

Kenya's Media Representation of Mental Health and the Role of Stigma Communication

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ABSTRACT

Globally, mental health challenges have increased yet public education remains low with cultural beliefs and stereotypes being some of the social constructions used to perpetuate mental illnesses, especially in Sub-Saharan Africa. In view of mental health promotion, Mental health stakeholders in Sub-Saharan Africa identified media as a critical partner in mental health public education and policy advocacy. However, review of literature shows that little research has investigated how the media represents mental health issues in the region. This article reports results of in-depth interview research on how the Kenyan mainstream media represents mental health issues and the role of stigma communication in that representation. 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 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 show mental health issues are underrepresented and more emphasis is on the 'ill' and not mental health. The Kenyan media links mental health issues to violence and crime and mental illnesses are represented as 'a disease' that affects the poor, rural and uneducated. Stigma communication exists amongst journalists and influences the way mental health issues are represented in Kenya.

Key Words: Mental Health, Representation, stigma communication, Health Journalists and Mental Health Experts

Introduction

In Sub-Saharan Africa, there is widespread ignorance about causation, diagnosis and remedies available for mental illnesses, and mental illnesses are hardly attributed to brain disease (Audu et al., 2013). Globally, media has been recognized as a critical partner in advancing public knowledge and de-stigmatization of mental health. Further, the mental health stakeholders in Sub-Saharan region have pointed at media as a strategic partner in mental health literacy and said out that: “Being the information hub of most civilized societies, the mass media reflects and also shapes public knowledge in relation to issues of life, including mental ill-health,” (Atilola, 2016, p. 2).

However, as much as media has been discussed as a critical partner in public health education and policy influence, Kenez, O'Halloran and Liamputtong (2015) say that media's role in destigmatizing and promoting help seeking behavior in health issues is dependent on how journalists select and frame mental health information. Therefore, examining media representation of this pertinent issue of mental health, which is on increase, becomes important, “given 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,” [ibid, p.1]. Mental health challenges have been described as an endemic issue in Kenya, with statistics showing that 25 percent of outpatients seeking primary healthcare present symptoms of mental illness (Marangu et al., 2014; Nyayieka, 2018). With Kenya's media landscape increasing, it was necessary to investigate how the mainstream media in Kenya represents mental health issues and the role of stigma in that representation. Furthermore, it was necessitated by the fact that globally, media practitioners have been accused of negatively skewing mental health messages (Adamkova, Nawka, & Admkova, 2012; Goulden et al., 2011; Kenez, O'Halloran & Liamputtong, 2015; Kigozi, 2013).

Discussing media representation, Hall (1997) says that media as a principal form of ideological dissemination does not just present

reality, but produces re-presentation of the social world via images and portrayals. The re-presentation does not give the whole picture but part of the reality based on the perception of the issue or other factors such as desire to make news. Ultimately, such ideologies are likely to become 'naturalized' and become part and parcel of society as the way people make sense of issues.

Talking about the importance of paying attention to media representations, Dorfman and Krasnow (2013) say that public and policy makers tend to take issues seriously when they are visible, and media is one vehicle for creating visibility. However, as critical as 'visibility' is, the way issues are re-presented influences how the public and policy makers will embrace and handle them. Although media is a critical social agent, it can limit understanding of issues or perpetuate societal negative beliefs and stigma; and thereby affect social change (Happer & Philoa, 2013). Therefore, media representations can be real in some ways and not in others hence the need to interrogate how the mainstream media in Kenya, which is considered credible, represents mental health issues and the role of stigma communication in that representation (Mogambi, Kiai & Ndati, 2013).

Literature Review and Theory

Studies show that media representations of mental health are often stereotypical, negative and contributes to stigmatization of people suffering from mental illnesses. Some of the studies looking at how the media represents mental health issues involve an international comparative, content analysis study that looked at the media messages about mental health/illness in terms of stigma in three central European countries (Nawkova, Nawka & Adammkova, 2013). The findings showed that more than half of all articles were negative and reflected stigma towards people with mental illnesses, with psychotic disorders being the most stigmatized. Media's association of aggressive behavior to the people with mental illness emerged while a sensationalized style of writing was noticed.

