



**REPUBLIC OF KENYA**

**THIRTEENTH PARLIAMENT**

**NATIONAL ASSEMBLY**

**THE HANSARD**

**VOL. III NO. 65**

## THE HANSARD

Wednesday, 7<sup>th</sup> August 2024

The House met at 9.30 a.m.

*[The Temporary Speaker (Hon. Peter Kaluma) in the Chair]*

PRAYERS

QUORUM

*(The Quorum Bell was rung)*

**The Temporary Speaker** (Hon. Peter Kaluma): We now have a quorum, and we can proceed with the House business.

PAPERS

The Deputy Leader of the Majority Party.

**Hon. Naomi Waqo** (Marsabit County, UDA): Hon. Temporary Speaker, I beg to lay the following Papers on the Table of the House.

Reports of the Auditor-General and Financial Statements of the National Governments Constituencies Development Fund (NG-CDF) for the year ended 30<sup>th</sup> June 2023, and the certificates therein in respect of the following Constituencies:

- (a) Central Imenti
- (b) Cherangany
- (c) Endebess
- (d) Igembe North
- (e) Igembe South
- (f) Isiolo South
- (g) Kacheliba
- (h) Kapenguria
- (i) Kiminini
- (j) Loima
- (k) Maara
- (l) Manyatta
- (m) Mbeere South
- (n) North Horr
- (o) North Imenti
- (p) Runyenjes
- (q) Saboti
- (r) South Imenti
- (s) Tarbaj
- (t) Tharaka
- (u) Tigania West

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- (v) Turkana Central
- (w) Turkana East
- (x) Turkana North
- (y) Turkana South; and,
- (z) Turkana West

Thank you.

**The Temporary Speaker** (Hon. Peter Kaluma): Thank you very much, Deputy Leader of the Majority Party.

I am informed that the Committee on Appointments intends to lay its Report on the vetting of the Cabinet Secretaries nominees today. They will be permitted to do so in the course of the business of the House this morning. I note that they are not yet with us. So, let us prepare for their Report.

Next Order.

## QUESTIONS AND STATEMENTS

### REQUEST FOR STATEMENTS

Do we have Hon. Mishi Mboko?

Hon. Mishi Mboko is engaged in the Committee on Appointments. Her request for a statement is deferred to a future date.

### STATUS ON OPERATIONALISATION OF LIWATONI FISHERIES COMPLEX

*(Request for Statement deferred)*

Hon. Owen Baya is also in the Committee on Appointments vetting Cabinet Secretaries. His Request for a statement is deferred.

### IMPLEMENTATION OF A NUCLEAR POWER PLANT PROJECT IN UYOMBO VILLAGE, KILIFI NORTH CONSTITUENCY

*(Request for Statement deferred)*

Hon. Martin Owino had requested that his request for Statement be deferred to a future date. His statement is accordingly deferred.

### HARMFUL EFFECTS OF CHEMICAL AGENTS USED BY LAW ENFORCEMENT AGENCIES

*(Request for Statement deferred)*

Next Order.

## MOTION

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CONSIDERATION OF REPORT ON THE PENSIONS  
(AMENDMENT) BILL

THAT, this House do agree with the Report of the Committee of the whole House on its consideration of the Pensions (Amendment) Bill (National Assembly Bill No.44 of 2022).

*(Moved by Hon. Didmus Barasa on 31.7.2024 – Morning Sitting)*

*(Resumption of debate interrupted on 31.7.2024 – Morning Sitting)*

*(Question put and agreed to)*

**BILL**

THIRD READING

The Mover of the Bill to move the Third Reading.

**Hon. Didmus Barasa** (Kimilili, UDA): Thank you, Hon. Temporary Speaker. I beg to move that the Pensions (Amendment) Bill (National Assembly Bill No. 44 of 2022), be now read a Third Time.

Hon. Temporary Speaker this Bill will ensure that people who retire in this country get their pension in a period of not more than 90 days. That will solve the problems that we have been having with our pensioners.

I request Hon. Manduku to Second.

**The Temporary Speaker** (Hon. Peter Kaluma): Hon. Manduku.

**Hon. Daniel Manduku** (Nyaribari Masaba, ODM): I Second the Motion. Thank you.

*(Question proposed)*

**The Temporary Speaker** (Hon. Peter Kaluma): Is it the mood of the House that we put the Question? I have confirmed that we have a Quorum present in the House for the purpose of making a decision.

*(Question put and agreed to)*

*(The Bill was accordingly read  
a Third Time and passed)*

**MOTION**

CONSIDERATION OF REPORT ON THE  
COTTON INDUSTRY DEVELOPMENT BILL

THAT, this House do agree with the Report of the Committee of the Whole House on its consideration of the Cotton Industry Development Bill (Senate Bill No.5 of 2023), up to Clause 48 and seeks leave to sit again.

*(Moved by Hon. Mary Emaase on 31.7.2024 – Morning Sitting)*

*(Resumption of debate interrupted on 31.7.2024 – Morning Sitting)*

*(Question put and agreed to)*

## **BILL**

### *First Reading*

THE ASSEMBLY AND DEMONSTRATION BILL  
(National Assembly Bill No.28 of 2024)

*(The Bill was read a First Time and referred to the relevant Committee)*

**The Temporary Speaker** (Hon. Peter Kaluma): Next Order.

## **COMMITTEE OF THE WHOLE HOUSE**

*(Order for Committee read)*

*[The Temporary Speaker (Hon. Peter Kaluma) left the Chair]*

### **IN THE COMMITTEE**

*[The Temporary Chairlady (Hon. (Dr) Rachael Nyamai in the Chair)]*

THE COTTON INDUSTRY DEVELOPMENT BILL  
(Senate Bill No.5 of 2023)

*(Recommittal of Clause 48)*

**The Temporary Chairlady** (Hon. (Dr.) Rachael Nyamai): Hon. Members, we are in the Committee of the whole House to continue consideration of the Cotton Industry Development Bill (Senate Bill No.5 of 2023).

I would like, first, to confirm whether the Chairperson or the co-sponsor of the Bill, Hon. Mary Emaase, is in the House. Hon. Members, is the Vice-Chairperson Departmental Committee on Agriculture and Livestock in the House? Any Member of the Committee? Is Hon. Eckomas Mutuse present? He also has an interest in this Bill. Hon. Members, please allow the House a few minutes so that we can consult.

*(The Temporary Chairlady consulted  
the Clerks-at-the Table)*

Hon. Members, we are trying to reach out to Hon. Mary Emaase, who is on the Committee on Appointments. In a few minutes, I will be able to guide the House on how to proceed.

Deputy Whip of the Majority Party.

**Hon. Naomi Waqo** (Marsabit County, UDA): Hon. Temporary Chairlady, as Members settle and prepare themselves to participate and debate, I know that we have many things happening this morning. The Committee on Appointments is very busy. They are meeting this morning, and I am sure they will join us a little later. But currently, they are busy, and that carries a number of Members. We have very important matters to discuss or debate on our Order Paper, and that is why I request the Members to be patient as we re-organise so that we can continue. If we have a Member of the Departmental Committee on Agriculture and Livestock, they can also come in so that we can deliberate on the current Order Paper and on what we are to discuss so that we proceed.

It is important to note that we were to go on recess from tomorrow, but we will do so next week, Thursday. It will be our final day because we have serious matters to deliberate on. It is important for Members to know that our recess will start on 16<sup>th</sup> August 2024. Meanwhile, anybody who has anything on the Order Paper should be ready to move their Motion for Members to debate. I also encourage Members, because this is a very busy morning, to please make sure that they remain in the Chamber, so that we can have the numbers we require for us to transact business.

Thank you, Hon. Temporary Chairlady.

**The Temporary Chairlady** (Hon. (Dr) Rachael Nyamai): Thank you, Deputy Whip of the Majority Party. I would like to find out whether we have any Member of the Departmental Committee on Agriculture and Livestock in the House. Please approach the Table.

Deputy Whip of the Majority Party.

**Hon. Naomi Waqo** (Marsabit County, UDA): Hon. Temporary Chairlady, Hon. Mary Emaase, is a Member of the Committee on Appointments. We also do not seem to have any Members of the Departmental Committee on Agriculture and Livestock here. I suggest that we postpone the Committee of the whole House and we report progress.

**The Temporary Chairlady** (Hon. (Dr) Rachael Nyamai): Hon. Charles Nguna.

**Hon. Charles Nguna** (Mwingi West, WDM): Hon. Temporary Chairlady, based on what has been explained and the Standing Orders, I suggest that we defer this business and move to the next Order based on the mood of the House.

Thank you.

**The Temporary Chairlady** (Hon. (Dr) Rachael Nyamai): Hon. (Dr) Makali Mulu.

**Hon. (Dr) Makali Mulu** (Kitui Central, WDM): Thank you very much, Hon. Temporary Chairlady. I support what the Deputy Whip of the Majority Party has said. Kenyans are aware that vetting the Cabinet Secretaries ended last week. The Committee is in the process of finalising the report so that it is tabled in the House this afternoon. Hon. Emaase, who is the co-sponsor of this important Bill, is part of the Committee on Appointments. On that basis, it is not possible for her to be here and also in the other meeting. I recommend that this matter be pushed to another day so that we allow the next Bills to be debated.

I submit, Hon. Temporary Chairlady.

**The Temporary Chairlady** (Hon. (Dr) Rachael Nyamai): Thank you very much, Hon. (Dr) Makali Mulu. Hon. Beatrice Elachi.

**Hon. Beatrice Elachi** (Dagoretti North, ODM): Thank you, Hon. Temporary Chairlady. While I agree with the other Members, this is a very important Bill. It needs to unlock many regions in terms of cotton. We are supposed to start in Clause 49. We have Hon. Mutuse in the House, who has amendments to the same Bill. Since he has interest, I believe he can proceed with the Bill so that we finalise. If the next Motion is read out, we will postpone it because it is for a Member who is also in the Committee on Appointments. We will start arguing. Kenyans are watching and wondering whether the House cannot proceed with other businesses because some Members are in the Committee on Appointments. I plead we proceed, but it is at the discretion of Hon. Temporary Chairlady.

**The Temporary Chairlady** (Hon. (Dr) Rachael Nyamai): We consulted Hon. Mutuse, and we agreed to move to another business. However, I would like to hear Hon. Kangogo's voice. Do you want to say something?

**Hon. Kangogo Bowen** (Marakwet East, UDA): Thank you, Hon. Temporary Chairlady. I support the Deputy Whip of the Majority Party, Hon. Naomi, Hon. (Dr) Makali Mulu, and what my other colleagues have said. The owner of the Bill is not around. Hon. Emaase understands her Bill very well. She is in a good position to prosecute it. Now that she is in the Committee on Appointments, I seek that we defer this Bill and proceed to another business, until she is around to prosecute it.

**The Temporary Chairlady** (Hon. (Dr) Rachael Nyamai): I would like to give a chance to Hon. Mutuse.

**Hon. Mwengi Mutuse** (Kibwezi West, MCCP): Thank you, Hon. Temporary Chairlady. First and foremost, I wish to apologise to the House because I arrived a little late when my matter had already been called out. I agree with the wisdom of the House that in the absence of the sponsor of the Bill, and it is warranted absence because she is in another business of the House, it is not in Order that it proceeds. This is also a Bill that the Chairman of the Departmental Committee on Agriculture and Livestock is critical in terms of what we are supposed to do. I have an amendment that I proposed to the Bill, which I discussed with the Chairman and sponsor of the Bill. It will not be prudent for me to move the amendments without the Chairman and sponsor of the Bill. Therefore, I support that we defer the matter to another date because deferral is a normal procedure of this House.

I thank you, Hon. Temporary Chairlady.

**The Temporary Chairlady** (Hon. (Dr) Rachael Nyamai): Thank you very much, Hon. Members. I have heard what Hon. Charles Ngusya Nguna, Hon. Beatrice Elachi, Hon. (Dr) Makali Mulu, and Hon. Mutuse—who is very interested in this Bill—have said. The Deputy Whip of the Majority Party also made very strong comments indicating where these Members who are not in the House are. They are engaged in serious business of this House.

*(Question proposed)*

*(Question put and agreed to)*

*(The House resumed)*

IN THE HOUSE

*[The Temporary Speaker (Hon. Peter Kaluma) in the Chair]*

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## MOTIONS

### CONSIDERATION OF REPORT ON THE COTTON INDUSTRY DEVELOPMENT BILL

**The Temporary Speaker** (Hon. Peter Kaluma): The Temporary Chairlady.

**Hon. (Dr) Rachael Nyamai** (Kitui South, JP): I beg to report that pursuant to Standing Order 96, the Committee of the whole House adjourned its consideration of the Cotton Industry Development Bill (Senate Bill No.5 of 2023) and seeks leave to sit again.

Thank you.

*(Question proposed)*

**The Temporary Speaker** (Hon. Peter Kaluma): Hon. Members, I can observe the House from where I am sitting. Again, let me sit back and check whether we have a quorum.

I see Hon. Mutunga is now here. Hon. Mutunga, this is a House of rules and precedents. You can be sure we do not have a reverse gear. For good reasons, I call the next Order.

### POLICY FOR PROVISION OF MENTAL HEALTH SERVICES IN ALL HEALTHCARE FACILITIES

THAT, aware that Article 43(1)(a) of the Constitution provides that every person has the right to the highest attainable standard of health including the right to healthcare services; further aware that mental health is a key determinant of overall health and socio-economic development; recognizing that the Constitution assigns to the national Government the responsibility of matters of health policy; concerned that, according to the World Health Organisation (WHO), mental and neurological disorders are common and that about ten (10) per cent of the global population suffers from at least one mental health disorder at any given time; concerned that psychiatric units are only available in a few facilities in the country and patients requiring psychiatric services have limited or no access to these facilities; acknowledging that access to healthcare facilities would lead to improved overall health, increased economic productivity, social equity and improved quality of life for all; now therefore, this House urges the national Government, through the Ministry of Health, to collaborate with county governments to develop a policy integrating mental healthcare services in all healthcare facilities in the country.

