STATE OF MENTAL HEALTH
IN KENYAN MEDIA

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ABBREVIATIONS AND ACRONYMS

ICMF	International Coaching and Mentoring Foundation
IFJ	International Federation of Journalists
IWMF	International Women's Media Foundations
IFS	International Financial Services
MoH	Ministry of Health
OCD	Obsessive Compulsive Disorder
PTSD	Post-Traumatic Stress Disorder
TUC	Trades Union Congress
WHO	World Health Organization

ACKNOWLEDGEMENT

TABLE OF CONTENTS

TABLES, CHARTS, AND FIGURES

CHAPTER ONE

1.1 DEFINITION

There is no consensus on the definition of mental health. For a long time, mental health has represented mental illness (Manwell, 2015). In recent times however, mental health and mental illness are seen as distinct constructs.

To begin with mental health is examined from a biopsychosocial and social perspective. Secondly, mental health does not necessarily mean mental illness (Bhugra D, 2013). The World Health Organization (WHO) defines mental health as "a state of well-being where an individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community." (Worldhealthorganization, 2004). The interpretation bestowed a consequential progress in the study and its execution in the field of study as it enlarged the idea of mental health past the absence of mental illness and consolidated the existence of productive attributes (Galderisi S, 2015).

Causes of most mental illnesses are not known, it is becoming unclouded through most studies that most of these conditions are originated by either biological, psychological, or environmental factors. Several cases have been connected to abnormal functioning of nerve cells circuits that join brain regions. Apart from that, defects, or injury to certain parts of the brain have also been linked to some mental health circumstances. Some of the biological conditions include genetics related issues, infections, prenatal damages, and substances abuse. On the psychological factors, the mental health, severe psychological trauma endured at an early age such as sexual abuse and neglects, can be attributed to mental health. On environmental factors the causes include, death or divorce, substance abuse by the person, and job-related issues. (Bhandari, 2020).

Journalists have been exposed to work-related trauma, the effects of covering traumatic events over a long period of time can have negative effects on journalists themselves (M, 2021).

Studies have disclosed that, based on the journalists' beats or work locations, 4% to 5% have symptoms of post-traumatic stress disorder (Smith R, 2015).

Journalist Olivia Messer, who quit her job as the lead Covid reporter at the Daily Beast as a result of extreme stress, interrogated dozen local and national journalists who were experiencing some of the dejection and anguish that she endured ''Many of them told me they do not feel supported by newsroom leaders; that they do not have the tools they need to handle the trauma they are absorbing; and most of their bosses do not seem to care about how bad it has gotten. Some said they are still finding themselves sobbing after meetings, between meetings, on calls, during work, or when the day ends" (Oliver, 2021).

A researcher established that in as much as the reporters never used the word "stress", their actions communicated otherwise. Most got frightened by the exposure of the terrifying scenes, seen when covering hair-raising situations such as rape or terrorists attack, they were easily agitated and downhearted. Most experienced nightmares and felt anguish. Their reputation made their job more complex, hence resorted to misuse of harmful drugs, too much anxiety that led to most quitting their job. (Fred, 2013)

An estimation done by the ICMF, 70% of the interviewee assessed the psychological and emotional significance of handling the COVID-19 crisis as the trending burdensome aspect to shoulder in the centre of the journalist's duty. Equally, (Selva .M, 2020) analysis communicated that a notable percentage of journalists covering the COVID-19 related issues manifest signs of trauma and sadness, while an IFS report suggests that over ¾ of women depicted high level of stress during the pandemic, half of them quoting multitasking as the main ground.

The media council of Kenya (MCK) experienced similar sentiments at the height of COVID-19 in 2020. Internal reports indicated a dire need among journalists and reporters across the country who indicated variant needs to ameliorate the impact COVID-19 was having on them. Most journalists had to adopt working from home or to changing careers for having been dismissed.

Going by these figures and the MCK experience, it is imperative for governments, media employers and journalists' unions to provide mental health assistance to help ease exhaustion among journalists reporting the pandemic or enduring the socioeconomic consequences of it. Journalists need to be fit both mentally and physically to enable them to exercise their profession perfectly.

CHAPTER TWO: REVIEW OF LITERATURE

This chapter is a review of existing scholarly work on the state of mental health in the Kenyan media, exploring the understanding of the term in the media space, levels of awareness and possible effects on journalists. It concludes with highlights on the missing links in the available literature.

2.1 DEFINING & CONTEXTUALIZING MENTAL HEALTH

Mental health in the workplace is a prerequisite for sustained productivity. The same applies for journalists, with their mental wellbeing critical to professional reporting. It is therefore necessary to institute a supportive working environment to manage stress and work productively & fruitfully.

Well, research has clearly shown that if journalists are not mentally and physically well, they cannot do good journalism (IFJ, 2021). This is probably why there are numerous publications and many trainings on safety and protection of journalists across many countries. A key aspect in these trainings is on mental preparedness.

In terms of semantics and proper contextualisation, this report adopts the definition by the Taskforce on Mental Health in Kenya, that – Mental Illness, also known as mental disorders, refers to a wide range of mental conditions that affect one's mood, thinking and behaviour (MoH, 2020).

2.2 TYPES OF MENTAL DISORDERS

According to (TUC, 2018), one in four people will have problems with their mental health at some point. These problems range from the day-to-day worries that everyone experiences to longer-term serious conditions.

After the Taskforce on Mental Health in Kenya 2020 by the Ministry of Health traversed the country (Kenya), it concluded that the common mental illnesses in Kenya are depression and suicide, substance use disorder, bipolar disorder, schizophrenia, and other psychosis. Other common & severe mental health problems include intellectual disabilities, anxiety, obsessive compulsive disorder (OCD), phobias, eating disorder, Attention Deficit Hyperactivity Disorder and dementia (MoH, 2020; TUC, 2018).

2.3 STATE OF MENTAL HEALTH

Media scholars, practitioners, humanitarian enthusiasts, education researchers, and the public are all interested in Stress, anxiety, depression, sleep and eating disorders or burnout are just some of the mental health problems that many journalists covering the COVID-19 pandemic suffer every day (IFJ, 2021). According to a major survey of more than 1300 frontline journalists in 77 countries, IFJ reports that as a result of COVID-19 pandemic nearly every freelance journalist has lost revenue or work opportunities, more than half of all journalists are suffering from stress and anxiety and dozens of journalists have been arrested, faced lawsuits or been assaulted (IFJ, White paper on global journalism, 2021).

Notably good health is central to human happiness and wellbeing as it also makes an important contribution to economic progress, as healthy populations live longer, are more productive, and save more (MoH, 2020). In Trade Union Congress training handbook (2018), they affirm that if you are in good mental health, you can make the most of your potential, cope with life and play a full part in your workplace, community, family, and friends.

In a report by the Taskforce on Mental Health in Kenya by the Ministry of Health (MoH), 2020, it highlights the profound words of H.E President Uhuru Kenyatta of Kenya on mental health, stating "[d]epression has today become a common phenomenon and it affects persons from all walks of life and ages. I urge employers and institutions of learning to invest more time and resources in monitoring and facilitating the mental wellbeing of their charges..." Furthermore, the report outlines that, in a Cabinet directive in November the same year, mental health was given a further boost with the decision to form a Taskforce to, among other things, study the causes of the increasing burden due to mental disorders.

The presidential and cabinet directives came just months after the onset of the pandemic, indicative the extent to which preventive & mitigation measures and effects of the pandemic resulted to mental disorders. Affirming this, the report by the taskforce on Mental health in Kenya stated that "The COVID-19 pandemic (which was ongoing at the time the Taskforce was concluding its work) caused by the SARS-CoV-2 virus is a prime example of the traumatic experiences caused by changes in the interaction between humans and the environment, and the mental health consequences are expected to be enormous." Furthermore, the report points out that of the entire

burden of disease in Kenya, 13% is due to mental illness (MoH, 2020).

In a survey published recently by the ICMF, 70% of respondents rated the psychological and emotional impact of dealing with the COVID-19 crisis as the most difficult aspect to bear during their work (IFJ, 2021).

2.4 THE MEDIA AND MENTAL HEALTH

As the number of people impacted by the COVID-19 pandemic continues to rise, more and more journalists are putting their own safety on the line and exposing themselves to first- and second-hand trauma (IWMF, 2022). Noteworthy, prior to the Covid-19 pandemic, IFJ (2021) mental health issues are not new in the media industry. IFJ highlights that before the Covid-19 hit our lives, journalists were already struggling with a "perfect storm" of factors that challenged their mental health; job insecurity, economic crisis of the media and higher polarization of media to growing attacks from elected officials against journalists. Lewis (2021) while affirming the effects of COVID-19 to the media stations, highlights "The age of COVID-19 has brought a few new norms — social distancing, working from home, school closures and virtual happy hours, to name a few. Journalists are not exempt from these changes. While many things are slowing down, the ever-changing news cycle keeps them on the clock."

As strange as it may seem, the Covid-19 pandemic has also brought some positive elements as it has increased the number of journalists talking about mental health and stepping forward to share their experience with others and ask for help (IFJ, 2021). Considering the opportunity, however, information from the Ministry of Health (MoH) reports currently 75% of Kenyans are NOT able to access mental health care despite the heavy burden of mental ill health in the country (MoH, 2020).

According to (TUC, 2018), Health and wellbeing, including mental health is affected not only by individual characteristics but also by the social circumstances and environment in which people live. These factors interact with each other, and they may adversely affect or support a person's mental health state. In IFJ press release on Journalists' mental health during the pandemic: We need to talk (2021), journalists are leaving the profession due to unbearable burnout, stress, and anxiety. With fewer journalists, media plurality and journalism quality perish. We can't afford this.

2.5 EFFECTS

In a publication by International Journalists' Network (IJnet), it gathers comments of journalists working during the onset of the pandemic. It highlights challenges such as working for long hours without breaks, mental stress from social distancing and phone interviews replacing in-person interviews (Lewis, 2021).

2.5.1 Distressing and traumatic stories

Death, violence, war, terrorism, natural disasters, a pandemic — at some point, almost every journalist will report on a traumatic story and face potentially distressing consequences (Bedei, 2021). Bedei (2021) furthers that Journalists are generally resilient, but they are not immune to trauma and distress, which Kinman argues can lead to headaches, muscle tension, fatigue, intrusive thoughts, sleeping problems and nightmares. Some may miss deadlines because they can't concentrate, or their time management skills may also deteriorate. They might experience panic attacks, anxiety, depression, or substance abuse.

2.5.2 Stigma

From the engagements the Taskforce on Mental Health had with Kenyans at different levels, it was clear that people with mental illness were facing stigma and discrimination in various areas of their lives. They were being stigmatised by their relatives, at work and in the community (MoH, 2020). The International Federation of Journalists (IFJ) press release on Journalists' mental health during the pandemic: We need to talk, acknowledges that there's still a taboo over mental health conditions in many parts of the world and a fear of media workers losing their job or putting at risk their career if they admit mental health problems and COVID-19 pandemic brought some new elements and challenges to journalists. (IFJ, 2021).

2.5.3 Screen Apnea

Also acknowledged is the role of technology on journalists. Technology has a bigger effect on us than what is commonly known. Many people, for example, experience "screen apnea," while using computers or phones. Their

breathing will become shallower or even stop (Cyprien, 2021).

