Media Representation of Mental Health in Kenya: Points of Divergence from Health Practitioners' Viewpoint in Kenya.

Kagunda Julia, Ph.D. & Masibo Lumala, Ph.D., Moi University.

Abstract

This paper discusses how the Kenyan mainstream media represents mental health issues and points of divergence from the situation facing the mental health sector in Kenya. A critical analysis was needed because globally mental health is on the increase, with 25% of Kenyans affected by mental health-related issues, especially anxiety disorder, depression and psychosomatic illnesses. Globally as well as in Africa, media has been singled out as a critical partner in mental health public education and policy advocacy. It was therefore important to not only investigate how mainstream media in Kenya represents mental health issues but also establish how that representation compares with the 'reality' facing the mental health sector. The study adopted the relativist-constructivist paradigm, qualitative research approach and case study method. Purposive and snowball sampling strategies were applied to identify participants. Data was generated through in-depth interviews and document analysis while the data was analyzed thematically. Trustworthiness was ensured through methodological and data source triangulation and peer review. Ethical standards were upheld through seeking of relevant approvals, informed consent, upholding anonymity and confidentiality of the participants. The findings from the study established that whereas media representation of mental health issues has increased slightly in the Kenyan mainstream media, the representation tended to deviate from the situation facing the mental health sector in the country. This paper concludes by pointing out that mental health communication is complex, and it is imperative that the mental health stakeholders form strong collaboration with media, which will see result in capacity building of media personnel, pushing for mental health reporting guidelines and a strategic media advocacy plan for the media to drive mental health public education and policy influence.

Key Words: mental health, representation, mainstream media, health journalists and mental health experts

Introduction and Background

The demand for health communication has grown globally as a result of which the media has been identified as an important ally in public health (Neveena, 2015). In terms of development, media has played a significant role in socio-economic development, which includes medicine and public health (Saraf & Balamurugan, 2018). Further, Sharma and Gupta (2017) pointed out that media as a critical social organization with wide reach and access to influence individuals and communities in their health education. Media not only penetrates to masses but can be used for elongated period to saturate communities with health messages. Sharma and Gupta further noted that "media is instrumental in bringing behavioral changes in knowledge, beliefs, and attitudes about health and healthy behaviors" (2017, p. 1).

Media has been recognized as a potential partner in public education and policy influence in view of increased mental health challenges globally and the persistent stigma that faces the sector (Atilola, 2016). However, the communication of mental health has been neglected and media practitioners have been accused of negatively skewing mental health messages (Kenez, O'Halloran & Liamputtong, 2015; Kigozi, 2013: Nyakundi, 2015; Stuart, 2006). From a social point of view, there is increased demand for mental health promotion, and one of the critical components of the WHO policy (2013-2020) is to implement strategies for promotion and prevention on mental health. The demand has been driven by the persistent stigma, lack of public education and poor policy of mental health that lead to chronic mental health conditions, which ultimately contribute to disability, social and economic loss, increase of school dropout rates, and imprisonment due to crime related to those conditions, and increased suicide rates (WHO, 2014). As compared to physical illnesses like cancer, heart disease or HIV/AIDS, the mental health public education remains significantly low, yet it is desperately needed for both the general public, policy makers and health professionals for the early identification, treatment and ongoing support for people with mental challenges (Jorm, 2000; Marangu et al., 2014; Ndetei et al., 2011).)

Commenting on stigma and lack of mental public education in Kenya, Marangu et al. described it as an "endemic issue" (2014, p. 2). However, as stigma persists, characterized by outdated policy, mental health challenges continue to rise in Kenya, with around 25 per cent of Kenyans suffering from different types of mental health illnesses, "as harsh life pushes them over the

cliff' (Kiarie, 2014, p. 16). In Kenya, like the rest of Africa, the need for mental health promotion still remains a challenge as a study carried out by Nyakundi (2015) indicated that amongst other barriers, the fear of being labelled as 'mwenda wazimu' (mad man/woman) as top on the list for not seeking mental health ailments treatment. Other beliefs found amongst ths participants were that witchdoctors could cure mental illnesses while others believed there is no prevention or cure for those conditions.

