KENYA NATIONAL ADOLESCENT MENTAL HEALTH SURVEY

KEY FINDINGS

STUDY BRIEF

African Population and Health Research Center

The University Of Queensland
AUSTRALIA
CREATE CHANGE

Johns Hopkins
Bloomberg School
of Public Health

INTRODUCTION

Little is known about the prevalence of mental disorders among Kenyan adolescents. This is a critical gap in knowledge as studies have shown that mental disorders during adolescence, particularly those that remain untreated or under-treated, can have adverse outcomes throughout the life course. The lack of evidence inhibits policymakers, practitioners, and researchers from appropriately targeting mental health interventions, developing effective service planning, and increasing local and global attention and funding for adolescent mental health.

In 2021, the African Population and Health Research Center (APHRC), along with the University of Queensland (Australia) and Johns Hopkins Bloomberg School of Public Health together with local partners conducted the Kenya National Adolescent Mental Health Survey (K-NAMHS). The survey was intended to address the lack of information on mental disorders during adolescence. The aims of K-NAMHS were to:

i) Determine the prevalence of mental disorders in adolescents aged 10-17 years
ii) Measure associated risk and protective factors for adolescent mental health
ii) Examine use of [mental] health services

Approach

We conducted a nationally representative household survey of adolescents and their primary caregivers from March to July 2021. A stratified sampling procedure was used to identify and approach 5,290 households from 236 enumeration areas (EAs) across 14 counties in Kenya. Eligible adolescents were 10-17 years old and lived with their primary caregiver most of the time. A total of 5,155 pairs of adolescents and their primary caregiver were successfully interviewed. The average age of the adolescent participants was 13.3 years, with younger adolescents aged 10-13 years constituting more than half (54.6%) of the adolescent sample. In terms of sex distribution, the sample consisted of more females (53.1%) than males (46.9%). The majority of adolescents were currently attending school (97.4%) and had never been employed (98.4%).

Five mental disorders were assessed: anxiety disorders (inclusive of social phobia and generalized anxiety disorder), major depressive disorder, conduct disorder, posttraumatic stress disorder (PTSD), and attention-deficit/hyperactivity disorder (ADHD). These disorders were assessed using a diagnostic measure specifically designed for children and adolescents, the Diagnostic Interview Schedule for Children, Version 5 (DISC-5). This brief presents findings for both mental health problems and mental disorders. Adolescents with mental health problems were those who met at least half of the symptoms for a given mental disorder as measured by the DISC-5 but who did not necessarily meet all diagnostic criteria. Adolescents with mental disorders were those who met the full diagnostic criteria for a mental disorder as specified by Diagnostic and Statistical Manual-Fifth Edition (DSM-5).

A mental disorder is defined as a clinically significant behavioral or psychological syndrome or pattern that occurs in an individual and is associated with present distress for example, a painful symptom or disability, that is, impairment in one or more important areas of functioning) and/or a significantly increased risk of suffering death, pain, disability, or an important loss of freedom . A mental health problem is similar to a mental disorder in that it also interferes with how a person thinks, feels, and behaves, but to a lesser extent than a mental disorder. However, it can be experienced temporarily, or as an acute reaction to various life stresses.

Key findings

Mental health problems

During the study, we found that:

- Over two-fifths (44.3%) of adolescents had a mental health problem in the past 12 months (Figure 1).
- No significant differences by age or sex were seen for mental health problems overall.

[1]*African Population and Health Research Center (APHRC), University of Queensland, and Johns Hopkins Bloomberg School of Public Health. (2022). Kenya – National Adolescent Mental Health Survey (K-NAM-HS) Report. Nairobi, Kenya: APHRC.*