2.6 MITIGATION MEASURES

Supporting good mental health and wellbeing at work is increasingly being recognised as important by employers, but too many still do not consider it a priority (TUC, 2018). In light of the above state of mental health in the country, the Taskforce on Mental Health in Kenya (MoH, 2020), recommends that to promote disclosure by people facing mental health issues, there is need for inclusive employment as human right, rather than discriminate against workers (journalists) with mental conditions affecting decision to disclose their mental health status. IFJ asserts the phenomenon by suggesting editors and union representatives can work to create a culture of openness and empathy when it comes to mental health. Breaking the taboo and allowing colleagues to show vulnerability is the first and most essential step towards journalists' mental wellbeing (IFJ, 2021).

The Taskforce on mental health in Kenya recommended to institutions to develop and implement policies and programmes that create a working environment that is healthy. Every working place should provide avenues of seeking help for their staff and have a medical cover that provides access to a mental health practitioner or provider for professional care (MoH, 2020). Reuters Nairobi Bureau for example met at a restaurant to share experiences – the stress of meeting deadlines, burnout, PTSD, dealing with stringers who may be suffering. They discussed how to watch over staff transitioning from a high-stress environment such as Somalia or South Sudan.

Physical activity is key to mental wellbeing. Regular and adequate levels of physical activity reduce risk of non-communicable diseases including the risk of depression. Additionally, the report called for the decriminalisation of symptoms of mental conditions including petty offenses and suicide attempts (MoH, 2020).

Lastly, in a press release by IFJ, it highlights unions activities to support journalists' mental wellbeing in their agendas such as – include journalists' mental wellbeing in their agendas and understand that a mental struggling journalist cannot perform well at work, survey their members' about their mental health to assess the extent of the problem and develop help support programs and make them visible and accessible for everybody (IFJ, 2021).

2.7 CONCLUSION

It is evident there's lack of information on the state of mental health in Kenyan media, with a lot of the scholarly work entrenched on mental illness because of COVID-19 pandemic but fewer exploration on media policy and preparations. This, therefore, informed the need for this survey. In line with this, International Journalists' network (IJnet) acknowledges that despite surveys asking people whether they are stressed or not, they (surveys) have not been academically rigorous.

CHAPTER THREE: THE STUDY OBJECTIVES AND METHODOLOGY

3.1 STATEMENT OF THE PROBLEM

Notwithstanding data on the impact of journalist's mental health on their job, hardly any researcher has given realistic ways for newsrooms or investigated constructive technique to avert and address anxiety and the breakdown among journalists.

3.2 PURPOSE AND OBJECTIVES OF THE STUDY

3.2.1 Purpose of the study

Those with mental health related conditions many a time encounter harsh human rights violations, discrimination and stigma, journalists not excluded. Mental health conditions are curable at a low cost, though the gap between those with mental disorders and the care givers remains considerable. Fruitful treatment coverage is notably low; thus, the study's aim is to examine whether journalists are knowledgeable on mental health, the stigma around it and the solutions if one exhibits the signs.

3.2.2 Research Objectives

Particularly, the research sought:

i)   To examine the level of knowledge on mental issues in the Kenyan media

ii)   To establish mental disorders arising from work related issues in the Kenyan media

iii) To explore the major causes of mental health issues in the Kenya media

The research design chosen was hybrid quantitative-qualitative methods which offer broad understanding of trends and underlying gender issues in Kenyan media. The media training and development division of the Media Council of Kenya, in consultation with JHR's Kenya office, developed the study instruments – questionnaires, in-depth interviews, and overall plan for undertaking the study.

The survey tool was created using Google forms, employed for data capture and storage. In order to reduce human contact due to the spread of Covid-19, the tool was administered via a link to the emails of the target respondents. The link to the questionnaire was also publicized via MCK's social media platforms. The tool sought both qualitative and quantitative feedback.

Desktop review was also conducted to analyse literature and variables related to gender-based violence. This is presented herein in form of a literature review.

3.3 SIGNIFICANCE OF THE STUDY

This study builds on the existing body of knowledge and will be used by scholars and researchers, more specifically, it adds to the literature on Mental health stating it's causes, effects and the challenges that arise from them.

This study will not only help in revealing mental health trends but also inform us about how best we can promote mental health among journalists. Findings from the study will impact on fields such as public health, health care and education professionals in putting up policies to improve mental health.

3.4 SCOPE OF THE STUDY

The study was conducted via an online link. The total number of respondents were 332.

3.4.1   Sampling Design

The study adopted stratified random sampling, a method which assured journalists working in both print and electronic media from eight regions (old administrative areas) in Kenya were probabilistically surveyed. In this study, both the traditional media and new media were considered for inclusion namely newspapers, televisions, radio stations and social media.

3.4.2   Data Analysis

From the Google forms, the datasets were downloaded into an excel format which was then transferred to Microsoft Power BI and the Python programming language where descriptive and inferential data analytics were conducted.

For the qualitative data on assessing the status of mental health in media in Kenya in 2021, Thematic Analysis was carried out to identify the themes captured on the interventions regarding mental health that the participants would like MCK to undertake. We make use of AI's Natural Language Processing (NLP) to perform intent modelling and unsupervised learning Topic Modelling of the latent themes through the Latent Dirichlet Allocation (LDA) model.

We set the adjust relevance metric (lamda) at 0.65. Adjusting lambda to values close to 0 highlights potentially rare but more exclusive terms for the selected topic. Larger lambda values (closer to 1) highlight more frequently occurring terms in the document that might not be exclusive to the topic. Sievert & Shirley (2015) the authors of LDA DataViz found in a user study that a lamda ⍵, value close to 0.6 was optimal for interpreting topics/themes. The visualization by default shows the 30 most salient terms.

3.5 LIMITATIONS OF THE STUDY

i.   To reach the targeted number proved futile

ii.   Delays on the respondent's response

iii. Time wastage especially during the mobilization

CHAPTER FOUR: FINDINGS

4.2 DATA ANALYSIS AND OBSERVATIONS - MENTAL HEALTH STATUS IN KENYA MEDIA IN 2021

This report gives the data analytics to the survey. A link to the Microsoft Power BI interactive Dashboard is given at the tail end of the report. This survey utilized 332 participants.

At the very start of the study the participants were asked if they knew how to identify mental health issues in themselves or colleagues. The analysis of the responses is presented in Chart 1.
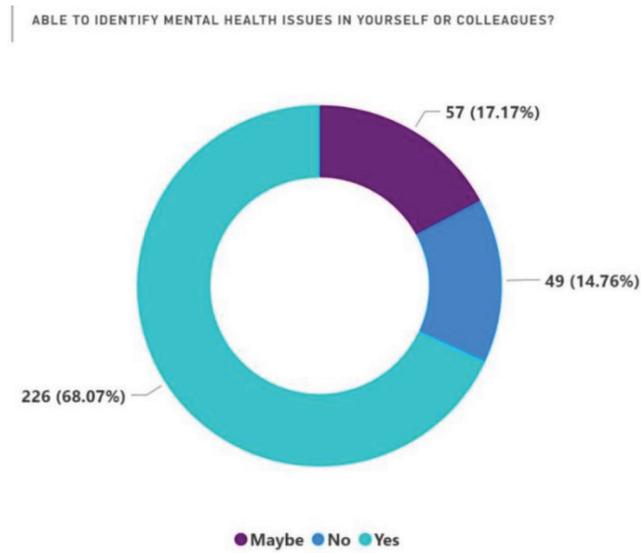

Chart 1: Ability to identify mental health issues in oneself or colleague

As presented in Chart 1, more than half, 226 (68.07%) of the total respondents answered in the affirmative. 57(17.17%) of the participants reported that they would maybe identify mental health issues in oneself or in a colleague while 49(14.76%) of the respondents reported that they were not able to identify mental health issues in oneself or in a colleague.

Further, the survey sought to establish whether the participants knew a colleague who had experienced mental health issues arising from their work as a journalist

As shown in Chart 2, more than half of the total respondents, 206(62.05%) reported that they knew a colleague who had experienced mental health issues arising from their work as a journalist while 126 (37.95%) of the participants did not know a colleague who had experienced mental health issues arising from their work as a journalist.
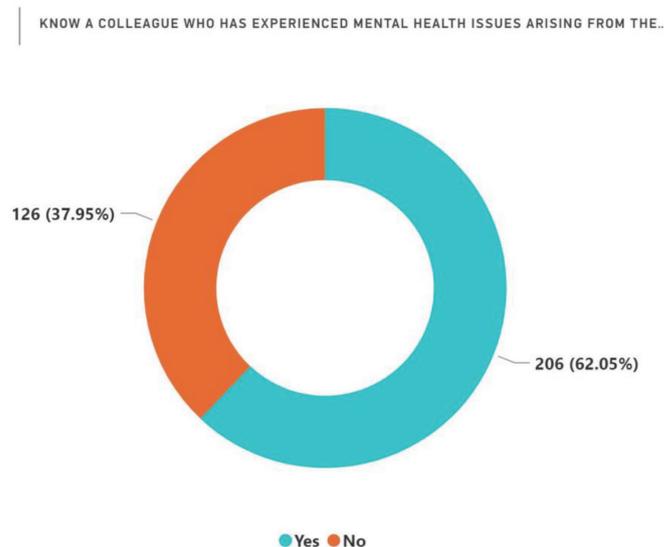

Chart 2: Knowledge of a colleague who had experienced mental health issues

Additionally, for this category of respondents who reported to know a colleague who had experienced mental health issues arising from their work as a journalist, were asked to give the main reasons for the mental health issues of their colleagues. The analysis to this aspect is presented in Chart 3.

