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Mental Health and Road Safety: A Case of Kenyan Roads

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Abstract

Kenya has come a long way in improving road safety standards since the 1900s when there were no requirements for insurance or even a driving test. Today road safety measures are taken much more seriously, with legislation and enforcement, improved infrastructure, and public awareness campaigns continually being put in place to keep people safe. Despite this progress, road traffic deaths and injuries remain a major global health and development challenge and in Kenya, RTAs are reportedly among the top five leading causes of death for Kenyans between the ages of 5 and 70 years. This begs the question then, what is still going wrong? Several studies have attempted to answer this question with varying results. Similarly, this articleputs forward a case for mental health issues as the missing piece. Mental health is a critical, yet often overlooked, component of road safety in Kenya. Addressing mental health issues among drivers could significantly reduce road traffic accidents and save lives. By promoting mental well-being, implementing targeted interventions, and enforcing existing regulations, Kenya can make its roads safer for everyone. Raising awareness about the impact of mental health on driving can reduce accidents by promoting well-being and healthy coping strategies through public education. Routine mental health screenings, especially for public transport drivers, can help identify those at risk, with counseling services and referrals as needed. Employers should ensure safer working environments by providing adequate rest and stress management support. Strict enforcement of substance abuse regulations, alongside random testing and recovery programs, is essential for deterring impaired driving. Support systems like peer groups and mental health services can also help drivers manage stress, while mental health considerations should be integrated into road safety policies.

Keywords: *Mental Health, Road Safety, Kenyan roads*

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1. Introduction

Kenya has come a long way in improving road safety standards since the 1900s when there were no requirements for insurance or even a driving test. Today road safety measures are taken much more seriously, with legislation and enforcement, improved infrastructure, and public awareness campaigns continually being put in place to keep people safe. The recently launched National Road Safety Action Plan (2024-2028), for instance, contains key initiatives to curb roadtraffic accidents (RTAs) in addition to many others implemented over the years.

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Despite this progress, road traffic deaths and injuries remain a major global health and development challenge (World Health Organization, 2023), and in Kenya, RTAs are reportedly among the top five leading causes of death for Kenyans between the ages of 5 and 70 years (World Health Organization, 2022). This begs the question then, what is still going wrong? Several studies have attempted to answer this question with varying results. Similarly, this articleputs forward a case for mental health issues as the missing piece.

Road Traffic Accidents - The Current Situation

The World Health Organization (WHO) estimates that in 2021, there were 1.19 million road traffic deaths globally, representing a 5% drop as compared to 1.25 million deaths in 2010 (WHO, 2023). The slight decrease in mortality occurred despite road networks significantly expanding, the number of motor vehicles more than doubling, and the global population rising byalmost a billion (WHO, 2023). This indicates that, while measures to improve road safety are working, they fall far short of what is needed to meet the target of the 2021-2030 United Nations Decade of Action for Road Safety to halve deaths by 2030 (WHO, 2023).

While deaths from RTAs decrease globally, the situation in several African countriesis quite the opposite. The WHO Global Report on Road Safety (2023) stated that 92% of fatalities from RTAs occur in low and middle-income countries, and the risk of death is three times higher in low income than high income countries, despite these countries having less than 1% of all motor vehicles (WHO, 2023). In Kenya, the National Transport and Safety Authority (NTSA) reported that there were 7,198 RTAs from January to April 2024 alone, marking an increase of 1,908 compared to the previous year (Kinyanjui, 2024). Of these accidents, there were 1,189 deaths as compared to 1,124 in the previous year (Kinyanjui, 2024).

According to the Ministry of Transport (2024), road accidents cost the Kenyan economya staggering Kes. 450 billion annually, with the brunt of this burden falling disproportionately onvictims, their families, hospitals, and emergency services (Ministry of Roads and Transport, 2024). To change this grim reality, the National Road Safety Action Plan (2024-2028) contains initiatives including improvements to infrastructure, vehicle safety standards, stricter enforcement measures, heightened public awareness campaigns, post-crash care services, promotion of safe driving practices, and monitoring and evaluation systems (Ministry of Roads and Transport, 2024). The Ministry stated that this plan “marks a departure from past approachesby integrating road design and safety as integral components” (Ministry of Roads and Transport, 2024). While this is a step in the right direction, it is concerning that this has not been the case for much longer.

