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An Analysis of the Use of Mass Media during Communication Campaigns for Mental Health Held in Nairobi County

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Abstract:
The purpose of the current study was to analyse the use of mass media in communication campaigns for mental health held in Nairobi County in Kenya. Purposive sampling technique was used to select Nairobi County and the years when data from communication campaigns for mental health was collected. Data was collected and analysed using content analysis. The study was guided by the health belief model and symbolic interactionism. The findings were that communication campaigns for mental health conducted in Nairobi County used only newsletters and leaflets. They did not use radio, television or even newspapers to publicise the World Mental Health Day themes of each year. It was also found that the messages conveyed lacked very important components and they were inadequate. The study concludes that these communication campaigns conducted annually since 1992 when marking the World Mental Health Day have not used mass media effectively to have a significant impact in enhancing knowledge of mental health among the people.

Keywords: *Communication campaigns, mass media, effectiveness*

1. Introduction

Communication campaigns for mental health in Nairobi County in Kenya take place during three different occasions in a year. These occasions are the Nurses' Week in May every year, Community Outreach programmes conducted over one week in a year, and during the World Mental Health Day held on 10th October every year. During the week before World Mental Health Day, mental health workers create public awareness of mental health issues by giving lectures and holding workshops and symposia (Kiima and Jenkins, 2010). These lectures, workshops and symposia are held within a psychiatric hospital.

Each year has a theme for the World Mental Health Day. Information about this theme has to be publicised. This study focused on how the World Mental Health themes for the years 2012 and 2013 were communicated. The theme of the year 2012 was 'Depression: A global crisis' while that of the year 2013 was 'Mental Health and Older Persons.' The study sought to establish which forms of mass media were used to publicise these themes, how they were used and which messages were communicated.

1.1. Sampling Technique

The study used purposive sampling technique to select Nairobi County in Kenya. This is because Nairobi County has the oldest and largest mental health hospital: Mathari National Teaching and Referral Hospital.

Purposive sampling was also used to select the years from which data on the use of mass media for communication campaigns on mental health was collected. These years were 2012 and 2013. This is because Mathari National Teaching and Referral Hospital had the first Open Day during the World Mental Health Day in 2012.

1.1.1. Data Collection and Analysis

Data was collected, sorted into relevant categories and analysed using content analysis (Wimmer & Dominic, 2011).

1.1.2. Theoretical Framework

The study used the health belief model and the symbolic interactionism theory. The health belief model was used because it has components that health messages should have. These are: perceived susceptibility, perceived severity, perceived benefits, perceived barriers, cues to action and self-efficacy (Becker, 1974; Rosenstock, 1966; Janz & Becker, 1984; Corcoran, 2007).

The symbolic interactionism theory was used because it has three core principles that deal with meaning, language and thought (Griffin, 2009). These are important in explaining people's beliefs and stigma associated with mental health issues.

1.1.3. Mass media used to publicise the themes of the World Mental Health Day

The study established that Mathari Hospital in conjunction with the Ministry of Health prepares newsletters and leaflets that they distribute to their staff and the public prior to and during World Mental Health Day to publicise the theme of the year. It was found that for the years 2012 and 2013 that the study focused on, there was no use of radio or television to disseminate messages designed for the mental health campaigns.

1.1.4. Newsletter used for World Mental Health Day 2012

The theme for World Mental Health Day 2012 was 'Depression: a global crisis.' There was a newsletter which was used for dissemination of this information. It was written in English. There was no leaflet. The newsletter starts by explaining that in 2004 depression was ranked as the third leading cause of the global burden of disease and will move into the first place by 2030. It explains that depression is a global public health concern and is estimated to affect 350 million people globally. The newsletter explains that in Kenya depression is among the top ten causes of Daily Adjusted Life Years (DALYS). This information is meant to show people how widespread depression is. In the health belief model, this information can be placed under the perceived severity component.

The newsletter also explains that depression can affect anybody, both the young and the old. This constitutes perceived susceptibility, which is the first component of the health belief model.

It further explains that depression is treatable. The newsletter says that the treatment available is efficacious and cost effective. Since this is meant to encourage people to seek treatment for depression, it falls under the health belief model component of perceived benefits.

