
MENTAL ILLNESS STIGMATIZATION IN TERTIARY MEDICAL COLLEGES IN KENYA: THE ROLE OF MASS MEDIA CONTENT

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Abstract

Stigmatization of the mentally ill persons has been one of the derailing factors on the gains made in fighting mental disorders. This stigmatization has seen escalation of the mental illness related effects such as school dropouts, suicide, substance abuse among other consequences as victims eschew seeking treatment for fear of stigmatization. On the other hand, mass media content through the framing of messages and how the communication on mental health issues has been portrayed, play integral role in shaping the public opinion on mental illness. This study therefore sought to examine the role played by mass media content on the stigmatization of mental illness among college students in Kenya Medical Training College. Using a descriptive research approach, the study through a questionnaire surveyed 384 students drawn from a population of 51045 students at the college. The data was analysed using descriptive and inferential statistics through SPSS. The findings revealed that the mass media content significantly influenced mental illness stigmatization among the college students. A conclusion was drawn that the failure by the mass media content to frame mental health issues in a clear and articulate manner, and lack of priming of the mental health-related issues contributed to increased ignorance and stereotyping of the mentally ill persons. It is therefore recommended that the media practitioners and stakeholders have a role to play in eradicating the stigmatization of the mentally ill persons by priming the mass media content on mental issues at the prime time just like other issues, and framing the content on mental health in an articulate manner that is more understandable. More time should also be allocated to mental health issues in the mass media content in order to create more awareness and eradicate the stigmatization.

Keywords: *Mass Media Content, Mental Health, Mental Illness Stigmatization, Kenya Medical Training College (KMTC)*

INTRODUCTION

Background to the Study

Mental illness stigmatization is considered the greatest impediment to seeking proper diagnosis, treatment and rehabilitation by persons with mental illness (Zehl, Mayer, Thomas, & Thiel, 2018). All over the world, people with mental disorders face discrimination, unfair denial of employment and educational opportunities, and discrimination in health insurance, housing policies or even the most basic human rights (Li, Liang, Yuan & Zeng, 2020). The Ministry of Health (MoH) reveals that it is hard to extract clear records of the number of people affected by the different forms of mental conditions in Kenya as majority of people would rather conceal their condition than seek help due to perceived mental illness stigmatization.

Globally, mental illness is presently responsible for 12% of the global disease burden and is estimated to surpass 15% by the end of 2020 (Ho, Chee, & Ho, 2020). Accounting for one-third of disability adjusted life years (DALY), mental illness is a prominent cause of disability globally, and, therefore, has become a key public health concern (Bedaso, Duko & Yeneabat, 2020). The diagnosis of a mental illness among a family member places on the concerned family a big financial, psychological and social burden, and ultimately impacts on the family's quality of life significantly. Moreover, more than 450 million people suffer from mental illness, with a million of them in the world committing suicide every year (Audu et al., 2013).

Mental illness in most parts of the Sub-Saharan Africa is viewed as a neglected and increasingly burdensome problem affecting all segments of the population throughout Africa

(Monteiro, 2015). It is a silent epidemic due to structural and systemic barriers such as inadequate health care infrastructure, insufficient number of mental health specialists, and lack of access to all levels of care (Netsereab et. al, 2018). According to a study by Dachew, Bisetegn, and Gebremariam (2015) the prevalence of common mental illness in South Africa is 27% whereas in Ethiopia, mental illnesses account for 11% of total burden of diseases. In Nigeria, the prevalence rate of mental illness is thought to be about 20% of the populace and the general consensus is that mental illness account for at least 10% of the total burden of disease in Sub-Saharan Africa (Fekadu, Shibeshi & Engidawork, 2017).

In Kenya, more than 1.9 million mental illness cases were reported in 2018 with the World Health Organization Annual Report (2017) indicating that the number of people with mental illnesses has increased by 18% from 2005. A report by the Kenya National Commission on Human Rights (KNCHR), 2011 denoted that up to 25% and 40% of outpatients and in-patients respectively visiting healthcare facilities suffer from mental illnesses. Five years later, in 2016, the Kenya Mental Health Policy (2015-2030) report indicates that nothing has changed. The report further says that mental illness cases may have risen exponentially in Kenya with estimates highlighting that 20-25 percent of outpatients seeking primary healthcare present symptoms of mental illness at any one time. Furthermore Jenkins et al. (2012) stressed that the probable prevalence of the condition in Kenya is at an average of 1 % of the populace with insufficient qualified medical personnel and facilities to take care of this rising population of patients.