With the realization through reseach, that skewed traditonal beliefs and stereotypes act as an impediment to mainstream psychiatry service utilization and a barrier to the formulation and implementation of mental health policies in the region, mental health stakeholders in sub-Saharan Africa recognized that education on public and policy level cannot be done successfully through the sole effort of mainstream mental health practitioners, but a potential partner in advancing public knowledge was singled out as the media industry in the region (Atilola, 2016). Further, the Kenya Mental Health Policy 2015-2030 outlines mass media as a critical partner in implementing of the policy through its role of positive advocacy and creation of awareness on matters related to mental health (Kenya Mental Health Policy, 2015-2030)

Although mass media has been singled out as an important medium of mental health promotion, Nyakundi (2015) pointed out that the Kenyan media fails to play a significant role in mental health promotion. In view of media being considered as a critical partner to address stigma and increase of mental health public education and policy influence, it became important to interrogate how the Kenyan mainstream media represented mental health issues while seeking to establish how that representation compared with the situation facing the mental health sector in Kenya. This paper specifically looks at the Kenyan mainstream media representation of mental health vis-a-vis the situation facing the sector in the county.

Health communication is critical in mental health because studies have shown widespread ignorance about causation, mode of transmission and treatment of mental health illnesses (Audu et al., 2011). For example, a study done in Nigeria showed that only zero point nine per cent (0. 9%) of respondents attributed mental illnesses to brain disease while others attributed it to spiritual attack, punishment for evil doing and illicit psychoactive substance use, among other things (ibid). Further, treatment decisions are dependent on the perceived cause of the illnesses, which means that if the perception is supernatural forces; super-powers are consulted reducing

the chances of seeking treatment from mental health professionals or facilities (Abbo et al., 2008; Audu et al., 2011; Ventevogel et al., 2013).

The power of media in shaping perceptions and behavior has been recognized in health communication. Mass media interventions are commonly used to encourage healthier behaviors in population groups (Mosdol et al., 2017). However, realizing the power of media portrayal and its role as a social agent, media representation has emerged as an important discipline in health communication because media has the potential to promote health and enhance community and individual empowerment, but that role is dependent on how information and messages are presented or framed (Ahmed & Bates, 2013). Further, Kenez, O'Halloran and Liamputtong (2015) pointed out that media's role to destigamise and promote help seeking behavior in health issues is dependent on how journalists select and frame mental health information. Therefore, examining the media represenatation of this pertinent issue of mental health, which is on the increase, becomes important, "given that much of society's knowledge and understanding about public health issues stems from interactions with, and consumption of, the news media – particularly where individuals lack first-hand experience…," (Kenez, O'Halloran,& Liamputtong, 2015, p. 1). Mental health is one of the health issues faced with poor public education and stigma; and in view of that, it is imperative to investigate how mental health issues are represented. Media has the potential to reinforce the societal beliefs or shape those beliefs depending on how issues are framed to its audience.

Media does not just present reality, but it re-presents it; and that representation is dependent on the media producers because they choose what to make prominent and what to leave out. Torocchi (2014) pointed out that the concept of representation shows that the communication and images presented by the media are not direct presentation of the world but re-presentation. Media representations are the ways in which the media depicts individuals, groups of people, communities, topics, and issues as a whole. Discussing media representations, Hall (1997) argued that representations play a central signifying practice for producing shared meaning; "representation is the production of the meaning of the concepts in our minds through language…, to represent something is to describe or depict it, to call it up in the mind description, portrayal or imagination," (p. 16). Media representations can be real in some ways and not in others; they can enhance or can limit understanding of issues and thereby affect social

change hence the need to interrogate how the mainstream media in Kenya, which is considered credible, represents mental health issues (Mogambi, Kiai, & Ndati, 2013).

