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REPUBLIC OF KENYA



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THE NATIONAL ASSEMBLY

TWELFTH PARLIAMENT (THIRD SESSION)

DEPARTMENTAL COMMITTEE ON HEALTH

REPORT ON THE

PUBLIC PETITION (No. 59 OF 2019) REGARDING MENTAL HEALTH ISSUES AND
THE NEED FOR MORE COUNSELLORS IN PUBLIC FACILITIES

CLERKS CHAMBERS
DIRECTORATE OF COMMITTEE SERVICES
PARLIAMENT BUILDINGS
NAIROBI

OCTOBER, 2019

*Report of the Departmental Committee on Health on the consideration of the Public Petition (No. 59 of 2019) regarding Mental health issues and
the need for more counsellors in public facilities*

TABLE OF CONTENTS

ABBREVIATIONS	3
CHAIRPERSON'S FOREWORD	5
EXECUTIVE SUMMARY	6
1.1 Establishment of the Committee	8
1.2 Mandate of the Committee	8
1.3 Committee Membership	9
1.4 Committee Secretariat	10
1.5 Committee Recommendations	11
1.6 Acknowledgement	12
CHAPTER TWO	13
2 INTRODUCTION	13
2.0 BACKGROUND	13
2.1 LEGAL PROVISIONS TOUCHING ON THE PETITION	13
2.1.1 RIGHT TO PETITION PARLIAMENT	13
2.1.2 MENTAL HEALTH ACT, CAP 248	14
2.1.3 COUNSELORS AND PSYCHOLOGISTS ACT, NO. 14 OF 2014	14
CHAPTER THREE	16
3.0 SUBMISSIONS ON THE PETITION	16
3.1 PETITION BY MS. CAROLINE AJWANG ORENG'	16
3.2 SUBMISSION BY THE CABINET SECRETARY, MINISTRY OF HEALTH	16
CHAPTER FOUR	18
3.0 COMMITTEE OBSERVATIONS	18
4.0 COMMITTEE RECOMMENDATIONS	18

ABBREVIATIONS

CHVs	Community Health Volunteers
DPP	Director Public Prosecutions
IPT	Interpersonal Therapy
KMTC	Kenya Medical Training College
KNH	Kenyatta National Hospital
MTRH	Moi Teaching and Referral Hospital
NCDs	Non-Communicable Diseases
SAGAs	Semi-Autonomous Government Agencies
UHC	Universal Health Coverage

CHAIRPERSON'S FOREWORD

On Thursday 20th June, 2019 the Hon. Speaker, pursuant to Standing Order 225(2) (b) presented to the House a Public Petition No. 59 of 2019 by Ms. Caroline Ajwang Oreng', a counseling psychologists, regarding mental health issues and the need for more counselors in public facilities. The Petition was subsequently committed to the Departmental Committee on Health for consideration pursuant to Standing Order 227(1).

The Committee was required to respond to the Petitioner by way of a report addressed to the Petitioner and laid on the Table of the National Assembly not more than sixty (60) calendar days from the time of reading the Petition.

In processing the Petition, the Committee received views from the Ministry of Health and the Petitioner, Ms. Caroline Ajwang Oreng'. The Committee analyzed their submissions and prepared the report.

The Committee is grateful to the Offices of the Speaker and the Clerk of the National Assembly for the logistical and technical support accorded to it during the consideration of the Petition. Finally, I wish to express my appreciation to the Honorable Members of the Committee and all those who made useful contributions towards the preparation and production of this report.

On behalf of the Departmental Committee on Health and pursuant to Standing Order 227(2), it is my pleasant privilege and honour to present to this House the report of the Committee on its consideration of the Public Petition No. 59 of 2019 by Ms. Caroline Ajwang Oreng', regarding mental health issues and the need for more counsellors in public facilities.

Hon. Sabina Chege, MP

EXECUTIVE SUMMARY

The Committee in responding to the prayers by Ms. Caroline Ajwang Oreng', a counseling psychologist, sought views from the Ministry of Health, held a meeting with the petitioner who in their interaction with the Committee made written and oral submissions.

While appearing before the Committee the Petitioner said that her petition was driven by the fact that the country was witnessing an increase in murders and challenges attributable to mental health issues. As a practicing counseling psychologist, she had seen various patients admitted to hospital but whose ailments were a direct consequence of mental health issues.

Article 43(1)(a) of the Constitution of Kenya provides that "*every person has the right to the highest attainable standards of health, which includes the right to health care services*". This includes mental health.

Mental health is a key determinant of overall health and socio-economic development of any country. In Kenya, mental health experts estimate that 1 in every 4 Kenyans may be suffering from a mental health problem. However, mental health is not given the required attention as other conditions are accorded hence the majority of psychiatric problems remain undiagnosed and thus mismanaged.

The Committee found out that the major impediments to proper management of mental health in Kenya are; inadequate number of skilled and trained human resources in mental health, gross underfunding, prohibitive cost of mental health care services and insufficient quality services offered in the available mental health facilities. The Committee further noted that the Kenya Mental Health Policy 2015-2030 that would have gone ahead to address some issues affecting mental health in Kenya and ensure that the country attains the highest possible standards of health has not been implemented.

The Committee recommends that the Ministry of Health expedites the process of operationalizing the Kenya Mental Health Policy 2015-2030 and the Presidential Directive on Mental Health on 1st June 2019 in order to address majority of the issues raised in the petition;

Against a backdrop of the implementation of the Universal Health Care (UHC), the Ministry of Health should host a roundtable meeting involving all stakeholders (County Governments, Ministry of Education, Kenya Association of Manufacturers, Health Training Institutions, Legal Justice Services, Corrective Services and Security Services) in the Mental Health sector within sixty days (60 days) of tabling of this report on the floor of the House to establish a roadmap to comprehensively address all mental health issues.

The Ministry of Health and the National Treasury should in this financial year that is FY2019/2020 increase the financial allocation to the existing psychiatric facilities and equipment to cater for priority needs of medication, staffing and rehabilitation of these facilities including increasing the number of referral facilities. Further, increase allocation to ensure establishment of mental health facilities in all health facilities offering national health referral services;

The Ministry of Labour should ensure that all employers commit to developing an approach to address mental health at work places that protects and improves mental health for employees including amending the existing labour legislations to enforce compliance.

The Ministry of Health in consultation with the Ministry of Education to develop a framework policy on establishment of coordinated approach to psychological and counselling support in all educational institutions (primary schools, secondary schools, universities and tertiary institutions).

The Ministry of Health in coordination with Judiciary and other prosecuting agencies such as the Office of the Director of Public Prosecution to develop a policy on psychological assessment and psychological management of child offenders, among other recommendations detailed in this report.

1 PREFACE

1.1 Establishment of the Committee

1. The Departmental Committee on Health is established pursuant to the provisions of Standing Order No. 216 of the National Assembly and in line with Article 124 of the Constitution which provides for the establishment of the Committees by Parliament. The mandate and functions of the Committee are;
 - a) *Investigate, inquire into, and report on all matters relating to the mandate, management, activities, administration, operations and estimates of the assigned Ministries and departments;*
 - b) *Study the programme and policy objectives of the Ministries and departments and the effectiveness of the implementation;*
 - c) *Study and review all legislation referred to it;*
 - d) *Study, assess and analyze the relative success of the Ministries and departments as measured by the results obtained as compared with its stated objectives;*
 - e) *Investigate and inquire into all matters relating to the assigned Ministries and departments as they may deem necessary, and as may be referred to them by the House;*
 - f) *Vet and report on all appointments where the constitution or any law requires the National Assembly to approve, except those under Standing Order 204;*
 - fa) *Examine treaties, agreements and conventions;*
 - g) *Make reports and recommendations to the House as often as possible, including recommendation of proposed legislation;*
 - h) *Consider reports of Commissions and Independent Offices submitted to the House pursuant to the provisions of Article 254 of the Constitution; and*
 - i) *Examine any questions raised by Members on a matter within its mandate.*

1.2 Mandate of the Committee

2. In accordance with the Second Schedule of the Standing Orders, the Committee is mandated to consider, matters related to health, medical care and health insurance.
3. The Departmental Committee is mandated to cover the functions of the Ministry of Health alongside Semi-Autonomous Government Agencies (SAGAs) including but not limited to; Kenyatta National Hospital; Moi Teaching and Referral Hospital; Kenya Medical Training College; Kenyatta University Teaching and Referral Hospital; Kenya Medical Supplies Authority and National Hospital Insurance Fund.

