The Critical Role of the Mass Media in Promoting Mental Health for the Realization of Kenya's 2030 Vision

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Abstract

Mental and psychological wellbeing of a nation plays a critical role in its development; however, 30% of Kenyans are suffering from mental disorders, with a vast majority unaware of their condition. It is also reported that a considerable proportion of persons with mental illnesses shun professional services (as much as they are scanty) due to the stigma associated with mental health. Further, stigma influences how treatment will be accepted, whether treatment will be adhered to and how people with mental illness function in the world. In Kenya stigma and discrimination are some of the major inhibition to the realization of the rights to mental health. In view of that what critical role can the mass media play in sensitizing the public about mental health? Furthermore, is there a place for the media to influence the policy makers in order to push for favourable policies? Additionally, it has been argued that persons suffering from mental illness have been denied a public voice to articulate their issues, what role can the media play in giving them a voice?

Introduction

They are often invisible within the community, either because they are hidden away by their families, locked up in institutions or because they themselves are feel afraid and ashamed. Those are persons with mental illnesses. In Kenya, according to a special report released in May, 2014, about 30% of the population is suffering from mental illnesses and suffer from established stigma attached to their illness (Kiarie, 2014). Moreover, the majority of them suffer silently while a significant number are unaware of their condition as pointed out by Dr. Margaret Makanyega, the head of Kenyatta National Hospital Department of Mental Health.

But the question remains as to who will become the mouthpiece of the "silent sufferers"? Who will give the voiceless a voice? As the fourth estate, one of the critical functions of the media is to represent the voiceless in a society. But is the Kenyan media ready to contribute in that space? And again, if 30% of the population is suffering quietly, how will the vision 2030 be realized?

Globally, it is projected that by 2020 mental health illness will become epidemic and disable more people than complications arising from the AIDS/HIV, heart disease, traffic accidents and wars combined (Ngui et al 2010). Unipolar major depression will be the second leading disease by the same year, up from the fourth place in 1990 (Birch, 2012) Unfortunately, as compared to other physical illnesses like cancer, heart disease or HIV/AIDS, the mental health literacy level remains significantly low and public knowledge about mental health is comparatively neglected (Jorm, 2007) and efforts to improve the same have been described as low.

Through the special media report published in May, 2014, Dr. Makanyega pointed out that in Kenya majority of persons suffering from mental illness have given up on life (Kiarie, 2014). Further, they shun professional medical services due to the stigma associated with mental problems. As one thinks of a 30% of population giving up on life and shying from professional medical services, it means that a society is deprived such a huge segment of population in its development!

In Kenya, low rate of mental health literacy is attributed to lack of public education about mental health issues (Ndetei et al, 2010). Boykoff argues that the news media, through framing practices, set the parameters of public discourse (2007). Further, they play a central role in the construction of social issues and problems. In a country like Kenya where the media has emerged as one of the most trusted institutions, it becomes critical how issues are framed because such framing influences the construction and interpretation of such messages. When it comes to health communication, and especially in diseases like mental illnesses that are on increase, it is of paramount importance how such issues are mediated and framed in the media.

Media Framing and Mental Health
In Kenya the media landscape has grown beyond recognition in the last ten years. For instance, TV stations quadrupled from 4 to 15 between 1999 and 2010 (Synovate, 2010). New broadcasting stations have contributed to the growth while at the same time a government law passed three years ago has seen stiff competition in the television industry with broadcasters investing in local programming that segments viewers. Consequently, radio stations increased tenfold from 10 in 1999 to 107 in 2010.

In terms of the Kenyan print media, the sector is dominated by two main players - the Nation Media Group and the Standard Group, both who publish daily newspapers. However, in the last couple of years the 'Star' and the 'People Daily' emerged as the two other newspapers that are trying to compete in theduopolistic market. To increase their circulation, the two main newspaper player's publishers include magazine inserts on weekdays. For example on Tuesday, both have business magazines also known as pull-outs and on Saturday's women magazines. Nation has a business newspaper - Business Daily, that is published five times a week (week days), and The East African - a weekly newspaper that focuses on East Africa's business and political issues.