This study was guided by the framing theory, which according to Ireri (2013), forms a significant fertile ground for research in mass communication. Media not only shares information, but interprets and suggests solutions to problems through its frames. Framing is described by Entman (1993) as a process by which some aspects of reality are selected and given prominence so that a problem is discussed, its causes diagnosed, moral judgement suggested and action proposed. Through its framing, the media has the potential to influence the decisions of their audiences. Indeed, as Borah (2011, p. 248) rightly observed, "news framing in uences information processing and the subsequent decision-making processes." This means that if conflict frames are predominant as far as mental health issues are concerned, the media audiences have the likelihood of linking mental health to conflictual issues where the ill are defined as people of controversy and conflict, who ought to be isolated. Entman (1993) argued that if agenda setting tells an audience what to think, then framing tells media audiences how to think about an issue. In that light, framing can either promote help-seeking behaviors or discourage the same when it comes to health matters. "Framing, therefore, can have wide-reaching implications for the way a message is delivered, heard, and acted upon," (Anderson, et al., 2017, p. 3).

Methodology

A qualitative approach was chosen in this study because of the desire to meet an intensive description in view of understanding the themes that emerge from the way the media represents mental health issues and how that representation compares with the situation facing the health sector in the country (Silverman, 2013; Yin, 2014). This study was based on interpretivist-construction epistemology, which seeks to "generate data from people themselves, aiming to get knowledge about how people perceive, interpret, and understand issues that affect them in their contests," (Jwan & Ong'ondo, 2011, p. 22). This approach centers on the way human beings make sense of their subjective reality and attach meaning to it. The approach is guided by the belief that multiple realities of a phenomenon exist and can only be understood by interrogating people in-depth (Creswell, 2014; Kimotho, Miller, & Ngure, 2015; Maxwell, 2012). To this end, the case study method was used in this study.

Data was generated through in-depth interviews and document analysis. In-depth interviews were done with 13 health journalists in print and electronic media; and 8 mental health experts working in mental health sector. Purposive sampling and snowball sampling was employed in selecting the units that were involved in the study. As warned by Silverman (2013), the parameters of the population under study and sample cases need to be chosen carefully; hence health journalists, being the custodian of health matters were purposively chosen while mental health experts were also chosen purposively due to their day to day interaction, expertise and interest in mental health issues. As Yin (2014) postulated, purposive sampling is a practical necessity that is shaped by, amongst many other factors, the framework of the study and specic purposes associated with answering a research study's questions. To get multiple views, health journalists came from both print and TV media with the highest readership and view ship as per GeoPoll's Media Measurement Service (2015). In view of that the four leading newspapers and five leading TV stations in Kenya were chosen for this study, however, some of the leading print and TV stations did not have a designated health journalist, which disqualified those media houses and the following on the line were picked. There was no participation of radio journalists since there were no specific journalists designated as health journalists for the radio stations.

In total, 13 health journalists were interviewed; 2 editors of newspapers involved in editing health magazines; 4 Print Media and 7 TV Health Journalists. The criteria used in selection of all the health journalists consisted of five years' experience and expertise in health reporting and their key role and position in their media houses in health related reporting and editing. Snowball sampling was employed in selection of the participants for the study. The number of mental health experts interviewed were 8 and the selection of the institutions to be studied was based on a representation of mental health institutions offering different services. Through the Ministry of Heath, Kenya, mental health institutions offering different services in Nairobi were identified, and out of 10 institutions, 8 were purposively picked because they had been in the sector for more than 5 years. The eight institutions were purposively selected with a representation from hospitals, Non-Government Organizations (NGOs), Community Based Organizations (CBO), research institutions and mental health professional associations and rehabilitation centers. The directors of those institutions, with more than 7 years' experience in mental health, were purposively selected and interviewed and all of them had directly interacted with the Kenyan media. In terms of the number of the participants that were involved in the study, the idea of

saturation came into play (Cresswell, 2014; Jwan & Ongondo, 2011). A pilot study was carried out where the data collection tools were tested amongst radio journalists.

Although in-depth interviews were used as the primary data collection tools, document analysis was used to complement interviews and for data triangulation. As suggested by Bowen (2009), in order to seek convergence and corroboration, different data sources and methods were used in this study. Media documents were used and as pointed out, this process involves the gathering and analysis of documents produced in the course of every day event (Silverman, 2013; Yin, 2014).