1.3 Committee Membership

4. The Departmental Committee on Health was constituted by the House in December, 2017 and comprises of the following Members:-

Hon. Sabina Chege, MP (**Chairperson**)

County MP for Muranga County

Jubilee Party

Hon. Dr. Swarup Ranjan Mishra, MP (**Vice-Chairperson**)

M.P for Kesses Constituency

Jubilee Party

Hon. (Dr.) James Nyikal, MP for Seme Constituency

ODM Party

Hon. (Dr.) Eseli Simiyu, MP MP for Tongaren Constituency

FORD-K

Hon. (Dr.) James K. Murgor, MP for Keiyo North Constituency

Jubilee Party

Hon. Muriuki Njagagua, MP for Mbeere North Constituency

Jubilee Party

Hon. (Dr.) Mohamed D. Duale, MP for Daadab Constituency

KANU Party

Hon. Alfred Agoi Masadia, MP for Sabatia Constituency

ANC Party

Hon. Stephen Mule, MP for Matungulu Constituency

WIPER Party

Hon. David Ochieng', MP for Ugenya Constituency

MDG Party

Hon. Esther M. Passaris, MP for Nairobi County

ODM Party

Hon. Gladwell J. Cheruiyot, MP for Baringo County

KANU Party

Hon. Kipsengeret Koros, MP for Sigowet Constituency

Independent Member

Hon. Martin Peters Owino, MP for Ndhiwa Constituency

ODM Party

Hon. Mercy Wanjiku Gakuya, MP for Kasarani Constituency

Jubilee Party

Hon. Prof. Mohamud S. Mohamed, MP for Alego Usonga Constituency

Jubilee Party

Hon. Patrick Munene Ntwiga, MP for Chukalgamba Ng'ombe Constituency

Jubilee Party

Hon. Tongoyo Gabriel Koshal, MP for Narok West Constituency

CCM Party

Hon. Zachary Kwenya Thuku, MP for Kinangop Constituency

Jubilee Party

1.4 Committee Secretariat

5. The Committee is facilitated by the following Secretariat:-

Mr Benjamin Magut
First Clerk Assistant/Lead Clerk

Mr. Ahmed Hassan Odhwa
Principal Research Officer

Mr. Muyodi Meldaki Emmanuel
Clerk Assistant III

Mr. Eric Kanyi
Fiscal Analyst III

Ms. Lynette A. Otieno
Legal Counsel I

Ms. Winnie Kiziah
Media Officer

Ms. Rahab Chepkilim
Audio Officer

1.5 Committee Recommendations


6. As per the Petitioner's prayers, the Committee recommends that:

1. Against a backdrop of the implementation of the Universal Health Care (UHC), the Ministry of Health should host a roundtable meeting involving all stakeholders (County Governments, Ministry of Education, Kenya Association of Manufacturers, Health Training Institutions, Legal Justice Services, Corrective Services, Security Services) in the Mental Health sector within sixty days (60 days) of tabling of this report on the Floor of the House to establish a roadmap to comprehensively address mental health issues in Kenya.
2. The Ministry of Health expedites the process of operationalizing the Kenya Mental Health Policy 2015-2030 and the Presidential Directive on Mental Health on 1st June 2019 in order to address majority of the issues raised in the Petition.
3. The Ministry of Health should develop a policy on good mental health care in all levels of healthcare beginning with primary healthcare level and in all health facilities and programs; (maternal health, surgical, medical, sexual and reproductive health, Non-Communicable Diseases (NCDs), rehabilitative and palliative care).
4. In training of Community Health Workers (CHWs) on counseling skills and low intensity psychosocial interventions such as problem management plus (PM+), Psychological First Aid, Mental Health First Aid, and Interpersonal Therapy (IPT), the Ministry of Health should take advantage of the already existing health care infrastructures especially in the rural areas and train the community health workers working in such centers to improve mental illness screening, treatment and support at the community level.
5. The Ministry of Health and the State Department of Social Welfare, to ensure that 'half way' homes are set up for the patients who have been abandoned due to stigma associated with mental illness, where such patients could go through rehabilitation.
6. The Ministry of Health and the National Treasury should in this financial year that is FY2019/2020 increase the financial allocation to the existing psychiatric facilities and equipment to cater for priority needs of medication, staffing and rehabilitation of these facilities including increasing the number of referral facilities. Further, increase allocation to ensure establishment of mental health facilities in all health facilities offering national health referral services.
7. The Ministry of Labour should ensure that all employers commit to developing an approach to addressing mental health at work places that protects and improves mental health for employees including amending the existing labour legislations to enforce compliance.
8. The government should employ multi-disciplinary and inter-sectoral approach interventions in dealing with mental issues in the country; engage sectors that have mental health components. (Education, security, legal justice system and correctional services).
9. The Ministry of Health in coordination with Judiciary and other prosecuting agencies such as the Office of the Director of Public Prosecution to develop a policy on psychological assessment and psychological management of child offenders.

10. The Ministry of Health in consultation with the Ministry of Education to develop a framework policy on establishment of coordinated approach to psychological and counselling support in all educational institutions (primary schools, secondary schools, universities and tertiary institutions).

1.6 Acknowledgement

7. The Committee appreciates the assistance provided by the Office of the Speaker and the Clerk of the National Assembly that enabled it to discharge its functions in considering the Petition.
8. On behalf of the Committee, and pursuant to Standing Order, 227 it is my duty to table on the Floor of the House the Report of the Committee on the Petition.

Signed  Date 8/10/19.
Hon. Sabina Chege, MP
Chairperson, Departmental Committee on Health

CHAPTER TWO

2 INTRODUCTION

2.0 BACKGROUND

9. The Petitioner made reference to the Mental Health Act which provides for the care, management, and control of persons suffering from mental health illness. The Petitioner was concerned about the increase in mental issues that are manifested in society through murder, suicide, rape, drug abuse, and other delinquent misconduct.
10. The Petitioner claimed the social misconducts originated in schools and homes and proposed mental health care to be introduced at the formative stage of an individual to ensure that the mental health of upcoming generations are taken care of. The Petitioner further averred that there was a section of the general public that faced mental health issues and lacked the financial capability to visit private institutions to receive appropriate medical attention.
11. The Petitioners pray that the National Assembly, through the Departmental Committee on Health intervenes and ensured an increase in the number of counselors in government institutions to provide care to citizens who cannot afford to pay for the services offered by private institutions, employment of professionals counsellors teachers so that they can fully concentrate on children's mental health and introduce counseling for child offenders without necessarily subjecting them to jail terms.

2.1 LEGAL PROVISIONS TOUCHING ON THE PETITION

2.1.1 RIGHT TO PETITION PARLIAMENT

12. The right to Petition Parliament is provided for under Article 119 of the Constitution, which provides as follows:-

“Every person has a right to Petition Parliament to consider any matter within its authority, including enacting, amending or repealing any legislation. Parliament shall make provision for the procedure for the exercise of this right.”

13. The Petition, therefore falls under the Committee's mandate under National Assembly Standing Order 227(1). In addition, Standing Orders 227(2) outlines the procedure for committal of a Petition to a Committee and transmission of its decision to the Petitioner. Further, the Petitions to Parliament (Procedure) Act, 2012 provides for the procedure to be followed in the submission, processing and consideration of a Petition.
14. Article 94 as read together with Article 95 of the Constitution further provides for the mandate of Parliament and the National Assembly respectively. Generally, the Houses of Parliament exercise the legislative mandate of the people, deliberate on matters of national interest and oversight the exercise of power by other arms of government.

15. Public participation is now a guaranteed process in Kenya. The Constitution in various Articles require that public participation be undertaken at all levels of government before government officials make decision affecting the public.
16. Public participation is having an open, accountable and structured process where citizens or people, or a segment of a community can interact, exchange views and influence decision making. Public participation is part of a democratic process.