Kenez, O'Halloran, and Liamputtong (2015) who examined the portrayal of mental health in three Australian daily newspapers using mixed methods, reported that newspaper coverage of mental health focused on illness over wellbeing while psychotic disorders were overrepresented and often linked to violence. However, positive improved portrayal of mental health featured highly, where media stories focusing on managing mental illness and maintaining good mental health were predominant, while stories mentioning examples of people who had recovered was noticed hence "refuting the myth that mental illness is an incurable life sentence... encouraging self-help," (ibid, p. 516).

Atilola (2015), who, using mixed methods, investigated, the attitudes and perceptions of mental illnesses in Nigerian and Ghanaian movies (called Nollywood) and its impact on mental health awareness, found out that the movies often contained scenes depicting mental illnesses in line with culturally entrenched explanatory models. The content analysis showed frequent use of words like 'mad man or woman' and 'curse' while stereotypical images of violent person suffering from mental illnesses were depicted in a sensational style. However, continued filmic portrayal of mental illness solely from the point of view of cultural explanatory models tends to provide an incomplete representation of the issue. As Shon and Arrigo would argue, "public consumption of such explicit images and charged words raise many troubling policy questions and questioning of media ethics," (2005, p. 6).

Using quantitative content analysis, Rasmussen (2015) analyzed how Swedish online-press represented mental illnesses after the Anders Behring Breivik's, a terrorist attack in Norway in 2011. The study showed that press reinforces stereotypes about people with mental health challenges and labelled them as unpredictable and dangerous. More than third of the articles from the opinion section used names such as 'mad man/lunatic or crazy/mad' while describing those with mental health challenges.

The literature review paved the way for this study, which is a qualitative perspective study interrogating health journalists and mental health experts perspectives on how the mainstream media in Kenya represents mental health issues and the role of stigma communication in that representation. Framing and stigma communication theory were used in the study. Framing theory helped in categorization of representation that emerged from the data towards understanding salient frames and vice versa. 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. The way issues are framed can increase public understanding, and challenge the actions to be taken, like improvement of policy or allocation of more resources.

Bearing in mind the role of communication and education in addressing stigma, the stigma communication theory describes four types of content in health messaging, which may influence framing of mental health issues. Smith and Applegate (2018) point the 4 stigma frame as; marks, which are cues identifying membership in a stigmatized group; labels, which are terms used to refer to a stigmatized group; etiology or responsibility, explanations for why someone became part of a stigmatized group; and peril, which is how stigmatized group threatens group functioning and well-being.

Method

Qualitative approach was employed to interrogate how health journalists and mental health experts perceive and interpret the way mental health issues are represented in the media while seeking to understand determinants of that representation. Qualitative approach centers on the way human beings make sense of their subjective reality and attach meaning to it, guided by the belief that multiple realities of a phenomenon exist and can only be understood by interrogating people in depth (Jwan & Ong'ondo, 2011; Kimotho, Miller, & Ngure, 2015; Silverman, 2013; Yin, 2014;). Therefore, the study design entailed conducting in-depth interviews with 13 health journalists and eight

mental health experts. Ethical permission was obtained from Kenya National Council of Science and Technology.

Sample and Population

The four daily newspapers in Kenya and the five leading TV stations have at least a journalist(s) designated as health journalist/reporter but that is not the typical case for radio stations. In view of that, health journalists from the mainstream media houses who had covered health issues for more than three years were purposively selected to participate in the study. The by-lines of those who covered health issues were identified and called via phone. Through snowballing sampling method, other health journalists who met the criteria of the study were identified. Through purposive sampling, the directors of mental health institutions were selected and the first step was to get a list of mental health organizations in Kenya from the Mental Health Department in the Ministry of Health. The criteria used for the selection of the institutions was a representation of institutions offering different mental health services, including hospitals, Non-Government organizations (NGOs), Community Based Organizations (CBO), research institutions and mental health professional associations and rehabilitation centers. The next phase of the sampling was to choose the actual participants that were going to be involved in the in-depth semi structured interviews and the criteria was people at the top management level. The directors of those institutions were identified and after getting their contacts, each one was called, and appointments were granted and interviews carried out. Besides one participant who was a middle level staff, all the other participants were directors of their respective institutions and majority of them were professionals in the areas of psychiatry and psychology.

