

# PARLIAMENT OF KENYA

## THE SENATE

## THE HANSARD

Tuesday, 11<sup>th</sup> June, 2019

*The House met at the Senate Chamber,  
Parliament Buildings, at 2.30 p.m.*

*[The Speaker (Hon. Lusaka) in the Chair]*

### PRAYER

### COMMUNICATION FROM THE CHAIR

#### ADHERENCE TO STANDING ORDERS IN PROCESSING OF STATEMENTS

**The Speaker** (Hon. Lusaka): Hon. Senators, as you are aware, the orders for Statements provide a mechanism through which Senators may raise pertinent issues affecting their respective constituents or to bring to fore concerns that the Senate may need to address through legislation or a change in Government policy.

You will recall that in August 2018, the Standing Orders were reviewed to make the processing of Statements efficient and effective while still affording Senators the opportunity to undertake their respective and oversight roles.

Hon Senators, the Standing Orders that relate to Statements include-

- (1) Senators' General Statements at Standing Order No.47 (1);
- (2) Senators' Request for Statements at Standing Order No.48 (1);
- (3) Statements by Committee Chairpersons at Standing Order No.51 (1) (a) (b).

Other Standing Orders relating to Statements are Standing Orders Nos.52 and 53 on Statements by either the Senate Majority Leader or the Senate Minority Leader and Personal Statements respectively.

The above mentioned provisions of the Standing Orders detail the process and timelines of processing statements. Specifically, Standing Orders Nos.47(1) and 48(1) require all statements to be submitted to the Office of the Clerk of the Senate at least three hours and 24 hours respectively before the Senate meets. These timelines are necessary for the internal review and approval mechanisms to take effect within the meaning of Standing Order No.49(1) and (2).

Hon Senators, despite the above provisions, over the last few weeks, I have received a number of Statements most of which fall within the purview of Standing Orders Nos.47 and 48 submitted outside the required timelines. Actually, some of them

have been submitted for approval at the Chair while the sitting is on-going. You will agree with me that late submission of Statements leaves me with very limited time to review and make a considered determination pursuant to Standing Order No.49(2) thereby compromising the accuracy and clarity of the matters that require to be addressed and the referral to relevant committees of the Senate for consideration.

Moving forward, I wish to advise hon. Senators to adhere strictly to the provisions relating to Statements. As your presiding officer, I will not approve any Statement that does not satisfy the stated timelines and the provisions of Standing Order No.49. Please, be guided accordingly.

I thank you.

What is your point of order, Sen. Wetangula?

**Sen. Wetangula:** On a point of order, Mr. Speaker, Sir. You are dead right in strict compliance with the Standing Orders. However, in practical terms, it is very difficult. There are certain issues and happenings that will be so important but may not fall within the framework of the Standing Orders as you read them. That is why you exercise your discretion under Standing Order No.1.

If one of us was assaulted by goons at the gate while coming here five minutes to time and we will require to raise a statement on the Floor of the House for the protection of Members, then the times lines have to be vacated and waived for the better management of the House. We agree with you that, for example, if a Member is raising a point of order or a statement on a matter that happened in our counties a week or a month ago, we have sufficient time to come to you through the Office of the Clerk of the Senate in good time.

Mr. Speaker, Sir, it is good to give us a rider that there will be exceptional circumstances that will require flexibility for the better management of the House and the affairs of state. Otherwise, if we become too strict, the law becomes an ass and we do not want to go in that direction.

I thank you.

**The Speaker** (Hon. Lusaka): I will use Standing Order No.1 when it is extremely necessary. However, it has become necessary to issue that directive because the requests to the Chair, even while the sitting, are becoming too many thus not giving me adequate time to comprehend what the Statement is all about. Let us try our level best to adhere to the Standing Orders. While exercising my discretion, I will consider what is extremely necessary as and when it arises.

**Sen. (Eng.) Maina:** Mr. Speaker, Sir, I rise to support Sen. Wetangula. I wish to underline my support for his sentiments. There should be no rule in this House which binds you as the Chair to any particular kind of horse-riding approach. I am glad to hear that you will exercise your discretion.

**Sen. Malalah:** Mr. Speaker, Sir, as much as I agree with your direction, I would like to raise an issue on the replies to statements. Most of the statements are not replied in good time. How I wish you devised a mechanism to look into this issue because we have raised a number of issues on the Floor of this House to which we have not received any replies. As much as you are giving direction on how the statements should be transacted,

you should also look into the issues on how the chairpersons of the respective committees reply in good time.

**The Speaker** (Hon. Lusaka): I hope the Chairperson of the committees have heard that.

Kindly proceed, Sen. Linturi. Your name has been appearing on my screen since we began the sitting. Is it by default?

**Sen. Linturi:** Mr. Speaker, Sir, it must be by default. I apologize.

**The Speaker** (Hon. Lusaka): Kindly, proceed, Sen. Cherargei.

**Sen. Cherargei:** Mr. Speaker, Sir, I agree that the direction you gave was necessary considering that there are many issues. However, in terms of reply, we still need to stick to the timelines because some of the Government agencies and the people that are supposed to get back to the chairpersons need adequate time to consult. By the time we are engaging the Senator concerned on a statement that had been sought, it should be adequate.

Secondly, I agree with my colleagues that you should create exceptional circumstances because some of the things are urgent and important. I therefore agree with my colleagues that in your direction, you should give us exemption because some issues are matters of life and death that must come to your attention at an appropriate time.

Mr. Speaker, Sir, thirdly, I have noticed that the Statement Hour spills into the time meant for debate and other things that are before the House. I therefore agree with you that I hope this will ensure that we have an efficient Statement Hour that will allow us to discuss other things that are monumental and important to the Republic of Kenya.

I thank you.

**Sen. Mutula Kilonzo Jnr.:** Mr. Speaker, Sir, before the Chairperson of the Committee on Energy, Roads and Transportation leaves, I would like to state that I am a victim of one of the people who approached you recently about the Kiboko oil spillage, and I came to the Chair. If I violated some rules, I must apologize. However, it was an emergency. The emergency has already been responded to. Therefore, the point raised by Sen. Wetangula is valid that some exemption should be made. Where a statement like that one has a comprehensive response, for purposes of consumption, the pipeline cost the country Kshs51 billion yet it is leaking and rusting. This is something that must come here for debate and discussion.

**Sen. Wamatangi:** Mr. Speaker, Sir, without repeating what my colleagues have said, one of the considerations that I believe through my experience in this House is necessary for me to make is, I absolutely agree with you and I am not opposed to the changes that were made to the Standing Orders. If we compare the relevance of discussions in this House when we are discussing Bills, Motions and Statements which are on the Floor, Statement Time is when Members of this House can be relevant to the on-goings out there.

Most of the discussions that we hold here on the other issues are largely for the purposes of legislative making. For the day-to-day matters that are on-going in our areas and the counties that we represent, are only raised properly and currently during statements. In future, I urge us to consider allowing some space whereby statements can be discussed. There would be some longevity of time for Members to be current.

Mr. Speaker, Sir, I have been suffering lately. I am the Chairperson of the Committee on Energy, Roads and Transportation. You will find that there is pile up by the time we send for statements, receive responses and discuss them on the Floor of this House. Most of them end up getting lost without having been heard. I believe that some latitude would require to be expanded in the future.

**Sen. Khaniri:** Mr. Speaker, Sir, to give a way forward on this matter so that you can consider that, I would like to start by saying that I agree with you fully. I am one of the people who have been advocating for strict adherence to the Standing Orders.

Mr. Speaker, Sir, just to give a little history, the issue of statements is a newly invented one after the 2013 General Election. Before that, in the unicameral Parliament, we had Question Time where Ministers would respond to Members' concerns. In the absence of Ministers in the House, we came up with statements to cover for that so that Members would get an avenue to raise issues concerning their constituents.

Even during that time when we had Question Time, there used to be two categories of questions: Ordinary Questions and Questions by Private Notice. So that we do not put the Chair on the spot to be taking these decisions, I want to propose that we amend the Standing Orders so that we come up with an equivalent of what we used to call Questions by Private Notice. This will ensure that when a Senator has an emergency, we do not have to follow Standing Order Nos. 47 and 48 or whatever. In place of that, we will come up with other provisions that Members can use to raise issues that may be of urgency rather than leave it to the discretion of the Chair.

Mr. Speaker, Sir, I submit.

**The Speaker** (Hon. Lusaka): Respond to that, Sen. Dullo.

**Sen. Dullo:** Thank you, Mr. Speaker, Sir. I wish to appreciate your directive. I know I am one of those notorious Members who normally brings last minute statements to your office or maybe even in the Chamber for you to approve. This is simply because of the emergencies that we sometimes get in our counties especially on matters touching on security. It is normally very important that we give it the urgent attention it requires.

I remember in the last Senate, we used to rely so much on the Order Paper. In instances where we did not have some matters on the Order Paper, statements used to rescue the situation; which has worked so well. I also appreciate the amendment to the Standing Orders. My concern is on the current procedures that are used by the chairpersons of committees in responding to statements. These statements also give a bit of profile to the relevant Senators especially when they address matters concerning their counties. When these matters take too long for the chairs to respond to, it becomes difficult and Members get a bit demoralised.

Mr. Speaker, Sir, as you have said, you have a discretion to look at a statement and determine whether it is urgent or not so that you can give direction on it. It is a learning process where we can adjust here and there so that it can help both the Members who are bringing the statements, the people we represent and also for the benefit of the Secretariat, so that they can do their work smoothly.

I support your directive.

**The Speaker** (Hon. Lusaka): Finally, we have Sen. (Eng.) Maina.

*(Sen. (Eng.) Maina stood up in his place)*

**The Speaker** (Hon. Lusaka): Sen. (Eng.) Maina, you had already spoken to the matter; unless you convince me that you have not done that.

**Sen. (Eng.) Maina:** Mr. Speaker, Sir, I am rising on a point of order. I wanted to add something after Sen. Mutula Kilonzo Jnr. spoke.

*(Laughter)*

**The Speaker** (Hon. Lusaka): It is not allowed since you have already spoken on the matter.

**Sen. (Eng.) Maina:** Mr. Speaker, Sir, he raised a matter touching on my Committee after I had spoken. I wanted to clarify something to this House so that we are together. Sen. Mutula Kilonzo Jnr. brought this matter and my Committee took it seriously; we visited the site. This morning, we had a discussion about it and on Thursday you are invited to a meeting where the Cabinet Secretary (CS) is invited so that you come and we join hands.

Therefore, he should not mention the issue of Kiboko as an example of one of those statements that have been put on the back burner. My Committee is active and is alert to the wishes and suffering of our people.

**The Speaker** (Hon. Lusaka): Hon. Senators, I have heard. As I ruled, I will use discretion. I know when something is urgent. As Sen. Khaniri has said, the Standing Orders are our document. If there are any amendments we want to make there is still room to do so in order to improve the way we carry out our business.

While also at that, we have been also taking a lot of time welcoming visitors who come here. I would like to advise so that in future we do not take a lot of time, I will be allowing the Senator from that particular area and maybe one or two Senators to welcome the visitors so that we make progress.

Let us move on to the next Order.

## MOTION

SITTINGS OF THE SENATE OUTSIDE  
PARLIAMENT BUILDINGS, NAIROBI

AWARE that the Senate of Kenya as established in the Constitution plays a critical role in the linkage of the devolved governments and the National Government by representing and serving the interests of the counties and their governments;

FURTHER AWARE that on 21st June, 2018, the Senate resolved to hold plenary and Committee sittings in Uasin Gishu County from 24th to 28<sup>th</sup> September, 2018, and further resolved that similar sittings be held in all regions of the country during the term of the current Parliament;

NOTING that the Senate held its first plenary and Committee sittings away from Nairobi in Uasin Gishu county from 24th -28th September, 2018 providing an opportunity for several sectors of society to directly engage with the legislative arm of government through public participation on various issues, as well as participate in oversight through inspection of various projects and programs of national and county governments;

COGNIZANT that holding the plenary and Committee sittings of the Senate away from the traditional premises at the Parliament Buildings in Nairobi has great potential to, among others–

(i) enhance the interaction between the Senate and county governments;

(ii) bring the Senate closer to the counties and the general public;

(iii) provide an opportunity to members and staff of county assemblies to learn and borrow best practices from the Senate;

(iv) promote the role and work of the Senate;

(v) highlight existing opportunities for people to get involved in the work of the Senate;

(vi) develop and strengthen capacity and partnerships at the county level; and

(vii) enhance public awareness regarding the Business of the Senate.

NOW THEREFORE, pursuant to Article 126 (1) of the Constitution and Standing Order 31(1) of the Senate, the Senate resolves that its plenary and committee sittings be held in Kitui County from 16th to 20th September, 2019.

**The Speaker** (Hon. Lusaka): Hon. Senators, this Motion is deferred to Thursday at the request of Sen. Wambua who is on official duties in Mombasa.

*(Motion deferred)*

Next Order.

### COMMITTEE OF THE WHOLE

*(Order for Committee read)*

*[The Speaker (Hon. Lusaka) left the Chair]*

IN THE COMMITTEE

*[The Temporary Chairperson (Sen. Nyamunga)  
in the Chair]*

THE TEA BILL (SENATE BILLS NO. 36 OF 2018)

*(Sen. Cheruiyot on 20.3.2019)*

*(Resumption of debate interrupted on 6.5.2019)*

*Clause 4*

**The Temporary Chairperson** (Sen. Nyamunga): Hon. Senators, Clause 4 has an amendment by Sen. Kang'ata but he is not around. At the same time, it has been brought to our notice that the same amendment he intended to make is already taken care of. I would like to confirm that from the Chair.

*(Sen. Cheruiyot consulted the Temporary Chairperson  
(Sen. Nyamunga))*

**The Temporary Chairperson** (Sen. Nyamunga): Hon. Senators, there is already confirmation by the Mover that the amendment is already taken care of. So, we drop that amendment.

*(Proposed amendment to Clause 4 by  
Sen. Kang'ata was dropped)*

THE TEA BILL (SENATE BILLS NO. 36 OF 2018)

**Sen. Cheruiyot:** Madam Temporary Chairperson, pursuant to Standing Order No.148, I beg to move that the Committee do report progress on its consideration of the Tea Bill (Senate Bill No.36 of 2018) and seek leave to sit again tomorrow.

**Sen. (Dr.) Milgo** seconded.

*(Question proposed)*

*(Question put and agreed to)*

**The Temporary Chairperson** (Sen. Nyamunga): Hon. Senators, let us move to the next Bill.

THE COUNTY GOVERNMENT (AMENDMENT)  
BILL (SENATE BILLS NO.11 OF 2017)

*(Consideration of National Assembly Amendments)*

*Clause 8*

**Sen. Kihika:** Madam Temporary Chairperson, I beg to move-

THAT, Clause 8 of the Bill be amended in the proposed amendment to section 25 in the new subsection (2) by deleting the words “and the county Gazette” appearing immediately after the words Kenya Gazette.

*(Question of the amendment proposed)*

**The Temporary Chairperson** (Sen. Nyamunga): Division will be at the end.

*Clause 11*

**Sen. Kihika:** Madam Temporary Chairperson, I beg to move-

THAT, Clause 11 of the Bill be amended in the proposed amendments to Section 31 by deleting the proposed new paragraph (a) and substituting therefor— “(a) may dismiss a county executive member, if the governor considers appropriate and shall give reasons for dismissal”

*((Question of the amendment proposed))*

**The Temporary Chairperson** (Sen. Nyamunga): Division will be at the end.

*Clause 15*

**Sen. Kihika:** Madam Temporary Chairperson, I beg to move-

THAT, the Bill be amended by deleting clause 15 and substituting therefor –

Amendment to Section 44  
of No.17 of 2012.

**15.** Section 44 the principal Act is amended by –

**A.** deleting subsection (2) and substituting therefor—

“(2) A person shall be qualified for appointment as a county secretary under subsection (1), if that person-

- (a) is a citizen of Kenya;
- (b) holds a degree from a university recognized in Kenya;
- (c) has at least ten years relevant professional experience;
- (d) has at least five years’ experience in a leadership position at senior management level in a public service or private sector organization; and



(e) meets the requirements of leadership and integrity as prescribed in Chapter Six of the Constitution.