2.1.2 MENTAL HEALTH ACT, CAP 248

17. The Kenya Mental Health Board is established under section 4 of the Mental Health Act. The functions of the Board as set out in section 6 of the Act include—
- a) to co-ordinate the mental health care activities in Kenya;
 - b) to advise the Government on the state of mental health and mental health care facilities in Kenya;
 - c) to approve the establishment of mental hospitals;
 - d) to inspect mental hospitals to ensure that they meet the prescribed standards;
 - d) to assist, whenever necessary, in the administration of any mental hospital;
 - e) to receive and investigate any matter referred to it by a patient or a relative of a patient concerning the treatment of the patient at a mental hospital and where necessary to take, or recommend to the Minister, any remedial action;
 - f) to advise the Government on the care of persons suffering from mental sub normality without mental disorder; and
 - g) to initiate and organize community or family based programmes for the care of persons suffering from mental disorder.

18. Section 54 of the Act empowers the Cabinet Secretary to make regulations for-

- a) generally for regulating the equipment, administration, control and management of mental hospitals;
- b) for the care, treatment and rehabilitation of person suffering from mental disorder; and
- c) for the procedure of admission of out-patient patients;

2.1.3 COUNSELLORS AND PSYCHOLOGISTS ACT, NO. 14 OF 2014

19. The Counsellors and Psychologists Act, 2014 was enacted in 2014 and came into operation on 18th August, 2014.
20. Section 3 of the Counsellors and Psychologists Act, 2014 establishes the Counsellors and Psychologists Board. The functions of the Board as enumerated in section 6 of the Act includes to *inter alia*-
- a) register and licence counsellors and psychologists for the purposes of this Act upon payment of the prescribed fees;

- b) plan, arrange, co-ordinate and oversee continuing professional training and development and facilitate internship of trainee counsellors and psychologists;
- c) collaborate with training institutions, professional , associations, professional organizations and other relevant bodies in matters relating to training and professional development of counsellors and psychologists; and
- d) advise the Cabinet Secretary on appropriate policies and programs governing the professions of counselling and psychology in Kenya;

21. The Act further in section 45 gives the Cabinet Secretary in consultation with the Board to make regulations to-

- a) prescribe the form and method of keeping the registers under this Act;
- b) prescribe forms, methods and regulations concerning conditions for the issuance of licenses;
- c) prescribe the manner of training, subject matter of training courses, standards of proficiency for the profession of counselling or psychology, including standards for internship and practicum and examinations of persons for whom provision is made under this Act to be regulated;
- d) prescribe the standards and conditions of professional practice of persons registered or licensed under this Act;
- e) provide for the procedure to be followed by the Board in a disciplinary inquiry;
- f) provide for enforcing the attendance of witnesses and the production of books and documents at an inquiry held by the Board;
- g) prescribe forms to be used in connection with this Act or fees to be charged under this Act; and
- h) prescribe the supervision to be undergone by persons registered under this Act.

22. Moreover, section 73 of the Health Act, 2017 provides as follows-

“73. There shall be established by an Act of Parliament, legislation to—

- (a) protect the rights of any individual suffering from any mental disorder or condition;*
- (b) ensure the custody of such persons and the management of their estates as necessary;*
- (c) establish, manage and control mental hospitals having sufficient capacity to serve all parts of the country at the national and county levels;*
- (d) advance the implementation of other measures introduced by specific legislation in the field of mental health; and*
- (e) ensure research is conducted to identify the factors associated with mental health.”*

CHAPTER THREE

3.0 SUBMISSIONS ON THE PETITION

3.1 PETITION BY MS. CAROLINE AJWANG ORENG'

22. While appearing before the Committee on 1st August 2019 Ms. Caroline Ajwang Oreng', a counseling psychologists submitted that;

23. Her Petition was driven by the fact that the country was witnessing an increase in murders and challenges attributable to mental health issues. As a practicing counseling psychologist, she had seen various patients admitted to hospital, but whose ailments were a direct consequence of mental health issues.

24. The Petitioner prayed that;

- i) There be a sensitization of the community of signs and symptoms of mental health to help the society aware when to take action to avoid misfortunes. Just the way it was done in HIV/AIDS, maternal health, polio, etc.
- ii) The government should employ counselors to be deployed in all public facilities;
- iii) Counselors in schools should concentrate only on the child's mental health. Therefore, counselling should be detached from guidance and counselor teachers and made a department on its own.
- iv) Counselors should be attached to all psychiatric facilities to support the patients manage their recovery through therapies to minimize relapse and reduce pill-taking.
- v) Employers should support the mental health of their employees by having professional psychologists attached at work stations to help the employees respond to traumatic incidents at work and hence reduce the potential negative effect on their own mental health.
- vi) Child offenders should be accorded pro-bono services from lawyers and psychologists in order to help rehabilitate them without necessarily subjecting them to a jail term.
- vii) Involve community psychology programs of child guidance; halfway houses; programs for the rehabilitation of alcoholics and drug addicts, help youth adjust with concerns of planning career and young adulthood, help adjustment in middle age crisis and old age crisis.

3.2 SUBMISSION BY THE CABINET SECRETARY, MINISTRY OF HEALTH

25. Appearing before the Committee on 17th September 2019 on behalf of the Cabinet Secretary, Ms. Susan Mochahe, Principal Secretary, Ministry of Health submitted that;

26. The Ministry of Health was implementing various measures to ensure good mental health of the population and address the diseases associated with mental health conditions. These measures

include strengthening of counseling and psychosocial services at all levels of healthcare and the employment of the required human resources for mental health.

27. The Principal Secretary, pointed out some of the strategic actions that would address the issues raised in the Petition as the following which include ;

- (a) The implementation of Kenya Mental Health Policy 2015-2030, which provides a roadmap on strengthening of mental health systems with goal of attaining the highest standards of mental health.
- (b) The implementation of the Presidential Directive on Mental Health on 1st June 2019. The Ministry of Health was collaborating with Counties, other Ministries and Stakeholders to implement short and long term multi-sectoral programs which include mental health and psychosocial services in the Workplace, Schools, Colleges and Community settings.
- (c) The Universal Health Coverage Programme implementation had incorporated mental health services at all levels of care with counseling services within the care pathways and health benefit package. This was aimed at improving the access, equity, quality of services and protection from financial burden.
- (d) Setting up of a regulatory Board for counselors and psychologists as stipulated in the Counsellors and Psychologists Act to regulate the training, registration, licensing and service provision.
- (e) In addition, the Schemes of Service for Counsellors and Psychologists Officer in Health had been developed to guide in recruitment, career progression, and the roles and responsibilities.
- (f) The Kenya Medical Training College had scaled up training programs for mental health professionals across the country to develop more human resources for mental health. KMTC had also started new courses with focus on counseling and psychosocial services such as Higher Diploma in Addiction Counselling and Management at (KMTC-Mathari Campus), and Diploma in Medical Social Work in KMTC – Karuri.
- (g) Training of Community Health Volunteers (CHVs) on counseling skills and low-intensity psychosocial interventions such as problem management plus (PM+), Psychological First Aid, Mental Health First Aid, and Interpersonal Therapy (IPT).
- (h) Integration of counseling services in all healthcare programs; maternal health, surgical, medical, sexual and reproductive health, NCD, rehabilitative and palliative care. The programs have multidisciplinary teams which include psychosocial professionals and all the other health workers are trained in basic counseling skills.
- (i) The Ministry had trained psychosocial team for emergency and disaster response in collaboration with other agencies.
- (j) Training of peer to peer counselors and educators in schools, colleges, and communities.

