

**THE ROLE OF COUNSELLING ON THE MENTAL HEALTH OF SURVIVORS OF
EXTRAJUDICIAL EXECUTIONS: A CASE OF MATHARE INFORMAL
SETTLEMENT OF NAIROBI.**

BY

WILFRED O. MESOCHO

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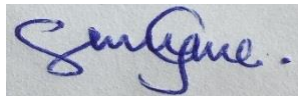
**A RESEARCH PROJECT SUBMITTED TO THE DEPARTMENT OF PSYCHOLOGY
IN PARTIAL FULFILMENT OF THE REQUIREMENTS FOR THE AWARD OF
DEGREE OF MASTER OF COUNSELLING PSYCHOLOGY, UNIVERSITY OF
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DECLARATION

I hereby declare that this research project is my own original work and to the best of my knowledge it contains no materials previously published or written by another person that has led to the award of any other degree at the University of Nairobi or any other higher institution of learning. I also declare that the intellectual contents of this research proposal are the product of my own work, except to the extent that assistance from others in conceptions or in style, presentation and linguistic expression as acknowledged and referenced.

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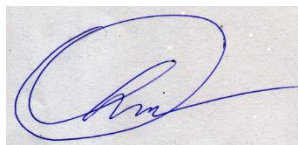
Wilfred O. Mesocho

Registration Number:

C50/11591/2018

The research project has been submitted for examination with my approval as the university supervisor.

Signature:



Date: 11/11/2020

Dr. Charles Kimamo,

Senior Lecturer

Department of Psychology, University of Nairobi

DEDICATION

This research project is dedicated to all survivors of Extrajudicial Executions in the informal settlements of Nairobi who have been predisposed to mental break-down as a result of Extrajudicial Executions by the police. It is through God's grace that these vulnerable survivors and witnesses can go on with their daily activities despite the psychological scars and lack of universal access to counselling to address the underlined mental issues as a result of the Extrajudicial Executions.

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ABBREVIATIONS AND ACRONYMS

CBT	Cognitive Behavioural Therapy
COVID-19	Coronavirus disease 2019
EJE	Extrajudicial executions
EJK	Extrajudicial killings
HRW	Human Rights Watch
IJM	International Justice Mission
IPOA	Independent Policing Oversight Unit
KNHCR	Kenya National Commission on Human Rights
MDD	Major Depressive Disorders
MSJC	Mathare Social Justice Centre
NPS	National Police Service
PRWG	Police Reform Working Group
REBT	Rational Emotive Behavioural Therapy
SPSS	Statistical Package for Social Sciences
WHO	World Health Organization

ABSTRACT

The main purpose of this study was to examine the role of counselling on the mental health of survivors of extrajudicial executions in Mathare informal settlement of Nairobi. For the realization of this research aim, the study was guided by four specific objectives. These objectives comprised to examine the prevalence of mental illnesses and disturbances among the survivors of extrajudicial executions in Mathare Informal Settlement; to identify the key problems leading to mental health complications in Mathare Informal Settlement; to determine the contribution of counselling on the mental health of survivors of extrajudicial execution in Mathare Informal Settlement; to identify possible obstacles that prevent survivors of extrajudicial execution in Mathare Informal Settlement from accessing and utilizing counselling services. The research design and methodology used were ex post facto and mixed methodology respectively. Data collection was done by the use of questionnaires, whereas for descriptive analysis, SPSS (statistical package for social sciences) was used. The study also utilized measures of central tendency such as mean, mode, tables, and frequencies. After the data analysis process, the study found that counselling positively impacted the extrajudicial execution survivors' mental and general wellbeing, thus concluding that a significant relationship existed between counselling services and the extrajudicial execution survivors' mental health.

CHAPTER ONE: INTRODUCTION

1.1 Background Information

One of the globally acclaimed barometers for the assessment of how civilized and politically developed a society is, include its capacity to protect and safeguard people's inalienable and fundamental rights. However, in several countries across the world, extrajudicial executions (EJE) have been at the forefront of adversely affecting civilization by impacting human rights, especially violating the right to life. Extrajudicial executions are defined as killings, which can rationally be presumed to be generated by a policy at any government level for the eradication of specific individuals as a substitution for arresting them and bringing them to justice (Amnesty International, 2020). In this instance, the police are involved in the EJE. According to Burger (2011), the public is slowly losing trust in the police because of amongst other things such as brutality, criminal behaviour, and abuse of power.

The history of extrajudicial executions portrays various forms of killings that have been witnessed across the globe for the realization of different political gains. These forms of killings consist of killings carried out by officers undertaking law enforcement functions, assassinations, or deaths in police custody, combining both unlawfulness and government involvement. In the Israeli context, extrajudicial executions in the form of assassinations have been constantly employed in the struggle against the Palestinians. In the early 2000s, Israeli took on a policy of "target killings" of Palestinians who were believed to be active members of terrorist groups (Schaeffer & Omer-Man, 2017). The policy began with the attack on Hussein Abayat, followed by Hamas leaders Abdel Aziz Rantisi and Ahmed Yassin; where during these attacks, a significant number of innocent bystanders were either wounded or killed, but the government defended this policy before the Supreme Court of Israel.

In the African context, a CGHR (2014) report established forms of extrajudicial killings to range from excessive use of forces and political killings to arbitrary application of the death penalty. Regarding the excessive use of force, the report detailed extrajudicial executions to be taking place both during the standard work of the police in arresting suspects to settings of the policing of the mass demonstrations, where killings occur with no accountability or investigation. In political killings, the report suggested that in some parts of Africa, extrajudicial killings assume the form

of election-related killings or targeted political assassinations, which are predominantly prevalent during elections. Concerning the arbitrary application of the death penalty, CGHR (2014) argued that some African countries carry out extrajudicial executions in the form of imposition of death sentences on civilians and targeted individuals for crimes that do not meet the threshold of qualifying for such punishments.

In Kenya, the evidence of extrajudicial executions is supposedly overwhelming and has been documented by numerous entities, including the media, the Kenya National Commission on Human Rights (KNCHR), the Human Rights Watch (HRW), Community Justice Centres under the umbrella of the Police Reform Working Group (PRWG) and Missing Voices Kenya. However, despite that the wave of extrajudicial killings that has been witnessed throughout the country, Mathare remains one of the most impacted by the killings. In Mathare, young males are constantly executed in the name of ethnic politics and violence. Besides, in these killings, Jones, Kimari, and Ramakrishnan (2016) stress that ‘bonokos,’ a common term for weapons placed next to the victim’s body after the shooting by the police, are often used as justifications for the executions. The reality in Mathare Informal Settlement, therefore, entails the incessant violence enacted upon the young male population, but the government and the society neglect the existence of such an issue.

According to a study carried out between 2013 and 2015, Mathare had over 800 extrajudicial cases within this period (MSJC, 2015). An evaluation of these cases shows that the Mathare extrajudicial executions victims’ average age is 20 years, with most of the victims being male. The extrajudicial executions adversely impact the survivors, family members, witnesses, and the community. As a result, the number of extrajudicial executions in Mathare continues to escalate, and for any survivors of these inhumane acts, they are constantly subjected to a myriad of issues, including feeling stigmatized, living in fear, depressed, traumatic scars, overwhelmed with psychological disorders and other mental issues. However, these issues can be managed through counselling. IJM (2017) conducted community dialogues in the major informal settlements of Nairobi, namely, Mathare, Dandora, Kayole, Kibera, and Mukuru, with the aim of reaching out to the victims and survivors of EJE. During these dialogues, over 70 cases of EJE were documented, with Mathare leading. An assessment that was conducted by the IJM Survivor Services team indicated that the

immediate needs for the survivors and their families were counselling to address the underlined psychopathological issues as a result of EJE.

Therefore, counselling, as a professional process, uses safety to help individuals access a greater part of their personal resources as a means of responding to life's challenges (McLeod, 2009). The process pays special attention to the emotional, social, developmental, and health-related concerns of individuals and leads to a change from a less adaptive state to improved adjustment in the client's thoughts, feelings, and behaviours. The effectiveness of counselling, however, depends on the ability of the client to bring about the desired changes, to harness their own potential, and address their issues with certainty (Wango 2015). As such, for the extrajudicial execution survivors to effectively address the mental complications that may have arisen due to exposure to violence or any form of extrajudicial killing, there is a need for them to desire change and remain active during the counselling process. Therefore, this proposal will focus on mental health and psychological issues among survivors of extrajudicial executions in Mathare Informal Settlement and, in doing so, discuss the role of counselling on the mental health of these survivors.

1.2 Statement of the Problem

In the contemporary world, extrajudicial executions have become more rampant, and the issue has taken up an astronomic increase in numerous nations across the globe. In most nations, particularly Indonesia, the Philippines, and Nigeria, the issue of extrajudicial killings remains unsolved for not only does it involve government apparatus but also the ordinary citizens' support of these killings (Jones, Kimari & Ramakrishnan, 2016). In Kenya, similar to other countries with cases of extrajudicial executions, despite the existence of an avalanche of extrajudicial killings by the police, the Kenyan authorities hardly investigate the security agencies for their conduct but instead regularly defend the security agencies and deny that this issue exists in the country (Human Rights Watch, 2016).

A glance through existing studies on the subject matter also indicated that despite the issue of extrajudicial execution being deeply embedded in the contemporary culture, especially in informal settlement areas, the topic remains understudied. In the Mathare context, existing studies on extrajudicial killings within the region primarily focus on police killings (Stapele, 2019) and the correlation between extrajudicial executions of young ghetto men and conceptions of citizenship

(Stapele, 2016). As such, a research gap exists in that there are no studies focusing on the role of counselling on the mental health of survivors of extrajudicial executions within the Mathare Informal Settlement region.

1.3 Purpose of the Study

The purpose of the study was to examine the role of counselling on the mental health of survivors of extrajudicial executions in Mathare informal settlement of Nairobi.

1.4 Objectives of the Study

1.4.1 General Objective

To determine the role of counselling on the mental health of survivors of extrajudicial execution in Mathare Informal Settlement of Nairobi.

1.4.2 Specific Objectives

- i. To examine the prevalence of mental illnesses and disturbances among the survivors of extrajudicial executions in Mathare Informal Settlement.
- ii. To identify the key problems leading to mental health complications in Mathare Informal Settlement.
- iii. To determine the contribution of counselling on the mental health of survivors of extrajudicial execution in Mathare Informal Settlement.
- iv. To identify possible obstacles that prevent survivors of extrajudicial execution in Mathare Informal Settlement from accessing and utilizing counselling services.

1.5 Research Questions

- i. What is the prevalence of mental illnesses among the survivors of extrajudicial executions in Mathare Informal Settlement?
- ii. What are the key problems leading to mental health complications in Mathare Informal Settlement?
- iii. What is the contribution of counselling on the mental health among the survivors of extrajudicial execution in Mathare Informal Settlement?
- iv. What are the possible obstacles that prevent the survivors of extrajudicial execution in Mathare Informal Settlement from accessing and utilizing counselling services?

1.6 Research Hypotheses

In this study, the following hypotheses were tested;

1. (a) **H0:** There is no significant relationship between EJE and mental health illnesses in Mathare informal settlement.
(b) **H1:** There is a significant relationship between EJE and mental health illnesses in Mathare informal settlement.
2. (a) **H0:** There is no significant relationship between counselling and mental health among survivors of EJE in Mathare informal settlement.
(b) **H1:** There is a significant relationship between counselling and mental health among survivors of EJE in Mathare informal settlement.

1.7 Significance of the Study

This study's findings would be beneficial to multiple entities and individuals. First, the study generated awareness regarding the prevalent issue of extrajudicial executions that has been adversely impacting the residents of Mathare Informal Settlement. In doing so, the study also brought to light the fact that the issue of extrajudicial killings has been significantly neglected, for, despite Mathare residents being exposed to high levels of extrajudicial executions, proper measures of curbing the prevalence of this issue are yet to be implemented. As such, the study findings may assist in the formulation of more effective policies. Secondly, the study may generate new knowledge regarding mental health issues among the extrajudicial execution survivors and thus help in addressing existing research gaps on the subject matter. In this context, this study will be beneficial to academicians in equipping them with new knowledge regarding the topic. Lastly, to the extrajudicial execution survivors living in Mathare Informal Settlement and other areas in Kenya, this study will impart them with knowledge on the importance of counselling and the role counselling plays in the improvement of mental health and psychological wellbeing.

1.8 Delimitations of the Study

The study was descriptive in nature and targeted survivors and witnesses of EJE residing in Mathare informal settlement of Nairobi. The study used questionnaires to determine the role of counselling on the mental health of survivors of EJE in Mathare informal settlement. The impact

of EJE on the survivors, the prevalence of mental disturbances among the survivors, experience of survivors of EJE in Mathare, and the role of counselling on the mental health were also evaluated.

1.9 Limitations of the Study

The use of ex post facto research may have produced a certain degree of bias because of the lack of statistical tests. Besides, the research method could not verify or test the research problem statistically, thus bringing about accuracy and integrity concerns. On the other hand, some respondents were hesitant in answering some questions as a result of the sensitivity of some of the information sought. To resolve this issue, the examiner carried the introductory letter from the university and National Commission for Science, Technology, and Innovation (NACOSTI) and maintained the confidentiality of data given by respondents.

1.10 Assumption of the Study

The assumptions of the study were that the target respondents would be cooperative enough and that they would provide accurate and reliable data. The sample was also expected to be representative of the entire population.

1.11 Definition of Terms

Counselling: Is a process in which the counsellor (therapist) attempts to understand and helps to clarify those issues and feelings in a client that impede growth, maturation, and general well-being.

Extrajudicial execution: The killing of a person by governmental individuals or authorities without the sanction of any legal process or judicial proceeding, brutalities conducted by police officers.

Mental disorders: Mental disorder, any illness with significant psychological or behavioural manifestations that is associated with either a painful or distressing symptom or an impairment in one or more important areas of functioning

Mental health: An individual's condition with regard to their emotional and psychological well-being.

Mental illness: A set of symptoms relating to behaviour, thinking, or emotions, linked to impaired functions and distress, resulting in activity limitations.

Primary Survivor: a person who survives, especially a person remaining alive as a result of EJE and or others have died.

Psychological disorder: A condition characterized by abnormal thoughts, feelings, and behaviours.

Psychological well-being: Refers to an individual's emotional health and overall functioning.

Psychopathological: Refers to suffering from undiagnosed mental disorders and psychological dysfunction.

Psychosocial support: Refers to the actions that address both the psychological and social needs of individuals, families, and communities.

Psychotherapy: The treatment of mental disorder by psychological means rather than medical means.

Psychosomatic: A condition in which psychological stresses adversely affect physiological (somatic) functioning to the point of distress.

Secondary Survivor: A person who copes or is affected by difficulties in their lives as a result of EJE

Survivor: The remainder of a group of people as a result of EJE violations.

Therapy: It involves talking with a psychological practitioner about your situation in order to gain more understanding about issues such as mood, feelings, behaviour, and ways of thinking.

Victim: Refers to someone who has been hurt or killed.

Witness: A person who has knowledge or sees an event happen through observation or experience.

Youth: Individuals within the Republic of Kenya who have attained the age of 18 years but do not exceed the age of 35 years.