As indicated in Chart 3, 12.1% of the participants reported that reporting on conflict/disturbing scenes, attacks/intimidation on the line of duty, Covid-19 pandemic, work pressure/work environment, lack of frequent counselling, a bad boss, poor remuneration, being overworked, and lack of work-life balance as being the main causes of mental health issues for their colleagues arising from working as a journalist.
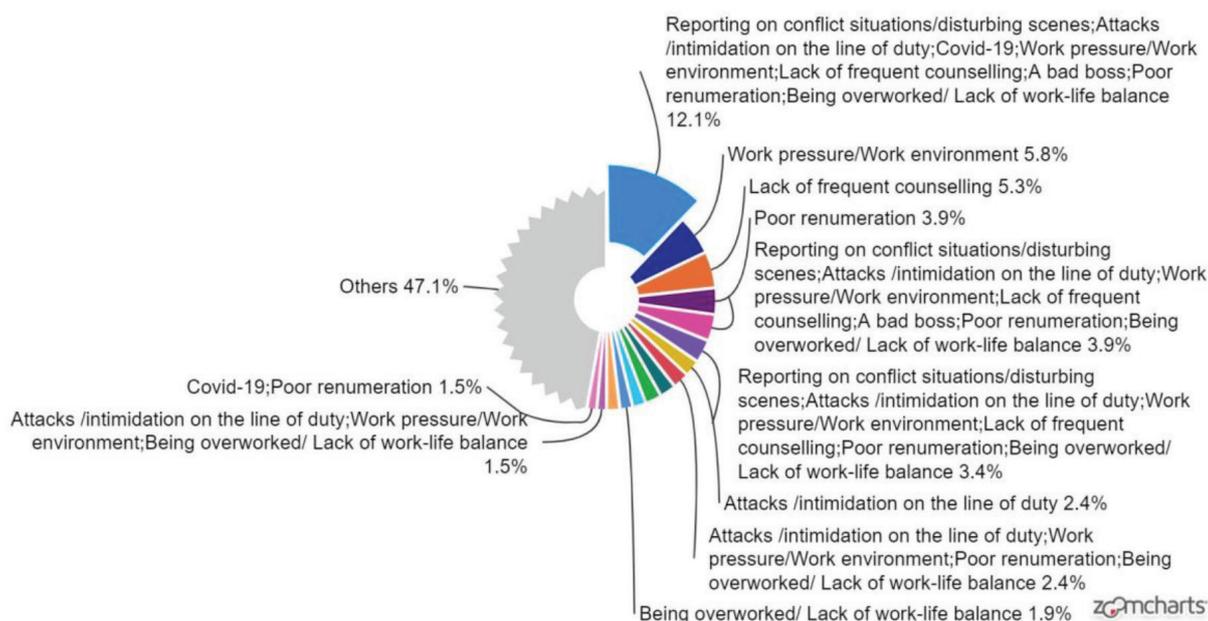
Chart 3: Major causes of mental health issues

A further 5.8% of the participants cited work pressure/work environment as being the main causes of mental health issues for their colleagues arising from working as a journalist, 5.3% cited lack of frequent counselling, 3.9% cited poor remuneration & another 3.9% of the participants cited reporting on conflict/disturbing scenes, attacks/intimidation on the line of duty, work pressure/work environment, lack of frequent counselling, poor remuneration, being overworked, and lack of work-life balance as being the main causes of mental health issues for their colleagues arising from working as a journalist.

A further, 2.4% of the participants cited attacks/intimidation on the line of duty, 2.4% of the participants cited attacks/intimidation on the line of duty, work pressure/work environment, lack of frequent counselling, poor remuneration, being overworked, and lack of work-life balance, 1.9% of the participants cited being overworked & lack of work-life balance and 1.5% of the participants cited Covid-19 pandemic and poor remuneration. Another 1.5% of the participants reported attacks/intimidation on the line of duty, work pressure/work environment, being overworked, and lack of work-life balance as being the main causes of mental health issues for their colleagues arising from working as a journalist. Moreover, other causes of mental health issues that were reported by less than 1.5% of the participants cumulatively added to 47.1%.

Out of the 206 participants who knew a colleague who had experienced mental health issues arising from their work as a journalist, 121 (58.74%) were male while 85 (41.26%) were female. This gender distribution is presented in Chart 4.

Male ● Female ●
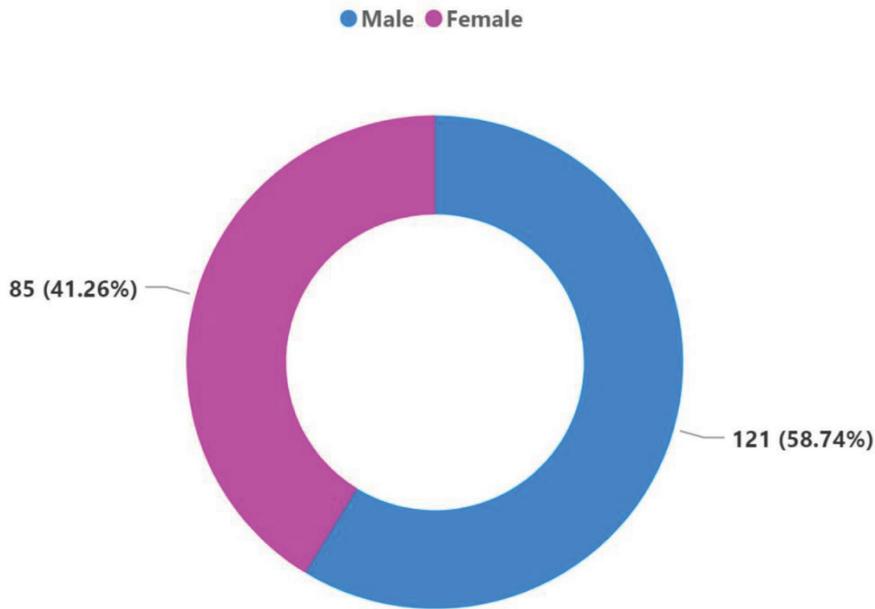
Chart 4: Gender of the Respondent

Out of the 206 respondents, 52.43% had a Diploma as their highest level of education, 33.98% had a bachelor's degree as their highest level of education, 11.65% had a Master's degree as their highest level while 1.94% had a Certificate as their highest level of education. See Chart 5
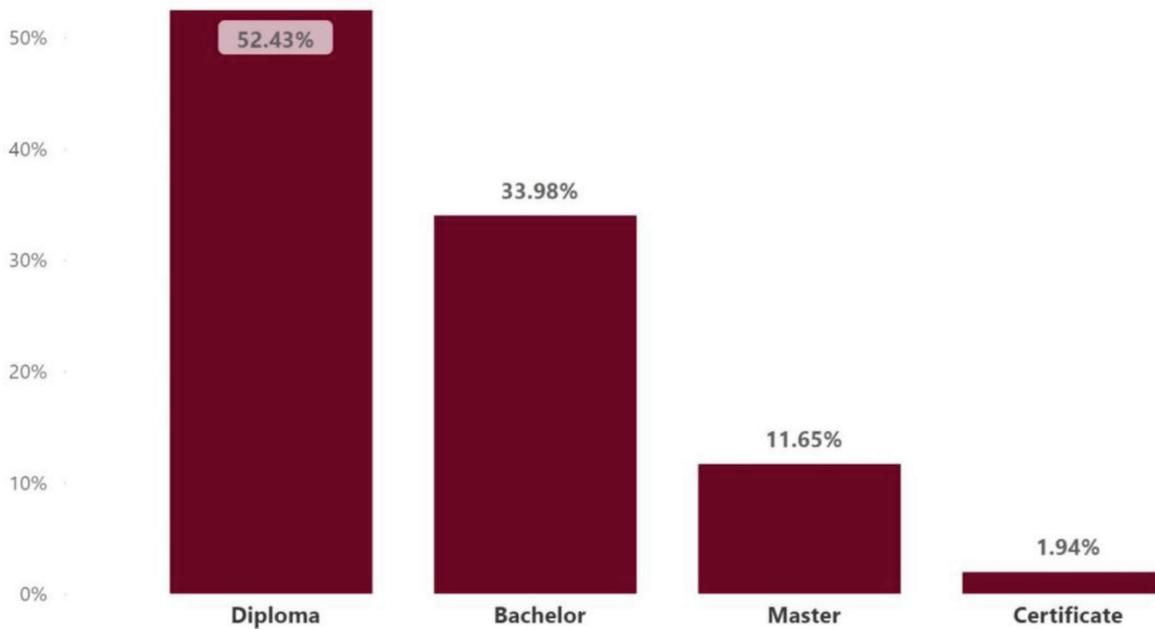
Chart 5: Highest level of Education

Further, as indicated in Chart 6(a), 65.5% were journalists, 8.7% were media practitioners, 5.3% were freelancers, another 5.3% were students, 3.9% were freelance journalists, 1.9% were journalists and media practitioners at the same time, 1.5% were journalists and media trainers/lecturers. Other's professions represented 7.8% of the participants. This is category is presented in Chart 6(b).
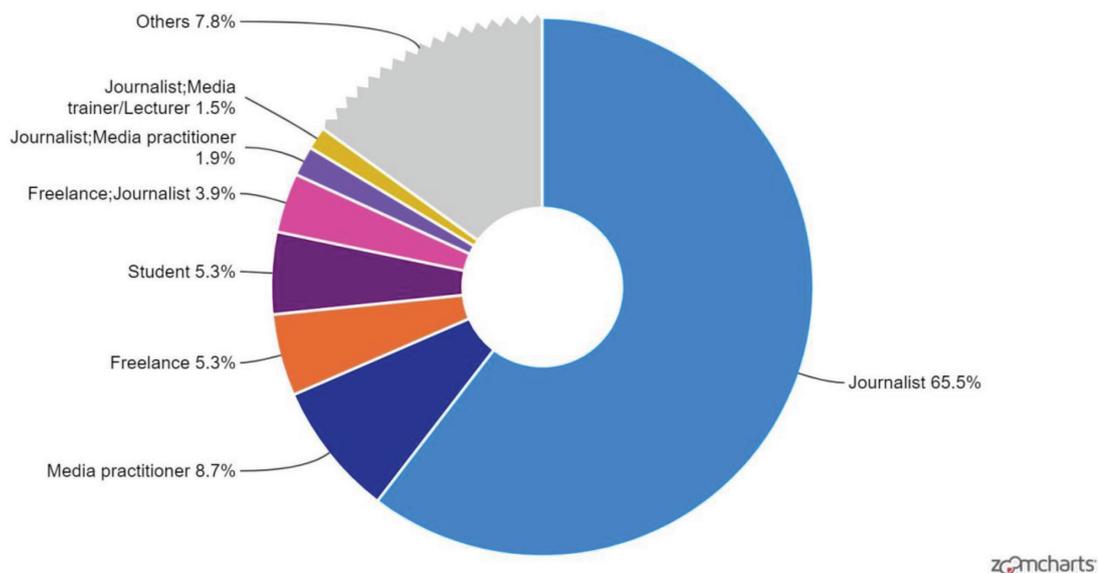
Chart 6(a) Profession

In the others category, each item represented at most 1% of the participants as displayed in Chart 5 (b).
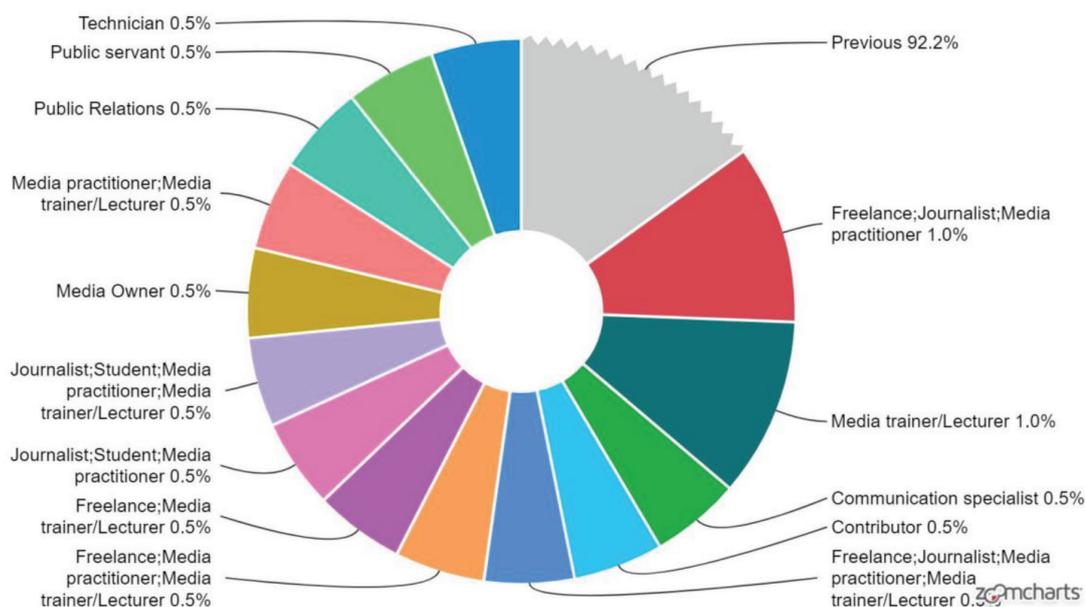
Chart 6(b): Other professions

The study further sought the participants' opinion on a couple of statements. The following statements were put before the participants, to which they were required to answer TRUE or FALSE.

i)   Mental health is a disease that has no cure.

ii) Mental health is more than the absence of mental disorders. There is no health without mental health.

iii) Mental health is a white man's disease.

iv) Journalists are immune from mental health issues.