Although policymakers have been aware of the key risk factors that contribute to road crashes for decades, only seven countries have achieved WHO best practice legislation on five risk factors - drunk driving, speeding, motorcycle helmet use, and seat belt and child restraint systems (WHO, 2023). As the number of motor vehicles on the roads increases, “countries are doubling down on transport systems built for cars, not people, and not with safety at their core” (WHO, 2023). Yet, some of the greatest gains in improving road safety have been made where the approaches used put people and safety at the core of mobility systems (WHO, 2023).

Mental Health and Road Safety

According to the WHO, over 450 million people globally suffer from mental health problems, the most common being depression and anxiety. In Kenya, one out of every four people seeking medical attention has a mental health condition (WHO, 2021). Such conditions may compromise a driver’s cognitive functioning including impairing their concentration, memory,

reaction times, and decision-making, which may significantly increase the risk ofcausing RTAs. Moreover, daily stressors such as work pressures, financial struggles, family problems, among many others affect many individuals' overall mental and behavioral functioning as road users. For instance, poor emotional regulation can result in road rage;insomnia may lead a driver to doze off at the wheel; and deficits in the ability to focus can result in inattention and distraction while driving, which in Zimbabwe have been reported to cause upto 30% of fatal RTAs (Rwafa-Madzvamutse, 2023). Similarly, the NTSA reported that, in Kenya,80% of road crashes are a result of human error and the remainder are caused by mechanical and environmental factors (Kajilwa, 2024). These figures point to a reasonably established link between mental functioning and road users' behavior. It is concerning then that little attention is paid to the relationship between mental functioning and road safety, especially in Kenya. However, some progress has been made in other parts of the world.

In France, a study on drivers entering old age found that having depression, anxiety, or stress was correlated with a higher risk of crashes, despite increased driving avoidance (Turrado, 2021 as cited in Liang & Yang, 2022). Meanwhile, in the United States, Liang and Yang (2022) examined the relationship between self-reported attention-deficit/hyperactivity disorder (ADHD) and depression and pre-crash unsafe driving behaviors. They found that while ADHD was significantly linked to improper braking or stopping, depression was not significantly associated with any unsafe driving behavior (Liang & Yang, 2022). Researchers in China explored the effects of insomnia and mental health on bus drivers' risky driving behaviors and evaluated the interaction of four variables: insomnia, anxiety, depression, and risky driving behavior (Jiao et al., 2024). Among 1,295 bus drivers who participated in the study, results revealed that drivers under 31 years old, those with over 11 years' experience, and those involved in crashes and road safety violations within three years demonstrated more severe degrees of insomnia, anxiety, depression, and risky driving behavior (Jiao et al., 2024). They also found significant positive correlations and interactions among the four variables. Specifically, (1) anxiety mediated between insomnia and risky driving behavior; (2) depression mediated between insomnia and risky driving behavior; and (3) anxiety affected bus drivers' risky driving behavior primarily through depression. The researchers concluded that these findings spotlight the importance of regular physical and mental health examinations of bus drivers and suggested that interventions focused on insomnia and mental health problems may help reduce risky driving behaviors of bus drivers both directly and indirectly (Jiao et al., 2024).

In Kenya, scientific literature on the linkage between mental health and motor vehicle useis scarce at best. Nevertheless, arguments from day-to-day observations and lived experience may be presented to spark conversations that ignite such investigations. To begin with, Kenya's road safety challenges are multifaceted, involving poor road infrastructure, inadequate traffic management, and a lack of strict enforcement of traffic laws. A case in point is the matatu (public minibus) sector in Kenya, notorious for reckless driving, often fueled by tight schedules, competition, and economic pressures. Many drivers work under high stress with little rest, leading to increased fatigue and mental burnout. Incidents of road rage, impaired driving due to substance abuse, and non-compliance with road safety rules are common, contributing to high accident rates.