CHAPTER TWO: LITERATURE REVIEW

2.1 Introduction

This chapter offers a literature review on the role of counselling on the mental health of survivors of extrajudicial executions in Mathare Informal Settlement. The chapter is primarily segmented into four sections, with the first sections covering the empirical and theoretical aspects of the existing literature on the subject matter. The empirical review offers a presentation of other related studies to the research topic, whereas the theoretical review section is significant in the comprehension of the current body of knowledge on the subject matter. The next section presents a summary of the identified literature and, in so doing, pinpoints existing research gaps in the study of the subject matter. Finally, the conceptual framework is formulated from the findings of the empirical and theoretical reviews.

2.2 Theoretical Review

In the field of counselling psychology, theories help the therapist to systemize an observation in order that the observed phenomenon of the process makes sense so as to easily communicate it to others. According to Mboya (2015), a theory is an unsubstantiated hypothesis on speculation concerning reality, which is not yet definitely known to be so. When a theory is confirmed, it becomes a fact. A theory, therefore, provides a systematic way of dealing with a problem.

According to Mboya (2015), a theory is a formulation of the underlying principles of a certain observed phenomenon and has been verified to some extent. These theories are not rigid and inflexible but are working assumptions that often provide ways of analysing and organizing evidence in the search for something better. Mboya (2015) further asserts that theories are drawn from a number of approaches, although they differ in emphasis. Theories give counselling relationships some direction, and without a theory, counselling may be blind and dangerous; but again, a theory without practice would be sterile. Theories provide counsellors with a framework that helps them to make a more predictive hypothesis. This study will focus on psychodynamic theory, person-centered approach, and the rational emotive behavioural therapy.

2.2.1 Psychodynamic Theory by Sigmund Freud.

The psychodynamic theory has its roots in the psychoanalytic practice and theories of Sigmund Freud. This theory concentrates on the certainty that a significant portion of our mental functioning

is unconscious (Dryden & Mytton, 1999). Besides, this unconscious section of our mental functioning is attributed to contain feelings and thoughts as well as memories that we have repressed for the avoidance of the conflict and pain they might generate. This theory further asserts that despite this material being somewhat repressed, it continues to have an intense impact on individuals' feelings, thoughts, and behaviours. In addition to the unconscious concept, this theory is also founded on an understanding of the structure of human personality.

Freud (1923) asserted that the human personality consists of three connecting systems, the Superego, the Ego, and Id that constantly work together for the regulation of a person's behaviour. The Id is identified as the most primitive component of the system, which remains present from birth, and as such, is recognized as the repository for everything that is inherited, instinctual, and fixed in an individual's makeup. In addition, the Id is also linked to impulses, particularly those attributed to aggression and sex. The Ego, on the other hand, is associated with controlling the demands of the Id in a realistic manner. As such, contrary to the Id, which is governed by the pleasure principle, the Ego is regulated by the reality principle, thus allowing for the satisfaction of the demands of the Id while simultaneously the actions and behaviours which are appropriate at any specific time. This part is, therefore, logical, rational, and integrates perception, memory, and problem-solving abilities. Finally, the Superego, also known as the morality principle, encompasses internalized moral precepts, ideals, and values, gained from parental and other authority figures, especially around the age of three. This part of the personality is, therefore, concerned with guilt generation once a person transgresses the society's or their own moral code, as well as in regulating one's behaviour based on what they perceive as right and wrong. As such, the Superego may generate the attitudes of perfectionism among other punishing behaviours that may lead to psychological problems such as depression and anxiety.

The psychodynamic theory is also primarily rooted in the understanding that the threat of punishment from Superego when combined with the demands of the Id create a substantial pressure that generates anxiety (Hough, 2014). Besides, the theory also establishes that the conflict linked to an individual's wishes and external reality results in the stemming of defence mechanisms that protect them against tension and extreme discomfort. These defence mechanisms comprise displacement, regression, introjection, reaction formation, denial, rationalisation, projection, humour, and repression. However, the persistent and prolonged use of these

mechanisms tends to be counter-productive in the long-run, for they not only require substantial amounts of vigilance and energy but also result in the falsification of experiences and reality distortion (Hough, 2014).

This theory, however, is among the critiqued models based on its application to clinical practice. Fonagy and Target (2010) critique the theory as not logically connected to the psychoanalytic technique clinical theory, as inductive instead of deductive reasoning, as well as its Reconstructionist clinical stance. However, Fulmer (2018) posits that the contemporary psychodynamic theory has evolved from its psychoanalytic roots, making it the most versatile and inclusive school of thought accessible to therapists.

The modern psychodynamic theory is ideally conceptualized as a system. From this perspective, contrary to the conventional approach that perceives the theory as either limited to personality or therapeutic model, the contemporary approach views the theory as a versatile system that both explains and embraces irrationality. As a result, Shedler (2010) asserts that the theory has proven its efficacy for a diverse range of populations and conditions, including personality disorders, substance-related disorders, eating disorders, somatoform disorders, panic, anxiety, and depression. Its broad application, therefore, makes the theory significant for this study in the determination of the contribution of counselling in promoting the mental health of survivors of extrajudicial execution in Mathare Informal Settlement. Besides, the theory's capacity to propose origins and explanations of problems makes it efficient in the identification of the key problems leading to mental health complications in Mathare Informal Settlement.

2.2.2 Person-Centred Approach

This approach is associated with Carl Rogers, who asserted that each individual has the innate capacity to develop and discover their own inner resources and they can utilize these resources in maturing and growing into psychologically and physically healthy human beings (Dryden & Mytton, 1999). From this perspective, Rogers (1961) stresses the significance of the concept of 'self' in personal growth and realization of a move towards wholeness, self-direction, and autonomy. The theory further stresses that people's perception of self is significantly influenced by their interaction with other people and the environment as well as other people's expectations and evaluations. As a result, from a very young age, children strive to please their careers and parents. In later years, the acquired self-concept is constantly reinforced based on interactions with

others. Therefore, if an individual grows and resides in an environment with high criticism and little love, the chances of gaining a negative self-concept increase tenfold. Nonetheless, despite growing in an environment that fosters the development of a negative self-concept, the theory states that there remains an inner self or core in each individual that is never completely obliterated. Specifically, the theory denotes that no matter how negative or traumatic the environment is, each individual's innate inclination towards growth remains present (Hough, 2014). As such, the presence of the right conditions, particularly in a therapy setting, would help in the flourishing and emergence of the innate tendency towards growth in a person with a negative self-concept. Furthermore, Rogers (1957) posits that this theory is predominantly founded on the phenomenological comprehension of the client's subjective world views as well as empathy, congruence, and unconditional positive regard for the therapy outcomes. As such, this approach relies substantially on the quality of the relationship between the client and the therapist.

In the counselling settings, the person-centred approach functions by permitting the therapist to serve as an enabler of personal growth by assisting the client in discerning their capacities for resolving problems (De Sousa, 2014). As such, the approach places significant faith in the client's capability to be the spearhead of the therapy and discover their own direction. In addition, the therapist utilizes the therapeutic relationship between them and the client as a channel for improving the client's awareness and finding latent resources that they can utilize constructively in transforming their lives, thus using the connection as the facilitator for change. In some contexts, however, the clients may find it often difficult to identify the real self and thus believe that the only reality that they have is that of the self-concept. In such a setting, the therapists are tasked with assisting the clients in getting in touch with the ambitions, needs, and feelings that had initially been obscured. Rogers (1977) establishes the hypothesis that for the realization of therapeutic effectiveness, there is a need for the presence of certain attitudes from the therapist's part, including accurate empathy, non-possessive acceptance and warmth, and genuineness. As such, this theory is relevant to the current study, for it describes the sufficient and essential conditions that would result in therapeutic effectiveness to take place within the extra-judicial survivors from Mathare Informal Settlement.

2.2.3 Rational Emotive Behavioural Therapy (REBT)

Albert Ellis founded this approach as an improvement of the person-centred and the psychoanalysis practices; this approach is described as the modern cognitive behavioural theory (CBT). This theory hypothesized that people's thoughts are much more critical in the treatment and understanding of their behaviours and emotions (Ellis, 1979). Ellis's perception of thoughts as an influencer to behaviours and emotions elucidates that the REBT approach is primarily a cognitive approach, despite that it also has substantial emotive and behavioural aspects (Wood, Turner & Barker, 2017).

Sharf (2012) ascertains that the REBT theory is founded on the A-B-C-D-E model, which is employed in the understanding of personality and influencing personal change. From this perspective, the theory asserts that people respond to an activating agent (A) with behavioural and emotional consequences (C). In addition to the activating agent (A), the theory posits that the behavioural and emotional consequences are also partially generated in a person's belief systems (B) (Ellis, 1979). In cases of a positive or pleasant activating agent (A), then the probability of the subsequent beliefs being innocuous is high. Contrarily, unpleasant activating events are attributed to the development of irrational beliefs. These irrational beliefs (B) further generate complex behavioural and emotional consequences (C). In this context, the therapist's primary role is to dispute (D) these irrational beliefs (B) by utilizing a diverse range of disputation techniques in challenging these beliefs and hence more effective (E) ways to think, feel, and behave (Ellis, 1979). Therefore, the elementary concept of the REBT theory is that by altering an individual's irrational beliefs into more rational and flexible ones, the individual may realize a substantial change in the behavioural and emotional consequences by modifying them into more adaptable ones.

Furthermore, in the treatment process, the REBT theory utilizes three primary techniques, which are connected to and complement the A-B-C model. These techniques consist of coping, cognitive restructuring, and problem-solving techniques (Sharf, 2012). The problem-solving techniques assist in addressing the activating agent (A). These techniques often comprise conflict resolution skills, decision-making skills, social skills, assertiveness, and problem-solving skills. The cognitive restructuring techniques, on the other hand, encompass the strategies employed in helping the client in the modification of the irrational beliefs (B). These techniques entail the disruption of irrational thoughts, exposure to a feared situation, irony and humour, reframing or

viewing events in a different manner, guided visualisation and imagery, and rationalizing or logical techniques. Finally, the coping techniques assist the clients in improved management of the emotional consequences (C). These coping techniques include meditation, hypnosis, and relaxation. The selection of a suitable technique or combination of techniques is based on the clients' symptoms and the therapist's past clinical experience (Sharf, 2012). Nonetheless, irrespective of the techniques selected, the therapist provides the clients with an opportunity to apply the skills and techniques learned during the session into the clients' daily life alongside assigning some individual work to the client between sessions. In addition to promoting the clients' involvement in their treatment processes, the REBT approach is also associated with high efficiency and flexibility that enhances its effectiveness in the improvement of the clients' mental health and well-being.

The REBT theory is attributed to notable flexibility, which enables it to be somewhat easy to adapt and utilize in counselling diverse populations (Vaida, Kallay & Opre, 2008). From this perspective, the approach can be employed in counselling the extrajudicial survivors in Mathare Informal Settlement.

2.3 Empirical Review

This segment provides a detailed discussion of existing studies on the role of counselling on the mental health of extrajudicial execution survivors. For a comprehensive examination of the subject matter, the empirical review is subdivided into three sections. These sections comprise the prevalence of mental illnesses among survivors of extrajudicial executions, the key problems leading to mental health complications in Mathare Informal Settlement, and counselling in promoting the mental health of extrajudicial execution survivors in Mathare Informal Settlement.

2.3.1 The Prevalence of Mental Illnesses among Survivors of Extrajudicial Executions

According to the World Health Organization (WHO), approximately 10-20 percent of adolescents and children, in the global context, suffer from mental disorders (WHO, 2014). On the other hand, KNHCR (2011) projects the global estimates of individuals that will experience a mental health illness at 25 percent, with about 20 percent and 10 percent of patients and the general population respectively seeking primary care presenting with mental health disorder symptoms at any specific time. These mental health disorders comprise primary insomnia, panic disorder, obsessive and compulsive disorder, post-traumatic stress disorder, Alzheimer's and other dementias, alcohol and

selected drug user disorders, epilepsy, schizophrenia, bipolar affective disorder, and unipolar depressive disorders. Regarding psychosis, Kiima and Jenkins (2012) asserted that there is a likely prevalence of the disorder in the country at an average of one percent of the Kenyan population. Nonetheless, the most often diagnosis of mental health disorders made in the Kenyan general hospital settings are anxiety and stress disorders, substance abuse, and depression (Kenya Mental Health Policy, 2015). As a result of the diversity of mental health disorders, at any specific time, there is a high likelihood of a member of one in every four families to be suffering from a mental illness (KNHCR, 2011).

Besides, the prevalent onset of the disorders during the early years of development and its continued perseverance through adulthood remains a crucially significant concern. Of the mental disorders, however, Attention Deficit Hyperactivity Disorder (ADHD) is among the most prevalent mental illness among adolescents and children. Particularly, ADHD is reported to affect about five to seven percent of individuals under the age of eighteen years of age, in the international context, with its pervasiveness being higher in males than in females. However, despite that ADHD has a high prevalence rate, depression is reported to have the highest prevalence rate, affecting about 5.6 percent of the world's male population and 11.7 percent of the female population, making it the most common form of mental illness (WHO, 2017). Besides, this mental illness can adopt numerous forms such as seasonal affective, postpartum, psychotic, and major depression based on risk factors, symptoms, and causes. The third most prevalent mental disorder among adolescents and children, Autism Spectrum Disorder (ASD), is said to affect about one percent of the global population, with males being five more times to develop the condition compared to the female population.

The prevalence of mental illnesses is higher among individuals exposed to any form of a traumatic event in comparison to those not exposed to such situations. Particularly, Knipscheer et al. (2020) assert that exposure to a potentially traumatic event results in the development of post-traumatic stress disorder (PTSD). The study further examined the lifetime prevalence of PTSD across numerous nations and discovered that the rates ranged from below one percent in Switzerland and Nigeria to about five to nine percent in Norway, the Netherlands, and the United States and as high as 37 percent in post-conflict nations, such as Cambodia, Algeria, and Liberia. These fluctuations in prevalence were primarily associated with the vulnerability conveyed in numerous

socioeconomic country characteristics, type of event, the disparities in the levels of wealth, and the deviating risks of exposure to possibly traumatic incidents. Alternatively, in the study of PTSD and trauma exposure in young people, Lewis et al. (2019) posited that youths at greater risk of developing PTSD following exposure to a traumatic incident include those who were subjected to interpersonal types of index trauma, those living in disrupted or disadvantaged families, those with a history of psychopathology, those who have undergone previous victimisation, and girls. Nonetheless, despite that the numerous factors have a significant influence on the onset of PTSD among individuals exposed to possible traumatic incidents, Kessler et al. (2019) posit that the trauma type has the most substantial impact on the prevalence of PTSD among these populations.

The rate of mental illnesses is particularly high among individuals subjected to police harassment and killings, and other forms of extrajudicial executions. Luitel et al. (2013) found that the prevalence of mental illnesses was higher for individuals who had witnessed the harassment of others, those who were exposed to others being killed, as well as those who got hurt in the process. For these people, the study ascertained that they had a higher likelihood of developing PTSD, depression, and anxiety symptoms compared to the rest of the population. Regarding police violence and its association with the prevalence of mental illnesses, DeVylder et al. (2018) observed that police violence posed a substantial risk to public mental health. The study established that exposure to physical violence at the hands of the police force generated great odds of subclinical psychotic experiences, suicide attempts, depression, and psychological distress.