*(Moved by Hon. Mishi Mboko on 31.7.2024 – Morning Sitting)*

*(Resumption of debate adjourned on 31.7.2024 – Morning Sitting)*

**The Temporary Speaker** (Hon. Peter Kaluma): Hon. Beatrice Elachi, do you want to speak to this Motion? It had been moved.

**Hon. Beatrice Elachi** (Dagoretti North, ODM): Thank you, Hon. Temporary Speaker. While speaking on this Motion, it is crucial something important goes on record. It is important



for us to appreciate some of the things we are doing. What is on the Order Paper is not important to the Chair alone but the whole Committee. He is not responsible alone.

Having said that, allow me to support the Motion on a policy for the provision of mental healthcare services in all healthcare facilities in the country. While I appreciate Hon. Mishi for bringing this very important Motion to this House, our young people are struggling. It is not just young people. Nowadays, every person has someone in their families going through some mental health challenges. We have developed stress. If you look at how life is today, many families will tell you why the young people are on the streets. It is because of the stress that pools into mental health challenges.

When I was in the Ministry, I remember we developed a policy after Covid-19. There would be a department for public servants to seek counselling and self-evaluation. This explains why a large number of Kenyans suffer from chronic illnesses. Stress is the cause of these chronic illnesses. We have, as a country, come to realise that it is not just about money. It is that social set-up. What is good for someone to be in a mental care programme and find himself or herself without stress? I know many of us will claim they need money. You can have money and still have mental health problems. It is good to put mental healthcare in all our healthcare facilities. In fact, we have community health workers. We can train them to visit homes.

You will realise why people develop mental challenges, disturbances, and illnesses, when you hear how they speak. It is just because of the few things we are unable to face. That is why our young people are suffering. A young girl will be buried this weekend, perhaps. The parents of this young girl separated but she had everything. The girl went through mental challenges until she decided to commit suicide while in university. Hostels have been taken away from our universities. You know days of privilege when you would walk into a university and eat sausage for the first time. There was the courtesy of training people how to sit at a dining table in certain environments and have a meal. Maybe we came from families where we did not even have a dining table. Today we have subjected our students to funny environments.

If you look at the University of Nairobi today, you will definitely have mental stress. The hostels do not have curtains. It is the same paint as when we were going to the university. Despite the challenges, nobody bothers to improve the environment or paint walls to make students feel that they are in environments that have changed their life from the rural area to a university. That is why you find them wearing crocs. It is not that they do not want to wear shoes. They feel that is the lifestyle. Fine. However, look at our campuses. Why will you not find your children in mental stress? We do not even want to make places they can call dining areas or kitchen where they can afford food with Ksh5. Why do we not bring together all the women selling food on the roads and make modern dining areas from where to sell? This will safeguard our students. That is why you will find some of them running all over looking for how to survive. We do not even have health facilities to help our students in universities. Why will they not go through mental stress?

Giving the person building Qwetu Student Residences a portion of university land to build there would make students stay within secure university vicinity. We would have safeguarded many things. We have left them alone and you will find a university student from the rural area living in Githurai. The next thing one is told her son is cold in the morgue. I cannot question the university in that case. No. As much as we are talking about this, we must go back to where we started. We must bring relevance to being a university student. What have I come to learn? Students in good environments would then ask themselves how to become better leaders. They already went through a hard life in their rural homes. How will I know the goodness of my country?

That is what we are facing. That is why most of them, when you see them in the house, they will be on the phone. Your son, my son or my daughter will be on the phone because he or she feels we are so busy. That is why when you listen to them at Eldoret in the music festival, we have very painful poems that are being said. In that you wonder: where are we as parents? Who are we? Look at the children that we gave birth to in 2008 if you want to know that we really need these mental facilities within our healthcare.

Any Form Four student today is a child who was born within 2008. You remember that time we had post-election violence? The same children we decided we shall give them free laptops. We never gave them. The same children came and found themselves in COVID-19, where they stayed home. There was COVID-19. The same children have gone for their school for three years, plus the days they will be for exams, I think some will be 70 days, some 77. So, it means I have done my Form Four for three years, 77 days. Why would they not have that challenge?

That is where the Government and the Ministry of Education should start thinking how they are doing the examination papers so that we do not find our children feeling very disgruntled, that it was during their time they had COVID-19, floods and campaigns. We had campaigns when the children were at home. All those things bring mental stress.

For us to change that, as I finalise, we must support Hon. Mishi and urge the national Government through the Ministry of Health to collaborate with the counties and develop a policy to integrate mental health services in all. The Ministry of Education should pick this and do it better for our children.

**The Temporary Speaker** (Hon. Peter Kaluma): Hon. Beatrice Elachi, I thought this House had ceased to urge Government. We had resolved that this House should be resolving or deciding. Why are we urging the Government?

**Hon. Beatrice Elachi** (Dagoretti North, ODM): I think, Hon. Temporary Speaker, you will forgive the House. We will request in a very polite way the technical team when they are processing to ensure the word resolve is used. Indeed, we must resolve, as a House, that the Ministry of Health will collaborate with counties to ensure we develop the policy. With those few remarks, I beg to support.

**The Temporary Speaker** (Hon. Peter Kaluma): Hon. Members, for those who do not have this Motion, I would request you look at it. It is one of the most important the House could be debating at this point in time. It is one Motion that should engage the House deeply and actively. Hon. Mutunga.

**Hon. (Dr) John K. Mutunga** (Tigania West, UDA): Thank you, Hon. Temporary Speaker, for the opportunity to also support this Motion by Hon. Mishi. Before I say anything, I wish to apologise to this House profusely for the failure this morning for the Committee of the whole House to take place. I was at a radio station called Ghetto FM. I have rushed from that radio station to this place. But I thought, at least, the sponsor of the Motion would be there or any Member of the Committee would be there. We have a problem where we have committees and Members are not really committed. I am not trying to accuse any of my Members. I do not apologise for any of my Members, but I think it is important to have committees where people sit and listen and hear what is happening so they can also take over just in case the Chair is not there. The Committee is not the Chair, the Chair is the Chair of the Committee. Therefore, the Committee should be held inclusively responsible. Every Member of the Committee is responsible for what has happened this morning. I was at the radio station. It can be verified. I left that radio station when I got a call from the House that this Motion is before the House and nobody is there. At least, I expected the sponsor to be there and it is only about three or four items that are remaining.

I seek indulgence of the House to give us some more time to clear this issue so that Kenyans do not suffer as a result of failures on our side.

Having said that, I stand to support this Motion. This is a very important Motion in the sense that it basically is really a right. It is a right to Kenyans to be given an opportunity to acquire the highest standards of health. Mental health is fundamental and key to life. If somebody has a problem with the mental faculties, then such a person may not function well.

It takes a lot of time for us sometimes to even diagnose mental health cases. The reason is that there are no provisions or there are no clear modalities of identifying these cases at very early stages. That is why it makes a lot of sense for us to consider as a House and pass that mental health services should be devolved to the smallest unit of health, to the smallest health facility so that identification or diagnosis can be done early.

I see that every marketplace has a mental case. This is not really prestigious to say. I do not think it is every marketplace in the world. We might need to narrow ourselves to whether it is every marketplace probably in Kenya or in Africa. I do not think it is every marketplace in the world, because we have gone to places in the world and we have not found mentally ill people in those places. We may have found destitute living in those towns, but we have not found mentally challenged people.

This is a dimension of health that we need to take seriously as a country. We need to take it seriously because when somebody is mentally ill, such a person is not able to take care of themselves. Such a person is not able to make decisions that will help them to live like normal human beings. Such a person will not have the ability to manage their own affairs. In view of being unable to manage one's own affairs, it makes one subhuman.

It is odd and wrong for us to watch as our brothers, sisters and our kin to be living like subhuman beings, because we have not taken care of the precautionary measures. Here we are saying that it is important for a country like Kenya to consider investing in having diagnostic facilities, in having some level treatment at the very local levels of health facilities.

It is in record that not all mental cases can go to the extreme. Some mental cases can be taken care of. We have our old hospital called Mathari Mental Hospital, where people are taken and sometimes they get completely healed. It means, therefore, it is a situation that can be contained. It is medically possible to contain this situation if it is diagnosed early. There are stages upon which probably this condition manifests. It starts with psychological challenges and if psychological challenges are not diagnosed early enough and addressed, they may escalate to serious mental health breakdown.

This Motion needs to be considered very positively in this House to ensure that Kenya becomes an example of a country that takes care of people. Kenya should become a country where the sovereignty of the people and the dignity of the people is observed. This is to have them checked at any one given time whenever the people who live close to them or their kin realise that there is a disconnect between the functional ability of the person or the verbal coordination of the person and what is expected.

It is possible for almost anybody to know that one is getting cognitive dissonance, inability to be able to coordinate what one says and what one does. Any form of dissonance can be identified early enough, and therefore, it is possible for somebody to be treated. Since it is treatable to a large extent and we know people who have been going for mental cure... Curative medicine for a very long time and they lived a more or less normal life, then it is to be good for us to consider devolving this function to the smallest unit possible so that you can, first of all, diagnose early and then treat the cases. We should not let our people go beyond the level of human being as it were.

Having said those few remarks, I wish to support that this House passes this Motion.

**The Temporary Speaker** (Hon. Peter Kaluma): Hon. Members, we recently lost a very hard-working magistrate, Madam Monica Kivuti, who was shot by a police officer whose duty was to guard her. I do not know how you would relate incidents such as that to this Motion. That is why this Motion is very critical. You see the number of police officers shooting themselves. Yesterday, I saw some lady strip naked at some airport. All those dimensions are very critical in the context of this Motion that requires that mental health facilities be established in all healthcare facilities.

I want to give a chance to Hon. Rachael Nyamai who is a public health practitioner.

**Hon. (Dr) Rachael Nyamai** (Kitui South, JP): Thank you very much, Hon. Temporary Speaker, for giving me this opportunity. I will start by congratulating Hon. Mishi Mboko in absentia. She is very busy dealing with the matter of the Committee on Appointments, but she has brought us a very important matter on mental health in this Motion that we need to deal with. This will ensure that we have, at least, a unit at the county level taking care of people with mental issues. The Constitution gives us the assurance that everyone should have the highest right to healthcare and level of support. This may not be the situation at the moment, but the country still endeavours to get there.

Hon. Mishi Mboko is calling upon this House to push for the possibility of people living with mental situations being handled at our dispensaries and Level 3 and 4 facilities that are in our counties. I must say from the outset that I support this Motion. It is important to note that we used to have matters of mental health with a few people when we were young. Today, we have more and more cases of mental health. If you go to our local villages, you hear people saying, this person “*ni chizi*” which is a very unfortunate word. Some of these individuals are young and may have turned to drugs, while others are troubled by various issues such as economic hardships or family problems. As a House, we must rise to the occasion to ensure that there are professionals who can identify and diagnose these issues from the most basic level of care. Even if they cannot provide treatment at that level, they should be able to refer individuals to the appropriate facilities for further assistance.

I would like to also say that I agree with this Motion, that we need to push training. You realise that not many people would like to be trained in the line of psychiatric care. Our young people must see the need and the only reason they will see that need is that they need to identify that there is a possibility of being hired, not only at Kenyatta National Hospital, MTRH, at the national level or the regional big hospitals, but they will be hired from the lowest facility. I encourage young people to get trained so that we have professionals who can take care of our people.

Hon. Temporary Speaker, you have just raised a very important matter where we had a magistrate in her seat and at work being shot by a police officer. It is extremely unfortunate that she died. Why is this happening? This person may have had mental stress. As we sit in this House, we do not know what that person was going through. Maybe the people who were around him may have observed something, and if this situation had been noticed earlier, it could have been addressed before the magistrate was shot.

We have seen cases of young people throwing themselves from the 3<sup>rd</sup> and 4<sup>th</sup> floors where they end up dying. More and more is happening on a daily basis. It is time the Ministry of Health got serious about this and gave us the statistics of people who have committed suicide below the age of 35. Maybe we are dealing with a more serious crisis than we know in this House. It is important that we take up this matter so that we have people being diagnosed at the lowest facility.

It is not only among young people. I am taking care of my mother who is over 75 years old, and I am dealing with a case of dementia. I know that if Members of this House or people in our villages were allowed to tell their stories, you would find that people are dealing with non-communicable diseases such as high blood pressure, blood sugar, and all that. Being that people are living longer now, we are dealing with cases of dementia. I believe that it is important for anybody, for example, my people, the people I serve in this House — whether they come from Mutomo, Ikanga, Mutha, Kanziku, Ikutha, or Kamutei — to be able to walk to a health facility in Ikutha and present their mothers with dementia. They should be handled from that facility. This is a serious matter and we cannot ignore it as a House.

Poor diagnosis is a bigger challenge. People are being locked up in the police cells because a young man came with a disturbed mind, this person is throwing stones, and when they are seen by the Chief and Assistant Chief, they are taken to the police station and the police put them in the cell where they are kept for up to six months. Someone with mental health challenges being locked up in cells for six months can only get worse. This misdiagnosis can only be handled when we have people at the local facility. These are the people who will be able to tell the police officers that what we are dealing with here may not be a crime issue but a health issue.

People with mental health challenges have chronic pain. You realise that someone has so much pain, and they do not understand themselves, so they cannot even go and present themselves to a health facility. So, their healthcare-seeking behaviour changes and they are not able to take care of themselves. This also affects the people who are taking care of them. You realise that you have a sick person with a mental issue who is being taken care of by people who do not understand that they have mental health challenges, and then it becomes a cycle. This can be handled if this Motion is passed in this House. It is only urging, but I hope we get to a level of not only urging but implementing things.