In terms of new media, there is convergence of print and electronic media online; TV viewers can watch news on YouTube and read newspaper content online. Additionally, the main stream media is now using social media sites Facebook and Twitter to reach audiences, and that has changed the media consumption trends significantly in Kenya. Such an environment creates opportunity for development issues to be discussed but even more specifically health promotion. Through its nature of reaching large audiences through continued sustained efforts, the Kenyan media that is highly consumed, would be a good starting point for public education about mental health.

However, globally the media has been blamed for perpetuating the stigmatizations of persons with mental illnesses due to the way such issues are framed. Understandably, in its packaging of information, mass media has to be selective in what to include and what to leave out. And the concept of framing refers to the way a particular story is represented. "To frame", Entman, argues, "involves selection and salience...salience means making a piece of information more noticeable, meaningful, or memorable to audiences," (1993). Media frames are influenced by several social-structural or organizational variables and individual or ideological variables (Angel and Kuypers, 2009). The two point out that factors likely to influence how journalists frame a given issue include; social norms and values; organizational pressure and constraints; pressures of interest groups; journalistic routines and ideological and political orientation of journalists. Nevertheless, whatever the influence, framing contributes to a great extent how issues are understood or interpreted by audiences. The interpretation of mass mediated health information may be potentially be misleading because of the manner in which the issue was framed. Commenting about lack of public education about mental illness, Ritterfeld and Jin in a Journal of Health Psychology (2007), argue that such lack is "supplemented by misrepresentations and stereotypes evident in media portrayals" (p. 248).

One framing issue frequently pointed out in the media coverage of mental illness is misrepresentation, which may include over or underreporting or emphasizing some issues and leaving others. Contemporary journalism favours stories that blaze with novelty and drama (Boykoff, 2006); as the journalism

slogan of defining news states, 'news is when a man bites a dog and not when a dog eats a man'. Additionally, journalists perceive a need for a "news peg" upon which they can hinge their stories, hence dramatic situations and accounts are deemed suitable while others are not. The preference for newness and drama leads some aspects of mental illnesses being over reported while downplaying other parts. The media has often been implicated in perpetuating stereotypes about mental illnesses and promoting stigmatization by portraying persons with mental illness as dangerous, violent, incapable of taking care of themselves, strange, unpredictable and/or incurable (Ritterfeld & Jin, 2006; Shon and Arrigo, 2006; Adhikari, 2007, Goulden, et al, 2011; Birch, 2012). It is pointed out that the content of press and television tends to reference mental health in relation to violence and that the negative messages tended to receive 'headline' treatment while positive items are tucked in the back pages (ibid).

The emphasis of violence and dangerousness frame enhances the public fear and may signify that persons with mental illnesses are people to be avoided at any cost. A study published in Australia showed that 6 out of 23 schizophrenia patients at a particular clinic had reported carrying a weapon during a psychotic episode; however, the following day the local newspaper ran the story with a headline: "Armed and Dangerous: Public at Risk as Mental Patients Escape the Care Net" (Ferriman, 2003).

In May, 2013, patients from Mathari hospital, the Kenya biggest mental hospital, ran away from the hospital complaining that their medicine did not work. Some of the newspaper headlines about the story that was received with a lot of humour were: "Police hunt FORTY mentally ill patients after they break out of hospital in Kenya". The word "hunt" gives a connotation of criminals while there was also clear indication that dangerous people were out to harm the civilians. In his book, Mediating Mental Health: Contexts, Debates and Analysis, Birch (2012) says 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). Further, the Kenya Media Act 2007, Article 1, section 'e' clearly states that: "In general, provocative and alarming headlines should be avoided. Headings should reflect and justify the matter printed under them".