Thematic analysis was employed in analyzing the data collected with a view to matching the themes emerging from the data with the research questions. Data analysis was based on Clarke and Braun (2013), which include: familiarization with the data; coding; searching for themes; reviewing themes; refining and naming themes and writing up. As pointed out by Creswell (2014), multiple strategies were used to ensure that trustworthiness and dependability was achieved in this qualitative research, which included credibility, transferability, dependability and confirmability. Towards credibility and triangulation, application and combination of several research approaches, methods, techniques and sources of data are critical (Creswell, 2014; Jwan & Ong'ondo, 2011). For example, multiple sources of data were used in this study where health journalists and mental health experts' perspectives were sought in establishing how the Kenyan mainstream media represents mental health issues and how that representation compared with the situation facing the mental health sector in Kenya. Multiple data generation techniques, including in-depth interviews and document analysis helped validate the findings. Ethical issues considered in the study included; getting a research permit; informed consent; confidentiality and anonymity and no risk of harm towards the participants.

Results

In this section, the results of the study based on two research questions; how mental issues are represented by the mainstream media and how that representation compares with the situation facing the mental health sector in Kenya are discussed concurrently.

Both the health journalists and mental health experts agreed that the predominant mental health stories in the media were of people suffering from acute mental health illnesses. Further, the main focus was on the 'ill' but not the whole spectrum of mental health, which includes prevention, causes, symptoms and treatment of mental health illnesses. It was pointed out that there is high representation of acute mental illnesses especially through images and pictorial representation. Document analysis based on the selected media stories, showed that most of the pictorials used were of people with acute mental health illnesses, who depicted outward symptoms like people walking half naked and being unkempt. It was mentioned that they showed images that reflected those mentally ill as non-entities. Further, it emerged that even when the media content had general stories on mental health, the images accompanying such stories, were mental health patients depicting outward visible symptoms. Concurring with that, the analyzed documents showed that images used were those depicting the 'drama' of mental health. One of the leading newspapers in Kenya was exhibiting images of people with acute mental illnesses while the point of discussion was increase of mental health in Kenya. It was pointed out that constant usage of 'dramatic' images and stories was making sensational news on medical matters without considering the consequences.

However, as much as the media representation linked mental health illnesses to the acute illnesses and also predominance of outward symptoms, the mental health experts pointed out that only 2 per cent of those suffering from mental health challenges portrayed 'dramatic' visible 'abnormal' systems. They described mental health illnesses as silent killers where many suffered quietly; and sometimes the disease was not noticed until it was too late. It was noted that the majority of Kenyans suffered from psychosomatic illnesses where a mental health illness could manifest itself through physical symptoms like stomachache or headache.

Further, the mental health experts pointed out that whereas lifestyle diseases like diabetes, hypertension, HIV/AIDS, cancer and others received high media coverage; the reality was that mental health has been linked to those diseases either as a primary or a secondary disease. One psychiatrist put it this way:

> *Mental health illnesses, especially anxiety disorder and depression, are sometimes triggered by these lifestyles diseases that are on the increase. Think of a person with terminal cancer, almost sixty percent of them have depression. And depression can be more painful than the cancer itself. So to be looking at a physical condition on its own without looking at the psychological part, is to look at that person as if he didn't have a head; because what happens in the body affects the mind.* (Psychiatrist & Director of a Mental Health Research Institution, Nairobi).