**B.** inserting the following new subsections immediately after subsection (2)–

(2A) The Governor shall, for the purpose of competitive recruitment of a county secretary under subsection (2), constitute a selection panel.

(2B) The selection panel shall consist of the following persons –

(a) a chairperson, not being a public officer;

(b) one person from the private sector;

(c) an Advocate of the High Court of Kenya, who is a member of the Law Society of Kenya;

(d) an accountant who is a member of the Institute of Certified Public Accountants of Kenya; and

(e) one person from an association representing workers.

(2C) The provisions of section 58A shall, with such modification as shall be necessary apply to the recruitment of a county secretary.

(2D) Upon interviewing the applicants for the position of county secretary–

(i) the selection panel shall submit to the governor the names of two applicants who qualify for appointment as county secretary; and

(ii) the governor shall submit the name of one applicant to the county assembly for approval for appointment as county secretary by the governor.

(2E) The county secretary shall hold office for a term of five years and shall be eligible for re-appointment once.

(2F) The county secretary shall be an *ex officio* member of the County Executive Committee with no voting rights.

**C.** inserting the following new subsection immediately after subsection (3) –

(3A) The county secretary may be removed from office on the following grounds—

(a) inability to perform functions of the office arising out of physical or mental infirmity;

(b) incompetence;

(c) gross misconduct;

(d) bankruptcy; or

(e) violation of the Constitution.

(3B) Before removal under subsection (3A), the county secretary shall be informed, in writing, of the reasons for the intended removal, and shall be given an opportunity to put a defence against any such allegations, either in person or through a representative.

(3C) Subject to subsection (3A), (3B) and conditions of appointment, a county secretary may be dismissed by the governor.

*(Question of the amendment proposed)*

**The Temporary Chairperson** (Sen. Nyamunga): Division will be at the end.

THE COUNTY GOVERNMENT (AMENDMENT)  
BILL (SENATE BILLS NO.11 OF 2017)

**Sen. Kihika:** Madam Temporary Chairperson, pursuant to Standing Orders No.139, I beg to move that the Committee do report progress on its consideration of the County Government (Amendment) Bill (Senate Bills No.11 of 2017) and seek leave to sit again tomorrow.

**Sen. Cheruiyot** seconded.

*(Question proposed)*

*(Question put and agreed to)*

**The Temporary Chairperson** (Sen. Nyamunga): Let us move on to the next Bill.

THE RETIREMENT BENEFITS (DEPUTY PRESIDENT  
AND DESIGNATED STATE OFFICERS)  
(AMENDMENT) BILL (SENATE BILLS NO.2 OF 2018)

**The Temporary Chairperson** (Sen. Nyamunga): Sen. Olekina, the Mover of Order No.11 is not available. So, we will list it on another day.

*(Committee of the Whole deferred)*

Next Order.

THE CARE AND PROTECTION OF OLDER MEMBERS  
OF SOCIETY BILL (SENATE BILLS NO.17 OF 2018)

*Clause 3*

**Sen. (Dr.) Milgo:** Madam Temporary Chairperson, I beg to move-  
THAT, Clause 3 of the Bill be amended in paragraph (b) by inserting the word “dignity” immediately after the words “protect the status”.

*(Question of the amendment proposed)*

**The Temporary Chairperson** (Sen. Nyamunga): Division will be at the end.

*Clause 4*

**Sen. (Dr.) Milgo:** Madam Temporary Chairperson, I beg to move-  
THAT, Clause 4 of the Bill be amended in paragraph (b) by deleting the words “human being” appearing immediately after the words “of every” and substituting therefor the words “older member of society”.

*(Question of the amendment proposed)*

The Temporary Chairperson (Sen. Nyamunga): Division will be at the end.

*Clause 5*

**Sen. (Dr.) Milgo:** Madam Temporary Chairperson, I beg to move-  
THAT, the Bill be amended by deleting Clause 5 and substituting therefor the following clause-

Rights of Older

Members of Society

5. An older member of society has the right to enjoy the rights conferred under the Constitution and in particular shall not be unfairly denied the right to-

(a) participate in community life in a position appropriate to their interests and capabilities;

(b) participate in intergenerational programmes;

(c) establish and participate in associations of older members of society;

(d) participate in activities that enhance their income generating capacity;

(e) access opportunities that promote their optimal level of social, physical, mental and emotional wellbeing;

(f) fully participate in the affairs of the society;

(g) pursue their personal development;

(h) manage their own property;

(i) live in dignity and respect and be free from abuse; and

(j) receive reasonable care and assistance from their family and the State.

*(Question of the amendment proposed)*

**The Temporary Chairperson** (Sen. Nyamunga): Division will be at the end.

*Clause 6*

**Sen. (Dr.) Milgo:** Madam Temporary Chairperson, I beg to move-  
THAT Clause 6 of the Bill be amended in subclause (2) by inserting the word “periodic” immediately after the word “promote” appearing at the beginning of paragraph (c).

*(Question of the amendment proposed)*

**The Temporary Chairperson** (Sen. Nyamunga): Division will be at the end.

*Clauses 7-25*

*(Question that Clauses 7-25 be part of the Bill proposed)*

**The Temporary Chairperson** (Sen. Nyamunga): Division will be at the end.

*Clause 26*

**Sen. (Dr.) Milgo:** Madam Temporary Chairperson, I beg to move-  
THAT Clause 26 of the Bill be amended in subclause (1) by inserting the following new paragraphs immediately after paragraph (e) —  
(f) the number of older members of society who have died in the home within the year and the cause of death; and  
(g) the number of accidents in the home and complaints reported in relation to older members of society.

*(Question of the amendment proposed)*

**The Temporary Chairperson** (Sen. Nyamunga): Division will be at the end.

*Clause 27*

**Sen. (Dr.) Milgo:** Madam Temporary Chairperson, I beg to move-  
THAT Clause 27 of the Bill be amended-  
(a) in paragraph (d) by inserting the words “county executive committee member and” immediately after the words “reports to the”;  
(b) by inserting the following new paragraph immediately after paragraph (e)—  
(f) facilitate the enjoyment of all the rights of older members of society as conferred under the Constitution.

*(Question of the amendment proposed)*

**The Temporary Chairperson** (Sen. Nyamunga): Division will be at the end.

*Clauses 28 and 29*

*(Question, that Clauses 28 and 29 be part of the Bill proposed)*

**The Temporary Chairperson** (Sen. Nyamunga): Division will be at the end.

*Clause 30*

**Sen. (Dr.) Milgo:** Madam Temporary Chairperson, I beg to move-

THAT Clause 30 of the Bill be amended by inserting the following new paragraph immediately after paragraph (e)—

(f) the right of expression on matters regarding their welfare.

*(Question of the amendment proposed)*

**The Temporary Chairperson** (Sen. Nyamunga): Division will be at the end.

*Clauses 31-40*

*(Question, that Clauses 31-40 be part of the Bill proposed)*

**The Temporary Chairperson** (Sen. Nyamunga): Division will be at the end.

*New Clauses*

**Sen. (Dr.) Milgo:** Madam Temporary Chairperson, I beg to move-

THAT the Bill be amended by inserting the following New Clauses immediately after Clause 5-

*New Clause 5A*

Right to

Legal

Capacity.

5A. (1) An older member of society has a right to legal capacity and the right to access support necessary to exercise that legal capacity.

(2) An express or implied disqualification on the grounds of age prescribed in a law, custom or practice shall not deprive an older member of society the right to legal capacity.

*(Question of the New Clause 5A proposed)*

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*(New Clause 5A read the First Time)*

*(Question, that New Clause 5A be now read a Second Time proposed)*

*(Question, that New Clause 5A be part of the Bill proposed)*

**The Temporary Chairperson** (Sen. Nyamunga): Division will be at the end.

*New Clause 5B*

Right to  
Equality  
and Non-  
Discrimination.

**5B.** (1) An older member of society shall be entitled to equal protection and equal benefit of the law.

(2) An affirmative action measure aimed to achieve equality of older members of society shall not constitute discrimination.

(3) An older member of society shall live in dignity and security, free from exploitation and physical or mental abuse and be treated fairly.

*Question of the New Clause 5B proposed)*

*(New Clause 5B read the First Time)*

*(Question, New Clause 5B be now read a Second Time proposed)*

*(Question, that New Clause 5B be part of the Bill proposed)*

**The Temporary Chairperson** (Sen. Nyamunga): Division will be at the end.

*New Clause 5C*

Right to  
Documents of  
Registration.

**5C.** (1) An older member of society has a right to be issued with a passport, national identity card, certificate of birth and any other document of registration or identification irrespective of their age.

(2) Where a birth certificate is not issued, the older member of society shall use alternative document including a national identity card to serve the purpose.

*(Question of the New Clause 5C proposed)*

*(New Clause 5C read the First Time)*

*(Question, that New Clause 5C be now read a Second Time proposed)*

*(Question, that New Clause 5C be part of the Bill proposed)*

**The Temporary Chairperson** (Sen. Nyamunga): Division will be at the end.

*New Clause 5D*

Right to  
Protection  
and Safety  
in  
Situations  
of Risk  
and

Humanitarian Emergencies. 5D. (1) An older member of society has a right to suitable and specialised protection and safety in a situation of risk, including a situation of armed conflict, humanitarian emergency and the occurrence of a natural disaster.

(2) An institution whether public or private shall maintain an inventory of all older members of society and shall submit the inventory quarterly to the national government, county government and other agencies responsible for disaster management.

(3) The national government and each county government shall be responsible for emergency management and shall take appropriate measures to ensure the inclusion of older members of society in every scheme, program, mission as well as its disaster management system during the occurrence of any disaster emergency, for the safety and protection of such persons.

*(Question of the New Clause 5D proposed)*

*(New Clause 5D read the First Time)*

*(Question, that New Clause 5D be now read a Second Time proposed)*

*(Question, that New Clause 5D be part of the Bill proposed)*

**The Temporary Chairperson** (Sen. Nyamunga): Division will be at the end.

*New Clause 5E*

Right to  
Education

**5E.** (1) The national government and each county government shall ensure that older members of society have access to educational, cultural, spiritual and recreational resources.

(2) The Ministry responsible for education shall develop programmes and structures for the education and training of older members of society.

*(Question of the New Clause 5E proposed)*

*(New Clause 5E read the First Time)*

*(Question, that New Clause 5E be now read  
a Second Time proposed)*

*(Question that New Clause 5E be part  
of the Bill proposed)*

**The Temporary Chairperson** (Sen. Nyamunga): Division will be at the end.

*New Clause 5F*

Right to  
Health

5F. (1) The national government and each county government shall take appropriate measures to ensure that an older member of society who is not covered in an existing medical scheme gets affordable, accessible, adequate and quality free medical care.

(2) Medical assessment reports for older members of society shall be free of charge in public health institutions.

(3) An older member of society shall not be compelled to undergo any test as a precondition to or for continued enjoyment of provision of health cover.

*(Question of the New Clause 5F proposed)*

*(New Clause 5F read the First Time)*

*(Question, that New Clause 5F be now read a Second Time proposed)*

*(Question, that New Clause 5F be part of the Bill proposed)*

**The Temporary Chairperson** (Sen. Nyamunga): Division will be at the end.



*New Clause 5G*

Right to  
Admission  
Into Public and  
Private  
Premises,  
and Public  
Transport

- 5G. (1) A person shall not, on the ground of old age be denied-
- (a) admission into a premise to which members of the public are ordinarily admitted; or
  - (b) the provision of a service or amenity to which members of the public are entitled.
- (2) The proprietor of a premise referred to in subsection (1) (a) shall not have the right, on the ground of a person's age, to reserve the right of admission to the premises against an older member of society.

*(Question of the New Clause proposed)*

*(New Clause 5G read the First Time)*

*(Question, that New Clause 5G be now read a Second Time proposed)*

*(Question, that New Clause 5G be part of the Bill proposed)*

**The Temporary Chairperson** (Sen. Nyamunga): Division will be at the end.

*New Clause 5H*

Right to  
Sports,  
Recreation, Leisure  
And Culture

- 5H. (1) An older member of society has a right to participate in sports, recreation, leisure and cultural activities including national and international sports events.
- (2) Public and private institution with sporting, recreation, leisure and cultural activities shall ensure that the activities are sensitive to the needs of older members of society.
- (3) An older member of society shall be entitled to the use, free of charge, of recreational or sports facilities owned or operated by the government during social, sporting or recreational activities.

(4) The national and county governments shall provide older members of society with a suitable environment for sports, recreation and leisure, including training support and medical personnel.

(5) Section (4) shall not apply in cases where there is exclusive private hire of such facilities.

*(Question of the New Clause 5H proposed)*

*(New Clause 5H read the First Time)*

*(Question, that New Clause 5H be now read a Second Time proposed)*

*(Question, that New Clause 5H be part of the Bill proposed)*

**The Temporary Chairperson** (Sen. Nyamunga): Division will be at the end.

*New Clause 5I*

Right of  
Access to  
Justice

5I. (1) Law enforcement agencies shall take into consideration the age of an older member of society on arrest, detention, trial or confinement.

(2) A suit involving an older member of society shall be disposed off expeditiously having due regard to their age and suffering.

*(Question of the New Clause proposed)*

*(New Clause 5I read the First Time)*

*(Question, that New Clause 5I be now read a Second Time proposed)*

*(Question, that New Clause 5I be part of the Bill proposed)*

**The Temporary Chairperson** (Sen. Nyamunga): Division will be at the end.

*Clause 2, Title and Clause 1*

*(Question that Clause 2, Title and Clause 1  
be part of the Bill proposed)*

**The Temporary Chairperson** (Sen. Nyamunga): Division will be at the end.  
Proceed, Mover.

THE CARE AND PROTECTION OF OLDER MEMBERS OF THE  
SOCIETY BILL (SENATE BILL NO.17 OF 2018)

**Sen. Cheruiyot:** Madam Temporary Chairperson, pursuant to Standing Order No. 148, I beg to move that the Committee of the Whole do report progress on its consideration of The Care and Protection of Older Members of the Society Bill (Senate Bill No.17 of 2018) and seek leave to sit again tomorrow.

**Sen. Farhiya** seconded.

*(Question proposed)*

*(Question put and agreed to)*

*(The House resumed)*

*[The Temporary Speaker (Sen. (Prof.) Kamar) in the Chair]*

**The Temporary Speaker** (Sen. (Prof.) Kamar): We are now ready to have progress reports. We will start with The Tea Bill (Senate Bills No.36 of 2018).

**PROGRESS REPORTED**

THE TEA BILL (SENATE BILLS NO.36 OF 2018)

**Sen. Nyamunga:** Madam Temporary Speaker, I beg to report progress, that the Committee of the Whole has considered The Tea Bill (Senate Bills No.36 of 2018) and seeks leave to sit again tomorrow.

**Sen. Cheruiyot:** Madam Temporary Speaker, I beg to move that the House do agree with the Committee on the said report. I request Sen. (Dr.) Milgo to second.

**Sen. (Dr.) Milgo** seconded.

*(Question proposed)*

*(Question put and agreed to)*

**The Temporary Speaker** (Sen. (Prof.) Kamar): Hon. Senators, we will now move to the next Bill and have progress reported on The County Governments (Amendment) Bill (Senate Bills No.11 of 2017).

THE COUNTY GOVERNMENTS (AMENDMENT) BILL  
(SENATE BILLS NO.11 OF 2017)

**Sen. Nyamunga:** Madam Temporary Speaker, I beg to report progress that the Committee of the Whole has considered The County Governments (Amendment) Bill (Senate Bills No.11 of 2017) and seeks leave to sit again tomorrow.

**Sen. Kihika:** Madam Temporary Speaker, I beg to move that the House do agree with the Committee on the said report. I request Sen. Omanga to second.

**Sen. Omanga** seconded.

*(Question proposed)*

*(Question put and agreed to)*

**The Temporary Speaker** (Sen. (Prof.) Kamar): Hon. Senators, Order No.11 had been deferred.

Hon. Senators, Order No.12 has been considered in the Committee of the Whole. Therefore, we will receive progress report on Order No.12, which is The Care and Protection of Older Members of Society Bill (Senate Bills No.17 of 2018).