The newsletter explains that Mathari Hospital had an Open Day for the first time in 2012 to mark World Mental Health Day. This was the first time Mathari Hospital opened its doors to the public during the marking of World Mental Health Day to address stigma that is associated with mental health institutions. Stigma is an aspect of culture. It is as a result of the meanings that people have given mental illnesses. It is expressed in the language that people use when referring to mental health issues and the thoughts they have about them. However, the message in the newsletter did not contain any of the elements of the symbolic interactionism theory thus: meaning, language and thought which are important in shaping the attitudes and beliefs of self and community (Griffin, 2009).

The newsletter also explains that efforts should be doubled to ensure that proper diagnosis is made and treatment interventions available at all levels of healthcare in managing depression.

Among the categories into which collected data was sorted, the newsletter has messages on the type of mental illness focused on, who is at risk, severity of mental illnesses, availability of treatment, and benefits of treatment. It lacks information on: causes of mental illnesses, barriers to treatment of mental illnesses, cues to action, self-efficacy, preventive measures, beliefs about causes of mental illnesses, beliefs about treatment, beliefs about interaction with the mentally ill, exposure to past communication campaigns for mental health, and the effectiveness of the messages conveyed during past communication campaigns for mental health. The newsletter therefore lacks sufficient information to enhance knowledge of depression, the World Mental Health theme of 2012. The categories are shown in Table 1 below.

Category	Representation
Type of mental illness	✓
Causes of mental illnesses	×
Who is at risk	✓
Severity of mental illnesses	✓
Availability of treatment	✓
Preventive measures	×
Benefits of prevention and treatment	✓
Barriers to treatment	×
Cues to action	×
Self-efficacy	×
Beliefs about causes of mental illness	×
Beliefs about treatment	×
Beliefs about interaction with the mentally ill	×
Exposure to previous communication campaigns for mental health	×
Effectiveness of the messages conveyed during past communication campaigns for mental health	×

Table 1: Categories into which 2012 data was sorted
Source: Researcher 2014

Furthermore, the newsletter dedicates very little space for depression, the World Mental Health theme for 2012. It has four pages and each page has three columns. Out of these, only two paragraphs focus on depression. One paragraph is in the speech of the Chair of Mathari Hospital and the other in the speech of the Hospital Superintendent. The rest of the newsletter gives an overview of the

various departments in Mathari Hospital, their functions, developments, future plans and the challenges the hospital is facing. Therefore, the newsletter does not give much attention to the World Mental Health theme for 2012 and cannot effectively enhance knowledge regarding the theme.

1.1.5. Newsletter and leaflet used for World Mental Health Day 2013

The theme for World Mental Health Day 2013 was 'Mental health and older people.' The leaflet and newsletter prepared by Mathari Hospital were written in English. They contained information on the percentage of people with 65 years and over as 2.7% by 2012. Males were 512, 921 while females were 650, 687. These are the older people at risk of mental illnesses. By identifying the people at risk of mental illnesses, the leaflet and newsletter contained one of the components of the health belief model. This is perceived susceptibility.

The newsletter and leaflet also explained that some of the mental health issues among the elderly include degenerative diseases such as memory loss (dementia), depression, anxiety, strokes due to high blood pressure and deteriorating physical health. These fall under perceived susceptibility in the health belief model.

The newsletter and leaflet explain that the rapid breakdown of social support and traditional structures that ensured care of the elderly significantly contributes to poor mental health of the elderly people in Kenyan communities. Other factors that can lead to mental illnesses among the elderly are poverty, social isolation, loss of independence, loneliness and losses of different kinds. The social support and traditional structures that ensured care of the elderly is an aspect of the community. Community is one of the aspects that determine people's expectations and responses to mental illnesses. Community is an aspect of the symbolic interactionism theory. These factors also describe the elderly who are at risk of suffering from mental illnesses. They therefore fall under perceived susceptibility, a component of the health belief model.

According to the newsletter and leaflets, most mental disorders among the elderly are assumed to be the normal process of aging and are therefore left unattended to. This happens because people have assigned meanings of being elderly to memory loss, language impairment and disorientation and changes in personality among other symptoms of mental illnesses. This social reality is as a result of ignorance. Such meaning or social reality, falls under symbolic interactionism theory. This meaning or social reality will be expressed in the language that people use when talking about the elderly who are mentally ill and the thoughts they have about these mentally ill elderly people. These are premises of the symbolic interactionism theory.