The results to this analysis are presented in Chart 7 (a).
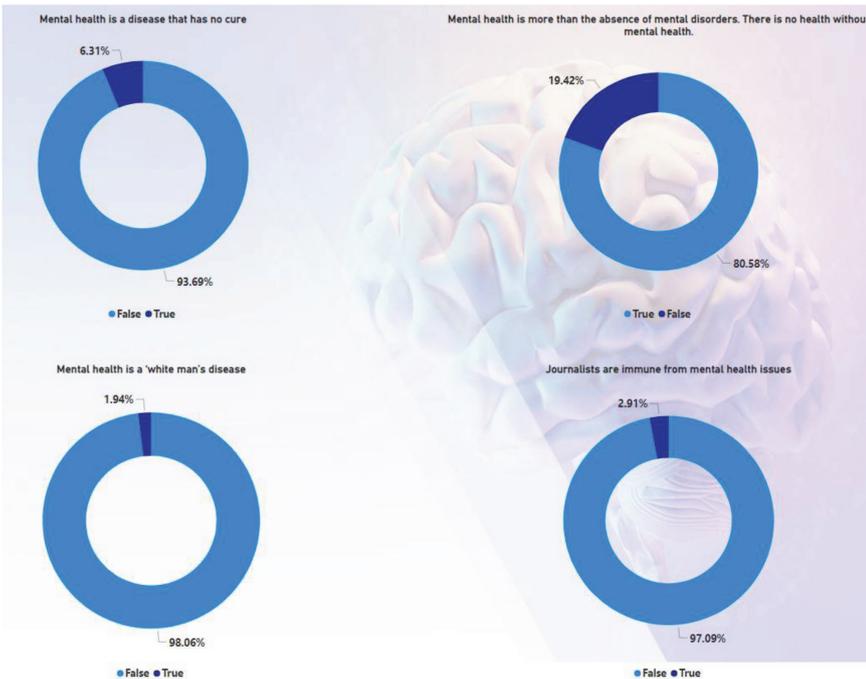
Chart 7 (a) Opinion on mental health status

As to whether or not mental health is a disease that has no cure, 93.69% of the participants believed that it was a false statement while 6.31% of the participants believed it was a true statement.

Furthermore, 80.58% of the participants believed it false that mental health is more than the absence of mental disorders and that here is no health without mental health, against 19.42% of the participants who believed it was true.

As to whether or not mental health is a white man's disease, 98.06% of the participants believed that it was a false statement while a meagre 1.94% of the participants believed it was a true statement.

Lastly, 97.09% of the participants believed that it was false that journalists are immune from mental health issues, against 2.91% of the participants who believed that this statement was true.

A further analysis based on gender proportions of the opinion categories of mental health status is presented in Chart 7(b).

*Pie Chart 7 (b): Interaction with media content on GBV*

As to whether or not mental health is a disease that has no cure, 42.49% of the females believed that this was a false statement against 57.51% of the males. On the other hand, 23.08% of the females believed that this was a true statement against 76.92% of the males who held a similar opinion.

As to whether or not mental health is more than the absence of mental disorders and that here is no health without mental health, 45.18% of the females believed that this was a false statement against 54.82% of the males. On the other hand, 25% of the females believed that this was a true statement against 75% of the males who held a similar opinion.

As to whether or not mental health is a white man's disease, 42.08% of the females believed that it was a false that mental health is a white man's disease against 57.92% of the males. On the other hand, only male participants believed that this was a true statement.

As to whether or not journalists are immune from mental health issues, 41.5% of the females believed that this was a false statement against 58.5% of the males. On the other hand, 33.33% of the females believed that this was true indeed journalists are immune from mental health issues against 66.67% of the males who held a similar opinion.

Moreover, a participants' opinion was sought on whether or not they believed that people who seek help when they have mental health issues are weak and if indeed, they would lose their job or prestige upon seeking help when they have a mental health condition.

The analysis to these survey statements is presented in Charts 8 and 9.

As indicated in Chart 8, 67.48% of the participants strongly disagreed that people who seek help when they have mental health issues are weak, 28.16% of the participants disagreed that people who seek help when they have mental health issues are weak, 2.43% of the participants strongly agreed that people who seek help when they have mental health issues are weak while 1.94% of the participants were neutral in their opinion on the statement that people who seek help when they have mental health issues are weak.
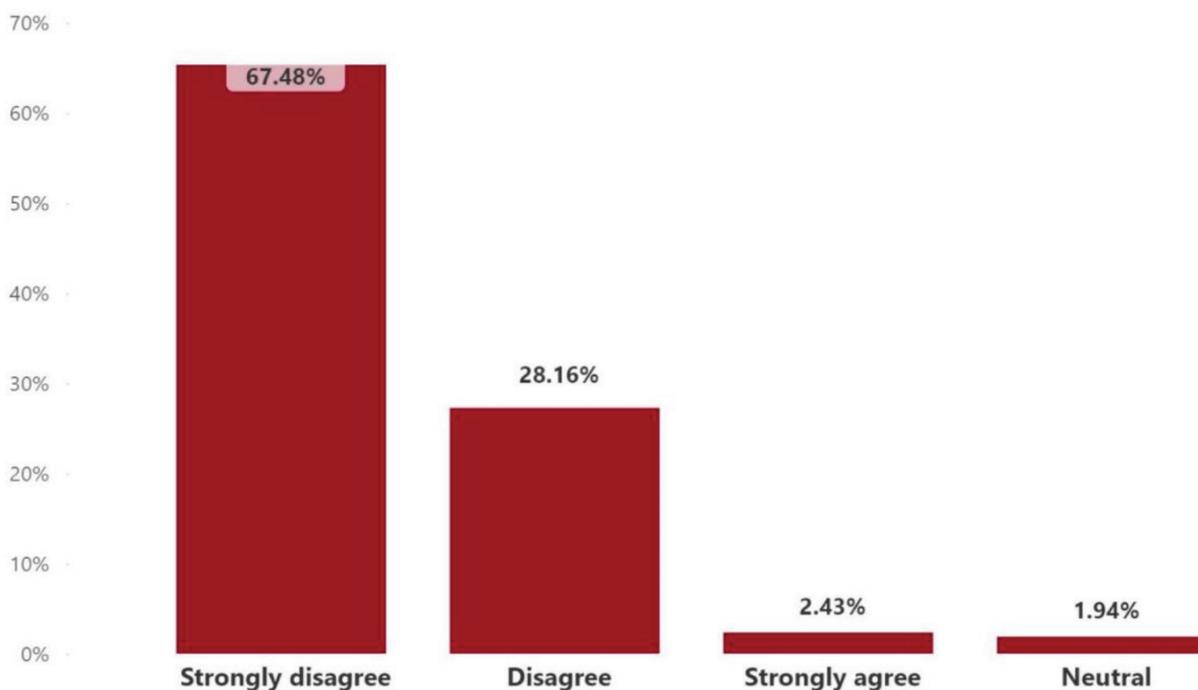
Chart 8: People who seek help when they have mental health issues are weak

As indicated in Chart 9, 36.41% of the participants strongly disagreed that seeking help on mental health condition leads to loss of one's job or prestige, 29.61% of the participants disagreed on the statement that seeking help on mental health condition leads to loss of one's job or prestige, 8.25% of the participants agreed that seeking help on mental health condition leads to loss of one's job or prestige, 6.31% of the participants strongly agreed that seeking help on mental health condition leads to loss of one's job or prestige while 19.42% of the participants were neutral in their opinion on the statement that seeking help on mental health condition leads to loss of one's job or prestige.
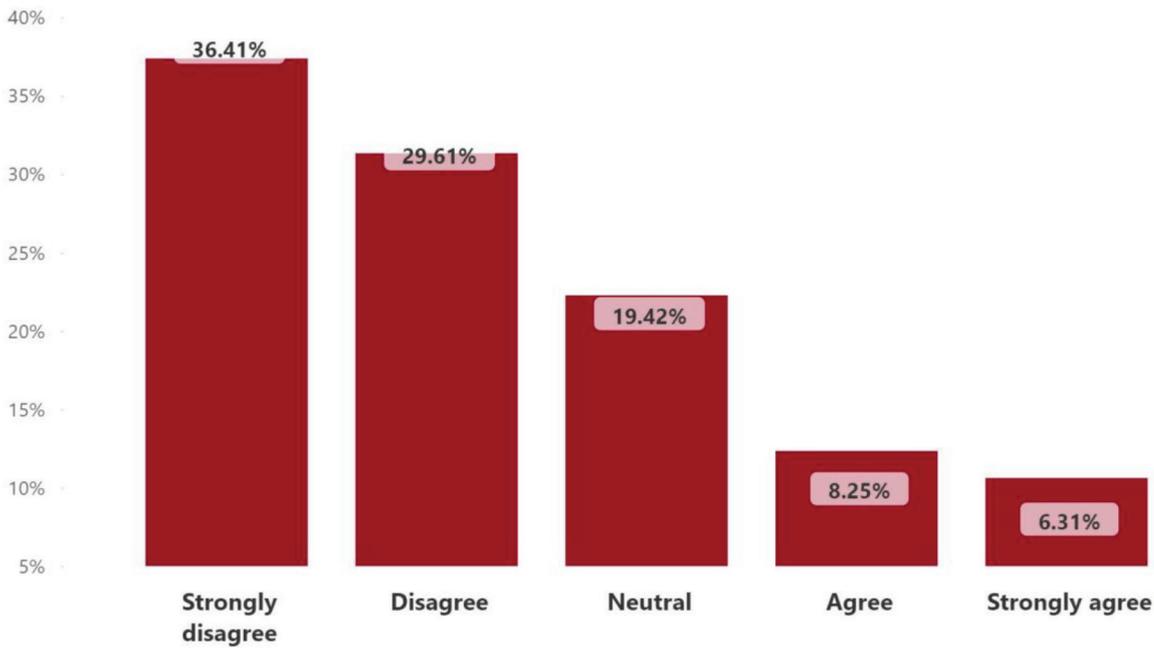
Chart 9: Seeking help on mental health condition leads to loss of one's job or prestige