THE CARE AND PROTECTION OF OLDER MEMBERS OF  
SOCIETY BILL (SENATE BILLS NO.17 OF 2018)

**Sen. Nyamunga:** Madam Temporary Speaker, I beg to report progress, that the Committee of the Whole has considered The Care and Protection of Older Members of Society Bill (Senate Bills No.17 of 2018) and seeks leave to sit again tomorrow.

**Sen. Cheruiyot:** Madam Temporary Speaker, I beg to move that the House do agree with the Committee on the said report. I request Sen. (Prof.) Ongeru to second.

**Sen. (Prof.) Ongeru** seconded.

*(Question proposed)*

*(Question put and agreed to)*

**The Temporary Speaker** (Sen. (Prof.) Kamar): Next Order.

**COMMUNICATION FROM THE CHAIR**

VISITING DELEGATION FROM THE  
PARLIAMENT OF SIERRA LEONE

**The Temporary Speaker** (Sen. (Prof.) Kamar): I would like to acknowledge the presence, in the Speaker's Gallery this afternoon, of a visiting delegation from the Parliament of Sierra Leone.

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Hon. Members, the visiting delegation consists of the Female Caucus of the Parliament of Sierra Leone who are undertaking a study tour of the Parliament of Kenya.

I request each member of the delegation to stand when called out, so that they may be acknowledged in the Senate tradition.

They are-

- |                                      |   |                                |
|--------------------------------------|---|--------------------------------|
| (1) Hon. Sidi Tunis                  | - | Leader of Government Business  |
| (2) Hon. Paran Tawarally             | - | Clerk of Parliament            |
| (3) Hon. Rosemarie Bangura           | - | Vice President (Female Caucus) |
| (4) Hon. Josephine Makieu            | - | Member                         |
| (5) Hon. Massay Ngahiteh Aruna       | - | Member                         |
| (6) Hon. Hajaratu Faith Samura       | - | Member                         |
| (7) Hon. Lolloh Emilia Tongi         | - | Member                         |
| (8) Hon. Alice J. Kumabeh            | - | Member                         |
| (9) Hon. Cecilia Mabinty Bangura     | - | Member                         |
| (10) P.C Haja F.B Koroma Meame Kajue | - | Paramount Chief and Member     |
| (11) Hon. Paul Saa Sam               | - | Male Champion                  |
| (12) Juliana Sheku                   | - | Gender Programme Officer       |
| (13) Josephine Scott-Manga           | - | UNDP (Governance Unit)         |

On behalf of the Senate and my own behalf, I welcome them to the Senate and wish them well for the remainder of their stay.

I thank you.

*(Applause)*

**Sen. Cheruiyot:** Madam Temporary Speaker, on behalf of our colleagues, I wish to extend a warm welcome to the visiting delegation from the Parliament of Sierra Leone. I had the opportunity to meet them earlier when they were touring the Parliament facilities. I wish them well in their tour and all that they seek to achieve, especially in terms of understanding the operations of the Parliament of Kenya. I look forward to meeting them in other future engagements.

*Bien venue.*

**Sen. (Prof.) Onger:** Madam Temporary Speaker, I want to add my voice in welcoming the delegation from the Parliament of Sierra Leone who are in Kenya to benchmark with the normal traditions and proceedings that are carried out in the Senate and the National Assembly.

I remember with a lot of nostalgia that Sierra Leone has been with us in the fight against colonialists at the time of Independence. Therefore, they have a rich history as much as Kenya. We are all the same because we come from the African Continent.

I wish them a good and successful stay and tour in Kenya.

**Sen. Kihika:** Madam Temporary Speaker, I rise to add my voice in welcoming the delegation from the Parliament of Sierra Leone and wish them a good stay in Kenya. I hope that they will achieve their objectives through benchmarking in the Parliament of Kenya.

We are happy to have them because, as the African Continent, it is good to move around and figure the best practices from across the Parliaments in Africa. We are happy to have them here and hope that they will be enriched by the engagements in Kenya.

I also wish them a safe journey on their return to Sierra Leone.

**Sen. (Rev.) Waqo:** Madam Temporary Speaker, I also stand to add my voice in welcoming the delegation from the Parliament of Sierra Leone. We are happy to have them. As Parliament, we have a very good relationship of visiting others and benchmarking. It is good to have a group of Members of Parliament, especially the majority being women. We are happy to learn from one another.

Madam Temporary Speaker, in Kenya we say that women have a long way to go, but we put into consideration the achievements that we have done. I am sure you too have a lot of responsibilities in your country. Thank you for coming and choosing to be with us. I hope you will enjoy your stay.

Thank you.

**The Temporary Speaker** (Sen. (Prof.) Kamar): Sen. Mutula Kilonzo Jnr. That should be the last one.

**Sen. Mutula Kilonzo Jnr.:** Thank you Madam Temporary Speaker. I had the opportunity to meet with the group from Sierra Leone this morning, led by the Majority Leader and the Vice President of the Women Caucus.

On the discussion about gender in Sierra Leone, they are benchmarking with the best practices we have in Kenya. I laud them for the work that they are doing. I came across something that I want to quote for them. When I worked in the Inter-Parliamentary Union (IPU) on gender parity, I came across a lot of things. I want to read this quote to the Vice President because she sounded beaten by the idea of women losing their seats.

A gentleman from Namibia, who was the Chairperson of the Inter-Parliamentary Union (IPU) Gender Partnership Group said the following-

“We believe that true equality between the sexes can only be achieved if both women and men pull forces together to break the barriers of age old belief that women and men have different roles to play and, therefore, have unequal stand in the society.”

He finished by saying-

“A man of quality should not fear women who seek equality.”

Madam Temporary Speaker, the true answer in the question of gender parity is in the men and not the women. That is why I suggested, Vice President, that you should have invited the men of this Senate and the Kenya Women Parliamentary Association (KEWOPA) for that lunch. Sen. Sakaja and I should have been there to tell you the work we have done to ensure that the women of this country are given their true place in the map and the orbit of Kenya.

Thank you, Madam Temporary Speaker.

**The Temporary Speaker** (Sen. (Prof.) Kamar): Because of that nice last statement, I will allow more statements.

Sen. Cherargei.

**Sen. Cherargei:** Thank you, Madam Temporary Speaker. I want to join my colleagues in welcoming the delegation from the Parliament of Sierra Leone. I think we met in Uganda and it was very interesting to learn about Sierra Leone.

As our Majority Whip has said, as Africans, we should have more common approaches that are not limited to trade, democracy and gender issues, but also how we partner as parliamentarians. That is why we are comfortable working through Commonwealth parliamentary groups than within Africa. I hope that this will bring interlink and togetherness as Africans, so that we appreciate that there is strength in diversity.

I wish them well and hope they will learn a lot. In the future, we hope that Sen. Mutula Kilonzo Jnr, through your office, will lead a delegation to Sierra Leone to learn gender matters because this is a women's delegation. The women in this country, especially our colleagues, should learn a lot from this delegation, as we continue to discuss about the two-thirds gender rule in Kenya.

Thank you Madam Temporary Speaker.

**The Temporary Speaker** (Sen. (Prof.) Kamar): Sen. Malalah.

**Sen. Malalah:** Madam Temporary Speaker, on behalf of the Senator for Nairobi City County, I welcome the delegation from Sierra Leone. I remember with a lot of nostalgia that Sierra Leone has been a country that we have been competing with in football. As you are aware, the Harambee Stars is currently playing at the African Cup of Nations courtesy of the disqualification of Sierra Leone. They have contributed to our participation in the African Cup of Nations. They are a great partner in the field of sports.

I take this opportunity, on behalf of the Senate Minority Leader, to welcome you to Kenya. Kenya is a beautiful place just like Sierra Leone. I am sure that Sierra Leone borders the white beaches of the Atlantic Ocean. I am sure that the leadership of this House shall one day consider coming to visit Freetown in Sierra Leone so that we can bond, interact and exchange on different aspects.

Madam Temporary Speaker, once again, on behalf of the Senator for Nairobi City County who has no interest to welcome visitors, I welcome you to Nairobi and Kenya at large!

*(Laughter)*

**The Temporary Speaker** (Sen. (Prof.) Kamar): Order, Sen. Malalah. You are stepping on the wrong foot. How do you know that I do not have a request from the Senator for Nairobi City County? Sen. Sakaja has made a request. We know that he was the leader of delegation to the Commission on the Status of Women (CSW). Therefore, he must say something to the delegation from Sierra Leone.

Kindly proceed, Sen. Sakaja.

**Sen. Sakaja:** Madam Temporary Speaker, I was wondering why you were letting the Senator for Kakamega County get away with trying to speak on my behalf. I am neither mute nor dumb.

Allow me as the Senator for Nairobi City County to welcome this wonderful delegation to Nairobi. I am jealous that Sen. Mutula Kilonzo Jnr. had an opportunity to

meet them earlier. I wish that I knew they were here. I would have loved to interact with them and learn some Mende, Temne and Creole which are some of the local languages in Sierra Leone. I would have loved to share some experiences with them.

Sierra Leone is a country whose population is around 6.3 million people. It is just about the population of the county that I represent as an individual Senator. Beyond that, we share many similarities. Sierra Leone is a country with a huge population of young people. Its median age is 19 years. It is a country that is facing similar challenges to the ones that we are facing in Kenya as we grapple with issues of youth unemployment and see how the young people of this continent who are the trustees of the posterity of Africa get a space on the table.

Madam Temporary Speaker, beyond that, as you have rightly mentioned, I was the leader of delegation to the Commission on the Status of Women (CSW). I was proud to go there and represent the Senate. In Kenya, we believe in what we call 'he' for 'she'. As Sen. Mutula Kilonzo Jnr. has eloquently stated, we need men at the forefront of fighting for the rights of our women. We believe that our claim to democracy is tainted when half the team is not even able to get to the pitch. There is no progress that we can make as a society unless we put our money where our mouth is when it comes to gender parity. We have a lot to learn from Sierra Leone from the highest levels of their political leadership.

I welcome the delegation to Nairobi. I hope that they have time to enjoy the sights and sounds outside the precincts of Parliament. I would like to take them to one or two places to see around the City of Nairobi as they teach me some of their local languages of Mende, Temne and Creole.

I thank you.

**The Temporary Speaker** (Sen. (Prof.) Kamar): Thank you, Senators.

Next Order.

## BILL

### *Second Reading*

#### THE MENTAL HEALTH (AMENDMENT) BILL (SENATE BILLS NO.32 OF 2018)

*(Sen. Kasanga on 29.5.2019)*

*(Resumption of Debate interrupted on 4.6.2019)*

**The Temporary Speaker** (Sen. (Prof.) Kamar): Hon. Senators, at the close of the day in the last sitting, Sen. Cheruiyot, the Senator for Kericho County, was on the Floor. He still has a balance of 15 minutes.

**Sen. Cheruiyot:** Madam Temporary Speaker, I would like to continue making my contribution, something that I gladly did for a few minutes when this Bill last came to the House. I hope that I will remember all the salient points that I had jotted down that



particular afternoon because it was a very interesting debate. We had begun an exchange that clearly justified the Bill.

We all celebrated what Sen. Kasanga has done with the Bill especially in terms of ensuring that Members are properly prepared for this Bill on our social media platforms and other avenues where Senators congregate. Sen. Kasanga sent information and very relevant data for us to read in preparation for this particular Bill. That is important and a point for us to pick out some of the things that we need to learn as we go about our duties in this House.

Each and every time that you bring a Private Member's Bill, it is assumed that you do it because it is topic of passion to you and something that you have deeper understanding of and as a legislator, you have seen a way through which we can improve how we execute or sort out the challenges in that particular area of focus. That was a good point for us to learn how to carry ourselves.

Madam Temporary Speaker, on the afternoon when this Bill was last before this House, we had a very interesting exchange about the right terms to use when we refer to somebody who has a challenge of mental illness. When Sen. (Prof.) Ongeru was contributing, he made a point that statistics are; out of every 10 Kenyans, four have got a mental disorder. We counted ourselves in the House then and could not decide out of the ten of us who were mentally ill. There were loud protestations and that confirms what the Bill says that we are unaware that mental illness is a disease just like any other.

If we were talking about people suffering from Malaria, Diabetes or any other common disease, no one would have taken offence. However, the fact that one of the political jabs that we take at each other on the political forms has to do with mental health. One can say that Senator so and so is mentally deranged. Moving on, after reading through this Bill, seeing some of the proposals and learning about the rights of the mentally disturbed people, we shall become better and know that it is an illness just like any other. Therefore you cannot use it as an insult. How we treat people that are struggling with mental health will change drastically thanks to our reading of this Bill.

Madam Temporary Speaker, the month of May was Mental Health Awareness Month. The British Broadcasting Corporation (BBC) did a very interesting piece where they interviewed world celebrated athletes who have various mental health challenges. It was shocking to see some of the people that we have cheered in sports such as Thierry Henry and other people who have lit up homes as we watched them with a lot of excitement thinking that they are all fully okay. Some of the athletes that were interviewed shared that they experienced challenges when they retreat back to their home. The topic of discussion was on how to get people to come out and talk about mental health. How do we get people off the stigma of ensuring that anyone that has this kind of challenge does not hide?

One of the things that we will learn later in the Bill is that many of the people that continue to face this kind of challenge shy away from seeking medication and when they are pushed to the wall to the point that they have to get medical attention, what they do is that they try to move heaven and earth in ensuring that nobody knows that they are facing this kind of a challenge. Stigma of this kind is brought about by our misinformation on the nature of challenge that people continue to face out of this disease.

Madam Temporary Speaker, Section Five in of this Bill is very important to me because under Clause 2(c), it proposes the duties and the things that the national Government must do one of which is to provide the necessary resources for provision of mental health care and treatment at national referral health facilities.

Madam Temporary Speaker, as a country we are trying to increase the number of national referral health facilities. We hope that the passage of this Bill will make it mandatory for the Government to expand the number of mental health clinics and health facilities.

Madam Temporary Speaker, I have had many friends who have had the unfortunate experience of having a mental breakdown caused by one thing or the other. It is well known that Mathari National Teaching and Referral Hospital is the only hospital that treats patients with mental health illnesses. Mathari Hospital has already been stigmatized. On many occasions, you will find people telling each other: "That one deserves to be taken to Mathari." This is considered to be an insult and yet this is just a hospital like any other for instance a hospital treating heart ailments or any healthcare service that you may access.

By providing the necessary resources, the national Government shifts from just being a policy creator to also directing and channeling resources. If you read through this year's Budget Policy Statement which will be laid before the House, you can be sure that a significant amount of money will be allocated to the Ministry of Health; perhaps way little compared to the amount of money we send to the counties.

The question that has been at the back of many people's minds is: What does the national Government do with the funds that are left at Afya House and yet we know that primary health concerns have all been devolved to the county governments? Under this programme of universal healthcare, we shall be ensuring that we make healthcare more accessible to as many citizens as possible.

Madam Temporary Speaker, this is a very important proposal because it gives them the leeway to ensure that the money that remains at Afya House is not just used for people to go for seminars and drafting policy papers that do not have direct benefit to the citizens of this country. Two or three years after the passage of this Bill, we shall check under the implementation framework to know how many other mental healthcare facilities at the national referral hospitals will have been created. The same is also expected of our county governments.

Madam Temporary Speaker, let our county governments ensure that even if you cannot construct a clinic at the county referral hospitals, let there be a department where patients facing this kind of condition can seek and find solace in.

Yesterday there were reports that a gentleman who was facing the kind of tribulations that we are discussing in this Bill slaughtered his entire family; young children together with his wife. This confirms to you that perhaps even the statistics that Prof. Ongeru was quoting to us might be more compared to the challenges and life pressures that people continue to face at this particular time. It is expected and deemed under the provisions of Section 6 of the Bill that our county governments as well shall create an enabling environment so that members of the society in the various counties who continue to face this particular kind of challenge are able to access these services.

Patients also do not have to come to any of the national health referral facilities to access these services.

Part II of the Bill talks about the rights of the persons with mental illness and it is quite interesting. Our Bill of Rights is celebrated and hailed as one of the most progressive in the world. Every time we are drafting our Bills what we need to learn from Sen. Kasanga is that we should remember each and every figment and fragment of society to ensure that mentally ill patients have rights which ought to be respected as defined in this particular Bill.

Madam Temporary Speaker, that is why I support this Bill 100 percent. We are now making it mandatory by law that they are allowed to fully participate in affairs of the community in any suitable position based on a person's interests and capabilities. We shall not be able to go to a function and say: "I cannot listen to you". Some of these people have been known to help even at times when you least expect.