The mass media play an integral role in reflecting and shaping public discourse, analysis of news media coverage is considered critical in assessing the national dialogue around issues facing the society such as mental illness (McGinty, Kennedy-Hendricks, Choksy, & Barry, 2016). In India, like in United States of America and the United Kingdom, people are increasingly using new media technology (e.g., smartphones, tablets, laptops, and desktops for Internet access), with increasing frequency to text message, E-mail, blog, as well as accessing social networking websites (like Facebook, Twitter, WhatsApp, Instagram etc.) for business, entertainment, and to stay in touch with family and friends. In these countries, people are also simultaneously acquiring information about national and world events from other traditional sources of mass media (like television, newspaper, magazines, books, movies, radio etc.) (Bingham & O'Brien, 2018).

Mental illness and associated stigmatization also affect medical students, who have been shown to have high levels of psychological distress, including self-stigmatization and unwillingness to seek care (Aggarwal et al, 2013). Medical students face numerous challenges such as financial constraints, academic targets, performance pressure, and competition from fellow peers, concerns about the future as well as societal expectations from parents, guardians or even members of faculty which can have negative impact on their (student's) ability to study and academic outcomes (Verger, Guagliardo, Gilbert, Rouillon & Kovess-Masfety, 2010). Such conditions later lead to mental illnesses but students rarely try to find help for their problems (Dachew, Bisetegn, & Gebremariam, 2015).

The content of mass media which is the message that the media shares to its audience is a key component of mass media that determines how the message is received and perceived towards influencing behavior among the audience (DuPont-Reyes et al., 2020). Through the framing of mental issues and how they are primed (timing), the content of mass media gains more penetration to the society and influences more people to think in a certain manner. Moreover, As expounded by Parrott et al. (2019), how the mass media content is packaged to portray the mentally ill persons and the length of the content is instrumental in shaping perceptions and so is stigmatization of mentally ill persons. The Kenya Medical Training College has been instrumental in training learners on how to cope with mental illnesses and treat the mentally ill. Therefore, the stigmatization of the mentally ill persons by the students in this college would be a major setback to the gains in eradicating such menace in the society.

Statement of the Problem

As the surge in cases of mental illness is recorded in every part of the world including Kenya, it remains a major concern not only among the medical world, but also to the society as

whole. Despite the continued efforts by agencies such as the World Health Organization to reduce the devastating impacts of mental illness especially among young persons, the impacts continue to ravage societies. Notably, one of the major setbacks for these efforts has been the continued stigmatization of the mentally ill persons (Röhm, Hastall & Ritterfeld, 2017; Mumtaz, 2020). WHO (2017) reports that stigmatization of mental illness has directly and indirectly driven the devastating consequences of mental disorders such as suicide, drug abuse among others. Based on the existing empirical evidence, one of the major drivers of mental illness debates and perceptions including stigmatization is mass media content (Sadagheyani & Tatari, 2020). Due to its ability to reach a wide range of people at a short time and influence opinions and perceptions, mass media content can have ravaging effects on how people perceive mental illness (Pratiwi, Zuhriyah & Supriati, 2018). While these studies have portrayed mass media content to be integral in either eradicating or enhancing mental illness stigmatization, they have been carried out on varied contexts and concepts, thus they may not be replicated in a Kenyan context. The studies have also failed to give an informed opinion on whether mass media content has a direct influence on mental health stigmatization. This triggered this study to assess the effect of mass media content on mental illness stigmatization among college students in Kenyan Medical Training college.

Research Objective

The objective of this study was to assess the nexus of mass media content on the mental illness stigmatization among students of Kenya Medical Training College.

Research Hypothesis

1. H0: Mass media content has no significant influence on mental illness stigmatization among students of Kenya Medical Training College.

LITERATURE REVIEW

Theoretical Review

The study was anchored on symbolic interaction theory. The term symbolic interaction was conceived by Herbert Mead to capture what they claimed was the most human and humanizing activity that people can engage in, that is, talking to each other (Ndati, 2013). Mead, whose ideas were advanced by his student Herbert Blumer, holds that people act a certain way towards things or people based on the meaning those things already have, and these meanings are derived from social interaction people have with each other and modified through interpretation (Blumer, 1973). In other words, meaning is not inherent in objects neither is it pre-existent in a state of nature. Instead, meaning is negotiated through the use of language, which is shared between people (Griffin, 1997). In the context of this study therefore, the mental illness derives its meaning from the way people in a particular environment discuss it.