Consequently, an index was constructed to gauge the participants' overall opinion on these two statements about seeking help on mental health conditions. See Chart 10:
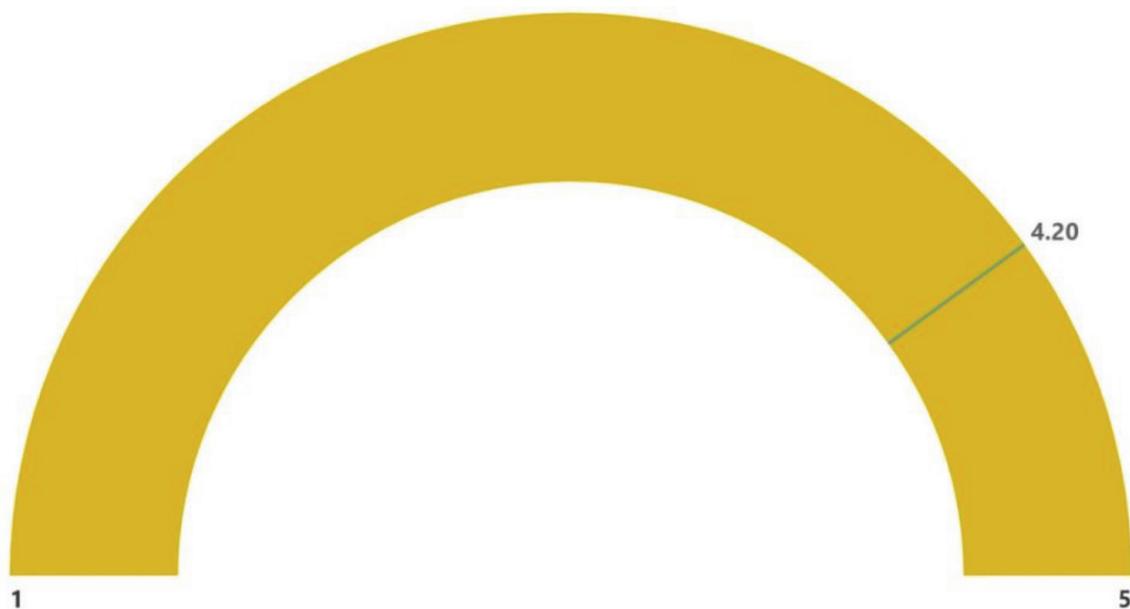
Chart 10: Opinion on seeking help index.

The gauge ranges from 1 (Strongly Agree) to 5 (Strongly Disagree). As shown in Chart 10, the overall mean response on the statements that people who seek help when they have mental health issues are weak and seeking help on mental health condition leads to loss of one's job or prestige is 4.20 which corresponds to the response category 4 (Disagree). Therefore, on average, the participants disagreed with the two statements that.

i) People who seek help when they have mental health issues are weak.

ii) If I seek help when I have a mental health condition, I will lose my job or prestige.

The survey also sought the participants' views on how common mental health issues were among journalists. The results to this analysis are presented in Chart 11.

IN YOUR VIEW, HOW COMMON ARE MENTAL HEALTH ISSUES AMONG JOURNALISTS?

11 (5.34%)

63 (30.58%)

130 (63.11%)

● Very common ● Occasional ● Rare ● Very rare

Chart 11: Frequency of mental health issues

As shown in Chart 11, more than half, 130(63.11%) of the participants felt that mental health issues among journalists were very common, 63(30.58%) felt that mental health issues among journalists were occasional, 11(5.43%) felt that mental health issues among journalists were rare and only 2 (0.97%) of the participants felt that mental health issues among journalists were very rare.

Some of the mental health issues observed among colleagues by participants are displayed in the word cloud below.

Chart 12: Word Cloud

As indicated in the Word Cloud above, key mental health issues observed by participants either in themselves or colleagues were depression, stress, work related issues, poor pay, alcoholism, withdrawal effects from drug use, lack of finances, anxiety etc.

The survey study on the state of mental health in Kenyan media in 2021 additionally established the state of accessing help for those who had mental health issues. Particularly, the study sought the participants' opinion on the following statements.

i) My employer has the capacity to intervene when I encounter difficult situations at work

ii) Our office offers adequate psycho-social support

iii) Our mental health support system is strong, and I feel protected

iv) My family and close friends are the only social support I have

v) I'd rather seek help from NGOs

The analysis to each of the statements above across gender is presented in Chart 13.
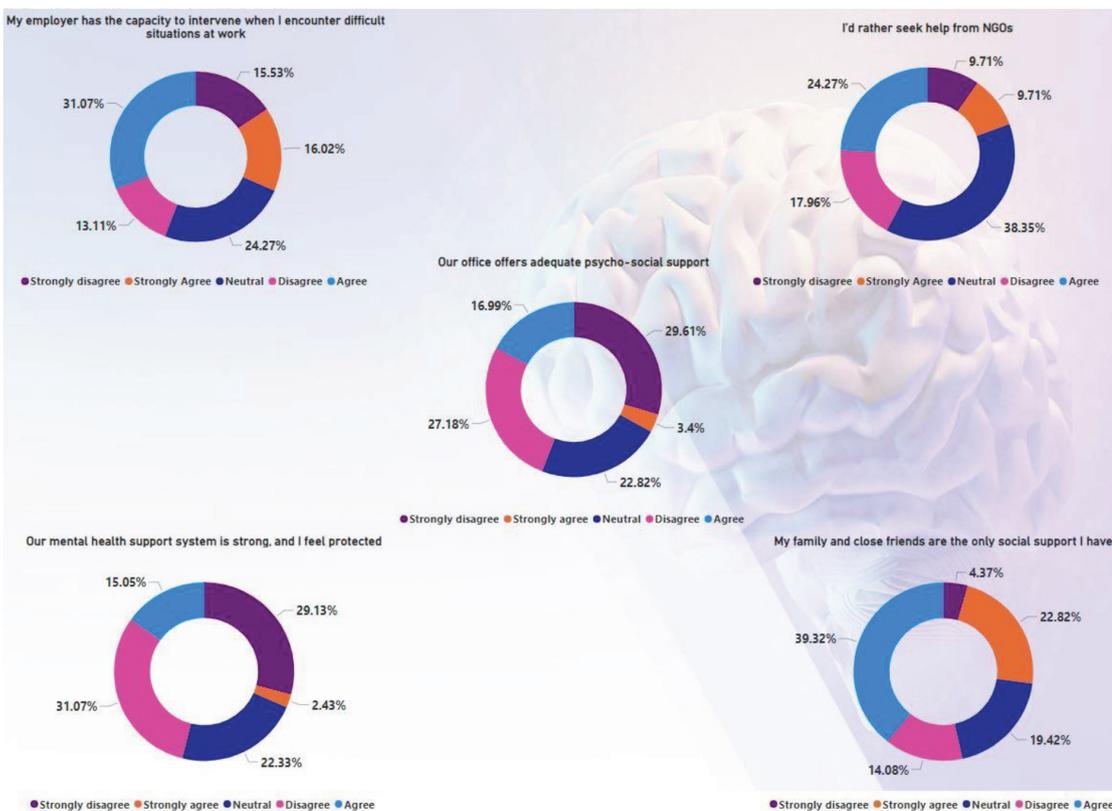
Chart 13: Opinion on access to mental health support

As indicated in Chart 13, 16.02% of the participants strongly agreed that their employer has the capacity to intervene when they encounter difficult situations, 31.07% agreed that their employer has the capacity to intervene when they encounter difficult situations at work, 13.11% disagreed that their employer has the capacity to intervene when they encounter difficult situations at work, 15.53% strongly disagreed that their employer has the capacity to intervene when they encounter difficult situations at work, 59.38% while 24.27% of the participants that were neutral about their employer having the capacity to intervene when they encounter difficult situations at work.

Furthermore, 3.4% of the participants strongly agreed that the office they work for offers adequate psycho-social support, 16.99% agreed that the office they work for offers adequate psycho-social support, 27.18% disagreed that the office they work for offers adequate psycho-social support, 29.61% strongly disagreed that the office they work for offers adequate psycho-social support, while 22.82% of the participants in the survey were neutral about the office they work for offering adequate psycho-social support.

As indicated in Chart 13, the least proportion, 2.43% of the participants in the study strongly agreed that their

mental health support system is strong and they feel protected, 15.05% agreed that their mental health support system is strong and they feel protected, 31.07% of them disagreed that their mental health support system is strong and they feel protected, 29.13% strongly disagreed that their mental health support system is strong and they feel protected, and 22.33% of the respondents were neutral about their mental health support system being strong and feeling protected.

Moreover, as indicated in Chart 13, 22.82% of the participants strongly agreed that their family and close friends are the only social support they have, 39.32% agreed that their family and close friends are the only social support they have and thus cumulatively, more than half, 62.14% of the participants at least agreed that their family and close friends are the only social support they have. Further, 14.08% of the participants disagreed that their family and close friends are the only social support they have, 4.37% strongly disagreed that their family and close friends are the only social support they have while 19.42% of the participants that were neutral about their family and close friends being the only social support they have.

Lastly, 9.71% of the participants strongly agreed that they would rather seek help from NGOs, 24.27% of the participants agreed that they would rather seek help from NGOs, 17.96% disagreed that they would rather seek help from NGOs, 9.71% of them strongly disagreed that they would rather seek help from NGOs, while participants that remained neutral about seeking help from NGOs comprised 38.35%.

An analysis of the gender proportions across the response categories of each of the statements is presented in Charts 14-18.

**i) My employer has the capacity to intervene when I encounter difficult situations at work**
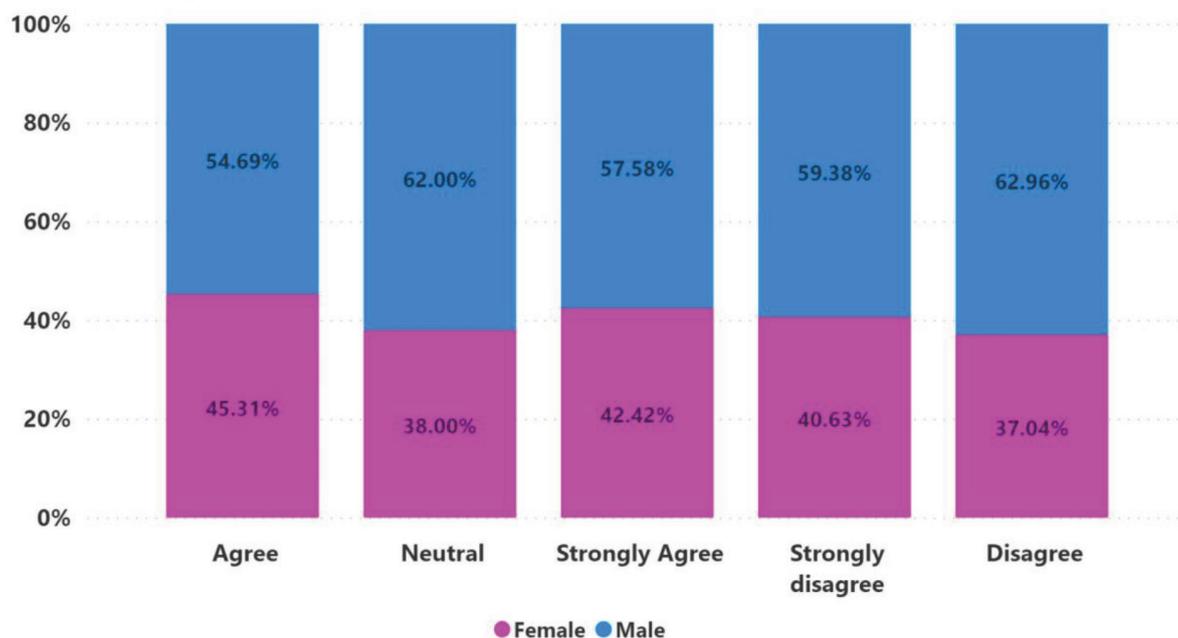
Chart 14: Access help from employer

As indicated in Chart 14, for the participants that strongly agreed that their employer has the capacity to intervene when they encounter difficult situations at work, 57.58% were male while 42.42% were female. The participants that agreed that their employer has the capacity to intervene when they encounter difficult situations at work, 54.69% were male while 45.31% were female. The participants that disagreed that their employer has the capacity to intervene when they encounter difficult situations at work, 62.96% were male while 37.04% were female. The participants that strongly disagreed that their employer has the capacity to intervene when they encounter difficult situations at work, 59.38% were male while 40.63% were female while participants that were neutral about their employer having the capacity to intervene when they encounter difficult situations at work, 62% were male while 38% were female.