It is critical for the media to educate citizens, as research indicates, that persons with mental illnesses are more likely to be victims of violence than vice versa (Birch, 2012). Furthermore, Dr. Atwoli, one of about 80 psychiatrists in Kenya, warns against a misconception that "mentally ill individuals are very easy to identify. It is as if mental illness gets inscribed on the patient's forehead! Most of them suffer in silence without anyone knowing about it," (2013). He adds that it is only a small fraction of persons with mental illnesses present with dramatic behavioural symptoms that are obvious to all observers, like being dangerous or violent.

In Kenya, an audit carried by Kenya National Commission on Human Rights, entitled, *Silenced Minds: The Systematic Neglect of Mental Health Systems in Kenya*, showed that parents/guardians who cannot afford the cost of mental institutions; isolate, chain and cage persons with mental illnesses at home where they are exposed to extreme inhumane and degrading treatment (2011). Indeed, the local media, from time to time shares such news coverage. For those institutionalized in hospitals like Mathari Hospitals, they are subjected to torture, physical, sexual, psychological and verbal abuse. In February, 2011, the Cable News Network (CNN) aired a documentary titled, 'Locked and Forgotten' on the decaying mental health infrastructure in Kenya, particularly in Mathari Hospital. The documentary reported that persons with mental illness were being held in inhumane and degrading positions (2011). Indeed, persons

living with mental illnesses need positive interventions not further stigmatization from the media, which is described as a watchdog of a society.

Language has been identified as another key element in media, labelling persons with mental illness in a way that can be abusive and demeaning (Adhikari, 2007, Goulden, et al, 2011; Birch, 2012). Words like 'nut', 'psyhco', 'mad' have been cited as commonly used while those words are also used in describing any anti-social behaviour in society.

Another frame the media has been accused of emphasizing is portrayal of persons with mental illness as comical and amusing hence being personified as objects of laughter (Shon & Arrigo, 2005). With the media landscape widening in Kenya, there is stiff competition for audiences. Consequently, research carried by the Kenya Audience Research Foundation (KARF), revealed that there is also growing popularity of entertainment content in the country (2010). But will the media go against its professional calling, and ridicule those already stigmatized, in order to entertain and capture more audiences?

Many countries have local content rules in the broadcasting sector to protect and promote local programming. Following the same path, the Kenyan broadcasting content is changing significantly with more local dramas or movies being featured. With that move, cultural ideations are also informing the local content; however, it is critical to evaluate such material lest harmful cultural stereotypes are perpetuated through the media. In the African culture, mental illness was

linked to either ancestral effect or the evil machinations (Ndetei, 2010). Recent studies indicate that there has been an increase in mentally ill characters in the movies produced in Nigeria and Ghana. However, such characters are portrayed through the evil they have committed like immorality, deviant behaviour or voodoo (witchcraft). Besides that depiction, the characters end up being subjected to mob revenge or mocking, detested from the society, lynched, kept in chains at fetish groves or healed through some spiritual encounter (Atilola and Olayiwola, 2011). Such kind of labelling and stigmatization, argues Ampadu (2012) underpins the medical model of disability where blame for disability is placed on the disabled person. Consequently, such content fails to inform the public about assessments, interventions and treatment plans for mental illnesses.

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). A study carried in 2010 entitled, '*The Media we Want: The Kenya Media Vulnerabilities*' showed that Kenyans want media that promote the development of local content and talent, however, there is a caution that there is need to undertake further research on applications of emerging local content industry in Kenya (Oriare, Okello-Orlale & Ugangu). Such research and education is critical lest the development of local content becomes contaminated and causes more harm than good.

