



# Kenya Psychiatric Association

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## THE 2020 MAY MENTAL HEALTH AWARENESS CAMPAIGN REPORT 11<sup>TH</sup> JUNE 2020.

### EXECUTIVE SUMMARY

The 2020 May mental health awareness campaign in Kenya was led by the Kenya Psychiatric Association (KPA) in partnership with CitiesRISE. The main objective of this campaign was to educate Kenyans on Mental Health during the COVID-19 Pandemic and beyond. The campaign met its objectives and this was indicated by coverage of the campaign messages on leading television and radio stations in Kenya. The campaign hashtag **#MentalHealth254** gained popularity and became a top trending topic on twitter every week on Thursdays for the whole month of May. The social media campaign connected young people socially and promoted a narrative of resilience and hope at a time when Kenya was instituting social distancing measures to control the spread of COVID-19.

### 1. INTRODUCTION

The Kenya Psychiatric Association (KPA) and the CitiesRISE have a shared objective in promoting mental health. While CitiesRISE focuses on promoting mental health of young people in urban areas of five cities across the world, KPA focuses on creating mental health awareness in Kenya as one of its objectives. In this regard, the objectives of these two organizations intersect in the city of Nairobi and under both curves is young people. Consequently, the two organizations have a working Memorandum of Understanding (MoU) and a Work Plan. The work plan lists the May Mental Health Awareness Month Campaign as one of the joint activities among others to be carried out by the two organizations.

The May Mental Health Awareness Month Campaign is an initiative of KPA started in 2019. The 2020 campaign is the first collaborative campaign by KPA and CitiesRISE. While the theme of the May Mental Health Awareness Month Campaign may vary from year to year, the main objective of the campaign is to increase the mental health literacy of Kenyans. The benefits of better mental health literacy include:

- understanding how to maintain good mental health
- understanding causes of mental disorders and their treatment
- decreasing stigma against mental illness
- enhancing help seeking efficacy

#### *KPA Office Bearers:*

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Members: Dr. Judy Kamau, Dr. Florence Jaguga, Dr. Boniface Chitayi.*

The planning committee comprised of 10 members with representation from KPA, CitiesRISE and a media liaison who also has a lived experience of mental illness and is a re-known Mental Health Champion in Kenya. We held a total of five (5) zoom meetings before the campaign period to plan and during the campaign period to monitor progress. A brief was shared with both CitiesRISE and KPA. Budget approval came from KPA and funds disbursed in two instalments.

## 2. THEME AND SUBTHEMES

The theme of “**MENTAL HEALTH DURING COVID-19 AND BEYOND**” was selected to address some of the mental health effects COVID-19 Pandemic but also the likely post-COVID-19 mental health sequelae. Among the many mental effects of Covid-19 is excessive worry about contracting the disease and grief related to loss of family incomes and loved ones. This can result in acute stress disorder (ASD), anxiety, depression, risk of post-traumatic stress disorder (PTSD) and a relapse of pre-existing mental disorders. We placed these effects in the context of families and communities. Therefore, we developed subthemes that addressed:

- the mental health of persons when working from home
- coping with losses due to COVID-19
- gender based violence and maternal mental health
- mental health needs of the young and elderly

This was organized into four subthemes with each subtheme running for a week. We developed 5-7 key messages under each subtheme which formed the backbone of our advice to the public. The key messages were then transformed into various informational, educational and communication products such as comedy videos and audios to make them more palatable to the different audiences.

## 3. KEY MESSAGES

For each of the four subthemes, there were 5-7 key messages that we passed to the public through both the mainstream media and social media.

Table 1: A summary of the key messages of the May 2020 Mental Health Awareness Campaign.

<b>WEEK 1</b> <b>Mental Health at home</b>	<b>WEEK 2</b> <b>Coping with losses due to COVID-19</b>	<b>WEEK 3</b> <b>Gender based violence and maternal mental health</b>	<b>WEEK 4</b> <b>Mental health of the young and elderly</b>
<p><i>-Follow a daily routine for work and rest.</i></p> <p><i>-Support family members who need mental healthcare.</i></p> <p><i>-Ask how your family members and friends</i></p>	<p><i>-Do not attach COVID-19 to a particular group of people based on tribe, gender, nationality or political affiliation.</i></p> <p><i>-Do not discriminate persons who have</i></p>	<p><i>-If you are living in an abusive environment, the first step is to leave the environment.</i></p> <p><i>-Persons who abuse substances are likely to abuse others and could themselves be</i></p>	<p><i>-Address children's questions and concerns in a language they understand.</i></p> <p><i>-Excessive use of social media can lead to anxiety and depression.</i></p>

