

Persons with Psychosocial Disabilities in Public Spaces: Welcomed or Shunned?

Elizabeth Nyabiage Ombati

Users and Survivors of Psychiatry, Kenya

lizombati@hotmail.com

Abstract

This Viewpoint discusses the role of inclusive and accessible public spaces in enabling enjoyment of human rights by persons with psychosocial disabilities. It acknowledges that in accessing public spaces, accessibility requirements for people with psychosocial disabilities often go unnoticed and are rarely taken into account while those of persons with more visible disabilities are often considered.

The Viewpoint bases its propositions on the lived experiences of the author, and uses this foundation to discuss critical issues on how persons with psychosocial disabilities access (or do not) public spaces. Issues addressed include stigma, violence and human rights abuses as they face persons with psychosocial disabilities in public spaces; reflections on urban designs and whether this is done with the broader perspective of supporting inclusion of all persons with disabilities; accessibility as a key concept running throughout the paper; as well as the views on participation of persons with disabilities and industry in making public spaces accessible and inclusive of marginalized populations. A key theme that is also considered is how important attitude changes are necessary in ensuring persons with disabilities are accessing public spaces, and also thoughts around the roles of patience, kindness and empathy.

The propositions in the Viewpoint are based on human rights and development frameworks including the Convention on the Rights of Persons with Disabilities; The 2030 Agenda for Sustainable Development; the New Urban Agenda (2016), as well as the Sendai Framework for Disaster Risk Reduction (2016). Finally, the Viewpoint offers proposals on the way forward; proposing for example that governments at all levels, in particular local and regional governments, together with organisations of persons with disabilities must build the staff capacity of infrastructure service providers and urban practitioners in understanding the different accessibility requirements for all types of impairments when reflecting on inclusive urban designs.

Keywords: persons with psychosocial disabilities, human rights, Convention on the Rights of Persons with Disabilities (CRPD), inclusion, independent living, accessibility, mental health and wellbeing

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Introduction

In a lot of discourse, persons with psychosocial disabilities are seen as a public nuisance. There is a common African Proverb that says that “*every market place has its own mad man*”. There are places in the world where ‘Mad Pride’ is spoken about¹. Toronto Mad pride for example states that Mad Pride is an arts, culture, and heritage festival created by psychiatric survivors, consumers, mad people, and folks the world has labelled “mentally ill”. Among others, Mad Pride is about: challenging discrimination; advocating for rights; affirming mad identities and developing and empowering mad communities.² Mad Pride is written of, from a Western context^{3,4}.

The traditional African setting does not speak to Mad Pride. As the proverb earlier mentioned, ‘mad’ is looked at from a condescending perspective. A mad person in the African setting may be looked at as someone who is bewitched. A mad person is not even seen as a person. Constitutions have referenced people of ‘unsound mind’ to include those with psychosocial disabilities. In this setting, no one can derive any pride from being mad. Because your rights are deprived (you may be locked up both at the home front or in a mental institution); you may not vote (as the law says that one may be a voter if they are not declared to be of unsound mind); you may not marry as per some provisions in the law. Yet still, the laws may change but what remains very pivotal to change, is the attitudes of society towards ‘mad people.’

In this paper, I do not use the term mad person. For I respect that this is a term that still carries with it much stigma and isolation in my society. This paper uses the term ‘people with psychosocial disabilities’⁵, acknowledging that persons with mental impairments are facing huge barriers in our communities which is preventing them from being fully included in communities, including how they access public spaces. The paper is guided by both the social model of disability⁶ as well as the human rights model. The former notes that disability arises when persons with impairments interact with barriers in their communities which hinders their participation on an equal basis as others. The human rights model of disability that has evolved out of the social model, recognises social and environmental constraints and redefines disability as a human rights issue. Persons with disabilities have a right to full participation in society and a right to equal access to resources because, it is argued, this is the right of all human beings (Degener, 2016, pp. 31-49).

