ADOLESCENT MENTAL HEALTH IN KENYA

White Paper
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ADOLESCENT MENTAL HEALTH IN KENYA:

Evidence, Challenges, and Policy Solutions

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AFRIMEB AFRICA INSTITUTE OF MENTAL AND BRAIN HEALTH

Executive Summary.

Adolescence is a crucial window for mental health intervention, as most conditions begin before age 18 and untreated issues can have lasting consequences. In Kenya, mental health issues are silently but profoundly affecting young people's well-being with nearly one in three adolescents experiencing moderate to severe symptoms of depression and anxiety. However, mental health remains largely overlooked in policy and public health planning. Existing research has been limited by inconsistent methods and insufficient attention to factors like academic pressure, gender, and social support. To fill this gap, Shamiri Institute and the Africa Institute for Mental and Brain Health (AfriMeb) conducted a comprehensive, multi-year study between 2021 and 2023 involving over 7,800 students from 27 secondary schools across four counties. The findings revealed high levels of depression (30%) and anxiety (25%), with symptoms such as persistent worrying, hopelessness, and low self-worth disproportionately affecting students in exam years, girls' schools, and those living in single-parent households. Importantly, depression and anxiety were shown to be deeply intertwined, sharing 84% of underlying causes, while strong social support and a sense of control emerged as vital protective factors. This white paper presents comprehensive findings from a multi-year study on adolescent mental health in Kenya, outlining the study's objectives, design, key results, and implications. It translates this evidence into practical policy recommendations across eight critical areas, identifying clear roles for stakeholders including the Ministry of Education, Ministry of Health, county governments, school leaders, NGOs, technology innovators, and families. The recommendations emphasize rethinking academic pressures, strengthening peer-led mental health support, expanding safe community spaces, and integrating mental health services into digital platforms and social protection programs, offering a roadmap for coordinated, cross-sector action to improve young people's mental wellbeing.

01

Background.

Depression and anxiety are becoming major challenges for young people around the world[1,2]– and Kenya is no exception. These mental health issues are among the top causes of disability for adolescents[3], impacting their ability to learn, build relationships, and enjoy life[4,5]. Without help, these struggles can follow young people well into adulthood, affecting their health, education, and future opportunities[6]. Adolescence is a critical time when the brain is rapidly developing, making it a key period to support mental wellbeing. Unfortunately, in Kenya and much of Sub-Saharan Africa, mental health services are limited[7,8], and research on young people's mental health is scarce[8,9]. This lack of data makes it harder to create effective programs that truly address the needs of Kenyan youth.

Previous studies in Kenya have shown that depression and anxiety rates among adolescents can be very high[10], but results vary widely due to different methods and tools that are not always adapted to the local culture[11]. New approaches are helping us better understand how symptoms like self-blame or excessive worry affect young people and how strong social support and a sense of control can protect their mental health[12,13]. However, most studies have been small or limited in scope[14]. This study brings new hope by examining the mental health of over 7,800 students from 27 schools across four counties over three years (2021–2023). It is one of the largest and most detailed efforts in the region to understand what young people in Kenya are experiencing and what helps them cope.

1.1 Objectives

This study's objectives were to:

Assess the prevalence and severity of depression and anxiety symptoms among Kenyan adolescents;

Identify the most impactful symptoms affecting adolescent wellbeing;

Explore key protective and risk factors such as social support, academic pressure, gender, and living arrangements;

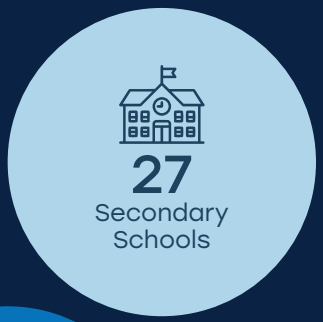
Examine variations across different school types and regions

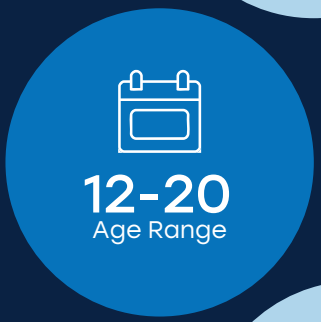
02

Methodology.