Madam Temporary Speaker, in this country, power usually shifts back to the true owners after every five years. When politicians retreat back to the village to seek votes that is the time they realize power belongs to the people. While on my campaign trail, I visited a village that I had not gone to since the last elections. In the midst of the crowd that came to listen to me there was a lady who clearly from her presentations, you could tell that she was mentally ill. She sought the opportunity to speak and when I granted her the chance, she turned out to be the savior who would help me on that particular day. She asked the people: "I see you people harassing this young man and asking all sorts of questions. Have you, yourselves finished or sorted out all the problems in your homes before you come to harass him? People laughed because it was a light moment, but that was the avenue through which I got the opportunity to speak to those people and tell them that given another opportunity I would give priority to their needs. That tells you that it is important to make these kinds of provisions that nobody should discriminate mentally-ill patients on account of the challenges they face and bar them from participating in community activities.

Madam Temporary Speaker, there is one thing that I wanted to point out about the people that sit in this board. Clause 7 states that the people who shall constitute the board should be persons with experience of at least four years in mental health care. The only thing that I have not been able to properly pick out is how many people with a non-medical background will be appointed to the county boards.

I would have wished that we also nominate people representing the religious fraternity because some of the challenges that people face are of a spiritual nature. Therefore, having pastors, representatives of the church or religious institutions in these boards will help in giving proper directions.

With those few remarks, I beg to support.

**Sen. (Rev.) Waqo:** Thank you, Madam Temporary Speaker for allowing me to stand and add my voice to this very important Bill. I congratulate Sen. Kasanga for coming up with this Bill that is very relevant especially at this particular time when we know the problems we are facing as a nation.

Much has been said by hon. Members but we all have something to say about this particular Bill because of our own experiences in our counties and even in our country.

Sen. Kasanga has prepared us so that we can all contribute to this Bill. I congratulate her for preparing us well in advance, giving us all the relevant documents and guiding us; we have received the Bill positively.

Madam Temporary Speaker, when we look at the challenges that mentally-ill people go through in our society, we note that Africans are fond of appreciating only good things. When we see the opposite of that, we always look for causes of those things that affect our lives negatively. I know many families who have abandoned their people who have mental health challenges. They have always run away from them. So, the stigma that the persons who are mentally ill go through is quite huge. In fact, it is not only the individual with mental illness who suffers the stigma, but the entire family. In most cases, we attribute it to a particular family in the society.

Madam Temporary Speaker, there is a lot of discrimination for people with mental disorders. As I was growing up, I knew very well that anybody related to a person who was mentally unwell would be discriminated. Sometimes people think that the entire family is mentally sick just because of one person who is unwell. Nowadays we know mental illness is a disease like any other. It is manageable so long as we give it the proper attention it deserves.

With regard to treatment, all the people who suffer from this illness face a lot of challenges. For example, it is not easy for them to access proper treatment. For some of them, especially those living in rural areas, it is even more challenging because they do not have enough finances to buy drugs or live in conducive environments. As I said, the cost of treatment for these illnesses poses challenges to many Kenyans.

As I was reading through the Bill, I was delighted to note that it has addressed all the areas. We need to treat people who are mentally ill positively and give them all the support they need.

Madam Temporary Speaker, Clause 2 of the Bill says-

“The Mental Health Act, hereinafter referred to as the principal Act, is amended in the long title by deleting the words “mental disorder or mental subnormality with mental disorder; for the custody of their persons and the management and control of mental hospitals” appearing immediately after the words “are suffering from” and substituting therefor the words “mental illness; for the custody of their persons and the management and control of mental health facilities.”

From the beginning we can clearly see what the Bill stands for. I support it, especially because of this particular Clause 4(2A) amends Section 2 of the principal Act. It says-

The purpose of this Act is to provide a framework to—

(a) promote the mental health and wellbeing of all persons, including reducing the incidences of mental illness;

Madam Temporary Speaker, we, as a nation, have come to a stage where we need to see how we can reduce the number of the people suffering from this illness. Sometimes we attribute it to our lifestyle or the hardships we go through that result in depression. As a result of that, many Kenyans are facing this mental illness.

Clause 4(2A)(b) further states-

(b)To coordinate the prevention of mental illness, access to mental health care, treatment and rehabilitation services of the persons with mental illness.”

Madam Temporary Speaker, I remember some years ago, an old lady who had a son who was suffering from a mental illness came to me and told me that she could not afford to take her son to Mathari National Teaching and Referral Hospital for treatment. She said she had never been to Nairobi. We had to look for funds to support the poor lady. However, the son did not even manage to go through the whole process.

Many poor parents are suffering in the villages because they are unable to come to Nairobi or visit any other health centre to seek for proper medical care. Once we enact this Bill, it will solve the problem many Kenyans face while seeking medical attention for their people with mental illness.

Clause 4(2A)(c) states-

“(c)Reduce the impact of mental illness, including the effect of stigma on individuals, family and the community.”

Madam Temporary Speaker, I alluded to the above earlier. When that happens, then we as a nation will take care of our people with mental illness properly.

Promoting the recovery from mental illness and enhance rehabilitation and integration of persons with mental illness is a very important thing. The Bill continues with all the other rights it will provide.

Madam Temporary Speaker, as I was going through the Bill, there are various important areas, for example, Part 1A is on obligations of the national and county governments. It calls for the national Government to provide the necessary resources for provision of mental healthcare and treatment. Equally, the county government has its role. When this happens, then we will take care of all the problems or reduce the challenges that are faced by the person with mental illness.

Madam Temporary Speaker, the other very important area that I was looking at is Part II. It is on the rights of the persons with mental illness. The Bill provides for the rights of persons with mental illness. We know very well as a nation, and even where we come from, that the people with this challenge have suffered a lot. Many of them have been denied their rights. Some have been chased out of their homes. Sometimes, some of them do not even school because of the challenge they have. We, as a nation, have not provided a conducive environment to help them cope with the situation they are in. They need security, education and so forth.

It is a pity that some of them have not been issued with identity cards and *Huduma Namba* which many of us registered for. I wonder whether people who suffer from mental illness are being considered for *Huduma Namba*. When we deny them these important documents, we exclude them from accessing opportunities in this country. As a result, they continue suffering. When it provides all these rights for them, we need to support it.

As I conclude, Part III is about the care and administration of property of persons with mental illness. We know very well that some people have taken advantage of persons who suffer from mental illness. They have misused their property. Some have

even sold their property, but we have not given them any opportunity. This Bill will take care of that and help them.

Some of them have families and they need to care for them. I know there are ladies who have children, but they may not know their fathers because some people somewhere took advantage of them. They have children that they cannot bring up and their properties have been taken away.

This Bill will take care of all that. For that reason, I support it and congratulate Sen. Kasanga.

Thank you.

**The Temporary Speaker** (Sen. (Prof.) Kamar): Thank you, Senator.

Sen. Sakaja, you may proceed.

**Sen. Sakaja:** Thank you, Madam Temporary Speaker, for the opportunity to contribute to this Bill. I would like to congratulate Sen. Sylvia Kasanga for being the architect of this piece of legislation. I encourage other Members to also sponsor such Bills that look at the needs of the society. This is why we are here.

Apart from coming up with such legislation, Sen. Kasanga has also been able to carry the whole of this House along. She has done an amazing job of raising awareness in both the mainstream and social media on this subject. This is a conversation that this country needs to have. These are issues we grapple with daily in this country. In my county, this matter is almost reaching epidemic levels, yet the kind of attention and support it gets from policy makers is not commensurate to the effect this has.

I am the patron of a foundation named after the son of a friend of mine who took his life. It is called The Joshua Gathua Foundation. Despite coming from a good background, the young man, because of the pressure he was going through, one day instead of going to school, asked for some time alone. He went upstairs in their house, got into his dad's safe, took a gun and shot himself. After the mourning period, we started a foundation where we provide these services to many young people.

We held our first football tournament along Ngong Road and so many young people came. During that tournament there were two tents for free counseling. One was for the young people and the other for the adults. The lines of people who wanted to talk to us were enormous. This shows that many of our young people are not being told that they can talk to someone despite the fact that there are helplines, where one can get further help if they are suffering from mental illness. The lines for adults were empty because we like pretending. If you look at how we behave, we are the ones who need that kind of support.

Madam Temporary Speaker, the stigma associated with mental illness prevents us from getting to those who require the support. Many of us even in Parliament; the National Assembly and the Senate should evaluate the kind of support we get, based on our mental health. In the last Parliament, a colleague whom I will not mention had some mental breakdown. I think it became bipolar. Since it was not covered by our insurance then, the Member stormed the Speaker's office and said: "Are you saying that my psychiatrist cannot be paid on this Ksh10 million cover?"

After that, the Parliamentary Service Commission (PSC) added that category of healthcare providers. You will be shocked to realize that among the healthcare providers

that we and our children seek, the highest visits by Members of this House is to those that offer mental healthcare. However, when we come here, we pretend because we must look *macho*, as if we have got it all going on. Needless to say, even we need that kind of support especially considering the stressful nature of our work. We must, therefore, be at the forefront in fighting the stigma associated with mental illness.

The purpose of this Bill is to promote mental health and the wellbeing of all persons, coordinate the prevention of mental illness, reduce the impact, promote recovery of the victims and ensure that the rights of people suffering mental illness is protected and safeguarded.

Our Constitution has certain references that need to be amended. Qualifications like being of sound mind--- What is an unsound mind? Who measures the soundness of our minds before we vie? If that provision was seriously taken into consideration, many Members here would not be allowed to vie for office. If we were to be judged by the things we do when in office, they do not go hand in hand with the people who confess to be of sound mind.

This is not something to be ridiculed. There are many aspects of mental illnesses. There is schizophrenia, bipolar, autism *et cetera*. There are many children who are highly talented. Last week I had the opportunity of visiting one of my nephews who is autistic. Unfortunately, his parents cannot afford to take him to a high-end school. However, just by attending Mirema Primary School in Roysambu, the boy's abilities have come out. That boy has skills in art and music. When music is played, he becomes a different person. This is not the case for other children with autism. We see children with autism and other mental illness being locked up. We are not giving them an opportunity to get education. That is a big shame for our Government and leaders.

The strength of a country is not based on the military or the reserves of the new bank notes or dollars, but what we do for the most vulnerable in society. Many of these children can do well given the opportunity. I am glad that this Bill talks about, not only the standards to be maintained by health facilities, but the responsibility of the national and county governments to provide for those who require mental health services.

A few years ago, our President celebrated his 50<sup>th</sup> birthday. As his friends, we decided to visit one of such homes in Lang'ata called Therapies for Kids, which is run by the sister to the Senator for Kajiado. She is called Simaton. We found many children who---

*(Loud consultations)*

Madam Temporary Speaker, please, protect me from the Senator for Tharaka-Nithi County, who is speaking loudly. He is normally strict when he is on the other side, but right now---

**The Temporary Speaker** (Sen. (Prof.) Kamar): Members, please, consult in low tones.

**Sen. Sakaja:** Thank you, Madam Temporary Speaker. When we went to this home, we found that Simaton and those who work at Therapies for Kids have rehabilitated many children who were locked in the slums because their parents are

casual workers earning Kshs150 a day. They lock these children in their houses because they cannot go with them to work, and there are no schools that can accept them. Many such children in Nairobi slums are left in the houses because their parents think they are mad, yet they just have a mental challenge that most of the time can be treated.

I am glad that through friends, the President and the First Lady, we donated a bus to this children home. The bus goes to some of the slums to pick and drop those children. This enables them to get a shot at life. We should be able, as a Government, to guarantee everybody a fair shot at life no matter their health status.

Article 27 talks about not discriminating anyone based on their health status. I can see Members with their phones. Please, do a google search on the autistic child who performed at America has Got Talent. He could not talk, but the minute he sat on the piano, you would think that it was the top artist of the world. Some of them express themselves through colours, sounds *et cetera*.

In Clause 5 (2D), Sen. Kasanga is providing specific responsibilities and obligations for county governments. Since health is devolved, all county governments must provide mental healthcare treatment and rehabilitation services within the county health facilities. In particular, we need to ensure that Level 2, 3 and 4 hospitals set aside dedicated specialised clinics to offer outpatient services to persons with mental illness.

Madam Temporary Speaker, last week Sen. Kajwang' talked about the need for rehabilitation in some parts of Kenya and we refuted his assertion that the level of mental illness as you leave Kisumu County and go towards western Kenya is higher because of the consumption of *Omusala*. We asked him to substantiate but he failed to do so. Later on, I gave him some statistics informally.

Vihiga County must put up these facilities. Homa Bay County, where he is from, must put up these facilities because he has shown us the need for these facilities in his county as well. We must make sure that no matter where you are in this country, anybody who goes through this should not get a better chance, just because they are in Nairobi, Mombasa or Kisumu.

We must also make sure that there is community-based care. It is not enough to say that somebody has stripped naked and walked on the road because *ameruka akili*. No! We must ask ourselves what the cause is. What is the pressure that we face in society? Is it something that can be prevented or do we just turn a blind eye? I am sure that this Bill will be passed in both Houses, but we hope counties will implement county-specific programmes to deal with stigma.

If you look at the statistics that have been presented to us, for example, on 17<sup>th</sup> February, 2018, The *Daily Nation* newspaper reported that in 2016, there were 99,840 outpatient hospital visits regarding mental disorders and an 80 per cent increase over the previous year according to the abstracts that we have. Nairobi City County recorded the highest number followed by Murang'a County. I am sure Sen. Kang'ata - I am not saying he was one of them - knows about that. Nyeri, Kiambu and Mombasa are among the top five counties. If we are saying 99,840 people have gone to report despite the stigma, then you ask yourselves how many more are not reporting mental health issues.

Madam Temporary Speaker, there is a whole thread of newspaper articles on these issues. Samantha Nkirote McKenzie wrote an article in *The Saturday Standard* on



11<sup>th</sup> May, 2018, where she talked about her experiences on mental health issues. She said that clinical depression is a more severe form of depression and it is not caused by loss such as death of a loved one, a medical condition or a traumatic experience. Every day we read in the newspapers that a police man has killed his family or somebody has shot dead his fiancé. One of our policewomen who was stationed here at Parliament Police Station was recently found dead. It is becoming an epidemic.

As we discuss and pass this Bill, what structures are we building in society to enable people to have a home of release? If you look at the statistics, I am sure you will find that men are the ones who are mostly affected and I stand to be corrected. Why is it that men are more affected? It is the pressures of society and the fact that women naturally have support systems around them. They are in *chamas* and groups where they talk about their issues and release stress. However, today, if Sen. Malalah is being beaten at home, he will not come and tell me. I am worried and concerned.

*(Laughter)*

If Sen. Olekina, Sen. Wetangula, Sen. M. Kajwang' or any Senator is having such trouble, they will not have a place to go and discuss it. These are some of the reasons---

**Sen. Mwaura:** On a point of order, Madam Temporary Speaker.

**The Temporary Speaker** (Sen. (Prof.) Kamar): What is your point of Order, Sen. Mwaura?

**Sen. Mwaura:** I rise on a point of order based on the comments made by my able Chairperson, Sen. Sakaja. Is he in order to insinuate that Sen. Malalah actually gets beaten by his wife and he is suffering in silence?

**The Temporary Speaker** (Sen. (Prof.) Kamar): Hon. Senator, I think he has mentioned almost everybody in the House. They are just examples.

**Sen. Sakaja:** Yes, Madam Temporary Speaker, almost everyone. In fact, I was about to say if Sen. Mwaura is being thrashed in his house along Thika Road, I would be concerned.

*(Laughter)*

**Sen. M. Kajwang':** On a point of Order, Madam Temporary Speaker. If he would have left it at Sen. Malalah, perhaps it would not be disorderly. But he has expanded it to include Sen. Kajwang'.

Is it in order for Sen. Sakaja to insinuate that I could be a victim of domestic violence who is suffering silently?

*(Laughter)*

**The Temporary Speaker** (Sen. (Prof.) Kamar): Sen. Sakaja, did you use the word "if" if I heard you well?

**Sen. Sakaja:** Madam Temporary Speaker, I said “if” and I said “I would be very concerned”. Fortunately for Sen. Kajwang’, I know his beautiful wife and I know that despite the fact that she looks like she can deal with him, I know she is a woman of substance.

