health in Kenya and the need for a coordinated approach to addressing the issue including a declaration that mental ill health is a national emergency of epidemic proportions.

20. There are ongoing efforts to amend the Mental Health Act with a proposal to entrench the role of County Governments in provision of mental health services and the establishment of a Mental Health Board with a mandate to inter alia advise the government on the state of mental health and mental health service delivery in Kenya.

21. It is noteworthy that the proposed functions of the Commission and that of the current Mental Health Board are overlapping to the extent of providing advice and regulation in the sector. In addition, the Mental Health Board has critical statutory functions that are essential in ensuring a rights-based approach to Mental Health.

22. It is our considered view that the proposal to establish a Mental Health and Happiness Commission ought to be re-considered noting the existing structures i.e. Mental Health Board that can be leveraged to carry out the functions proposed by the report. It is our considered view that the existing structures should be given requisite political and financial support to fully execute their functions.

**ISSUE 4: Mental Health Data and Research**

23. The mental health taskforce report recommends for the establishment of a well-coordinated and structured mental health information system that is integrated within the existing general health information system data capture.\(^3\) The information system is to capture data on routine service reporting whose indicators are eight mental health conditions. The system is also to capture administrative information such as human resources, financial information and drug and logistic systems and non-routine data such as special programs.

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\(^3\) Ministry of Health ‘Mental Health and Wellbeing: Towards Happiness and National Prosperity (2020)’ page 62
24. We recommend that the health information system should also capture information of complaints received during service delivery and steps taken to address or redress complaints lodged. The system should also capture the use of coercive psychiatric interventions such as forced admission, seclusion and restraint as measure of monitoring human rights compliance within mental health service delivery. This is crucial towards ensuring that service users are placed at the center of service delivery and a rights-based approach to service delivery.

25. We further note the need to make a concerted effort to conduct research towards saving lives and relieving distressed persons and improve their quality of life. Research is useful as it increases social and economic benefits to communities as this will lead to informed ways to building resilient citizenry while reducing levels of mental ill-health and reduced stigma. It is only through research will Kenya close the currently existing gap in mental ill-health.

**ISSUE 5: Involvement of persons with disabilities, their representative organization and care givers in the implementation of the findings of the taskforce reports**

26. In conclusion, we call upon the Ministry on Health to consult and ensure the active, meaningful and full participation of persons with lived experiences, persons with disabilities and their representative organizations and care givers in the implementation, monitoring and evaluation of the finding and recommendations of the report. The participation and involvement of these groups is essential to ensuring a people centred, recovery oriented and human rights-based approach to realization of mental health care. The consultation and involvement should be done through a meaningful framework which deliberately identifies and addresses barriers that prevent persons with lived experiences, persons with disabilities and their representative organizations from meaningfully participating in all structures set up to implement the findings of the report.
List of Contributing Organizations

National Human Rights Institution
The Kenya National Commission on Human Rights

Civil Society Organizations
Alzheimer’s and Dementia Organization-Kenya
Basic Needs Basic Rights
Calmind Foundation
Health Rights Advocacy Forum
International Institute for Legislative Affairs
Kenya Association for the Intellectually Handicapped
Users and Survivors of Psychiatry
Validity Foundation
Watu Health Innovation Summit