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<p><i>are coping.</i></p> <p><i>-Do not discriminate those who have mental problems.</i></p> <p><i>-Respect boundaries of other family members.</i></p> <p><i>-Seek professional help when in distress.</i></p>	<p><i>recovered from Covid-19.</i></p> <p><i>-Supporting others who need help is good for your mental health.</i></p> <p><i>-Attending a support group of people who have suffered business or job losses can help with coping and starting again.</i></p> <p><i>-Talking to your spiritual leader or mentor about loss of a loved one can help you to find meaning and relief.</i></p> <p><i>-When overwhelmed by extended sadness following loss, seek help from a mental health professional.</i></p>	<p><i>victims of abuse.</i></p> <p><i>-Joining a support group of survivors of trauma can help improve your mental wellness.</i></p> <p><i>-Visit the gender based violence treatment department at the Kenyatta National Hospital (KNH) if you need treatment and support due to GBV. *(contacts of other centres and rescue centres countrywide were shared)</i></p> <p><i>-Expectant mothers who experience distressing thoughts, mood and behavior should seek a mental health assessment.</i></p>	<p><i>-The Youth should be assisted to connect with others through online gathering forums and share their challenges.</i></p> <p><i>-The elderly should be encouraged and supported to exercise, eat nutritious food, keep their minds active through learning and adhere to current medications.</i></p> <p><i>-Good sleep hygiene is beneficial for the mental health of persons at all ages.</i></p> <p><i>-Avoid consumption of alcohol and drugs as a coping mechanism.</i></p>
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#### 4. MAINSTREAM MEDIA CAMPAIGN

The Kenya Demographic and Health Survey (KDHS) 2014 found that 38% of Kenyan homes have access to television while 68% of homes have access to radio. Media is the most important source of information about mental health and has the power to influence perceptions.

According to the Youth realities during COVID-19 survey by CitiesRISE, the leading primary source of information for young Kenyans during the period of COVID-19 is TV (50%) followed by WhatsApp (45%) and Twitter at 26%. Radio was at 16% while Instagram stood at 15%. (CitiesRISE, 2020). The survey did not enquire about use of Facebook. The results of this survey informed our media strategy which was a mix of both traditional media and social media.

We prepared a media brief with the theme, subthemes and key messages and shared with 80 media contacts. We did not have the capacity to monitor the airing of the brief but some of the media invitations we received for interviews were as a result of the media brief.

The following TV interviews took place:

- 12th May 2020- NTV Your World with Gladys Gachanja

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- 13<sup>th</sup> May 2020- KTN Morning Express with Micheal Gitonga
- 27<sup>th</sup> May 2020 - Citizen Breakfast Show with Trevor Ombija
- 29<sup>th</sup> May 2020 - KTN Prime Time News with Jesse Rogers

The three TV stations which conducted interviews with our professionals are the most popular stations in Kenya. The interviews were all done during the breakfast show or the prime time news. These two periods have the highest viewership hence we conclude that all the four interviews had a wide national reach.

There was also segments of an interview carried on three radio stations; Kiss FM, Classic105 and Radio Jambo. These three stations cut across the different socio-demographic strata of Kenyans. The airing of our interviews on these stations reached an additional group of Kenyans. Taken together, our TV and radio campaign alone could have reached half of Kenyans in the country.

## **5. SOCIAL MEDIA CAMPAIGN**

Kenya, Nigeria, Egypt and South Africa are Africa's top social media consumers. Kenya is estimated to have about 7.5 million social media users. A majority of the users are aged 21-35 years. A 2019 report by the Social Media Lab Africa (SIMElab) based at the United States International University found that the most popular social media sites in Kenya include WhatsApp, Facebook, YouTube, Google+, Instagram, Twitter, Yahoo, Linked-in and Snapchat in descending order of popularity. The main motivation for use of social media in Kenya is to acquire information, entertainment, maintaining an identity and escaping social realities in descending order.

During our mental health awareness campaign, we made use of WhatsApp, YouTube, Instagram, Facebook and Twitter. Our aim was educational though we incorporated entertainment in form of humor to make the message more palatable.

### **A. TWITTER**

Our Twitter strategy revolved around organizing tweet-chats on a weekly basis. There were a total of four tweet-chats conducted every Thursday between 1-2 pm.

A tweet-chat is a time limited twitter conversation on a topic of choice. It typically involves a panelist asking pre-prepared questions to a group of specialists. Usually the tweet-chat host would have shared the questions with the panelists. During the tweet-chat, other online users are allowed to also answer the posted questions according to their understanding as well as ask follow-up questions. A tweet-chat can have any number of questions but five questions is almost standard. The ultimate feature of a tweet-chat is a hashtag and one key indicator of success is being able to get the hashtag to trend. This means that it becomes visible to everyone who is on twitter and policy makers can take note and act on the discussion. Once in a while, a policy maker or government ministry twitter handle can be tagged to draw their attention to the topic of discussion.