*(Laughter)*

More importantly, because I mentioned everybody else like Sen. Wetangula and Sen. Olekina, there are many more men out there who do not have a platform to speak. We saw what has been happening in Nyeri County. I do not know why it is an epidemic in the central region of Kenya. It is because men have refused to have structures of support. Men are measured based on how much wealth they have and the size of their wallets.

Our young people have access to social media and they want to post photos on Instagram depicting the lives they are living; the drinks they took the previous day and the car they drive. Due to that pressure and unemployment, we are finding high levels of mental illness amongst our young people.

As the men of this House, we need to do something for the boy child. The boy child is going through so much stress and a lot of depression in this country. That is why if you hear some of the songs that were banned; they are talking about actually going to attack these girls. Something must be done.

Madam Temporary Speaker, I am glad that this Bill presents us an opportunity to start discussing what is happening in this country. This is what is happening to our moral and social fabric as a people because we are not allowing outlets of expression for people to talk and to know that it is okay not to be okay. I want to repeat that sentence; it is okay not to be okay. If anybody is listening across the country and is going through something, they should find someone to talk to; whether it is a friend, somebody in a religious institution or somebody that you look up to. As leaders, let us also be available to mentor these people.

I am also glad to note that on top of giving county governments the specific functions, the County Executive Committee (CEC) Members designated to deal with these issues in the counties have specified roles. It is good that there is the issue of right to mental health services and consent to treatment which will ensure that a person with mental illness, capable of making an informed decision shall be required to give written consent before any treatment.

We also know that many people have been locked up in mental asylums when relatives collude and say that so and so is mad. If, for instance, the relatives of Sen. Mwaura gang up and say that he is mad and they take him to Mathari Teaching and Referral Hospital, the doctor will ask Sen. Mwaura if he is mad. Of course, he will say he is not mad and the doctor will say that, that is the first symptom of people who are suffering from that illness.

There must be the issue of consent to treatment.

**Sen. Mwaura:** On a point of order, Madam Temporary Speaker. I stand under Standing Order No.115 on irrelevance or repetition. Is it in order for my good and able

Chairperson to continuously use me as an example as to insinuate that there could be something wrong with my medulla oblongata?

**Sen. Sakaja:** Madam Temporary Speaker, I will stop mentioning names.

**The Temporary Speaker** (Sen. (Prof.) Kamar): Sen. Sakaja, please, wind up because you are about to run short of time.

**Sen Sakaja:** Madam Temporary Speaker, it is because of the numerous points of order. I will finish in the next one or two minutes.

Consent to treatment is a very important issue. I am sorry I used Sen. Mwaura who I have no doubt about the soundness of his mind in most occasions. The consent to treatment is important because many people have used it to disenfranchise people who are of sound mind by ganging up and saying: "This person is unwell and his is locked up."

Finally, let us stop this idea of when you see a person with mental illness, what comes to your mind is Mathari National Teaching and Referral Hospital because the person is insane. Let us look at it as something that is normal. It is a disease like any other so that we can make sure that this Bill can provide for a huge segment of a society that has not been able to seek treatment. I would ask those who need it to go get treatment.

**The Temporary Speaker** Sen. (Prof.) Kamara): Thank you. Yes, Sen. Kihika.

**Sen. Kihika:** Thank you, Madam Temporary Speaker. I also rise to support and from the bottom of my heart congratulate Sen. Kasanga for the work she has done in bringing this Bill. When she moved it, we were able to tell how much work she had done. She had met a lot of stakeholders and had really done her homework. The timing of the Bill is commendable.

I believe at this point in time as a country, we are really facing a crisis. I am not sure if the crisis has been under-reported, probably, it is now being reported more. There is a problem.

There is a problem. It is an area of health that has been neglected for a long time. I like what Sen. Kasanga said while moving the Bill; that we cannot have health without mental health. That is extremely fitting in the sense that when you look at the statistics, you see that one in four people in Kenya are likely to suffer from mental illness at some point in their lives. One in four is a quarter of the population. That is an extremely high number.

We have mental illness affecting so many people in our population, but we do not have enough resources to do interventions necessary to address the mental illness issue. This is a crisis. Even when you talk about suicide in this country, statistics show that men are three times more likely than women to commit suicide. A lot has to do with the fact that women are more likely to talk about issues when they are affected by them and also seek help.

Sometimes men are unable to do that because in our African culture, a man must be *macho*. When he is facing a crisis and needs help, it becomes hard for him to seek help. As a result, we have also seen a lot of men actually killing women or injuring them very severely. Yesternight in the news, we saw a woman who had been beaten to almost

pulp by the husband, just because she had decided that she did not want to be with him anymore.

Those cases have continued to repeat themselves and some are graver than that; where ladies have been killed. This seems to happen week in, week out. It is no longer just young Kenyans doing it, but it is affecting the older people in the society. We saw about a few weeks ago, a man in his 50s killing the wife and then himself. We have seen this happening with the rich or poor people in our country. This is one of those things that just cuts across. We must be able to have interventions that help those who are affected, especially given that so many people in our population are affected.

When we talk of mental illness, I believe most people just think of what we have heard here about being mad, so to speak. However, we have seen that depression is one of the most common forms of mental illness. When we go about our daily lives, I think even us, as politicians, we have probably gone through depression.

When I first came to the Senate for the first one year or so, I was just like a zombie. I had lost a whole team of my staff as I came into the Senate to a helicopter crash. They died and I had been with them for two years. After that, life did not feel the same. We were at the lake for many months hoping that we would be able to find these people. What I saw with their families was extremely devastating. However, what was the saving grace for us is the Red Cross community in Nakuru County. It is very organized, active and strong. They were able to do a lot of counseling for these families and I think this is what helped them to heal.

We know many Kenyans go through a lot of difficult situations and emergencies. They get depressed and they are not able to tap into any sort of help or counseling. A lot of it has to do with the stigma that is attached to an issue. For example, if I am suffering from malaria, cancer or pneumonia, I am able to say I am sick. Today, I cannot come to work I need to go to the hospital and get treated. However, when it is mental illness, we are hesitant.

Sometimes we do not even recognize that we are going through some form of mental illness and we need treatment. We then continue as a country not being in a proper mental state and nobody can help us because we do not even have access on top of the stigma. There is also a lot of discrimination that the people who have mental illness face. It makes many people shy away from seeking help. What I really like about the Bill by Sen. Kasanga is a lot of that has been taken into account in it.

I also like the fact that there is a lot of emphasis on the dignity of the person who is suffering from mental health. As they seek mental health, you will see that there is a lot of requirement that they are handled with dignity. It is also a requirement of the Constitution that every person has access to healthcare. Therefore, it is time that we funded and included mental health in our healthcare system.

One of the major issues that we see from the statistics that are out there is that we do not even have the human resource. We only have 62 psychiatrists who are registered with the Kenya Medical Practitioners and Dentists Board (KMPDB). When I am thinking of a population of about 45 million to 50 million people with just 62 psychiatrists, then it shows you how much human resource is lacking.

We need to put a lot of funding into this and also more professionals can go into that line of work so that they are able to help Kenyans. In addition to that, I am happy with the Bill for clearly stating the obligations for both the national and county governments.

Many hospitals we visit across the counties do not provide mental health services to the populations. That is why there is a stereotype. Somebody has mental health and he should be in Mathari National Teaching and Referral Hospital. Health is a devolved function and therefore, every county must be held accountable.

Under 2(D)(1)(d), county governments shall allocate funds necessary for the provision of mental healthcare in the county budgets. We can come here and talk all day about how important this is, be sensitive to what is going on and how we must help our communities and families that suffer mental illness. However, as long as there is no funding for this, it is just talk in futility. Therefore, the fact that there is a requirement for counties to allocate these funds is extremely important. It is also important that we follow up to make sure that this is implemented once the Bill passes. However, like the others, I have no doubt in my mind that this Bill will pass in this House and the National Assembly because it is critical at this point.

The provision of mental health treatment and rehabilitation services in Level 2,3 and 4 county health facilities will go a long way to make sure that when a person needs mental health facilities, he or she does not have to come to Nairobi to seek help at Mathari National Teaching and Referral Hospital. I know we have about 16 hospitals in the country that in one way or the other offer mental health services. However, Mathari Hospital is the only public facility that specializes in mental health.

We have talked a lot about how some forms of mental health such as depression are common. We also know that we are in a country where unemployment is extremely high especially for the youth population. There is also a lot of drug and alcohol abuse which is caused by unemployment. Therefore, by devolving these services to the county level, the person at the village level will access them instead of expecting the same depressed and unemployed person to find their way to Nairobi to look for treatment. The sooner we make these services available to the people at the grassroots, the more we can take care of this problem.

Madam Temporary Speaker, from the statistics, Kenya is among 54 out of 194 World Health Organisations (WHO) members that do not have a separate budget for mental health. Therefore, as a country whose one of the Big Four Agendas is universal healthcare, we cannot have universal healthcare without including mental health. Also, we cannot deal with mental health problems without funding. Therefore, it will be extremely important that funds are set aside. One of the key issues that make mental health services unavailable is the limited resources in terms of treatment.

We also need to do more awareness. This is because many people do not understand when they or their family members are going through these issues. However, for those who have patients who have severe cases, they lock them up in their homes. This is because they are unable to deal with the situation. For example, parents of severely mentally disabled children may be unable to take care of them because they have

to go to work in order to provide a roof or food for the child or children. Therefore, they end up having no option but to lock the children in the house.

It is important to create awareness out there for people to know there is help for their families and communities. This will only happen if funds are allocated.

Madam Temporary Speaker, in addition, from a personal level, about seven years ago, I lost a nephew who was dear to me. He was a young gentleman about 19 years. He was in his first year at the university. He somehow got depressed and we did not know. The wildest thing is he seemed very boisterous. He was the last person we would have thought was depressed. However, I guess he was just putting all a front.

Once again, given that we do not understand these mental health issues, we did not understand what was going on. One day, he just took a shot gun - for those of you who know a bit more about weapons, a shot gun is one of those very long hunting rifles - he put it in his mouth, pulled the trigger and he passed on.

Therefore, I believe that mental illness is a common problem that any one of us here either knows somebody in their extended family, a family friend or neighbour who is suffering. So, it is not an isolated issue. However, it is one of those issues that are very cross-cutting. These are issues that we must deal with as a country if we want to move to the next level.

If we are talking about universal healthcare, we cannot do that without taking care of mental health. Therefore, as we move forward, I welcome this Bill. I am happy that it has come at this point because it is the right time. The better time would have been yesterday. However, I am glad that it is here. I am sure that, as a Senate, we shall make sure that it passes.

As I conclude, I once again thank Sen. Kasanga for the work she has put in to it because it is comprehensive and takes care of a lot of issues that are encountered in mental health.

Thank you.

**Sen. Farhiya:** Thank you, Madam Temporary Speaker, for allowing me to contribute to this important amendment Bill. I also thank Sen. Kasanga for sponsoring it. I am sure that all of us have either had a neighbour or someone who has been affected by mental illness.

**Sen. Malalah:** On a point of order, Madam Temporary Speaker.

**The Temporary Speaker** (Sen. (Prof.) Kamar): What is your point of order, Sen. Malalah? Please refer to the Standing Orders.

**Sen. Malalah:** Thank you, Madam Temporary Speaker. As a concern and as the Deputy Minority Leader, the public is watching and it might wonder why our side is not contributing. We have had Members from the Majority side contributing and our Members have not been given adequate time to contribute. How I wish you consider both the Minority and Majority sides.

**The Temporary Speaker** (Sen. (Prof.) Kamar): Order, hon. Senator. That is not a point of order. Take your seat. It is the eye of the Speaker that sees. The eye of the Speaker shall see both sides of the House when the signal has been given.

Sen. Farhiya, Proceed.

**Sen. Farhiya:** Thank you, Madam Temporary Speaker, for your protection.

Health is one of the devolved functions in our new Constitution. Therefore, we should also devolve mental illness facilities to counties so that people can have access to the care that they need in all the counties.

Mental illness is compounded by drug abuse and alcohol. Therefore, unless we take care of the drug menace factor, we might reduce the impact but we will not manage this problem and give it the attention it deserves.

This is an issue that should be of concern to this country because drug abuse is at the highest level now, even in areas where before, drug abuse was minimal. While some counties have learnt how to deal with it, there are others where this problem is coming up and becoming a real issue.

Madam Temporary Speaker, I cannot stop thanking Sen. Kasanga for bringing this Bill because the burden of dealing with mental illness is enormous. This is so, especially, where the bread-winners get mental illness and the parents are ageing. The caretakers who are ageing do not have enough strength and resources to take care of the person suffering from mental illness. This is a real challenge.

I remember, as I was growing up, there was one old woman whose two sons were suffering from mental illness. All of them are deceased. That mother was poor, aging and ailing. I cannot imagine the level of suffering that those people went through.

The fact that mental illness care is being devolved to counties, it will offer relief, especially in cases where people who are mentally ill are at a combative stage. Rehabilitation centres will deal with people suffering from mental illness at the county level. There are different levels of mental illness. Some people may be exposed to certain trauma and as a result get mental issues. They end up abusing alcohol and drugs. If such people can get access to mental healthcare at that level, a lot of other issues can be resolved.

Given the statistics that our Majority Whip has talked about, a quarter of this country is suffering from mental illness. That is a very big number compared to the rehabilitation and recovery centres that are fully sponsored. A few people can afford to take their family members with mental illness to rehabilitation centres. For families that are poor—a big percentage in this country are poor—that can be a daunting task.

The other issue that I wanted to talk about is our armed forces. There are a lot of mental issues within our armed forces. As much as they are trained and armed, they also have personal needs and challenges, just like the rest of us. An officer who has been engaged in combat and seen many of his colleagues being murdered needs psychosocial support. Lack of this support leads many of them to break down. They become alcoholics and abuse drugs, because there is nobody out there to help them deal with that situation. It is high time we also looked at the mental health of our armed forces.

Madam Temporary Speaker, this Bill has also taken care of a lot of issues. I thank Sen. Kasanga for dealing with the issues in detail, to ensure that persons with mental issues are protected. There are many people out there; in the streets with mental illnesses without anybody to take care of them. Besides being on the streets and facing challenges, they are still abused. This mostly affects the females. As a result, some families are forced to take care of the persons with mental illness together with their children. It is good that this Bill takes care of all these issues.

This same Bill talks about providing the necessary resources for mental healthcare and national referral facilities. It also talks about adoption of a comprehensive national strategy action plan and policies to promote realization of rights of persons with mental illness under Article 43 of the Constitution.

It also talks about maintaining standards for health facilities. It is very important to have standards for mental health facilities. There should be minimum standards for each mental health facility. Sometimes people set up mental health facilities that do not even meet minimum standards. As a result, patients who are taken there end up worse than they were before.

This Bill speaks to me passionately because it meticulously addresses many issues. It talks about the number of qualified health professionals required to serve in a mental health facility, the quantity of diagnostic and therapeutic equipment required, medication and the method of care, rehabilitation and treatment administered to persons with mental illness. These are issues that are extremely important if we have to handle mental health issues.

The Bill also talks about developing programmes for rehabilitating persons with mental illness. The list is quite long. It must have taken Sen. Kasanga quite a long time to come up with all these issues. She goes ahead and talks about the role of county governments in handling mental healthcare, allocating funds, rehabilitation centers and resources to ensure that all this is done. All these will also improve access to people with mental health issues.

*[The Temporary Speaker (Sen. (Prof) Kamar) left the Chair]*

*[The Deputy Speaker (Sen. (Prof) Kindiki) in the Chair]*

Madam Temporary Speaker, we should also have---

**The Deputy Speaker** (Sen. (Prof.) Kindiki): Order!

**Sen. Farhiya:** Apologies, Mr. Deputy Speaker, Sir. I had not realized that there was change of Chair.

Madam Temporary Speaker---

*(Laughter)*

**The Deputy Speaker** (Sen. (Prof.) Kindiki): Order! Sen. Farhiya, you must live with the change of circumstances.

**Sen. Farhiya:** I apologize, Mr. Deputy Speaker, Sir.

Mr. Deputy Speaker, Sir, I want to talk about consent to treatment. That is provided in Clause 3B (1) which states that-

“Every health care provider shall, where a person with mental illness is capable of making an informed decision on the need for treatment—

(a) inform the person with mental illness of the person’s right to choose an appropriate form of treatment; and



(b) obtain the written consent of such person before administering any treatment.”