When there is a misdiagnosis of people with mental health issues, you realise that people become inactive. You will find someone sitting in their houses from morning to evening without doing anything. Others lock themselves in their bedrooms and ensure that it is dark the whole day. This inactivity leads to lack of development in the country. We cannot ignore it because mental health problems are causing inactivity which leads to lack of development in the country. We cannot ignore this anymore. We will ensure that more people are not incarcerated instead, more are taken care of. Our people are living a better quality of life. Our people are taken care of by people who are properly trained to take care of them. You will be surprised that even where we sit, we could be having people with mental challenges that have not been addressed; People who are not motivated at all to do anything.

What Hon. Mishi Mboko is calling for is that we must have people who are trained to take care of mentally ill patients from the lowest to the highest level. This is not a national Government matter; it is a matter that concerns the national Government and the counties. She is calling for a level of collaboration and integration.

Thank you very much, Hon. Speaker, for giving me a chance to comment. I fully support this Motion. God bless you.

**The Temporary Speaker** (Hon. Peter Kaluma): Thank you, Hon. (Dr) Nyamai. Hon. Members, before we continue, allow me to do this while upstanding. Let me welcome the following institutions of learning to the House of Parliament; ELCK Itierio Girls Primary Boarding and Junior Secondary School, Bonchari Constituency in Kisii County and Ogango Primary and Junior School Pupils and Students from Karachuonyo Constituency in Homa Bay County. That is my home county, and that is why I am standing as I welcome them. The students together with

their teachers are welcome to the National Assembly to observe the proceedings in their learning tour.

Where is Hon. Charles Onchoke, the Member of Parliament for Bonchari, lawyer and finance mind from the Central Bank to Parliament? Do you have something to say to welcome your pupils and students and also the ones from Ogango Primary in Karachuonyo Constituency?

**Hon. Charles Onchoke** (Bonchari, UPA): Thank you, Hon. Temporary Speaker, for the opportunity on behalf of the House, to welcome Itierio Primary Boarding, which is in my constituency and Oganga Primary School from Karachuonyo. Itierio Girls Boarding Primary is one of the top-performing schools in the country. I also dare say that is the school where my wife went for her elementary education. For both schools and your staff, this is the National Assembly where the Members of Parliament, who represent people from all the constituencies all over the country, come to make laws, appropriate resources and carry out oversight functions as required by the Constitution. You have a very rare opportunity to come and learn what goes on in the country.

I also wish to propose that Parliament should open its doors to have an open day where more Kenyans can come and see what goes on here. Itierio Girls Boarding Primary School is one of the 86 schools from Bonchari that have had this opportunity to come and see what goes on here. You are most welcome to learn as much as possible. You should interact with the Members and other staff of Parliament as much as possible so that when you go back home, you can share your experiences on what goes on here. You are most welcome. Thank you for the opportunity to welcome the two schools.

**The Temporary Speaker** (Hon. Peter Kaluma): The Member of Parliament for Kisii County, one minute.

**Hon. Doris Donya** (Kisii County, WDM): Thank you, Hon. Temporary Speaker. I am also excited to see our learners. When I joined school and learnt how to read and write, some professors came to our school and told us that one beautiful thing about learning is that when you learn and grasp everything, no one can take it from you. At least it taught me to study and believe that it is something that no one can take from me. In Kisii and Nyamira counties, Female Genital Mutilation (FGM) can be done to you by force, by fire. Someone can take something from you and you know what I am talking about, but with education, no one can take it from you. It is yours forever. So, grab it, stay with it and own it. Welcome to Bunge. You are our leaders of tomorrow.

Thank you.

**The Temporary Speaker** (Hon. Peter Kaluma): Thank you very much.

Hon. (Dr) Naomi Waqo, the Deputy Whip of the Majority Party in the National Assembly.

**Hon. Naomi Waqo** (Marsabit County, UDA): Thank you, Hon. Temporary Speaker, for allowing me to add my voice to this very important Motion that is being debated. I also congratulate Hon. Mishi Mboko for coming up with this Motion that is touching on the lives of many families in our country today. I congratulate her and pray that this matter will soon get the national attention, and that anybody who is suffering from mental health will get the necessary attention.

It is, indeed, the right of everybody to get healthcare services that we need in our nation. Although mental health is something that has hugely affected our country, very minimal attention has been given to it. In our country today, many people go through mental health as a result of challenges in their lives. Our high school students and primary school pupils go through a lot of stress because of the syllabus, hardship, and challenges that their parents face at home. Marital

problems in families have caused a lot of stress and mental health problems to many people in our country. And it is for that reason that I support this Motion.

I suggest that we offer counselling to our young people in schools, including primary schools. A department that takes care of their mental health should be established so that in case of anything, a child can be given that attention. For those who are about to join high school or who are already in high school, we know very well that these teenagers are going through a lot of stress because of the life that we are in today. In our high schools, we need to have a department that takes care of our young people, especially girls schools because girls go through a lot of things. Some have gone through FGM, early pregnancies and problems with parents who may have separated. They need to be supported mentally so that they can stand on their own and be healthy.

Many of our police officers have committed suicide. Others have even finished their families and at the end of the day, committed suicide. This could be because of stress and not being able to meet their expectations, feed their families or progress as they would want to. Many people choose to take a bullet and finish their lives. If we have systems and measures in place that take care of our people mentally, then we will have very healthy families and societies. We can then enjoy the life that God has given us.

Looking at our Kenya Defence Forces (KDF), we all know that they also go through very many things. We know that they have professionals who give them a bit of counselling and help them in different ways, but having a department that takes care of their mental health will be a good thing.

The national Government, through the Ministry of Health, should take care of mental health in the counties as well. In counties, we can have one department at the county headquarters as well as satellite centres where people can be taken care of. My county is one of the largest and you have to travel for 300 kilometres before you get to the headquarters. It is only good and practical if we have satellite centres in every constituency and maybe every dispensary where Kenyans will be taken care of, guided so that people can be healthy mentally and physically.

This is a good Motion that we all need to support. The nation must give it necessary attention. If any funds are needed, we need to set them aside so that we can take care of our people, because a healthy nation will always be a good thing for any Government. We can promote people, enhance the education system, employ more people or get good businesses, but without good mental health, we cannot progress and achieve all our goals. People get good businesses. Without good mental health, we cannot progress and achieve all our goals. That is why I urge Hon. Members to seriously contribute so that this policy is developed and implemented for the benefit of our nation.

Thank you, Hon. Temporary Speaker.

**The Temporary Speaker** (Hon. Peter Kaluma): Hon. Charles Onchoke, make your contribution to the Motion.

**Hon. Charles Onchoke** (Bonchari, UPA): Thank you, Hon. Temporary Speaker, for the opportunity to contribute on this important Motion. First, I want to commend the sponsor for bringing it. This is the correct thing to do. Mental illness manifests itself in many ways. Just like one of my colleagues has said, if you go to any place, you will find people suffering from mental illnesses. The problem is that sometimes we do not have the ability to recognise those suffering.

I want to mention something personal to me. Back at home, my aunt called Wambui walks and roams around. Nobody knows why but this could be a manifestation of mental illness. There is a problem with the manner in which society treats people with this type of illness. It is inhumane and we discriminate against them. We do all the wrong things to these people. The support systems

and resources to take care of these patients are lacking in our healthcare institutions. They are normally handled with a lot of discrimination. As I said earlier, the diagnosis is poor and the budget is normally low. We do not have trained personnel to take care of such cases.

You will find people of different ages, faith, and races suffering from this illness. It can affect anybody at any age. According to this Motion, about 10% of the world's population is affected by mental illness. So, it is high time we came together and put a mechanism in place, which will help us deal with mental illness in our health facilities.

This illness affects productivity meaning our labour force is undermined and work is affected. You will find people with mental illness in every profession. It could be lawyers, Members of Parliament, teachers, police officers, and doctors. It cuts across the board. Can you imagine being taken care of by a doctor who has a mental illness and nobody knows about it? I suggest that for certain professions, it is important for people to have voluntary diagnosis of mental illnesses so that we do not subject our lives to unnecessary dangers.

I support this Motion and urge that we move on with it. The Government should put a policy in place and allocate resources so that in every health facility you walk into, you get help if you are suffering from this problem. They should also create awareness for those who are walking out there without knowing they have this problem.

Thank you very much, Hon. Temporary Speaker.

**The Temporary Speaker** (Hon. Peter Kaluma): Thank you very much, Hon. Charles Onchoke. Next is Hon. Rindikiri Mugambi the Member for Buuri.

**Hon. Mugambi Rindikiri** (Buuri, UDA): Thank you, Hon. Temporary Speaker. First, I want to congratulate Hon. Mishi Mboko for bringing this Motion. She is asking the national Government, through the Ministry of Health, to collaborate with the county governments. They need to develop a policy which will integrate mental healthcare services in our healthcare facilities in the country. That is her Motion.

How do we develop this policy on collaboration? First, we must understand why Mishi Mboko is bringing this Motion. Very few people understand what mental healthcare is. The policy will help us to understand and know the types of mental disorders. As a person, there are many things which I do not know. Mental health manifests itself in the mood, thoughts, and behaviour. This begs the question: do we have capacity or ability to understand various moods, thoughts, and behaviours of our people? That is why we need adequately trained personnel who are evenly distributed throughout the country.

It is important for us to know that these disorders interfere with a person's daily life. Common mental illnesses include depression, anxiety disorders, psychosis, eating disorders, and addictive behaviours. The question is: as a nation, do we have the capacity to know and diagnose these conditions? That is what the Motion is all about because you cannot develop a policy without understanding the problem.

There are very many causes of mental illnesses and they are not limited to genetics. They include biological, environmental, and psychological factors. We should address the issue of how to treat and arrest these conditions. They require medication, therapy, and support from the family unit to institutions. Do we have adequate facilities that are distributed throughout the country? That is why the national Government needs to work in collaboration with the county governments.

Today, if you walk into any medical facility in Kenya, even Kenyatta National Hospital (KNH), they offer first-hand treatment. Continuation of therapy is only done at Mathari National Teaching and Referral Hospital (MNTRH). Mental illness is a disease like any other. This means



if you walk into any health facility, you should meet personnel waiting for you, if you have a mental illness. As a House, this is the policy we are being called upon to develop.

What is lacking in Kenya? We do not have data. The World Health Organisation (WHO) has stated that 10 per cent of the world's population has mental illnesses. We do not know the percentage in Kenya. The national Government should collaborate with the county governments, institutions, and churches so as to conduct research. This will help us to understand the intensity of these illnesses by region, age, gender, occupation, and family status. Mental illness is not confined to the poor. If we research, we will know how to respond in terms of training, distribution of medicine, therapies, and other factors. There are known symptoms of mental illnesses. Currently, there is a high level of suicide. People shoot others carelessly while others roam in town without doing anything much. There are many divorces and there is a lot of fighting in families. All these are symptoms of a depressed society. You may think that Members of Parliament are sane people, but I can tell you for a fact that some of us here are mad. Madness, in this sense, does not mean being mad but in the way we speak and react to issues.

**Hon. Elisha Odhiambo** (Gem, ODM): On a point of order, Hon. Temporary Speaker.

**The Temporary Speaker** (Hon. Peter Kaluma): Hon. Elisha, what is out of order?

**Hon. Elisha Odhiambo** (Gem, ODM): Hon. Temporary Speaker, is it right for Hon. Rindikiri to indicate and say that Members of Parliament are mad? Is that the right language to use in an honourable House?

**Hon. Mugambi Rindikiri** (Buuri, UDA): Hon. Temporary Speaker, I did not say that.

**The Temporary Speaker** (Hon. Peter Kaluma): Order, Hon. Rindikiri. I have heard you say that mental illness can reach anybody and not even Members of Parliament are excluded unless, I did not hear you right. Could you explain yourself?

**Hon. Mugambi Rindikiri** (Buuri, UDA): Hon. Temporary Speaker, I know that Hon. Julius Sunkuli is a senior lawyer but I said, 'could be'. This does not mean you are mad.

**Hon. Julius Sunkuli** (Kilgoris, KANU): On a point of information, Hon. Temporary Speaker.

**The Temporary Speaker** (Hon. Peter Kaluma): Hon. Rindikiri, do you want to be informed by Hon. Julius Sunkuli?

**Hon. Mugambi Rindikiri** (Buuri, UDA): Yes, Hon. Temporary Speaker. He is my friend.

**The Temporary Speaker** (Hon. Peter Kaluma): Hon. Sunkuli, you can inform Hon. Rindikiri.

**Hon. Julius Sunkuli** (Kilgoris, KANU): Hon. Temporary Speaker, Hon. Rindikiri is in order. This is because the statistic in Kenya is that out of four people, at least, one has a mental illness. We are about 300 Members here...

*(Laughter)*

**Hon. Mugambi Rindikiri** (Buuri, UDA): Thank you, Hon. Sunkuli, for that information. I have no ill intentions, whatsoever. I am a senior Member here and I respect everybody. I said, 'could be'. But, of course, we went to different schools. I do not know which school my friend went to, but I went to one of the famous schools in Kenya, the Meru School. I think he went to Ng'iya Girls or Ng'iya Boys. That is on a light note.

**The Temporary Speaker** (Hon. Peter Kaluma): Hon. Elisha, are you contesting that you went to Ng'iya Girls?

**Hon. Mugambi Rindikiri** (Buuri, UDA): Hon. Temporary Speaker, I said it on a light note.

**Hon. Elisha Odhiambo** (Gem, ODM): I have two Masters Degrees that you do not have. One from United States International University Africa, (USIU) and another from the University of Nairobi. I also have two Bachelor's Degrees that you do not have. One from Kenyatta University and the other one from Belgium. I am sure you ordinarily went to school locally, here in the country.

Thank you, Hon. Temporary Speaker.

*(Laughter)*

**The Temporary Speaker** (Hon. Peter Kaluma): Hon. Elisha, you have forgotten to mention the fact that in your constituency, people do not just throw stones anyhow because they may hit professors. But I assure you that the schools that Hon. Rindikiri went to are equally some of our greatest in the region and in the country.