Everyone has rights to the city. To experience its cultures and innovations. Its histories and rich diversities. The question however that lingers is, is everyone actually accessing the city?⁷ And if some groups within society are not accessing such public spaces, what does this mean for the enjoyment of their human rights?

¹ <http://www.torontomadpride.com/what-is-mp/>

² *ibid*

³ <https://www.nytimes.com/2008/05/11/fashion/11madpride.html>

⁴ https://www.researchgate.net/publication/234097358_Mad_Pride_Reflections_on_Sociopolitical_Identity_and_Mental_Diversity_in_the_Context_of_Culturally_Compentent_Psychiatric_Care

⁵ Reference the ‘identity’ section of this paper.

⁶ This model describes disability as resulting “from the interaction between persons with impairments and attitudinal and environmental barriers that hinders their full and effective participation in society on an equal basis with others”.

⁷ <https://elizabethombati.wordpress.com/2020/02/12/right-to-the-city-how-inclusive-and-accessible-is-nairobi/>

As we consider the critical role of inclusive and accessible public spaces in enabling enjoyment of human rights by all persons with disabilities; improving quality of life and access to services, ensuring independent living and mobility including during emergencies and building back better after disasters, conflicts, or pandemics; what do all these mean for people with psychosocial disabilities?

1. Finding calm in the chaos: the places I avoid

The city, as a public space, can be overwhelming for some people who experience mental distress. In the early days of navigating my own experiences with mental distress, I would experience overwhelming anxiety in public spaces. Looking back, I remember how for example I found it extremely distressing to walk by a traffic jam. There was an overwhelming feeling that everyone in their cars was watching my steps. That they were judging my movements and my appearance and this often resulted in having panic attacks which made my experiences out of home quite apprehensive.

There are many places I avoided visiting during these years. I avoided shopping malls that had open, unbroken designs that made me feel as though everyone was watching me. I hated all the moments I felt dazed and confused in such public spaces; needing a safe space to calm my nerves down. Such spaces not immediately available to me. Out of my own interactions with peers with psychosocial disabilities; at one point a peer in distress, apprehensive about being followed, crossed the city highway while in a daze and for a moment it was possible to imagine how easy it would have been for him to be knocked down by speeding vehicles. Another peer who experienced a crisis in a public place, had police officers called to calm him down, which only aggravated the situation.

What would I have envisioned to be safe, accessible for these peers, who were experiencing a crisis in a public space? Or of the many others, faceless, who have been arrested in their moments of vulnerability? Maybe a populace that would have been kind enough to empathise. Kind enough to find an extra cloth to cover the woman who suddenly undressed in public (and not arrest her); availability of social workers in the urban space, well versed with de-escalating someone in a crisis, and help to calm them down (and not call the police on them); and a population, kind enough not to take videos of the man who suddenly goes into a crisis and starts undressing in public (and not share the videos on social media to mock someone going through a crisis in a public space).

Indeed, considering these experiences and reflecting on the CRPD General Comment I on equal recognition before the law (2014); it is necessary to reflect on choices and the possibilities there can be when public spaces are accessible. Whereas inaccessible services may constitute barriers to the realization of legal capacity for some persons with disabilities, the identification and elimination of such barriers to facilities or services open or provided to the public is imperative. Among others, this is critical in offering possibilities of choice and for persons with psychosocial disabilities to have control over their everyday lives, on an equal basis with others.

2. Addressing stigma, violence and human rights in public spaces

An exploratory study of the interaction between the criminal justice system and persons with intellectual and psychosocial disabilities in Kenya (2021) found out that

persons with intellectual and psychosocial disabilities are often at increased risk of arrest and detention under petty offences due to the biases in law enforcement practices. For example, they noted that behaviours such as taking clothes off due to tactile sensitivity may be interpreted as indecent exposure. The report gives data of persons with psychosocial and/or intellectual disabilities who had been detained irregularly in the country's national mental health hospital and never brought before the court. A person had been detained for 2265 days with the reason for police arrest being given as defilement (undressed at the market place); while another had been detained for 1031 days for the same reason of undressing.