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Our tweet-chat panels for the May Mental Health Awareness Month Campaign consisted of Psychiatrists, Psychologists, Mental Health Researchers, persons with lived experience of mental illness and organizations in mental health advocacy. All tweets were made under the hashtag #MentalHealth254 and remain available on twitter. All the four tweet-chats were among top 5 trending topics at the time they were held. We had an average reach of 662, 396. This means that we must have reached nearly all active twitter users during the Month of May 2020.

### **A summary of the conversations from the four tweet-chats.**

The **first** tweet-chat was themed “Mental Health at Home” and was held on 7<sup>th</sup> May 2020. The ensuing conversations revealed that the stay at home directives and other government measures instituted to contain COVID-19 have contributed to separation of families, loss of income, infringement on personal boundaries and domestic violence.

Maintaining a routine, engaging in hobbies, reducing consumption of Covid-19 news, regular exercise and practicing sleep hygiene were mentioned frequently as adaptive ways of maintaining good mental health at home. Families can help persons living with mental health conditions by providing physical, emotional and social needs which include help in accessing mental health services especially when symptoms persist or worsen.

The **second** tweet-chat was themed “Mental Health Impact of COVID-19 losses” and was held on 14<sup>th</sup> May 2020. There was a common school of thought that loss results in distress characterized by anger, confusion, anxiety, depression and a sense of hopelessness, social disconnection and suicidal behavior. It could also lead to substance abuse. People who are going through loss should talk to friends, family and join groups of people who may be facing similar circumstances. It was noted that spirituality is highly valued and useful in helping people understand the meaning of loss. It gives hope and restores a person’s sense of worth that could diminish with a loss. Therefore, people should connect with their mentors or spiritual leaders.

The **third** tweet-chat was themed “Gender Based Violence and Maternal Mental Health” and was held on 21<sup>st</sup> May 2020. The take home message was that gender based violence can take different forms such as physical, emotional and sexual violence. That the causes of gender based violence include substance abuse, financial difficulties, cultural factors such as early marriages and female genital mutilation, gender stereotypes and different Psychiatric disorders. That gender based violence can result in mental disorders such as depression and post-traumatic stress disorder. Persons living in violent environments should prioritize their personal safety by leaving the environment. Communities should be sensitized about gender based violence and supported to develop initiatives that discourage gender based violence such as community patrol systems in collaboration with the police. There is urgent need for safe spaces where survivors of gender based violence can receive temporary shelter. Stigma against survivors of gender based violence should be discouraged. Actors in the criminal justice system should be sensitized to properly investigate and provide justice for the survivors.

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The **fourth** tweet-chat themed “Mental Health for the Young and Elderly” was held on 28<sup>th</sup> May 2020. Among the observations made was that young people are at risk of developing mental disorders due to biological, psychological and social changes taking place in the transition from childhood to adulthood. The biological factors could be genetic, brain injuries, Infections affecting the brain and substance abuse. Psychological factors include trauma in childhood, identity problems and identity crises. The social factors include poverty, family dysfunction and challenges with their relationships

Young people can maintain good mental health by connecting to friends and family, taking up hobbies and supporting those who need help by volunteering. They should also seek help whenever they encounter distressing challenges. The elderly can be assisted to have good mental health by maintaining healthy routines, learning new skills and being assisted to access nutritious food and medication. Many young people expressed the challenges they are going through during this period.

There are several organizations in Kenya that offer youth friendly mental health services. The KNH and MTRH youth friendly centres are notable examples. County governments should integrate mental health services in health care services and make the mental health services friendly.

The key outcomes of the tweet-chats include the high reach of the hashtag which on average was 662,396 twitter users approximating 100% of twitter users in Kenya. This was possible because the hashtag **#MentalHealth254** was a trending topic in Kenya for several hours on all the days that the tweet-chats were held. The KPA twitter handle received an increased following of additional 300 members (about 42%). Importantly, young people used the friendly space that we created to express themselves, interact with mental health professionals, connect with each other and access information on mental health support services.

## **B. FACEBOOK, INSTAGRAM AND YOUTUBE**

There were daily posts on the facebook page Kenya Psychiatric Association (KPA). Five posts were boosted and have continued to run even after the official end of the awareness campaign. Most of the boosted posts reached over 10,000 people. The comedy videos made by comedian Fred Omondi (Freddie Budda Boss) were the most popular and one of them reached 19408 people.

Over the campaign period, the KPA facebook page had 1347 new page likes (up 4390%), Post reach of 163000 (up 2865%), Post engagement 33400 (up 1868%). We had 1394 new followers, 1630 page views and 1189 link likes. We also had boosted instagram posts and 7 Youtube videos. There was a sharing of campaign materials across all social media platforms.