Based on the socio-cultural perspective, symbolic interaction theory relies on the creation of shared meaning through interactions with others (Blumer, 2004). According to Blumer, the theory is anchored on three premises: one, humans act toward things or people on the basis of the meanings they ascribe to those things or people; two, the meaning of such things is derived from, or arises out of, the social interaction that one has with others and the society; and, three, the meanings are handled in, and modified through, an interpretative process used by the person in dealing with the things he/she encounters. The first premise includes everything that a human being may note in their world, including physical objects, people such as those with mental illness, actions and concepts. Essentially, individuals behave towards objects and others, including people with mental illness among them, based on the personal meanings that the individual has already given these items. Blumer was trying to put emphasis on the meaning behind individual behaviors, specifically speaking, psychological and sociological explanations for those actions and behaviors. The second premise explains the meaning of such things is derived from, or arises out of, the social interaction that one has with other humans.

This theory focuses attention on the way that people interact through symbols in order to give meaning to the world (LaRossa & Reitzes, 1993). According to this theory, meaning develops as people interact with their environment, including other people. These interactions are

subjectively interpreted. As such, symbolic interaction is the way we acquire knowledge about interpreting and assigning meaning to the world around us as we interact with others. The theory claims that meaning is not inherent in objects, but evolves in the process of interacting with other people, that is, it arises out of relationship building with other people (Ndati, 2013). During such interactions, human beings act towards things on the basis of meanings that they assign to them. What is of concern to this study, therefore, is the knowledge and understanding that medical students acquire about mental illness from the media and how they (students) use that in their interaction with others.

Conceptual Framework

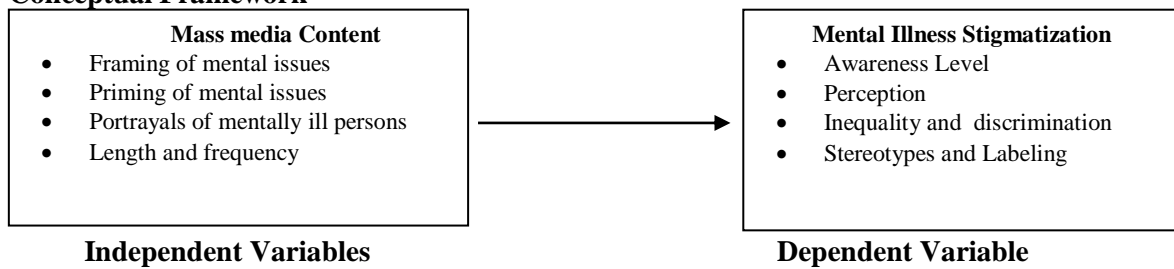


Figure 1: Conceptual Framework

Empirical Review

Stigma has long been associated with mental illness, and media are common channels through which content about individuals with a mental illness are portrayed as different (Pirkis et al., 2006; Wahl, 2003, as quoted in Myrick, & Pavelko (2017). Given the intricate relationship between media and stigma, mass media content is critical in measuring the structural stigma in society (Corrigan et al., 2005). Myrick, & Pavelko, (2017) outline six common components of stigma they identified in previous work. The first component is disadvantage or disruption.

A mental illness is said to be disruptive because it interferes with interpersonal interaction and communication, which also inhibits interaction with others (Rössler, 2016). The second component is concealability, which refers to the control one has over a stigmatizing attribute’s visibility. To demonstrate concealability, the researchers compare mental illness with physical disability. A person with a physical disability, they argue, is always “on stage” because the source of stigma is readily apparent (Bilge & Palabiyik, 2017). Mental illness, on the other hand, is easier to camouflage. Since visible manifestations of mental illness are sometimes absent, individuals with mental health disorders typically have more personal agency about whether to disclose the nature of their condition to those in their social circle. If a mental illness must be disclosed explicitly for audiences to understand it, mediated portrayals might include more disclosures than real life.

Origin, which refers to the initial cause of the stigmatizing attribute, is the third component. For those who question the legitimacy of mental health issues, the individual is the one who is blamed, as the condition is associated with character flaws. For example, research suggests that episodic frames are dominant in news coverage of mental illnesses. News stories focus on specific individuals rather than employing thematic framing situating mental illness as a societal issue (Myrick, Major, & Jankowski, 2014).