While some interviews with health journalists were held in their respective media houses, a few were held outside their offices. All the interviews were held in mental health expert offices. The procedure of the interviews included an introduction to the study and informed consent was obtained prior to the commencement of the interview sessions and all the interviews were recorded with the consent of the participants.

Two separate interview guides were used, with each population having its guide. Pilot testing of the research instruments was done amongst radio journalists who had covered mental health issues and with a mental health expert working in a rehabilitation center. Based on the feedback, a few questions were changed slightly.

All the interviews were conducted in English and transcribed. Thematic analysis was employed in analyzing the data collected with a view of matching the themes emerging from the data with the research questions. As noted by Jwan and Ong'ondo (2011), data analysis included the following steps: familiarization with the data; coding; searching for themes; reviewing themes; refining and naming themes and writing up the report.

Results

The results from the study showed that there are four major themes that characterize the way the Kenyan media represents mental health issues while stigma communication content emerged, especially stigma marks and labels.

Stigma is linked to underrepresentation of mental health

Media representation of mental health issues is of low interest as compared to other prevalent non-communicable diseases due to stigma associated with mental health. One print health reporter described it this way:

Mental health still has a stigma and the media is not left out. It is like those people out there who are helpless and there is nothing we can do about it. Although there are mental health stories from time to time, mental health has not generated enough attraction from the media (Print Reporter).

The mainstream media ostracizes mental health patients and one editor said:

Like that's how they are (people with mental illness), there is nothing we can do about it. And also, the same apathy that makes the society to

ostracize a person diagnosed with a mental illness, it is the same with media. We have ostracized mental health patients from the media (Print Media Editor).

There exists no 'bars' (interests/hooks) created around mental health; "although they might be there, they are not creating the kind of excitement that cancer and HIV is creating," said one of the health journalists. Misinformation about mental health also exists in the Kenyan media where different types of mental illnesses are confused. Describing the frequency of mental health coverage as minimal, one participant who had worked as a health reporter for five years asked, "If I hardly cover the topic and I am the health reporter specialist, how about other journalists?". It was apparent that health reporting struggled in the politics dominated media; with mental health reporting emerging as the lowest in the ladder.

Mental health media stories are reactive and event based and they are dominant in the media when a national disaster, ethnic conflict or terrorisms acts like the Westgate terrorist attack in 2014 and Garissa University attack in 2015 occur or when a prominent personality is involved in a crisis related to mental health challenges. In times of conflicts and national crisis, almost all the participants said that the Kenyan media highly consult with psychologists and psychiatrists and they dominate the airwaves and media spaces but the issue is "shut until another crisis occurs. It is periodic in terms of coverage" said one participant.

However, mental health content does not generate a lot of interests from media audiences as compared to other diseases. The Kenyan media is consumer oriented even in production of health messages and just like in the public domain where mental health discourse is scarce; the media audiences portray lack of enthusiasm in interacting with the mental health medics and experts. One TV health reporter narrated an occasion where she invited mental health experts as guest in her TV health show following the Garissa University Terrorism Act in 2015,

but the audience engagement and feedback turned out to be low as compared to other shows. She put it this way:

I only received 10 short messages from the audience which was quite low for a show that attracts ninety plus sms from the audience! So, if I invite a psychiatrist, a psychologist, and the response is lower, definitely I will take some time before I call one. I will call doctors who bring viewership and response to my program. That's how we rate media. We rate it by viewership. How many people are texting me and calling in order to know people are actually watching this show. So, it holds us back from bringing specialists who do not attract audience engagement.

