



Compilation of submissions on mental health during the COVID - 19 pandemic

By the CSO Stakeholders' Forum on Mental Health –
Convened by the Kenya National Commission on Human Rights

To the Senate *ad hoc* Committee on COVID-19

Introduction

The COVID-19 virus was first detected in Wuhan, China and reported to the World Health Organization (WHO) on 31st December 2019.¹ The virus rapidly spread to other parts of the world, culminating to the World Health

¹ World Health Organisation 'Rolling updates on Coronavirus Disease (COVID-19) <<https://www.who.int/emergencies/diseases/novel-coronavirus-2019/events-as-they-happen>> (accessed 6 April 2020)

Organisation (WHO) declaring the outbreak as a ‘pandemic’ on 11th March 2020. The COVID-19 pandemic is impacting all spheres of life and generating stress throughout the population. The challenges and recommendations presented in this memorandum have been developed by a network of Civil Society Organisations that work on mental health in Kenya,² convened by the Kenya National Commission on Human Rights.³ This memorandum examines the impacts of COVID-19 on mental health in the Kenyan context and makes recommendations to ensure that mental health is a critical part of the government’s response to COVID-19.

1. Holistic approach to mental health

Challenge: Currently, the focus on mental health in the light of COVID-19 is fragmented and not holistic.

Background information: In the light of COVID-19, it is critical to have a wholesome approach to mental health that is rights-based. In particular, it is important to respond to the mental health needs of five categories of people.

- a) Persons being treated for COVID-19 and their families. The pandemic has sparked a rise in stigma and discrimination against people who have the virus; people from countries where the virus originated or are considered hot zones; people who have travelled outside Kenya recently; or even those who it is believed have come in contact with someone who has the virus. Persons suspected of having COVID 19 and their families also experience heightened stress while waiting for their test results (not to mention the risk of children being separated from their guardians where these caregivers are in quarantine). In addition, positive results can be anxiety provoking; all of which impact mental health.
- b) Frontline providers of care/medics. In addition to dealing with the possibility of becoming infected with the virus, which is in itself anxiety provoking, people who work in health care may also feel

² Contributing organisations include: Africa Mental Health Research and Training Foundation; Alzheimer’s and Dementia Organisation – Kenya; BasicNeeds – Kenya; Calmind Foundation; Centre for Mental Health and Wellness in Kenya; Health Rights Advocacy Forum; Jinsiangu Transgender Kenya; Kenya Association for the Intellectually Handicapped; Tunawiri CBO; Ulemavu Research Institute; Users and Survivors of Psychiatry – Kenya; Validity Foundation; Watu Health Innovation Summit Foundation Africa; Consortium of KAIH, African Institute for Children; Studies and Kamili Mental Health Organisation. Individuals include: Ms. Loise Machira; and a group of Mental Health Advocates represented by their contact person, Ms. Charity Muturi.

³ The Kenya National Commission on Human Rights (“KNCHR” or “National Commission”) is an independent National Human Rights Institution established under Article 59 of the Constitution with a broad mandate to promote a culture of respect of human rights in the Republic of Kenya. The operations of the National Human Rights Commission are guided by the United Nations Paris Principles on the establishment and functioning of Independent National Human Rights Institutions commonly referred to as the Paris Principles.

stigmatized, because the community may assume they must have the virus.

- c) Persons with pre-existing mental health conditions and chronic illnesses, both communicable and non-communicable, who are likely to experience even more heightened anxiety in this situation,⁴ as well as affected in a myriad of others ways as explained in more details in this memorandum.
- d) People who are usually marginalised in society, and are therefore made especially vulnerable by the crisis. These may include older persons; people with disabilities (especially those who require a high level of support); women; intersex, transgender and gender non-conforming persons; refugees and those falling under the category of 'urban poor'. These categories tend to face a variety of barriers as they endeavour to access necessary services and amenities, including health care.
- e) The general population. In this regard, anxiety rates may go up due to COVID-19 pandemic effects including isolation, toxic home environments, economic challenges affecting resources for health care among others. In addition, there is a high risk of individuals getting into the habit of using/misusing/abusing substances during the pandemic as many peoples' day-to-day routines have been disorganized.