Course is the fourth component and it relates to a pattern of change over time (Jones et al., 1984), asking if the portrayal allows for improvement or even a cure. Stigma is more likely where improvement seems unlikely, but if there is potential for improvement, less stigmatization may occur.

The danger component established by Soghoyan and Gasparyan (2017) represents the amount of peril or threat posed to others. Evidence demonstrates that media portrayals often show as dangerous to others those with a mental illness (Bryan, 2020). The last component, the group, argues that people who do not belong to the stigmatized group have a hard time differentiating

group members from each other. All members of a group are expected to manifest the characteristics attributed to that group. All people diagnosed with schizophrenia are 'expected' to hallucinate and all people with depression are assumed to be suicidal.

Research gap

The reviewed studies have focused on varied contexts while others have assessed the mental illness stigmatization without exhaustively addressing the issue of mass media content. Others have generally assessed mass media on mental health awareness, with minimal focus on the content of the mass media and how it is related to stigmatization of mental illness. With other studies having focused on entirely empirical approach without primary data, and others focused on varied conceptualization of mass media content and in varied locales, it paves way for this study to assess the effect of mass media content on mental illness stigmatization among college students in the Kenya Medical Training College.

RESEARCH METHODOLOGY

The study adopted a descriptive survey research design. This design entails explanation of a phenomenon, estimating a proportion of a population with similar characteristics and ascertaining the relationship that occurs amid the variables under study (Myers, 2013).

The target population for this study was the students and administrative staff at the Kenyan Medical Training College (KMTC). For purposes of convenience and effective representation of the target respondents characteristics, the study focused on the campuses that had more than 1000 students as at July 2022 (KMTC, 2022).

The sample size was determined using the Fisher et al. (1991) and Cochran (1977) formula that are designed for large populations. According to Fischer, any population of more than 10,000 people is considered infinite, and the sample size is calculated using the formula:

$$n = \frac{z^2 p (1-p)}{e^2}$$

Where:

z = is the Z value for the corresponding confidence level (i.e., 1.96 for 95% confidence);

e = is the margin of error (i.e., 0.05 = ± 5%) and

p = is the estimated value for the proportion of a sample that have the condition of interest.

P = 50% (the most conservative estimate)

$$n = \frac{1.96 \times 1.96 \times 0.5 (1 - 0.5)}{0.05 \times 0.05} = 384$$

A stratified random sampling was used where the three years of study (first, second and third year) were the strata. The identified number of the respondents based on the distribution of the sample size as per the sampling formula was randomly selected in each of the strata. This ensured that students in all the years of study were captured while every student having an equal opportunity to be selected. This reduced biasness and ensured that the selected sample was the most appropriate representation of the targeted population.

The main data used in this study was the primary data which was collected using a structured questionnaire and an interview guide. The questionnaire was developed and administered by the researcher and two trained assistants to obtain data from sampled students. The questions are as shown in appendix 1.

A pilot test was carried out to pretest the research instruments before the actual study. This study used 10% of the sample size (38) to carry out the pilot study.

Quantitative data from the questionnaires was taken through a coding scheme to classify responses. All data was entered into the system twice to minimize data entry errors. It was then analyzed using descriptive statistics including mean, mode, percentages and cross tabulations. Data was also analyzed using inferential statistics.

RESULTS AND DISCUSSION

Response Rate

The study sampled 384 respondents, out of which 281 returned back the fully filled questionnaires. This represented a response rate of 73.2%. According to Saunders (2019), a response rate of between 50% and 70% is adequate for the study with over a third (30%) of the population as the sample size. This implies that a response rate of 73.2% was appropriate to represent the population of the study. Table 1 shows the response rate of the study.

Table 1: Response Rate and Demographics

Sample Size		Response Rate		Non-Response	
Frequency	Percent	Frequency	Percent	Frequency	Percent
384	100%	281	73.2%	103	26.8%
Year of Study	Year 1		32.2%		
	Year 2		39.4%		
	Year 3		27.2%		
Level of Education	Certificate		25.0%		
	Diploma		59.4%		
	Higher Diploma		15.6%		
Age	Below 25 Years		55.6%		
	25 - 30 Years		30.6%		
	31-35 Years		4.5%		
	Above 35 Years		9.4%		
Gender	Male		42.8%		
	Female		57.2%		