CHAPTER FOUR

3.0 COMMITTEE OBSERVATIONS

28. Arising from the submissions, The Committee observed that;

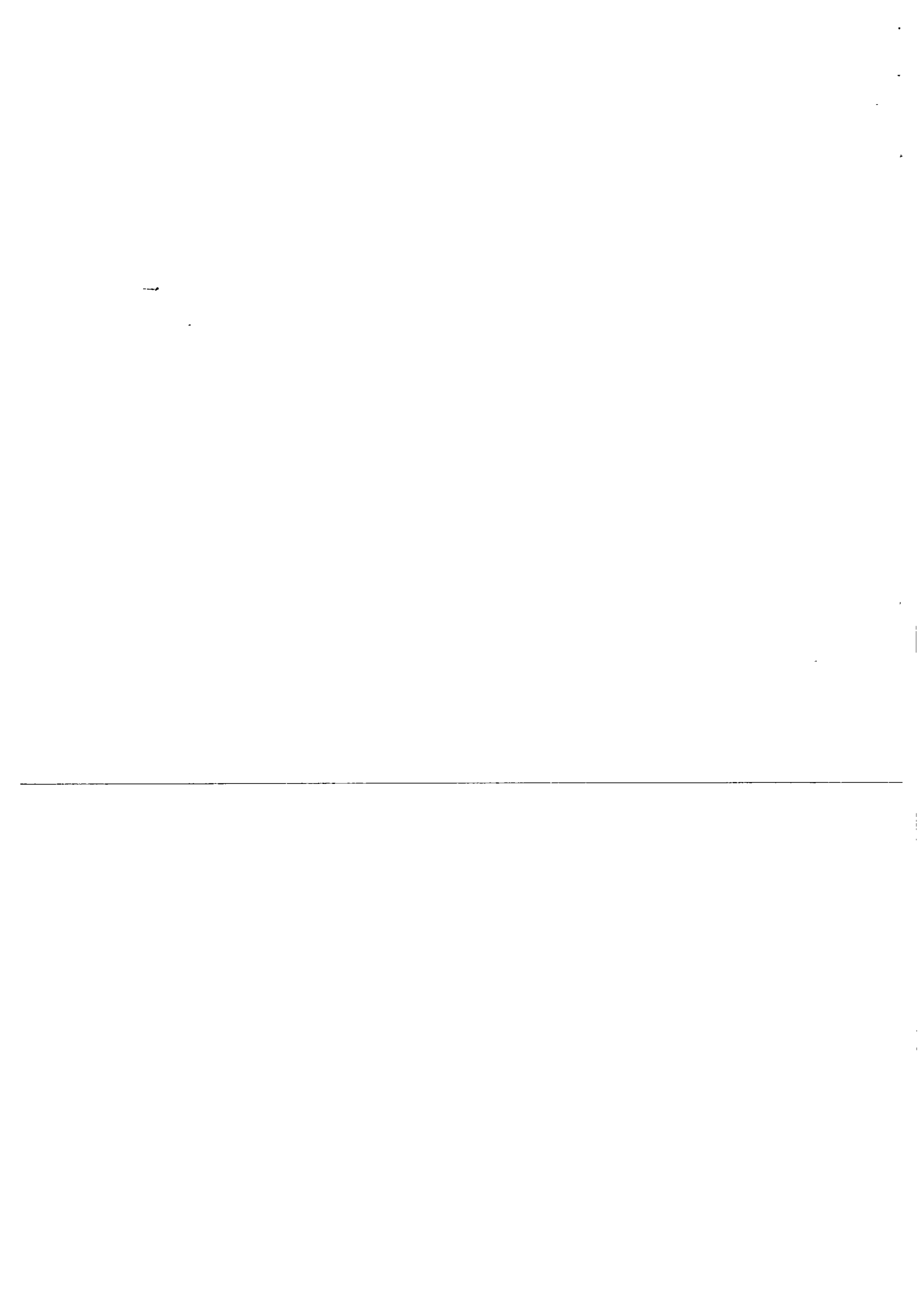
1. There is still inadequate data on the prevalence of mental illness in the country.
2. Kenya has inadequate number of skilled and trained human resources in mental health affecting county mental health systems.
3. The Kenya Mental Health Policy 2015-2030 has not been implemented.
4. The prohibitive cost of mental health care services in the country has been a great barrier to accessing care for many Kenyans with mental problems.
5. There is inadequate number of national referral mental health facilities in the country
6. The Country's education system lacks a coordinated counseling and psychological support services.
7. There is inadequate psychological assessment and management of child offenders before any judicial action is taken by relevant authorities.

4.0 COMMITTEE RECOMMENDATIONS

29. As per the Petitioners prayers, the Committee recommends that:

1. Against a backdrop of the implementation of the Universal Health Care (UHC), the Ministry of Health should host a roundtable meeting involving all stakeholders (County Governments, Ministry of Education, Kenya Association of Manufacturers, Health Training Institutions, Legal Justice Services, Corrective Services, Security Services) in the Mental Health sector within sixty days (60 days) of tabling of this report on the Floor of the House to establish a roadmap to comprehensively address mental health issues in Kenya.
2. The Ministry of Health expedite the process of operationalizing the Kenya Mental Health Policy 2015-2030 and the Presidential Directive on Mental Health on 1st June 2019 in order to address majority of the issues raised in the Petition;
3. The Ministry of Health should develop a policy on good mental health care in all levels of healthcare beginning with primary healthcare level and in all health facilities and programs; (maternal health, surgical, medical, sexual and reproductive health, Non-Communicable Diseases (NCDs), rehabilitative and palliative care).
4. In training of Community Health Workers (CHWs) on counseling skills and low intensity psychosocial interventions such as problem management plus (PM+), Psychological First Aid, Mental Health First Aid, and Interpersonal Therapy (IPT), the Ministry of Health should take advantage of the already existing health care infrastructures especially in the rural areas and train the community health workers working in such centers to improve mental illness screening, treatment and support at the community level.
5. The Ministry of Health and the State Department of Social Welfare, to ensure that 'half way' homes are set up for the patients who have been abandoned due to stigma associated with mental illness, where such patients could go through rehabilitation.

6. The Ministry of Health and the National Treasury should in this financial year that is FY2019/2020 increase the financial allocation to the existing psychiatric facilities and equipment to cater for priority needs of medication, staffing and rehabilitation of these facilities including increasing the number of referral facilities. Further, increase allocation to ensure establishment of mental health facilities in all health facilities offering national health referral services.
7. The Ministry of Labour should ensure that all employers commit to developing an approach to addressing mental health at work places that protects and improves mental health for employees including amending the existing labour legislations to enforce compliance.
8. The government should employ multi-disciplinary and inter-sectoral approach interventions in dealing with mental issues in the country; engage sectors that have mental health components. (Education, security, legal justice system and correctional services).
9. The Ministry of Health in coordination with Judiciary and other prosecuting agencies such as the Office of the Director of Public Prosecution to develop a policy on psychological assessment and psychological management of child offenders.
10. The Ministry of Health in consultation with the Ministry of Education to develop a framework policy on establishment of coordinated approach to psychological and counselling support in all educational institutions (primary schools, secondary schools, universities and tertiary institutions).



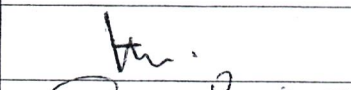
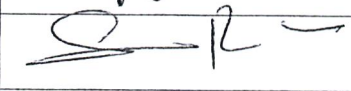


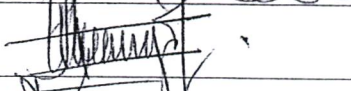
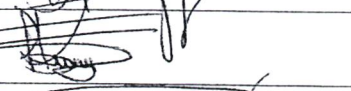
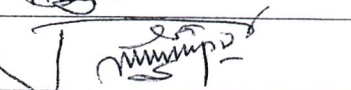
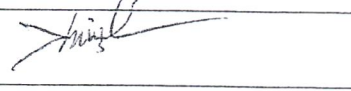