It goes without saying that persons with psychosocial disabilities face violence and human rights abuses in public spaces. Arrests⁸ have been made where persons with psychosocial disabilities are separated from their communities and incarcerated in inhumane prison facilities with the guise of cleaning the city streets. Women with psychosocial disabilities, who are homeless and residing in public spaces such as cities have faced sexual abuses in the streets⁹. Media images have depicted persons with psychosocial disabilities as 'beggars', 'dirty people,' 'people needing care and charity', 'people disturbing the peace,' 'people that need to be got rid of from streets'^{10 11 12}.

The media has however not, in the same breadth, highlighted all the barriers that people with psychosocial disabilities face to actually be in the predicament they find themselves in: begging, homeless; dirty and unkempt. The media has not put the same focus to find out why public services, like public health are unavailable to persons with psychosocial disabilities; the barriers they face to access work and employment; the barriers they face to receive support within their communities etc. indeed, persons with disabilities have historically been denied their personal and individual choice and control across all areas of their lives. Many have been presumed to be unable to live independently in their self-chosen communities. In many countries, support is unavailable or tied to particular living arrangements and community infrastructure is not universally designed. Resources are invested in institutions instead of in developing possibilities for persons with disabilities, particularly persons with psychosocial and intellectual disabilities, to live independently in the community. This has led to abandonment, dependence on family, institutionalization, isolation and segregation (CRPD General Comment 5, 2017).

It therefore is prudent that a media which shows one face of inequality as it faces persons with psychosocial disabilities, must also put focus on what society should do to eliminate those barriers. Attitudes are a key item that has to be looked into, in efforts to raise awareness, combat stereotypes, ableism and misconceptions and ensure that such public spaces do not become a source of stigmatisation and insecurity for the person with a psychosocial disability. Additionally, States parties, according to General

⁸ <https://www.standardmedia.co.ke/crazy-world/article/2000089604/each-market-has-a-mad-man-but-luanda-has-one-too-many>

⁹ Among others, the Committee on the Rights of Persons with Disabilities has expressed concern about the prevalence of multiple discrimination and of intersectional discrimination against women with disabilities; (...) the persistence of violence against women and girls with disabilities, including sexual violence and abuse...(CRPD Gen Comment 3 (2016) on women and girls with disabilities.

¹⁰ *ibid*

¹¹ <https://nation.africa/kenya/news/provincial/women-sweep-mombasa-streets-of-the-mentally-ill-768466?view=htmlamp>

¹² <https://www.standardmedia.co.ke/business/work-life/article/2001267849/ex-social-worker-who-cleans-the-mentally-ill>

comment (2018) on equality and non-discrimination; must ensure that public authorities and institutions act in conformity with the Convention; that existing laws, regulations, customs and practices that constitute discrimination against persons with disabilities are modified or abolished; and that the protection and promotion of the rights of persons with disabilities is taken into account in all policies and programmes.

3. Reflections on urban designs and the inclusion of persons with psychosocial disabilities

A sense of safety and security is integral to people's mental health and wellbeing¹³. Persons with psychosocial disabilities therefore must be afforded an environment where they feel a sense of safety to explore. A space that is unthreatening. A space that is free of stigma. A space that is designed with an inclusive mindset and with empathy at its heart. A space that celebrates enjoyment of all rights, including the right to live independently and be included in the community.

I in 4

Research conducted in the U.S before the Covid-19 pandemic has shown that one in four persons will experience mental distress (either in a long or short term) in their life.¹⁴

Emergencies like the COVID-19 pandemic, natural disaster or conflicts have a major impact on people's mental health.¹⁵ A survey conducted by the World Blind Union (WBU) shows that 1 in 10 people who is blind or partially sighted reported experiencing high levels of mental health difficulties on a daily basis during the pandemic.¹⁶

In appreciating how design positively or negatively impacts the lives of persons with disabilities, as an industry there is a need to innovate so as to ensure that billions of people do not feel isolation and are not left behind. This means thinking more holistically and innovatively about inclusive and accessible infrastructure for people with diverse impairments. This also means that accessibility must be looked at wholesomely to involve both its 'hard' aspects such as technical knowledge and physical designs, as well as its 'soft' aspects which would be inclusive of attitude changes, empathy and kindness to people in public spaces.