Studies indicate that the media also stigmatize the mental health practitioners like psychiatrists and psychotherapists. They are portrayed as weird and psychotherapists are presented in films as people who abuse their power and violate the privacy of others (Von Sydow & Reimer, 1998; Beachum, 2010). A country like Kenya has only 99 trained psychiatrists, 20 of whom work in diaspora, 26 are in private practice, 25 in the civil service and the other 28 in universities (Kiarie, 2014); 427 mental health nurses in the civil service and 30 clinical psychologists (Ndetel, 2011). It is unfortunate that with a desperate situation of 30% of the population suffering from mental illnesses, that stigma has contributed to psychiatry not being emphasized as a course in the training of the medical personnel in the country (Ndetei et al, 2010) yet as a country Kenya is in dire need of more psychiatrists and psychotherapists. As the watchdog of a society, the Kenyan media is strategically placed to change the stigma attached to psychiatry as a course and make contribution in development of more psychiatrists and psychotherapists in the country. Indeed, as Boykoff quotes Hardt and Negri (2000, p.322) , "there have certainly existed previously

numerous mechanisms for shaping public opinion and public perception of society, but contemporary media provide enormously more the policy powerful instruments for this task" (2007, p.).

At the policy level, the mental health sector is governed by outdated policies and focus on in-patient administration according to an audit carried by the Kenya National Commission on Human Rights, entitled, Silenced Minds: The Systematic Neglect of Mental Health Systems in Kenya (2011). Additionally there seems to be some resistance by the Ministry of Health in identifying and prioritizing mental health as a key pillar towards realization of vision 2030. In a circular released by the Director of Medical services in March, 2014, mental health was struck off among the 8 subjects, which had been identified as the Health ministry's priority areas. Yet, in a brief sent to the Health Cabinet Secretary in 2013, the Kenya Psychiatric Association (KPA) realizing the magnitude of mental illnesses had implored that mental health services are included among the emerging chronic disease initiatives, specifically targeting depression, anxiety and substance use disorders (Kiarie, 2014).

Besides, the Kenyan budget allocates less than 10 per cent of financial resources to the health ministry with 0.5 per cent being allocated to mental health services countrywide (Menil, 2013). However, Article 20 (5) of the Kenyan constitution indicates that when allocating resources the government should make it a priority to ensure the right to health is enjoyed as widely as possible including the vulnerability of particular groups or individuals.

Media advocacy gives people a voice and influences development of policies; and often crucial issues of public health policy are discussed and decided only after they are made visible by the media (Wallack, etal 1993). However, framing in media advocacy is seen in two levels; one being framing the issue to get better access to the media by policy developers and secondly, framing the issue for content (Dorfman etal, 2005, Wallack etal, 2006). In view of outdated polices in the health sector and poor mental health funding, the mental health stakeholders can forge an alliance with the Kenyan media to set the agenda, shape the debate and advance appropriate mental health policies. Indeed, according to the WHO (2009) one critical step for providing comprehensive mental health care is drafting of a policy and plan to guide mental health system and services development.

Stigmatization and Public Stereotypes On mental illnesses

The word "stigma" comes from the Greek word "stizen" which means to tattoo or to brand, whereby in ancient Greece they branded or cut into the flesh of slaves or criminals so that others could identify them as less-valued members of society (Adhikari, 2007). Indeed, "stigma" is a negative evaluation of a person on the basis of attributes such as mental illness. Stigmatization of mental illness is mainly derived from stereotypes attributed to social, certain categories, exaggerating differences between groups ('them and 'us') in order to obscure differences within groups," (Adhikari, 2007, p. 293).

Mental illness has been termed as one of the most stigmatized diseases of all human conditions, and persons suffering from the same have been described as one of the "remaining few groups subject to thoughtless labelling," (Morris, 2006, p.47). In Africa, the stigmatizations of mental illness are derived from lack of accurate information and stereotypes originating from cultural, religious and cultural factors. Some religious societies think of mental illness as a curse caused by demonic possession or influence and cause for exorcism. Some sections believe that they are generated by a lack in faith or some spiritual issue whose remedy is more faith, more prayer, or repentance from hidden or deeply entrenched sin. Among the Muslims, mental illness is sometimes also perceived as a test or punishment from God (Padella et al., 2012).