Marks associated with mental health dominate Kenyan media

Stigma marks associated to acute mental illnesses are more prominent in the Kenyan media, which include dirty and unkempt people, walk around half naked, and violent people. Although the mental health experts pointed out that only 2% of the population suffering from mental health portray visible symptoms, the Kenyan media, especially through their pictorial presentation, highly depict that mental health is associated with outward visible symptoms. It was pointed out that constant usage of 'dramatic' images in mental health reporting, is making sensational news on medical matters without considering the consequences. The mental health experts described mental health illnesses as silent killers where many suffer quietly; and sometimes the disease is not noticed until it is too late, with majority suffering from psychosomatic illnesses.

Another stigma mark that dominates the Kenyan media is marking people with mental health as dangerous and violent people involved with crime. Majority of mental health stories in the media are to do with people who have committed an act of violence and crime. One print journalist put it this way: "the ugly, the dark and the dramatic side of mental health attracts the Kenyan media"; further, the health journalists pointed out that with many media players fighting for the

same audience, “selling” of news shapes the media agenda as pointed out by the discussion here below:

Interviewer: *What kind of mental health stories or issues tend to make viable news from a media perspective?*

Interviewee: *I think the biggest one is suicide. I think that makes the biggest kind of impact.*

Another one said:

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. 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 do not go further to understand the context (TV Health Reporter, Nairobi)

An example of an article on mental health that featured in one of the leading daily newspapers during the data collection of this study was discussed by the participants. The op-ed article pointed out that one out of four people in Kenya are suffering from different forms of mental illnesses, but the photo accompanying that story was that of Thomas Evans, and through its photo caption, it explained that he who was one of the 11 terrorists shot dead by Kenya Defence Force. The participants questioned the link between a terrorist and a story featuring about the increase of mental health in Kenya.

Further, mental-ill health is marked as a disease associated with crisis, which makes mental health facilities like Mathari National Teaching & Referral Hospital(one of the biggest mental health hospitals in East

Africa) to be perceived as institutions that are always in crisis. One psychiatrist had this to say:

A journalist sees me and all what they ask me is “how is Mathare 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. (MH expert, Psychiatrist).

Besides ‘selling’ of news being the factor that makes majority of mental health stories to be marked as violent diseases, there exists a belief amongst some journalists that mental health patients are violent as one journalist put it: “...many mental health conditions are accompanied by violence, at some point people become violent.” Others believe that the same people need to be chained because they tend to be violent towards others or themselves; “If you are covering mental health programs, if somebody is violent then that’s an important thing to highlight” said one of the long serving health reporter who had received awards in health reporting. Besides being marked as a violent disease associated with crime, peril stigma exists where people with mental health challenges are perceived by journalists as violent people who pose as a threat to the community. Some health journalists said that they fear going near those suffering from mental health because they saw them as dangerous. For example, one of the long health journalists had this to say:

Interviewer: *For example, did you attend last year’s world mental health day?*

Interviewee: *I wasn’t around, so I did not. By the way I haven’t attended any mental health forum in the last six years.*

Interviewer: *How come?*

Interviewee: *Many reasons... I believe our attitude is a mad person; we need to keep away from a mad person. They are dangerous.*

Another participant described them this way; “many of them are like children locked in the houses and chained because they might harm

themselves and harm others” Mental health experts shared experiences where journalists have expressed a lot of fear towards those ill when invited for mental health related events. One health journalist shared an experience of a media event where they were invited to a rehabilitation center and found patients doing chores such as cooking and one of them was cutting vegetables; but she was so afraid to go near due to fear of being attacked by the patient. However, one of the health journalists who had received mental health reporting training differed, and narrated her experiences of visiting health facilities and interviewing patients as narrated here below:

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 Reporter, Nairobi)

The mental health experts shared that people suffering from mental health are more subjected to violence at the community level; and only about 2% of those with acute mental illnesses, who have not received treatment are violent. One of the mental health experts involved in economic empowerment of mental health patients said:

Media legitimizes the stigma in the public domain leading to members of 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 health and treat them accordingly.