## **C. SOCIAL MEDIA CAMPAIGN MATERIALS.**

These included posters, comedy videos and audios.

The posters were designed to pass on the key messages of the mental health awareness campaign in a visually appealing way. We had a total of three posters that were created with the messages.

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The posters were a mixture of text and cartoon images. These were shared on all our social media platform. These were designed by Dr. Linda Nyamute, psychiatrist and member of the awareness campaign team on pro bono.

We contracted comedian Fred Omondi (Freddie Buda Boss) who did four comedy videos with mental health messages based on our subthemes. These were shared widely on social media and proved popular. The target audience was the youths and the language used was local slang – sheng.

There were two videos and two audios produced for the more mature audience that simply carried the key messages attributed to the Kenya Psychiatric Association. They could form a basis for future radio or TV adverts.

The reason for carrying our messages in different formats was to reach different socio-demographic groups.

## **6. ACHIEVEMENTS OF THE MAY MENTAL HEALTH AWARENESS MONTH CAMPAIGN 2020**

- A. Strengthening of the working partnership between the Kenya Psychiatric Association and CitiesRISE.
- B. The public was educated about mental health. Our key messages were packaged to help the Kenyan public to understand some of the causes of mental disorders, symptoms and ways of prevention. We paid special attention to adaptive coping strategies.
- C. The Public was further educated on help-seeking for mental health problems as organizations offering mental health support were shared and stigmatizing attitudes discouraged.
- D. The youth had a chance to connect and share knowledge as well as interact with professionals during the tweet-chats.

## **7. RECOMMENDATIONS**

Based on the challenges we encountered and learnings during this campaign we recommend as follows:

- A. Contract a media liaison person early and provide adequate resources for monitoring coverage of the mental health campaign in the mainstream media
- B. Sponsor adverts on radio and TV to run for the whole month of the awareness campaign. Also consider sponsoring one billboard in Nairobi during the month of May.
- C. Contract a social media company to do the implementation of the campaign on social media while a smaller committee plays planning, advisory, supervisory and technical roles.
- D. Engage a secretariat to help with task implementation.
- E. Write a manuscript drawing on the experience of the 2020 mental health awareness month campaign for publication in a peer reviewed journal. There is a potential for more than one manuscript with each focusing on the different subthemes.

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- F. Strengthen social media components in the work of KPA and CitiesRISE by engaging staff dedicated to social media management.
- G. Plan to have regular social media engagements such as on a monthly basis where young people can connect with each other and professionals.
- H. Increase the range of I/E/C materials to include branded materials such as t/shirts, caps, cups, wrist bands, stickers etc.

## ACKNOWLEDGEMENTS

### **A. Members of the Mental Health Awareness Month Campaign Committee, 2020.**

1. Dr. Boniface Chitayi – Committee Chairman and Twitter in-charge
2. Dr. Lawrence Nderi - Media and WhatsApp
3. Dr. Linda Nyamute - Poster design, Instagram and comedy videos)
4. Dr. Mumbi Chege - Facebook
5. Eddy Kimani - Media Liaison and audio production
6. Dr. Neema Araka - YouTube channel and media
7. Dr. Kingi Mochache - KPA Vice Secretary
8. Dr. David Wairoto - KPA CME Co-ordinator)
9. Yvonne Ochieng - CitiesRISE
10. Dr. Alfred Gitonga

### **B. Panelists during the mental health awareness tweetchats.**

- |                       |                                      |
|-----------------------|--------------------------------------|
| 1. Dr. Syengo-Mutisya | 11. Ms. Mary Bitta                   |
| 2. Dr. Katara Wawa    | 12. Dr. Lawrence Nderi               |
| 3. Kevin Gachee       | 13. Ms. Joy Muhia                    |
| 4. Mr. Edwin Mburu    | 14. Dr. Frederick Wekesah            |
| 5. Mr. Hiram Chomba   | 15. Amazing Minds Africa (AMA)       |
| 6. Mr. Dannish Odongo | 16. Speak Mind Love                  |
| 7. Dr. Silvia Kemunto | 17. Mental360                        |
| 8. Mr. Onyango Otieno | 18. Gilead Mental Health Consultants |
| 9. Dr. Linda Nyamute  | 19. Hisia Psychology Consultants     |
| 10. Ms. Mercy Musisi  |                                      |

### **C. Special acknowledgements**

1. Mr. Fred Omondi (Freddie Buda Boss) – comedy video production
2. Mr. Eddy Kimani – audio production
3. Dr. Linda Nyamute – Designed the message posters
4. Mr. Mervin Ogutu – Tweet-chat posters design

Media houses – Ntv, CitizenTV, KTN, Kiss FM, Radio Jambo and Classic105.

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