The study showed that most of the media stories and visual images to do with mental health were linked to crime and violence, which communicate that such people were dangerous and a security risk. Due to the nature of the media where controversy, conflict and violence sell, crime stories linked to mental health issues were prevalent because they attracted the mainstream media. All the participants said that issues of violence in the community, which ended up being linked to mental health issues attracted the media. One print journalist put it this way: "*the ugly, the dark and the dramatic side of mental health attracts the Kenyan media*" while another participant had this to say about the mental health issues that attracted the media:

> *Unfortunately, media today is viewer-driven. So, at the end of the day, editors and reporters are looking for stories that will attract viewers to their station. For instance, a story of a violent person, may be somebody hacked another person… when such stories that are linked to mental illness run, there is a lot of response from the viewers. So, when any such stories come in, editors will say, definitely this is a good one. Like now the story yesterday about the vampire woman who was mistreating the house help, sucking their blood and even biting them. I mean, it was put number one in a couple of stations. We didn't explore further like why somebody would do this, so we are just telling people this is there. The other day we covered a woman who killed two children, the neighbor's child and what have you. We just link those stories to mental illness but we do not follow up* (TV Health Journalist, Nairobi)

Document analysis also showed that most of the media stories to do with mental health were linked to crime. For example, an op-ed article in one of the leading newspapers, pointed out that 1 out of 4 people in Kenya were suffering from different forms of mental illnesses, but the image used was a person associated with terrorist attacks. As much as the story article was pointing out

the increase of mental health challenges in the country, the story was linked to terrorism through the image that accompanied the story. In their explanation, the mental health experts described the Kenyan media as curious but lacking depth; where news were 'splashed' but hard questions were not asked to understand the issues.

Contrary to the dominant media representation, mental health experts said that people suffering from mental health illnesses were more subjected to violence than vice versa. One of the psychologists said: "*Out there in the community people with mental health challenges are feared and people think they are dangerous, so if media portrays the same image, they reinforce those beliefs.*" The participants shared examples of how the mentally ill were subjected to violence due to stigmatization. Economic exploitation, which range from being underpaid to not being paid at all, interference of their enterprises, being denied family inheritance and opportunities to access loans by banks, emerged as some forms of violence those struggling with mental health issues were subjected to. In terms of business interference, an example was given of an organization that was involved in economic empowerment projects for people with mental illnesses but their businesses success rate ended up being low because other entrepreneurs used to sternly warn customers not to purchase from their shops.

Further, people with mental illnesses were denied family inheritance with the assumption that other family members deserved land because the former were perceived as 'abnormal'. Even when it came to accessing loans, they were discriminated against, as shared in the following excerpt:

> *One of our members working with a Service Commission applied for a loan which was approved but in between he had a relapse. Somehow the bank learnt that he had a mental illness, and immediately they withdrew his bank loan papers. They said 'oh, we didn't know this about this particular person. We are not too sure this person is in a position to repay this loan'. Although this person was on the pay roll of a well-established government institution, the banks denied him a loan due to stereotypes and misinformation about mental health* (Director of Mental Health NGO- Nairobi).

It emerged that discrimination and stereotypes surrounding mental health have contributed to underfunding of the sector by the government, development partners and corporates.

Consequently, it was pointed out that people with mental illnesses faced discrimination and abuse even from health workers in hospitals. One psychiatrist shared how nurses, even in a private hospital where one would expect a different treatment, discriminated his patients and referred to them as 'Mathare case' in a derogatory manner. He asked, "*Do we see 'cases' or people? Obviously with that kind of attitude they discriminate and stigmatize such patients*". It was noted that some of the leading private hospitals in Kenya, where medical expertise is expected to be high, discriminated people with mental illnesses and refused to admit them as in-patients "*yet by the time I send a patient to that hospital, I have assessed them and I know they do not need to be in a psychiatric ward!*" said one of the psychiatrists. According to one mental health expert working with an NGO, other forms of violence such people were subjected to such as physical and sexual abuse often went unreported "because the society does not care for the mentally ill." It emerged that when the mainstream media dominant representation was the link between mental health and violence, they perpetuated the cycle of violence at the societal level. One mental health expert noted the following:

> *Media legitimizes the stigma in the public domain leading to members of the public being courageous to even interfere with one's business calling them 'mwenda wazimu na hawezi kuuzia watu, hawezi fanya biashara hapo' (mad person who cannot engage in business and he cannot trade from here). It actually affects the way these people live in their day to day lives because the public has the right to say these people cannot go to school, these people cannot go to work or if they work they do not deserve equal pay... Media legitimizes the perception and stereotypes that people hold in their own minds about persons with mental illness and treat them accordingly. It is a human right issue. The media speaks for the voiceless but that lacks when it comes to mental health issues (Director of Mental Health NGO- Nairobi).*