Hon. Rindikiri, proceed.

**Hon. Mugambi Rindikiri** (Buuri, UDA): Hon. Temporary Speaker, what I know is that there are those who buy degrees. If you go to the records of the University of Nairobi...

**The Temporary Speaker** (Hon. Peter Kaluma): Hon. Rindikiri, go back to the Motion, please.

**Hon. Mugambi Rindikiri** (Buuri, UDA): Thank you, Hon. Temporary Speaker. This Motion is very critical because it calls upon us to allocate money. We need to address this in the policy. We need to have facilities and see how they will be managed. We also need to continuously interact with the international community on various ways of sorting out the menace of mental health. Currently, the majority of our young people and general population is affected by mental illness because of the economic situation in the country. As we fight drug and alcohol abuse in this country, we must address the issue of engaging our population by creating employment. One of the known causes of these problems is economic situation in our country. There are many pressures in life, including lifestyles. When you drive big cars and somebody else is not, they start imagining many things. So, we must start addressing issues that will most likely affect our people: equal distribution of resources, employment, and even create entertainment.

In Buuri Constituency, we have Talanta Hela activities. We have Buuri Talanta Studio where young people spend most of their time. They move from one place to the other singing and dancing while killing depression, entertaining people, and creating happiness. We need to be a happy country where people work and enjoy sitting together. If we do that, we shall reduce serious issues of depression.

*[The Temporary Speaker (Hon. Peter Kaluma) left the Chair]*

*[The Temporary Speaker (Hon. (Dr) Rachael Nyamai) took the Chair]*

Therefore, this policy is very important. We need to look at it very critically, join hands together and look for ways of collaborating. I support the development of this policy in collaboration with the county governments.

I thank you, Hon. Temporary Speaker.

**Hon. Elisha Odhiambo** (Gem, ODM): On a point of order, Hon. Temporary Speaker.

**The Temporary Speaker** (Hon. (Dr) Rachael Nyamai): Hon. Elisha, you cannot raise a point of order after he has concluded. Would you like a chance to contribute to the Motion?

*(Hon. Elisha Odhiambo spoke off the record)*

I can only give you a chance to debate. You have that chance now. Please, proceed.

**Hon. Elisha Odhiambo** (Gem, ODM): Thank you, Hon. Temporary Speaker for giving me the opportunity to make my contribution to the Motion by Hon. Mishi Mboko. What is important for Kenya and the world over, is to mainstream mental health in all our medical institutions. We also need to have mental health officers and collaborate with the county governments so as to help us deal with the menace. More importantly, mental health in this country is caused by, among many other things, consumption of *muguka*, a plant grown in Meru County. I urge that even as we consider the policy on mental health as espoused by Hon. Mishi, we must be conscious that *muguka* is killing our children here in Kenya. Once we are aware, we can deal with the exposure to *muguka*.

Additionally, mental health menace is more common amongst the rich and wealthier of our society. The policy will help us edify the importance so that the wealthy of our society do not hide their children in their homes when they are going through a mental health process.

What is equally important is to benchmark...

**Hon. Mugambi Rindikiri** (Buuri, UDA): On a point of order, Hon. Temporary Speaker.

**The Temporary Speaker** (Hon. (Dr) Rachael Nyamai): Hon. Elisha, hold on for a minute. There is a point of order from Hon. Rindikiri. What is out of order?

**Hon. Mugambi Rindikiri** (Buuri, UDA): Hon. Temporary Speaker, the Member is insinuating without any proof or evidence...

**The Temporary Speaker** (Hon. (Dr) Rachael Nyamai): Hon. Rindikiri, which Standing Order is that?

**Hon. Mugambi Rindikiri** (Buuri, UDA): Hon. Temporary Speaker, Standing Order 106 on irrelevance. The Member should not bring the issue of *miraa* or *muguka* into the debate. He has no scientific reason to believe that these two crops cause mental illness.

Thank you, Hon. Temporary Speaker.

**The Temporary Speaker** (Hon. (Dr) Rachael Nyamai): Hon. Rindikiri, if it is on relevance, Hon. Elisha is still relevant. The point of order you have raised is on facts. Have you said that the information he has given out is not factual?

*(Hon. Mugambi Rindikiri spoke off the record)*

Nothing is out of order. Let him proceed because he has a right to debate. This is a House of debate and he is free to debate. If Hon. Elisha believes that *muguka* is one of the problems, let him express himself. You may proceed.

**Hon. Elisha Odhiambo** (Gem, ODM): Thank you, Hon. Temporary Speaker, for defending me. I have two relatives today in Kiambu mental health institution because of *muguka*. Therefore, this is something I talk about with a lot of passion. More importantly, let me make this point clear.

Most hospitals in Europe and United States of America (USA) have mental health nurses. It will be important for our country to re-look at the curriculum of the Kenya Medical Training Colleges (KMTCS) that train nurses, so that we have a specific training that targets mental health

nurses. They play a pivotal role in our medical institutions. If we can have a more robust curriculum focusing on mental health nurses, then our country will protect our children and members of our society who are exposed to mental health. I rest my case.

Thank you.

**The Temporary Speaker** (Hon. (Dr) Rachael Nyamai): Very well, Hon. Elisha. Hon. Esther Passaris, Member for Nairobi County.

**Hon. Esther Passaris** (Nairobi City County, ODM): Thank you, Hon. Temporary Speaker, for giving me this opportunity to contribute. I commend Hon. Mishi Mboko for coming up with this Motion to discuss mental health and how we can put up facilities in all our health centres to deal with it.

I know that there are many civil societies that provide training like Amani Counselling Centre. They normally come in when we have disasters to provide counselling. They train a number of people. Under National Government Affirmative Action Fund (NGAAF), we found somebody from Langata Prisons who said that she deals with very many prisoners. She wanted to be sponsored for a full scholarship to go and do counseling, so that she could be better equipped to help most of the prisoners she deals with. We are happy because we sponsored her. The Government should look at some of the facilities in prison, and make sure that we train many people who deal with prisoners, and those in medical and educational facilities.

I talk from a point of experience, being somebody who suffers from many mental conditions. I am not ashamed to say that I had them, when I was young and undiagnosed. I came to realise, when I was much older as a parent, that I was dyslexic. I had no idea I had this condition. When my children were diagnosed as dyslexic, I started realising that I had the same habits. I used to do the same things. First of all, my handwriting is disastrous. I cannot even read it. I did not realise this, even though my teacher used to beat me on my knuckles very many times. She used to tell me how to put a capital letter at the beginning of a sentence, full stop and punctuation. I used to miss the conjugations like “it” and “as” because as I wrote, my mind would go very fast.

Dyslexia is a gift. Richard Branson came out openly and said he is dyslexic and that is why he is able to do what he does. In fact, one of the things that you really suffer from when you are dyslexic is mathematics. If somebody tells you to write 1986, you will write 1968 because you take the last number first. A lot of parents are not aware and sometimes, they punish their children. However, the children are not the ones who make that mistake. We need our teachers to understand that these are mental conditions where the child cannot help it. The child is not stupid or being disobedient, but unable to comprehend. This is dyslexia.

There is also something else called Attention Deficit Hyperactivity Disorder (ADHD). My father used to think I was very naughty. I could not listen or sit still. When he told me to sit down, I would fidget, stand up and run around. When he told me go to the corner, I could not even stay there. When you have ADHD, you have so much energy. People want to sleep at midnight, but you still have the energy to go on. I used to say it is like Eveready Battery which goes on and on. At the end of the day, with ADHD, you need drugs like Concerta or Ritalin which are very expensive. They help you to calm down and sit in a class. When you are in class, other children want to concentrate but you will distract them. I was made a class prefect because the teacher wanted to make sure that I do not distract other children. Nobody knew at that time, in the school that I went, Star of the Sea Primary School, that I had a learning disorder.

As I grew up, I went to Dr Okonji. We all have issues and we need to see a psychiatrist. We should not be ashamed of it. Marriages normally can be difficult to deal with. When I started seeing Dr Okonji, I did not realise that I was suffering from Obsessive Compulsive Disorder

(OCD). I am taking you through this because I want all the constituents whom we represent to realise that these are genuine labels. We might have them and it is nothing to be ashamed of. Dr Okonji knew I was dyslexic and had ADHD, but he did not want to give me another label. When I was in his clinic, I used to see his tiles being very disorderly. One day I told him that I would give him a Christmas present. I asked him whether I could tile his clinic. He told me to go ahead and fix his tiles. 'Tilers' came and fixed them.

My daughter went to see him one day, and told him she could not stand her mother. 'She goes into my room, picks everything up and arranges them. Why can she not understand I am a teenager and dropping my clothes on the floor is normal?' Dr Okonji told her that her mother suffers from OCD. She wants everything orderly. My daughter came home after reading about it and apologised. She told me that she would be tidying up. She understood where I came from. I called Dr Okonji and asked him why he did not tell me I had OCD. He told me that he did not do it because I was already dealing with ADHD and dyslexia.

Later on, after post-election violence and everything that I had witnessed - bloodshed and so on - I remember I came here one day and talked to Hon. Millie Odhiambo. I asked her to explain to me why I was unable to cry. I was feeling so sad and unable to have tears. She told me after post-election violence, I needed debriefing and to see a counsellor. It is when I realised that I had Post-Traumatic Stress Disorder (PTSD).

Why am I talking about all these ailments? One of the things that Kenyan women suffer from, especially a lot of single mothers, is depression. They have to deal with the baby and not having somebody to help them out after they have delivered the baby. They have postnatal depression, and do not understand why they feel they cannot handle their baby. Do you hate their babies? There are too many mental conditions out there. Some of them are treatable, while some are not. Narcissism is one of them. We deal with a lot of narcissistic people, especially those who have power and money. They can drive somebody to think that there is something wrong with them, yet it is the person who is wrong. All these conditions require us to talk to somebody to get the treatment.

*(Hon. Suzanne Kiamba spoke off the record)*

**The Temporary Speaker** (Hon. (Dr) Rachael Nyamai): Order, Hon. Member. You still have two minutes. Hon. Suzanne Kiamba, is it a point of order or you are being strategic? Is there anything that is out of order?

**Hon. Suzanne Kiamba** (Makueni, WDM): No.

**The Temporary Speaker** (Hon. (Dr) Rachael Nyamai): Proceed, Hon. Passaris.

*(Hon. Suzanne Kiamba spoke off the record)*

**Hon. Esther Passaris** (Nairobi City County, ODM): Thank you, Hon. Temporary Speaker. I am talking about all these conditions that I have endured and had treatment because I was able to afford the treatment. I know that these conditions are not only rich man's diseases, but also for everybody. Anybody out there can have them.

When you are unemployed, you go through depression. When you cannot do your academic work properly, it is because of a condition that you might have. When you have bipolar disorder, you need very expensive drugs. Our medical facilities and insurance do not provide for prescription drugs. If you have ADHD, you require drugs monthly and they are very expensive.

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We need to understand that whilst we want to provide the medical counsellors and psychiatrists free of charge, we can still do it affordably through telemedicine. I know an organisation that is doing telemedicine. With Ksh700, you can speak to a counsellor over and over again. The Social Health Insurance Fund (SHIF) needs to partner with people who offer telemedicine so that Kenyans can, within one phone call and at Ksh700, get five counselling sessions in a day if they need it.

I feel that we need to move with the times and provide prescription drugs that are recurrent in our SHIF cover. We need to make sure that we bring in drugs from affordable countries. There are generic drugs. We have a good relationship with India. I do not understand why we cannot have affordable low-cost pharmaceutical drugs available to our people. I discovered that the Psychologists and Counsellors Act passed in 2014. I followed up on it when I was in the Departmental Committee on Health. It was a question of budget and whether we could put a board together. I think they have now put up a board. Now we need to make sure that we provide counsellors, trainings, come up with the facilities in our schools for our children, have drugs in our hospitals, and get counselling sessions.

We should give people building blocks to build a full life and live it. Mental disorder does not mean one cannot live a full life. Rather, you just need support and love. Remember it could be a mental condition when you see your loved one struggling. It is not the person doing something wrong. Mental conditions lead to using drugs. Such people need support. It is the reason I am coming up with the Harm Reduction Bill so that we can support everyone that finds themselves in a position where they became drug users because of their mental condition. I commend our sister for what she has done in this Motion. I pray that we see Kenya offer the best of medical attention when it comes to mental illnesses. Thank you.

**The Temporary Speaker** (Hon. (Dr) Rachael Nyamai): Thank you very much, Member for Nairobi City County. Hon. Elizabeth Kailemia, Member for Meru County.

**Hon. Elizabeth Kailemia** (Meru County, UDA): Thank you very much for allowing me to speak on this Motion. I thank *Mheshimiwa* Mishi for bringing it up. It is a timely Motion. This is a very difficult time. We are all stressed. Even getting caught up in traffic jams is stressful. We handle stress in different ways. I am happy that she has brought it up so that we have institutions of mental illness in all our facilities. Most people do not get this opportunity. Hon. Passaris has given her experience. I think we now know that you do not have to remove your clothes on the streets for people to know that you are mentally ill. Much has been said. I wish we had a lot of training. We may have the institutions in place, but not the personnel to diagnose mental illness. Mental illness may cause many other illnesses. Sometimes it is not even physical illness but a mental one. This Motion is timely.

Having said that, stress can lead people to suicide. Stress leads to depression. Nothing looks positive when you are depressed. It leads to suicide. I suggest that we decriminalise suicide. We know that people are taken to custody when they attempt suicide.

**The Temporary Speaker** (Hon. (Dr) Rachael Nyamai): Order, Member for Meru County. What is out of order, Hon. Esther Passaris?

**Hon. Esther Passaris** (Nairobi City County, ODM): Sorry. I just want to correct Hon. Kailemia who says one does not have to remove clothes to be considered ill.