The newsletter also had information about the benefits of addressing these mental health problems among the elderly. These benefits are: decreased emotional suffering, improved physical health, lessened disability, decreased mortality and better quality of life. Furthermore, increasing access to mental health for older persons will reduce health care expenditures by lowering the frequency of primary care visits, medical procedures and medication use. In the health belief model, these benefits fall under the component of perceived benefits.

Dementia and depression among the old persons are explained in the newsletter and leaflet. First, they explain that dementia is a term used for a group of symptoms associated with non-treatable, irreversible, progressive illnesses which affect the brain. Its symptoms are memory loss, confusion, dis-orientation and judgement problems. The elderly who are suffering from memory loss may become agitated, angry or combative. Memory impairment causes significant impairment in social or occupational functioning. The irreversibility of dementia and how it affects the elderly fall under perceived severity, a component of the health belief model.

According to the leaflet and newsletter, depression among the older people is caused by factors such as: changes in socio-economic circumstances, personal status related to retirement, death of a spouse or other loved ones, health status such as having chronic diseases including cancer, diabetes and hypertension. They explain that older persons who suffer from depression have worse outcomes after medical events such as hip fractures, heart attacks, or cancer. They also explain that depression also often results in higher cases of suicide among older patients. These outcomes fall under the component of perceived severity in the health belief model.

The newsletter also explained the symptoms of depression. These include: depressed mood, extended sleep, loss of interest, lack of appetite, a feeling of worthlessness, difficulty concentrating, suicidal ideation, helplessness and hopelessness or guilt. These symptoms fall under the component of perceived severity.

The newsletter also explained that depression can be treated. This should help to change the meaning, language and thoughts that people have about depression.

Risk factors for developing dementia were also explained in the newsletter and leaflet. They included: vascular and modifiable factors such as smoking, excessive alcohol consumption, obesity, diabetes, hypertension and raised cholesterol. There are also genetic causes. All these explain who is vulnerable to contracting dementia. Therefore this information falls under perceived susceptibility.

Further, the newsletter and leaflet explain preventive measures for dementia. For primary prevention, the preventive measure is avoiding some medication. For secondary prevention, preventive measures include avoiding alcohol, cigarettes, obesity, diabetes and hypertension.

The newsletter and leaflet have a recommendation to the government to consider a welfare scheme through which senior citizens are provided with medical insurance covers and monthly allowances to cater for their basic needs so as to guarantee them decent life and comfort. This falls under the category of preventive measures.

The messages contained in this newsletter and leaflet has the following components of the health belief model: perceived susceptibility, perceived severity and perceived benefits. They lack perceived barriers, cues to action and self efficacy. Just like the other components of the health belief model, these are very necessary components which should have been included in the messages to influence people to change their behaviours.

The messages also explained how the premises of community and meaning affected the mentally ill. These are premises of the symbolic interactionism theory. However, the messages lacked any information on beliefs about causes of mental illnesses, beliefs about treatment and beliefs about interaction with the mentally ill. These could have made the meaning, language and thoughts that people use in regard to mental illnesses clear. The messages also lacked information concerning exposure to previous communication campaigns for mental health and the effectiveness of the messages conveyed during past communication campaigns for mental health. These are important elements that could have shown the current situation and what should be done to improve it.
Table 2 below summarises the categories into which the data collected from the newsletter and leaflets is grouped.

Category	Representation
Types of mental illness	✓
Causes of mental illnesses	✓
Who is at risk	✓
Severity of mental illness	✓
Availability of treatment	✓
Preventive measures	✓
Benefit of prevention and treatment	✓
Barriers to prevention and treatment	×
Cues to action	×
Self-efficacy	×
Beliefs about causes of mental illness	×
Beliefs about treatment	×
Beliefs about interaction with the mentally ill	×
Exposure to previous communication campaigns for mental health	×
Effectiveness of the messages conveyed during past communication campaigns for mental health	×

Table 2: Categories into which 2013 data was sorted
Source: Researcher 2014

The newsletter for 2013 has twelve pages. The World Mental Health Day theme of the year, 'Mental health and older persons' appears on the front page, in two paragraphs on page 4 and the back page. The rest of the newsletter, 10 pages, gives an overview of the departments at Mathari Hospital, the functions they offer, the achievements made over the years, the plans the hospital has and the challenges they are facing. Though this newsletter gives more attention to the World Mental Health theme of 2013 than the one of 2012 did, it still focuses more on other issues than the theme. This therefore makes it inadequate and ineffective in enhancing knowledge of mental health.

