



# UNSEEN STRAINS:

**Mental Health And Wellbeing Among Kenya's Digital Media-Makers And Journalists**

EXECUTIVE SUMMARY



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## Overview

This research examines the mental health experiences of Kenya's media professionals — journalists and digital content creators — to understand their challenges, identify barriers to support, and develop evidence-based, culturally appropriate intervention solutions.

Specifically, the research sought to respond to the question: **What are the mental health and wellbeing challenges experienced by digital media-makers and journalists in Kenya, and what specific interventions are needed to support their psychological wellbeing and professional sustainability?**

The study employed a participatory qualitative research design using mixed qualitative methods to explore the mental health experiences of digital media professionals and journalists in Kenya. It reveals a systemic mental health crisis rooted in structural factors: financial precarity, healthcare barriers, workplace pressures, and cultural stigma.



*“Media professional mental health is not merely a personal wellness issue — it represents a democracy issue.”*

Prioritizing participant voice and agency, the research combined 21 in-depth interviews with media practitioners, insights from over 40 workshop stakeholders, and extensive desk research to capture diverse lived experiences and structural dynamics shaping mental wellbeing in the media sector. Participants were purposively sampled to ensure diversity in professional roles, gender, employment status, and career stages.

The participatory approach enabled media professionals and ecosystem actors to contribute not only data but also interpretation and recommendations, ensuring that findings reflect both experiential knowledge and sector expertise. Ethical protocols, including trauma-informed interviewing, strict anonymization, and participant wellbeing safeguards, were applied throughout the study to protect participants and strengthen the credibility of the research. Notwithstanding the rigorous approach, specific limitations narrowed the research scope, meaning the results may not be representative of the entire media-making community in Kenya

## Key Findings



### Finding 1: Pervasive Financial Precarity (75%)

Three-quarters of Kenya's media professionals lack income security. This finding significantly exceeds the general Kenya working population (**63%**), indicating disproportionate economic vulnerability. Freelance creators face particularly erratic income with zero safety net; staff journalists experience wage stagnation and delayed payments. Unpredictable income creates chronic anxiety even during relatively stable periods and undermines investment in health, education, and housing.



### Finding 2: High Prevalence of Anxiety & Depression (65-75%)

Anxiety disorders and depressive symptoms affect the majority of Kenya's media professionals, with role-specific manifestations. Among journalists, **75%** report anxiety or depression symptoms, often presenting as PTSD-like reactions from exposure to violence and human suffering, combined with moral injury from reporting injustice. Among content creators, **60%** report anxiety or depression, frequently manifesting as imposter syndrome, validation anxiety dependent on algorithmic outcomes, and comparison anxiety from social media culture. Sleep disruption affects **70%** of all participants; burnout affects approximately **65%**.



### Finding 3: Online Harassment with Gendered Impacts (70-80%)

Online harassment is widespread among media professionals. Seventy percent of all participants experience online harassment; however, this impact is dramatically gendered. Eighty percent of women participants face online harassment (compared to **60%** of men), and **70%** of women describe gender-based violence specifically, ranging from sexualized comments and image-based abuse to threats of violence to coordinated harassment campaigns. Harassment creates fear, promotes self-censorship, generates secondary trauma, and forces isolation from online engagement.



### Finding 4: Four Barriers Prevent Access to Mental Health Care (80%)

Even when media professionals recognize mental health needs, multiple structural barriers prevent care access. Cost emerges as the primary barrier: therapy sessions cost **KSh 1,500-5,000 per hour**, which is prohibitive given the **75%** financial precarity finding. Geographic barriers affect **65%** of potential care-seekers, with only **167 psychiatrists** distributed across Kenya's 50 million population and concentrated in Nairobi. Cultural stigma prevents **80%** from help-seeking despite available services, reflecting persistent framing of mental illness as shame or weakness. Workplace structural barriers mean most media organizations lack mental health policies, insurance coverage, or institutional recognition of mental health as priority.

# What Currently Works

## Peer Support as Most Effective Coping (70%)

Despite systemic barriers, media professionals employ survival strategies. Seventy percent identify peer networks—fellow media professionals who understand industry-specific challenges—as the most effective mental health support available to them. Peer support costs nothing, requires no institutional infrastructure, and provides high contextual understanding. Secondary coping strategies include self-care practices (exercise, sleep prioritization, spiritual engagement, boundary-setting), though these prove insufficient against structural stressors and work best when workplace and economic conditions permit their implementation.

## Root Causes: Why Barriers Exist

Mental health barriers do not result from individual failure—they result from systemic structures. The economic structure of Kenya's media industry generates unstable income through advertising revenue dependence and algorithmic income determination for creators. The healthcare structure concentrates mental health providers, privatizes care, and charges unsustainably high fees. Workplace structures normalize overwork, provide no mental health policies, and generate continuous pressure. Social and cultural structures maintain stigma through colonial-era education frameworks and limited mental health literacy. These are structural problems requiring structural solutions, not individual problems requiring individual solutions.

# Recommended Solutions:

## Multi-Level Intervention Framework

Individual interventions alone cannot solve systemic problems. Solutions must work across four levels simultaneously:

### Level 1 - Individual

Mental health literacy, coping skills training, subsidized or free therapy access, e.g. mental health awareness workshops, peer support network training, therapy access programs.

### Level 2 - Organizational

Mental health policies, insurance coverage, supportive newsroom culture, e.g. media organizations adopt formal mental health policies; implement employee mental health insurance; establish peer support collectives.

### Level 3 - Industry

Professional associations, collective advocacy, standards development, e.g. media professional associations provide mental health services; develop industry standards; conduct collective advocacy with platforms.

### Level 4 - Policy

Healthcare system expansion, cybercrime enforcement, platform regulation, e.g. Kenya trains more psychiatrists; enforces Cybercrime Act protections; regulates platforms for creator protection.

## Why Integration Matters:

Individual coping skills work best when organizations provide time and resources (Level 2), industries normalize mental health support (Level 3), and healthcare is affordable and accessible (Level 4). Addressing only individual level while ignoring systemic causes produces minimal impact.

## Priority Recommendations

### IMMEDIATE

Establish peer support collectives; conduct mental health literacy training; implement subsidized therapy pilot program.

### SHORT-TERM

Develop media organization mental health policies; build creator collectives; train healthcare providers on media-specific issues.

Cost: Moderate.

### MEDIUM-TERM

Expansion of mental health services through clinics and telehealth; Conducting media funding reform advocacy

Cost: Moderate-high.

### LONG-TERM

Intergrating mental health into journalism curricula; Conducting systemic policy reform (Cyber-crime act, Healthcare expansion, Platform regulation)

Cost: High.

## Conclusion

Kenya's media professionals face a systemic mental health crisis rooted in financial precarity, healthcare barriers, workplace pressures, and cultural stigma. **However, solutions exist.** Peer support already works. Organizations can adopt policies. Industries can set standards. Policy can reform systems. This requires collaboration among media organizations, professional associations, health providers, policymakers, and donors. The investment is modest; the returns are substantial.

- For media professionals: mental health, sustainable careers, wellbeing.
- For journalism: quality reporting, investigative capacity, institutional strength.
- For Kenya: a functional media system capable of supporting democratic accountability.



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