**ii) Our office offers adequate psycho-social support**
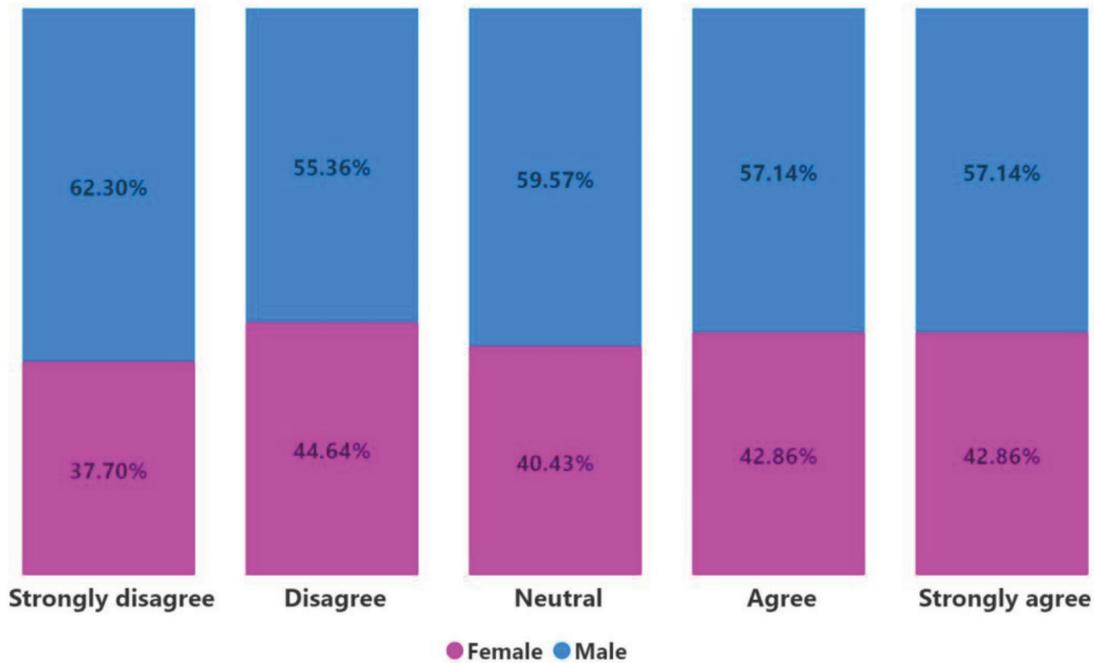
Chart 15: Office offers adequate psycho-social support

As indicated in Chart 15, for the participants that strongly agreed that the office they work for offers adequate psycho-social support, 57.14% were male while 42.86% were female. The participants that agreed that the office they work for offers adequate psycho-social support, 57.14% were male while 42.86% were female. The participants that disagreed that the office they work for offers adequate psycho-social support, 55.36% were male while 44.64% were female. The participants that strongly disagreed that the office they work for offers adequate psycho-social support, 62.30% were male while 37.70% were female while participants that were neutral about the office, they work for offering adequate psycho-social support, 59.57% were male while 40.43% were female.

**iii) Our mental health support system is strong, and I feel protected**
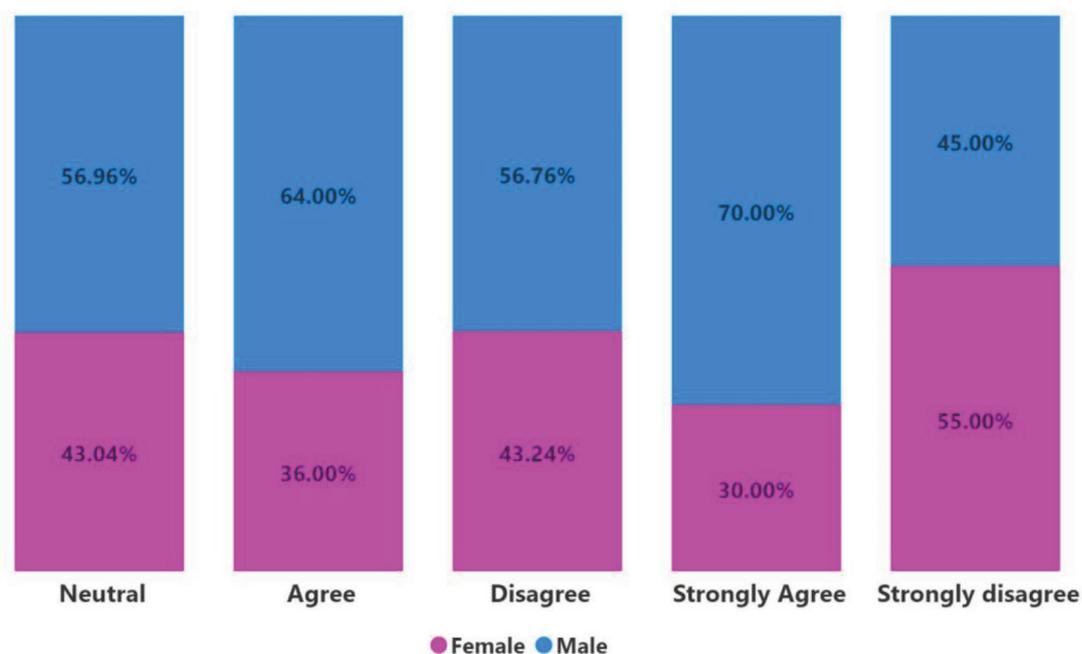
Chart 16: Mental health support system is strong

As indicated in Chart 16, for the participants that strongly agreed that their mental health support system is strong and they feel protected, 70% were male while 30% were female. The participants that agreed that their mental health support system is strong, and they feel protected, 64% were male while 36% were female. The participants that disagreed that their mental health support system is strong, and they feel protected, 56.76% were male while 43.24% were female. The participants that strongly disagreed that their mental health support system is strong, and they feel protected, 45% were male while 55% were female. Further, participants that were neutral about their mental health support system being strong and feeling protected, 56.96% were male while 43.04% were female.

iv) My family and close friends are the only social support I have

As indicated in Chart 17, for the participants that strongly agreed that their family and close friends are the only social support they have, 60% were male while 40% were female. The participants that agreed that their family and close friends are the only social support they have, 54.84% were male while 45.16% were female. The participants that disagreed that their family and close friends are the only social support they have, 60.94% were male while 39.06% were female. The participants that strongly disagreed that their family and close friends are the only social support they have 53.33% were male while 46.67% were female while participants that were neutral about their family and close friends being the only social support they have, 65.22% were male while 34.78% were female.
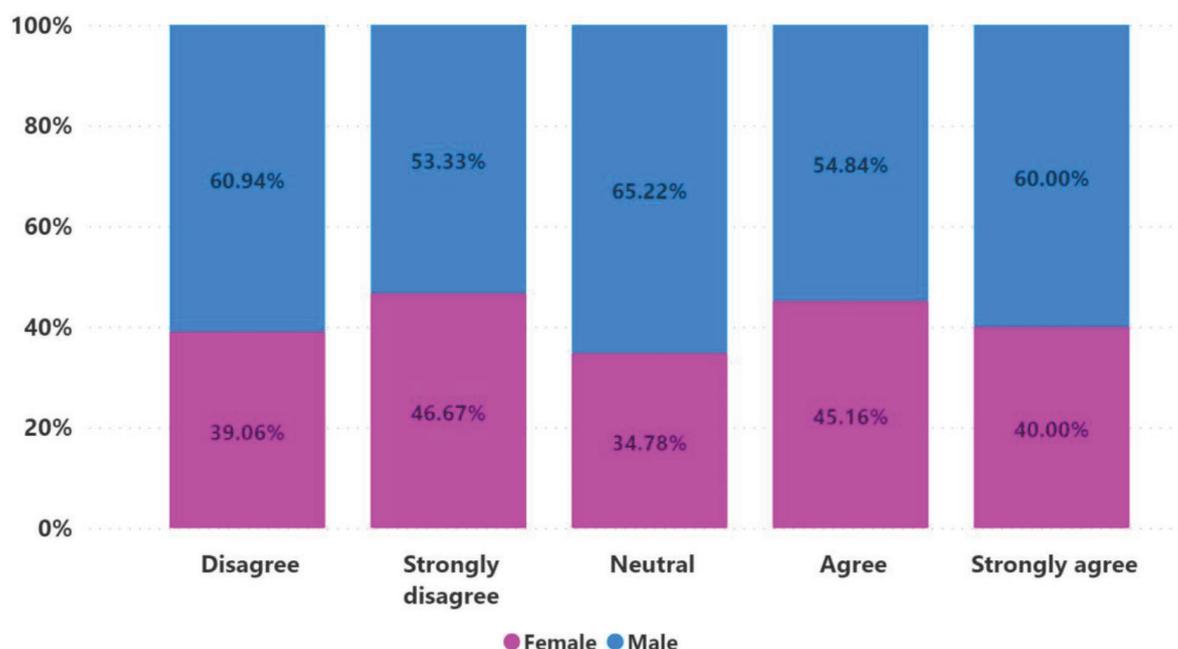