THE NATIONAL ASSEMBLY

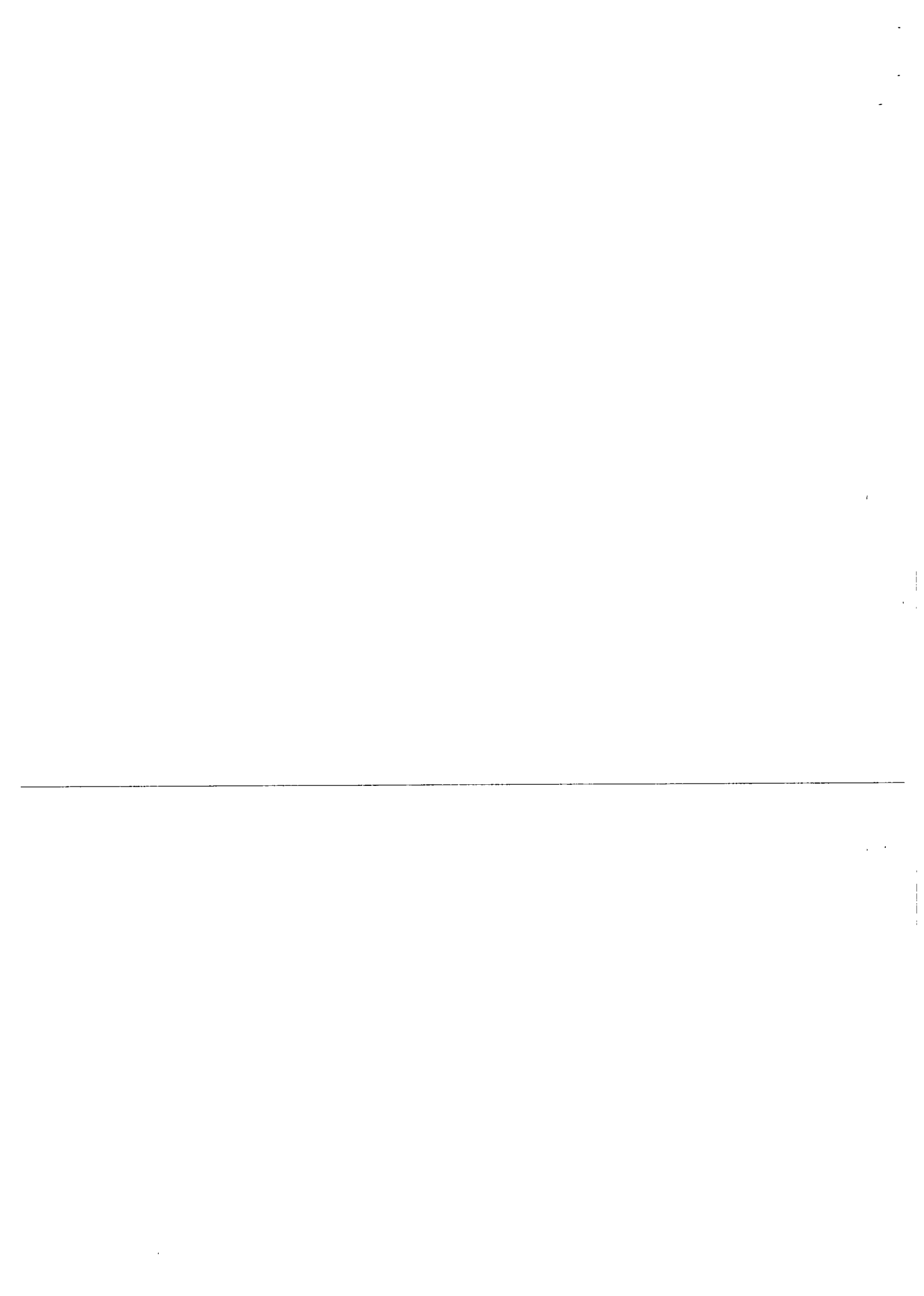
DEPARTMENTAL COMMITTEE ON HEALTH
ADOPTION LIST

REPORT ON THE

PUBLIC PETITION (NO. 59 OF 2019) REGARDING MENTAL HEALTH ISSUES AND THE NEED FOR MORE
COUNSELLORS IN PUBLIC FACILITIES

DATE: 3/10/2019 VENUE: 9TH FLOOR, HARAMBEE PLAZA, SMALL BOARDROOM
TIME 11.30 AM

	NAME	SIGNATURE
1.	Hon. Sabina Chege, MP – Chairperson	
2.	Hon. Swarup Ranjan Mishra, MP – Vice-Chairperson	
3.	Hon. (Dr.) Eseli Simiyu, MP	
4.	Hon. (Dr.) James Nyikal, MP	
5.	Hon. Alfred Agoi Masadia, MP	
6.	Hon. (Dr.) James Kipkosgei Murgor, MP	
7.	Hon. Muriuki Njagagua, MP	
8.	Hon. (Dr.) Mohamed Dahir Duale, MP	
9.	Hon. Stephen Mule, MP	
10.	Hon. David Ochieng', MP	
11.	Hon. Esther M. Passaris, MP	
12.	Hon. Gladwell Jesire Cheruiyot, MP	
13.	Hon. Kipsengeret Koros, MP	
14.	Hon. Martin Peters Owino, MP	
15.	Hon. Mercy Wanjiku Gakuya, MP	
16.	Hon. Prof. Mohamud Sheikh Mohamed, MP	
17.	Hon. Patrick Munene Ntwiga, MP	
18.	Hon. Tongoyo Gabriel Koshal, MP	
19.	Hon. Zachary Kwenya Thuku, MP	



MINUTES OF THE FOURTY FIRST (41ST) SITTING OF THE DEPARTMENTAL COMMITTEE ON HEALTH HELD IN 9TH FLOOR, HARAMBEE PLAZA, SMALL BOARDROOM ON THURSDAY 3RD OCTOBER, 2019 AT 10.00 A.M.

PRESENT

1. Hon. Sabina Chege , MP - **Chairperson**
2. Hon. (Dr.) Swarup Ranjan Mishra, MP – **Vice Chairperson**
3. Hon. (Dr.) James Nyikal, MP
4. Hon. Esther M. Passaris, MP
5. Hon. Gladwell Jesire Cheruiyot, MP
6. Hon. Kipsengeret Koros, MP
7. Hon. Martin Peters Owino, MP
8. Hon. Prof. Mohamud Sheikh Mohamed, MP
9. Hon. Zachary Kwenya Thuku, MP

ABSENT WITH APOLOGY

1. Hon. (Dr.) Eseli Simiyu, MP
2. Hon. (Dr.) James Kipkosgei Murgor, MP
3. Hon. David Ochieng' MP
4. Hon. (Dr.) Mohamed Dahir Duale, MP
5. Hon. Stephen Mule, MP
6. Hon. Muriuki Njagagua, MP
7. Hon. Tongoyo Gabriel Koshal, MP
8. Hon. Mercy Wanjiku Gakuya, MP
9. Hon. Alfred Agoi Masadia, MP
10. Hon. Patrick Munene Ntwiga, MP

IN ATTENDANCE

NATIONAL ASSEMBLY SECRETARIAT

- | | | |
|------------------------|---|---------------------|
| 1. Mr. Muyodi Emmanuel | - | Clerk Assistant III |
| 2. Ms. Lynette Atieno | - | Legal Counsel I |
| 3. Ms. Rahab Chepkilim | - | Audio Officer |

MIN. NO.NA/C.H/2019/93:

PRELIMINARIES

Vice-Chairperson called the meeting to order at 10.15 am and said a prayer.

MIN. NO. NA/DC.H/2019/94:

ADOPTION OF AGENDA

The agenda of the meeting was adopted as hereunder after being proposed by Hon. (Dr.) James Nyikal, MP and seconded by Hon. Kipsengeret Koros, MP.

AGENDA

1. Prayers
2. Adoption of the Agenda
3. Confirmation of the Minutes

4. Substantive Agenda:

Adoption of the Public Petition (No. 59 of 2019) Regarding Mental Health Issues and the need for more counsellors in Public Facilities.

5. Any Other Business

6. Date of the Next sitting

MIN. NO.NA/DC.H/2019/95:

ADOPTION OF REPORT ON THE PUBLIC PETITION (No. 59 OF 2019) REGARDING MENTAL HEALTH ISSUES AND THE NEED FOR MORE COUNSELLORS IN PUBLIC FACILITIES

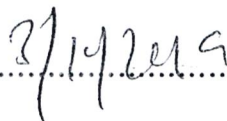
The report was unanimously adopted after having been proposed by Hon. Kipsengeret Koros, MP and seconded by Hon. Martin Peters Owino, MP and signed by the Chairman.