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The Kenyan Situation - A SWOT Analysis

Strengths

Mental health awareness in Kenya has gained momentum over the last decade. The Mental Health Policy 2015-2030, implemented by the Ministry of Health, highlights the government's recognition of mental health as a critical issue. A Ministry survey revealed that many individuals seeking health services suffer from mental health conditions, primarily depression, anxiety, substance use, and stress disorders (WHO-Kenya, 2021). Although data remains limited, identifying the prevalence of these conditions' aids in decision-making regarding resource allocation for prevention and treatment. Kenya has a solid pool of qualified mental health professionals who can conduct studies, offer advice to policy-makers, and help integrate mental health into road safety initiatives.

Weaknesses

One major challenge in incorporating mental health into road safety is the frequent violation of laws by motorists and pedestrians, including drunk driving and speeding. Despite strict regulations, enforcement often leans toward punitive measures, and corruption allowsoffenders to evade consequences. Additionally, mental health and road safety awareness campaigns lack reach and visibility, limiting public engagement. Though psychology and mental health awareness are still developing, the high rates of road accidents should drive a more aggressive approach to addressing these issues.

Opportunities

Despite challenges, opportunities exist for improvement. Scientific research can support better decision-making, and collaborations between mental health professionals and road safety personnel can enhance strategies like public awareness campaigns. The general population's increasing receptiveness to mental health knowledge presents a chance to promote behavioral changes that could improve road safety outcomes.

Threats

Inadequate funding is a significant obstacle to implementing mental health initiatives, especially in a developing nation like Kenya, where resources are stretched thin. However, road accidents cost the country over Kes.450 billion annually, justifying preventive spending. Bureaucracy, corruption, and societal disregard for laws also hinder progress. Even with mental health awareness, behavior change may not automatically follow, as many fail to recognize the consequences of unsafe road behavior.

2. Literature Review

Cunningham and Regan (2016) conducted a literature review on the potential effects of emotions on driving performance and safety. Although there is a complex relationship between emotion and driving behavior, it is generally accepted that emotional states can significantly reduce an individual's performance. Gaining a deeper comprehension of how emotion affects driving performance and safety is essential since drivers are susceptible to emotional experiences for a variety of reasons. Roadside advertisements, for instance, have the ability to convey emotionally charged information, which increases their capacity to attract attention. These kinds of ads ought to be positioned on sections of roads that don't need a lot of visual attention. People should carefully examine when it is safe to drive and when it is not, according to the research. Anecdotal research indicates that some might drive purely to relieve stress and lessen anxiety. Nonetheless, the results discussed here suggest that driving during these periods

could be extremely dangerous since processing emotional cues could cause one to lose focus on the main driving task.

Nkendong (2024) examined the complex connection between mental health conditions and how they could affect traffic safety, focusing on Cameroon in particular. A key strategy for lowering traffic accidents is emphasizing the integration of mental health into road safety plans; this idea may be important for Cameroon. This synthesis stems from a broader recognition that driving behaviors and road safety are directly impacted by mental health. Important measures that can greatly lower traffic accidents include regular driver mental health examinations, guaranteeing access to support and treatment services, and developing laws that acknowledge the connection between road safety and mental health. Multi-sectoral cooperation is essential, as demonstrated by these interventions and community involvement programs that support mental health and safe driving habits. To create an atmosphere where road safety and mental health are intertwined elements of public health and safety initiatives, government agencies, medical experts, community organizations, and international organizations like the WHO would all be involved in such cooperative efforts. In conclusion, the demand for an integrated strategy for mental health and road safety in Cameroon—and consequently, the urgent need for coordinated efforts among diverse stakeholders—is noteworthy. Cameroon may lead the way in developing creative, all-encompassing solutions that safeguard its roads and citizens, guaranteeing a safer, more health-conscious society, by recognizing the complex relationship between mental health and road safety.