This study combined data from three surveys carried out between 2021 and 2023 in 27 secondary schools across four counties in Kenya: Nairobi, Kiambu, Makueni, and Machakos. These schools represent a diverse mix of school types and locations, reflecting Kenya's student population.

We surveyed nearly 7,800 students aged 12 to 20 from these 27 schools. Participants came from a variety of ethnic groups, classified based on their community representation in the country. About 41% of participants were girls with the average age of all participants at about 16 years old. The Shamiri research team visited schools and explained the study to students, answering any questions. Parents provided permission for students under 18 to participate, and all students consented to participation before filling out questionnaires. The questionnaires asked about symptoms of depression and anxiety, as well as about students' wellbeing, social support, and sense of control over their lives.





2.1
What We Measured

Depression and Anxiety:
We used well-known questionnaires to measure symptoms of depression (PHQ –8) and anxiety (GAD-7) that have been tested and shown to work well with Kenyan youth.

Wellbeing and Support:
We asked questions about how participants felt overall, their social support from family and friends, and how much control they believe they have over their lives.

Background Information:
We collected data on participants' age, gender, and ethnic group.

All analyses were done using thorough statistical methods to ensure reliable results. First, we confirmed that the surveys reliably measured depression and anxiety symptoms among Kenyan adolescents. Next, we calculated how many students showed signs of these mental health challenges at clinically significant levels. Beyond simply counting symptoms, we examined how different symptoms connect with each other to understand their patterns and identify key symptoms that could be targeted in interventions. We also compared symptom patterns between students with high and low levels of depression and anxiety. Additionally, we looked at how these symptoms relate to factors like social support, sense of control, and overall wellbeing. Finally, we explored how age, gender, and school environment influence depression and anxiety, helping to identify those most at risk.

Findings.

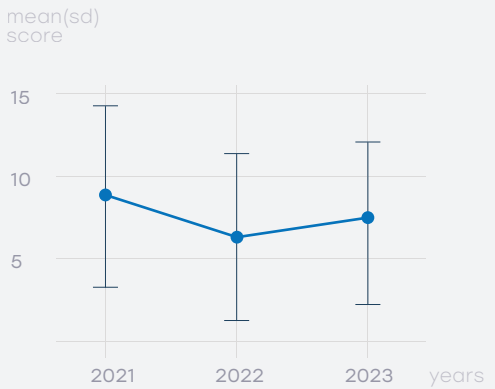
3.1 Prevalence and Severity of Depression and Anxiety Symptoms among Kenyan Adolescents

We collected data from thousands of adolescents across Kenya over three consecutive years (2021 to 2023). Using validated questionnaires (PHQ-8 for depression, GAD-7 for anxiety), we measured the levels of depressive and anxiety symptoms and identified how many participants experienced moderate or higher severity based on clinical cut-offs.

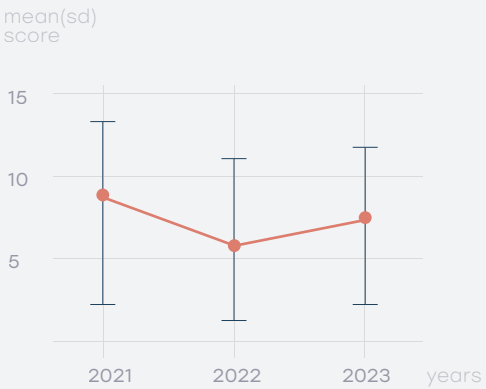
Our analysis revealed that Kenyan adolescents experience moderate levels of depression and anxiety on average and that mental health symptoms varied by year:

- On average, students reported moderate levels of both depression and anxiety
- About 30% of students had moderate to severe depression symptoms
- About 25% had moderate to severe anxiety symptoms meaning their scores were high enough to raise clinical concern
- In 2021, depression and anxiety were at their highest:
    - 42% of students showed elevated depression symptoms
    - 38% showed elevated anxiety symptoms
- In 2022, symptoms dropped significantly (to 25% for depression and 22% for anxiety)
- In 2023, they rose slightly again (30% for depression and 23% for anxiety)