1.1.6. Discussion

These mental health communication campaigns cannot be expected to be effective in terms of enhancing knowledge of mental health and encouraging behaviour change. This is because they lack essential elements of effective health communication campaigns. Effective health communication campaigns are characterized by at least three important factors. First, these campaigns are more likely to use mass communication and behavior change theory as a basis for campaign design. Second, they are more likely to use formative research such as focus group to develop messages and inform campaign strategy. Third, they are more likely to link media strategies with community programs thus reinforcing the media message and providing local support for desired behavior changes (Wallack & Dorfman, 2001).
The communication campaigns for mental health conducted in Nairobi County in 2012 and 2013 did not use mass media adequately yet mass media has been seen to be effective in health communication due to its wide reaching, appealing, and powerful nature as well as cost effectiveness (Randolf & Viswanath, 2004; Tones & Green, 2004). The campaigns used lectures, workshops, symposia, newsletters and leaflets. These cannot reach as wide an audience as television, radio, newspapers or the Internet would. Newsletters and leaflets can only be shared by few people. Furthermore, the fact that they are distributed in the hospital and not in any other public place means that the only people who get them are the members of staff and those who have patients they take to Mathari Hospital.
Furthermore, broadcast media have been shown to be effective in destigmatizing psychiatric illness (Hickling, 1992) and promoting acceptance of people with mental disorders (Barker et al, 1993).
Kakuma et al (2010) report that in South Africa, newspapers, television shows, performing arts, radio shows, brochures and pamphlets are used for international events such as World Mental Health Day and Mental Health Awareness month. They say that organizations associated with mental health issues have worked closely with the media in providing accurate information about mental illnesses and promoting mental health. For instance, Kakuma et al (2010) say that the Mental Health Information Centre (MHIC) works with prominent newspaper and magazine journalists in preparing articles on mental health problems such as depression, panic disorder, social phobia, and obsessive-compulsive disorder. They provide information in English, Afrikaans, Xhosa and Zulu. The newsletters and leaflets prepared by Mathari Hospital to mark World Mental Health Day are all in English. This could also reduce the number that is able to access them because not all members of the target audience are able to understand messages written in English.

It is also important to note that the space allocated to the World Mental Health theme in 2012 and 2013 in the newsletters was insufficient. Much of the space is given to the various departments in the hospital, the services offered there and the challenges the departments are facing. This makes the messages communicated in the newsletters to be so brief and to lack important elements. The newsletters and leaflets used in the communication campaigns should only cover the World Mental Health theme. It is only through sufficient coverage of the theme that adequate information can be communicated to the target audience.

The messages disseminated during the campaigns are not firmly grounded on theories of health communication. From the health belief model, these messages contain perceived susceptibility, perceived severity and perceived benefits. They do not contain the components of perceived barriers, cues to action and self-efficacy. These are equally important components and should be included in the campaign messages to support a true understanding of target audiences and groups as well as the health communication environment among health communication practitioners and other members of the communication team (Schiavo, 2007).

The messages are also not based on clear premises of the symbolic interactionism theory. They leave out information on beliefs about the causes of mental illnesses and their treatment. This would have helped the target audience understand the messages better since the messages explain the language the target audience uses when referring to mental illnesses, the meanings they have given mental illnesses and the thoughts they have about these mental illnesses.

Furthermore, the US Office of Disease Prevention and Health Promotion (2000) suggests a number of attributes of effective health communication. These attributes include accuracy, availability, balance, consistency, cultural competence, evidence base, reach, reliability, repetition, timeliness, and understandability. Going by the messages contained in the newsletters and leaflet used for the World Mental Health Day in 2012 and 2013, the messages lack important aspects of effective health communication. These include: balance (which means that health messages should contain all perspectives, both positive and negative about behaviour change. For instance taking drugs for mental illnesses can also have some side-effects), cultural competence (health messages should not offend people's cultural beliefs) and repetition (the messages are communicated once annually).

1.1.7. Conclusion

Communication campaigns for mental health conducted in Nairobi County in Kenya do not effectively use the mass media. Their messages are not fully based on theory and they lack some essential elements of effective health communication. They should use a variety of mass media channels that can ensure wide reach. The messages communicated during these campaigns should also be based on theory and they should have all the important elements of health communication. The newsletters and leaflets used should only be for communication of the World Mental Health theme.

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