Descriptive Statistics on Mass Media Content

The study sought to establish the influence mass media content on mental illness stigmatization among students of Kenya Medical Training College towards people with mental illness. Using a five-point Likert’s scale, the respondents were asked to indicate their level of agreement or disagreement with key statements on mass media content. The findings as shown in Table 2 revealed that most of the respondents (Mean = 3.64) agreed that they had listened/read/watched informative messages in media on mental illness stigmatization; but disagreed that the messages on mental health and stigmatization on media platforms were mostly negative portrayals of mental illness e.g. mentally ill persons are aggressive and should be avoided (Mean = 2.32). It was further established that majority of the respondents were of the opinion that the messages on mental health and stigmatization on media platforms were mostly positive portrayals of mental illness e.g. how to help mentally ill persons cope (Mean = 3.32). According to Thompson and Furman (2018), the way mental health information and message are framed plays an integral in determine how the recipients perceive the message. This implies that framing of the content should be considered since this determines the context in which the information is received in and its impact on the intended purpose.

The findings further revealed that the type of message shared in the media on mental health is appropriate for raising the necessary awareness (Mean = 3.40) and that support and treatment of mentally ill persons was common, clear and understandable on mass media messages (Mean = 3.05). Most of the respondents agreed that the ridicule and avoidance of mentally ill persons was common and plain on mass media messages (Mean = 3.94). The respondents disagreed that the mental illness stigmatization messages on media platforms were precise and easy to conceptualize (Mean = 2.18; Standard deviation = 1.91); and that the messages on mental illness stigmatization were detailed. According to Zehl et al. (2018), having messages that detailed and ensuring that the messages are clear enhances the effectiveness of mass media towards creating awareness on mental health issues including minimization of stigmatization.

The respondents agreed that some of the media platforms had longer messages than others thus making their preference differ (Mean = 3.58) and that the messages on their preferred media platforms in regard to mental health were frequently repeated (Mean = 3.05). The respondents however agreed that they preferred shorter but frequent information shared on media platforms in regard to mental illness (Mean = 3.41). They disagreed that they felt the order of presenting messages on mental health had been instrumental in curbing stigmatization (Mean = 1.95); but agreed that there should be a better way of presenting the information on mental illness to curb stigmatization (Mean = 3.41). Being a contentious issue, mental health stigmatization should be discouraged through the content of mass media since this is type of media that has a fundamental impact on society, norms, beliefs and values (West & Turner, 2018)

Table 2: Descriptive Statistics of Mass Media Content

Statements	Mean	Std. Dev.
I have listened/read/watched informative messages in media on mental illness stigmatization	3.64	1.45
The message on mental health and stigmatization on media platforms are mostly positive portrayals of mental illness e.g. how to help mentally ill persons cope	2.32	1.94
The type of message shared in the media on mental health is appropriate for raising the necessary awareness	3.40	1.53
Support and treatment of mentally ill persons is common, clear and understandable on mass media messages	3.05	1.55
Ridicule and avoidance of mentally ill persons is common and plain on mass media messages	3.94	1.37
The mental illness stigmatization messages on media platforms are precise and easy to conceptualize	2.18	1.91
The messages on mental illness stigmatization are detailed	3.09	1.55
Some media platforms have longer messages than others thus making my preference differ	3.58	1.42
The messages on my preferred media platforms in regard to mental health are frequently repeated	3.05	1.31
I prefer shorter but frequent information shared on media platforms in regard to mental illness	3.41	1.16
Repeated messages on mental illness stigmatization enhance emphasis and acceptance	3.05	1.59
The order of presenting information on mental illness has caught my attention	2.98	1.71
I feel the order of presenting messages on mental health has been instrumental in curbing stigmatization	1.95	1.50
There should be a better way of presenting the information on mental illness to curb stigmatization	3.41	1.52

Mental Illness Stigmatization

The study sought to establish the mental illness stigmatization among college students. The findings as shown in Table 3 revealed that majority of the respondents agreed that they were aware of the stigmatization among the mentally ill students (Mean = 4.16); and that they were aware of ways in which they could offend the mentally ill students they came across (Mean = 3.55). The respondents agreed that they avoided any actions that could be offensive to the mentally ill students and that they had perceptions that people with mental illness are not friendly (Mean = 4.13). The respondents agreed that they perceived the mentally stressed persons to be minority amongst other peers and that they focused on changing the perception of individuals who stigmatize mentally ill persons (Mean = 3.43).