Accessibility: a right and precondition to inclusion

The CRPD, in its articles 9 on accessibility, and 19 on living independently and being included in the community, states that accessibility is a right and a precondition for all persons with disabilities to live independently and participate fully and equally in society. The principle of accessibility underlies all articles of the CRPD to safeguard and promote the rights of all persons with disabilities, including in situation of emergencies¹⁷.

¹³ <https://www.urbandesignmentalhealth.com/how-urban-design-can-impact-mental-health.html>

¹⁴ I in 4 campaign <http://iin4.info/>.

¹⁵ WHO https://www.who.int/health-topics/mental-health#tab=tab_1

¹⁶ WBU Covid-19 report <https://worldblindunion.org/covid-19-amplifying-voices-our-lives-our-say/>

¹⁷ It covers all articles but is essential to ensure living independently and being included in the community (Article 19), to access health (Article 24), education (Article 25), work and employment, an adequate standard of living and social protection (Article 28), participation in political and public life (Article 29), and participation in cultural life, recreation, leisure and sport (Article 30).

Accessibility to the built environment, transport, information, communication, public spaces, facilities and services are also considered as integral components of inclusive urban development,¹⁸ disaster resilience and building back better strategies¹⁹ in line with the core commitment of the Agenda 2030 for Sustainable Development Goals with the promise to leave no one behind.

Despite many countries having ratified the CRPD, the level of implementation of accessibility laws remains low and persons with disabilities are often denied their basic rights.

Accessibility requirements for people with psychosocial disabilities often go unnoticed and are rarely taken into account in accessibility standards while those of persons with more visible disabilities are more often considered. As reflected in the CRPD Committee General comment 2 (2014) on accessibility, the strict application of universal design is critical to ensure full, equal and unrestricted access for all, including persons with disabilities, in a way that takes full account of their inherent dignity and diversity.

Designing for mental health and wellbeing

There is already clear evidence of the ways in which urban design can help promote good mental health.²⁰ This includes design strategies that promote green places, active places, pro-social places and safe places²¹. For instance, accessible green public spaces, such as parks, playgrounds, pedestrian and cycling amenities and residential greenery designed for all ages and abilities can promote mental and physical health by providing psychological relaxation and stress alleviation, stimulating social cohesion, supporting physical activity, and reducing exposure to air pollutants, noise and excessive heat (Al Jubeh, Dard and Zayed, 2020, p. 88).

When we consider accessible cities and public spaces for persons with disabilities, and in particular for persons with psychosocial disabilities, some of the design requirements may include²², but not limited to: good information, signage and landmarks; uncluttered spaces with break out areas; wide usable routes, clear and defined circulation paths, thoughtful lighting and simple building layouts that can help to achieve a sense of safety in the built environment including during emergencies, evacuation and planning of temporary settlements. Such universal designed features protect people from physical harm and prevent barriers that cause anxiety, stress, and psychological harm.

As reflected in the CRPD general comment 2 on accessibility, one of the accessibility goals is for people to enjoy seamless access to and connections between any services or spaces in the city, regardless of all the components that make up a journey: from barrier-free streets, to entering accessible low-floor vehicles, accessing information and communication, and entering or moving inside universally designed buildings, using technical aids and live assistance where necessary. Public spaces are an indispensable link to this unrestricted chain of movement where persons with disabilities can move safely from one space to another with no barriers. Provisions for privacy, security, and

¹⁸ <https://habitat3.org/the-new-urban-agenda>

¹⁹ <https://www.undrr.org/publication/sendai-framework-disaster-risk-reduction-2015-2030>