**The Temporary Speaker** (Hon. (Dr) Rachael Nyamai): Order. Take your seat. Would you like to inform her? Member for Meru County, would you like to be informed by Hon. Esther Passaris?

**Hon. Elizabeth Kailemia** (Meru County, UDA): Yes, Hon. Temporary Speaker.

**The Temporary Speaker** (Hon. (Dr) Rachael Nyamai): Okay, you may proceed.

**Hon. Esther Passaris** (Nairobi City County, ODM): Hon. Temporary Speaker, you see many people nodding on the streets while walking nude. Right? They strip their clothes because of their mental condition. They have reached a point where they are on their own. They end up removing their clothes and feel free that way. That mental condition requires health intervention. The best thing to do when we see somebody do that is to take him or her to hospital. I know that most mental hospitals will admit such a person. Our police should take these people to hospital. It is a condition. They do not remove their clothes because they are being unruly. They do so because they have a mental condition that requires treatment.

Thank you.

**The Temporary Speaker** (Hon. (Dr) Rachael Nyamai): You may proceed, Member for Meru.

**Hon. Elizabeth Kailemia** (Meru County, UDA): Thank you, Hon. Temporary Speaker and Hon. Passaris. That is exactly what I was saying. It is not only those people who do that who are sick, but very many people are sick who have their clothes on. That is the end result. We say that they are mad when we see them. 'Mad' is the word we use but the condition is actually mental illness. It could have resulted from depression and that is why I am saying we should decriminalise suicide. It is out of depression that people end up feeling unwanted and unworthy until they take their own lives.

Again, I thank Hon. Mishi for bringing this Motion. Times are difficult even for our children. There are more broken families in our societies due to exposure to smart TVs and other gadgets. We also see different lifestyles of movie stars and all sort of things. Our children want to copy them. They get depressed when they cannot achieve what they see on screens. It could be something as simple as losing weight or whatever they think is good for them.

I support this Motion.

**The Temporary Speaker** (Hon. (Dr) Rachael Nyamai): Hon. Maina Mathenge, Member for Nyeri Town.

**Hon. Duncan Mathenge** (Nyeri Town, UDA): Thank you. I stand to support the Motion by Hon. Mishi Mboko. However, I seek to differ with the wording. We already have the Kenya Mental Health Policy of 2015 to 2030. If you look at it, it has proposed policy measures and interventions. I beg that we expand the scope of implementation of that policy. I am also a Member of the Departmental Committee on Health. It is clear in my mind that the issues of mental health in this country have not received requisite attention. We see too many things in the level of organisation of healthcare in this country.

On Community Health Promoters form the first level, there is nothing for mental health conditions even in Level 4 hospitals. Therefore, you find that even referral systems and organisation of healthcare is not responsive enough to healthcare needs. Since it is a 2015 policy, our country has data that is almost 15 years old. The data says one in four persons who seek services in our outpatient healthcare facilities have mental health issues.

Secondly, Kenya is the country with the fourth highest cases of mental health conditions in Africa. We need to look at the interventions we need. First is at the community level where we should be able to deploy medical social health workers. We have a large pool of jobless social health workers in this country today. Therefore, the request for collaboration between the national and county governments is a welcome move so that we deploy medical social workers in communities. Possibly, we need an integration of medical social workers into the Community Health Promoters' setup that is already in place.

Hon. Temporary Speaker, in our schools, where a number who have spoken before have indicated that these conditions are easily seen, we need to post clinical psychologists there. Therefore, if we are able to do that, then we need either to get the Ministry of Education and the Teachers Service Commission (TSC) to start employing clinical psychologists as teachers either in our primary schools, junior secondary schools and basic education institutions. Mental health services are available in very few Level 4 hospitals and mostly in Level 5 hospitals which are county referral hospitals and the Mathari National Teaching and Referral Hospital.

The Mathari National Teaching and Referral Hospital is the hospital of shame in our country. It is old, dilapidated and stigmatised. As a House, even as we pass these Motions, the voting of the requisite resources to go with the Motions that we pass must also gain priority and remain within our sights when the budgeting cycle begins.

When we come to the family set up, by the time families or individuals decide to go and seek help for depression, it is almost rather too late and advanced. Therefore, we need to have people within the community who are able to pick these early warning signs. Depression is not the only medical disorder as it has been ably communicated by the speakers before me. We also need to revisit the Mental Health Act which was first established in 1978 and was only amended once in 2018. We need, as a House, to revisit that Act in order to align it to the current realities on mental health. I believe there is a connection between the escalating cases of Gender Based Violence (GBV) and mental health. If you look at the cost to the economy of both mental health, GBV and suicide cases which have now been reported in primary school kids, it is enormous.

A perusal of the suicide records within our police stations would give us a clear map and inform the gravity of this situation.

Lastly, is the training of the personnel that are needed to treat those who are already diagnosed with mental health issues. More than half of the counties, approximately 50 per cent of our counties today do not have psychiatrists. The country has a severe shortage of psychiatrists. Psychiatric nurses also have a huge shortfall. Therefore, there is a need also as House to again vote in money and ring fence them specifically to go towards the training of mental health medical personnel.

Hon. Temporary Speaker, I beg to support.

**The Temporary Speaker** (Hon. (Dr) Rachael Nyamai): Thank you. Hon. Suzanne Kiamba, Member for Makueni Constituency.

**Hon. Suzanne Kiamba** (Makueni, WDM): Thank you, Hon. Temporary Speaker. I wish to add my voice to this important Motion that was brought by Hon. Mishi Mboko. It is timely.

We realise that mental health attacks the brain which is the engine of the body. This means if we do not address issues that affect the engine of the body, then it is going to result into very many problems including social, economic and even spiritual ones. This policy that Hon. Mboko is proposing is very important. If we have a policy that spells out or mainstreams issues of mental health from national to county levels, it will help us to identify mental health as a problem.

If you look at Kenya today, in most communities, issues of mental health are perceived as curses. If most people come across people suffering from mental health problems, they think it is contagious. They do not want to touch or give them first aid. Such a policy will help us, as a county, recognise the fact that this is a disease like any other. We can have interventions to address it as many Members of Parliament have suggested. The policy will also enable us allocate resources to train the expected personnel. Not just training of the technical team, but also sensitising people so that communities can do away with stigmatisation. Stigmatisation is so rampant such that very few people identify mental health as a disease. If it is exhibited in a family, most of the communities



will spend their time visiting witchdoctors to try and address the problem. This is because they do not acknowledge that it is a mental issue.

Hon. Temporary Speaker, this is very important. We realise that issues of mental health have resorted to a lot of wastage. When we have health staff who are not sensitive to issues of mental health, whether social health promoters or staff in hospitals, there is a lot of misdiagnoses. Once one is misdiagnosed, it results to wastage since you are treated for ailments that you are not suffering from.

Most of the problems we are addressing with a lot of resources could be as a result of some of these mental health cases at the household, community or institutional level. If we had a policy like this, we could easily mainstream and sensitise our people in such a way that they can address mental health issues.

We have not done research as someone has said, to know some of the core factors contributing to mental health issues. It is rumoured that hard economic times is one of the factors. I support that. If you look at Kenya today, even young children are killing themselves. Mothers are killing their children. In most communities in Africa culturally, it was unheard of, for mothers to kill their children. It is now very common for mothers to kill all their children and even kill themselves. Most of this has been attributed to mental health issues. So, this is a timely Motion, but we also have to think about the budget. We have very many proposals on mental health issues that need to be prioritised.

If you go to Mathari National Teaching and Referral Hospital where there are known mental health cases and look at the budget we give them, it tells you that we do not see it as a problem. We think it is individual confusion. This Motion needs to get all the attention and especially the issue of mainstreaming it in health. I do not think we can have personnel in everything. If we mainstream it, right from the grassroots by the health promoters, these issues will be picked and the affected people will be taken to appropriate institutions.

Otherwise, I support. Thank you, Hon. Temporary Speaker.

**The Temporary Speaker** (Hon. (Dr) Rachael Nyamai): Hon. Yusuf Mohamed, the Member for Wajir West.

**Hon. Yussuf Farah** (Wajir West, ODM): Thank you, Hon. Temporary Speaker, for giving me this opportunity to support this Motion brought by Hon. Mishi Mboko. While I support it, I would like to differ a bit with some of her recommendations and modify them to align with the policy that is already in place.

We are not short of policies in this country. There is a policy that already exists: The Mental Health Policy of 2015 to 2030. It only needs a small modification to align with what Hon. Mishi is intending to do. Mental health is a very critical issue for a person to survive or live in this country. The past mental health is the state of the person's well-being to cope with the stress of this world, work and learn well to contribute to society positively. What does that tell you? It tells you that if a person is not stable and is suffering mentally, he will not learn properly, work well, or contribute to society or the community positively. Mental health has not been given the required attention by this country.

Allow me to add some recommendations to what Hon. Mishi has already stated. We are shy in a way facing the challenges of mental health. It has already been said that one person out of 10 in the population suffers from mental health issues. But the question is: how many of us are suffering from mental health issues? We do not know. We do not have the statistics. Why? Because we have no experts to identify and know exactly who is suffering from mental health issues and who is not. When we go to hospitals, we shy away from presenting ourselves to doctors to talk

about mental health itself. That clearly shows the stigma and fear that we have that we will be labelled by society. If people are mentioned or identified as suffering from mental health issues, they will be stigmatised, isolated and even suffer more. What we need to have in this country is to provide mental health training to experts, doctors and nurses and have clinics in every health centre in this country. If we cannot avoid that, we might create one mental health centre in each county for people to realise and understand their problems.

We must also provide a mental workplace environment by solving the challenges in the workplace. The workplace environment in this country is so polarised and bureaucratic that nobody cares about who is sick and who is not sick. Not even on mental health. If a person has a mental health disorder, he might not perform as required. But when a senior, or a person in charge of a particular institution finds out that a person is not performing, instead of finding out what is the cause, he tries to write show cause letters and disciplinary actions, and eventually people are sacked.

I have been following up since I came into this Parliament, that several police officers and prison officers have deserted their duties because of mental health disorders. They were sick, they just left their work, went home, stayed there and never reported to work. Then what happens? The prison and police officers in charge sack those people and when they regain their mental health and are treated and come to their senses, they tell you they were suffering and want to be reinstated. This mental health issue is real and we need to provide a mental health day, an open day in this country, for all Kenyans to go and check the status of how they are feeling. If we do not do that, we will not achieve any substantial or positive feedback from this mental health issue.

What we need to do is to have a comprehensive overhaul and re-evaluation of the Mental Health Policy in this country. That will allow every person in this country to understand his status.

With those few remarks and recommendations, I beg to support. Thank you.

**The Temporary Speaker** (Hon. (Dr) Rachael Nyamai): Thank you. Hon. Ruweida Obo, Member for Lamu East.

**Hon. Ruweida Mohamed** (Lamu East, JP): Ahsante, Spika wa Muda, kwa kunipatia nafasi hii kuchangia kwa mjadala wa Hoja ya ugonjwa wa kiakili ulioletwa na Mhe. Mishi Mboko. Moja kwa moja ninamuunga mkono kwa njia yoyote ile kuboresha hali ilivyo hapa nchini sasa. Ni jambo la muhimu sana. Sisi kama Wabunge, ni wakilishi wa wananchi. Jambo lolote lile ambalo litafanya mwananchi apate huduma bora, sisi hatuna budi kuliunga mkono. Kuna sababu nyingi za kusababisha haya magonjwa ya kiakili. Kuna sababu ya mihadarati, *stigma*, kukosa huduma pia hufanya mtu kuwa na fikra nyingi, na mambo mengine mpaka sehemu zingine tu ndio zina shida hizo. Kama kule kwetu, eneo bunge lote hakuna vituo vya burudani. Kwa mfano, uende pahali upumzike akili, inakua ngumu kwetu kule kwa sababu eneo bunge lote halina. Mambo kama haya yanasababisha vijana wetu wakafikiria mambo ya upotofu, mpaka ukaona mbona wanafanya hivi lakini kumbe sababu ni shida za kiakili.

Shida ni nyingi kule kwetu. Tuna vijiji 23. Leo sitazungumzia watu wangu tu wa Lamu Mashariki, nitazungumzia hata wale wahudumu wanaokuja kufanya kazi kule. Wanapata shida zaidi hata kushinda wale wananchi wanaishi kule. Kama polisi wakija kule, wanapata shida sana. Inafaa kutafutwe mipangilio maalumu. Hii pia itakuwa mojawapo kusaidia. Polisi akishatumwa Lamu Mashariki akilini anajua kuwa ametumwa kule kwa sababu ni adhabu. Akienda kule naskia anasema kwamba tunawapatia kazi nyingi wale OCS. Afisa huyo wa polisi akifika kule, wiki nzima hafanyi kazi, mpaka watu wakae naye wamueleze polepole ili azoe yale mazingira. Si vizuri kuweka afisa wa polisi kule kwa miaka nyingi. Mimi ninamshukuru Waziri Kindiki kwa sababu alipokuweko, na sasa akija InshAllah akipitishwa, amesaidia sana ule mpango wakutoa

maafisa kila baada ya miaka mitatu ili mtu asikae kule zaidi. Kuna wengine ambao wanakatalia mijini kama Nairobi, Mombasa na sehemu zingine. Wenzao wanakaa msituni bila kufanya chochote mpaka wanapotea akili.

Kuna sehemu inayoitwa Kiangwe; polisi akipelekwa pale, unamhurumia sana kwa sababu yeye hajazoea. Afadhali sisi kwa sababu tunaishi kule na tumezoea yale mazingira yetu. Polisi akifika pale, anakosa maji ya kuoga kwa wiki nzima. Anaweza kukaa hata bila kuoga. Wanafurahia wakati wa mvua kwa sababu wanapata maji mengi. Mvua inaponyesha, inabidi wayakusanye maji kwa muda. Kuna wakati ambapo maji yanaisha na wanabaki na ya kunywa tu. Wakati huo hawawezi hata kuoga.

