

VOICES FROM THE FIELD

Mental Health in Kenya: Not yet Uhuru

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The year 2013 was a remarkable year in the history of Kenya, for the country celebrated its 50th birthday as a sovereign nation after gaining its independence, or *uhuru* in Swahili, from its colonial power, the United Kingdom in 1963. To commemorate this important milestone, the government in power rolled out lavish celebrations costing billions of Kenyan Shillings (Kangethe, 2013). The celebrations were even more pompous and nostalgic as the government of the day was headed by Uhuru Kenyatta, the son of independent hero and the founding father of the nation Jomo Kenyatta, who swept to power with his Jubilee Party coincidentally in the same year (2013).

But it is also in 2013 that the nation was exposed to some of the most disturbing headlines coming out of its mental health institutions, especially Mathari National Mental Health Hospital (Olingo, 2013). Headlines in Kenya's daily papers and around the world on May 14th 2013 read '45 mental patients escape from Mathari Mental Hospital' as these patients collectively breached the security wall and left the hospital grounds, protesting against ineffective treatments and poor living conditions. Sadly this is not uncommon in Kenya's only national mental hospital - the largest in East Africa (Olingo, 2013). In 2011 the Cable News Network (CNN) reported an incident in the same hospital in which a patient died and the body remained in the shared sleeping dormitory for two days, only to be moved to the morgue after it came to the media's attention (McKenzie, 2011).

The Mathari Mental Hospital begun as an isolation center for chicken pox in the late 19th century and later changed to the Nairobi Lunatic Asylum in 1910 as the need for psychiatric care grew with the growing population of White settlers in Kenya and neighboring colonies (McCulloch, 1995; Mahone & Vaughan, 2007). This century old colonial era facility represents the state of mental health care in Kenya from historical and contemporary viewpoints. It is still colonial form in law and practice; institutionalized, overcrowded, relegated to the margins and chronically underfunded by the government (KHRC, 2011). The award winning CNN documentary on mental health in Kenya 'Locked Up and Forgotten' (McKenzie, 2011) showed the neglect and abuse in Mathari Hospital. Following this documentary, the Kenya Human Right Commission (KHRC) audited the state of mental health in the country and found that psychiatric care still remains very institutionalized and centralized - with 70% of all psychiatric beds in Mathari Hospital. These numbers represent

a country of 40 million people, with a geographical area of 580,000 sq. km, and no existing community mental health programs (KHRC, 2011; CIA WFB, 2013). That is why fifty years post-independence, there is little for those with ‘mental illness’ to celebrate; it is not yet *uhuru* for them.

In light of the Mathari incident and the current campaign for Global Mental Health, this paper will address the historical background of colonial psychiatry in Kenya and the need to decolonize mental health care instead of embracing another imperial approach in the name of global mental health.

Globalizing or Indigenizing Mental Health?

In the last few years mental health issues have been brought forward into the global arena by international organizations, such as the World Health Organization (WHO), in response to a WHO study on the global burden of diseases that placed ‘mental illness’ as one of the leading causes of disability (WHO, 2008). The need to address mental health issues in Kenya is real and urgent as is evident with what is happening at Mathari Mental Hospital and around the country. However, the question remains whether the current biomedical paradigm that is fronted by the WHO and its allies is the appropriate one in the Kenyan context, especially taking into consideration the absolute failure of the current Kenyan system inherited from British colonial rulers (KHRC, 2011).

Historically the Western biomedical psychiatric paradigm was not a noble form of medicine to treat Africans struggling with mental distress but rather one of the tools used by colonial powers to justify colonialism, oppression and gross human right abuses (Keller, 2007; Mahone & Vaughan, 2007).