Amongst other issues, stigmatization in Kenya contributes to the harsh conditions that persons with mental illnesses find themselves in like social exclusion, discrimination, violence, rape, low employment rate, castration, contraction of diseases like HIV/AIDS (Mungai, 2013). Research

indicates that stigma is one of the key factors in under-utilization of mental medical existing services (Mukolo, Heflinger, & Wallston, 2010) as such persons fear coming out in public and seek for medical help. Referring to labelling theory, stigmatization leads to separation, status loss or devaluation of the labelled entity, and subsequently discrimination (ibid). In the mentally ill, self-stigma that occurs at the public stigma is internalized resulting in such persons devaluing themselves and altering their behaviour and attitudes. Labelling of persons suffering from mental illness, for example, being described as schizo, 'mad', 'insane', people of low intelligence leads to low self-esteem affecting their productivity.

Experience of stigmatization, says Li, Stanton, Fang and Lin (2006) may result in negative psychological and physiological changes amongst the already mentally ill; and that may lead to greater risk for depressive distress and anxiety. Depression has been shown to occur among caregivers, who hit a snag

of taking care of the mentally ill due to stigmatization. Mukolo, Heflinger, & Wallston (2010) say that stigma is likely to compound the burden of care and affects caregiver's help-seeking behaviour.

So as one thinks about the 30% of the Kenyan population persons with mental illnesses and the stigma therein, there exist another significant percentage of caregivers, who also face stigma and the burden of taking care of the ill persons. It is no wonder that Corrigan & Amy (2002) argue that persons with mental illness face double challenges; the sickness itself and the stigma and negative portrayal that surround the illness, which leads to their social exclusion and slow recovery rate. Another effect of stigma is that for those recovering or in the treatment phase, they face challenges as they seek to integrate back to their communities.

Editorial Framing Effects and Mental illnesses
Recent research continues to indicate the negative effect of negative editorial framing on persons with mental illness. A study carried and published in a Psychiatric bulletin called, *changing media representations of mental health*, indicates:

most powerful negative effect is in the area of self-definition and the stigma developed and reinforced by media portrayals… as one interviewee put it, "You see a programme and it shows a very bad image of what it feels like yourself and then you think 'what are my neighbours going to think about it," (Philo, 2014, p. 172).

In the same research another interviewee confessed that as soon as they were told that they were schizophrenic, the thoughts going through their minds were: "I will never get a job, you'll never get a sick line, you'll have nowhere to live. It was just going through my head, kill yourself" (ibid, p.173).On being asked where the original ideas came from, they attributed it to a movie watched in childhood where one of the characters was an individual with mental illness and she ran around screaming and shouting.

Whereas not every attribution can be made to the media, it is critical to note that even children opinions and ideas about mental illness maybe shaped in their formative years through their close interactions with cartoon or other mass media messages. Commenting on the same Stuart (2006) says that children's encounters with negative media portrayals of mental illness may shape the way they feel about themselves and others. It may contribute on their perception of the mentally and how to respond emotionally.

The consequences of negative media images, combined with public stereotypes, for people who have a mental illness are profound. They are likely to impair self-esteem, help-seeking behaviours, medication adherence and overall recovery. However, the media may also be an important ally in challenging public prejudices and initiating public debate about mental health as a whole.

Indeed, the African Journal of Psychiatry (2010) recognizes media houses as critical stakeholders as champions of promoting public knowledge and attitude about mental health through their important role of sensitization and education. But on the other hand, studies do indicate gross misrepresentation, negative imagery, defamation, and negative portrayal of persons with disabilities not just globally but in Kenya (Imnah, Mukulu & Muthooka (2012). So how will the dilemma be bridged?