Wickens, Smart, and Mann's (2014) study examined the body of research on the relationship between depression and driver safety. Surprisingly little study has been done on how depressive disorders affect driving skills, despite the illnesses' growing incidence and incapacitating effects on people worldwide. The findings of the studies that have looked at the possible effects of depression on driving ability thus far have been conflicting. Early research mostly looked at drivers who fell into a single catch-all group and had any kind of mental health diagnosis. According to the results, these drivers commit more infractions and do worse on driving simulators, but they do not have higher collision or fatality rates. A definitive conclusion regarding the association between depression and driver performance, however, cannot be made from this research due to several significant methodological limitations that are present in studies of unidentified mental diseases. More information has come from epidemiological studies that have concentrated on drivers who are depressed or experiencing psychological discomfort. According to this research, depressed drivers are more likely to act aggressively and riskily on the road, increasing their chance of getting into an accident. Only a small number of experimental studies that use on-the-road performance or simulation have examined the behavioral effects of depression. These studies show that drivers who are depressed have trouble with divided attention, reaction time, responding to changing speeds when following another car, and weaving within their lane. The likelihood of a collision is probably affected by these challenges. According to the material currently in publication, having a diagnosis of depression may compromise a driver's safety.

Amoadu, Ansah, and Sarfo (2024) tested the variations in psychosocial work factors between minibus and long-bus drivers and investigated the relationship between psychosocial work factors and road traffic crashes (RTCs). A convenient sample technique was used in this cross-sectional study to gather information from 7315 long-distance minibus and long-bus drivers who travel between Accra and Tema, Ghana, as well as other regions of the nation. In addition to answering demographic questions about age, education, driving hours, and RTC history, the

drivers also completed a job content questionnaire, the psychosocial safety climate scale (PSC-12), and the work-family conflict scale. Psychosocial job factors and RTCs during the preceding two years were significantly correlated, according to the correlational analysis. The drivers' RTC rates were found to be significantly explained by supervisor support, skill discretion, choice autonomy, psychological demands, PSC, and work-family conflict, according to hierarchical multiple linear regression. Additionally, there were notable distinctions between minibus and long-bus drivers in terms of driving hours, near-miss incidents, RTCs, and every psychological work aspect examined in this study, except for work-family conflict. RTCs among minibus and long-bus drivers are directly predicted by psychosocial job variables. Integrating occupational health and safety into road transport operations should be a top priority for policymakers, driver unions, and bus transport company owners and management. To enhance road safety, managers and bus owners should also implement work-family balance programs, flexible work hours, a friendly work atmosphere, and bottom-up communication.

3. Conclusion

Mental health is a critical, yet often overlooked, component of road safety in Kenya. Addressing mental health issues among drivers could significantly reduce road traffic accidents and save lives. By promoting mental well-being, implementing targeted interventions, and enforcing existing regulations, Kenya can make its roads safer for everyone. Stakeholders, including government agencies, mental health professionals, transport companies, and road safety advocates, must work together to create a safer driving environment. By recognizing and addressing the link between mental health and road safety, Kenya can pave the way for a future with fewer road traffic accidents and a healthier driving population.

4. Recommendations

It is hardly news that factors such as poor road conditions, reckless driving, and inadequate traffic enforcement are frequently discussed, however, the role of mental health in road safety remains underexplored. This article examined the impact of mental health on road safety, specifically within the context of Kenyan roads, and explored strategies to improve outcomes. Following the discussion in the previous pages, several recommendations are put forward.

Raising awareness about the impact of mental health on driving can reduce accidents by promoting well-being and healthy coping strategies through public education. Routine mental health screenings, especially for public transport drivers, can help identify those at risk, with counseling services and referrals as needed. Employers should ensure safer working environments by providing adequate rest and stress management support. Strict enforcement of substance abuse regulations, alongside random testing and recovery programs, is essential for deterring impaired driving. Support systems like peer groups and mental health services can also help drivers manage stress, while mental health considerations should be integrated into road safety policies.

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