Sehemu hizi zikifanyiwa mpango kama huu, na kuhakikisha kwamba kila *dispensary* inapata mhudumu wa kushughulika na mambo haya, basi mambo mengi yatafunguka. Kwa mfano, polisi akipelekwa Kiangwe, kama hajazoea bahari, kutoka Mokowe atatumia saa moja na dakika thelathini afike kule. Akifika tu, hiyo kwake ni kama inatosha kumbadilisha akili. Kwa hivyo, lazima tuwe na mipangilio tofauti.

Tusikae kwenye *boardroom* huku Nairobi tukipanga mipango kana kwamba Kenya yote iko kwenye meza moja. Kuna sehemu ambazo mambo ni tofauti kwa *ground*. Tofauti kabisa. Mimi namshukuru Rais kwa sababu siku hizi akifanya jambo, basi anafanya katika maeneo bunge yote. Kwa mfano, amesema mambo ya soko yawe katika maeneo bunge yote. Na sisi sasa tumepata imani.

Jambo lingine linalosababisha mambo kufanyika hivi ni wakati mwanadamu anakosa imani. Akikosa imani anapata fikira nyingi na matatizo yanatokea. Kwa mfano, kama umekosa imani na wazazi wako, marafiki zako, na Serikali yako, basi hayo mambo huleta matatizo.

Kule kwangu, kuna matatizo mengi hata wakati mwingine ninaogopa kusema. Mambo ni makubwa. Wakati mwingine, nyinyi hapa mnapokea watu wenu Bungeni, lakini wangu wanavuka wakienda Somalia na huwezi kujua sababu inayowafanya kuenda kufanya vile. Sisi huku tunawalaumu pengine wana kasoro ya akili, lakini itakuwa imechangiwa na mambo mengi. Lakini tukifanya mambo kama haya, tutadhibiti ile mienendo inayoendelea.

Kama Wabunge, tunafaa kuweka sera ambazo zitasaidia watu wote sio tu wachache. Zisisaidie tu wale ambao kwao ni rahisi kufikiwa na hakuna changamoto za usafiri. Leo ninataka nichukue nafasi nishukuru Mwenyezi Mungu kwa sababu Bunge sasa limeelewa kwamba Lamu Mashariki iko tofauti na maeneo bunge mengine. Ningependa kuchukua nafasi hii niseme kwamba mmeanza sasa kunielewa kwamba kuna Mbajuni na huwa ana shida. Wengi wanaelewa shida zangu sasa. Kama mfano, ungetaka kusafirisha genereta, ni lazima ingepelekwa Kiunga. Ilibidi Spika atoe onyo kwamba Mwenyekiti wa Kamati hiyo aje hapa atoe kauli. Ilikuwa inashangaza kwamba genereta ambayo ni tani saba au nane ingechukua siku mia moja na ishirini kusafirishwa. Sasa, katika huduma yeyote inayofanyika hapa Kenya, kule kwetu inakuwa ngumu kwa sababu ya changamoto ya usafiri. Mfano ni huo usafirishaji wa genereta.

Huduma hizi pia zinasababisha mtu akawa na fikira. Kata nzima ya Basuba ina vijiji vitano: Basuba, Kiangwe, Mararani, Mangai na Milimani. Ukiwa huko, kufikia *Level 6 Hospital*, ya karibu zaidi ni hapa Nairobi, au kufikia *Level 5 Hospital* ni King Fahd ambayo kwa sasa wanajengewa wadi ya maternity. Hakuna mradi wowote sehemu ile. Lile eneo limebakia watu waende tu msituni kutafuta asali, na wakirudi wakae. Hizo fikira zinaweza kufanya mtu saa zingine kuchanganyikiwa na akili.

Kwa hivyo, ni muhimu kila kijiji kipate hizi huduma. Nimefurahishwa sana na jambo hili. Kuna barabara moja tu ambayo ni *International* na *Security Road*. Barabara hiyo ni kwanzia Bargoni mpaka Kiunga. Ni kilomita mia moja na hamsini, lakini kwa sababu hakuna huduma,

barabara hiyo haipitiki. Pesa ya barabara hiyo iko na nimefuatilia na kwa sasa, tumepata imani na Serikali hii. Kama mkandarasi hawezi kuitengeneza barabara hiyo, basi ashirikiane na mkandarasi wa ndani ili wamalize kwa sababu Ksh1,000,000,000 iko. Ifanyiwe kazi ndiyo watu waweze kupata huduma kwa urahisi. Kwa sasa, kwa vile barabara haijapelekwa mashinani, ukitaka kufika King Fahd mpaka utumie Ksh7500. Kwa hivyo, huduma ya barabara ikiwekwa, hizi adhabu nyingi za kufikiria zitapungua.

Kiunga iko karibu na mpaka wa Somalia na imekatwa na mambo mengi. Ukitaka pasipoti, kitambulisho au cheti cha *good conduct*, mpaka ulipe Ksh8000 kwenda Mji wa Lamu. Hiyo ndiyo taabu walionayo vijana wetu na tunawaelewa. Sisi tulisubiri, lakini wengine hawawezi kusubiri. Wakiona vitu kama hivyo, mambo yanaharibika. Unaelewa na ningependa mtutembelee muone zile sehemu zetu. Sisi tuna wadi tatu; Kiunga, Nda *Island*, na Kiwayu *Island*. Kuna kufika Mkokoni; unatembea kwenye maji kufika Nda kwa jisaji moja kutoka Lamu. Hiyo ni adhabu tosha. Kisha unamweka afisa...

**The Temporary Speaker** (Hon. Peter Kaluma): Hon. Ruweida, I give you two more minutes. Represent the best of Bajuni Community in Kenya. Two more minutes.

**Hon. Ruweida Mohamed** (Lamu East, JP): Asante sana. Katika Bunge lote, mimi ndiye Mbajuni peke yake. Ninawakilisha Bajuni wote walioko Kenya nzima. Mimi ninatafuta marafiki kutoka kila kabila. Mimi sina ukabila kwa sababu lazima nitafute kila mtu. Sina mwenzangu hapa. Hakuna mtu anayezungumza lugha yangu. Ukitaka kufika Kiwayu, ni lazima uende kwa maji kwa jisaji moja na dakika thelathini. Huduma ziwe ni hizo matatizo.

Mkokoni iko ndani ya msitu. Saa hii ndio tunapambana. Mkiona tunalia hapa, mjue kwamba mambo kule ni tofauti. Katika eneo bunge nzima, barabara ambayo imejengwa kwa sasa ni ile ambayo imefanywa na Kenya Rural Roads Authority (KeRRA). Na ndio maana wakati mwingine, hatutaki mtu aitaje KeRRA. Hizi zote zinachangia mawazo mengi na ni muhimu sisi sote tufikirie kama Wakenya. Vile unafikiria kwako inakufaa, kwa mwenzako ni tofauti. Mimi nikisema kuwa ninataka polisi nikienda kwangu, mtu atashangaa sana. Kutoka Mkokoni mpaka Kiunga, ni lazima nipewe gari nzima la polisi kwa sababu ninapitia Boni Forest. Nilipokuwa Mwakilishi wa Wanawake, pesa nyingi ilikuwa ikitumika kulipa maafisa wa usalama lakini watu walikuwa wanashangaa kwa nini polisi ni wengi ilhali maafisa wawili wanatosha. Nilikuwa ninapata shida sana. Hayo mawazo yote yanachangia mambo mengi ya upotovu na kuharibika kwa akili.

Asante, Mheshimiwa Spika wa Muda.

**The Temporary Speaker** (Hon. Peter Kaluma): Hon. Dorothy Ikiara will be followed by Hon. Wilberforce Oundo, and then Hon. Dick Maungu, in that order. Proceed, Hon. Dorothy Ikiara.

**Hon. Dorothy Muthoni** (Nominated, UDA): Thank you, Hon. Temporary Speaker. For the record, I want Hon. Doris to know I was here as early as 9.30 a.m. First, I support this very important Motion on the Policy for the Provision of Mental Health Services in all healthcare facilities.

This country is at crossroads. We have a very good Kenya Mental Health Policy 2015-2030, which established a framework for improved mental healthcare. However, translating those goals into tangible action requires a facility level policy. I want to underscore the fact that mental health is a subject that is always being shunned by most people, especially mental health patients. I am saying this because for a long time, since the formulation of this policy in 2015, which is one of the best in the world, very little has been done towards actualising it.

In this century, I am aware many people are suffering from mental health issues. When we talk about mental health, there are very many causes. As a country, we should ask ourselves: do we have enough specialists to identify the various forms of mental ailments? If so, do we have institutions that look into those ailments at a personal level? Over the years, we have a well-known institution, Mathari National Teaching and Referral Hospital which takes care of mental health patients. This hospital has been stigmatised, that when you tell patients you are taking them there, they think they will only meet very mentally ill patients.

Apart from having a policy, we must fulfil a constitutional right. The policy ensures compliance with Article 27 of our Constitution, which guarantees dignified treatment for all mental patients. As a country we should ask ourselves: do we really treat mental health patients with dignity? Are the facilities well prepared to welcome them? Do they first receive counselling so as to know what they are going through before giving them drugs? We must know how we will close this gap.

This is because many Kenyans especially, in the rural areas lack access to mental healthcare facilities. They do not know anyone who can tell them they have an illness. I am impressed because today we have community health workers. They should be the first line workers to identify people with mental health issues and direct them to the best facilities where they can be assisted. I know it is sometimes difficult for families to accept that their kin have mental health issues. The first judgment by parents is always that their children are under drug and substance abuse. This sometimes leads us to not taking interest in the ailments of our children.

We should have primary caregivers who identify different types of mental health issues and direct the patients to the right facilities. I know untreated mental illness is a significant public health burden. Many of our children have gone to school and have certificates but they cannot do any meaningful economic activity because they do not have stable minds. Even in our workplaces, resources are drained because of mental health issues. Sometimes at the workplace, people are unable to identify mental health issues. Instead, people are fired simply because they cannot coordinate their work. I know workplaces where people are chronic drunkards, but I will not mention the professions because they cut across. We should have counsellors who can identify a drunkard and know this is because the person is going through a lot of mental issues.

We have a well formulated policy running from 2015 to 2030. We do not have a policy gap in the country. We just lack implementation strategies. As a country, this is what we should deal with. If we implement the recommendations in this policy, we will iron out all the issues that go along with mental illness. It is evident and has been proven that this country has the fourth highest cases of mental health issues in Africa which are increasing by the day.

Hon. Temporary Speaker, if we do not take serious intervention measures, we will have a country of mentally sick people. I want to end with a quote by the former President of the United States of America (USA), Barack Obama. He said and I quote: "Mental health is not a luxury; it is a necessity." Let us break down the barriers and stigma that prevent people from seeking treatment. Mental health is not something that we should shun away from. Let us all break the barriers and take care of the mentally sick in our society. I support this Motion and laud Hon. Mishi Mboko. Let us fast-track the implementation strategies.

Thank you, Hon. Temporary Speaker.

**The Temporary Speaker** (Hon. Peter Kaluma): Hon. Wilberforce Oundo.

**Hon. (Dr) Ojiambo Oundo** (Funyula, ODM): Thank you Hon. Speaker for giving me this opportunity to also contribute to the Motion about Mental Health that was moved by our able Member of the ODM team, Hon. Mishi Mboko.

For many years, many of us never understood and appreciated the issue of mental health. It is only in the recent past when high profile cases of suicide, mass murder or some kind of funny behaviours that have been reported in the newspapers that had been witnessed all over the country that the issue of mental health has now been forced to come to the fore and public debate.

Hon. Temporary Speaker, where I come from, for many years since my childhood, in the early 1970s, we used to have the joke that every marketplace had its mad man and whenever another one came, the existing mad man would tell the other one that the market was too small to accommodate two mad men. The old one would urge the new arrival to look for another market to roam around. It was such form of disdain that mental health patients were treated to. Over time, there has been a very difficult point to draw between mental health and psychological issues. I do not purport to be an expert in that area. However, I believe that in the fullness of time, experts in that area will draw a line between mental health and psychological issues caused by stress, hereditary or other issues at hand.

It suffices to say that we cannot continue to bury our heads in the sand. The statistics given by Hon. Mishu Mboko are very scary. If 10 per cent of the population is suffering from one level of mental health or another, that is very scary. As a country, as some of my colleagues have said, it is important to look at the Mental Health Policy and see where we went wrong and what we have done to implement the same so that we are able to manage and live with mental health related issues.

Hon. Temporary Speaker, as it has been said, not everybody who is properly dressed, speaks fluent English, walks around elegantly and swings his body from one side to the other is okay. Mental health varies from one level to another, and that is why I get scared of our colleague Members of Parliament. Some of the things they say and do, and how they even act on the Floor of the House or when they have been given a microphone in public rallies or at funerals or even in churches makes me believe that our mental health is at a certain degree of madness. As we say in my village, that is what differentiates us. That is why I totally agree that we need to take mental health training, treatment and attention to the lowest levels of our societies.

Hon. Esther Passaris has narrated a story. Many of us have children in our homesteads but we never know some of the things they do, which could be a sign of mental health. Some of us have had the opportunity to be lecturers at universities. When you go to a lecture hall, some behaviour and demeanour exhibited by some students clearly indicates that we have many cases of mental health in this country. I do not want to belabour the point that my colleagues have raised. I only want to say that 99 per cent of health and health management issues is a devolved function. I will never tire to urge the county governments that Baba Raila Amollo Odinga advocated for devolution, not for the sake of it but to take the services that had been decentralised at the centre, as we used to say, to the periphery. It is because people at the centre never allowed people in the periphery to come and interfere at the centre. Therefore, devolution gave us a chance to take some of these issues to the periphery.