Chart 17: Family and close friends being the only social support present

v) I'd rather seek help from NGOs

As indicated in Chart 18, for the participants that strongly agreed that they would rather seek help from NGOs, 61.70% were male while 38.30% were female. The participants that agreed that they would rather seek help from NGOs, 61.73% were male while 38.27% were female. The participants that disagreed that they would rather seek help from NGOs, 62.07% were male while 37.93% were female. The participants that strongly disagreed that they would rather seek help from NGOs, 44.44% were male while 55.56% were female while participants that were neutral about seeking help from NGOs, 50% were male while 50% were female.
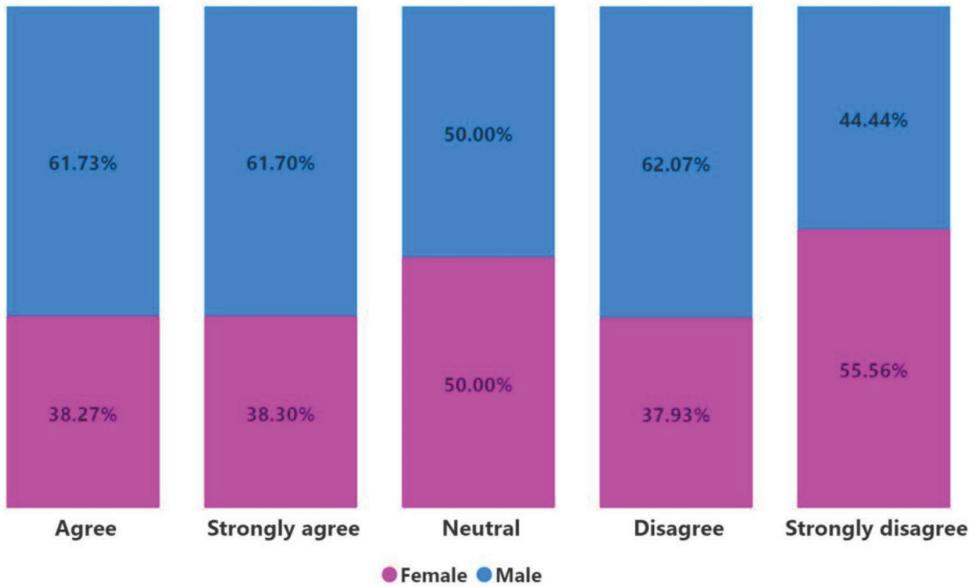
Chart 18: Seeking help from NGO's

Consequently, an index was constructed to gauge the participants' overall opinion on these five statements about accessing help on mental health conditions from the various quarters. See Chart 18:
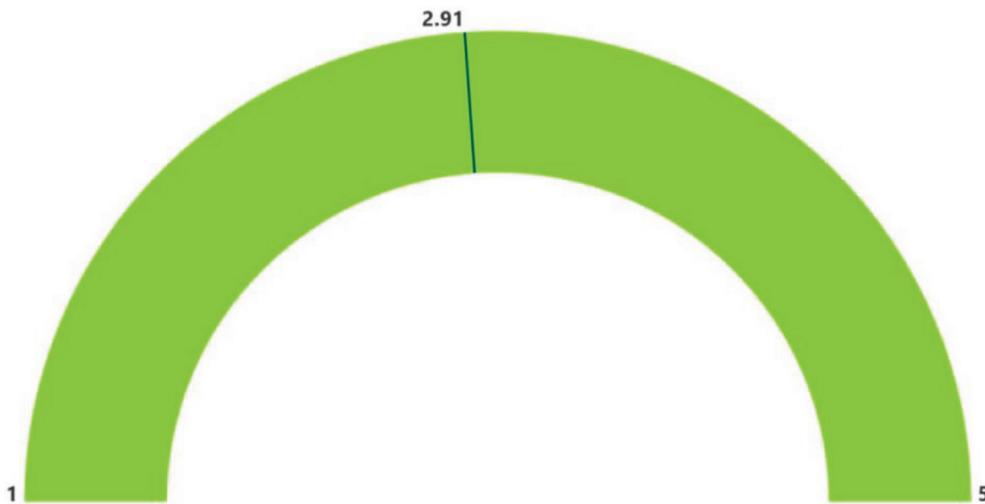
Chart 19: Access to help on mental health issues index

The gauge ranges from 1 (Strongly Disagree) to 5 (Strongly Agree). As shown in Chart 19, the overall mean response is 2.91 on the statements.

i) My employer has the capacity to intervene when I encounter difficult situations at work

ii) Our office offers adequate psycho-social support

iii) Our mental health support system is strong, and I feel protected

iv) My family and close friends are the only social support I have

v) I'd rather seek help from NGOs

This corresponds to the response category 3 (Neutral). Therefore, on average, the participants were Neutral in their opinions on the five statements stated above.

This analysis cascaded down to gender levels. Charts 19 and 20 give the mean responses for male and female participants respectively.
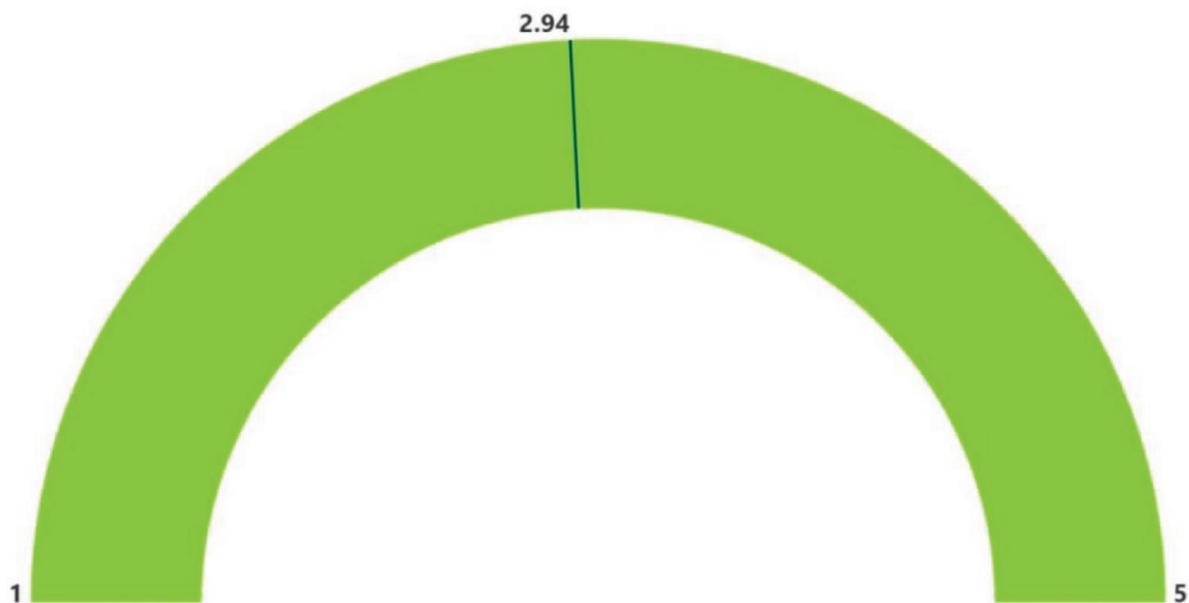

Chart 20: Access to help on mental health issues index (Male)

As indicated in Chart 20, the male participants have a mean response of 2.94 (approximately 3) which corresponds to the response category Neutral.

Chart 21: Access to help on mental health issues index (Female)

As indicated in Chart 21, the female participants have a mean response of 2.87 (approximately 3) which corresponds to the response category Neutral.

Note:

It is worth noting that the male participants had a higher mean response, 2.94 compared to the female participants who had a mean response of 2.87. Therefore, the male participants on average were more likely to Agree with the five statements on the scale of 1 (Strong Disagree) to 5(Strongly Agree) compared to their female counterparts

The participants were further asked if they would report mental health issues to their bosses or HR in case, they experienced any symptoms.

The results to this analysis are presented in Chart 22.

As shown in Chart 22, a majority of the participants 78(37.86%) indicated that they would not report mental health issues to their bosses or HR in case they experienced any symptoms, 76(36.89%) reported that they would actually report mental health issues to their bosses or HR in case they experienced any symptoms while 52 (25.24%) did not know whether or not they would report mental health issues to their bosses or HR in case they experienced any symptoms.

I WOULD REPORT MENTAL HEALTH ISSUES TO MY BOSS OR HR IN CASE I EXPERIENCE ANY ...

52 (25.24%)

78 (37.86%)

76 (36.89%)

● No ● Yes ● I don't know
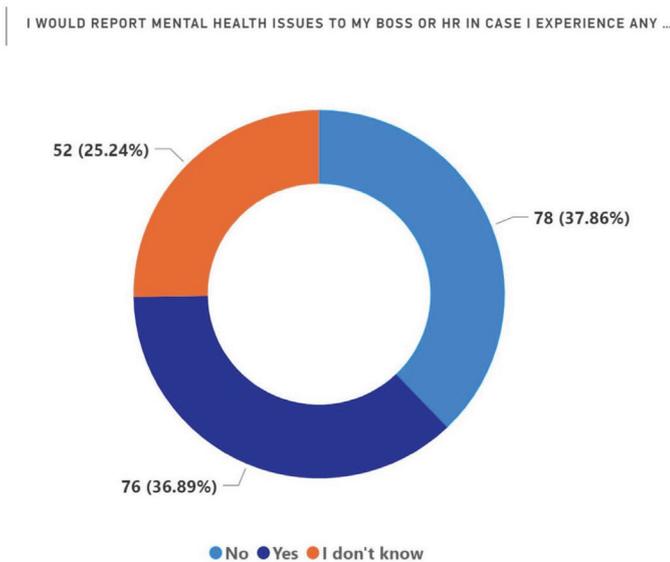
Chart 22: Report mental health issues to bosses or HR

The analysis was further carried out across gender categories and the results presented in Chart 23.

As shown in Chart 23, the 37.86% participants who indicated that they would not report mental health issues to their bosses or HR in case they experienced any symptoms, the male accounted for 19.42% of the total number of participants while the female represented 18.45% the total number of participants. For the 36.89% of the total respondents who reported that they would actually report mental health issues to their bosses or HR in case they experienced any symptoms, the male accounted for 24.27% of the total number of participants while the female represented 12.62% the total number of participants. Finally, for 25.24% of the participants who did not know whether or not they would report mental health issues to their bosses or HR in case they experienced any symptoms the male accounted for 15.05% of the total number of participants while the female represented 10.19%.
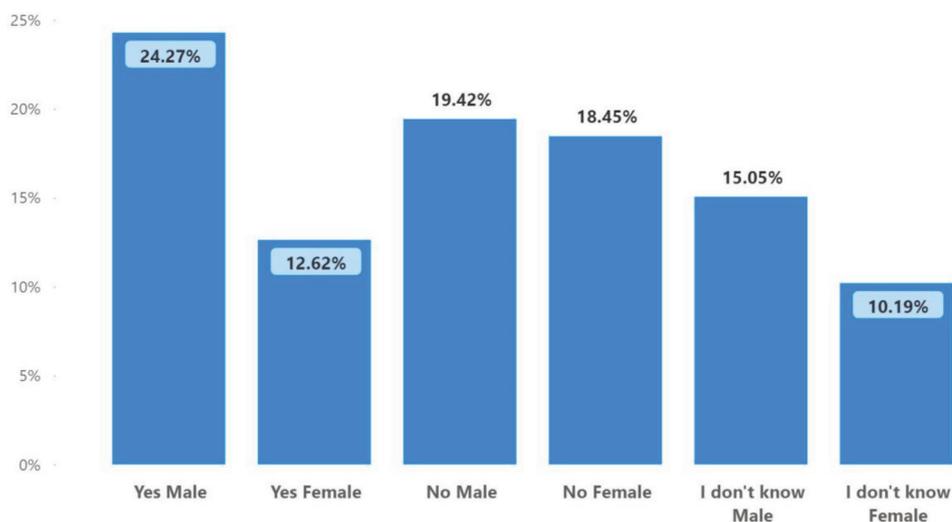