Mathari Mental Hospital: Center for Psychiatric Racism

Medicine, especially psychiatry, during colonial times in Africa had a very active role as an agent of colonization, oppression, and the racialization of Africans. In this section, I explore this through examining the role that scientific racism played in the colonial project. Further, I argue that medicine and psychiatry played a more repressive role than the colonial administration in instituting and upholding racist and degrading practices. It is important to recognize the historical role played by psychiatry and psychology’s claims to be “scientific”, for example, in claiming that blacks were less intelligent and mature than their white counterparts and needed to be treated as sub-humans, and firmly placed in their so-called rightful place as servants, labors, slaves etc. (Vaughan, 1991; McCulloch, 1995; Edger &

Sapire, 2000; Jackson, 2005; also see Cohen in this volume).

In addressing a psychiatric conference in Rabat, Morocco in 1933, Hubert Lyautey, the French conqueror of Morocco, North Africa, was explicit about the role of physicians in advancing colonial interest. He said 'The physician, if he understands his role, is the primary and the most effective of our agents in penetration and pacification' (Mahone & Vaughan, 2007:32).

Dr. Samuel Cartwright, a leading American pro-slavery psychiatrist, popularised in 1851 the racist psychiatric diagnosis for enslaved blacks of 'Dysaesthesia Aethiopica' or 'hebetude of the mind and obtuse sensibility of the body', a condition he claims is characterised by laziness and lesions (Jackson, 2001:9). He also coined 'Drapetomania', a terminology he used to diagnose slaves who attempted to escape captivity. In both conditions he recommended whipping as the treatment of choice (Jackson, 2001; Metzl, 2009).

Seventy years later in Kenya, and following in Dr. Cartwright's footsteps, Dr. H.C. Gordon formulated the diagnosis 'bradyphysis' (backwardness) that he claimed was peculiar to Kenyan natives, leading to doubts about the educability of Africans (Mahone & Vaughan, 2007). He argued that the intelligence level of native Kenyans was equivalent to a lobotomized European and that educating Africans was a waste of time and resources. Thus, this argument was used to advocate for continued colonization. In fact, he hypothesised higher incidence of dementia praecox (modern day schizophrenia) among educated Africans and warned of the perils of educating them (McCulloch, 1995; Mahone & Vaughan, 2007).

In some respects, the Colonial administrators seemed more progressive compared to psychiatrists in regard to providing essential services, such as education, to the native population. The tension between the education administrator H.S. Scott and Dr. Gordon was evident when the former stated, in an apparent reference to Dr. Gordon's claim that Western education predisposes natives to psychotic disorders, 'according to Dr. Gordon, I am engaged in preparing Africans for dementia praecox' (Mahone & Vaughan, 2007:45)

Such were the extreme views of Western psychiatry, that a free African, or one trying to be free, was seen as a deviation from the normal. Thus no wonder the Colonial government, at the height of the Mau Mau rebellion, sought the advice of Dr. J.C. Carothers who was in charge of Mathari Hospital (McCulloch, 1995; Keller, 2007). Mau Mau was an independent movement credited with the achievement of independence, and in May, 2013, the few remaining veterans won an out-of-court settlement from the current British government for human rights abuses committed by the British during the uprising (Day, 2013).

As an expert on ‘African mentality’ Carothers provided a detailed analysis of the troubled mind of the Kikuyu, one of the largest ethnic groups where Mau Mau drew most of its support. In his landmark article ‘The Psychology of Mau Mau’ he created a pathologized ‘kikuyu personality’ and almost entirely ignored the underlying issue of forceful land seizures, displacement, and racism, recommending forceful and coercive ways to deal with the uprising and the community at large (Mahone & Vaughan, 2007)