Interviewees further said that the Kenyan media marks mental-ill health as a weird and an outrageous 'disease', hence when prominent personalities in the society face mental health crisis, their stories dominate the Kenyan media "because it is not expected of them to suffer from such diseases" said one of the health journalists. To illustrate that kind of representation, an example was given of a former female Kenyan boxer who developed mental health challenges in 2012 and her story was highly publicized by the media. It was noted that if the boxer had suffered from another disease, she could not have been accorded the extensive media coverage she received; "it is like although she was a heroine, she broke down mentally and she is headed to the grave. It is like drawing public sympathy towards her," said a print health journalist while others said that the case of the female boxer attracted the media because she suffered from a "weird" disease.

A disease marked for the poor, rural and uneducated population

Both health journalists and mental health experts concurred and pointed out that the Kenyan media marks mental illnesses as diseases for the poor, rural and uneducated. "Majority of mental health stories are always about some poor people in a remote village suffering from mental illness," said a print health journalist. Describing that kind of attitude, one editor illustrated it this way:

We feel like mental health issues should have been left in 1980s. As in, if you are having mental health issues in this day and age, you know, it is weird. (Print Editor, Nairobi)

Further comment about the former popular 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 (Print Editor, Nairobi)

One editor put it this way:

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),

Although stories of people living productive lives in spite of mental health challenges hardly feature in the Kenyan media, the interviewees shared that the media personnel in Kenya are faced with mental health crises. Mental health experts said that there are several media personnel and other professionals seeking their services quietly while some are in treatment rehabilitation centers.

The study also showed attribution of responsibility, where mental health patients are blamed for their illness. The major attribution is witchcraft, so some health journalists believe that mental health patients are bewitched, hence the lack of care from family and the society. It was also perceived as a curse in a family, with one journalist saying: "It is like mental health issue is a thing of our traditions. That thing for this family that has 'mad' people". On the other hand, there was a belief that mental health patients did outrageous things that caused their stigmatizing condition. One health reporter's sentiments in the following extract illustrates such a case: "Because I remember a case of one person who had carnal knowledge with a mad woman. But he also became mad at some point." On being asked some of the images they had of persons with mental health challenges, some of the responses showed that journalists blame them for such conditions. Some of the images included: 'unproductive in the society'; 'not willing to deal with

their issues' and 'Wanakaa nyumbani kumeza meza dawa tu' (they stay at home just swallowing medicines).

Language and Label stigma in media representation of mental health

The labels used in reference to people facing mental health challenges by the Kenyan media include 'mad people, mwenda wazimu and unstable'. During the interviews, it was observed that majority of health journalist used the terms 'mad' and 'mwenda wazimu' in reference to those suffering from mental-ill health ('mwenda wazimu' is a common derogatory Kiswahili word used in the public domain to refer to mental illness or people suffering from the same). The following excerpt from a discussion of an incident in 2013 when patients run away from Mathari National Teaching and Referral Hospital complaining about poor services, illustrate the language that is used by the health journalists during the interviews:

The media made fun of that case and it became the joke of town. How can a 'mad' person just get out of the hospital? People who are 'mad' are not taken seriously and so the assumption is that they don't even have the capacity to stage-manage something like an escape or something like that. So, it becomes drama and definitely made news.

Further the participants discussed in length one of the articles that appeared in one of the leading newspapers during the data collection period of this study, with a headline: 'How do we get rid of terrible 'madness' that has taken our society hostage?'. The following was the introduction of that story:

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

It was reported that during the Alcoholism and Drug Abuse (ADA), which caught media's attention, especially in 2015 when the President of Kenya issued a restraint against alcohol and drugs, and 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 words such as “kawara, bubuwazi, wazimu wakupindukia” were used by journalists while reporting on ADA. “I wondered, have we reduced the value of a person whose face we can see just because he is an addict.?” said one of the psychologists from a rehabilitation center. The mental health experts said there are different types of mental illnesses and they should not be depicted as a single “disorder’ under the umbrella of madness.