In the Kenyan context, psychiatrists have established that approximately 25 percent of out-patients visiting hospitals in search of care suffer from a certain form of mental health condition, such as obsessive-compulsive disorder, alcohol dependence, generalised anxiety disorder, panic disorder, post-traumatic stress disorder, or depression. Furthermore, in the in-patient's context, the number of individuals with any form of mental health condition increases to approximately 40 percent of in-patient clients. Concerning depression, Kenya was ranked at position four in Africa, with 1.9 million people suffering from depression, followed by Major Depressive Disorders (MDD), this is according to the (WHO, 2014). Besides, the prevalence of mental health disorders is attributed to be higher for vulnerable groups such as elderly persons, survivors of violence, the unemployed, individuals living in difficult conditions or poverty, adolescents and children with disrupted upbringing, or those with a chronic or serious physical illness. From this perspective, the young

extrajudicial survivors from Mathare Informal Settlement can be denoted as having a very high probability of suffering from mental illnesses, for they are among the vulnerable groups. Specifically, these young people are not only victims of an extreme form of violence (extrajudicial killings) but are also brought up in difficult conditions, thus making the prevalence of mental health disorders.

2.3.2 The Key Problems Leading to Mental Health Complications in Mathare Informal Settlement

People develop mental health complications due to a broad array of reasons. First, according to the World Health Organization, mental health and a diverse collection of mental disorders are influenced to a substantial extent by the physical, economic, and social environments in which individuals reside (WHO, 2014). Secondly, Walsh (2011) asserted that the significance of lifestyle factors is an underestimated factor in the prevalence of mental health complications. The study attributes lifestyle factors to contribute to various psychopathologies, to the optimization and preservation of cognitive functions, and to fostering social and individual well-being. In this context, an unhealthy lifestyle, which is commonplace in Mathare Informal Settlement, functions as a key problem resulting in the development and advancement of mental health complications.

In addition, the lack of mental healthcare literacy and the absence of awareness regarding the existence and prevalence of mental health disorders in informal settlements results in the development of mental health complications. Particularly, in typical African and Kenyan contexts, mental illnesses and mental health disorders are perceived as sorcery or witchcraft (Gikonyo, 2009; Hugo, 2011). Another study by Reid et al. (2014) discovered that most communities and families considered the onset of mental health disorders as a punishment from the ‘gods’ for immoral conduct by a family member. As a result of the perception of mental illnesses as a punishment for immoral behaviour, for the individual suffering from mental illness, a strong sense of self-esteem is essential for effective coping with the mental illness. For those with low self-esteem, watching their families’ breakdown and the blame for their mental disorder being shifted to the mothers further result in the development of mental health complications (Munika, Simiyu & Koonya, 2018).

In other instances, the social environment within the Mathare Informal Settlement plays a vital role in the development of mental health complications among the youths. Specifically, Fisher et

al. (2013) argue that the pre-natal experience and the mother's maternal health influence the mental wellbeing of young children. For areas such as the Mathare Informal Settlements, the mothers are exposed to poor health and nutrition, poor environmental conditions, highly demanding physical labour, stress, alcohol and drug misuse, and smoking, which increases the children's probability of developing mental health complications during their early and adolescent years. In addition, in a meta-analysis and systematic review on 17 studies, early childhood growth and maternal depression or the development of depressive symptoms uncovered that children born and brought up by depressed mothers had a significant risk of being stunted and underweight, which amplified their risk of being diagnosed with a mental illness in later life (Surkan et al., 2011). In the case of Mathare Informal Settlement, the likelihood of maternal depression or the development of depressive symptoms is quite high due to insufficient emotional and practical support, the subjection to intimate partner violence, having hostile in-laws, the lack of intimate partner support and empathy, being unmarried, being young, unintended pregnancies, and socio-economic disadvantage. As a result, the children born and brought up by such mothers have a high probability of manifesting mental health complications in their early and later lives.

Finally, the exposure of the Mathare Informal Settlement youths to environments that induce stress response contributes to an increased prevalence of mental health complications. A WHO (2014) report establishes that exposure to stress-inducing settings over a young person's life-course leads to the accumulation of stress-related behavioural responses such as drug and alcohol abuse, which transform to drug or related dependency, which are categorized as mental disorders. Besides, the accumulation of these stress responses over time significantly affects the individuals' behavioural, physiological, psychosocial, and epigenetic attributes, which leads to the development of factors that most immediately affect a person's mental health (WHO, 2014). Therefore, the exposure to stressors at the Mathare Informal Settlement serves as an amplifier to the young persons' risk of developing mental health complications for these stressors leave them vulnerable to acquiring these complications. However, the provision of counselling services can play a crucial role in the restoration or improvement of this population's mental health outcomes.

2.3.3 Counselling in Promoting the Mental Health of Extrajudicial Execution Survivors

Counselling is defined as a way of assisting individuals in solving their own interpersonal social or emotional problems (Matliwala, 2017). From this perspective, counselling does not entail giving

advice or solving the clients' problems on their behalf; however, it entails helping clients to gain more insight into the underlined issues and objectively solving the issues. The counsellor's responsibility, in this context, comprises of showing the client a different dimension of understanding a particular situation as well as enabling the client to know their weaknesses and strengths without any judgment. From the client's perspective, counselling provides them with an objective and supportive environment for the exploration of their problems as well as an avenue for the determination of alternative courses of action that might lead to problem-solving.

Besides, individuals seek counselling for diverse reasons, including an inability to change, where despite possessing a desire to change, they lack the personal insight or the self-awareness to drive them to alter their behaviours or actions. Other individuals seek out counselling when they are concerned by physical symptoms that fail to react to medical remedy or investigation. These psychosomatic issues may comprise stomach problems, tiredness, sleep disorders, tension headaches, skin problems, among other similarly debilitating symptoms. On the other hand, for other people, lack of direction or motivation, low self-esteem, lack of assertiveness, difficulties at work, or academic underachievement may be the driving force towards engaging in counselling sessions. Finally, other people's search for counselling help is grounded on feelings of worthlessness, anxiety troubles, addictions and phobia, and frequently the belief that the failure may further worsen their conditions. Nonetheless, anxiety and depression are identified as the main issues that instigate the search for counselling help (Sharf, 2012).

Counselling plays a critical role in the enhancement of people's mental health and general wellbeing. There is a general understanding that problem-related to mental health could be handled in a counselling context. According to Sharma (2019), the purpose of counselling is to enhance the individual's positive personality development and growth, assist in conflict management, improve their relationships, help them in coping with situational crises such as prolonged medical illnesses, pain, or bereavement, assist in the reversal or modification of problem behaviours, eradicate negative symptoms such as depression or anxiety, and help in the treatment of mental, behavioural, or emotional dysfunctions. According to Wango (2015), the effectiveness of counselling really depends on the ability of the client to bring out the desired changes, to harness their own potential, and address their issues with certainty.

However, different counselling approaches serve specific purposes in the improvement of a person's mental and general wellbeing. For instance, cognitive behavioural therapy (CBT) is employed in the identification and correction of the irrational, irregular, and negative thoughts that may have become automatic due to repetition. Particularly, the CBT approach works by challenging an individual's ways of thinking and enabling them to generate more realistic and helpful thought patterns of treatment, thus making it effective in the treatment of post-traumatic stress disorder, body dysmorphic disorder, panic and generalised anxiety disorder, and depression. Relaxation therapy is employed in dealing with stress as well as in the decrease of autonomic hyperactivity and anxiety. For the modification of unhelpful and harmful behaviours that a person may have, behavioural therapy is utilized. However, despite its effectiveness, a majority of persons with mental health complications rarely gain access to counselling services due to numerous barriers.

2.3.2 Possible Obstacles to the Extrajudicial Survivors' Access and Utilization of Counselling Services

There exist numerous probable obstacles that impede the access and utilization of counselling services by individuals with mental disorders. To begin with, the stigma and discrimination connected to mental illnesses are commonly suggested impediments to the search for and access to counselling services (Zartaloudi & Madianos, 2010). In psychiatry, stigma is denoted as the attitude of disapproval towards the individuals diagnosed with mental illnesses (Zhang et al., 2020). Meyer and Ndeti (2015) state that there are three types of stigma related to mentally ill individuals, which include label avoidance, self-stigma, and public stigma. The public stigma is the most impactful form of stigma for the mentally ill persons, for it may result in other members of the society acting against the stereotyped individuals. As such, these pejorative attitudes induce society to distance themselves, reject, and fear individuals with mental complications. Consequently, for individuals with mental illnesses, social stigma results in decreased help-seeking behaviour, shame, and concealment of symptoms, lowered self-esteem, and diminished opportunities (Seacat, 2014). Moreover, these stigmatizing attitudes towards individuals with mental illnesses have been found to be prevalent and resulting in influencing subsequent treatment behaviours on a global scale (Henderson, Evans-Lacko & Thornicroft, 2013). In the Kenyan context, the stigma associated with mental illnesses influences not only people's help-seeking

behaviours but also the health professionals' willingness to work in mental health settings. Marangu et al. (2014) assert that the discrimination and stigma linked to mental health disorders is the predominant factor that explains why only a few health professionals decide to work in mental health services. The outcome is a decrease in the number of counsellors, which limits the number of individuals that can gain access to counselling services.

Secondly, financial barriers also serve as a substantial impediment to the access and utilization of counselling services. Corburn and Kaanja (2016) argue that the cost of care has been among the most cited hindrances to mental health treatment, especially in informal settlements. Besides, the possession of health insurance, through the public or private sector, is a primary determinant of access and use of health services. As a result, individuals without health coverage have greater unmet needs, delay seeking care, and experience greater barriers to care. Similarly, for mental health illnesses, individuals without health insurance face impediments to access counselling services. In the Kenyan context, individuals with mental illnesses lack not only health insurance but also the funds to cater to their medical care. A study by Musyimi et al. (2017) found that most Kenyans lacked the resources to get to the hospitals as well as pay for their treatment. During the study, some of the subjects reported a lack of food at the time of the research and, as such, argued that they were required to earn money to feed themselves and their families instead of seeking treatment. Therefore, financial inadequacy can be cited as among the critical hindrances to the access and utilization of proper mental health care by Kenyans with mental illnesses.

Thirdly, the disintegrated organization of mental health services has been identified as a significant obstacle to the access and utilization of counselling services. In the Kenyan context, not only does the country lack a formal, sanctioned mental health policy but also sufficient facilities for the provision of high-quality mental health services. The lack of a formally endorsed mental health policy has significantly limited the mental health reform agenda within the nation (Marangu et al., 2014). As a result, the country only has a single well-known psychiatric hospital, the Mathari Hospital in Nairobi, which focuses on the provision of in-patient services for all mental health clients across the nation (Ndeti, Khasakhala & Omolo, 2008). On the other hand, the country lacks mental health care services at the community level as well as in primary care facilities. In addition, the healthcare facilities that offer mental health care services, comprising of the district and sub-district hospitals, lack the capacity to deliver out-patient mental health care services at the

community level (KNHCR, 2011). As a result, for people residing in rural areas or informal establishments such as the Mathare Informal Settlement, gaining access to mental health services is almost impossible due to a lack of essential resources and knowledge of this facility.

Fourthly, the lack of prioritization of mental healthcare in Kenya also plays a vital role in individuals' access and utilization of counselling services. Prioritization of resource apportionment for mental healthcare in a country like Kenya is constantly a challenge due to competing for health priorities, including the increment of chronic ailments such as renal failure, cardiac diseases and diabetes, and the prevalence of infectious diseases such as malaria and HIV (Ndetei, Ongecha & Mutiso, 2007). Particularly, the country's reforms have primarily focused on addressing and eradicating communicable diseases as well as making improvements with regards to maternal and child mortality. The resulting outcome has been a low budget priority and the receipt of little attention by the mental healthcare domain, which adversely affects the growth of this field and the availability of low resources in the treatment of mental disorders, thus affecting the access to mental health services within Kenya. Furthermore, deficiencies have surfaced in the delivery of mental healthcare within the Kenyan context, where the Kenyans' mental health needs exceed the available mental health services at all the healthcare services delivery system levels, creating a "treatment gap" where significant individuals with mental illnesses lack the proper treatment (KNHCR, 2011). Besides, on a global level, this "treatment gap," particularly in lower-middle- and low-income countries, is projected to be at 75 to 85 percent, which equates to about 8.5 million in Kenya that lack the access and utilization of the care they need. In addition, for persons with mental illnesses, access to proper care is impeded because their families and carers lack sufficient information and knowledge of how to cope with a relative's mental health disorder.

The existing "treatment gap" is further widened by the availability of a limited mental health workforce in Kenya. Marangu et al. (2014) state that the key challenge for mental healthcare within the country is the critical shortage, or in some regions, the total inadequacy of a professional mental health workforce. Specifically, the country only has 54 psychiatrists, ten medical social workers, 418 trained psychiatric nurses, and a limited number of psychologists obligated with catering to the mental healthcare needs of a population of approximately 43 million people, with about four percent of this population having a major mental disorder. Furthermore, the Kenyan health workers at all levels are associated with low degrees of mental health literacy, which further compounds

the issue of lack of access to mental healthcare surfacing from shortages of the mental health workforce, thus serving as an obstacle to the access and utilization of mental healthcare by the individuals suffering from mental illnesses.

2.4 Summary

The chapter has provided an in-depth review of existing studies on the role of counselling in mental health promotion among EJE witnesses and victims. Related studies in Kenya and other countries have been analysed and reveal that extrajudicial executions have a detrimental impact on the witnesses' and victims' mental wellbeing. However, there exists a literature gap for no studies have been done in Kenya on the role of counselling in promoting the mental health of the survivors and witnesses impacted by extrajudicial executions in the informal settlements of Nairobi.

2.5 Conceptual Framework

The main focus of this study was on investigating the role of counselling on the mental health of survivors of extrajudicial executions in Mathare informal settlement. The conceptual framework below entails a diagrammatic portrayal of the relationship between the independent, intervening and dependent variables. In this proposal, the mental health and psychological wellbeing and desire for counselling and psychotherapy are the main dependent variable. The intervening variables are the creation of awareness on the impact of EJE in Mathare and the availability of counselling service providers, whereas provision of counselling is the main independent variable.

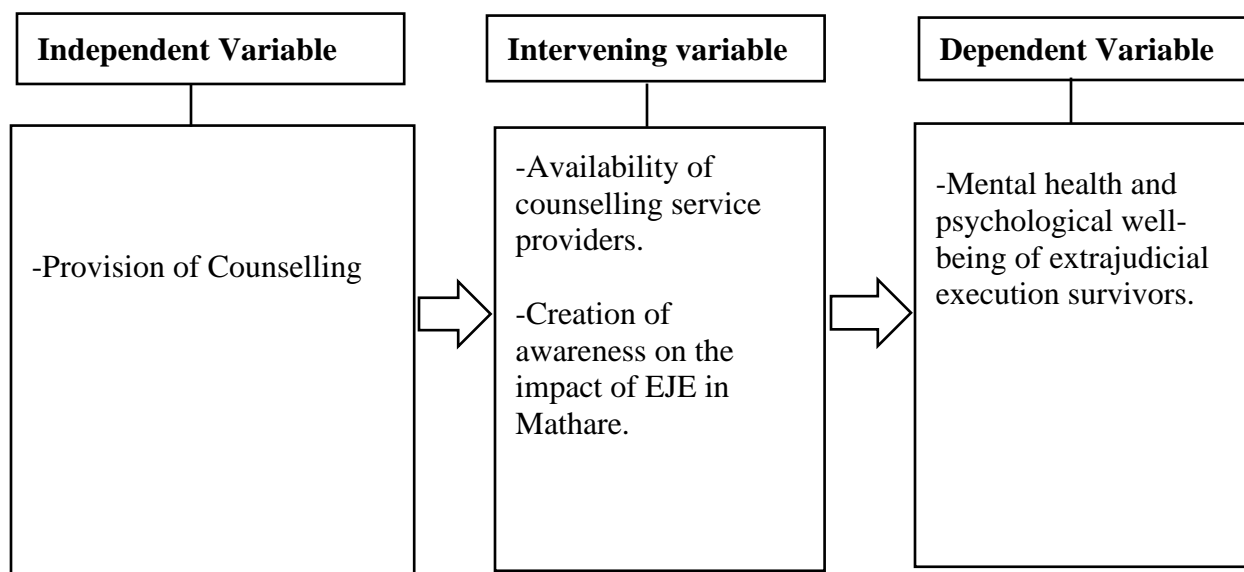


Figure 2.1: Conceptual framework,

Source: Author (2020)

CHAPTER THREE: RESEARCH METHODOLOGY

3.1 Introduction

This chapter presents the methodology that was adopted in the study of the role of counselling on the mental health of survivors of extrajudicial executions in Mathare Informal Settlement. In this chapter, the researcher presents a comprehensive description of the methods employed in the gathering of both primary and secondary data. The chapter is divided into the following primary segments comprising of; study area, the research design, target population and sampling frame, sampling design, sampling procedures, reliability of research, the validity of research, and the data collection and analysis techniques and tools.