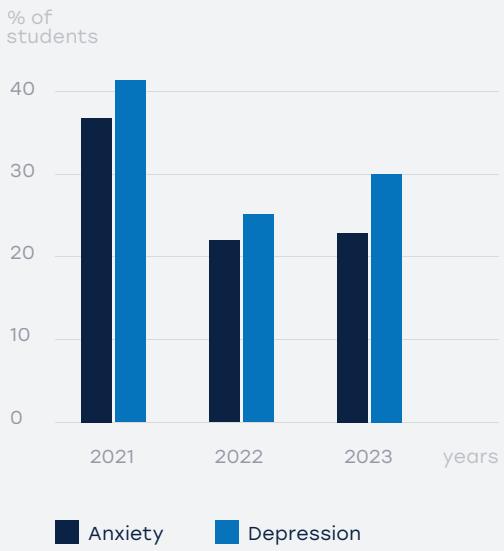
Depression Symptoms



Anxiety Symptoms



Clinically Elevated Symptoms of Depression and Anxiety (2021-2023)

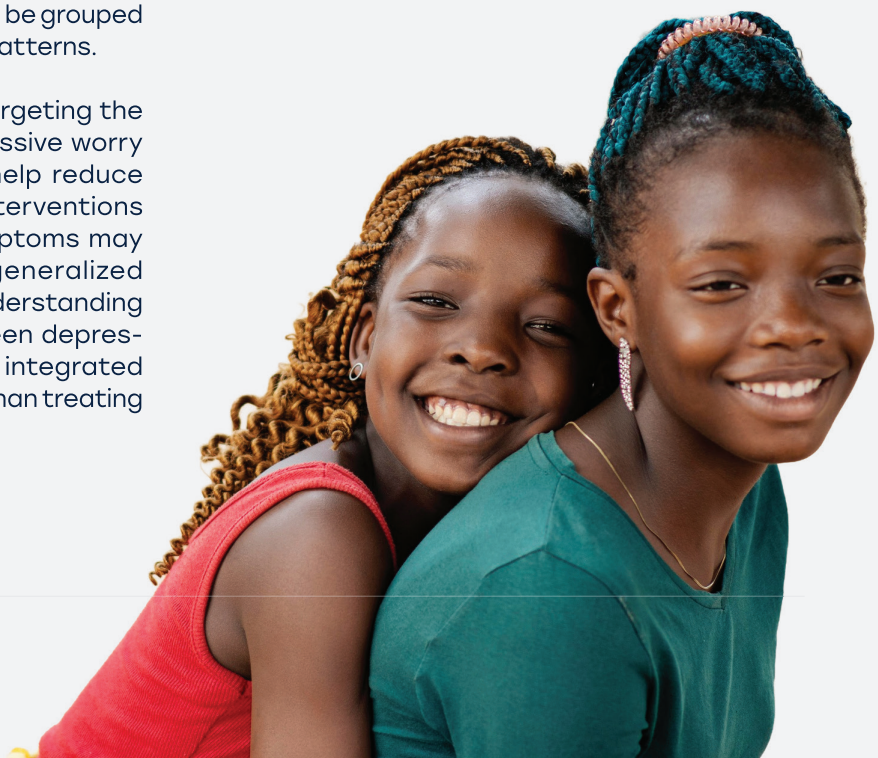


These findings confirm that mental health concerns among adolescents in Kenya are substantial and persistent. The high proportion experiencing clinically significant symptoms points to a pressing need for mental health resources and interventions tailored to young people. Moreover, the temporal trends highlight the importance of regular monitoring to detect emerging challenges and adjust support efforts accordingly.