Chart 23: Report mental health issues to bosses or HR by Gender

THEMATIC ANALYSIS

The following 2 Themes were identified by the LDA model.
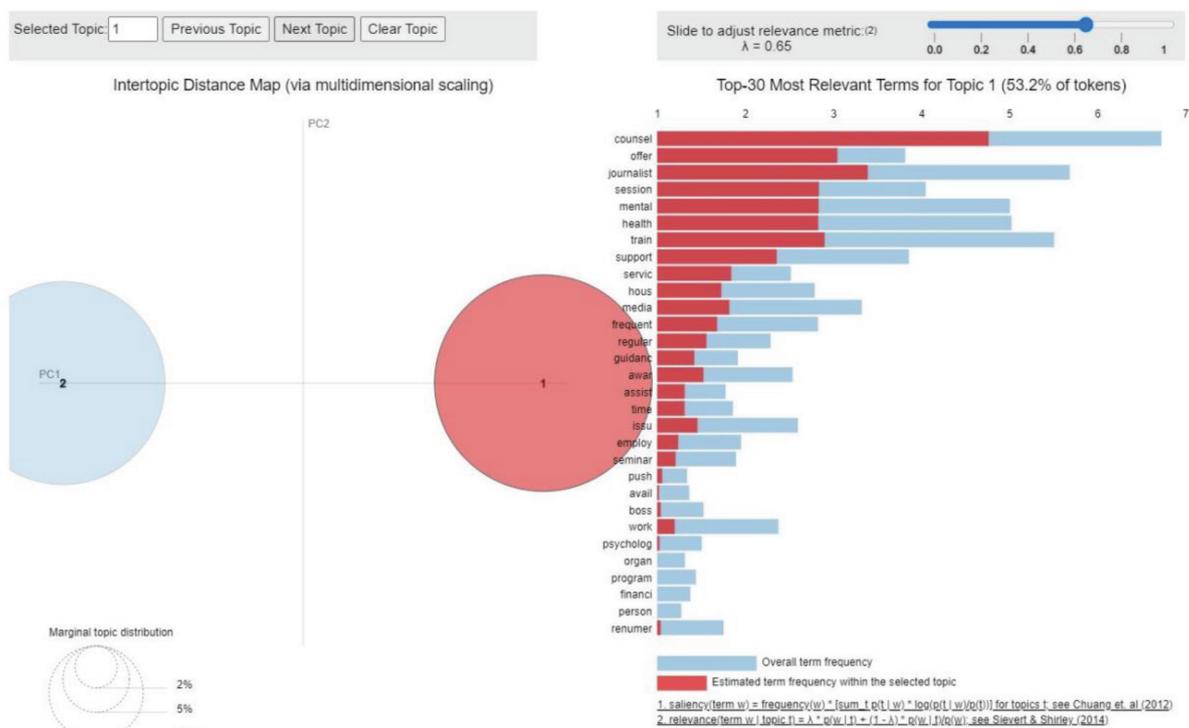

Figure 1: Theme 1 (Counselling and support)

As shown in figure 2, 53.2%of the responses indicated that MCK should facilitate counselling and support to journalists. Notable interventions proposed by the survey participants were.

i)   Introduce counselling sessions and holiday experiences to help journalists ease work tension and offer psychological support

ii) Offer counselling centres in media stations and create awareness to journalists on what they should do when they experience mental health problems.

iii) Occasional in-house counselling sessions for journalists, advocate for balanced working hours and better remunerations for journalists

iv) MCK to Compel media houses to have counselling departments.

v)   Having guidance and counselling once a month to journalists in counties.

vi) Create awareness on mental health, provide counselling to journalists affected, create a platform where members abused from their place of work can report.

vii) Have a free counselling desk available to journalists

viii) Establish a physical visit to journalists in counties to help in debriefing them

ix) Set aside some funds to be rescuing journalists and rehabilitating them from drug abuse

x)   Have some financial support to registered journalists who have left job due to mental health problems
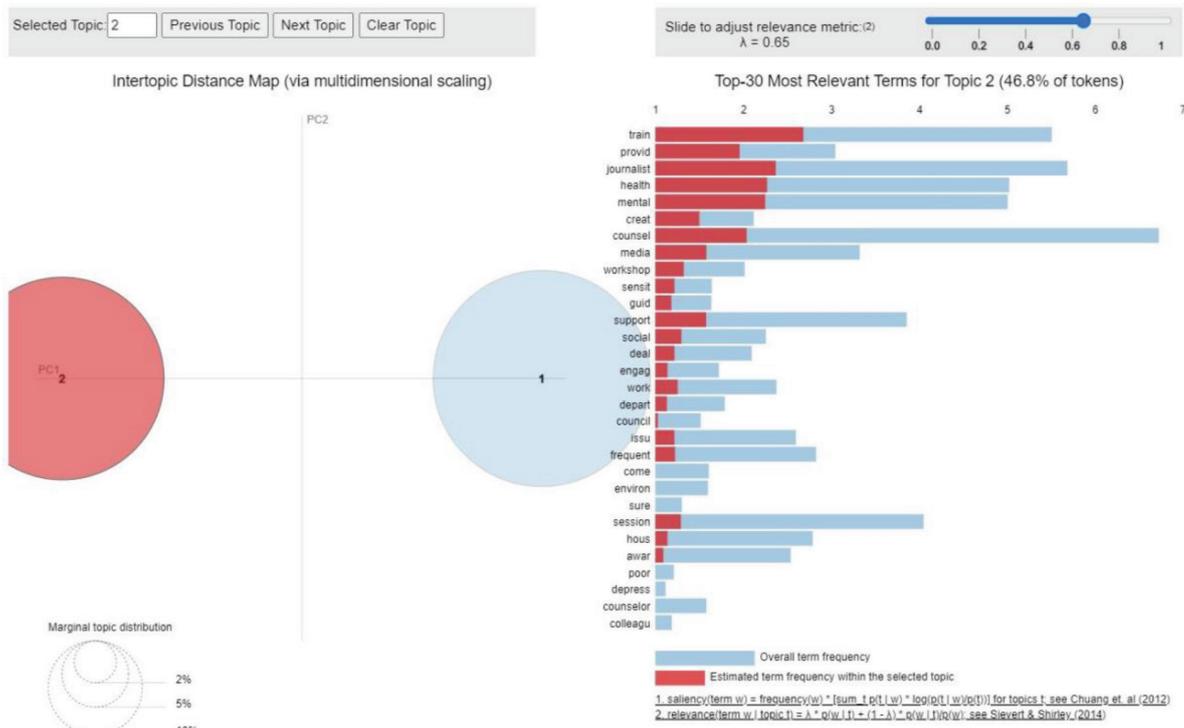
Figure 2: Theme 2 (Trainings/workshops)

As indicated in Figure 2, 46.8% of the responses indicated that MCK should undertake training and workshops for journalists. Particularly some of the key issues raised were.

i)   Train and sensitize Journalists on how to deal with Mental health issues.

ii) Organizing seminar and workshops that involve bosses from work.

iii) Offer more psycho -Social media trainings.

iv) Train our bosses on rights for them to stop sexual harassment at workplace.

v)   Frequent check-ups and follows workshops.

vi) Hold regular sessions with members to sensitize them on emerging issues and new opportunities.

vii) Promote online workshops

Link to Microsoft Power BI dashboard

https://app.powerbi.com/view?r=eyJrIjoiYTU5MjRhYjktODQ1Ni00MTJkLWI4N2MtMTg2ZjE3NjM1OTc5IiwidCI6ImMy
NGYyNGYxLTZmYjUtNGMwMS05Y2Q0LTI0YzlmZTA1OWMzZiJ9&pageName=ReportSection2feac6a4d29d8d40e30b

CHAPTER FIVE: CONCLUSION AND RECCOMENDATIONS

5.1 CONCLUSION

From the findings of the survey, it emerges that mental issues are widespread among journalists. It is notable and concerning that among the respondents, there is generally a significant percentage of them who either lack knowledge on issues of mental health, or for those that have knowledge and can identify issues within themselves, or others have challenges with seeking help or assistance through intervention. There is a recognisable gap that newsroom managers are either inaccessible or have no capacity to implement inhouse interventions on matters of mental health.

It is also clear that work related pressure and work environment are the leading causes of mental health amongst journalists. Most of the respondents believe that there is a cure for mental health related issues, which is a positive thing.

5.2 RECOMMENDATIONS

From the foregoing findings and conclusion, the survey makes the following recommendations:

i)   Counselling sessions and psychological support is needed by all journalists

ii)   Journalists who report on conflict/disturbing and attacks in the line of duty need counselling

iii)   There is need for enhanced information on access to help on mental health

iv)   Training of journalists on mental health and its impacts on their work should be prioritised

v)   There is need for organisations to develop clear reporting mechanisms on mental health

vi)   There is need for awareness creation on the mental health

vii)   Media houses should set up guidelines on reporting mental health concerns

viii) More research is required to, perhaps establish more nuances by reaching a bigger audience of respondents. An expansion of the variables might also improve on the quality if interlaced with key informant interviews – targeting both employees and employers.

ANNEX I: STUDY QUESTIONNAIRE

Assessing the status of mental health among Kenyan journalists and media practitioners

Dear Respondent,

The Media Council of Kenya (MCK) is a public institution established by the MCK Act 2013 for purposes of media regulation in Kenya. Specifically, the Council is mandated to promote and protect the rights and privileges of journalists in the country. In this regard, the Council recognises that mental health is a critical component of journalists' safety and protection and is formulating strategies to address such issues affecting journalists in the line of duty. The results of this survey will be used to formulate strategies aimed at mitigating mental health issues among journalists and media practitioners as a way of improving their working environment. Please note that the information you give will be treated with the highest form of confidentiality and only used for the stated purpose.

1. Name(Optional)

2. Media House(state if freelance)

3. Gender

Male

Female

Other

4. Do you know how to identify mental health issues in yourself or colleagues?

Yes

No

5. Do you know of a colleague who has experienced mental health issues arising from their work as a journalist?

Yes

No (don't proceed)

6. If "yes" above, what would you say are the major causes of mental health issues. Tick where applicable.

- Reporting on conflict situations/disturbing scenes
- Attacks /intimidation on the line of duty
- Covid-19
- Work pressure
- Working from a very small office many of us
- Lack of frequent counselling
- Having a quarrelling supervisor
- Being underpaid yet overworked
- Not knowing who your employer is even though employed

7. State if true or false

	True	False
Mental health is a disease that has no cure		
Mental health is more than the absence of mental disorders		
Mental health is a mzungu disease		
Journalists are immune from mental health issues		

In your view, how common are mental health issues among journalists?

- Extremely common
- Very common
- Occasional
- Rare
- Very rare
- Non-existent

What are some of the mental health issues that you have observed either in yourself or colleague?

To what extent would you agree or disagree with the following statement with the following statements:

	Strongly disagree	Disagree	Agree	Strongly agree	I don't know
a) My employer has the capacity to intervene when I encounter difficult situations at work					
b) Our office offers adequate psycho-social support					
c) Our welfare is strong, and I feel protected					
d) My family and close friends are the only social support I have					
e) Ministry of health facilities help a lot in tackling mental health issues					
f) I'd rather seek help from NGOs					

8. I would report mental health issues to my boss or HR incase I experience any symptoms, if no, state the reason

Yes

No (if proceed to number 13a)

9. Please list a few interventions regarding mental health you would like MCK to address

NOTES

NOTES

MEDIA
COUNCIL OF KENYA

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