3.2 Research Design

This component constitutes the general strategy employed by the researcher for the incorporation of the multiple study elements in an articulate and logical manner, thus allowing for the effective tackling of the research problem within the data analysis, measurement, and collection procedures. For this study, an ex post facto research design was employed in contrasting between the study participants who had already received counselling and those who did not, for the determination of how counselling impacted the extrajudicial survivors' mental health. The information was retrieved from Mathare Social Justice Centre database for both; survivors of EJE who have undergone through counselling and those who have not received counselling. The selection of the ex post facto research design was because of its capacity to allow a researcher to obtain conclusions that are specific and relevant without interfering with the study population (Salkind, 2010). As such, the ex post facto research design enabled the researcher to collect data from the extrajudicial execution survivors who obtained counselling services for determination of the role of counseling on their mental health, without demanding for the researcher to walk the survivors through a treatment plan. Besides, the design is attributed to ease of duplication and replication of natural settings as well as allow for the determination of cause and effect, which help in determining the role of counselling on the mental health of EJE survivors in Mathare.

The selected research design is linked to several strengths, which made it applicable and the most ideal for this study. In the data collection procedure, ex post facto research was the most fitting for this study, for it permitted the gathering of data from the extrajudicial survivors within their natural environment without altering their daily activities. Besides, this design allowed for the fusion of

both quantitative and qualitative data, hence providing a means of exhausting the subject matter (Dukic, 2015). As such, in addition to objective data, the research design allowed the analysis of subjective data, such as the participants' perceptions regarding the influence of counselling on the mental health among survivors of extrajudicial executions.

3.3 Location of the Study

The study was conducted in Mathare informal settlement of Nairobi in Nairobi county. The selection of Mathare informal settlement was purposely chosen. Mathare is an informal settlement or what is commonly known to many as a slum in Nairobi. It is about 8 kilometres from Nairobi's central business district. It is densely populated with approximately 500, 000 people; 70% of this population is made up of youths. The majority of the residents are living under harsh living conditions; some get involved in violence, lack of employment, and hence profiling and killing of crime suspect by the police officers. In the course of my work duties in Mathare in February 2020, during a meeting to launch a network of mothers and survivors of extrajudicial execution in Mathare; the residents of Mathare, survivors and witnesses conveyed to me that they have been subjected to mental disturbances, traumatic scars, perennial grieving, fear, and psychological breakdown which affecting their daily activities and health due to extrajudicial executions. The aforementioned made it an attractive research site. The area was selected for several reasons; first because the researcher works and supervises a program on the provision of counselling to survivors of EJE in Mathare informal settlement. Secondly, the researcher was familiar with the area and background. Thirdly, the research did not have to take a study leave to conduct the study, for he was able to conduct the research effectively during work, after work, and during the weekends.

3.4 Target Population

The population in a study denotes the entire group of participants from whom certain information needs to be learned. For the purpose of this study, the target population encompassed the survivors of extrajudicial execution in Mathare Informal Settlement, who had reported cases of extrajudicial executions at Mathare Social Justice Centre, with a specific focus on those who had been previously subjected to extrajudicial execution scenes. Mathare Informal Settlement has an approximate population of 500,000 individuals.

3.5 Sampling Techniques

Fowler (2013) explains a sampling procedure as to how instances ought to be chosen for observation as well as the topics to be investigated and ways of selecting them from the target group. Purposive sampling is the deliberate selection of participants based on the qualities that they possess (Etikan, Musa & Alkassim, 2016). As such, the purposive sampling method enabled the researcher to select participants who were willing and capable of providing relevant information by virtue of experience or knowledge. In this study, therefore, purposive sampling was used to select individuals who were proficient and well-informed on extrajudicial executions subject matter because of being an EJE witness or a survivor.

The sample size comprised the number of participants included in a study. For this study, from the 500,000-target population, only 40 individuals from the Mathare Social Justice Centre database and who are residents of Mathare Informal Settlement formed the sample size. For the sample size determination, Rashid and Azeem (2011) specified that for an experimental study, it is desirable to have a minimum of 15 study participants in each group. For this study, a total of 40 study participants from the Mathare Social Justice Centre database were considered sufficient for the determination of the role of counselling on the mental health among Mathare extrajudicial survivors, for the number exceeded the least minimum number of study participants required for any form of experimental researches and represented 10 percent of the 400 EJE cases recorded in the database. From the 40 study participants, 20 were assigned to the group of those who have been taken through counselling and the other 20 formed the group of those who have not been taken through counselling.

3.6 Research Instruments

Questionnaires were the primary instruments of data collection. The questionnaires were designed to comprise of closed-ended and open-ended questions with a Likert scale response guide. Particularly, the questions were formulated for the collection of information regarding the relationship between EJE and mental health issues among survivors of extrajudicial execution within Mathare Informal Settlement. Besides, a common set of simple questions were asked, and the responses were documented for ease of retrieval and storage.

For determination of the relationship between counselling and mental health among survivors of EJE in Mathare informal settlement, a comparison between the control group and the experimental

group's results was undertaken. Specifically, the researcher sought to determine any change in the respondents' mental health occurring due to counselling. In this context, the experimental group comprised of individuals who had already completed counselling, consisting of both individual and group counselling. Alternatively, the control group consisted of participants who had been subjected to extrajudicial execution events but had not received any counselling services. Afterward, the results of the experimental and control group were compared to determine the role of counselling on the mental health of Mathare EJE survivors.

3.7 Piloting of Research Instruments

Before undertaking the research, the researcher partook in a pilot test where ten questionnaires were administered to the targeted population. This exercise not only enabled the researcher to determine the questionnaires' reliability but also their validity as data collection tools. After the pilot test, any areas that were identified as requiring amendment were rectified before the main study. Besides, after the analysis, a Cronbach alpha of 0.7 percent and above was considered the most acceptable for the research.

3.8 Data Collection Procedure

Both qualitative and quantitative data were collected for the research. Besides, this study predominantly utilized primary data because it is less prone to distortion in comparison to secondary data. The use of primary data also heightened the researcher's confidence by guaranteeing the collection of data that meets the study's objectives alongside increasing data integrity and decreasing bias levels. Moreover, the employment of primary data within the study enabled the researcher to tailor questions to meet the research objectives and elicit information that will be fitting for the study.

For the data collection procedure, a questionnaire was utilized, for it permitted the gathering of vast quantities of data. Sansoni (2011) further posited that questionnaires are effective data collection tools, for they are easy to administer, particularly within a limited time. The questionnaires were administered to the respondents personally to shorten the response time and enable on-the-spot clarification of any doubts that the respondents might have had regarding any questions. This practice allowed the researcher to introduce the topic and motivate the respondents to provide their honest answers. However, for the respondents with time constraints, questionnaires were dropped and picked later after self-administration.

Reliability is a measure of the degree to which a research instrument yields consistent results or data the same way each time it is used under the same condition with the same subjects (Daniels, 2017). The reliability of the study results was assured through triangulation, where collected data was confirmed through the various research instruments and related questions to be used in the study. This practice ensured the results of the study are a true reflection of the subject study. A pilot study was undertaken to test the research instruments. Furthermore, the questionnaires were coded for accurate data collection. The research assistants were also trained to ensure they accurately capture responses and translate.

Validity is the accuracy and meaningfulness of inferences that are based on the research results. It is the strength of our conclusions, inferences, or propositions, a degree to which results obtained from the analysis of data represents the phenomenon under study (Daniels, 2017). Validity is whether the instruments are measuring what is required to measure (Daniels, 2017). In order to ensure the internal validity of the study, the variables were carefully analysed, which ensured that appropriate indicators were associated with each variable and the required data collected using the appropriate research instruments. For external validity, appropriate and representative samples were selected for the study, which provided assurance for results to be generalized to the population.

3.9 Data Analysis

This component constituted the conversion of data into a form that is clear and comprehensible to the envisioned users. The initial phase of this process entailed the data cleaning process as well as the ratification of whether the obtained data met the set criteria and research objectives. Afterward, the collected data was manipulated through sorting and filtering processes for the determination of its mean and standard deviation. After the data manipulation, the refined data was then organized for analysis through summarization and tabulation. The obtained data was then fed to a statistical analysis tool, specifically SPSS (statistical package for social sciences) for descriptive analysis. The study also utilized measures of central tendency such as mean, mode, and median, as well as tables and frequencies.

3.10 Ethical considerations

The researcher acquired an introduction letter from the University of Nairobi following the acceptance and approval of the research proposal. The introduction letter not only validated the researcher's research but also assisted in gaining trust from the study respondents. In addition, a research permit was obtained from the National Commission for Science, Technology, and Innovation (NACOSTI) for ethical approval purposes. Moreover, the study participants' privacy and confidentiality were maintained by substituting their responses or personal details with codes. The researcher also adhered to the Ministry of health COVID-19 guidelines and ensured the respondents' and research assistants' safety during the data collection period. Finally, the respondents were informed of how the information they provided would be used, primarily for determining the role of counselling in promoting mental health among the survivors of extrajudicial executions in Mathare Informal Settlement.

CHAPTER FOUR: DATA ANALYSIS AND PRESENTATION

4.1 Introduction

This chapter discusses the study results and findings. The first segment focuses on the respondents' response rate and background information, encompassing their gender, age, residence duration in Mathare Informal Settlement, and whether they are extrajudicial execution witnesses or victims. The second segment concentrates on the prevalence of mental illnesses among extrajudicial survivors and witnesses. The third denotes the primary problems leading to mental health complications among Mathare Informal Settlement EJE survivors and witnesses. Finally, the fifth segment discusses probable obstacles that prevent Mathare Informal Settlement EJE survivors and witnesses from accessing and utilizing counselling services.

4.2 Response Rate and Respondents' Background Information

The researcher administered 40 questionnaires to Mathare Informal Settlement residents. The 40 questionnaires were duly filled and returned to the questionnaire, hence achieving a 100 percent response rate, which was sufficient for analysis.

4.2.1 Respondents Gender

Of the 40 respondents, 21 were female, whereas 19 were male as shown in table 4.1 below.

Gender	n	%
Male	19	47.5
Female	21	52.5
Total	40	100

Table 4.1: Respondents Gender

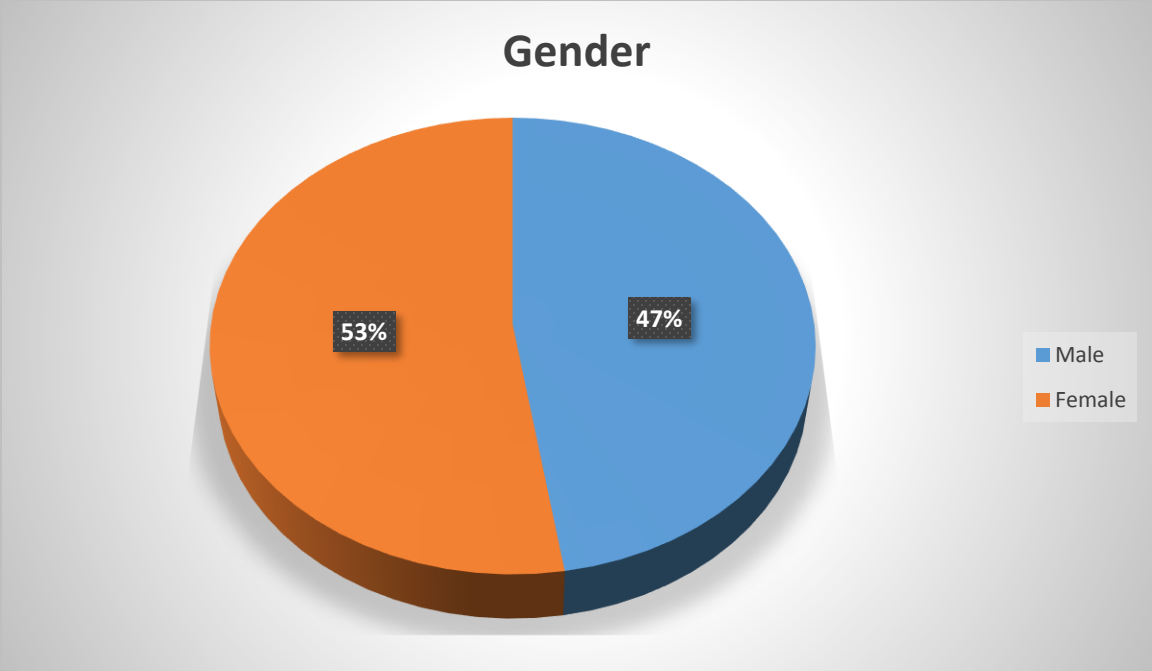


Figure 4.1: Respondents Gender

From Figure 4.1 above, the female respondents, representing 53 % of the study participants, were more compared to male respondents (47%).

4.2.2 Respondents Age

Of the 40 respondents, 22 aged between 18 and 28, 11 between 28 and 39, and seven were 39 years and above. As such, a majority of the respondents (55%) were between the years of 18 and 28, as depicted in figure 4.2 below.

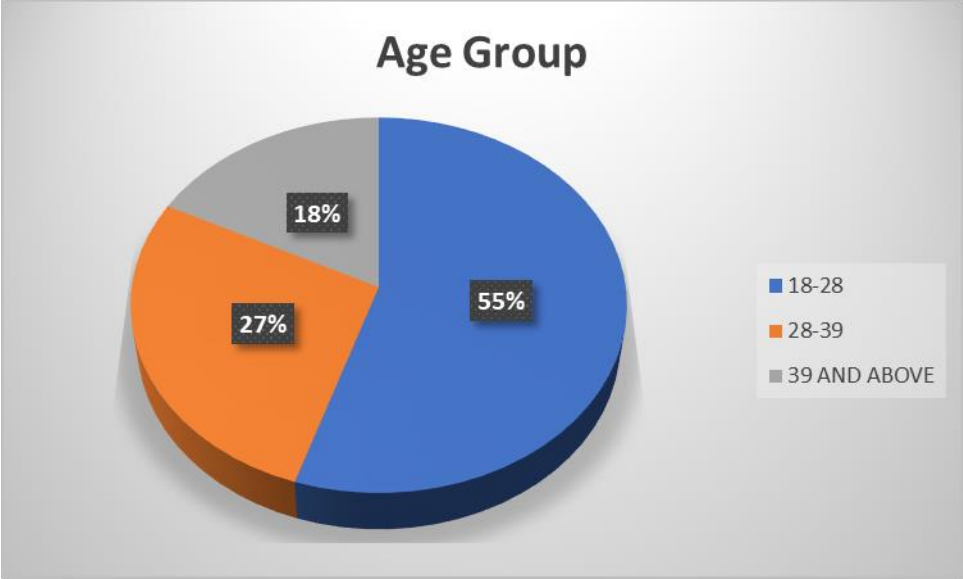


Figure 4.2: Respondents Age

4.2.3 Respondents’ Residence Duration in Mathare Informal Settlement

Of the 40 respondents, two had been residents of Mathare Informal Settlement for less than a year, three had stayed in Mathare for between one to four years, two between four and seven years, four between seven and ten years, and 29 had stayed in Mathare for ten years or more. Figure 4.3 below shows that most of the respondents (73%) had been Mathare residents for ten or more years, thus increasing the study reliability for these participants would have a better knowledge of the occurrence of extrajudicial executions events within the area.

