

Abstract

The subject of mental health is global in nature. Various studies have been conducted, especially in the field of psychology, which are aimed at unearthing the best methodology for tackling the challenges associated with mental illness. The rise in mental-illness-related acts of violence in Kenya is a matter that has attracted the attention of various stakeholders including human rights advocates, religious organisations, scholars, non-governmental organisations and state agencies, among numerous other interested parties (Nyagah et al, 2015; Mwania et al, 2017). The recent cultic deaths at Shakahola in the Kenyan coast and which attracted worldwide condemnation, are believed to have been triggered by possible deficiency in the mental health both on the part of the victims and that of the perpetrators. The unfortunate incident was not an isolated incident of fatality but did not occur in isolation as many other incidences of cultic-instigated or mental illness related suicides and fatal domestic violence have been reported in the last several years in Kenya (Sunday Nation, July 7 2024; Saturday Nation July 6 2024; Daily Nation, July 5, 8, 9 2024). It was only a peak to many other similar weird happenings in the country. As the investigations progress on the Shakahola case, most observers are left wondering what became of the institution of the family. The fact that some of the victims were fasted or strangled to death by either the hands or in full knowledge of their parents and pastors - the very people they consider as the primary source of their physical and psychological security and support - raises many questions about the state of mental health fitness within the two basic social institutions in the country. This paper reflects on the challenges facing both the family and the Church in contemporary Kenya and the need for these two institutions to develop mechanisms for mutual inter-party monitoring as a way of preventing, detecting, referring and managing cases of mental illness. The family serves as the captive audience for church membership enrolment. The Church draws its membership and support base from the institution of the family. When the mental health of any member of the family is at risk, the Church must feel that impact and may suffer a redundancy in its ministerial activities. The relationship between the Church and the family is, thus, symbiotic. The family produces the individuals who are then received into Church membership. But the church also provides the family with the spiritual support that the latter requires to operate effectively. This paper is based on the perspective that Church and family (which is the basic unit of society) are mutually interlinked and the health of the one is necessarily involved in that of the other. Hence it

calls for greater collaboration between the two institutions in order to perpetuate a spirit of working together (Warambo, 2009) that is necessary to counter the challenge of mental disorder.