Whereas there was a belief that the media trivializes and sensationalizes mental health issues through such labels, the Kenyan media are not deliberate in their labelling of persons with mental health issues. Besides the health reporter who had received training in mental health, the other participants said they were not aware of the language to use to describe mental illness: “But the problem here is that there are no those words. We don't have the language. We just put it like it is “ni mwenda wazimu, mad people,” said one of the health journalists. Commenting about the labels used by the media, one print health journalist put it this way:

I think they (labels) are discriminatory, they are derogatory, but the media doesn't do that deliberately. It is the lack of awareness of how to technically refer to persons with mental illness. Do you call them mad people or you call them persons with mental illness, or um, mental impairment? And because the media lives in the society, they pick up the terms and use them in their publication...out of ignorance not of our deliberate or malice.

In retrospect, some of the participants recalled the emergence of HIV when the media had to make a deliberate decision to demote HIV stigma messages. “In reporting about HIV, we used terms such as the HIV scourge, the malady, HIV carriers, HIV pandemic and other stigmatizing words but somewhere along the line we toned down and the language changed. It should be the same thing with mental health reporting” said one of the media editors, pointing out that they were yet to get there in mental health reporting.

However, a conflict exists between 'Economy of Words' principle and the words to use when reporting on stigmatized diseases like mental health, HIV or albino. The principle results in media editors dismissing statements such as 'persons with mental illness' as NGO language saying that such language dehumanizes media stories and robs media of its power. Narrating about her struggle with editors in terms of the language to use, the trained health reporter shared the following experience:

I remember there was a time I was working with...(one of the mainstream newspapers) and we had a very big debate with the editors. I was writing a story about albinism and I referred to them as 'persons with albinism'. And conflict arose because the editors replaced those words with 'albinos' and they don't like being called that. So, people started saying, "you know if we are going to qualify them as persons with albinism, then everybody else is going to say that they live with something.". So, it actually went into a level where it became a joke in the newsroom. They didn't see like it was really serious, you know, but I remember I stood my ground and I said "don't call them albinos even if it was going to take longer words."

Unfortunately, the study showed lack of existence of health reporting policies within the Kenya media, without which there is no standardized guidelines on issues like language to be used in reference to the ill. Additionally, whereas all the health journalists' who participated in this study had received training from Intra News in reporting health issues such as AIDs/HIV, cancer, and sexual reproductive health, among other diseases; none of them had received mental health reporting besides the print health journalist, whose opinion varied from other similar participants.

Discussions

The representation of mental health issues has increased slightly in the last couple of years. However, it still remains a low priority area as compared to other health issues in the Kenyan media. Although media has been identified as a critical stakeholder in public education and policy

influence in Sub-Saharan Africa (Atilola, 2016), the Kenyan media representation of mental health issues tends to be skewed, characterized with stigma communication. The leading stigma content are marks and labels where as responsibility and peril are also there. A study done in Uganda shows that the Ugandan media is actively involved in health initiatives, but with little attention devoted to mental health (Kigozi et al., 2010). The lack of interest in mental health by mainstream media is a mirror of what happens in the society.

Marks of the stigma include mental health patients being represented as dramatic people who are dirty, unkempt, violent and people who commit crime while at the same time they are marked as poor, rural and uneducated people. That kind of mark makes episodic, sensational/ alarmist, conflict and controversy frames dominate the Kenyan mainstream media whereas thematic, contextual and economic frames remain unexploited. Corroborating with this, a study on the portrayal of mental health in Australian daily newspapers, showed that the newspapers favored stories about mental illnesses over the spectrum of mental health (Kenez, O'Halloran, and Liamputtong, 2015).

Media or other representations that emphasize socially undesirable features not only destroys the image of the organization, but also the very self-concepts of its members (Gioia et al., 2013; Kjærgaard, Morsing, & Ravasi, 2010). Along the same lines, sensational frames that mark mental health facilities as institutions that are always in a crisis may contribute to people shying away from those institutions as depicted by this study; which ultimately hinder health care services. This study showed that although Mathari Teaching and National Referral Hospital is the biggest mental health facility in East Africa, which also offers other diverse medical services, some patients shy away from it due to the stigma associated with the hospital.