MIN. NO.NA/DC.H/2019/96:

ADJOURNMENT

There being no other business, the meeting adjourned at 11.55 am.

Sign.....

Date.....

(Chairperson)

MINUTES OF THE THIRTY EIGHTH (37TH) SITTING OF THE DEPARTMENTAL COMMITTEE ON HEALTH HELD IN BOARD ROOM, COUNTY HALL, GROUND FLOOR, PARLIAMENT BUILDINGS ON TUESDAY 17TH SEPTEMBER 2019 AT 10.00 A.M.

PRESENT

1. Hon. Martin Peters Owino, MP – Chairing
2. Hon. (Dr.) Eseli Simiyu, MP
3. Hon. (Dr.) James Nyikal, MP
4. Hon. (Dr.) James Kipkosgei Murgor, MP
5. Hon. Stephen Mule, MP
6. Hon. Muriuki Njagagua, MP
7. Hon. Prof. Mohamud Sheikh Mohamed, MP
8. Hon. Gladwell Jesire Cheruiyot, MP
9. Hon. David Ochieng' MP
10. Hon. Tongoyo Gabriel Koshal, MP

ABSENT WITH APOLOGY

1. Hon. Sabina Chege , MP - Chairperson
2. Hon. (Dr.) Swarup Ranjan Mishra, MP – Vice Chairperson
3. Hon. (Dr.) Mohamed Dahir Duale, MP
4. Hon. Zachary Kwenya Thuku, MP
5. Hon. Kipsengeret Koros, MP
6. Hon. Mercy Wanjiku Gakuya, MP
7. Hon. Esther M. Passaris, MP

ABSENT

1. Hon. Alfred Agoi Masadia, MP
2. Hon. Patrick Munene Ntwiga, MP

IN ATTENDANCE

NATIONAL ASSEMBLY SECRETARIAT

- | | | |
|------------------------|---|-------------------------|
| 1. Mr. Benjamin Magut | - | Clerk Assistant I |
| 2. Mr. Muyodi Emmanuel | - | Clerk Assistant III |
| 3. Ms. Lynette Atieno | - | Legal Counsel I |
| 4. Ms. Winfred Kizia | - | Media Relations Officer |

MINISTRY OF HEALTH

- | | | |
|-----------------------|---|---------------------------------------|
| 1. Ms. Susan Mochache | - | Principal Secretary |
| 2. Dr. Fridah Govedi | - | Head National Blood Transfusion |
| 3. Dr. Simon Njuguna | - | Head Division of Mental Health |
| 4. Dr. Fred M. Siyoi | - | C.E.O Pharmacy and Poisons Board |
| 5. Mr. Ibrahim Abdi | - | Undersecretary/ Parliamentary Liaison |

PETITIONERS

1. Hon. David Ole Sankok, MP
2. Dr. Kibet Shikuku
3. Mr. James Kago

MIN. NO.NA/C.H/2019/72

PRELIMINARIES

In the immediate absence of the Chairperson and Vice Chairperson, Members present elected Hon. Martin Peters Owino, MP to chair the meeting, pursuant to Standing Order No. 188. Hon. Owino called the meeting to order at 10.15 am and said a prayer, followed by a round of introductions.

MIN. NO. NA/DC.H/2019/73

ADOPTION OF AGENDA

The agenda of the meeting was adopted after being proposed by Hon. (Dr.) James Kipkosgei Murgor, MP and seconded by Hon. (Dr.) James Nyikal, MP.

AGENDA

1. Prayers
2. Adoption of the Agenda
3. Confirmation of the Minutes
4. Substantive Agenda: Meeting with Cabinet Secretary, Ministry of Health regarding the following Public Petitions
 - i) Public Petition by Ms. Caroline Oreng' on mental health issues and the need for more counsellors in public facilities
 - ii) Public Petition by Hon. David Ole Sankok, MP on hemophilia and other bleeding disorders among patients in Kenya
5. Any Other Business
6. Date of the Next sitting

MIN. NO.NA/DC.H/2019/74

MEETING WITH HON. DAVID OLE SANKOK AND OTHERS ON HEMOPHILIA AND OTHER BLEEDING DISORDERS AMONG PATIENTS IN KENYA

Hon. David Ole Sankok submitted that patients with hemophilia suffered substantially both emotionally and financially. He noted that the conditions' medication was expensive, at about Kshs. 30 per unit, with a patient needing about 3,500 units.

Dr. Kibet said that the patients were at risk now that country was losing donor support progressively. In addition, the international donors providing clotting factor concentrates faced challenges of clearance by customs, who demand Import Declaration Fees (IDF) and Railway Development Levy (RDL).

Mr. James Kago called for availability of all factor concentrates for better management of the disease in the country and that the medical profession and the public should also be informed extensively about the condition.

MIN. NO.NA/DC.H/2019/75:

SUMISSIONS FROM THE MINISTRY OF
HEALTH REGARDING THE TWO PUBLIC
PETITONS

Public Petition by Ms. Caroline Orenge' on mental health issues and the need for more counsellors in public facilities

Ms. Susan Mochache, Principal Secretary submitted that:

The Ministry of Health was implementing various measures to ensure good mental health of the population and address the diseases associated with mental health conditions. The measures included strengthening of counselling and psychosocial services at all levels of healthcare and the employment of the required human resources for mental health.

The following are some of the strategic actions that would address the issues raised in the petition;

1. The implementation of Kenya Mental Health Policy 2015-2030, which provides a roadmap on strengthening of mental health systems with goal of attaining the highest standards of mental health.
2. The implementation of the Presidential Directive on Mental Health on 1st June, 2019. The Ministry was collaborating with Counties, other Ministries and Stakeholders to implement short and long term multi-sectoral programs which include mental health and psychosocial services in the Workplace, Schools, Colleges and Community settings.
3. The Universal Health Coverage Programme implementation had incorporated mental health services at all levels of care with counselling services within the care pathways and health benefit package. This was aimed at improving the access, equity, quality of services and protection from financial burden.
4. Setting up of a regulatory Board for counsellors and psychologists as stipulated in the Counsellors and Psychologists Act to regulate the training, registration, licensing and service provision.
5. In addition, the Schemes of Service for Counsellors and Psychologists Officer in Health had been developed to guide in recruitment, career progression and the roles and responsibilities.
6. The Kenya Medical Training College had scaled up training programs for mental health professionals across the country to develop more human resources for mental health. KMTC had also started new courses with focus on counselling and psychosocial services such as Higher Diploma on Addiction Counselling and Management at (KMTC-Mathari Campus), and Diploma in Medical Social Work in KMTC – Karuri.
7. Training of Community Health volunteers (CHVs) on counseling skills and low intensity psychosocial interventions such as problem management plus (PM+), Psychological First Aid, Mental Health First Aid, and Interpersonal Therapy (IPT).

8. Integration of counselling services in all healthcare programs; maternal health, surgical, medical, sexual and reproductive health, NCD, rehabilitative and palliative care. The programs have multidisciplinary teams which include psychosocial professionals and all the other health workers are trained in basic counselling skills.
9. The Ministry had trained psychosocial team for emergency and disaster response in collaboration with other agencies.
10. Training of peer to peer counsellors and educators in schools, colleges and communities.