Sometimes people with ill motives can misuse people with mental illnesses. We have cases of people with mental issues who say that they are not sick yet people want to lock them up. We should have professional assessment because sometimes people with mental issues have lucid periods. Sometimes they think coherently, but that does not mean that they can decide whether they should go for mental health treatment or not. So, we have to be careful.

Some of us have lived with people with mental illnesses and are aware that sometimes they appear healthy but that is not true. Before they consent to treatment, they need professional help. I urge the Senator to include a provision for that.

Regarding insurance, like I said before, treatment for people with mental illness could be expensive for the families.

I wish to finalise by saying that this is a Bill whose time has come. In Kiswahili, they say *kama si sasa, ni sasa hivi*. I know the Standing Orders do not allow mixing languages but it is because I want to emphasise my point.

I thank you.

**Sen. Nyamunga:** Thank you, Mr. Deputy Speaker, Sir, for giving me an opportunity to contribute to this Bill by Sen. Kasanga. If you look at Clause 4 beginning at 2A (a) up to (e), the most important thing is that there is need to reduce the incidences. The second issue is rehabilitation. It is not just a matter of taking care of people who are mentally incapacitated but we also need to make sure they are rehabilitated, so that they lead a normal life.

The Bill also seeks to reduce the impact of mental illness on the members of the society and members of the family. It also seeks to promote recovery from mental illness. Once you are mentally sick, it does not mean that you will remain like that forever. This Bill seeks to ensure that there is a mechanism of making sure that there is recovery.

Finally, the Bill seeks to ensure that the rights of persons suffering from mental illnesses are protected. We have seen a lot of suffering by people who are mentally ill.

At this stage, it is important for me to state that in Kenya, most of us are mentally ill. Many Kenyans are mentally ill but we only get concerned about people we think are mad. When you go to any market place, people perceived to be mentally ill are known. However, we do not take into account many other people who are mentally ill.

Today in the morning, I attended a burial of a son of a close friend of ours who committed suicide. The unfortunate thing is that the boy was a first-year law student. He was only two weeks old in the university.

**The Deputy Speaker** (Sen. (Prof.) Kindiki): Order, Sen. Nyamunga. You know what that means. I would like to draw your attention to Standing Order No.90(1) which states as follows-

“No Senator shall read a speech but a Senator may read short extracts from written and printed papers in support of an argument and may refresh memory by reference to notes.”

From where I sit, you are reading a speech or something. I hope I am not right or maybe I have not seen properly from where I am.

**Sen. Nyamunga:** Mr. Deputy Speaker, Sir, I am not reading any notes because I was talking about a son of a friend of ours in Lang'ata.

**The Deputy Speaker** (Sen. (Prof.) Kindiki): I thought it is written on that piece of paper because you have been looking at it consistently since you started speaking.

**Sen. Nyamunga:** Sorry, Madam Temporary Speaker, if I have given that impression.

**The Deputy Speaker** (Sen. (Prof.) Kindiki): Order. What is happening today?

*(Laughter)*

Proceed, Sen. Nyamunga.

**Sen. Nyamunga:** Mr. Deputy Speaker, Sir, I do not know what is happening today because everybody seems to refer to the Deputy Speaker as Madam Temporary Speaker. There must be some corrections to be made up there.

**The Deputy Speaker** (Sen. (Prof.) Kindiki): Order. What did you just say, Sen. Nyamunga?

**Sen. Nyamunga:** Mr. Deputy Speaker, Sir, you know we are all mad.

**The Deputy Speaker** (Sen. (Prof.) Kindiki): Order!

*(Laughter)*

Can you proceed appropriately?

**Sen. Nyamunga:** Mr. Deputy Speaker, Sir, I was in the process of making a statement. This morning, I was at Lang'ata to attend a burial of a child of a friend of ours who committed suicide. He was a first-year student at the University of Nairobi studying law. They were three friends from the same school. Last year, one of them committed suicide and in March this year, another one committed suicide. Our friend's son committed suicide this June.

What I am trying to put across is that we have a problem as a society. That is why I said that most of us are sick. It could be due to our lifestyles that we appear to be fine when we are not. Even in this Parliament, if you are keen on how we relate with each other, you will realise that sometimes someone is annoyed for no reason.

I think most Kenyans are mentally sick and we do not show it because we have clothes on and do not live somewhere in the market. Therefore, people assume that we are fine but we are not. I thank Sen. Kasanga for bringing this Bill because it is critical that we look at issues that affect us.

I still want to go on with the case of a child we buried today. There were many friends there. At that time, many friends simply tell parents *pole* for what happened. We hope the parents will recover and continue with normal life, when in real sense those parents will hurt for a long time. We do not have a mechanism of helping members of the society when bad things happen.

About two weeks ago, there was a story of a man in his 50s – according to me, he looked like somebody in his 60s and above – who killed his wife and then killed himself.

What happens to the people around them or the children if they had any? We just tell them; sorry and, encourage them to move on with their lives.

We just pile problems and we think that it is only the mad people in the market places or in Mathari Hospital who are sick. We should look at our lives and how we treat each other. What mechanisms can we put in place to take care of people who are hurting? People are hurting in different ways. That is why we see a lot of cases of suicide.

Mr. Deputy Speaker, Sir, one of the Senators said that men are more affected than women. I think it is because women know how to come together and also share problems. Most men would want to sit pretty; maybe in a big office, to show people that they are doing very well, when they are not doing well.

We must have a mechanism of helping our people to get to the root cause. What are the causes of the mental problems that we encounter from time to time? It is very critical.

Mr. Deputy Speaker, Sir, there is also the issue of sexual harassment of people who are mentally sick. These are women who are left in the hands of nobody; there is no safe place for them. As we look at gender based violence, we should also look at it in the context of the mentally sick people. We should ask ourselves: Why is gender based violence so rampant in Kenya?

I think there is an underlying problem that we are not facing and we want to show that things are fine. We are not fine and we should get to the root cause and find out why we are going through a lot of mental problems, killings and suicide. We must get to the root cause of the problem before we heal. This is a great Bill; we should not only debate it but also make sure it passes. After passage, what happens to the Bill? It can pass but no money is allocated to it, because it is a money Bill and will, therefore, require an institution to be put in place to make sure implementation is done.

We are very good at passing Bills but our weaknesses as a nation is the fact that we do not implement them. If we were to implement most of the Bills that we pass both in the National Assembly and at the Senate, I think Kenya would have moved many miles ahead. Some of the amendments that are being brought, for example, to a Bill like this one should have been dealt with several years ago. Kenya is known for passing very good Bills in every aspect of our lives but we do not implement them. This is a Bill that needs to be implemented in order to make sure that it goes out to reach as many people as possible.

Earlier on, I talked about the sexual violence that people who suffer from mental illness go through; then they are burdened by getting unwanted pregnancies. We may not know if the children will also be affected. We assume that all the people who are in the streets are mentally sick. Some of them are not sick; they ran away from their families for different reasons because nobody came to their aid.

Apart from the fact that you want to look at mentally sick people, I think it should also be combined with the fact that there are so many people who are in the streets who are mentally sick and nobody takes care of them. Some of them are not sick; they are fine but for some reason they moved away from home. After mingling with the sick people for quite a long time, they tend to behave in a manner that suggests that they are also mentally unsound.

Another issue that is very critical is the fact that Mathari Hospital is the only referral hospital which deals with most mental cases. I know we have rehabilitation homes like the one along Chiromo Road and many others that deal with rehabilitation of people who have been ruined by alcohol or drugs. This eventually affects their mental status.

We should make sure that each and every county takes care of their people. People who are mentally sick should not be left homeless because the combination is a very big burden. There is stigma that goes with the mental sickness. In some families, you can find that there are four children who are mentally sick; they are locked in a house somewhere and they are given food through a window.

Last week, I saw a young man who had been locked up for about 17 years. The reason for this is that he was so affected when he did not pass exams to make it to the university. Instead of his parents or guardians seeking mental healthcare for him, they just put him in a house and locked him there. They were only passing food through a small window. Those are some of the things that should be looked into; that the mentally sick people must be taken care of.

The most important issue that has also been mentioned in this Bill is to make sure that they are rehabilitated and given the protection they need. What can we do as a nation or county to reduce the number of people suffering from mental illnesses?

Mr. Deputy Speaker, Sir, on the issue of joblessness, most people are very helpless and hopeless. Young people do not have jobs. We know of cases of people who are working or doing contracts in the county governments but they are never paid for their services. Some of them have committed suicide and others suffered ill mental health because of the suffering that they go through for different reasons, in different parts of this country.

As we put this Bill in place, it is important that we look at it holistically and make sure that we promote the reduction of mental health cases. It has to be reduced and there must be rehabilitation. The impact on the family members must also be reduced to make sure that the rights of these people are taken into account.

I want to congratulate my colleague Sen. Kasanga for thinking through the amendment of this Bill because it is very important and critical. It is now our responsibility to make sure that it passes and gets proper funding.

Apart from it being a national problem or concern, it has to be a county concern and up to the villages to make sure that our sisters or brothers who are mentally sick are properly taken care of. Even if they are mentally unwell, they are still our relatives and human beings who are supposed to get all the rights that they need.

Thank you.

**Sen. Olekina:** Mr. Deputy Speaker Sir, I rise to support this Bill by Sen. Kasanga. It is an amendment to the Mental Health Act.

From the onset, I have to say that as a country, we have truly neglected people who are mentally unwell in this society. I say this being one of the victims in the sense that, when you have a person who suffers from mental health problems in your family, you also end up suffering from it by extension.

I am quite pleased with my sister for introducing an aspect where it will now become legal for this country to be able to find a way to incorporate these people who are challenged into our society.

When I was listening to Sen. Kihika, I remembered that 95 percent of all Kenyans who go to the United States of America (USA) work in the mental health sector. They feed their families through the proceeds that they get from working in mental health facilities. It begs the question as to why we should not be able to borrow that concept and ensure that we care about the well-being of our people. I think we can really learn a lot.

I was having a conversation with Sen. Kasanga who is the sponsor of this Bill. One of the areas that I was concerned with has to do with the issue of the obligations of the national Government and county governments. Health is a devolved function apart from the national referral health facilities which are in Schedule Four of the Constitution.

I was suggesting to Sen. Kasanga that in her amendments, the functions of the national Government should be limited only to the national referral health facilities which are stipulated in the Constitution. We should find a way of empowering our county governments so that they can develop mental health facilities in the counties.

Mr. Deputy Speaker, Sir, it is quite sad that right now, when we have anybody suffering from any mental illness, he ends up going to Mathari National Teaching and Referral Hospital, Kenyatta National Referral Hospital or a few other institutions that offer mental care. When one goes there, they encounter a very strange environment. I remember when my dear brother was there, we had to find a way of taking him back home for him to improve because when he was there, he completely deteriorated. This is something that is quite personal. I know many people may shy away from talking about it, but we must accept it because all of us suffer from some form of mental illness.

Mr. Deputy Speaker, Sir, I think the entire political class is completely insane. This is because we even make decisions in this House and later on ask ourselves what we did. Sometimes we suffer mental breakdown when we pass legislation that end up affecting us.

It is imperative that we support devolution so that county governments can empower institutions in counties to provide medical care to people with mental illness. I hope that Sen. Kasanga will amend this Bill at the Committee Stage to ensure that every Government department will have a psychiatrist to help our people. If you count the number of psychiatrists we have in this country versus the number of people who suffer from mental illness, you will be shocked. I hope she will find a way to include an aspect where every institution, particularly these big corporations, will be obligated by this Act to have a department that will deal entirely with the issue of mental illness.

Sometimes we do not care about our brothers and sisters. We stopped being our brothers' keepers, especially when they are in retirement. I dare say that they start suffering some form of mental illness. As part of preparing them, a psychology department should be set up in every Government institution. That would be one of the good amendments that Sen. Kasanga can add here so that it prepares people for how to live outside government circles.

The biggest challenge we have now is that a lot of what we do tends to benefit people in urban settings. I would love to see an inclusion of rural health care facilities in

this Bill. We need to have some form of support to those small hospitals in the counties. We know that health is one of the very expensive things in this country, and only the rich can get the best medical facilities and rehabilitation centres. It would, therefore, be good for us to also consider the poor people in the rural areas. There are some areas where people do not know what a hospital is. I think that was in the minds of the drafters of our Constitution when they were devolving health, so that it could go down to the village level.

Mr. Deputy Speaker, Sir, since we now have an opportunity to align this to the Constitution and to the Health Act, it will be proper for Sen. Kasanga to find a way to include a requirement that those dispensaries at home have a department that can talk to another department at the county level so that the people in the rural areas can also benefit.

Mr. Deputy Speaker, Sir, the statistics are quite alarming. We talk about one out of four people suffering from some form of mental illness. When I look around, we might have two or three people in this House right now who are completely insane.

**The Deputy Speaker** (Sen. (Prof.) Kindiki): Order, Sen. Olekina; be careful.

**Sen. Olekina:** Thank you, Mr. Deputy Speaker, Sir. I am only speaking of the realities in this country, because maybe I just chewed a moment of insanity. That is the norm. That happens every day because of the challenges we go through. I can see one of my good friends maybe also thinking that what I said could be true.

To end my contribution, I fully support Sen. Kasanga in her amendments. I hope that she can also include a section that treats Persons with Disabilities (PWDs), because it is really a challenge to them. Just imagine one is already disabled, and then he or she suffers some form of mental illness. Let us help them because they are forced to go through some form of psychological trauma by the fact that they have been put into this world differently; then they go through another mental breakdown. These people are so disadvantaged.

Mr. Deputy Speaker, Sir, I beg my sister to include a specific clause that focuses on PWDs of any form so that they can be taken care of by either county governments. Even when they come to the national referral centres, they should be treated with a lot of dignity. All we are asking for is that we accept the realities of this world. We need to accept people who are suffering from mental illness and support them so that they can live a normal life as we are living.

Mr. Deputy Speaker, Sir, with those few remarks, I beg to support.

*(Applause)*

**The Deputy Speaker** (Sen. (Prof.) Kindiki): Proceed, Sen. Malalah.

**Sen. Malalah:** Thank you, Mr. Deputy Speaker, Sir. I join my colleagues in congratulating Sen. Kasanga for coming up with this very noble Bill. It is timely because the youth of this country are victims of mental illness. Today morning, a young man from Jomo Kenyatta University of Agriculture and Technology (JKUAT) sneaked into State House, brandishing a knife. That is a sign of frustrations and depression.

Recently in my county, in a school called Butere Girls, a girl committed suicide just because one of the students had threatened to report her for stealing a blouse. It is quite sad that mental health has become a concern in our society. This Bill is, therefore, timely so as to address these issues.

Mr. Deputy Speaker, Sir, even as we handle mental health, we need to microscopically look into the different stages of mental illness. Many people have conceptualised mental illness as madness. However, we have different categories, such as depression. Right now, I think many Kenyans are undergoing depression. As we delve into this matter today, we need to look into the causes of depression in Kenya.

One major cause of depression in this country is the economic hard times. We have many people in this country who are living below a dollar a day. We have many youth who have gone to school, but are unemployed. We have many people who were employed by some industries and Non-Governmental Organisations (NGOs), but they were sacked. This is a challenge to the current leadership, including the Senate and the National Assembly, to consider cushioning the citizenry of this country from these hard economic times.

Mr. Deputy Speaker, Sir, we promulgated the new Constitution in 2010, which envisioned decentralisation of power and resources to county governments. It is incumbent upon these county governments to ensure that they cushion their citizens in terms of economic hard times. As I speak, most county governments have embarked on flagship infrastructural development and forgotten to strengthen or have economic stimulus projects. It is important for them to prioritise economic stimulus projects. We might build 200 classrooms, but do people have money in their pockets?