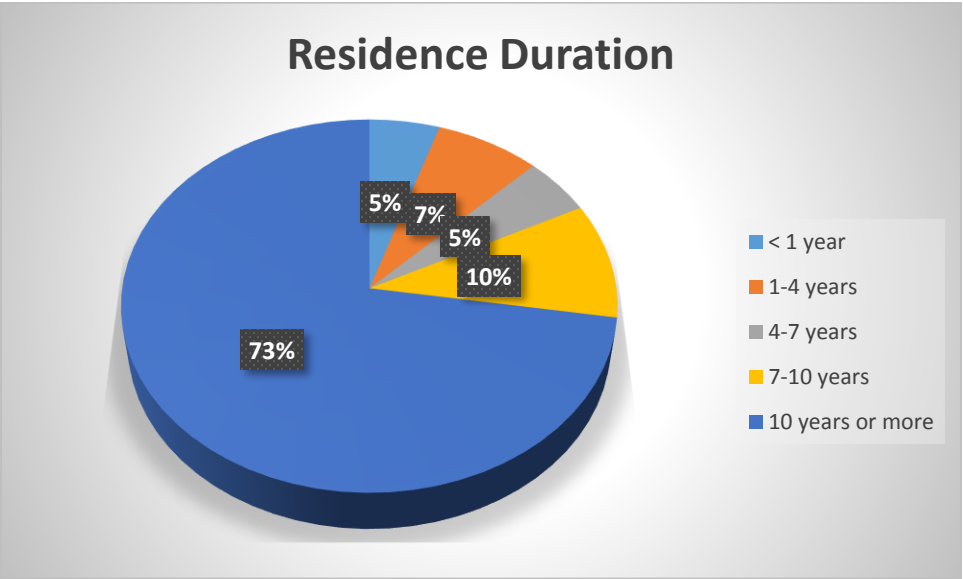


Figure 4.3: Respondents' Residence Duration in Mathare Informal Settlement

4.2.4 Extrajudicial Execution Witnesses

When asked whether they had witnessed any extrajudicial execution occurrences, 29 of the 40 respondents answered yes, whereas 11 answered no. These figures show that the probability of Mathare residents witnessing extrajudicial executions was high, for 72% of the respondents had already witnessed such incidences, as portrayed in figure 4.4. below.

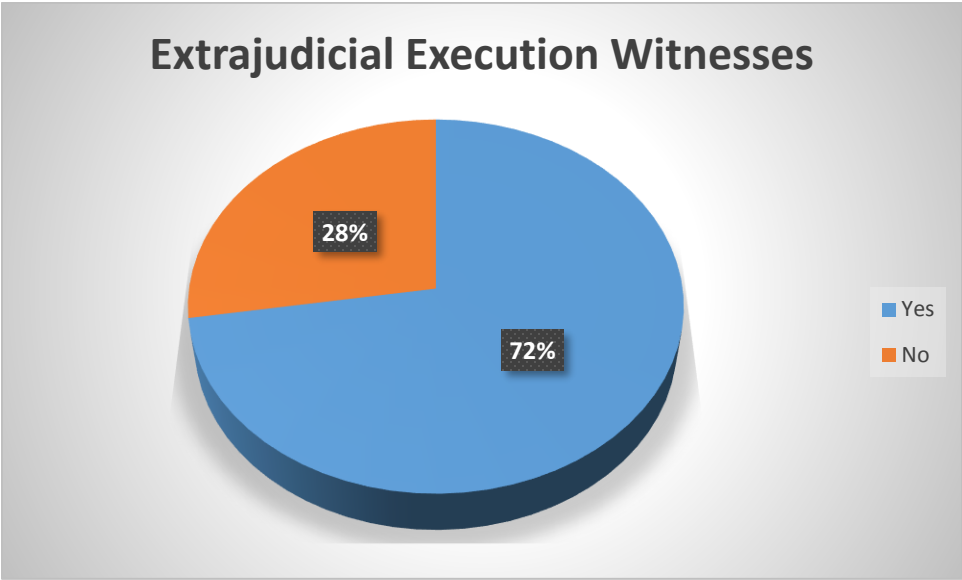


Figure 4.4: Extrajudicial Execution Witnesses

4.2.5 Extrajudicial Execution Victims

When asked whether they had been victims of any extrajudicial execution occurrences, 17 of the 40 respondents answered yes, whereas 23 answered no. Figure 4.5 signifies that most of the respondents (58%) had not been victims of targeted executions, which implies that the probability of being a witness of EJE executions in Mathare Informal Settlement was higher than being a victim.

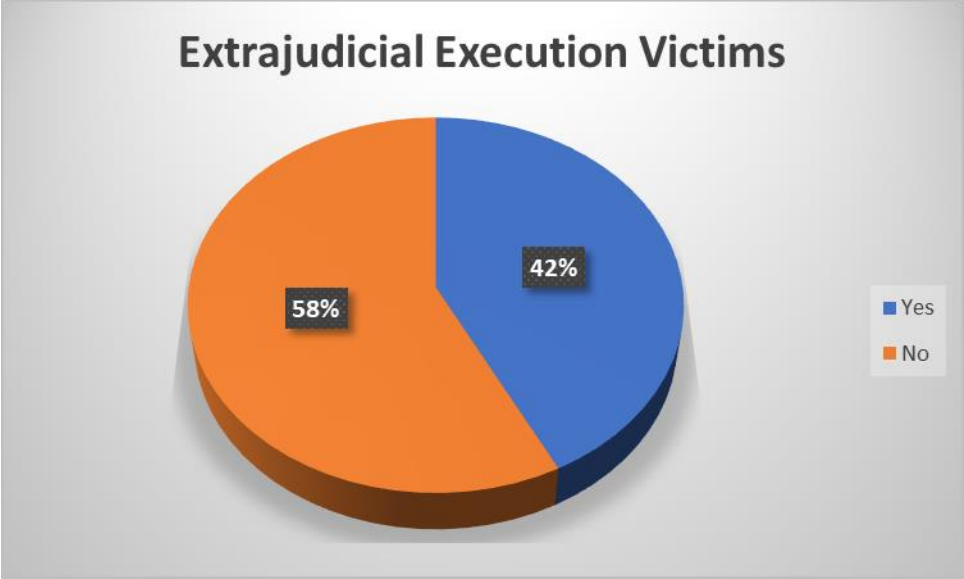


Figure 4.5: Extrajudicial Execution Victims

4.3 Prevalence of Mental Illnesses Among Extrajudicial Execution Survivors and Witnesses

After an analysis of the study participants’ background information, 29 of the respondents were found to either have been witnesses or victims of extrajudicial executions. These 29 respondents formed the foundation for determining the prevalence of mental illnesses among extrajudicial execution survivors and witnesses.

4.3.1 Anxiety

Of the 29 respondents who were either witnesses or victims of extrajudicial executions, 22 (76%) had anxiety, whereas seven did not (24%), as shown in figure 4.6 below. From this perspective, it is clear that exposure to extrajudicial executions leads to anxiety. These findings indicate that exposure to extrajudicial executions increases an individual’s likelihood of anxiety.

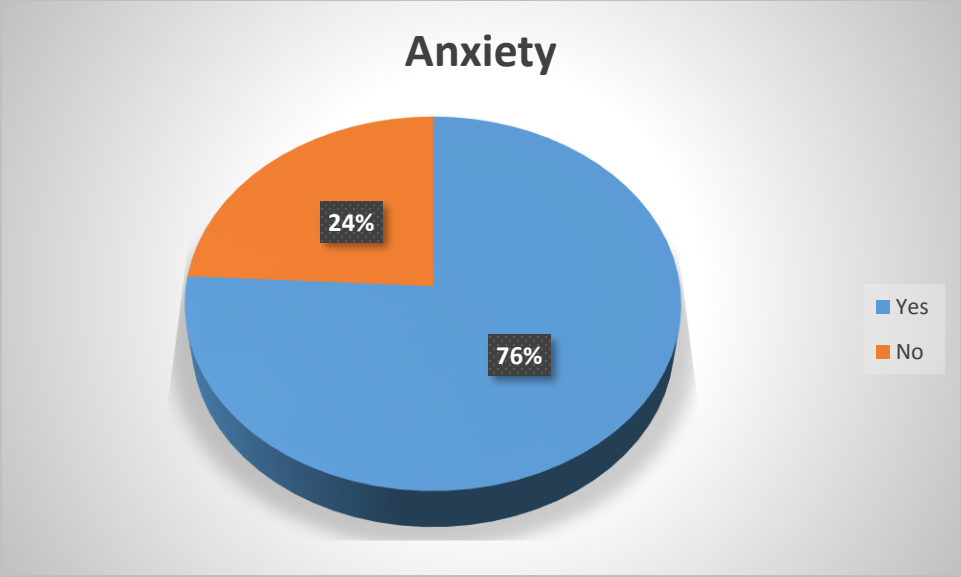


Figure 4.6: Anxiety Cases

4.3.2 Insomnia or Any Other Sleep Disorders

21 of the 29 respondents, representing 72% of the witnesses and survivors of extrajudicial executions, reported having insomnia and other sleeping disorders, whereas the remaining eight respondents had no insomnia or any other sleeping disorders, as portrayed in figure 4.7 below. These findings indicate that witnesses and survivors of extrajudicial executions have a high probability of having insomnia and other sleeping disorders.

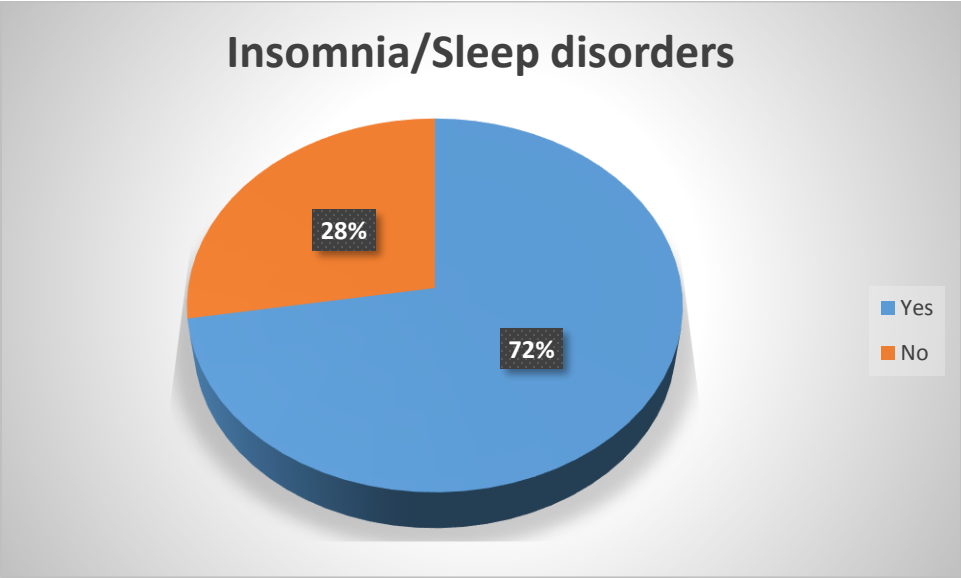


Figure 4.7: Insomnia or Any Other Sleep Disorders Cases

4.3.3 Depression

Eight of the 29 study participants (28%) reported having depression, whereas the majority of the respondents (72%) had no depression, as shown in figure 4.8 below. These findings demonstrate that only a few people who get exposed to extrajudicial executions develop depression.

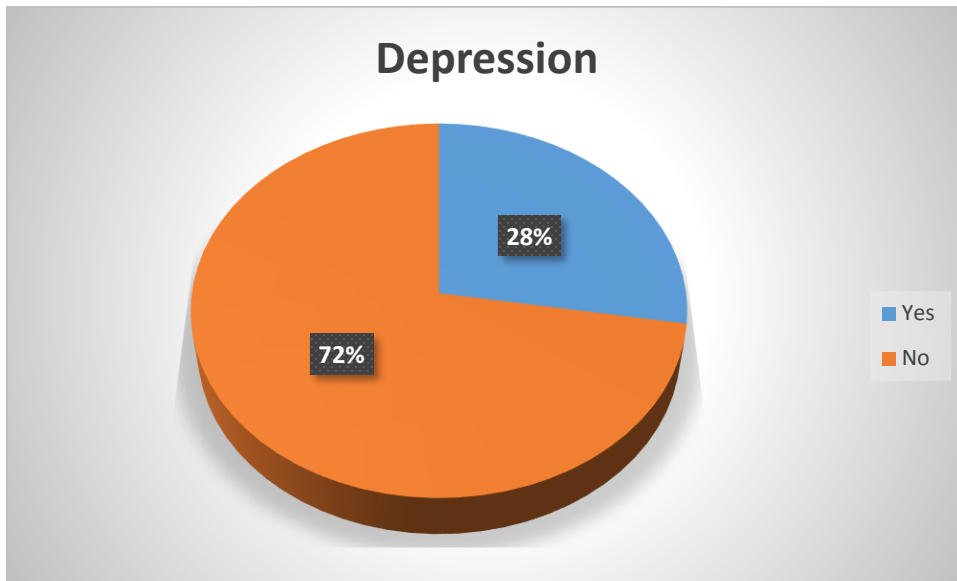


Figure 4.8: Depression Cases

4.3.4 Panic Disorder

21 of the respondents reported that they had panic disorders, whereas eight reported not having panic disorders. The fact that 72% of the respondents had panic disorders (refer to figure 4.8 below) shows that exposure to extrajudicial executions increases the likelihood of having panic disorders.