Public Petition by Hon. David Ole Sankok, MP on hemophilia and other bleeding disorders among patients in Kenya

The Principal Secretary submitted that;

1. The clotting factor concentrates are recognized as part of the Ministry of Health Hemophilia treatment guidelines. Hemophilia and other bleeding disorder patients had been receiving care through donated clotting factor concentrates from the World Federation of hemophilia through a memorandum of understanding (MOU signed in November 2016 and ends in 2021) between the Kenyan government and the federation. However, availability of factor concentrates had faced challenges of providing the same in the Health facilities leading to erratic supply.
2. The government through the Ministry of Health, will budget for the factors which are essential and lifesaving before expiration of the MOU. It would also consider patients who require specialized products which are equally expensive.
3. The Ministry is currently receiving factor concentrate donations and distributing through KNH to treating facilities. (total of 3 nationally). It would use the existing purchase and distribution mechanism (KEMSA) to ensure all patients receive products at the nearest health facility.
4. The Ministry through the Pharmacy and Poisons Board will conduct an aggressive market survey on the available advanced pharmaceutical therapies in the market for the management of hemophilia. To enhance smooth availability of drugs for this condition the Board will provide support to manufacturers during registration of their products.
5. The Ministry had also been collaborating with the County governments and other stakeholders (Kenya Hemophilia Association) in establishing treatment centers in "hot spots" while developing KNH and MTRH as hemophilia comprehensive care clinics (HCCC). More centers would be established once products are made readily available.
6. The Ministry had developed adequate capacity for diagnosis and monitoring of patients at KNH and MTRH, this was being extended at Coast PGH, Muranga and Kisii County Referral Hospitals. These counties and others that would be included in the treatment portfolio will be capacitated to provide diagnostic tests. The sustainability of the reagents for testing will be a function of the county

governments as UHC is being rolled out. Ministry of Health will continue to provide policy direction on testing.

7. Health care professionals are being trained on care of various types of diseases including hemophilia and other bleeding disorders. The Ministry is also developing the disability guidelines which would include all the genetically inherited disease conditions like hemophilia.
8. Hemophilia was currently managed through the existing NHIF scheme done through integrated disease management approach. The patients with hemophilia would greatly benefit with full operationalization of UHC.

Committee Resolution

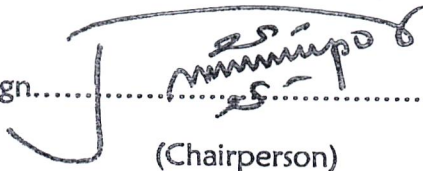
The Committee resolved to engage with the Ministry of National Treasury and Kenya Revenue Authority in order to address the issues raised regarding imposition of Import Declaration Fees (IDF) and Railway Development Levy (RDL) on donors drugs meant for hemophilia and other life threatening conditions.

MIN. NO.NA/DC.H/2019/76

ADJOURNMENT

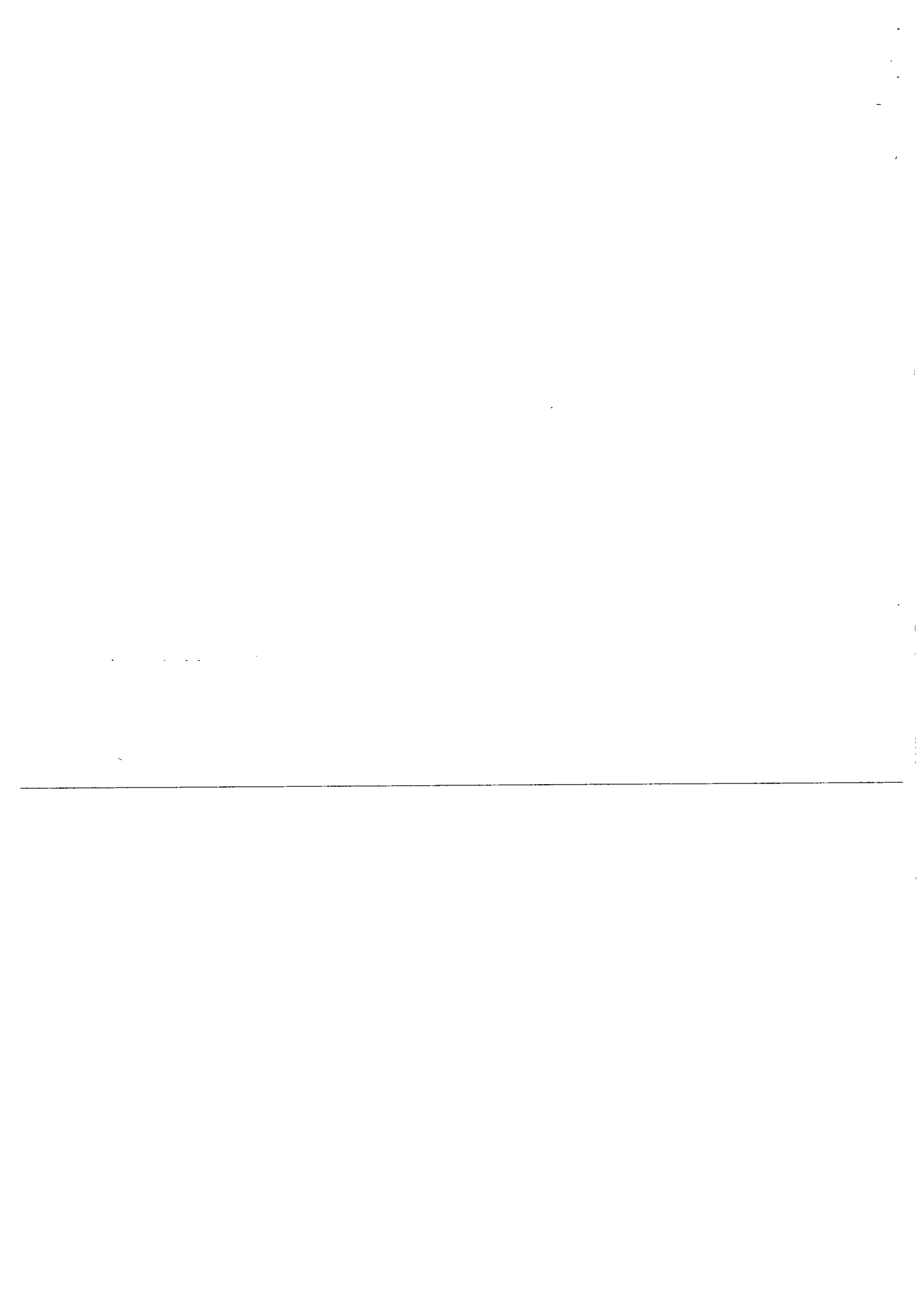
There being no other business, the meeting adjourned at 12.48 pm. Next Sitting would be on Thursday, 19th September, 2019.

Sign.....


(Chairperson)

Date.....

19/09/2019



MINUTES OF THE THIRTY FIFTH (35TH) SITTING OF THE DEPARTMENTAL COMMITTEE ON HEALTH HELD IN THE SMALL BOARDROOM, 9TH FLOOR, HARAMBEE SACCO PLAZA, PARLIAMENT BUILDINGS ON THURSDAY 1ST AUGUST 2019 AT 10.00 A.M.

PRESENT

1. Hon. (Dr.) Swarup Ranjan Mishra, MP – Vice Chairperson
2. Hon. Martin Peters Owino, MP
3. Hon. (Dr.) Eseli Simiyu, MP
4. Hon. (Dr.) James Kipkosgei Murgor, MP
5. Hon. (Dr.) Mohamed Dahir Duale, MP
6. Hon. Patrick Munene Ntwiga, MP
7. Hon. Zachary Kwenya Thuku, MP

ABSENT WITH APOLOGY

1. Hon. Sabina Chege , MP - Chairperson
2. Hon. (Dr.) James Nyikal, MP
3. Hon. Kipsengeret Koros, MP
4. Hon. David Ochieng' MP
5. Hon. Stephen Mule, MP
6. Hon. Tongoyo Gabriel Koshal, MP
7. Hon. Mercy Wanjiku Gakuya, MP
8. Hon. Esther M. Passaris, MP

ABSENT

1. Hon. Gladwell Jesire Cheruiyot, MP
2. Hon. Alfred Agoi Masadia, MP
3. Hon. Muriuki Njagagua, MP
4. Hon. Prof. Mohamud Sheikh Mohamed, MP

IN ATTENDANCE

NATIONAL ASSEMBLY SECRETARIAT

1. Mr. Victor Weke - Clerk Assistant I
2. Mr. Hassan Odhowa - Principal Research Officer II

PETITIONERS

1. Ms. Carol Ajwang' Orend' - Petition on mental health issues and the need for more counsellors in public facilities
2. Hon. David Ole Sankok, MP- Petition on management of hemophilia
3. Dr. Kibet Shikuku
4. Mr. Carlos Maube Odera
5. Mr. James Kago

MINISTRY OF HEALTH

1. Dr. Peter Hayombe - Health Summit Consultant
2. Ms. Mary Achieng' - Health Summit Consultant

MIN. NO.NA/C.H/2019/136:

PRELIMINARIES

The Vice-chairperson called the meeting to order at 10.12 am and said a prayer, followed by a round of introductions.