 It was reported that even the national administrators like the police force 'have the right' to beat those with mental illness but without the fourth estate raising a finger. The study showed that portrayal of 'drama' that attracted the media audience made mental health facilities like Mathari National Teaching & Referral Hospital, which is the largest mental health hospital to be presented as organizations that were always in crisis. One psychiatrist had this to say:

A journalist sees me and all what they ask me is "how is Mathari Hospital?" ...is there a disconnect somewhere? They are just interested in sensational information that will make their stories to sell. 'Mathari National Teaching & Referral Hospital' was even rebranded but they still refer to it as 'Mathare' Hospital in a derogatory way. It is okay to make news but it is also critical to understand issues for the development of this nation.

A disease that cuts across economic status yet represented as a disease of the poor, rural and uneducated population

All the participants concurred that the Kenyan mainstream media represented mental health challenges as issues that mainly affected the poor, rural and uneducated population. *"The majority of Mental health stories are always about some poor people in a remote village suffering from mental illness,"* said a print health journalist. Explaining that kind of representation, one editor illustrated it this way:

We feel like mental health issues should have been left in the1980s. As in, if you are having mental health issues in this day and age, you know, it is weird. It is like mental health issue is a thing of our traditions. That <u>thing</u> for this family that has mad people... So people don't know how to deal with young people who have mental health issues (Print Editor, Nairobi)

Commenting about a popular Kenyan Female boxer, one health reporter had the following to say:

...mental problems, it is something we expect with people, whom we don't know and who are uneducated and poor. But it was strange that this disease affected Kenya's biggest female boxer. And so the reason it attracted so much coverage was because it was a renowned person suffering from mental illness Print Health Reporter, Nairobi)

Another editor said:

Like these mental health issues are for poor people. And it is like the community takes no responsibility completely. And so even in our reporting it is not like we are telling people the responsibilities upon the community to support these people. It is mostly just a

> *"woiyee story" (pity story) that will pull out people's heartstrings but there is no action expected…media stays away from pity stories. We don't want stories that just depress. And mental health is one of those"* (Print Editor, Nairobi)

An interesting angle emerged from the media participants where, on one hand, they said that the media perceived mental health as something that "*happens to 'them' and do not imagine 'they' are within our circles.* However, the findings showed that although the media representation of mental health issues was someone out there in remote, poor rural areas, media personnel were also faced with mental health crises. *We are not reporting that there are even people here in our newsrooms that are faced with mental health crisis,"* said one of the health journalists. Agreeing with that, the mental health experts said that mental health issues cut across age, economic and education status, regardless of the geographical location and the Kenyan media workforce was faced with mental health crisis. One counseling psychologist had this to say: ……

> *…they (media personnel) have a lot of addiction and mental health issues within themselves and some of them have gone full blown and sought treatment. We who are in the industry know we have dealt with several cases and a number of them have sought treatment. So how come they are not destigmatizing mental health from inside and that will affect the way they report about the issue?* (Psychologist based in a Rehabilitation treatment facility, Nairobi).

The study found out that due to exposure to trauma and other job triggered stress, majority of the media personnel in Kenya suffered from mental illnesses; and while some media houses in Kenya provided psychological support services, some of the journalists have a dismissive attitude in regard to accessing those mental health services. It was noted that in an environment where journalists and newsroom managers paid little heed to their mental well-being, media representation of mental health was bound to be not only scarce, but biased.

Besides journalists, mental health experts reported that politicians and other high professionals struggled with mental health issues but they accessed mental health services quietly. Consequently, the findings showed that people living productive lives in spite of mental challenges were hardly featured in the media. While agreeing that mental health media stories tended to be alarmist and the human element angle was scarce, one editor said: "*It is not like*

what is the human face, what has this person overcome? A lot of the stories are; 'oh my God this guy can't keep a job', making it as alarmist as possible."