It would be prudent for us to solve this problem by ensuring that every single health facility in all parts of this country has somebody trained in medical mental health issues. We have Community Health Volunteers. Do we have anybody among them who has requisite training in mental health? We are now able to detect malaria and basic communicable diseases and even make a phone call and prescribe medication. Do we have mental healthcare specialists in that group? It is a matter I hope the Departmental Committee on Health will seize and ensure that out of the 20 or so community health workers in any given constituencies, there is a mental healthcare specialist.

Do we have a holding and specialised treatment facility in every single county to deal with mental health? I report here that in my county, Busia, we do not have a single medical facility where we can deal with mental health matters. During my first years as a Member of Parliament, I had to rescue many people who were shackled because they were thought to be mad. They simply needed medical attention and psychological counselling to re-wean them off some very traumatic incidences they have faced. We also need to tell families wherever they are – that, if they sense that a family member has some medical condition of mental health in nature, they should not shy away from looking for medical attention. There are very many social support groups that can assist in making sure that we deal with this matter.

Hon. Temporary Speaker, as the economy-related matters become hard, and as people are continuously tormented by social media and we continuously expose ourselves to too many issues, the issue of mental health will be key. That is why as you had said earlier, we should request for the mover's concurrence to introduce an amendment to the Motion to say that 'we resolve' instead of saying that 'we urge the Government.' We should resolve that the national Government and the county governments collectively implement the Public Mental Health Policy and invest adequate resources as required by international conventions to deal with mental health. Otherwise, the number of suicide cases, including the number of women going to kill their own children, and the number of men going to kill their own children, are going to be many. Unless we intervene in good time, we are going to have a national disaster that is going to take us a lot more time to deal with.

I repeat that I am not an expert but there are some predisposing factors towards mental health. I urge all the Members who are here that whenever they have an opportunity, please, let them talk about the predisposing factors. Let us try to lower them down so that we do not continue to have our constituents killing each other due to matters they can deal with.

Issues to do with anger management could also be a mental health issue. How do we manage anger? If you are provoked, however slight it is, do you have to pull out your machete and slash somebody to death, or pull out your pistol and blow off somebody's head? Can we learn to dialogue? Can we learn to talk to each other? When we were in the university, whenever we had issues, we would buy chapati, eat and dialogue together. That is how chapati came to be known as 'dialogue' in campus.

With those many remarks, I support the Motion and urge the Mover to change the word "urge" with "resolve."

Thank you, Hon. Temporary Speaker.

**The Temporary Speaker** (Hon. Peter Kaluma): I had said you give the microphone to Hon. Maungu. Proceed Hon. Maungu.

**Hon. Dick Oyugi** (Luanda, DAP-K): Thank you, Hon. Temporary Speaker.

**The Temporary Speaker** (Hon. Peter Kaluma): After Dick Maungu, we will have Hon. Donya Dorice and Hon. Phelix Odiwuor in that order.

**Hon. Dick Maungu** (Luanda, DAP-K): Thank you, Hon. Temporary Speaker, for giving me the opportunity to speak. I have really been patient waiting for my turn to contribute, and this has resulted in some mental distress on my side.

We are discussing a very important concept about the state of mental health. Allow me to congratulate my sister, Hon. Mishi Mboko, for thinking well. Mental health is a problem that cuts across every cadre of our society. People out there are abused, which is a source of mental stress, trauma and neglect.

Social isolation and loneliness can equally be a result of mental stress. We live in a very toxic country. Therefore, any kind of discrimination— be it tribal, religious or any other kind—

will result in mental distress. We live in a country that has a lot of social disadvantages. Poverty and deaths lead to extreme mental distress. Bereavement like losing a loved one, a close friend or a dear member of family has severe damage to the well-being of our state of mind. Therefore, it brings mental distress. We live in a situation where people are exposed to long and severe stress. All these conditions result in mental stress. Therefore, Hon. Mishi thought it was important to mainstream mental healthcare in our medical facilities all the way down to the ward dispensaries so that our people can access and enjoy mental healthcare services in early stages.

Nowadays we have cases of religious extremism where people are indoctrinated to a point of agreeing to give their lives, or taking their lives. That is some form of mental distress. A good example is the Shakahola massacre. The people who were taken advantage of were not in their right form of thinking. Maybe, they were exposed to some severe conditions that made them unable to make independent and sober decisions. Therefore, mental health is such an important concept that we cannot neglect. The Member came up with this Motion to help us see if we can entrench mental healthcare in our local medical facilities.

We are aware that as a result of lack of jobs, we have a very big young population below 35 years old. These are people who went to school. Some of them cleared university with very good degrees but they cannot secure any form of employment. This exposes them to drugs and substance abuse, which causes a lot of damage to their mental health. It is an important discussion because it cuts across the unemployed and employed. We have just seen a situation where teachers are equally stressed because they have a lot of workload. They are unable to articulate or speak or teach well because they are stressed. We have police officers who take care of our security. Some of the actions that some officers take – like shooting indiscriminately, hanging themselves and fighting among themselves – are a result of some form of mental distress.

Over the last few days, there was a situation where a religious leader in Eldoret Town, and some people, were conned by somebody who took their money. They were told that it would multiply. I believe that each person who gave out his money and was conned is seriously stressed. Therefore, mental health is such an important matter that we cannot forget. Years back, it used to be said that in every marketplace, there was a mad man. Those people are not mad but they have mental challenges. They are sick. They need medical care so that they can be taken off the streets, get medication and go back to gainful engagements in life. Therefore, we cannot ignore mental health and its importance or significance. As leaders, we have a duty to ensure that we bring up young people in a society that has access to mental facilities that can take care of them.

I come from Luanda in the great Vihiga County. The facility we have cannot competently take care of a mental situation in that area, unless one is referred to the referral facility in Mbale. I, therefore, request that as we talk about this Motion, we also need to bring in the issue of psychological support. These are people who need counselling and mentorship before the situation gets worse. They need to go through some counselling and psychological sessions to bring down the levels of their stress. In this essence, we will reduce the cases of mental health that we have in this country.

With those remarks, I support the Motion.

**The Temporary Speaker** (Hon. Peter Kaluma): Hon. Dorice Donya. Hon. Members, this Motion will be debated up to around 12.42 p.m. and then the Mover will be called upon to reply. I encourage you to speak for a shorter time, so that as many of you as possible may contribute.

**Hon. Dorice Donya** (Kisii County, WDM): Thank you, Hon. Temporary. I will speak for two minutes. I will donate one minute to Hon. Lilian.



When we discuss the mental health, we must appreciate that it is a real issue. These are things that happen. You cannot fake them like when people advertise. They say if you use this toothpaste, your teeth will be white, which might be fake. Mental health is brought about by extreme poverty. We need a discussion on how we can eliminate it on our land because it is the major contributor. Husbands and wives fight in their homesteads because there is no food and money. Maybe your child has stolen Ksh50 that was meant for buying cooking oil. This is all over. You are told that you should not divorce. Issues of relationships like break-ups and someone writing a letter and saying that he cannot live without you and you disappear, bring about mental health issues. You start crying and stop eating. Depression is real.

There is also the use of drugs. Some people say that they use *bangi* or take *chang'aa* because they are stressed. When he takes *chang'aa* in the evening, he relaxes and sleeps well. Having known that mental health is a real issue, we must treat it as such. How do we cure it? We need to create employment opportunities through farming to improve on food security.

Hon. Temporary Speaker, I support the Motion and urge you to give one minute to Hon. Lilian.

**The Temporary Speaker** (Hon. Peter Kaluma): Next is Hon. Phelix Odiwuor, also known as Jalang'o, the Member for Lang'ata.

**Hon. Phelix Odiwuor** (Lang'ata, ODM): Thank you very much, Hon. Temporary Speaker, for giving me an opportunity to contribute to this Motion brought by my senior, Hon. Mishi Mboko. It is very sad that we are having a conversation on an issue that already has too many policies that are not being implemented.

This weekend, I will bury a very young girl who passed on due to mental health issues. Just the other day, we were in Langata Cemetery burying a very close friend who also died through suicide. May God rest their souls in peace. I will be going to bury a very young girl this weekend. She also passed on due to mental health issues. Just the other day we were burying a very close friend at Langata Cemetery. The friend also died through suicide.

The number of suicide cases we see every day tell you what the country is going through on matters mental health. We must continuously regard mental health conversation as a very important issue in this country. Definitely, stigma is the problem that comes with mental health. Even worse, men are told, "Be a man, man up!" They cannot even open up on the issues they are going through. It is even more sad that we have friends, groups and people we call our close relatives. However, they never see what somebody is going through.

When the worst happens through suicide, you will hear somebody wondering, "Why did they not talk? Why could he not even open up?" When they open up to you as a person, you tell them "Man up, *kuwa mwanaume*." You cannot be *mwanaume* when nobody wants to hear or even help you understand the things you are going through. There was a men's mental walk organised by Oga Obina just over the weekend. You saw the high number of men who stood in to this event. They were too many. This tells you how many men or women out there go through issues that they continuously want to talk about but there is no one to listen to them.

Our health facilities do not even have mental healthcare facilities where people can be attended to. It is mostly because of stigma. Nobody wants to come out and talk about what he or she is going through. I urge Members of Parliament, if possible, to even try to organise constituency mental health days in an effort to mitigate the issues we are going through.

I support my senior, Hon. Mishi Mboko. This Motion is timely. Mental health is a conversation that must be continuous. This Government must take it as a serious issue.

Thank you, Hon. Temporary Speaker.

**The Temporary Speaker** (Hon. Peter Kaluma): Hon. Members, we are interrupting this debate to allow the Leader of the Majority Party to lay some Papers and give notice of Motion.

### PAPER

**Hon. Kimani Ichung'wah** (Kikuyu, UDA): Hon. Temporary Speaker, I am sorry for the interruption.

I beg to lay the following Paper on the Table of the House:

The Second Report of the Committee on Appointments on vetting of persons for appointment to the Offices of Cabinet Secretaries, volumes 1, 2, 3A and 3B.

Thank you, Hon. Temporary Speaker.

**The Temporary Speaker** (Hon Peter Kaluma): Leader of Majority Party, lay the Paper and give notice of Motion.

*(Hon. Irene Kasalu and Hon. Thuddeus Nzambia stood up in their places)*

Order, Members on your feet! Resume your seats.

**Hon. Kimani Ichung'wah** (Kikuyu, UDA): It is Hon. Irene Kasalu and Hon. Nzambia.

**The Temporary Speaker** (Hon Peter Kaluma): Hon. Irene Kasalu and Hon. Nzambia, could you, please, take your seats? This is a very important Motion.

### NOTICE OF MOTION

#### CONSIDERATION OF NOMINEES FOR APPOINTMENT AS CABINET SECRETARIES

**Hon. Kimani Ichung'wah** (Kikuyu, UDA): Hon. Temporary Speaker, I beg to give notice of the following Motion:

THAT, taking into consideration the findings of the Committee on Appointments in its Second Report on the vetting of nominees for appointment to the Offices of Cabinet Secretaries laid on the Table of the House today, Wednesday, 7<sup>th</sup> August 2024; and pursuant to the provisions of Article 152(2) of the Constitution and Sections 3 and 8 of the Public Appointments (Parliamentary Approval) Act of 2011, this House approves the appointment of the following persons as Cabinet Secretaries:

1. Hon. Professor Kithure Kindiki, EGH - Cabinet Secretary, Ministry of Interior and National Administration;
2. Dr Debra Mulongo Barasa - Cabinet Secretary, Ministry of Health;
3. Hon. Alice Wahome, EGH - Cabinet Secretary Ministry of Lands, Public Works, Housing and Urban Development;
4. Mr Julius Migos Ogamba, EBS - Cabinet Secretary, Ministry of Education;
5. Hon. Roselinda Soipan Tuya, EGH - Cabinet Secretary, Ministry of Defence.
6. Dr Andrew Mwihiya Karanja - Cabinet Secretary, Ministry of Agriculture and Livestock Development;

7. Hon. Aden Barre Duale, EGH - Cabinet Secretary, Ministry of Environment, Climate Change and Forestry
8. Mr. Eric Murithi Mugaa - Cabinet Secretary, Ministry of Water, Sanitation and Irrigation;
9. Mr. David Chirchir, EGH - Cabinet Secretary, Ministry of Roads and Transport;
10. Dr Margaret Nyambura Ndung'u - Cabinet Secretary, Ministry of Information, Communication and the Digital Economy.

*(Hon. Zaheer Jhanda crossed the Floor without bowing to the Chair)*

**The Temporary Speaker** (Hon. Peter Kaluma): Order! Who is that Hon. Member? Please, do the right thing.

*(Hon. Zaheer Jhanda went to the Bar and bowed to the Chair)*

That is the great Member of Parliament for Nyaribari Chache.

Proceed.

**Hon. Kimani Ichung'wah** (Kikuyu, UDA): Thank you, Hon. Temporary Speaker. Hon. Zaheer is not in this list.

11. Hon. John Mbadi Ng'ongo, EGH - Cabinet Secretary, Ministry of the National Treasury and Economic Planning;
12. Hon. Salim Mvurya Mgala, EGH - Cabinet Secretary, Ministry of Investments, Trade and Industry;
13. Ms. Rebecca Miano, EGH- Cabinet Secretary, Ministry of Tourism and Wildlife;
14. Hon. James Opiyo Wandayi, EGH - Cabinet Secretary, Ministry for Energy and Petroleum;
15. Hon. Onesimus Kipchumba Murkomen - Cabinet Secretary, Ministry of Youth Affairs, Creative Economy and Sports;
16. Hon. Hassan Ali Joho, EGH - Cabinet Secretary, Ministry of Mining, Blue Economy and Maritime Affairs;
17. Hon. (Dr) Alfred Nganga Mutua, EGH - Cabinet Secretary, Ministry of Labour and Social Protection;
18. Hon. Wycliffe Ambetsa Oparanya, EGH- Cabinet Secretary, Ministry of Cooperatives and Micro, Small and Medium Enterprises (MSMEs) Development; and,
19. Hon. Justin Bedan Njoka Muturi, EGH - Cabinet Secretary for Public Service and Human Capital Development.