It is very important for the Senate to mentor and guide the county assemblies in our respective counties. When they come up with budgets, let them prioritise economic stimulus projects which can empower our people and increase employment opportunities in our counties. For example, in Kakamega County, we have encouraged the Governor to initiate projects like the one Governor Ngilu is doing in Kitui County; coming up with a textile factory. I am glad that the Governor of Kakamega County is now open to such suggestions and has advertised for a milk processing factory in Malava Constituency. These are some of the projects that will absorb those young people and the citizenry in general, so that we can cushion them from depression.

Even if the Government employs people and offers them business opportunities, it is also important for county governments to pay in good time. Most of the people suffering from depression have engaged in businesses with county governments and other business entities. They have even taken loans to facilitate their business but, at the end of the day, their payments are delayed resulting in the auctioning of their property. That is the reason such people get into depression.

Mr. Deputy Speaker, Sir, as we look at issues which cause depression, we have had social challenges in our society. We have seen young people trying to chase lifestyle, and they leave the villages to pursue education in the cities. You will find a young girl from a humble background coming to the city. Once she gets here, she starts chasing lifestyle. Social media is a major contributor to such cases. We have seen girls who were

initially ‘very holy’ coming to the city and then wanting to apply three coats of foundation on their faces so that they can match the standards of the city.

**Sen. Halake:** On a point of order, Mr. Deputy Speaker, Sir. Is the hon. Senator in order to reduce the very important issue of mental health to a girl coming to town to apply some make up? This is not a male or female issue. I do not think it is in order for the Senator to make it light.

**The Deputy Speaker** (Sen. (Prof.) Kindiki): According to his views, he is giving examples of how mental health can affect behaviour.

**Sen. Halake:** Mr. Deputy Speaker, Sir, I do not think it is in order for the Senator to use such sexist examples. He can find a better example.

**The Deputy Speaker** (Sen. (Prof.) Kindiki): Under what Standing Order?

**Sen. Halake:** Mr. Deputy Speaker, Sir, I will find it.

**The Deputy Speaker** (Sen. (Prof.) Kindiki): Order!

*(Laughter)*

Proceed, Sen. Malalah and be sensitive to all pertinent issues.

**Sen. Malalah:** Mr. Deputy Speaker, Sir, female Senators have given examples of the male gender as pertains to mental health, and we did not protest. I was trying to lay a foundation as to what causes depression. Such innocent girls, with no exposure to such expensive makeup and dressing, come to the city and start chasing lifestyle. Once they get to here, for them to sustain that lifestyle, they need to engage a ‘sponsor.’ In the absence of a ‘sponsor,’ such innocent girls get into depression. These are some of the issues that we should be looking at.

It is important for us, as parents and leaders, to induct these young people who join the universities so that they are oriented and exposed to such cultures before they are admitted. This reminds me of the joint National Youth Service (NYS) programme, where it was compulsory for any youth who had finished secondary school education and qualified to join university to first be admitted to the NYS regardless of their social background. It is important for us, as leaders, to have a platform or forum where these young people are exposed and inducted so that when they come to the university life, they do not chase lifestyle.

We have also set a weak foundation for our youth. Many of us, as parents, have exposed our children to flamboyant lifestyles, where they do not face hard times. In the absence of parents, these children get into depression. It is, therefore, important for us to expose these young people well in life and give them the right teachings and mentorship.

Mr. Temporary Speaker, Sir, I thank Sen. Kasanga for specifically elaborating the roles of the two governments as pertains to mental health. Clause 5(2D) of this Bill specifically elaborates the role of the county governments as pertains to the implementation and needs of mental health. It is upon the Senators to encourage our Members of County Assembly (MCAs) to prioritise budgeting for this cause. We should encourage them to budget for the rural facilities, as Sen. Olekina has said. However, it is not all about money. It is also about building capacity, even in the rural facilities. Yes, we might have money to build all the infrastructure required there, but it is upon county



governments to ensure that we have the right expertise at the rural level to handle mental health. This is a good Bill which will cushion us against mental illness in Kenya and provide a framework to deal with these issues.

Lastly, Mr. Deputy Speaker, Sir, I have seen a provision in the Bill which provides ways in which mental illnesses will be handled in the armed forces, where in the recent past, we have had rampant cases. We have seen police forciers shooting each other in police camps. Therefore, it is important for us to ensure that once somebody has been licensed to carry a firearm, his or her mental capacity is evaluated. It is important for us to provide, in this Bill, for frequent evaluation of police officers so that we ascertain whether they are mentally ill or stable.

Otherwise, I take this opportunity to thank Sen. Kasanga. The first time I saw her was when we were sworn in here. She was the first Senator to walk into this House without shoes, and I thought she was mentally disturbed. However---

*(Laughter)*

**The Deputy Speaker** (Sen. (Prof.) Kindiki): Order, Senator. Are you telling the House that Sen. Kasanga was sworn in without shoes?

**Sen. Malalah:** Mr. Deputy Speaker, Sir, I am saying that the first time I saw her in this House, she had no shoes. That is on record. However, I rose on a point of order and she corrected that situation.

**Sen. (Dr.) Kabaka:** On a point of order, Mr. Deputy Speaker, Sir.

**The Deputy Speaker** (Sen. (Prof.) Kindiki): What is it Sen. (Dr.) Kabaka? Is it to do with the shoes?

**Sen. (Dr.) Kabaka:** Thank you, Mr. Deputy Speaker, Sir. Is he correct to allude that Sen. Kasanga walked in the Chamber with no shoes and that she was mentally incapacitated?

**The Deputy Speaker** (Sen. (Prof.) Kindiki): Sen. Malalah, is that your point? Are you are trying to link your contribution on mental illness with the Senator's lack of shoes on that particular day?

**Sen. Malalah:** Mr. Deputy Speaker, Sir, initially, I thought it was a moment of temporary insanity.

*(Laughter)*

This is because it is inscribed in the Standing Orders and the code of conduct of this House on how hon. Members should dress. Therefore, when I saw her without shoes, I thought she was a victim of temporary insanity. However, she corrected that notion; she is not mentally disabled. I support her for coming up with this Bill and in whatever she is doing.

**The Deputy Speaker** (Sen. (Prof.) Kindiki): Very well. I can see Sen. Kasanga is nodding with approval.

Proceed, Sen. Mwaura.

**Sen. Mwaura:** Thank you, Mr. Deputy Speaker, Sir. I rise to support this very important Bill. I highly congratulate Sen. Kasanga, who is an architect by training. I see in her, through this Bill, an embodiment of a struggle and commitment to a course to ensure that a person makes a difference when they have an opportunity to do so. I believe that when she was elected to this office to represent women through her party, she had this as one of her agenda. It is important that it has seen the light of day. I am saying this because there is always a reason why we come to Parliament. We do not come to Parliament for the sake of usurping hallowed positions in society, but rather to advance the course of the people that we represent and for the sake of humanity.

Mr. Deputy Speaker, Sir, this Bill is timely because it is trying to make the Government more responsive to issues of persons who have mental health conditions. It is a journey that has been travelled, and is full of a lot of contestations. As we speak currently, there is a United Nations (UN) Convention on the rights of PWDs. We are having the conference of State Parties in New York, the 12<sup>th</sup> since we adapted this convention in 2006.

Usually, we have a lot of robust discussions around issues to do with mental health and intellectual disability, as we call it sometimes. Recently, we have come up with a category of persons who have a mental health condition which we now call ‘psycho-social disability.’ These are people who are users and survivors of psychiatry. They are individuals who require psychiatric intervention in order for them to attain their full potential on a day-to-day basis. These include persons such as those who have bipolar, schizophrenia and other conditions.

One of the things that I noted when I was having a discussion with Dr. Frank Njenga recently, who is a senior psychiatrist in this country, is that mother nature is kind. This is because some of the people who have these conditions are extremely gifted. It has been scientifically proven that people who are bipolar are extremely intelligent. It is something that I used to suspect before, but I am glad to say that it has been proven scientifically. They are intelligent, creative and happen to be some of the best renowned people.

The problem is the fact that people do not identify themselves positively with their mental health condition because of the stigma and discrimination. I have had individuals who have told me that they are bipolar but they cannot pronounce it, because in this country, when you are seen not to be in the right mental state, you are thought to be marred and, therefore, not well trusted by the society. However, it is good to positively identify yourself because it begins with self acceptance and declaration.

If a person is a pioneer of something – I have travelled that road many times – you get the flack on behalf of others. That is what happens to people who stand up for the courses of others. Eventually, we normalize these conversations. It is like the way Robert Frost says about the road not taken; it is difficult because you have to be the one creating the pave way, but it makes things easier for everybody going forward. It becomes something that people are more able to own up to, and it becomes – without provoking my sister, Sen. Halake – sexy to identify yourself with the course.

It is true that we are increasingly an individual contractual society, where people are living on their own. If we were to challenge the Senators who are here to say whether

they know their neighbours properly, the answer is that they do not. We are no longer living in a communal society; people are alone. It is you and your family versus the world. It is up to you to know what to do with your problems. In fact, there is a popular saying that *kila mtu apambane na hali yake*. Therefore, in that kind of a situation, people do not know how to speak up.

Our traditional structures of counseling and psycho-social support are broken. We do not have men's associations where people will go to be given what we call in my local language *kirira*. This is where a person is given advice on how to deal with societal matters based on the wisdom of those who have gone before them. Now, people have to deal with their issues in the best way they know how, for example, they Google or keep quiet about it.

In particular, men are not supposed to be seen to be weak or cowardly. In fact, I recently saw on social media a video of a woman who was seriously beating her husband, and it has become a matter of ridicule. Therefore, men feel like they cannot open up or share. Where do they go to? That is why they drowse themselves in alcohol and get into drugs and substance abuse. As many Senators have said, it explains why people are engaging in suicide. We all remember the case of Ivy Wangeci and the lover, who had to travelled all the way from Thika to Eldoret just to kill a girl because of matters love. Recently, I saw a little boy of 11 years who killed himself. He was the only son to the mother. You can, therefore, imagine the anguish that the family is going through.

We also need to look at the prevalence of these cases. Sometimes, when we talk about regions, it is good to own up to the problem. However, it is true that it has been proven that in tobacco belts, people have more mental challenges. Therefore, there is a direct covariance between tobacco-growing and may be, usage. There is a problem, maybe because of various chemicals used to grow the product.

Majority of the people that we interacted with around Migori area have intellectual disabilities. I do not mean everybody from Migori. That has been proven by the Kenya Association of the Intellectual Handicapped (KAIH). That is why it is important to have the county governments take up the responsibility of mental health.

I am happy that in this Bill, Sen. Kasanga wants it to be everybody's responsibility. We should put our money where our mouths are, because we have budgets. If a society or government is committed, then there must be proper budgeting.

It is true that there are a lot of sexual violations on girls and women with mental disabilities. That is common because of power relations when it comes to consent and understanding. In many places in this country and beyond, you will find women and girls who suffer from mental illnesses have children and nobody knows who the fathers of these children are.

There is a case I had to deal with where a parent was using her own daughter. Men would sleep with that girl in exchange for money. In that case, the utility of a child with a mental condition was to the benefit of the parent. We have also had situations where men take advantage of children with mental illnesses and impregnate them. These are some of the issues that should be addressed. If we are amenable to the issue of mental health, then people will take it positively and intervene.

When I was growing up, there was a girl with a mental condition. Every time she visited a homestead, she would be chased away because nobody wanted to deal with her. I only realised much later when I got into activism and reflected about the girl, who was called Wairimu. She died prematurely out of negligence and disease. That is the story of many people that we ignore.

Mr. Deputy Speaker, Sir, according to our laws, you can be removed from office if you are perceived to be insane or of unsound mind. I would like to indulge you, as a professor of law. How insane is insane, and what constitutes unsound mind? At the international level, there is a serious debate around the convention on the rights of PWDs with regard to legal capacity.

If you look at Article 12 of the Convention on the Rights of Persons with Disabilities (CRPD), issues of human rights should be unpacked with regards to legal capacity. To what extent can you say that a person has the right to exercise their own legal capacity with regard to their rights or whatever contractual obligations they have? This is germane, because it opens up the human rights discourse in rather unfathomable ways. I urge Sen. Kasanga to find how we can incorporate best practices around legal capacity. It sounds a little bit of a jargon, but that is what we need to look at so that we deal with other legislations that seek to exclude people with mental health conditions from participating in public life simply on account of perception of insanity or having unsound mind.

Mr. Deputy Speaker, Sir, during the Eleventh Parliament, we had the Marriage Bill. I proposed that persons with mental health conditions can consent to marriage. However, I was told that mad people cannot be allowed to get married. That kind of rigidity that comes out of ignorance on the part of all of us, including us, legislators, is what continuously excludes people who, if given an opportunity to contribute, would also make a difference.

We will have the census and we will not have the traditional questions that were asked in 1989 and 2009. In 2019, we will have the Washington Group Short Set of Questions. There will be a question about mental health condition with about four parameters on cognitive processes and procedures. I encourage Kenyans to honestly answer that question, because we need to ascertain an estimation of the number of people who have mental health issues so that it justifies the funding. This is not in a straitjacket, but a continuum. You could have a lot of difficulties, mild or no difficulties on your mental health. There will be four parameters and people should confess if they doubt their mental health situations. The data can be extrapolated so that we can prove scientifically the prevalence, for example, among men, so that gender is mainstreamed in the programme according to the interventions that this legislation seeks to provide within the ambit of community health care.

There is a provision on the right to property which I want to speak to. When most people are perceived to have mental incapacity, people think it is time to appropriate their properties. The penalty there is a bit lenient, because three years imprisonment or a fine of Kshs1 million is not sufficient. The Mover should consider increasing it because we could have properties worth millions of shillings and people could easily pay out of the proceeds when they become administrators of the properties. That will be empowering

rogue administrators to use the same amount of money they may have stolen to circumvent justice. We should make it stringent so that it becomes a deterrent to individuals who may occasion that.

Members have spoken clearly that we are living in a society full of self-aggrandizement. People want to be seen to be doing well. In fact, social media provides us with a platform to alter egos because we want to showcase to the world what we are. I think men are getting a raw deal because sometimes we see things on social media, but when it comes to reality, there is a difference between heaven and earth. People want to look successful while they are not, in the actual sense. Men want to be seen to be driving big cars. There is mob psychology and the desire for more likes and followers when people, including us politicians, post things on social media platforms. When nobody comments on whatever we post, we have a sense of rejection.

Mother Theresa said that the biggest problem in this world is that people feel that they are not loved. It is not because of lack of water or food, but the perception that people are not wanted. That is what drives people into depression. That is something we need to look at.

*(The amber light was switched on)*

Finally, because I can see my time is up, the issue of mothers and Post-Partum Depression (PPD) is something people do not want to talk about. We should have programmes where when our women deliver, they are supported because that is a noble thing they do for the society. When there is also child or infant loss, they should be assisted to accept the reality and move on.

This is an important and timely Bill. With all the suggestions that have been made, I hope there will be amendments that will enhance the aspirations of the Members. I also hope that this Bill will see the light of day and that our colleagues in the National Assembly will pass it. If there are issues, we will resolve them through mediation. This will ensure that we start preventing the rising cases of suicides that we are facing in this country, and the problem of lack of facilities. This will help people to positively identify with their challenges and know that it is not inhuman or out of the ordinary for one to have a mental health condition. In fact, all of us are mad; it is the degree that varies. If your degree is higher than the other person, just shout it out, talk to somebody and let us solve the problem together.

Mr. Deputy Speaker, Sir, I beg to support.

**Sen. Halake:** Mr. Deputy Speaker, Sir, I also rise to support this Bill by Sen. Kasanga. It is very timely in the sense that it is about time we had mental health reforms in this country. I am happy to know that Sen. Kasanga is a reform-minded Senator. She has come up with this Bill, where she has looked at every aspect; from the rights of the patients, the obligations of the national Government, the county government and everything else.

There is one thing I would like to tell my friend, Sen. Kasanga, to strengthen. This is the fact that there is a movement to de-institutionalise. The Bill is very strong on prevention, care, support and rehabilitation, especially with regards to rehabilitation that

is not necessarily institution-based. There was a movement in the health reform sector around the world to de-institutionalise mental health care. This is because it has been found - as one of the Senators has said - that sometimes institutionalising and putting people in centres makes them worse because of the stigma associated with mental illness.