Unlike the depiction created of hopelessness and turmoil surrounding mental health issues, mental illnesses were just like any other diseases and they were treatable. One of the psychiatrists said, "it is a brain disease and it is treatable and people recover while others learn to manage it." The participant added that:

> *Public education should show that people recover from mental illnesses. The problem may recur but people recover and get back to their day to day business. Some may be on medication like persons with HIV-AIDs, cancer, or diabetes; do we discriminate against them because they suffer from these chronic diseases?*

Further, it was noted that although young people were struggling with mental health and there was a high rate of suicide, the media hardly highlighted stories of young people suffering from mental illnesses. Emphasizing the need for that, one editor put it this way:

> *...but we also want to see the stories of young people (struggling with mental health illnesses) who are sometimes even considered 'hip and trendy'. I once saw the most powerful HIV story I have ever watched about a twenty-six-year-old single lady, working class, in her own apartment and she had everything. And that was for me something I could relate to. So, a lot of our readers and viewers are not relating to the stories that we are sharing about mental health. The reason why that lady's story captured me was that she lived a successful, productive life despite her health condition like HIV* (Print Editor, Nairobi)

In regard to interviewing people suffering from mental illnesses, most of the health journalists said that such patients were unreliable and lacked credibility as sources of information due to the nature of their illness. However, the only health journalist who had received training on mental health reporting, differed and argued that mental illnesses shared common features with other diseases characterized by seasons where it was impossible to interview a patient depending on the severity of the disease at the time of the interview. Talking about her interviews and interaction with mental health patients which saw her publish a number of articles, the trained print health journalist said:

I was able to interact with persons with mental health conditions at Mathari Referral Teaching & National Hospital, and similar persons in communities in Nyeri, Nakuru and other places. I travelled to Kisumu as well and Nairobi and did stories. It was an enlightening point and I was able to influence how my stories were used in terms of the choice of words… I was able to understand the patients as I asked them questions like: ''How would you prefer to be referred to?'' ''What are some of the challenges you face as a person with mental illness?'' (Print Health Journalist, Nairobi)

The study showed that the media used words like 'mad' to describe people suffering from mental illnesses. During the interviews, it was observed that majority of the participants referred to people with mental challenges as 'mad people' and "wenda wazimu" (a common derogatory Kiswahili term used in the public domain to refer to persons with mental health challenges). Besides 'mad' people, another common word was 'unstable'. One of the media print documents analyzed, an op-ed article, had the headline titled: '*How do we get rid of terrible 'madness' that has taken our society hostage?*' The lead paragraph of the story read:

*I heard a statistic that shocked me that one in four people in this country are either <u>mad</u> now, have been <u>mad</u> in the past, or are likely to become <u>mad</u> before they die; that is 25% of Kenya current population of 44 million, which translates to over 10 million **<u>mad</u> people** (Kimura, 2015).*

The word 'mad and madness' were used to describe mental illnesses while another word used was "insanity'. The above op-ed article had another sentence that read: "*I recently saw a TV program on madness or, as it is called in polite company, **insanity**…,*" (ibid). The word 'madness' was used in another analyzed media document entitled *Abandoned and Neglected, Kenya's Mentally ill suffer in bitter silence.* While describing the story of a child suffering from one kind of mental illnesses, the reporter said that that family had never experienced 'madness' in their family.

It was reported that during the Alcoholism and Substance Abuse (ADA) campaign, which caught the Kenyan media's attention, especially in 2015 when the President of Kenya issued a restraint against alcohol and drugs, the media disclosed the identities of the victims of ADA. Referring to one of the TV shows, one of the mental health participants said that expressions like "kawara,

bubuwazi, wazimu wakupindukia" were used by journalists while reporting on ADA, one of the psychologists from a rehabilitation center said: "*I wondered, have we reduced the value of a person whom we can see their face just because he is an addict. Is there a better way to address the issue without belittling the victim?*"

The mental health experts strongly differed with the language used by the media, describing it as stigmatizing. They pointed out that there were different types of mental illnesses and they should not be depicted as a single "disorder' under the umbrella of madness. One psychiatrist said:

> *I have no idea what sickness is called 'madness'…. mental health conditions (illnesses) have names like depression, schizophrenia, bipolar, anxiety disorder and all that. How can the media in this century describe mental illnesses as madness? Madness is a term which is used to describe some sort of crazy behavior but the majority of people suffer silently from mental health conditions* (Psychiatrist, Nairobi)*.