Proposed solutions

- a) Quantify the needs, that is to say, clarity regarding what it will take to offer psychosocial support for the different categories of groups identified above, and mapping out current providers, that is who is currently doing what (Department of Mental Health, Red Cross, Civil Society Organisations), and how a more coordinated response can be established, including considering budgetary implications.
- b) Managing stigma and prejudice in messaging on COVID-19 through appropriate communication to the public the pandemic.
- c) Providing specific psychosocial support for persons awaiting COVID-19 results; as well as tailored support for persons who have tested positive for COVID-19 and their families.
- d) Ensuring that the conditions of individuals while under quarantine do not subject them to further unnecessary stress. In addition, orient all responders, including nurses, ambulance drivers,

⁴ When epidemics arise, people with mental health disorders are generally more susceptible to infections, See: O O Seminog & MJ Goldacre 'Risk of pneumonia and pneumococcal disease in people with severe mental illness: English record linkage studies' *MJ Thorax* (2013) 68: 171-176 <<https://thorax.bmj.com/content/thoraxjnl/68/2/171.full.pdf>> (accessed 6 April 2020)

security personnel, volunteers, case identifiers, teachers and community leaders and workers in quarantine sites, on how to provide basic emotional and practical support to affected people using psychological first aid.⁵

- e) Briefing and debriefing sessions for frontline providers of care/medics (in this regard, it is also critical to have supervision/debriefing for those doing the debriefing to prevent burnout. In addition, partner inexperienced workers with their more experienced colleagues. The buddy system helps to provide support, monitor stress and reinforce safety procedures.⁶ Provide mental health psychosocial support for frontline workers on a need basis.
- f) Noting that health care professionals have been victims of the virus while in the line of duty, it is critical to set up a special insurance package to cover them in the event they contract COVID-19.
- g) Non-discrimination in the provision of mental health services to those who are usually marginalised in society and continuing education to health care providers about these categories. For instance, intersex, transgender and gender non-conforming persons should be able to access services without facing prejudice based on gender identity and/or expression, especially in cases where a person's appearance or presentation does not match their identification documents.
- h) Constant advocacy and positive awareness messages on how persons can take care of their mental health during the COVID-19 pandemic, including encouraging online connection, considering that social distancing is associated with increased mental health challenges. Publicize the Ministry of Health & Red Cross psychosocial support number (1199).
- i) Most interventions in this paper focus on persons with pre-existing mental health conditions, people who are usually marginalised in society and the general population. The bottom-line is to ensure that mental health support resources are equitably shared between COVID-19 patients and families directly, while not neglecting patients with pre-existing conditions.

2. Access to information

Challenges: There are barriers in accessing information on COVID-19 in accessible formats by all such as sign language, Braille, Easy Read; and also,

⁵ World Health Organisation 'Mental Health and Psychosocial Considerations During the COVID-19 Outbreak' 18 March 2020

⁶ World Health Organisation 'Mental Health and Psychosocial Considerations During the COVID-19 Outbreak' 18 March 2020

barriers in accessing information about mental health services and in members of the public being able to communicate with the Ministry of Health

Background information: Currently, there are barriers in accessing information on COVID-19, particularly by people in psychiatric units, and by people with intellectual disabilities who require information in easy to understand formats, people with dementia and children.

Additionally, among the Deaf community (who also have mental health needs like everyone else), there are complaints that media houses zoom in on the State Official giving the daily briefings and not the interpreter and therefore access to information is hampered, even though there is usually a sign language interpreter at the daily briefings. Information, for example about curfews, is not always in accessible formats, especially for individuals with intellectual disabilities. This time may also be very challenging for children and adolescents, some of whom might not understand the reasons for school closures and the cancellation of extracurricular activities. In addition, they are likely to be bombarded with information through social media and from their friends that can cause anxiety and alarm.

Proposed solutions

- a) Information about COVID-19 should be presented in ways that are accessible to all. This means providing information in plain language/easy to understand formats, ensuring that Deaf persons can receive information on COVID-19 on an equal basis with others and providing information in culturally sensitive child friendly formats⁷. This may also entail providing education for parents on how to talk to their children about COVID-19 and its impacts. For persons who are Deaf, in lieu of sign language interpreters, COVID-19 adverts must include captions/ subtitles to communicate spoken text to hearing impaired viewers. Additionally, the messaging on the virus should also be in local languages where possible and local media outlets should be used to disseminate the messages as a matter of urgency.
- b) Publicize the Ministry of Health & Red Cross psychosocial support number (1199). The hotline should be manned by trained individuals to prevent re-traumatization. Additionally, connect all available CSO hotlines to the national line for consistency and data collection. This will assist in creating a database on mental health information that will be used in planning and improvement of service delivery.
- c) Provide emergency contacts for national and county public facilities that provide mental health services. Contacts for general inquiries should also be provided, and all these contacts should be publicized on national media (including vernacular stations).