²⁰ <https://www.urbandesignmentalhealth.com/>

²¹ https://www.urbandesignmentalhealth.com/uploads/1/1/4/0/1140302/urban_design_and_mental_health_policy_brief.pdf

²² Bridge CRPD-SDGs training initiative reference notes.

safety should be equally available to all users. These considerations are key to enable independent living and full participation of persons with psychosocial disabilities. There also must be sensitized and trained staff available, for example if we are talking about entrance to buildings, or even public transport; or the availability of people within city spaces who would respectfully respond to someone going through a crisis; or someone who has lost their direction. The CRPD Committee in its general comment on accessibility indeed notes that persons with psychosocial disabilities face barriers when attempting to access services due to prejudices and a lack of adequate training of the staff providing those services. This therefore could be extended to mean such services as may be available within cities, towns and communities and their public spaces.

Designing with persons with disabilities

This means working with the persons themselves; recalling Nothing About Us without Us, which relies on the principle of meaningful participation as elaborated in the CRPD general comment 7 (2018) on the participation of persons with disabilities, including children with disabilities, through their representative organizations, in the implementation and monitoring of the Convention.

At the infrastructure design level, there needs to be an engagement that is based on a framework of inclusive policies and programs that support non-discrimination and social inclusion²³. Steinfeld and Maisel (2012, p. 184) state that this engagement whose purpose is to ensure inclusive infrastructure design must be between a wide range of users including persons with disabilities and their representative organisations, designers and the industry. Understanding why and how people with disabilities are excluded gives actionable steps to take towards inclusive design. For the design process to be inclusive, people with disabilities and their representative organisations must have a seat at the same table with designers, urban planners and decision makers so that their voices are heard and their needs are addressed; as well that their expertise and experiences are accounted for; in the early stages of design and planning. Such co-creation processes and design participation strategies, as reflected in the CRPD General Comment 7, will support the full and effective participation of persons with disabilities in the society on an equal basis with others in line with the CRPD.

Governments at all levels, in particular local and regional governments, together with organisation of persons with disabilities must build the staff capacity of infrastructure service providers and urban practitioners in understanding the different accessibility requirements for all types of impairment groups; respecting intersecting identities and diversity of persons with disabilities and also exercising patience, kindness and empathy. This will go a long way to build inclusive societies. An inclusive city means that no one of us is left behind, excluded or isolated. Good design practice for public spaces benefits not just persons with psychosocial disabilities but all of society. In a world where stress levels are rising each day, we all must work together in ensuring good infrastructural designs which support and celebrate human diversity, social inclusion and equality.

²³ UCLG Policy Paper on Inclusive and Accessible Cities (2019)

Important note about terminology/identity

The World Network of Users and Survivors of Psychiatry (WNUSP) in an Implementation Manual for the United Nations Convention on the Rights of Persons with Disabilities (2008), note that during the negotiations in the drafting of the CRPD, the term psychosocial disability was not yet then understood in most countries of the world. According to this Manual, 'the word psychosocial refers to the interaction between psychological and social/cultural components of our disability. The psychological component refers to ways of thinking and processing our experiences and our perception of the world around us. The social/cultural component refers to societal and cultural limits for behaviour that interact with those psychological differences/madness as well as the stigma that the society attaches to labelling us as disabled.

Consequently, WNUSP agreed to use the more generally understood terminology of mental impairment in the text of the CRPD. Persons with mental impairments are then said to include: users and survivors of psychiatry who experience or have experienced madness and/or mental health problems and/or are using or surviving, or have used or survived psychiatry/mental health services, as well as those who are perceived by others as having a mental disability/impairment.

The CRPD, in its preamble, states that persons with disabilities include those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others.

Over the years the CRPD Committee, the authoritative body interpreting the CRPD, has used the preferred term psychosocial disabilities. The committee understands persons with "mental health conditions" to be persons with disabilities entitled to the guarantees of the Convention.

This guidance therefore is the context that the article uses in exploring how accessible and inclusive public spaces are for persons with psychosocial disabilities.

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