In op-ed article carried by one of the Kenyan newspapers, *The Daily Nation*, Kaberia (2015) wrote an article titled "Let's treat the mentally ill as patients and stop thinking they are criminals". He argued that dealing with mental health is a collective undertaking and "citizens

need to be sensitized that these are sick people, not criminals,” (p. 15). However, this study shows that the Kenyan mainstream media contributes in that criminalization as the dominant stories mark those people as criminals and dangerous people (peril stigma). Other studies have shown that the recurring theme of extreme violence at the hands of mentally ill characters is the norm in mass media portrayals (Beachum, 2010; Smith, 2015).

Labelling of persons suffering from mental health challenges is one of the most salient stigma communications that exist amongst the Kenyan media and the stigmatizing labels include ‘mad’, ‘unstable’ and ‘mwenda wazimu’. These are common labels used in the society from a cultural and social point of view, and Nyakundi (2015) found the fear of being labelled ‘mwenda wazimu’ or ‘mad person’ was top on the list for young people not seeking mental health ailments treatment in Nairobi. It means that such labels have far-reaching implication on health seeking behaviors, as Andrew (2012) points out that language and labels play a critical role in socialization. Other studies have shown media label people with mental health in abusive and demeaning way (Adhikari, 2007; Birch, 2012; Goulden, et al., 2011;). The constructionist approach emphasizes the ability to create realities through language, in its varied forms of presentation, and stimulating a process of continuous creation (Gilban, 2014). It means that when the media uses the word ‘madness’ in description of the mentally ill, it is reinforcing the socio-cultural mental representation of mental health, where ‘madness’ may conjure the image of half dressed psychotic person out in the streets.

With respect to peril, a belief exists that people suffering from mental health are violent and dangerous hence they need to be avoided while there is blame placed on the ill due to link with witchcraft. In corroboration, Atilola and Olayiwola (2013) found out that in the Yoruba genre of Nigerian movies, psychotic symptoms were the most commonly depicted, while treatments of the ill took place in “the most commonly depicted etiology of mental illness was sorcery and enchantment by witches and wizards, as well as other supernatural forces,” (p.1). Commenting on that kind of representation, which also

features in the Kenyan mainstream media, Atilola (2015) says that the media portrayal of mental health issues solely from cultural explanatory models tends to provide an incomplete representation, which is characterized by culturally sanctioned stereotypes about causation and treatment. With that kind of perspective, health service utilization remains low because mental health challenges are hardly attributed to brain disease (Audu et al., 2013).

This study shows that journalists mainly use their social and cultural lens in their representation of mental health issues; and such content fail to emphasize about symptoms, assessments, interventions and treatment for mental illnesses. Besides commercialization that leads to sensationalism, media need for a 'news peg' upon which they would hinge their stories, contribute to dominant representation of violence and crime linked to mental health. Ileri (2013) points out that conflict and controversy frames attract the media hence stigma marks emphasizing and linking mental health to violence, unpredictability, outrageous and people incapable of taking care of themselves, which reinforces the public stereotypes and stigma (Adhikari, 2007; Birch, 2012; Boykoff, 2006; Goulden et al., 2011; Ritterfeld & Jin, 2006; Shon & Arrigo, 2006).

Conclusion

It is clear that media is a critical partner towards addressing stigma, public knowledge ignorance and outdated policies surrounding mental health. However, to achieve that goal, it is critical for key collaborations to be formed between the Kenyan media and mental health stakeholders. Capacity building of health journalists, as the custodians of health issues in the mass media industry needs to be considered towards an effort of exploiting thematic, contextual and economic frames in their reporting of mental health issues. Further, this study recommends a paradigm shift, where like any core public health program, an integral strategic media plan is needed with clear targets, training, leadership and funding in order for the Kenyan mainstream media to contribute

in mental health promotion, which will ultimately make significant contribution in positive mental health outcome in Kenya.

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