⁷ For children with or without hearing impairment, visual information is most preferable and accessible. The adverts, videos or animations must have captions.

- d) Publicize availability and access of private patients services including tele-conferencing through the Ministry of Health/ Kenya Psychiatrists Association/ Kenya Medical Practitioners and Dentists Board as some persons with mental health conditions access doctors through hospitals, not clinics.
- e) Ensure there is oversight of the media when reporting about Covid-19 to avoid over-sensationalized reporting.
- f) For people with mental health conditions who are in psychiatric units/institutions, ensure non-alarmist information about COVID-19. In the light of banning hospital visits, provide alternative ways to enable them to keep in touch with their friends and families.
- g) Disclosure of information relating to a patient's health status, treatment or stay in a health facility must not be actively disclosed unless with the express and informed consent of the patients as to the nature of exposure. This is in line with section 11 of the Health Act (No. 21 of 2017) as well as the Access to Information Act. We recommend that the proposed Rules be amended to include a separate paragraph that expressly forbids any person, whether a medical health worker or occupier of building from disclosing the status of COVID-positive patients. This will ensure that persons who test positive and their families are safeguarded against stigma and discrimination based on their health status which would claw back on efforts towards containment of spread of the disease. Towards this end, we suggest the borrowing of similar provisions with regard to privacy and disclosure of information contained in the HIV and AIDS Prevention and Control Act (No. 14 of 2006). More sensitisation will however need to be undertaken by the Ministry and other stakeholders at a community level to de-stigmatise the Covid-19 disease.

3. Continuity of care

Challenges: Access to the whole range of health care services, including mental health care has been compromised by the COVID-19 pandemic.⁸

Background information: As the government shifts focus to containing the spread of COVID-19, resources are being drawn away from other health conditions. In this regard, some drugs have already run out at public and private facilities, owing to reduced global supply and panic buying. It is noteworthy that for people with mental health conditions, adjustment to new mental health drugs has difficulties, takes time and risks re-lapses. Additionally, patients who require to attend regular outpatient visits for

⁸ A Chepkoech 'High risk patients have it rough in COVID-19 war' *Daily Nation* 4 April 2020 <<https://www.nation.co.ke/news/High-risk-patients-have-it-rough-in-Covid-19-war/1056-5513694-2yhtff/index.html>> (accessed 6 April 2020)

evaluations and renewal of prescriptions are hugely affected by the movement limitations and any potential lockdowns.

Proposed solutions

- a) Step up efforts to develop a wide range of community-based services, in the light of the fact that mental health institutions may issue a moratorium on new admissions. People with mental health conditions and their families should have access to options in terms of provision of mental health care, particularly when the mental health facilities decline to take up new cases. (Community-based health care is discussed in more details below).
- b) Prioritise scheduling of appointments for patients based on mental health status (i.e on a non-discriminatory basis) to ensure continuity of care during the COVID-19 pandemic.
- c) Guarantee voluntary access to drugs to those with pre-existing conditions (including psychiatric drugs, anti-convulsant drugs and drugs provided at Methadone Clinics) from the national level down to the community level during the COVID-19 outbreak. The country's Essential Drug List should prioritize mental health drugs and ensure availability of all varieties and quantities. These drugs should be easily made accessible from the national level to the community level.
- d) Improve and monitor availability and access to drugs in both public and private facilities through Kenya Medical Supplies Authority (KEMSA) and Kenya Pharmacy and Poisons Board (KPBD) nationally and in counties. Additionally there should be accountability and transparency mechanisms put in place to ensure the drugs have been distributed to the various health facilities.
- e) Provision of funds to enable outpatient National Health Insurance Fund (NHIF) packages, for all mental health patients to allow the use of the NHIF card in all hospitals. This is in order to prevent discrimination by health insurance systems towards persons with Mental, Neurological and Substance Use Disorders from accessing health insurance policies especially during this difficult period. Mental Health is an integral part of health and should be equally prioritized.
- f) Ensure continued access to support for people experiencing distress or mental health crisis during the COVID-19 outbreak, including through the creation of a national hotline by the ministry of health and online psychosocial support and peer support, based on respect for individual will and preferences.

4. Preventive measures in psychiatric units and institutions

Challenges: Persons in psychiatric units and institutions may have difficulty in adhering to the safety measures that are recommended for protection against COVID-19, including social distancing and increased hygiene. This makes these facilities high-risk zones for the spread of the infection.