3.2
Key Symptoms Impacting Teen Wellbeing

We studied individual symptoms to see which ones are most connected to other symptoms and have the strongest influence on overall mental health. The most common and influential anxiety symptoms were related to worry, especially feeling “unable to stop worrying” and “worrying about many different things”. For depression, the most impactful symptoms were feeling hopeless and feeling bad about oneself. These symptoms were more closely linked to other mental health challenges than other symptoms, like losing interest in activities, which appeared less connected to depression. While depression and anxiety are different conditions, they often show up together and share many symptoms. Still, they can be grouped into two related but distinct patterns.

This insight suggests that targeting the biggest symptoms, like excessive worry and low self-esteem, may help reduce other related symptoms. Interventions focusing on these core symptoms may be more effective than generalized approaches. Additionally, understanding the close relationship between depression and anxiety can inform integrated treatment strategies rather than treating these disorders separately.



3.3
Protective and Risk Factors for Depression and Anxiety

We explored how factors like social support, feeling in control of life, school pressure, gender, and living situations relate to depression and anxiety symptoms.

Protective factors that were linked to fewer symptoms:

- Teens who felt supported by friends, family, or community (strong social support) had lower depression and anxiety scores
- Teens who believed they had control over their life had significantly fewer symptoms

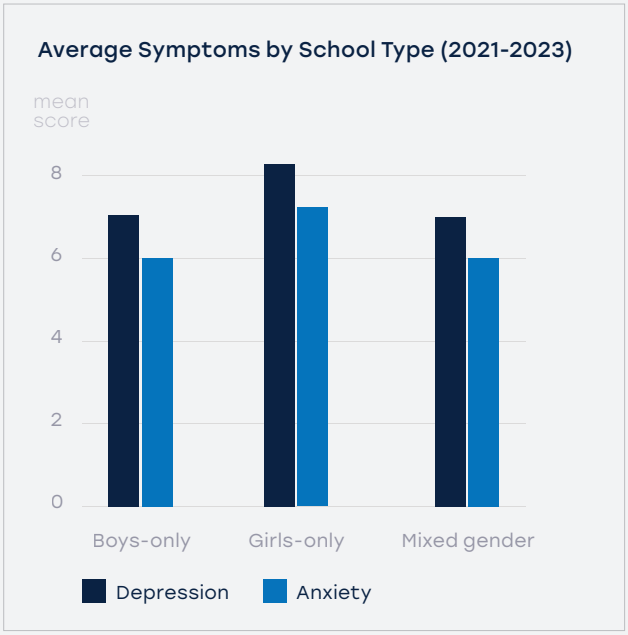
Risk factors that were linked to more symptoms

- Final-year students had higher levels of both depression and anxiety likely due to academic pressure
- Girls in girls-only schools reported significantly higher symptoms than those in mixed-gender schools
- Teens living with one or no parents had higher anxiety levels than those living with both parents
- Academic self-perception mattered: Teens who saw themselves as doing poorly had more symptoms while those who felt they were doing well or very well had much lower symptoms

These findings show that having a good support network and confidence in handling challenges helps protect teens' mental health. School pressure and worries about academics increase risk. Girls in girls-only schools may face unique challenges, suggesting the need for focused support. Living in less stable family situations also increases mental health risks.

3.4 Examining Variations Across Different School Types & Regions

We examined how depression and anxiety symptoms varied depending on the type of school adolescents attended (girls-only, boys-only, or mixed-gender) and how these patterns changed over the three years of data collection (2021 to 2023). Our findings showed that students in girls-only schools consistently reported the highest levels of mental health symptoms (depression = 8.32 and anxiety = 7.44), which were significantly higher than their peers in mixed-gender schools, who scored 7.12 for depression and 6.01 for anxiety and those in boys-only who school scored 7.16 and 6.06, for depression and anxiety respectively. We also tracked how symptom levels changed over time.



Across all school types, mental health symptoms were highest in 2021, when depression scores peaked at 9.11 and anxiety at 8.25. These levels dropped considerably in 2022, with depression falling to 6.63 and anxiety to 5.95, before rising again slightly in 2023 to 7.45 for depression and 6.44 for anxiety.