It was pointed out that omitting specific diagnoses of mental illnesses by the media and describing it in broad strokes as "psychiatric patient," "mentally ill" or just "crazy" or 'mad' people left the media audiences continuing to generalize mental illnesses, without clear understanding of different types of mental illnesses and the symptoms of each illness.

Discussion

Corroborating with a content analysis study looking at the content of media messages about mental health in three European countries, this qualitative study showed dominant media association of aggressive, violent behavior to the people with mental illness while a sensationalized style of writing emerged as strong in media representation of mental health (Nawkova, Nawka, & Adammkova, 2013). Heavy media emphasis on illness over the whole spectrum of mental health and over representation of psychotic disorders and the linkage to violence emerged in this study as also pointed out by a mixed methods research approach study carried out in Australia which examined the portrayal of mental health in Australian daily newspapers (Kenez, O'Halloran, & Liamputtong, 2015).

Language is the most essential system through which humans construct reality (Leeds-Hurwitz, 2009; as cited in Amineh & Davatgari,2015). Therefore, being a social agent, media has to

ensure that its language is carefully evaluated because it has the potential role of either minimizing or perpetuating the stigma in the public domain. However, this study shows the importance of the Kenyan media re-evaluating the language used and the need to have relevant health media policies that will safeguard the condition from being subjected to stigma. It is imperative because as other studies have shown, depicting mental illnesses in line with culturally entrenched explanatory models where words like 'mad" were used and sensational forms of recovery through witchcrafts, provide an incomplete representation of the issue (Atilola, 2015). As Shon and Arrigo would argue, "public consumption of such explicit images and charged words raises many troubling policy questions and questioning of media ethics," (2005, p. 6).

The dominant sensational and conflict frames failed to show that mental illnesses are treatable; and such representation discourage such patients from seeking early treatment, leading to poor health outcome (Khan et al., 2011). Commenting about media role in constructing reality, Ibroscheva and Ramaprasad (2008) argued that as sources of information, media has the potential to serve as models and legitimize formed stereotypes and institutionalize views about objects. The emphasis of violence and dangerousness frame has the potential to enhance public fear and signify that persons with mental health challenges are people to be avoided at any cost, yet this study shows that isolation of such people worsens their conditions. In discussion of mediating mental health, Birch (2012) observed that "stereotypical meanings derogate and discriminate…these meanings mobilize knowledge content about people with conditions as potential killers, or as part of an outlaw culture," (p.16).

Economic consequences frames also emerged as rare in media representation of mental health issues but this study further shows that depression costs the country a lot of resources and is one of the top ten causes of Daily Adjusted Life Years (DALYS) in Kenya. The Kenya Mental Health Policy 2015–2030 indicated that if untreated, mental illnesses could create an enormous amount of suffering, disability and economic loss. According to Ireri (2013), economic media framing are critical in policy influence hence would be imperative in an area that is underfunded like mental health.

Conclusion

Although in sub-Saharan Africa and in Kenya in particular, the mainstream media has been recognized as a critical partner in public education of mental health and influence of policy, this study shows the need for mental health stakeholders to invest in mental health reporting through building the capacity of journalists. This study also goes on to note that the Kenyan media represented mental health issues in a skewed way, which is divergent from the situation facing the mental health in the country. In view of this, both media and mental health stakeholders need to form partnerships and collaborations that will influence how the Kenyan media represents mental health issues with a view of advancing public education and policy influence. Further, it is paramount for media stakeholders, like universities and colleges, to include health reporting in their curricula and develop short courses on health reporting, with emphasis on reporting on issues like mental health, affecting huge segments of population. This will ensure that when students graduate, they have technical research and writing skills.

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