The findings further revealed that majority of the respondents agreed that they had come across individuals who discriminate the mentally ill patients (Mean = 4.21) and that the always

considered those with mental health conditions to be equal members of the society (Mean = 3.05). Most of the respondents agreed that they had come across stereotyping of mentally ill patients and that there were instances where mentally ill patients have been labeled as unequal members of the community. The findings imply that mental health discrimination and stigmatization of mentally ill persons was still rampant among college students.

Table 3: Mental Health Stigmatization

Statements	Mean	Std. Dev.
I am aware of the stigmatization among the mentally ill students	4.16	1.11
I know ways in which I may offend the mentally ill students I come across	3.55	1.54
I always avoid any actions that could be offensive to the mentally ill students	3.30	1.92
I have perceptions that people with mental illness are not friendly	4.13	1.25
I perceive the mentally stressed persons to be minority amongst other peers	3.23	1.51
I always focus on changing the perception of individuals who stigmatize mentally ill persons	3.13	1.51
I have come across individuals who discriminate the mentally ill patients	4.21	1.06
I always consider those with mental health conditions to be equal members of the society	3.07	1.43
Inequality and discrimination against the mentally ill students is prohibited in the institution	3.48	1.13
I have come across stereotyping of mentally ill patients	3.01	1.26
There are instances where mentally ill patients have been labeled as unequal members of the community	2.52	1.79
I always discourage my peers against stereotyping and labeling the mentally ill individuals	2.91	1.78

Hypotheses Testing

H0: Mass media content has no significant influence on mental illness stigmatization among students of Kenya Medical Training College

The model summary for the variable was as shown in Table 4. As the results portray, the R-square for the model was 0.153. This implies that through mass media content, the variation of mental illness stigmatization will be up to 15.3%. This shows that when mass media content is embraced, a positive increase in the mental illness stigmatization will be achieved.

The Analysis of Variance (ANOVA) test results are as shown in Table 4. As the results portray, the F-statistic for the variable is 43.558, at a significant level of $0.000 < 0.05$. This is an indication that the model is statistically significant in predicting the relationship between mass media content and mental illness stigmatization. It is also an indication that there could a significant relationship between variables.

The regression coefficients are as shown in Table 4. As the results reveal, the regression coefficient for the mass media content is 0.425. This implies that a unit change in the mass media content would influence the mental illness stigmatization by 0.425 units. The t-value for the variable is $7.104 > 2.0$ while the P-value is $0.000 < 0.05$. This implies that the mass media content has a significant influence on the mental illness stigmatization.

Table 4: Relationship between Mass Media Content and Mental Illness Stigma

Model Summary						
Model	R	R Square	Adjusted R Square	Std. Error of the Estimate		
1	.391 ^a	.153	.150	.92902		
a. Predictors: (Constant), Mass Media Content						
ANOVA ^a						
Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	43.558	1	43.558	50.469	.000 ^b

Residual	240.796	279	.863
Total	284.354	280	

a. Dependent Variable: Mental Illness Stigma
 b. Predictors: (Constant), Mass Media Content

Model	Coefficients			t	Sig.
	Unstandardized Coefficients B	Std. Error	Standardized Coefficients Beta		
1 (Constant)	1.991	.228		8.713	.000
Mass Media Content	.425	.060	.391	7.104	.000

a. Dependent Variable: Mental Illness Stigma

Discussion of Findings

The study sought to establish the influence mass media content on mental illness stigmatization among students of Kenya Medical Training College towards people with mental illness. The descriptive analysis results revealed that most students had listened/read/watched informative messages in media on mental illness stigmatization; and that the messages on mental health and stigmatization on media platforms were mostly negative portrayals of mental illness e.g. mentally ill persons are aggressive and should be avoided. Most of the students also perceived the messages on mental health and stigmatization on media platforms to be mostly positive portrayals of mental illness e.g. how to help mentally ill persons cope. They also indicated that the type of message shared in the media on mental health is appropriate for raising the necessary awareness and that support and treatment of mentally ill persons was common, clear and understandable on mass media messages. The findings further revealed that most of the students perceived some of the media platforms had longer messages than others thus making their preference differ and that the messages on their preferred media platforms in regard to mental health were frequently repeated. The findings from the inferential analysis revealed that mass media content had a significant influence on mental health stigmatization among medical students in Kenya.