These patterns suggest that school environment plays a key role in student wellbeing. The higher symptom levels in girls-only schools may reflect specific challenges faced by female students, such as academic pressure, social expectations, or cultural stressors. This highlights the need for tailored gender-sensitive mental health interventions in these settings.

04

Limitations of this Study.

While this study gives us valuable information about the mental health of adolescents in Kenya, it had its limitations that are worth noting as we interpret and provide recommendations for policy.

1.

We collected data at one point in time each year, so the study cannot determine what causes the mental health issues observed.

2.

Our research involved adolescents in secondary schools across Kenya. This means young people who are out of school who may face even greater challenges are not represented

3.

The data came from questionnaires where students rated their own feelings and experiences therefore responses can be affected by how comfortable students felt answering honestly or how they interpret the questions.

4.

Some groups expected to be more vulnerable reported fewer symptoms (for example participants who had lost both parents), which may need further exploring through research.

5.

The study cannot show how symptoms develop or shift over time. More detailed research that follows students in their daily lives would help us better understand how mental health challenges grow or improve and how to support them in real time.

05

Policy Recommendations.

This study offers some of the strongest evidence to date on adolescent mental health in Kenya. To effectively support adolescent mental health in Kenya, action must go beyond the health sector. We recommend eight actionable implications for education stakeholders, government agencies, and community leaders:

1. The Ministry of Education, Teachers Service Commission, and school leadership should train teachers in trauma-informed, culturally responsive practices and promote positive discipline to ensure safer, more inclusive school environments.

2. The Ministry of Education and school administrators should actively enforce anti-bullying policies and create systems that prioritize student safety, belonging, and mental health support.

3. The Kenya Institute of Curriculum Development and education policymakers should reduce academic pressure by implementing continuous assessments and integrating sports, arts, life skills, and vocational training into the curriculum.

4. Schools, NGOs, and the Ministry of Education should establish peer mentorship programs and train students as mental health champions to promote student-to-student support.

5. The Ministry of Education, school boards, and community organizations should launch community-based education campaigns and host school forums that involve parents in promoting student well-being beyond academics.

6. County governments, the Ministry of Youth Affairs, and faith-based organizations should fund youth-friendly community spaces and link them to trained mentors and mental health referral systems.

7. The Ministry of Labour and Social Protection, in partnership with NGOs, should embed mental health services into existing programs like cash transfers and school meals, and train frontline workers in referral practices.

8. The Ministry of ICT, Ministry of Health, innovation hubs, and youth startups should develop mobile apps, SMS tools, and use social media and radio to deliver mental health education and support to adolescents.

9. Government research councils, universities, donors, and youth networks should involve adolescents in designing, implementing, and evaluating mental health interventions to ensure programs reflect youth realities.

10. Government institutions and universities should train more school counselors and young researchers to strengthen Kenya's capacity to understand and respond to adolescent mental health needs.

Conclusion.

This study shines a spotlight on a critical and growing concern: the mental health of adolescents in Kenya. The data presents a clear and urgent picture, nearly one in three adolescents reports moderate to severe symptoms of depression or anxiety. These symptoms are not only widespread but also deeply interconnected, with feelings of hopelessness, low self-worth, and constant worry standing out as the most damaging.

Yet within this urgency lies a powerful opportunity and as seen in our findings also show that mental health is not fixed, it responds to the environment around young people. Supportive relationships, a sense of control, confidence in school performance, and a safe school environment all contribute to better outcomes. This means that with the right interventions, we can improve youth mental health. The evidence points to several clear, actionable steps:

- Prioritize the most impactful symptoms, especially hopelessness and excessive worry in school and community-based mental health programs.
- Strengthen social support and help young people build a sense of control over their lives.
- Recognize the added pressures facing girls and students in high-stress environments, such as final-year students and those in girls-only schools.
- Promote mental health awareness and early response systems within the education system.

However, no single institution or sector can address these needs alone. Schools, health providers, community leaders, families, and policymakers all have a role to play. This work requires a coordinated national response one that is multi-sectoral, inclusive, and sustained over time.

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