Stuart (2006) recognizes that the media has produced some of the most sensitive, educational and award winning material on mental health. It is critical to realize that stigma can be created, maintained and reinforced through communication; and in mental health intentionally or non-intentionally the media may have reinforced stigma. Indeed, media's choice of words, images and messages can determine perceptions, attitudes and behaviours amongst its target audience (Inmah, Mukulu, & Muthooka, 2012). It is critical for the media to ask what is being said in every depiction realizing that the mass media "have at least some cognitive, affective or behavioural influence" on their audience (Thompson, Parrott, & Nussbaum, 2011, p. 50).

The term mental health literacy is derived from the term health literacy, and was first introduced in Australia, by Anthony Jorm. Mental health literacy is seen as education about mental illnesses which aid their recognition, management or prevention (Jorm et al, 1997a, Jorn, 2007). The Kenyan media is strategically placed to contribute in mental health literacy bearing in mind that over 39 per cent of Kenyans watch TV (over 3.2 million households have TV sets across the country), over 90 per cent listen to radio, 23 per cent read newspapers and nearly 3 million use internet services while over 14

million use mobile phones (Oriare, Okello-Orlale & Ugangu, 2010). Such contribution will increase public knowledge about mental health risk factors and causes; self-help interventions; professional help available; attitudes which facilitate recognition and appropriate help-seeking; and ultimately reduce public stigma and stereotypes about mental illnesses.

In its agenda of public education, the media has a responsibility to go beyond the duty of reporting on issues to educating the masses about the effects of some rituals or behaviours. For instance, the Kenyan media reports on persons with mental illness chained or locked up in homes. But, the media in its pursuit of not just reporting but educating its audiences should engage the audiences further by showing such treatment as an old model of treatment of persons with mental illnesses, called the Asylum model. Further, it should expose the dangers of such model of treatment.

Recent trends on changing media representation of mental illnesses also propose Entertainment-Education Strategy. One study addressed the question of whether an accurate, empathetic media portrayal can contribute to stigma reduction (Ritterfeld and Jin, 2006). It was based on a person suffering from schizophrenia, portrayed as a sympathetic, yet seriously ill female character; struggling with schizophrenic episodes and treatment; and social consequences of the schizophrenia. The study revealed that the movie had educational value for the audience especially an educational trailer that was attached to the movie. The study proposed the use of Entertainment-Education strategies for stigma reduction. Entertainment-Education (E-E) uses drama, music, or other communication formats that engage the emotions to inform audiences and change attitudes, behaviour, and social norms.

Conclusion

Boycoff points out that; "Frames not only overlap and reinforce each other, but also frequently compete with

each other," (2007, p. 204). For example, mass-media coverage of mental illness that features a frame emphasizing violence challenges research indicating that persons with mental illnesses are more subjected to violence than vice versa. Consequently, mass media frame that signifies persons with mental illnesses as objects of laughter or amusement (ultimately lowering their self-esteem) clashes with the treatment that shows that such persons do recover and become active and productive members of society (Brown, 2011). Additionally frames that represent such person as tragic victims deserving sympathy oppose medical efforts that with proper diagnosis and treatment such persons can be integrated back to society and contribute in national development.

The consumption of media is not only high but studies also indicate that
Kenyans trust media:

In fact, they almost perceive media reports as "gospel truth" yet majority of them are not media literate despite the fact that the national literacy rate is high at 85 per cent. This could explain why media had such a big effect on voters during the 2007 elections and its aftermath (Oriare, Okello-Orlale & Ugangu, 2010)

With high consumption yet backed with media illiteracy, the Kenyan media needs to continuously evaluate its content especially on a stereotyped issue like mental health. It is critical to note that without early intervention, mental illness leads to disability. If there is no assessment, diagnosis and treatment, the 30% of Kenyans suffering from varied mental illnesses will not only fail to exploit their full potential, but will also not contribute to national development. In the study, The Media We Want: The Kenya Media Vulnerabilities, Kenyans said that they desire to see private media that balances commercial interests and the development imperatives of the country. So Kenyan, whose consumption of the media is high, desire to see development issues embraced like mental health that is on the increase.

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