Mr. Deputy Speaker, Sir, I am happy to note that a lot of care has gone into looking at the rights issues, standards, prevention, discrimination and other liberties that come with this issue. However, as the Senate, there is one area that we need to strengthen; this is the community-based care. Community-based care is the way to go in the sense that there are two levels of mental health. There is the severe mental health, where somebody is mentally ill and there are the rest of us, who at different times face mental challenges. This includes, for example, anybody who has suffered the loss of a loved or given birth and suffered PPD.

Anybody who has gone through traumatic life events, such as divorce, knows that at certain points in our lives, we all suffer mental disorder or illness. It may not last as long as the severe ones, but we might experience it at any one time. Our response to it, both legislatively, policy wise, resourcing and any other, should look at the two levels; the severe mental illness and the other mental illnesses suffered by most of the population. It could be because of teenage hormones, childbirth hormones and *et cetera*.

Mr. Deputy Speaker, Sir, distinguishing between these two areas would be very important. This is where community and family-based care comes in. We then move away from looking at mental health from just the clinical aspect to a more community-based, more preventive, scrutiny, promotion of health, screening and such things. From what I have seen, this Bill is very strong on rights of individuals with mental health disorders, institutions such as psychiatric care and health-based facilities both at national and country levels. However, for this Bill to become cutting edge and to be part of a bigger reform agenda for health in this country, we need to also include and strengthen community-based care with regards to mental health.

I am also happy that this Bill has looked at both levels of government; that is the national and county governments, and has given obligations to each one of them. However, I think we need to make sure that the funding of this aspect, especially with regards to research, falls entirely on the national Government. They should ensure research on mental health reform is taken care of and is well resourced.

There are countries that know how many suicides are mental health-related out of the percentages of suicides that have happened in the last few days. There are countries that know of the number of young people in juvenile facilities and how many are there as a result of mental health disorders. We have no clue. In fact, even what we are saying here is just guesswork. We are just guessing and saying: "This must be related to mental health." Let us have a lot of emphasis on research so that we engage in evidence-based care for health reforms to take root, to be sustainable and attract resources, as we go forward. It is only in evidence-based healthcare that we can attract resources both from within the country and also internationally.

Mr. Deputy Speaker, Sir, I know that we have seen an explosion of Motions and other pieces of legislation, even in this House, where we are always propagating for the establishment of health facilities in every county for each and every disease. I do not

think that is the way to go. How do we, then, have community-based care for some of these diseases, especially mental illness, where we can have community health volunteers at the county level who are doing other things? We also need to look at the relationship among the diseases. For example, HIV can be a cause of mental illness, but also be the reason one does not die of HIV. We have community health volunteers going from community health units doing HIV work. How do we then piggy back mental health onto this community-based care for other diseases to ensure that we are promoting, preventing and screening for mental health in our country?

Mr. Deputy Speaker, Sir that is all I have to say with regards to this. We should strengthen the research component and give that burden to the national Government so that our responses are evidence-based. We should also start de-institutionalising, because this is where people are going with mental health. Once you institutionalise, that is where the stigma and other aspects start to set in.

Just listening to our colleagues debating this issue, I was cringing a lot of times just hearing the terminologies that were being used. I am glad you have taken the time to give definitions. One would ask what is in a name, but a lot is in a name.

It is about time we stopped divorcing ourselves from mental health. I have heard people saying: "These people and these types, *et cetera*." These people are us. Mental illness is not basically the kind where we are talking about institutional stigma. It is all of us going through life traumas that make us insane at certain points of our time.

Mr. Deputy Speaker, Sir, I am happy and I support this Bill 101 per cent. It is 90 per cent good, and it has taken care of the rights of everybody that is involved. Perhaps we need to strengthen co-ordination mechanisms between the different players. It is only by giving proper broad-based, comprehensive range of services and support that we can nail this.

I know that people say that teenagers are killing themselves. However, we need to look at these reforms much more broadly with a view to providing a more comprehensive, family and community-based care for it to be sustainable. This is because people are moving away from institutional and health facility-based kind of care that is, perhaps, wrought with stigma and below optimal access. How does somebody in Iresa or Haboru village in Isiolo County, where the closest facility is 40 kilometres away, access it? If we legislate for a facility-based care, then we will miss the point. Let us strengthen the community-based care so that we have early intervention. After that, we should start looking at rehabilitation, not necessarily from an institutional perspective, but those that are family and community-based.

I support this Bill and I congratulate Sen. Kasanga for being so reform-minded. Let us make this even more cutting edge by looking at it from a perspective that is more sustainable and family-based. Let us do away with some of the stigma, some of the access and rights issues that have plagued the previous Act.

**The Deputy Speaker** (Sen. (Prof.) Kindiki): Very well.

Proceed Sen. (Dr.) Kabaka.

**Sen. (Dr.) Kabaka:** Thank you, Mr. Deputy Speaker, Sir, for giving me this opportunity to also add my voice. I support my sister, Sen. Kasanga, on this Bill.

Like most of my colleagues have said, I support it. However, I need to state that many of the factors have been given by my colleagues touching on the wide spectrum of early retirement, where we know persons who are not ready or well counseled and are retired, go into depression. Even politicians from this and the previous Houses--- This has been in the social media that that most often than not when politicians are not re-elected or nominated, they also fall into depression. This Parliament also needs to have counselors who can counsel persons with a view that they may not be re-elected and would definitely be affected.

We also have another range in terms of people who have divorced. Divorces really hit hard to the family mantle. We are told that most times, it is the children who suffer when parents separate or divorce. That is also another area which requires counselling. We appreciate that students who fail examinations or do not attain academic pursuits also fall into this category. Once again, this aspect has been brought forth by failure or our African social strata, where old institutions are no longer followed. You then find that mentoring young people is a far away cry.

As a Christian and, probably, with Muslim members, I did not hear the previous Senators who spoke also mentioning a typical kind of mental disorder which is biblically caused by evil spirits. Whereas we are seeing that to be of necessity, the Bill may not have touched on this and what happened to such people. We are aware that evils spirits beget special delivery by pastors or priests of churches. That is also another complex area which Sen. Kasanga needs to mention.

Mr. Deputy Speaker, Sir, the other area which I did not get clearly touches on Clause 3(d), which deals with access to medical insurance, where it is made mandatory for them to ensure persons of such mental status are insured. From a legal perspective, I was wondering if, indeed, insurance law is in a special category of the law of contract, which is known to be a wager or a game. How do you enforce a contractual obligation on the part of an institution which wants to make profit? Maybe we can bring forth the issue of people of such minds or such institutions that the premium may be higher. That way, it cannot be called discriminatory. That is an area which I did not grasp very well.

The other area is Clause 30 of this Bill. I applaud Sen. Kasanga for taking care of the rights of ownership and protection of the property of these persons with mental health challenges. I realised that they are well protected. There is criminal sanction against the trustee manager who may breach the trust. There is also an instant or summary recovery of the money lost with the property worth equivalent.

The Bill is wholesomely comprehensive, as has been analysed by Sen. Halake. Indeed, it needs to be supported to the end because we never know about tomorrow. Today it is you, tomorrow it may be I. It will be very sad when, as a Member of this honourable Senate, you are seized with this opportunity and you never supported it and, tomorrow, you find yourself in a mental institution.

I beg to support.

**The Deputy Speaker** (Sen. (Prof.) Kindiki): Hon. Senators, I see no further request.

Sen. Kasanga, approach the Chair. I hope you have your shoes on.



*(Laughter)*

*(Sen. Kasanga approached the Chair)*

Mover, it is time to reply.

**Sen. Kasanga:** Mr. Deputy Speaker, Sir, I have listened to every Senator who has spoken on this Bill. Frankly speaking, 30 minutes is not enough for me to reply. What I heard on the Floor of this House are heartfelt submissions on an issue that is affecting some personally; but mostly because leaders are concerned about the state of our nation today.

It is true that there is no health without mental health. That is a fact. Today, mental health is a global issue. This Bill is not a re-invention of the wheel at all. We have drawn the issues from the Health Act and the Mental Health Policy, 2017. These are things that can be achieved and done.

I thank the Senators who have contributed for their support and for feeling that it is about time that we see structures put in place. Beyond that, we see actual activity towards mental health issues.

Mr. Deputy Speaker, Sir, a lot has been said. It is true that it is not a small Bill to canvass. When we were drafting this Bill, we looked through all the different aspects, again borrowing from best practices. However, more importantly, from the fact that somebody somewhere in this country had looked at these issues when they were doing the policy. It is saddening that after all that, nothing had been done; the administration and the Ministry of Health did not go ahead to do something about it.

Therefore, for me and the Senate, we can say that it is God's timing that this is happening. It is a fantastic conversation to have. It is the beginning of a fight against stigma when national leaders begin to speak about this issue.

In many fora where I have spoken, the minute a person mentioned that they have a personal story; you could see how people reacted. They would not believe that a Senator has had an issue with mental illness. I confirmed that I had been treated for Post-Traumatic Stress Disorder (PTSD). People do not think PTSD is a mental illness, which is terrible.

When Sen. Poghisio stood up to make his submissions, he said that we do not understand these issues, which is true. Many Kenyans do not understand these issues. I remember when Sen. (Dr.) Zani stood to speak she did quite a bit of research. In fact, in the first five minutes of her submissions, she highlighted the different aspects of mental health, in fact, to a depth that I had not gone into. She really broke it down.

Truly, we do not understand even beyond this conversation we are having here today, when we are closing this debate at Second Reading. I want to go a little further, with the indulgence of the Speaker, to propose that we have a sensitization forum, as leaders, so that we can also begin to understand it. We will have experts come talk to us and break it down for us, so that we understand what this mental health is. Therefore, I shall pursue that after this conversation. In fact, I had tried it before. However, we had to give room for our brothers and sisters who were fasting so that we can have it after Ramadhan.

Mr. Deputy Speaker, Sir, when we started this, my Seconder, Sen. Mutula Kilonzo Jnr., spoke from his heart. He gave his own personal account and set the stage for this conversation to happen. There is something that he said that I really appreciated; that they must insist to see the funds that are devolved for mental health funding. If they do that, as the Committee on Finance, Commerce and Budget, we will have sound Kenyans. Therefore, county governments will have no choice but to have those funds in place and begin to institutionalize some of the programmes that we are proposing. I repeat that we are not re-inventing the wheel. These things are do-able because they have been done in other countries.

When I was first moving the Bill, I gave an example of Kigali, where they have managed to put institutions down to the villages that help people with psycho-social support and psychiatric access. They have gone as far as having call centres where when somebody has an issue, for example, the cases of gender based violence which many Senators spoke about, they have a system where a person can call and the police, who will come and pick up everybody and take them to a centre where they shall receive psycho-social help. If there was an issue of violence, there is a lawyer in that centre to help with that. They also have a person to collect samples in such situations. So, these things are possible.

Kenyans pride themselves as being progressive and ahead of our brothers and sisters in the region, yet we are unable to do some of these simple interventions. We are, therefore, not re-inventing the wheel.

When Sen. Mugo stood to speak, she talked about the kind of language that we use. I remembered, in my opening remarks that I emphasised on the need to use the right language and terminologies. I was a bit worried because we do not know these terminologies, and it took me time to also understand them.

I recall one situation in a public forum where I kept being reminded to not refer to these people as this, but rather as that. However, I said to myself that let us also allow Senators to speak freely and let Kenyans appreciate that a little humour here and there does not necessarily mean that we look down upon people. It is actually the beginning of embracing the situation. We must embrace mental health because it is a disease like any other. Sen. Mugo put it really well.

When Sen. M. Kajwang stood up to speak, we again had a light moment. However, something he highlighted and which a few other Senators also spoke about is the use and abuse of drugs being a leading cause of mental illness. I picked up on that when he brought it up and I thought a little deeper about it. This is because my journey also started from a query that came from Makueni. The youth of Makueni were concerned about their fellow youth, who reside along the towns on Mombasa Road. The use and abuse of drugs is prevalent there, and the youth have completely lost their lives because of it. They asked me what I can do about it.

Therefore, I decided when this was discussed to go a step further. This is because as a low hanging fruit, maybe there is something we can begin to do as we wait for the Bill to become law. We do not have to wait all that time. Therefore, I made a stop at the National Campaign Against Drug Abuse (NACADA) and asked them what we can do.

First, I asked for their support on the Bill, because lot of these issues of drug use and abuse are the leading causes of mental health.

I was interested when they told me that one of the tasks of county governments is to licence liquor stores. They asked me whether I know where they take the money when they license these stores. This is because ideally, with such funds sitting somewhere, the first task to do is to have rehabilitation centres or have programmes to sensitize young people not to drink too much.

I said this was interesting. As usual, we do not always read everything to the nitty-gritties. However, I thought this was good information and it was a starting point. I, therefore, hope that we will run a programme in Makueni. We can start in a small way amongst the youth and begin to see how we can put some of these issues of the Bill to actual effect, as we wait for the Bill to become law.

Sen. (Dr.) Milgo and several other Senators talked about stigma. Fighting stigma is not that difficult when you think about it. When we start to talk about this issue, it ceases to be mysterious. The biggest challenge that we have is the issue of mystery, for example, the evil spirits that Sen. (Dr.) Kabaka alluded to. We do not understand what is happening to somebody when they speak suddenly and they have lost their mind. We, therefore, call them insane or mad. However, when we think about the fact that the person can be treated and that the illness is like a toothache, headache or malaria, suddenly it ceases to be mysterious.

Speaking on this issue is the first thing. The second thing is how to deal with institutions like Mathari National Teaching and Referral Hospital, which the name itself has such a connotation that Kenyans do not like. Therefore, a bit of thought will go into that.

I have taken into account some of the things that Sen. Halake has said about institutionalization. Many Kenyans do not like if you mention Mathari National Teaching and Referral Hospital. In fact, one person told me that when you are taken there, it is like a death sentence because of the status of the institution. Institutionalization is an issue that is being discussed globally and we have to look for a different way of dealing with extreme mental cases.

Mr. Deputy Speaker, Sir, Sen. Wetangula, who also spoke from his heart, had a few issues. He needed us to qualify what we mean by “sound mind.”

**The Deputy Speaker** (Sen. (Prof.) Kindiki): It appears that every Senator spoke from the heart. I am curious to find out if they can also speak from elsewhere. I have listened consistently, that every Senator spoke from the heart. Do you have cases of Senators who spoke from elsewhere?

**Sen. Kasanga:** Not in this case.

**The Deputy Speaker** (Sen. (Prof.) Kindiki): Proceed.

**Sen. Kasanga:** Sen. Wetangula said that the sophistication of a society is judged by how it treats its minority, disadvantaged and the mentally ill. That is a powerful statement because we are not sophisticated as a country because we do not meet the cut at all. “Mad men” have become common that when we see them, we roll up our car windows. We do not think why we should live in such a progressive country when there

are people who are homeless and mentally unwell. It is a total breakdown and we have nothing to celebrate about.

He talked about budgets, just as many other Senators did. He also mentioned about the constitution of the Board, which we have to consider during amendments. He said that we have to be careful not to put extremely top-heavy personnel. Instead, we should allow more representation of counties in the boards.

He also talked about training of professionals, because according to the statistics, we do not have enough. I believe that when structures are put in place, the demand will be there. With demand, we will have the supply because young people will see an avenue where they can train and get jobs. Levels 2, 3 and 4 hospitals, which are under the county governments, should provide mental health services. Therefore, the practitioners should be in those hospitals. One Senator said that we should go down to the level of dispensaries, meaning that we need professionals there.

Sen. Halake has added that we should have volunteers. Why should we not have trained psychologists going round in the villages, so that we have home-based care as well as the outreach that this Bill proposes? Training will necessitate creation of jobs.

Sen. (Dr.) Langat, the Chairperson of Committee on Education appreciated that the rights of the mentally challenged persons have been well canvassed in this Bill. As I mentioned, Sen. (Dr.) Zani spoke broadly---

**The Deputy Speaker** (Sen. (Prof.) Kindiki): Order, Sen. Kasanga. When this item appears on the Order Paper, you will conclude the Second Reading by replying for a further 15 minutes.

### ADJOURNMENT

**The Deputy Speaker** (Sen. (Prof.) Kindiki): Hon. Senators it is now 6:30 p.m. time to interrupt the business of the House. The Senate, therefore, stands adjourned until tomorrow, Wednesday, 12<sup>th</sup> June, 2019, at 2.30 p.m.

The Senate rose at 6.30 p.m.