During colonial times, in many parts of Africa, the department of mental health was under the command of the inspector of prisons, which is partly the root cause of the prevailing stigma and criminalization of those with mental illness. The Mental Health Acts (MHA) was politically used for suppressing rebellion and detaining individuals or groups who appeared to be a threat to the colonial establishment. One example of this is the story of the South African prophet Nonthetha Nkwenkwe who was committed to a psychiatric facility for 21 years due to her influence and possible threat to the White minority rule (Edger & Sapire, 2000). In Kenya a prominent case was that of Elijah Masinde, a renowned freedom fighter from Western Kenya and the founder of the spiritual *Dini Ya Msambwa* (faith through spirits of our ancestors) sect, who was declared insane and confined to Mathari mental hospital in 1945 by the colonial administrators and remained incarcerated until 1961 (Mahone, 2006). Similarly, the labelling of Somalia’s hero and freedom fighter Mohamed Abdullah Hassan as ‘Mad Mullah’ for his strong leadership between 1920-1940 against the British and Italians occupying his native country, is another notable example of psychiatrizing Africans as a way of delegitimizing their quest for freedom (Lewis, 2002).

Furthermore, in many parts of Africa, the colonial government restricted or outlawed African healing systems and threatened healers with arrest and punishment as a way of colonizing and depriving Africans of their sacred and important cultural healing and educational systems (Edger & Sapire, 2000). Growing up in Northern Kenya in the 1980s and 90s, I can vividly remember how Kenyan security forces cracked down on *Ayaana*, *Borane* or *Mingis* - a popular folk healing system that is widely practiced across Northern Kenya, Somali and Ethiopia. The healers and their patients will often go to extra lengths in making sure their activities do not attract the attention of the dreaded Kenya Administration Police, a powerful force and remnant of the colonial security apparatus that continues to be the favorite of the internal security docket under the office of the president (Administration Police, 2014). This crackdown was happening and probably is, in a region with no single formal mental health services, be it a psychiatric unit in a general hospital or an outpatient clinic. This is not to mention community mental health, which is non-existent in the entire country. Just like the brutal colonial government, successive independent Kenyan governments have continued to act colonially in respect to mental health.

Independent Kenya and Mental Health

Unfortunately, many independent African governments and scholars not only maintained but glorified the colonial status quo, and approximately 60% of African nations currently use the same Mental Health Act used by their colonial powers (Vaughan, 1991; Edger & Sapire, 2000; Keller, 2007).

From an anecdotal point of view, I trained as a psychiatric nurse at the Mathari School of Psychiatric Nursing, a constituent college of Kenya Medical Training College (KMTC), the premier and largest mid-level college for various cadres of health professionals. After this training, I found it easier practising as a psychiatric nurse in North America than in Kenya. I feel the reason for this is that my training was deeply rooted in a Western biomedical approach, and all the educational materials, techniques and examples were based on Western communities and patients, with no appreciation of the history and current views on traditional healing systems and cultural understanding of mental illness in Kenya, or elsewhere. This is despite the fact that metaphysical and spiritual causation remain the most predominant explanatory model of understanding psychosocial distress in many parts of Kenya (Mbwayo, et al., 2013)

Although 80% of Kenyans, and indeed many across the African continent, still utilize traditional and faith healing systems for mental health, there is lack of acknowledgement of these systems by the formal health care system (Mbwayo et al, 2013). It is understood that various herbs, like Rauwolfia, are widely in use (and were used even before the colonial period), and different ethnic groups utilize unique healing systems that are accessible and affordable to community members, and have been used by generations after generation. Yet these systems remain understudied and unrecognized by formal mental health care (Incayawar, Wintrop & Bourchard, 2009; Namachandran, 2011; Njenga, 2002; Mbwayo et al, 2013). According to a study done by Mbwayo et al. (2013), in three densely populated settlements in Nairobi, the majority of the residents utilize traditional healing systems, and cited overall satisfaction with traditional treatments, flexible payments and easy accessibility, as some of the reasons for choosing healers over the mainstream health care services. Other studies (Gesler et al, 1995; Abbo, 2011) in the neighboring countries of Uganda and Tanzania reported similar outcomes.