CONSLCUSION AND RECOMMENDATIONS

Conclusions of the Study

The study concluded that mass media content had a significant role to play in mental illness stigmatization among Kenya Medical Training college students. The study revealed that framing of the mental illness issues in the media content, the priming of mental issues and portrayals of mentally ill persons through mass media content determined the perceptions of the students in regard to mental illness. It is therefore concluded that the content of mass media has an influence on mental illness stigmatization among KMTC students.

The state in which the mental issues are framed by the mass media outlets has an integral role to play in creating awareness and influencing behavior and perceptions of the students on mental illness stigmatization. The priming and timing of the content also determines how many people can see the information thus enhancing its impact on influencing or minimizing mental illness stigmatization.

Recommendations of the Study

The mass media companies have the moral duty to support the mentally ill persons by creating awareness against their discrimination and stigmatization. They ought to do this through creating the appropriate content that is audible and clear to all the listeners. Priming mental health issues and framing such issues in a precise manner would be essential in creating the appropriate The management of the Kenya Medical Training College can also take part in ensuring that the mass media content is aligned and supportive to mental health wellness and campaigning against stigmatization. To reduce stigmatization among students, the college should incorporate messages that discourage the vice in its mass media communications including advertisements and notices.

REFERENCES

- Audu, A. A., Idris, S. H., Olisah, V. O., & Sheikh, T. L. (2013). Stigmatization of people with mental illness among inhabitants of rural community in Northern Nigeria. *International Journal of Social Psychiatry*, 59(1), 55-60.
- Bedaso, A., Duko, B., & Yeneabat, T. (2020). Predictors of mental distress among undergraduate health science students of Hawassa University, College of Medicine and Health Sciences, Hawassa, SNNPR, Ethiopia: a cross-sectional study. *Annals of General Psychiatry*, 19(1), 6.
- Bilge, A., & Palabiyik, O. (2017). The effect of short films about mental health and disorders on preventing stigmatization in nursing education. *Archives of psychiatric nursing*, 31(1), 88-92.
- Bingham, H., & O'Brien, A. J. (2018). Educational intervention to decrease stigmatizing attitudes of undergraduate nurses towards people with mental illness. *International Journal of Mental Health Nursing*, 27(1), 311-319.
- Blumer, H. (2000). *Selected works of Herbert Blumer: A public philosophy for mass society*. University of Illinois Press
- Blumer, H. (2004). *George Herbert Mead and human conduct*. Rowman Altamira. Griffin, 1997
- Bryan, S. (2020). *Social Media and Mental Health: A Comprehensive Review of Eating Disorders in Young Men and the Literature Gap*. USF St. Petersburg campus Honors Program Theses. <https://digitalcommons.usf.edu/honorstheses/255>
- Corrigan, P. W., Watson, A. C., Gracia, G., Slopen, N., Rasinski, K., & Hall, L. L. (2005). Newspaper stories as measures of structural stigma. *Psychiatric services*, 56(5), 551-556.
- Dachew, B. A., Bisetegn, T. A., & Gebremariam, R. B. (2015). Prevalence of mental distress and associated factors among undergraduate students of University of Gondar, Northwest Ethiopia: a cross-sectional institutional based study. *Plos one*, 10(3), e0119464.
- DuPont-Reyes, M. J., Villatoro, A. P., Phelan, J. C., Painter, K., & Link, B. G. (2020). Media language preferences and mental illness stigma among Latinx adolescents. *Social psychiatry and psychiatric epidemiology*, 55(7), 929-939.
- Fekadu, N., Shibeshi, W., & Engidawork, E. (2017). Major depressive disorder: pathophysiology and clinical management. *J Depress Anxiety*, 6(1), 255-257.
- Ho, C. S., Chee, C., & Ho, R. (2020). Mental health strategies to combat the psychological impact of coronavirus disease 2019 (COVID-19) beyond paranoia and panic. *Ann Acad Med Singapore*, 49(3), 1-6.
- Jenkins, R., Njenga, F., Okonji, M., Kigamwa, P., Baraza, M., Ayuyo, J., ... & Kiima, D. (2012). Prevalence of common mental disorders in a rural district of Kenya, and socio-demographic risk factors. *International journal of environmental research and public health*, 9(5), 1810-1819.
- Kenya National Commission on Human Rights. (2011). *Silenced Minds: The Systematic Neglect on the Mental Health Systems in Kenya*, Nairobi, and Author
- LaRossa, R., & Reitzes, D. C. (1993). Symbolic interactionism and family studies. In P. G. Boss, W. J. Doherty, R. LaRossa, W. R. Schumm, and S. K. Steinmetz (Eds.), *Sourcebook of family theories and methods: A contextual approach* (pp. 135-163). New York: Plenum.
- Li, J., Liang, W., Yuan, B., & Zeng, G. (2020). Internalized stigmatization, social support, and individual mental health problems in the public health crisis. *International Journal of Environmental Research and Public Health*, 17(12), 4507.
- McGinty, E. E., Kennedy-Hendricks, A., Choksy, S., & Barry, C. L. (2016). Trends in news media coverage of mental illness in the United States: 1995-2014. *Health Affairs*, 35(6), 1121-1129.
- Ministry of Health. (2015). *Kenya mental health policy 2015-2030*. 2015. <https://publications.universityofhealth2030.org/uploads/Kenya-Mental-Health-Policy.pdf>. Accessed 30 Apr 2020
- Monteiro, N. M. (2015). Addressing mental illness in Africa: global health challenges and local opportunities. *Community Psychology in Global Perspective*, 1(2), 78-95.