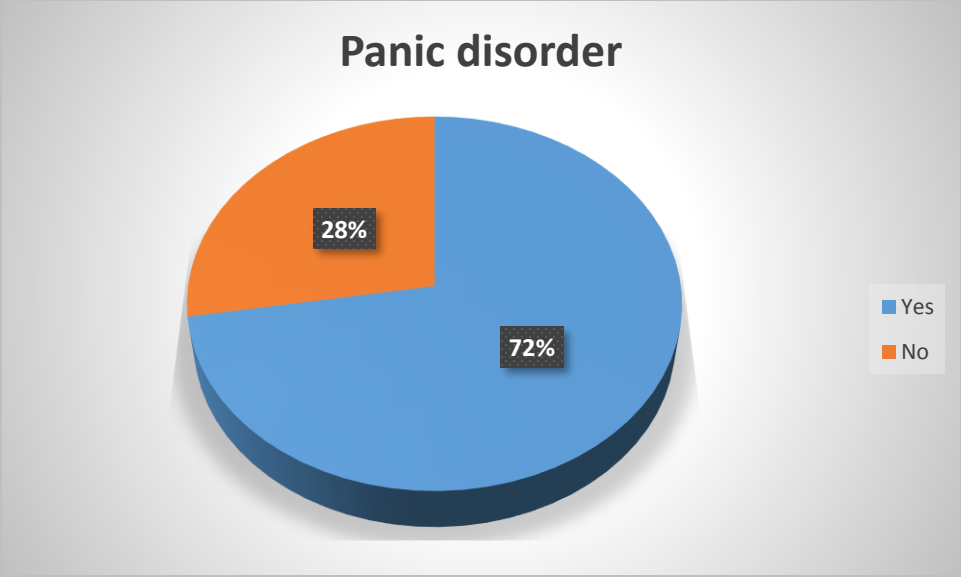


Figure 4.9: Panic Disorder Cases

4.3.5 Alcohol and Drug Use Disorders

Of the 29 study participants, ten confirmed that they had alcohol or drug use disorders, whereas the remaining 19 reported that they did not have alcohol, or any drug use disorders. From these findings, only a small proportion of individuals exposed to extrajudicial executions, 34% (refer to figure 4.10 below), developed alcohol and drug user disorders.

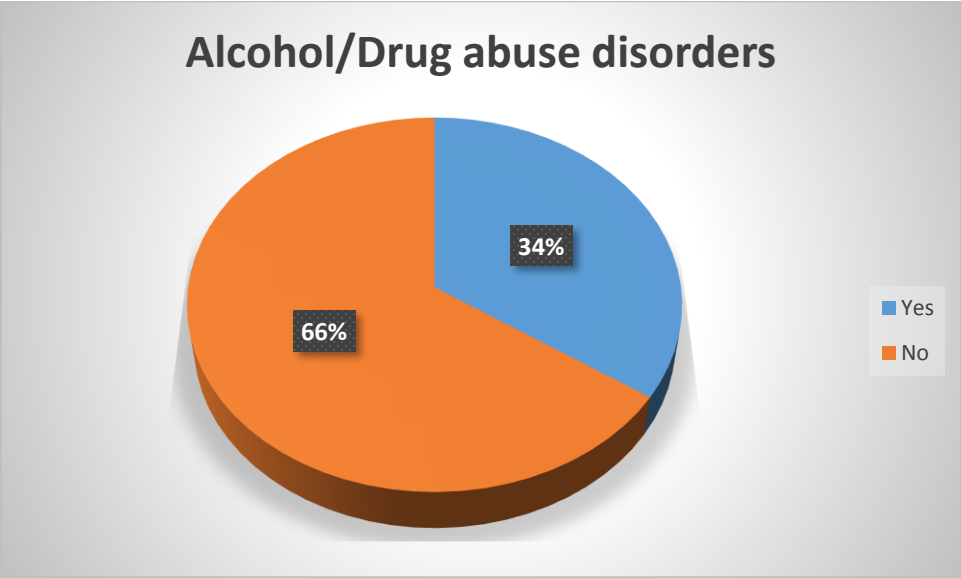


Figure 4.10: Alcohol and Drug Use Disorders

4.3.6 Post-Traumatic Disorders

16 of the 29 respondents reported post-traumatic stress disorders, whereas 13 had no PTSD. As such, 55 % of individuals exposed to extrajudicial executions developed PTSD (refer to figure 4.11 below), thus inferring to the fact that witnessing and being a victim of EJE increasing a person's chances of being diagnosed with post-traumatic stress disorders.

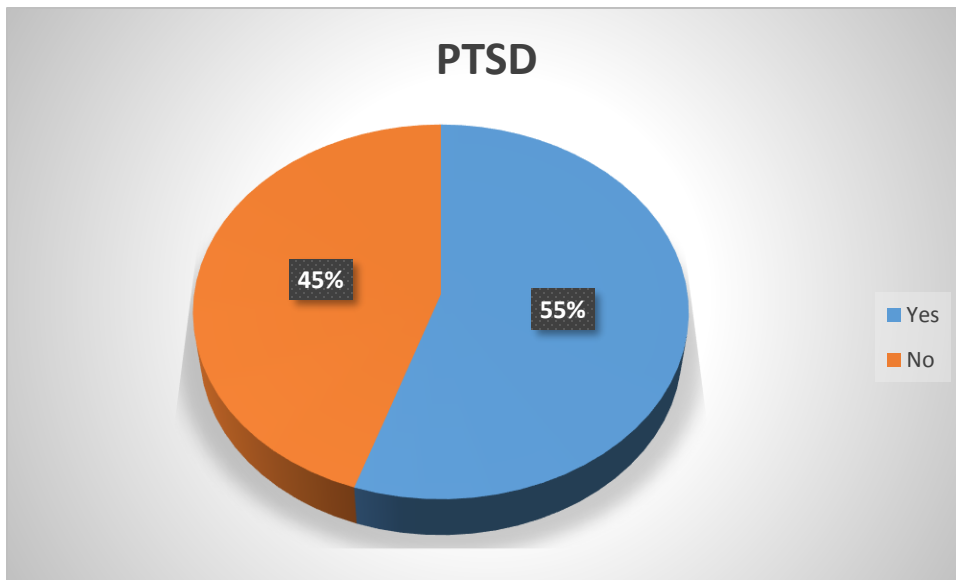


Figure 4.11: Post-Traumatic Disorder Cases

4.3.7 Other Forms of Mental Illnesses

Finally, three of the 29 study participants reported having other forms of mental illnesses, whereas 26 only had the aforementioned mental illnesses. As such, this study covered 90 % of the mental illnesses that extrajudicial execution witnesses and survivors in Mathare Informal Settlement had developed.

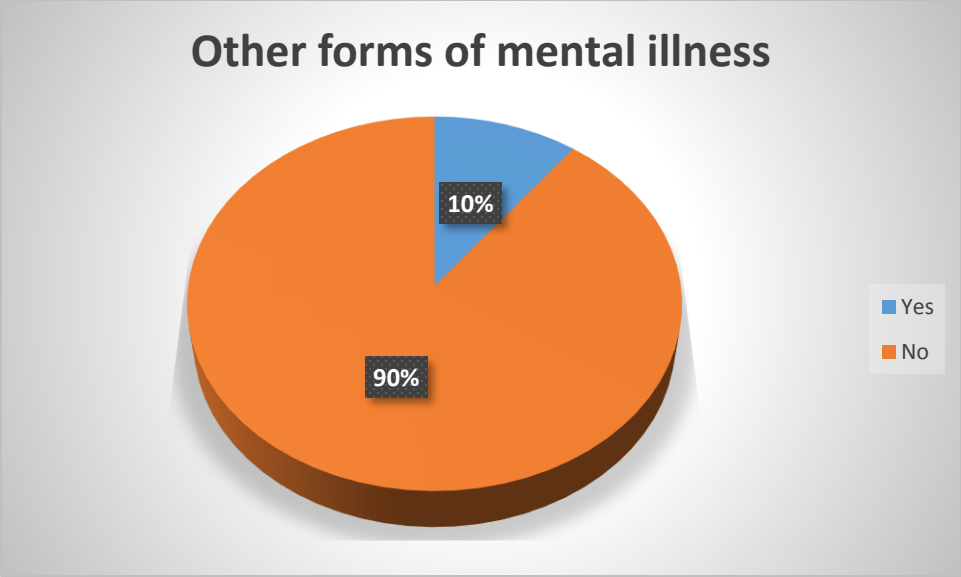


Figure 4.12: Cases of Other Forms of Mental Illnesses

4.3.8 Extrajudicial Executions and Mental Illnesses

An evaluation of the abovementioned mental illnesses shows there is a high prevalence of mental illnesses among extrajudicial execution witnesses and survivors. From this perspective, one can infer that exposure to extrajudicial executions results in the development of mental illnesses among the witnesses and survivors. Besides, it is worth noting that the most prevalent mental illness among extrajudicial execution witnesses and survivors is anxiety, whereas the least prevalent mental illness is depression (refer to table 4.2 below).

Mental Illness	Cases
Anxiety	22
Insomnia/Sleep disorder	21
Depression	8
Panic Disorder	21
Alcohol and drug abuse disorder	10
PTSD	16
Other forms of mental illness	3

Table 4.2: Mental Illnesses Prevalence

4.4 Key Problems Leading to Mental Health Complications Among Survivors of Extrajudicial Executions in Mathare Informal Settlement

Statements	Mean	Standard Deviation
The unhealthy lifestyle that Mathare Informal Settlement residents experience is the main cause of mental health complications.	3.43	1.38
The absence of awareness regarding the existence and prevalence of mental health disorders in Mathare Informal Settlement is the primary problem leading to mental health complications	3.95	1.26
The lack of mental healthcare literacy among Mathare Informal Settlement residents experience is the main cause of mental health complications.	3.88	0.99
The subjection to poor environmental conditions is the key problem leading to mental health complications in Mathare Informal Settlement.	3.68	1.46
Being born and brought up in a family subjected to mental breakdown is among the key problem leading to mental health complications in Mathare Informal Settlement.	3.44	1.21
Being born and brought up in a hostile home is the key problem leading to mental health complications in Mathare Informal Settlement.	3.10	1.15
Poor health and nutrition in Mathare Informal Settlement is the main cause of mental health complications.	2.48	1.15
Smoking, alcohol, drug misuse in Mathare Informal Settlement is the primary cause of mental health complications.	3.15	1.51

Highly demanding physical labour and stressful jobs are the key problems leading to mental health complications in Mathare Informal Settlement.	2.65	1.31
Continued exposure to police brutality and killings is the main cause of mental health complications in Mathare Informal Settlement.	3.83	1.30

Table 4.3: Key Problems Leading to Mental Health Complications

Table 4.3 above indicates that unhealthy lifestyle (3.43), the absence of awareness regarding the existence and prevalence of mental health disorders (3.95), the lack of mental healthcare literacy (3.88), subjection to poor environmental conditions (3.68), being born and brought up in a family subjected to mental breakdown (3.10), poor health and nutrition (2.48), smoking, alcohol, drug misuse (3.15), highly demanding physical labour and stressful jobs (2.65), and continued exposure to police brutality and killings (3.83). Besides, all the above findings had a relatively high standard deviation pointing towards a significant variation around the mean.

4.5 The Impact of Counselling on the Mental Health of Survivors of Extrajudicial Execution in Mathare Informal Settlement

For determination of the impact of counselling on the mental health of extrajudicial executions survivors and witnesses; data collected from the group that had gone through counselling for the improvement of their mental wellbeing, was compared to data gathered from the group consisting of respondents who had never received counselling services. Regarding the group that had gone through counselling, when asked the number of times they sought counselling to improve their mental health, the results in figure 4.13 below were obtained.

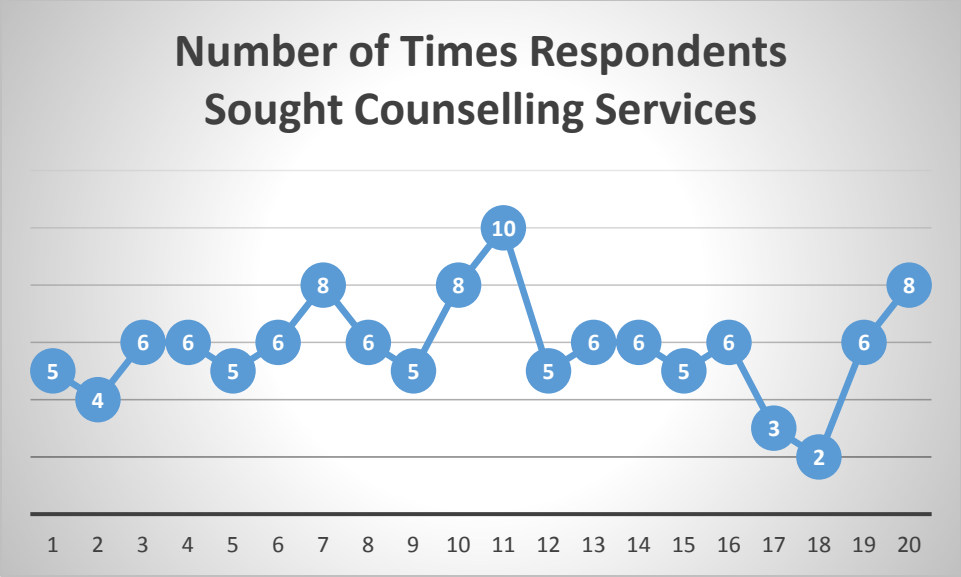


Figure 4.13: The Number of Times Respondents Sought Counselling Services

Figure 4.13 above shows that the least amount of times that the respondents who had gone through counselling sought counselling services was twice, and the highest was ten, whereas a majority of them sought counselling six times for the improvement of their mental state.

Statements	The group that had gone through counselling		The group that had not received counselling	
	Mean	Standard Deviation	Mean	Standard Deviation
Counselling helps Mathare extrajudicial execution survivors and witnesses in addressing their traumatic exposures.	4.45	0.94	4.10	1.33
Counselling provides a supportive environment for Mathare extrajudicial execution survivors and witnesses to objectively evaluate their mental state.	4.50	0.83	4.30	0.98

Counselling helps Mathare extrajudicial execution survivors and witnesses to adopt positive and constructive behaviours.	4.45	1.10	3.85	1.23
Counselling promotes psychological wellbeing and restoration among Mathare extrajudicial execution survivors and witnesses.	4.50	0.69	3.90	1.17
Counselling helps survivors and witnesses of Mathare extrajudicial executions to be empowered and or create survivor's social support network.	3.25	0.85	3.90	1.12
Counselling helps Mathare extrajudicial execution survivors and witnesses in addressing alcohol and drug-related addictions.	3.75	1.02	3.85	0.88
Counselling helps Mathare extrajudicial execution survivors and witnesses in improving relationships and interaction with others.	3.45	1.05	3.85	1.35
Counselling helps Mathare extrajudicial execution survivors and witnesses achieve personality development and growth.	3.60	0.94	3.55	1.28
Counselling helps Mathare extrajudicial execution survivors in reporting and following up with cases.	3.90	0.91	3.80	1.15
Counselling helps Mathare extrajudicial execution survivors and witness in addressing	4.65	0.75	4.00	1.08

psychological and mental disorders i.e. anxiety, depression PTSD				
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Table 4.4: The Impact of Counselling on Mental Health

The respondents’ results on the impact of counselling on the EJE survivors and witnesses’ mental health indicated that counselling helped them address their trauma, objectively evaluate their mental state, adopt positive and constructive behaviours, promote psychological wellbeing and restoration, be empowered and or create survivor’s social support network, address alcohol and drug-related addictions, improve relationships and interaction with others, achieve personality development and growth, report and follow up with cases, and address psychological and mental disorders at a mean of 4.45, 4.50, 4.45, 4.50, 3.25, 3.75, 3.45, 3.60, 3.90, and 4.65 (group that had received counselling) as well as 4.10, 4.30, 3.85, 3.90, 3.90, 3.85, 3.85, 3.55, 3.80, and 4.00 (group that had not received counselling) respectively. Besides, the group that had received counselling reported higher degrees of and more positive impacts of counselling on their mental health in comparison to the group that had not gone through counselling. The standard deviation for the group that had gone through counselling was relatively small, inferring to a small convergence in the study participants’ assessments. Contrarily, the standard deviation for the group that had gone through counselling was somewhat large, especially in comparison to the group that had gone through counselling, indicating a significant variation in the respondents’ assessments concerning the impact of counselling on mental health for Mathare Informal Settlement extrajudicial survivors and witnesses.