MIN. NO. NA/DC.H/2019/137:

ADOPTION OF AGENDA

The agenda of the meeting was adopted as hereunder after being proposed by Hon. Martin Peters Owino, MP and seconded by Hon. Patrick Munene, MP.

AGENDA

1. Prayers
2. Adoption of the Agenda
3. **Confirmation of the Minutes**
4. Substantive Agenda:
 - i) Meeting with Ms. Caroline Orenge' regarding petition on mental health issues and the need for more counsellors in public facilities
 - ii) Meeting with Hon. David Ole Sankok, MP regarding petition on hemophilia and other bleeding disorders among patients in Kenya
 - iii) Meeting with consultants from the Ministry of Health on the upcoming Health Summit
5. Any Other Business
6. Date of the Next sitting

MIN. NO.NA/DC.H/2019/138:

CONFIRMATION OF MINUTES OF PREVIOUS SITTING

Minutes of the 34th sitting held on 30th July, 2019 were confirmed as a true record of the proceedings after being proposed by Hon. (Dr.) James Murgor, MP and seconded by Hon. (Dr.) Eseli Simiyu, MP.

There were no matters arising.

MIN. NO.NA/DC.H/2019/139:

MEETING WITH MS. CAROLINE ORENGE' ON PETITION ON MENTAL HEALTH ISSUES AND THE NEED FOR MORE COUNSELLORS IN PUBLIC FACILITIES

Ms. Caroline Orenge' submitted that her petition was driven by the fact that the country had of late witnessed an increase in murders and challenges attributable to mental health issues. As a practicing counselling psychologist, she had seen various patients admitted to hospital, but whose ailments were a direct consequence of mental health issues.

Her petition had the following prayers;

- i) There be a sensitization of the community of signs and symptoms of mental health to help the society aware when to take action to avoid misfortunes. Just the way it was done in HIV/AIDS, maternal health, polio, etc.;
- ii) Grading of counsellors and give them job groups so that they can be employed in government facilities and help those who can't afford private institutions;

- iii) Detachment of counseling from guidance and counselor teachers and make it a department of its own so that the teachers can concentrate in academics and counselors to concentrate on the child's mental health fully;
- iv) Have counselors attached to psychiatrics so that as a patient is taking medication, a counselor is carrying out therapies to minimize relapse and reduce pill taking;
- v) Involve community psychology programs of child guidance; halfway houses; programs for the rehabilitation of alcoholics and drug addicts, help youth adjust with concerns of planning career and young adulthood, help adjustment in middle age crisis and old age crisis;
- vi) Make sure that all work places have a psychologist on the ground to help staff cope with workload, office politics, help approach problems with active attitude so that they can channel anxiety into useful effort instead of carrying it home and pouring out on their spouses and children;
- vii) Guidance in children's court to include pro-bono services from lawyers and psychologists in order to help rehabilitate child offenders without necessarily subjecting them to a jail term.

MIN. NO.NA/DC.H/2019/140:

MEETING WITH HON. DAVID OLE
SANKOK AND OTHERS ON
HEMOPHILIA AND OTHER BLEEDING
DISORDERS AMONG PATIENTS IN
KENYA

Hon. David Ole Sankok led his other petitioners in making a case for their petition. He submitted that patients with hemophilia suffered substantially reduced quality of life on account of frequent bleeding episodes and disorders most of which are life threatening.

Dr. Kibet submitted that hemophilia was congenital but could also be acquired. Patients lacked some protein, X-chromosome, which affected clotting of blood, leaving patients with the risk of bleeding to death. The disease mainly affected men.

Prevalence stood at 1 out of 10,000 individuals, with approximately 5,000 affected. The Association of Hemophilia patients in Kenya had managed to reach 700 of them.

Necessary drugs had not been classified by the Ministry in its essential drugs list and was thus not procured by KEMSA. The medication was expensive, at about Kshs. 30 per unit, with a patient needing about 3,500 units. Local patients therefore depended majorly on donations from an international donor. The donor however faced challenges of clearance of these donations by customs, who demanded taxes.

The petitioners prayed that the Committee;

- i) Recommends the recognition of clotting factor concentrates as part of hemophilia's treatment and facilitates their availability in the Kenyan market;
- ii) Recommends to the Ministry of Health the establishment of more treatment centres, the improvement of diagnostic capacity, the facilitation of training of health care workers, the review of medical-training curriculum to include hemophilia and other bleeding disorders management and care in all medical training institutions, and funding support to aid in creation and facilitation to hemophilia disease awareness;
- iii) Recommends the recognition of hemophilia as a disabling condition to enable the recognition of hemophilia patients with the National Council of Persons with Disability and support the coverage of the condition by the NHIF.

The Committee resolved to engage with the Ministry of Health on the various issues raised in the two petitions before making its recommendations.

MIN. NO.NA/DC.H/2019/141:

MEETING WITH CONSULTANTS ON
THE HEALTH SUMMIT

The secretariat briefed the Committee of progress so far made by the technical committee hosted at Afya House in preparation for the summit. The summit would be preceded by a pre-summit on Wednesday 7th August, 2019, before the summit scheduled for 14th & 15th August, 2019, at the Safari Park Hotel.

Dr. Hayombe informed the Committee that his brief was to meet with various stakeholders to understand their views on the various issues at hand, before the summit.

The Committee provided the background to the summit, especially the fact that it is they who called for the summit to sort out various issues threatening provision of health services in the country, including devolution, a failed referral system, human resources, health financing, leadership and governance. The Committee would meet on Tuesday 6th August, 2019 to adopt its position paper for presentation before the pre-summit.

MIN. NO.NA/DC.H/2019/142:

ADJOURNMENT

There being no other business, the meeting adjourned at 12.35 pm. Next Sitting would be on Tuesday, 6th August, 2019 at 9.30 am.

Sign..... Date.....

(Chairperson)

REPUBLIC OF KENYA



THE NATIONAL ASSEMBLY (THIRD SESSION)

CONVEYANCE OF PUBLIC PETITION

(No. 59 of 2019)

**REGARDING MENTAL HEALTH ISSUES AND THE NEED FOR
MORE COUNSELLORS IN PUBLIC FACILITIES**

Honourable Members, Standing Order 225(2) (b) requires the Speaker to report to the House any Petition, other than those presented by a Member. I therefore wish to report to the House that my office has received a Petition, submitted by Ms. Caroline Ajwang Oreng', a counseling psychologist from Kisumu.

The Petitioner makes reference to the Mental Health Act which provides for the care, management and control of persons suffering from mental health illness. The petitioner is concerned about the increase in mental health issues that are manifested in society through murder, suicide, rape, drug abuse, and other delinquent misconduct.

Honourable Members, the petitioner claims these social misconducts originate in our schools and homes and proposes that

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mental health care should be introduced at the formative stage of an individual to ensure that the mental health of upcoming generations are taken care of. The petitioner further avers that there is a section of the general public facing mental health issues and lack the financial capability to visit a private institution to receive the appropriate medical attention.

Honourable Members, the petitioner prays that the National Assembly intervenes to ensure an increase in the number of counsellors in Government institutions to provide care to citizens who cannot afford to pay for the services offered by private institutions, employment of professional counselors in schools instead of having guidance and counseling teachers so that the counselors can fully concentrate on children's mental health and introduce counseling for child offenders without necessarily subjecting them to jail terms.

Honourable Members, pursuant to the provisions of Standing Order 227, this Petition therefore stands committed to the Departmental Committee on Health. The Committee is requested to consider the Petition and report its findings to the House and the petitioner in accordance with Standing Order 227(2).

I thank you!



THE HON. JUSTIN B.N. MUTURI, EGH, MP
SPEAKER OF THE NATIONAL ASSEMBLY

20/6/2019