Globally the mental health debate is raging having been sparked by the Movement for Global Mental Health (MGMH) and the controversy surrounding the release of the 5th edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) by the American Psychiatric Association (APA). The National Institute of Mental Health (NIMH) and the British Psychological Society (BPS) have both questioned the validity of DSM's classification. BPS

went further in questioning the science behind the biomedical approach and called for a paradigm shift. Thus, the campaign to ‘scale up’ psychiatric treatments in developing nations itself is standing on a shaky ground, since it is primarily driven by the biomedical approach (Summerfield, 2008; BPS, 2011; Insel, 2013).

The way forward

The effectiveness of biomedical treatments for ‘mental illness’ is currently under the microscope in the West, and for Africa to blindly follow will continue to be a missed opportunity and a failure to define her own path in addressing the psychosocial needs of her population (Summerfield, 2008; Whitaker, 2010). That is why Kenya, and Africa in general, needs to rethink mental health care in education, policy and practice, in order to maximize the benefits of both traditional and biomedical approaches.

The African Health Care System based at Kwazulu Natal University (<http://research.ukzn.ac.za/SARChI-Chairs-ukzn/IndigenousHealth.aspx>) and African Mental Health Foundation in Nairobi Kenya (<http://www.africamentalhealthfoundation.org/>) are among the few promising centers collaborating with indigenous experts in research, academia and practice. But more needs to be done across the continent, especially in the field of mental health, in order to address the complex needs of those living with emotional distress (Mkize, 2009). Reforming mental health in Kenya is not only a medical matter but an issue of justice and freedom - it’s about honoring those psychiatrized and treated unfairly by the colonial system. It is about decolonizing mental health.

References

- Abbo, C. (2011). Profiles and Outcome of Traditional Healing Practices for Severe Mental Illness in Two Districts of Eastern Uganda. *Global Health Action*, 4, 711
- Administration Police. (2014). About Us: History. [Online] Available at: <http://www.administrationpolice.go.ke/History.html>. (Accessed 28 May 2014).
- British Psychological Society. (2011). Response to the American Psychiatric Association: DSM-5 Development. [Online] *The British Psychological Society*, 2011, 1-26. Available at: http://apps.bps.org.uk/_publicationfiles/consultation-responses/DSM-5%202011%20-%20BPS%20response.pdf. (Accessed 27 June 2013).
- Central Intelligence Agency (2013). The World Fact Book: Kenya. [Online] Available at: <https://www.cia.gov/library/publications/the-world-factbook/geos/ke.html>. (Accessed 14 June 2013).

- Day, M. (2013). The Long March for Justice: The legal battle for Kenyan Victims of colonial torture. [Online] Available at: http://www.khrc.or.ke/resources/publications/doc_details/61-long-march-for-justiceleigh-day-a-co-media-briefing.html. (Accessed 24 June 2013).
- Edger, R. & Sapire, H. (2000). *The African Apocalypse: The Story of Nontetha Nkwenkwe, a Twentieth-Century South African Prophet*. Johannesburg: Witwatersrand University Press.
- Gesler, M., Msuya, E., Nkunya, M., Schar, A., Heinrich, M., Tanner, M. (1995). Traditional Healers in Tanzania: Social Cultural Profile and Three Short Stories. *Journal of Ethnopharmacology*. 48, 145-160.
- Incayawar, M., Winthrob, R., Bourchard, L. (2009). *Psychiatrists and Traditional Healers: Unwitting Partners in Global Mental Health*. West Sussex: World Psychiatric Association. Wiley-Blackwell.
- Insel, T. (2013). Directors Blog. Transforming Diagnosis. [Online] *National Institute of Mental Health*. (NIMH). [Online] Available at: <http://www.nimh.nih.gov/about/director/2013/transforming-diagnosis.shtml>. (Accessed 26 June 2013).
- Jackson, L. (2005). *Surfacing Up: Psychiatry and Social Order in Colonial Zimbabwe, 1908-1968*. New York: Cornell University Press.
- Jackson, V. (2001). In Our Own Voice: African-American Stories of Oppression, Survival and Recovery from Mental Health System. [Online] Available at: http://www.healingcircles.org/wst_page5.html (Accessed 26 June 2013).
- Kangethe, K. (2013). Outrage over Sh.2.5bn. Kenya Bash. [Online] Capital News. Available at <http://www.capitalfm.co.ke/news/2013/07/outrage-over-sh2-5bn-kenya-bash/>. (Accessed 28 July 2013).
- Keller, R. (2007). *Colonial Madness: Psychiatry in French North Africa*. Chicago: The University of Chicago Press.
- Kenya Human Rights Commission. (2011). Silenced Minds: The Systemic Neglect of Mental Health System in Kenya. [Online] *The Kenya Human Rights Commission*. Available at: <http://www.knchr.org/>. (Accessed 24 June 2013).
- Lewis, I. (2003). *A Modern History of the Somali. Nation and State in the Horn of Africa*. Ohio: Ohio University Press.
- Mahone, S. (2006). The Psychology of Rebellion; Colonial Medical Responses to Dissent in British East Africa. *The Journal of African History*, 47(2), 241-258.
- Mahone, S., Vaughan, M. (2007). *Psychiatry and Empire*. Hampshire: Palgrave Macmillan.
- Mbwayo, A., Ndeti, D., Mutiso, V., Khasakhala, L. (2013). Traditional Healers and Provision of Mental Health Services in Cosmopolitan Informal Settlement in Nairobi, Kenya. *African Journal of Psychiatry*. 16, 134-140
- Metzl, J. (2009). *The Protest Psychosis. How Schizophrenia become a Black Disease*.