Furthermore, for the determination of the impact of counselling on the extrajudicial execution survivors’ mental health, the study’s effect size was computed. The researcher discovered a 0.6 effect size value, which indicated a significant relationship between counselling and extrajudicial execution survivors’ mental health. Therefore, the study established a significant relationship between counselling and extrajudicial execution survivors’ mental health.

4.6 Possible Obstacles That Prevent Survivors of Extrajudicial Executions in Mathare Informal Settlement from Accessing and Utilizing Counselling Services

Statements	Mean	Standard Deviation
The discrimination of people with mental illnesses in Mathare is the primary reason for avoiding counselling services.	3.73	1.18
The stigma connected to mental disorders is the main obstacle preventing the access and use of counselling services in Mathare Informal Settlement.	3.70	1.07
Lack of mainstreaming of counselling services in Mathare is the main obstacle for accessing and using counselling services.	4.25	1.01
Lack of community sensitization and awareness on the importance of counselling hinders access to counselling services.	4.50	0.88
Financial inadequacy is the leading obstruction to the access and utilization of counselling services in Mathare Informal Settlement.	4.33	1.02
Fear and intimidation by the perpetrators of extrajudicial executions hinder the survivors and witnesses in accessing counselling services in Mathare Informal Settlement.	4.28	0.93
The lack of high-quality mental health services at Mathare Informal Settlement is the main obstacle for accessing and using counselling services.	4.25	0.87
The lack of knowledge of any existing mental health care facilities is the main obstacle for accessing and using counselling services in Mathare Informal Settlement.	4.15	0.80
The inadequacy of professional counsellors and mental health workforce at Mathare Informal Settlement is the main obstacle for accessing and using counselling services.	4.20	0.94

The belief and myth that over-time I will be well and overcome is the main hindrance to access and use of counselling services in Mathare Informal Settlement.	4.00	1.24
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Table 4.5: Possible Obstacles to Access and Utilization of Counselling Services

The respondents’ results on the possible obstacles that prevent extrajudicial survivors and witnesses in Mathare Informal Settlement from accessing and utilizing counselling services denoted that the listed ten factors are probable obstacles to counselling. The results specified that discrimination, stigma, lack of mainstreaming of counselling services, lack of community sensitization and awareness on the importance of counselling, financial inadequacy, fear and intimidation by EJE perpetrators, lack of high-quality services, lack of knowledge of any existing mental health care facilities, the inadequacy of professional counsellors and mental health workforce, and the belief and myth that the respondents will heal over time at the mean of 3.73, 3.70, 4.25, 4.50, 4.33, 4.28, 4.25, 4.15, 4.20, and 4.00 respectively. A somewhat low standard deviation was also recorded, signifying that there was strong conjunction in the study participants’ opinions.

4.7 Chapter Summary

This chapter presented the findings that were obtained after the data collection and data analysis procedures. The chapter comprised information on the study’s response rate, 100%, the respondents’ background information, the prevalence of mental illnesses among extrajudicial survivors and witnesses, key problems leading to mental health complications among survivors of extrajudicial executions in Mathare Informal Settlement, the impact of counselling on the mental health of survivors of extrajudicial execution in Mathare Informal Settlement, and possible obstacles that prevent survivors of extrajudicial executions in Mathare Informal Settlement from accessing and utilizing counselling services. The next chapter offers a detailed presentation of these findings.

CHAPTER FIVE: SUMMARY OF FINDINGS, DISCUSSIONS, CONCLUSIONS, AND RECOMMENDATIONS

5.1 Introduction

This chapter offers a summary of the analysed data. The summarized results were used to derive the conclusion and make recommendations. The area of limitations and further studies were also included in this section.

5.2 Study Findings

This study sought to examine the role of counselling on the mental health of survivors of extrajudicial executions in the Mathare Informal Settlement of Nairobi. For an all-inclusive and detailed examination of this subject matter, the study was guided by four specific objectives. These objectives comprised to examine the prevalence of mental illnesses and disturbances among the survivors of extrajudicial executions in Mathare Informal Settlement; to identify the key problems leading to mental health complications in Mathare Informal Settlement; to determine the contribution of counselling on the mental health of survivors of extrajudicial execution in Mathare Informal Settlement; to identify possible obstacles that prevent survivors of extrajudicial execution in Mathare Informal Settlement from accessing and utilizing counselling services.

In the realization of the set objectives, the study adopted an ex post facto research design in contrasting between the study participants who had received counselling and those who had not, for the determination of how counselling impacts on the extrajudicial survivors' mental health. The target population consisted of the survivors of extrajudicial execution in Mathare Informal Settlement, who had reported cases of extrajudicial executions at Mathare Social Justice Centre. From a target population of 500,000, the researcher selected 40 individuals, 20 comprising a group who had not gone through counselling, and 20 the group that had gone through counselling from the Mathare Social Justice Centre database and who are residents of Mathare Informal Settlement to form the sample size. From these 40 study participants, data were collected through questionnaires, comprising both open-ended and closed-ended questionnaires. The collected data was then fed to SPSS for analysis, then presented in tables and charts for ease of interpretation.

The first objective sought to examine the prevalence of mental illnesses and disturbances among the survivors of extrajudicial executions in Mathare Informal Settlement. The study's findings established that all the participants who were survivors of extrajudicial executions in Mathare

Informal Settlement presented various mental disorders, confirming the first alternative hypothesis that there is a significant relationship between EJE and mental health illnesses in Mathare informal settlement. These mental disorders comprised anxiety, depression, alcohol, and drug abuse disorders, panic disorders, post-traumatic disorders, and other forms of mental illnesses. From these findings, the researcher deduced that there is a high prevalence of mental illnesses and disturbances among the survivors of extrajudicial executions in Mathare Informal Settlement.

The second objective sought to identify the key problems leading to mental health complications in Mathare Informal Settlement. The study findings uncovered numerous issues leading to mental health complication within Mathare consisting of an unhealthy lifestyle, the absence of awareness regarding the existence and prevalence of mental health disorders, the lack of mental healthcare literacy, subjection to poor environmental conditions, being born and brought up in a family subjected to a mental breakdown, poor health and nutrition, smoking, alcohol, drug misuse, highly demanding physical labour and stressful jobs, and continued exposure to police brutality and killings. The discovery of these numerous factors that may have led to the development of mental health complications among the residents indicated that extrajudicial executions were not the only element adversely impacting the EJE survivors' mental health.

The third objective sought to determine the contribution of counselling on the mental health of survivors of extrajudicial execution in Mathare Informal Settlement. The study findings discovered positive impacts of counselling on the extrajudicial execution survivors' capacity to address their trauma, objectively evaluate their mental state, adopt positive and constructive behaviours, promote psychological wellbeing and restoration, be empowered and or create survivor's social support network, address alcohol and drug-related addictions, improve relationships and interaction with others, achieve personality development and growth, report and follow up with cases, and address psychological and mental disorders. Therefore, the study established a significant relationship between counselling and the mental health of survivors of extrajudicial execution in Mathare Informal Settlement, proving the second alternative hypothesis.

The fourth objective sought to identify possible obstacles that prevent survivors of extrajudicial execution in Mathare Informal Settlement from accessing and utilizing counselling services. The study findings showed that discrimination, stigma, lack of mainstreaming of counselling services, lack of community sensitization and awareness on the importance of counselling, financial

inadequacy, fear and intimidation by EJE perpetrators, lack of high-quality services, lack of knowledge of any existing mental health care facilities, the inadequacy of professional counsellors and mental health workforce, and the belief and myth that the respondents will heal over time were the key probable obstacles preventing extrajudicial survivors in Mathare Informal Settlement from accessing and utilizing counselling services. The next section offers a discussion of the integration of this study's findings and existing studies' findings on the subject matter.

5.3 Discussions

5.3.1 The Prevalence of Mental Illnesses among Survivors of Extrajudicial Executions

KNHCR (2011) projected the global estimates of people who experience a mental health illness at 25 percent, with about 20 percent and 10 percent of patients and the general population respectively seeking primary care presenting with mental health disorder symptoms at any specific time. In Mathare Informal Settlement, these mental health disorders consisted of anxiety, depression, alcohol and drug abuse disorders, panic disorders, post-traumatic disorders, and other forms of mental illnesses. In addition to these mental disorders, Kiima and Jenkins (2012) identified obsessive and compulsive disorder, Alzheimer's and other dementias, epilepsy, schizophrenia, bipolar affective disorder, and unipolar depressive disorders as common among extrajudicial execution survivors. Of these mental health disorders, this study's findings identified anxiety as the most common mental health complication among Mathare Informal Settlement extrajudicial execution survivors. Besides anxiety, Kenya Mental Health Policy (2015) identified stress disorders, substance abuse, and depression as the most often diagnosis of mental health disorders made in the Kenyan general hospital settings.

Despite the diversity of the mental illnesses associated with extrajudicial execution survivors, their specific prevalence varies based on an individual's age. For instance, Attention Deficit Hyperactivity Disorder (ADHD) is perceived as among the most prevalent disorders among adolescents and children. Nonetheless, regardless of age, the prevalence of mental illnesses was discovered to be higher among individuals exposed to any form of a traumatic event in comparison to those not exposed to such situations. Specifically, Luitel et al. (2013) found that the prevalence of mental illnesses was higher for individuals who had witnessed the harassment of others, those who were exposed to others being killed, as well as those who got hurt in the process. These findings explain the reason why all the study participants who were either extrajudicial executions

witnesses or victims in Mathare Informal Settlement had at least one mental illness, ranging from anxiety to post-traumatic stress disorder. Nevertheless, despite that exposure to extrajudicial executions leads to the development of mental health complications, there are other factors that either generate or increase the probability of Mathare Informal Settlement residents' development of mental health problems.

5.3.2 The Key Problems Leading to Mental Health Complications in Mathare Informal Settlement

This study established that EJE survivors develop mental health complications due to a broad array of reasons. Complementarily, WHO (2014) posited that a diverse collection of mental disorders is influenced to a substantial extent by the physical, economic, and social environments which individuals reside. Regarding the physical environment, this study found that the environment was a primary factor leading to the development of mental health complications in Mathare Informal Settlement. Specifically, the study discovered that the subjection to poor environmental conditions is the key problem leading to mental health complications in Mathare Informal Settlement. From an economic environment and social context, Walsh (2011) asserted that attributes lifestyle factors contribute to various psychopathologies, to the optimization and preservation of cognitive functions, and to fostering social and individual well-being. Similarly, this study uncovered that being born and brought up in a family subjected to a mental breakdown as well as in a hostile home were among the key problems leading to mental health complications in Mathare Informal Settlement. Additionally, this study found that the unhealthy lifestyle, as well as the poor health and nutrition that Mathare Informal Settlement residents experience, contribute to the development of mental health complications.

This study also established that the absence of awareness regarding the existence and prevalence of mental health disorders in Mathare Informal Settlement and lack of mental healthcare literacy among Mathare Informal Settlement residents result in mental health complications. These findings are backed by Hugo's (2011) study, which discovered that the lack of mental healthcare literacy and the absence of awareness regarding the existence and prevalence of mental health disorders in informal settlements results in the development of mental health complications. Moreover, highly demanding physical labour and stressful jobs were also found to contribute to the development of mental health complications. Supplementarily, Surkan et al. (2011) posited

that children born and brought up by depressed mothers had a significant risk of being stunted and underweight, which amplified their risk of being diagnosed with a mental illness in later life. In the case of Mathare Informal Settlement, the likelihood of maternal depression or the development of depressive symptoms is quite high due to insufficient emotional and practical support, the subjection to intimate partner violence, having hostile in-laws, the lack of intimate partner support and empathy, being unmarried, being young, unintended pregnancies, and socio-economic disadvantage. As a result, the children born and brought up by such mothers have a high probability of manifesting mental health complications in their early and later lives. Finally, this study also found smoking, alcohol, drug misuse, and exposure to police brutality and killings in Mathare Informal Settlement to be the primary causes of mental health complications.

5.3.3 The Impact of Counselling on the Mental Health of Survivors of Extrajudicial Execution

Sharf (2012) suggested that individuals seek counselling for diverse reasons, including an inability to change, where despite possessing a desire to change, they lack the personal insight or the self-awareness to drive them to alter their behaviours or actions. Other individuals seek out counselling when they are concerned by physical symptoms that fail to react to medical remedy or investigation. These psychosomatic issues may comprise stomach problems, tiredness, sleep disorders, tension headaches, skin problems, among other similarly debilitating symptoms. On the other hand, for other people, lack of direction or motivation, low self-esteem, lack of assertiveness, difficulties at work, or academic underachievement may be the driving force towards engaging in counselling sessions. Finally, other people's search for counselling help is grounded on feelings of worthlessness, anxiety troubles, addictions and phobia, and frequently the belief that the failure may further worsen their conditions. In this context, it is clear that mental health complications are among the main reasons why people seek counselling services. These findings explain the reasons for the study participants' search for counselling services, for all the respondents within the experimental group had different mental health complications ranging from sleep disorders to post-traumatic disorders. Consequently, all the study participants within the experimental group also reported seeking counselling services at some point, with the least number of times that these respondents sought counselling services being twice and the highest being ten occasions. Nevertheless, regardless of the number of instances that the respondents sought counselling

services, all of them reported positive changes within their lives, which they could attribute to counselling.

The study discovered that counselling impacted the participants' mental and general well-being in multiple ways. Firstly, the study established that counselling helped Mathare extrajudicial execution survivors and witnesses in addressing their traumatic exposures. Secondly, the study found that counselling provided a supportive environment for Mathare extrajudicial execution survivors and witnesses to objectively evaluate their mental state. Thirdly, these services benefited Mathare extrajudicial execution survivors and witnesses by helping them adopt positive and constructive behaviours. Counseling was also found to promote psychological well-being and restoration and empower and or create a survivor's social support network. Finally, counselling was also attributed to enabling extrajudicial execution witnesses and victims in addressing alcohol and drug-related addictions, improving relationships and interaction with others, achieving personality development and growth, reporting and following up with cases, and addressing psychological and mental disorders. In supplementing these findings, Sharma (2019) asserted that the purpose of counselling is to enhance the individual's positive personality development and growth, assist in conflict management, improve their relationships, help them in coping with situational crises such as prolonged medical illnesses, pain, or bereavement, assist in the reversal or modification of problem behaviours, eradicate negative symptoms such as depression or anxiety, and help in the treatment of mental, behavioural, or emotional dysfunctions. However, different counselling approaches serve specific purposes in the improvement of a person's mental and general well-being. For instance, relaxation therapy is recommended for dealing with stress and anxiety, behavioural therapy for modification of unhelpful and harmful behaviours, and cognitive behavioural therapy (CBT) for the identification and correction of the irrational, irregular, and negative thoughts as well as for the treatment of post-traumatic stress disorder, body dysmorphic disorder, panic, and generalised anxiety disorder, and depression. Nevertheless, despite the numerous positive impacts of counselling services on people's mental and general well-being, a majority of persons with mental health complications rarely gain access to these services due to numerous barriers.