Proposed solutions

- a) Urgently implement sanitary and preventive measures to avoid infections in psychiatric units and institutions including environmental cleaning and disinfection, air circulation, regular hand hygiene and free access to sanitary supplies such as soap, hand sanitizer, toilet paper, and paper towels. This is a concern for all places of detention generally, including prisons. It is also a concern for charitable children's institutions, many of which host children with disabilities. Accountability measures should be put in place in this regard, including monitoring these institutions.
- b) Provide protective wear for medical personnel within psychiatric units and institutions. It is critical that Kenya learns from the Wuhan Mental Health Centre in China where many staff and patients were infected with the virus.⁹

5. Persons with mental health conditions, intellectual disabilities and dementia coming in conflict with the law

Challenge: There are reports of persons with mental health conditions, intellectual disabilities and dementia being beaten by police for being out during curfew hours.

Background information: Persons with mental health conditions, intellectual disabilities and dementia may not always understand what terms such as 'curfew' means, or may not be able to adhere to the same as a result of their impairment. An example is a case reported in Kakamega of a mentally ill man reportedly beaten to death by police enforcing curfew.¹⁰

Proposed solutions

- a) Police officers should be sensitized about people living with conditions that may make it difficult for them to understand the current situation in the Country. In particular, police officers should be sensitized about

⁹ L You 'Coronavirus' Assault on Wuhan Mental Hospital Alarms Experts' *Sixth Tone* 13 February 2020 <<https://www.sixthtone.com/news/1005191/coronavirus-assault-on-wuhan-mental-hospital-alarms-experts>> (accessed 6 April 2020)

¹⁰ T Ndungu 'Mentally ill man 35, reportedly beaten to death by police enforcing curfew in Kakamega' *Citizen Digital* 2 April 2020 <<https://citizentv.co.ke/news/mentally-ill-man-35reportedly-beaten-to-death-by-police-enforcing-curfew-in-kakamega-328761/>> (accessed 6 April 2020)

persons with mental health conditions, intellectual disabilities and dementia to avoid wrongful arrests simply because a person may not be coherent or may not understand jargon.

- b) Provide information about curfews and other orders related to COVID-19 in easy to read and plain language.
- c) Engage family members and other support networks in the community in providing information on curfews and other orders related to COVID-19 and helping the identified vulnerable people to follow these orders.

6. Community-based mental health care

Challenges: Community-based mental health care is not always available or accessible in Kenya, and there is concern over existing outpatient services as well as methadone clinics being shut down. In addition, not all Community Health Workers are trained on mental health.

Background information: Families are under increased stress for many reasons during the COVID-19 pandemic. These include the isolation wrought by social distancing, uncertainty about the future, economic pressures owing to closure of businesses and loss of earnings, and inability to take breaks from caregiving owing to curfew restrictions and other measures put in place to address the outbreak. Additionally, people are being forced to be together for long periods of time within the household, which has the capacity to increase strain and tension in the family, including increasing gender based violence cases. Many people now find themselves without a daily routine, the effects of which are exacerbated for certain groups of people. For example, for many people with intellectual disabilities, this means their coping mechanisms and psychosocial supports have been stripped, and they now face considerable challenges at home which was mitigated by being able to go out and do things.

Proposed solutions

- a) Provide human resource and administration for nurses/Community Health Workers to call and visit persons with mental health conditions who are due for follow up clinics to assess status, advise on how to access drugs, etc. Additionally, community mental health care must be understood to mean and include both medical and social approaches, involving the medical workers, and also other crisis response teams such as local ward administrators and local community leaders.
- b) Propose mental health training of Community Health Workers to be able to create awareness on mental health during this pandemic as many of the healthcare workers are on the frontline of fighting the outbreak. Subsequently, use Community Health Workers to provide psychological first aid and deliver drugs to persons with mental health conditions at risk of immunosuppression including the elderly, children with comorbidities that include seizures and patients with epilepsy.