- Boston: Beacon Press.
- McCulloch, J. (1995). *Colonial Psychiatry and "the African mind"*. Cambridge: Cambridge University Press.
- McKenzie, D. (2011). Kenya's Mentally Ill Locked Up and Forgotten. [Online] *CNN World Untold Stories*. [Online] Available at: <http://www.cnn.com/2011/WORLD/africa/02/25/kenya.forgotten.health/index.html>. (Accessed 10 April 2011).
- Mkize, D. (2009). Bringing Together Indigenous and Western Medicine in South Africa: A University Initiative. In Incayawar, M., Winthrob, R., & Bourchard, L. *Psychiatrists and Traditional Healers: Unwitting Partners in Global Mental Health*. (pp. 207-213). World Psychiatric Association. West Sussex: Wiley-Blackwell.
- Mwaniki, M. (2013). Patients Escape from Mathari Hospital. [Online] *The Daily Nation*. [Online] Available at: <http://www.nation.co.ke/News/Patients-escape-from-Mathari-hospital/-/1056/1851600/-/hc57ejz/-/index.html>. (Accessed 13 May 2013).
- Njenga, F. (2002). Focus on Psychiatry in East Africa. *British Journal of Psychiatry*, 181, 354-359.
- Olingo, A. (2013). Inside Kenya's Most Depraved Hospital. *The Daily Nation*. [Online] Available at <http://www.nation.co.ke/News/Inside-Kenyas-most-depraved-hospital/-/1056/1862090/-/un88jh/-/index.html>. (Accessed 24 May 2013).
- Ramachandran, A. (2011). Faith: Friend or Foe? The Raise of Faith Healing in Tanzania and its Impact on Community Understanding of HIV. *Journal of Global Health*. 1(2):3-7
- Summerfield, D. (2008). How Scientifically Valid is the Knowledge Base of Global Mental Health? *British Medical Journal*, 336(7661), 992-994.
- Vaughan, M. (1991). *Curing Their Ills: Colonial Power and African Illness*. Cambridge: Polity Press.
- World Health Organization. (2008). Scaling Up Care for Mental, Neurological and Substance Use Disorders. Mental Health Gap Action Program. Geneva: WHO.
- Whitaker, R. (2010). *The Anatomy of an Epidemic: Magic Bullet, Psychiatric Drugs, and the Astonishing Rise of Mental Illness in America*. New York: Broadway Books.