The Committee has rejected the nomination of Ms Stella Soi Lang'at.

Thank you.

**The Temporary Speaker** (Hon. Peter Kaluma): Thank you very much. Hon. Members, we are going back to Order No.12.

## MOTION

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POLICY FOR PROVISION OF MENTAL HEALTH SERVICES  
IN ALL HEALTHCARE FACILITIES

*(Debate on the Motion resumed)*

**The Temporary Speaker** (Hon. Peter Kaluma): The Members who want to speak to this Motion, we have less than 12 minutes. Approach Hon. Mishi. You know what to discuss with her. At 12.42 p.m., I will call upon her to reply.

Hon. Shabbir.

**Hon. Shakeel Shabbir** (Kisumu East, Independent): Thank you, Hon. Temporary Speaker. One in every four Kenyans is probably suffering from a mental health issue. We, as Kenyans, have forgotten the issue of mental health. Actually, one in every two youths is struggling with a mental related problem. We have been sidestepping the issue of mental health. Mental health to us in Kenya has always been about Mathari Hospital. We quickly say, 'Mtume Mathari Hospital.' We always think that mental health has to do with a mad man in the village. There is a thin line between a Doctor of Philosophy (PhD) degree holder, who is a brilliant mind, and a passive mental health patient. If I may remind you, you must have seen a well-known professor walking naked along Kenyatta Avenue opposite the post office. The problem with healthcare is that there is stigmatisation. We tend to deny it and want to silence it. We want to put such cases together with traditional witches. We have no budget for it. We have no intention of doing anything other than locking these people away at a Mathari Hospital-like institution.

There was a task force that was set up in 2020 by the eminent Dr Njenga and his team. That task force came up with some of the regulations that we have today. The former mental health plan they requested is the policy for providing mental healthcare that Hon. Mishi is proposing, and I support her very much. The problem, of course, is implementation. The problem is that there is no budget or there is a low level of budgetary allocation in the health budget for healthcare. I speak from a position of knowledge because I have been Chairman at the New Nyanza General Hospital for over 10 years. I have been on the Aga Khan Hospital Board for over 15 years and others. I have seen the way mental health is treated a non-issue in this country. We cannot continue to ignore mental issues. Tomorrow, I might be walking down the street without clothes. That does not mean I am a madman. I have simply gone across. There is a beautiful movie called '*The Beautiful Mind*' about a genius in the United Kingdom who prevented world war, but was treated as a madman. Many times, even all the geniuses that we talk about are accepted and treated as mad people. There is inadequate funding. In fact, this policy is not going to make any difference unless there is a separate budget for mental healthcare management. That budget must come out of the health budget, but must be ring-fenced, so that it cannot be maneuvered or changed by the authorities at "mafia" house. The problem we have is that nobody wants to talk about mental health, and only Dr Njenga and a few others have been talking about it for a long time.

**The Temporary Speaker** (Hon. Peter Kaluma): Hon. Shabbir, the time has come for the Mover to reply.

**Hon. Shakeel Shabbir** (Kisumu East, Independent): Thank you, Hon. Temporary Speaker. I support wholeheartedly.

**The Temporary Speaker** (Hon. Peter Kaluma): Mover, Hon. Mishi Mboko, how many minutes do you want to use in your reply?

**Hon. Mishi Mboko** (Likoni, ODM): Thank you, Hon. Temporary Speaker. I have seen that Members are really interested in debating this Motion, but I just want to donate one minute to

each of the following Members: Hon. Julius Taitumu from Igembe North, Hon. Rashid Bedzimba, Hon. Irene Mayaka, Hon. Odanga, Hon. Nicholas from Turkana East, and Hon. Charity Kathambi. That is the last one.

**The Temporary Speaker** (Hon. Peter Kaluma): For Hon. Charity Kathambi, did you say two minutes or one minute?

**Hon. Mishi Mboko** (Likoni, ODM): I said one minute because they are many. If I give two minutes, I will not have time to reply. Hon. Kibagendi is the last one on the list.

**The Temporary Speaker** (Hon. Peter Kaluma): Call them for one minute each.

**Hon. Mishi Mboko** (Likoni, ODM): I will start with Hon. Julius Taitumu, one minute.

**Hon. Julius M'anaiba** (Igembe North, UDA): Thank you, Hon. Temporary Speaker. First of all, may I thank the Mover for coming up with this critical Motion. Mental health is critical today due to the changing socio-economic trends in our country and social pressures like lack of jobs, lack of social facilities like housing, and other needs that put pressure on people. Various accidents in this country take place due to mental health issues like suicide, and drivers who drive while depressed due to pressure of our daily lives.

Anxiety levels are also a major cause of mental disorders in this country. This, therefore, calls for health facilities that take care of our increasing demand for mental healthcare provision to be cascaded downwards probably up to sub-location levels, if the country can afford. The state of mind is like the state of an engine in a vehicle. If the mind has issues, the entire...

**Hon. Temporary Speaker** (Hon. Peter Kaluma): Next Member.

**Hon. Rashid Bedzimba** (Kisauni, ODM): Asante sana, Mhe. Mishi kwa kunipa fursa hii kuchangia Hoja hii kuhusu jambo ambalo linafaa kuangaliwa kwa makini sana.

Ni haki ya kila Mkenya kupata matibabu yeyote yale kulingana na maradhi yanayompata. Maradhi ya akili yana daraja na sana sana yanaanzia katika msongomano wa mawazo. Yanaanzia mtu kusema peke yake and kuwa na uzito wa jambo fulani ambalo limemshinda kutekeleza. Inamtokea mtu anapigwa dafrau ukifikiria hakuona lakini kumbe akili yake ilikuwa haipo. Kama kila sehemu ingekuwa na zahanati katika taifa hili ambalo lina madaktari na wataalamu ambao wanaweza kushugulikia jambo hili, haya mambo yasingefikia pabaya.

**Hon. Temporary Speaker** (Hon. Peter Kaluma): We request Members to go to the point. With one minute, you cannot say much. Hon. Irene Mayaka.

**Hon. Irene Mayaka** (Nominated, ODM): Thank you, Hon. Temporary Speaker. I thank Hon. Mishi for this opportunity to add my voice in support of this very important Motion.

I just want to quickly mention that in this country, we only have 10 facilities that provide mental health illness services. This Motion is important because we need to have mental health facilities closer to our people because there are many cases where people shy off from either saying they have these issues or are stigmatised when they want to mention that they have mental-related issues. This is important for us and we must ensure that this policy is implemented and does not gather dust like all the other policies in the country.

I, therefore, support the Motion. I submit.

**Hon. Geoffrey Odanga** (Matayos, ODM): Thank you, Hon. Temporary Speaker. The Motion is about integrating mental healthcare services in our health facilities. We already have a policy in place. We only need to strengthen it and ensure that it is implemented.

The fact that we have many rehabilitation centres, schools and units show that we need people to take care of mental health issues. We need to make it stronger.

In the workplace, many employees' contracts are terminated because of sickness. These are the issues that we need to address.

I support.

**Hon. Nicholas Ng'ikor** (Turkana East, JP): Hon. Temporary Speaker, mental health issue is a concern to all of us, starting from our homes, institutions and security camps. We continue to lose people at our homes and schools because of the hard economic times that have affected almost every individual in this country. This matter needs to be addressed at each level in the country. I support.

**Hon. Temporary Speaker** (Hon. Peter Kaluma): Was it Hon. Kibagendi, and then Hon. Charity Kathambi?

**Hon. Antoney Kibagendi** (Kitutu Chache South, ODM): Thank you, Hon. Temporary Speaker, for this opportunity to support the Motion by Commissioner Mishi Mboko. I wish to support as a Member and Chairman of the Caucus on Drugs and Substance Abuse where we have raised the issue of access to mental wellness care in the country.

One of the greatest challenges this country has faced is lack of access to facilities that offer a holistic and comprehensive healthcare addressing both physical and mental health. The rise in mental health issues has become a major challenge in this country because of access and equity.

My colleagues that have spoken to...

**The Temporary Speaker** (Hon. Peter Kaluma): Hon. Charity Kathambi.

**Hon. Charity Kathambi** (Njoro, UDA): Thank you, Hon. Temporary Speaker. I support the Motion by Hon. Mishi that we need to have mental health services in all healthcare facilities.

Most families are affected and so are our youths. Do we have a budget? It is high time we, as Members of Parliament, made a decision that we need a budget to make this possible and have support for this in every constituency. Young people, families and officers in every sector have been affected. The idea of having a mental health unit in every health facility will support this country and will save a lot of our youths.

**The Temporary Speaker** (Hon. Peter Kaluma): Hon. Mishi, take 50 seconds.

**Hon. Mishi Mboko** (Likoni, ODM): Thank you, Hon. Temporary Speaker. I appreciate all the Members for your immense contribution to this Motion. Every one of us has agreed that it is high time we had some intervention in issues of mental disorders. We have some policies and laws, but it is high time we pushed for enforcement and actualisation of the policies, which we have formulated in terms of mental disorders.

I have also learnt that most counties do not have a stand-alone hospital for mental disorders or rather a specialised unit, doctors, nurses, drugs and good infrastructure. This is a big challenge, which cuts across all the 47 counties in our country.

**The Temporary Speaker** (Hon. Peter Kaluma): Hon. Members, the Question on the Motion under Order No.12 will be put when it will appear next.

Can you reply?

**Hon. Mishi Mboko** (Likoni, ODM): Hon. Temporary Speaker, I beg to reply.

**The Temporary Speaker** (Hon. Peter Kaluma): Thank you very much, Commissioner. The Question will be put for the convenience of the House at a future date when this matter will be scheduled by the House Business Committee.

*(Putting of the Question deferred)*

Next Order.

## BILL

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*Second Reading*THE MUNG BEANS BILL  
(Senate Bill No.13 of 2022)

**The Temporary Speaker** (Hon. Peter Kaluma): Order No.13 will be stood down to a future date which will be scheduled by the House Business Committee.

*(Bill deferred)*

Next Order.

**MOTION**

**The Temporary Speaker** (Hon. Peter Kaluma): Hon. Peter Nabulindo to move.

## POLICY AND FUNDING FOR SUGARCANE FARMING IN THE COUNTRY

**Hon. Peter Nabulindo** (Matungu, ODM): Thank you, Hon. Temporary Speaker. I beg to move the following Motion:

THAT, aware that commercial sugarcane production in Kenya was introduced in the early years of Independence with an aim of eliminating dependence on sugar importation and contributing to economic transformation in the sugar belt and the country at large through agriculture; acknowledging that at its pinnacle, the sugar industry significantly contributed to the country's National Gross Domestic Product (GDP) and became one of the largest employers which supported livelihoods of many Kenyans both directly and indirectly; concerned that over the last 25 years, sugarcane farming particularly in western Kenya has been declining significantly, thereby dipping sugar production from over 600,000 metric tonnes per year in the 1990s to less than 300,000 metric tonnes in recent years; noting that the decline in sugarcane farming has forced local millers to operate far below their milling capacities and pushed the country to over-rely on net importation of sugar, which negatively impacts on the balance of trade; noting that the decline in sugar production is attributable to factors such as mismanagement, interference and unfair competition from cheap imported sugar; further concerned that State-owned sugar millers like Mumias Sugar Company and Nzoia Sugar Company ceased milling while owing farmers hundreds of millions of shillings; appreciating that the Government has been putting in place strategies, policies and regulations to define the roles of millers and major players and stakeholders in the sugar industry in a bid to revamp the sector; concerned that the acute shortage of sugarcane resulting from mass abandonment of sugarcane farming continues to roll back initiatives for reviving sugar milling; recognising that further investment in revamping sugar companies before reviving sugarcane farming would occasion loss of the invested public funds instead of yielding success; now therefore, this House resolves that the national Government, through the Ministry of Agriculture and Livestock Development, reviews the sugar

development policies to provide that every investor-miller sets aside definite funds for development of sugarcane farming, incentivising farmers to embrace sugarcane growing and to enhance cane production in each of the respective zones.

The essence of this Motion is to empower the farmer. In recent years, there have been very many efforts by the Government, the community and various stakeholders to revive the sugarcane industry. However, the reason we keep on struggling to revive the sugarcane industry is because we have not empowered the farmer. We keep on ignoring the farmer.

I would like to go back to history. When sugarcane farming was introduced in Mumias where I come from - and I am a product of sugarcane farming - by the then Government and Booker Tate, who was the investor then, the first thing they did was to register all the farmers who had land and went ahead to give them inputs. This was to enable the farmer to produce sugarcane.

First, they came and cultivated the land. The second one, they did the harrowing, and then they provided the farmer with seed cane and fertiliser. That enabled the farmer to put sugarcane growing into motion. They did not stop at that level. They went ahead and provided the farmer with extension services. The farmer was educated about how to tender his crop. After several months, they provided fertiliser - at that time it was called urea - for top dressing to enhance the growth of sugarcane. Later on, they would harvest the sugarcane for the farmer and assist the farmer to transport it from the farm to the factory. The farmer would then go and sign his invoices and the cheques later on.

What is happening right now? At the moment, we are putting a lot of money in the factories and the milling centres, but we are forgetting the farmer. Without a farmer being empowered, the sugarcane industry will always struggle to stand on its feet. Right now, there is a glimpse of hope at the Mumias Sugar Company. We have seen some smoke coming out. However, there is no impact on the farmers because the supply of sugarcane is not coming from...

**The Temporary Speaker** (Hon. Peter Kaluma): Order, Hon. Nabulindo. You will have 25 minutes when this matter is next placed on the Order Paper. The time has come for us to rise. Let us be upstanding.

### ADJOURNMENT

**The Temporary Speaker** (Hon. Peter Kaluma): Hon. Members, the time being 1.00 p.m., the House stands adjourned until this afternoon at 2.30 p.m.

The House rose at 1.01 p.m.



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