- c) Keep Methadone Clinics open or deliver drugs to specific pickup points closer to clients or their homes. Consider setting up a satellite clinic/s for several counties.
- d) The Ministry of Health should reach out to local media channels like radio to talk about the mental health state of citizens during this time. Many people may not have smart phones or TVs but many listen to their local radio channels. Encouraging messages during this time of crisis, as well as messages that engage people to think about how they are feeling and to channel their thoughts into positive action are especially critical. It is also important to ensure that media reporting on the pandemic is not exaggerated to cause unnecessary alarm.
- e) The Department of Mental Health should amplify mental health education at this time. Topics could focus on gender based violence, conflict resolution, sensitization campaigns of what supporting each other within the family looks like in action and positive parenting during high stress periods. Other topics could sensitise religious leaders to promote peace and cohesion messaging for families towards improving mental wellbeing and reducing stress and toxicity in homes which is leading to increased anxiety, mental health issues and domestic violence.

7. Enhanced social protection measures

Challenges: Generally, persons with mental health conditions are poorer than the average population, given difficulties finding and maintaining jobs especially in the light of negative attitudes towards people with mental health conditions. Their families may also earn less as a result of time used up in the care-taking role. This heightens their need for economic support during the COVID-19 pandemic.

Background information: People who are usually marginalised in society and their families (including older persons; people with disabilities (especially those who require a high level of support); women; intersex, transgender and gender non-conforming persons; refugees and those falling under the category of 'urban poor') are over-represented in the categories of 'unemployed' or 'low-income earners working in the informal sector and dependent on daily wages', and have been especially hard hit by COVID-19 in economic terms. Consequently, most of them are unable to practice social distancing because they still have to work outside their homes on a daily basis. Some have no source of income due to unemployment or sudden loss of income because the nature of their work does not allow them to work from home. Thus, they are unable to sustain themselves during this period including not having the agency to stock up on essentials such as food, toiletries and medicine, and pay bills. Persons with disabilities also have

additional costs, for example related to medication or adult diapers that heighten the need for social protection programmes targeting this group. Notably, lack of medication and sufficient nutrition increases susceptibility to COVID-19 owing to low immunity.

Proposed solutions

- a) Ensure persons with psychosocial disabilities are not discriminated against in accessing the temporary measures implemented by governments to provide economic support during the COVID-19 outbreak, including social protection programs. Many are not registered as persons with disabilities, and this may be a challenge.
- b) Provide resources to assess and provide essential supplies for vulnerable persons with mental conditions and principal caregivers that are not registered under the social security system through Ministry of Health, local administration, reputable religious organisations and *nyumba kumi* for all developmental, intellectual, psychosocial, neurological, substance use disorders/conditions/disabilities through the COVID-Emergency Response Fund.
- c) Consider a waiver on the costs incurred in case a person with a disability or their care-giver is quarantined.

8. Involvement of organisations of people with disabilities in the fight against Coronavirus.

Challenges: Solutions being developed that address disability-related concerns without the engagement of persons with disabilities and their representative organisations.

Proposed solutions

- a) Consult and actively involve persons with disabilities and their representative organizations (including persons with mental health conditions) in the State response to the COVID-19 outbreak.
- b) Involve persons with disabilities and their representative organizations in the independent monitoring of institutional settings, including psychiatric facilities.

Conclusion

Many of the proposals made above can be undertaken within the current legal and policy structures. Additionally, it may be important for specific legal instruments to be approved to deal with aspects that may be novel. We call upon the concerned ministries to urgently address the issues raised in this memorandum.

List of contributing organisations and individuals

National Human Rights Institution

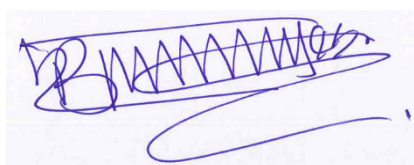
1. Kenya National Commission on Human Rights

Civil Society Organisations

2. Africa Mental Health Foundation
3. Alzheimer's and Dementia Organisation - Kenya
4. BasicNeeds - Kenya
5. Calmind Foundation
6. Centre for Mental Health and Wellness in Kenya
7. Health Rights Advocacy Forum
8. Jinsiangu Transgender Kenya
9. Kenya Association for the Intellectually Handicapped
10. Tunawiri CBO
11. Ulemavu Research Institute
12. Users and Survivors of Psychiatry - Kenya
13. Validity Foundation
14. Watu Health Innovation Summit Foundation Africa
15. Consortium of KAIH, African Institute for Children Studies and Kamili Mental Health Organisation

Individuals

16. Ms. Loise Machira
17. Mental Health Advocates (contact person: Ms. Charity Muturi)

A handwritten signature in blue ink, appearing to read 'Bernard Mogesa', written over a horizontal line.

Dr. Bernard Mogesa (PHD, CPM)

COMMISSION SECRETARY

KENYA NATIONAL COMMISSION ON HUMAN RIGHTS