5.3.4 Possible Obstacles That Prevent Survivors of Extrajudicial from Accessing and Utilizing Counselling Services

The study uncovered that there exist numerous probable obstacles that impede the access and utilization of counselling services by individuals with mental disorders. Firstly, the study found that the stigma connected to mental disorders is among the main obstacle preventing the access and use of counselling services in Mathare Informal Settlement. Supplementarily, Meyer and Ndeti (2015) stated that there are three types of stigma related to mentally ill individuals, which include label avoidance, self-stigma, and public stigma. The public stigma is the most impactful form of stigma for the mentally ill persons, for it may result in other members of the society acting against the stereotyped individuals. As such, these pejorative attitudes induce society to distance themselves, reject, and fear individuals with mental complications. Secondly, the study discovered that the discrimination of people with mental illnesses in Mathare Informal Settlement was one of the primary reasons for the avoidance of counselling services. Besides, Marangu et al. (2014) asserted that the discrimination and stigma linked to mental health disorders is the predominant factor that explains why only a few health professionals decide to work in mental health services. The outcome is a decrease in the number of counsellors, which limits the number of individuals that can gain access to counselling services.

Thirdly, the study also pinpointed financial barriers as a key obstacle to Mathare Informal Settlement residents' access and utilization of counselling services. Similarly, Corburn and Kaanja (2016) support these findings by suggesting that the cost of care has been among the most cited hindrances to mental health treatment, especially in informal settlements. Fourthly, the study denoted that lack of mainstreaming of counselling services in Mathare, the lack of high-quality mental health services at Mathare Informal Settlement, and the inadequacy of professional counsellors and mental health workforce as among the main obstacles for accessing and using counselling services. In this context, KNHCR (2011) posited that the mentioned obstacles arise because the country lacks mental health care services at the community level as well as in primary care facilities. In addition, the healthcare facilities that offer mental health care services, comprising of the district and sub-district hospitals, lack the capacity to deliver out-patient mental health care services at the community level. As a result, for people residing in Mathare Informal Settlement, gaining access to counselling is almost impossible. Finally, this study also found the

lack of knowledge of any existing mental health care facilities, lack of community sensitization and awareness on the importance of counselling, fear and intimidation by EJE perpetrators, and the belief and myth that the respondents will heal over time were also identified as obstructing the access and utilization of counselling services in Mathare. Therefore, for the realization of the positive effects of counselling, there is a need for the eradication of these impediments.

5.4 Conclusions

This study sought to examine the role of counselling on the mental health of survivors of extrajudicial executions in the Mathare Informal Settlement of Nairobi. In the realization of this research goal, the study commenced with a comprehensive analysis of the prevalence of mental illnesses among extrajudicial execution witnesses and victims. The study results established that all Mathare Informal Settlement residents who had either witnessed or been a victim of extrajudicial executions suffered from a broad array of mental health complications. The identified mental disorders comprised anxiety, depression, alcohol and drug abuse disorders, panic disorders, post-traumatic disorders, and other forms of mental illnesses. Of these illnesses, anxiety was identified as the most prevalent among Mathare Informal Settlement extrajudicial survivors.

Despite that exposure to extrajudicial executions leads to the development of mental health complications, the study also considered other factors that either generate or increase the probability of Mathare Informal Settlement residents' development of mental health problems. Firstly, the study established that multiple mental disorders were influenced to a substantial extent by the physical, economic, and social environments in which individuals resided. Besides, the absence of awareness regarding the existence and prevalence of mental health disorders, highly demanding physical labour and stressful jobs, being born and brought up in a family subjected to a mental breakdown or in a hostile home, lifestyle factors, and exposure to police brutality and killings in Mathare Informal Settlement were also acknowledged as primary factors that may cause of mental health complications.

Moreover, the study discovered that Mathare Informal Settlement's extrajudicial execution survivors sought counselling for various reasons, ranging from sleep disorders to addictions. However, regardless of the reasons and number of instances that the respondents sought counselling services, all of them reported positive changes within their lives, which they could

attribute to counselling. Particularly, counselling was found to positively impact Mathare extrajudicial execution survivors and witnesses by helping them address their traumatic exposures, offering them a supportive environment for the objective evaluation of their mental state, and adopt positive and constructive behaviours. Counseling was also found to promote psychological well-being and restoration and empower and or create a survivor's social support network. Finally, counselling was also attributed to enabling extrajudicial execution witnesses and victims in addressing alcohol and drug-related addictions, improving relationships and interaction with others, achieving personality development and growth, reporting and following up with cases, and addressing psychological and mental disorders. Therefore, the study established that there exists a significant relationship between counselling and the mental health of extrajudicial execution survivors in Mathare Informal Settlement. Nevertheless, despite the numerous positive impacts of counselling services on people's mental and general well-being, the study uncovered that some factors hindered Mathare Informal Settlement residents from gaining access to and utilizing these services.

Firstly, the study found that the stigma connected to mental disorders, encompassing label avoidance, self-stigma, and public stigma, was among the main obstacle preventing the access and use of counselling services in Mathare Informal Settlement. Secondly, the study discovered that the discrimination of people with mental illnesses in Mathare Informal Settlement was one of the primary reasons for the avoidance of counselling services. Other identified obstructions to the access and utilization of counselling services by Mathare residents comprised financial barriers, lack of mainstreaming of counselling services, the lack of high-quality mental health services, the inadequacy of professional counsellors and mental health workforce, lack of knowledge of any existing mental health care facilities, lack of community sensitization and awareness on the importance of counselling, fear and intimidation by EJE perpetrators, and the belief and myth that the respondents will heal over time. Therefore, for the improvement of the mental well-being of extrajudicial execution survivors in Mathare informal Settlement, there is a need for the eradication of these impediments.

5.5 Recommendations

This study recommends the eradication of the impediments to the access, utilization, and realization of the positive effects of counselling on extrajudicial execution witnesses and victims.

For the removal of these hindrances, there is a need for educating Mathare Informal Settlement residents of the adverse impacts of exposure to EJE on their mental health, how to use counselling to minimize some of the negative psychological effects, and the available mental health care facilities. The county and local government should consider providing these residents with community sensitization and awareness on the importance of counselling to break the existing stigma associated with mental illnesses and the ensuing discrimination as well as encourage extrajudicial execution survivors to seek help. Besides, the government should consider increasing healthcare facilities that offer mental health care services, comprising of the district and sub-district hospitals, especially in informal settlements like Mathare, where there is a prevalence of extrajudicial executions cases. The government should also ensure the employment of a highly-skilled workforce with the ideal counselling competencies, skills, and knowledge for offering quality services to those in need and using counselling in improving the mental and general wellbeing of extrajudicial execution survivors and other individuals who undergo traumatic experiences.

5.6 Suggestions for Future Study

This study employed ex post facto research, which may have produced a certain degree of bias because of the lack of statistical tests. Besides, the research method cannot verify or test the research problem statistically, thus bringing about accuracy and integrity concerns. As such, future studies on the role of counselling on the mental health of survivors of extrajudicial execution in Mathare Informal Settlement should consider using quantitative data and quantitative data analysis methods. Moreover, this study's sample was confined to Mathare Informal Settlement, which decreases its generalizability. For improved generalizability of the research findings, future studies on the subject matter should attempt to cover a larger target population, such as the entire Nairobi County.

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APPENDICES

Appendix 1: Letter of Introduction



UNIVERSITY OF NAIROBI
COLLEGE OF HUMANITIES AND SOCIAL SCIENCES
FACULTY OF ARTS
DEPARTMENT OF PSYCHOLOGY

Telegrams: Varsity Nairobi
Telephone: 318262
Fax: 3245566
Telex 22095 varsity Ke Nairobi, Kenya

P.O. BOX 30197, 00100
NAIROBI
KENYA

30th Sept 2020

The C.E.O,
National Commission for Science Technology and Innovation,
P. O. Box 30623, 00100
Nairobi

Dear Sir

REF: LETTER OF INTRODUCTION -WILFRED O. MESOCHO

C50/11591/2018

The above named is a student in the Department of Psychology pursuing a Master of Psychology (Counselling Psychology). He has successfully defended his research proposal at the Department including making a provision for COVID 19 requirements. His research is entitled: The role of counselling on the mental health of survivors of Extrajudicial Executions: A case of Mathare informal settlement of Nairobi. Your kind support is highly appreciated

Sincerely,

A handwritten signature in blue ink, appearing to read 'C. Kimamo', enclosed in a rectangular box.

Dr. C. Kimamo
Chair, Department of Psychology

Appendix 2: Questionnaire

This questionnaire is intended for the data collection on the role of counselling on the mental health of survivors of extrajudicial executions in Mathare Informal Settlement. The information you provide will be treated in the utmost confidence and only for academic purposes. Therefore, kindly respond to all the questions as honestly as possible.

SECTION A: BACKGROUND INFORMATION

(Please tick (√) the most appropriate)

1. What is your gender?

(a) Male

(b) Female

2. What is your age group?

(a) 18 years – 28 years

(b) 28 years – 39 years

(c) 39 years or more

3. How long have you been a resident of Mathare Informal Settlement?

(a) Less than one year

(b) 1 year – 4 years

(c) 4 years – 7 years

(d) 7 years – 10 years

(e) 10 years or more

4. During your residence in Mathare, have you ever been a witness of extrajudicial executions?

(a) Yes

(b) No

5. During your stay in Mathare, have you ever been a victim of targeted execution?

(a) Yes

(b) No

SECTION B: THE PREVALENCE OF MENTAL ILLNESSES AMONG SURVIVORS OF EXTRAJUDICIAL EXECUTION IN MATHARE INFORMAL SETTLEMENT

6. Have you ever experienced or been diagnosed with any form of the mental health problems mentioned below? (Please tick (√) the most appropriate)

- i. Anxiety
 - (a) Yes
 - (b) No
- ii. Insomnia or any other sleep disorder
 - (a) Yes
 - (b) No
- iii. Depression
 - (a) Yes
 - (b) No
- iv. Panic disorder
 - (a) Yes
 - (b) No
- v. Alcohol and selected drug user disorders
 - (a) Yes
 - (b) No
- vi. Post-traumatic stress disorder
 - (a) Yes
 - (b) No
- vii. Other forms of mental illness
 - (a) Yes
 - (b) No

SECTION C: KEY PROBLEMS LEADING TO MENTAL HEALTH COMPLICATIONS AMONG SURVIVORS OF EXTRAJUDICIAL EXECUTIONS IN MATHARE INFORMAL SETTLEMENT

Kindly indicate the extent to which you agree with the following statements on the key problems leading to mental health complications in Mathare Informal Settlement using the following Likert scale (5 = strongly agree, 4 = Agree, 3 = Neutral, 2= Disagree, 1 = Strongly Disagree).

Statements	1	2	3	4	5
1. The unhealthy lifestyle that Mathare Informal Settlement residents experience is the main cause of mental health complications.					
2. The absence of awareness regarding the existence and prevalence of mental health disorders in Mathare Mathare Informal Settlement is the primary problem leading to mental health complications					
3. The lack of mental healthcare literacy among Mathare Informal Settlement residents experience is the main cause of mental health complications.					
4. The subjection to poor environmental conditions is the key problem leading to mental health complications in Mathare Informal Settlement.					
5. Being born and brought up in a family subjected to mental breakdown is among the key problem leading to mental health complications in Mathare Informal Settlement.					
6. Being born and brought up in a hostile home is the key problem leading to mental health complications in Mathare Informal Settlement.					

7. Poor health and nutrition in Mathare Informal Settlement is the main cause of mental health complications.					
8. Smoking, alcohol, drug misuse in Mathare Informal Settlement is the primary cause of mental health complications.					
9. Highly demanding physical labour and stressful jobs are the key problems leading to mental health complications in Mathare Informal Settlement.					
10. Continued exposure to police brutality and killings is the main causes of mental health complications in Mathare Informal Settlement.					

SECTION D: THE IMPACT OF COUNSELLING ON THE MENTAL HEALTH OF SURVIVORS OF EXTRAJUDICIAL EXECUTION IN MATHARE INFORMAL SETTLEMENT

7. Have you ever sought counselling for the treatment of any issues related to your mental health wellbeing?

- (a) Yes
- (b) No

8. How many times have you sought treatment for any issues related to your mental health state? _____

9. Kindly indicate the extent to which you agree with the following statements on the contribution of counselling in promoting the mental health of extrajudicial execution survivors and witnesses in Mathare Informal Settlement. Use the following Likert scale (5 = strongly agree, 4 = Agree, 3 = Neutral, 2= Disagree, 1 = Strongly Disagree).

Statements	1	2	3	4	5

1. Counselling helps Mathare extrajudicial execution survivors and witnesses in addressing their traumatic exposures.					
2. Counselling provides a supportive environment for Mathare extrajudicial execution survivors and witnesses objectively in an objective manner.					
3. Counselling helps Mathare extrajudicial execution survivors and witnesses to adopt positive and constructive behaviours.					
4. Counselling promotes psychological wellbeing and restoration among Mathare extrajudicial execution survivors and witnesses.					
5. Counselling helps survivors and witnesses of Mathare extrajudicial executions to be empowered and or create survivor’s social support network					
6. Counselling helps Mathare extrajudicial execution survivors and witnesses in addressing alcohol and drug-related addictions.					
7. Counselling helps Mathare extrajudicial execution survivors and witnesses in improving relationships and interaction with others.					
8. Counselling helps Mathare extrajudicial execution survivors and witnesses achieve personality development and growth.					
9. Counselling helps Mathare extrajudicial execution survivors in reporting and following up with cases.					
10. Counselling helps Mathare extrajudicial execution survivors and witness in addressing psychological and mental disorders i.e. anxiety, depression PTSD					

SECTION E: POSSIBLE OBSTACLES THAT PREVENT SURVIVORS OF EXTRAJUDICIAL EXECUTIONS IN MATHARE INFORMAL SETTLEMENT FROM ACCESSING AND UTILIZING COUNSELLING SERVICES


Kindly indicate the extent to which you agree with the following statements on the possible obstacles that prevent the extrajudicial execution survivors in Mathare Informal Settlement from accessing and utilizing counselling services using the following Likert scale (5 = strongly agree, 4 = Agree, 3 = Neutral, 2= Disagree, 1 = Strongly Disagree).


Statements	1	2	3	4	5
1. The discrimination of people with mental illnesses in Mathare is the primary reason for avoiding counselling services.					
2. The stigma connected to mental disorders is the main obstacle preventing the access and use of counselling services in Mathare Informal Settlement.					
3. Lack of mainstreaming of counselling services in Mathare is the main obstacle for accessing and using counselling services.					
4. Lack of community sensitization and awareness on the importance of counselling hinders access to counselling services.					
5. Financial inadequacy is the leading obstruction to the access and utilization of counselling services in Mathare Informal Settlement.					
6. Fear and intimidation by the perpetrators of extrajudicial executions hinders the survivors and witness in accessing counselling services in Mathare Informal Settlement.					

7. The lack of high-quality mental health services at Mathare Informal Settlement is the main obstacle for accessing and using counselling services.					
8. The lack of knowledge of any existing mental health care facilities is the main obstacle for accessing and using counselling services in Mathare Informal Settlement.					
9. The inadequacy of professional counsellors and mental health workforce at Mathare Informal Settlement is the main obstacle for accessing and using counselling services.					
10. The belief and myth that over-time I will be well and overcome is the main hindrance to access and use of counselling services in Mathare Informal Settlement.					

Thank you for your time and feedback!


Appendix 3: Research Consent Form


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This is to Certify that Mr. Wilfred Onchiri Mesocho of University of Nairobi, has been licensed to conduct research in Nairobi on the topic: The role of counselling on the mental health of survivors of Extrajudicial Executions: A case of Mathare informal settlement of Nairobi, for the period ending : 15/October/2021.

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