- Mumtaz, M. (2020). COVID-19 and mental health challenges in Pakistan. *International Journal of Social Psychiatry*, 0020764020954487.
- Myrick, J. G., Major, L. H., & Jankowski, S. M. (2014). The sources and frames used to tell stories about depression and anxiety: A content analysis of 18 years of national television news coverage. *Electronic News*, 8(1), 49-63.
- Ndeti, N. (2013). Social Construction of meaning and values regarding HIV and AIDS through interpersonal communication networks: A study of high school students in Nairobi. *African Journal of Communication*, 1(1), 43.
- Netsereab, T. B., Kifle, M. M., Tesfagiorgis, R. B., Habteab, S. G., Weldeabzgi, Y. K., & Tesfamariam, O. Z. (2018). Validation of the WHO self-reporting questionnaire-20 (SRQ-20) item in primary health care settings in Eritrea. *International journal of mental health systems*, 12(1), 1-9.
- Parrott, S., Billings, A. C., Buzzelli, N., & Towery, N. (2019). "We All Go Through It": Media Depictions of Mental Illness Disclosures From Star Athletes DeMar DeRozan and Kevin Love. *Communication & Sport*, 2167479519852605.
- Pratiwi, N. M. S., Zuhriyah, L., & Supriati, L. (2018). Exposure to mass media as a dominant factor influencing public stigma toward mental illness based on sunrise model approach. *Belitung Nursing Journal*, 4(2), 232-241.
- Röhm, A., Hastall, M. R., & Ritterfeld, U. (2017). How movies shape Students' attitudes toward individuals with schizophrenia: an exploration of the relationships between entertainment experience and stigmatization. *Issues in mental health nursing*, 38(3), 193-201.
- Rössler, W. (2016). The stigma of mental disorders: A millennia-long history of social exclusion and prejudices. *EMBO reports*, 17(9), 1250-1253.
- Sadagheyani, H. E., & Tatari, F. (2020). Investigating the role of social media on mental health. *Mental Health and Social Inclusion*.
- Soghoyan, A., & Gasparian, K. (2017). Mental health and stigma. In *Global Mental Health* (pp. 61-69). Springer, Cham.
- Thompson, R., & Furman, R. (2018). From Mass to Social Media: Governing Mental Health and Depression in the Digital Age. *Sincronia*, 22(73), 398.
- Verger, P., Guagliardo, V., Gilbert, F., Rouillon, F., & Kovess-Masfety, V. (2010). Psychiatric disorders in students in six French universities: 12-month prevalence, comorbidity, impairment and help-seeking. *Social psychiatry and psychiatric epidemiology*, 45(2), 189-199.
- Wahl, O. F. (1992). Mass media images of mental illness: A review of the literature. *Journal of Community Psychology*, 20(4), 343-352.
- West, R., & Turner, L. H. (2018). *Introducing Communication Theory: Analysis and Application*. McGraw-Hill Education.
- World Health Organization (2015). *Mental health atlas 2014*. Switzerland: WHO.
- World Health Organization. (2010). *Strengthening our response*.
- World Health Organization. (2011). *WHO report on the global tobacco epidemic, 2011: warning about the dangers of tobacco*. Geneva: World Health Organization.
- Zehl, R. A., Mayer, J., Thomas, S., & Thiel, A. (2018). Mass media framing of mental illness in elite sports—A case study from Australian football.