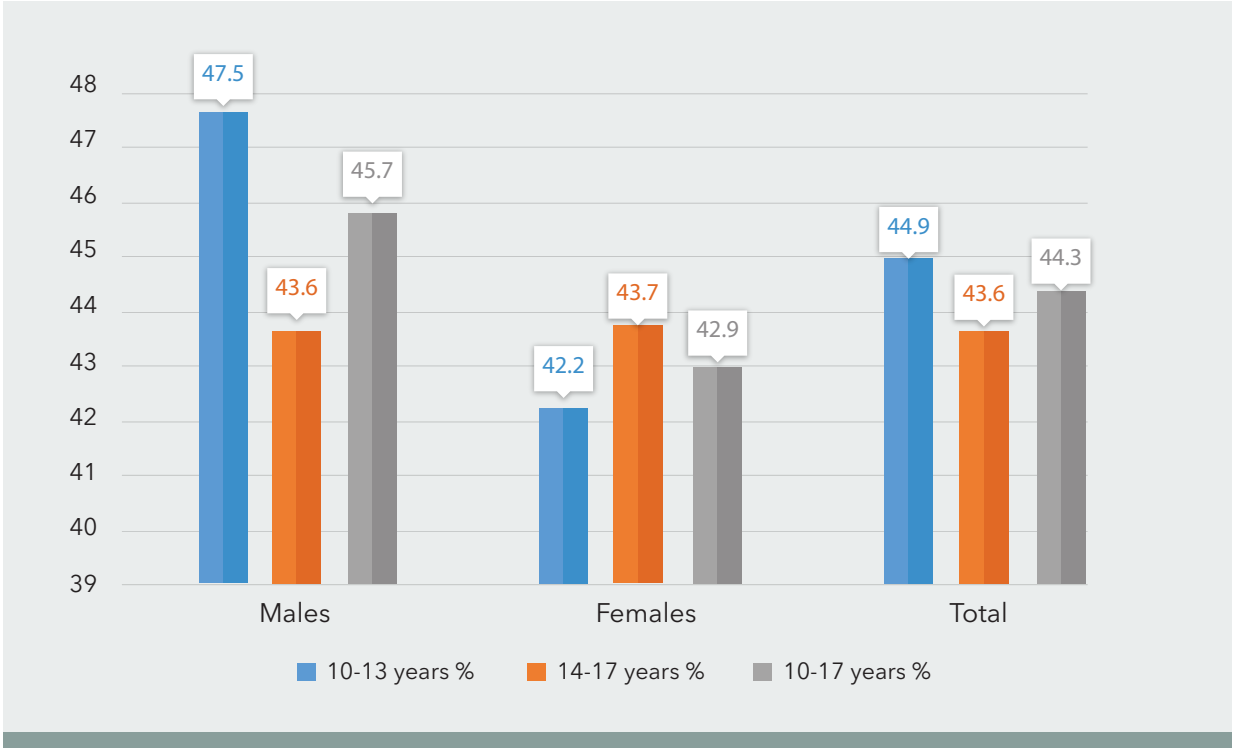

Figure 1 : 12-month prevalence of mental health problems by sex and age group

- There were age and sex differences in the prevalence of specific types of mental health problems. Males had higher prevalence of problems with inattention and/or hyperactivity (20.1% vs 16.4%) and conduct problems (10.6% vs 6.4%) than females. (Table 1)
- For both males and females, anxiety had the highest reported prevalence (26.2% and 27.2%, respectively) of any specific type of mental health problem.
- Of the mental health problems assessed, anxiety was the most prevalent (26.7%), followed by problems with inattention and/or hyperactivity (18.2%).

Table 1 : 12-month prevalence of mental health problems among 10-17-year-olds by sex and type

Mental health problems	Males, % (n)	Females, % (n)	Total, %(n)
Depression	6.8 (175)	7.3 (187)	7.0 (363)
Anxiety	26.2 (677)	27.2 (700)	26.7 (1,376)
Posttraumatic stress	5.0 (130)	6.3 (161)	5.7 (291)
Conduct problems*	10.6 (273)	6.4 (165)	8.5 (439)
Problems with inattention and/or hyperactivity*	20.1 (519)	16.4 (421)	18.2 (940)
Total	**45.7 (1,179)**	**42.9 (1,104)**	**44.3 (2,283)**

- Younger adolescents (ages 10-13 years) had higher prevalence of problems with inattention and/or hyperactivity (21.3%) compared to older adolescents (ages 14-17 years; 14.6%) while older adolescents had higher prevalence of depression (9.9%) and posttraumatic stress (7.1%) as compared to younger adolescents (4.6% and 4.4%, respectively) (Table 2).

Table 2 : 12-month prevalence of mental health problems among 10-17-year-olds by age group and type

Mental health problems	10-13 years, % (n)	14-17 years, % (n)
Depression*	4.6 (128)	9.9 (235)
Anxiety	26.9 (752)	26.4 (625)
Posttraumatic stress*	4.4 (123)	7.1 (168)
Conduct problems	7.5 (210)	9.7 (229)
Problems with inattention and/or hyperactivity*	21.3 (596)	14.6 (344)

**Significant difference between males and females for ADHD and conduct disorder*

- Of the 44.3% adolescents with mental health problems, two out of three experienced some level of impairment such as personal distress, problems in relationships with caregivers, difficulties spending time with family or with peers, and difficulties with school or work.

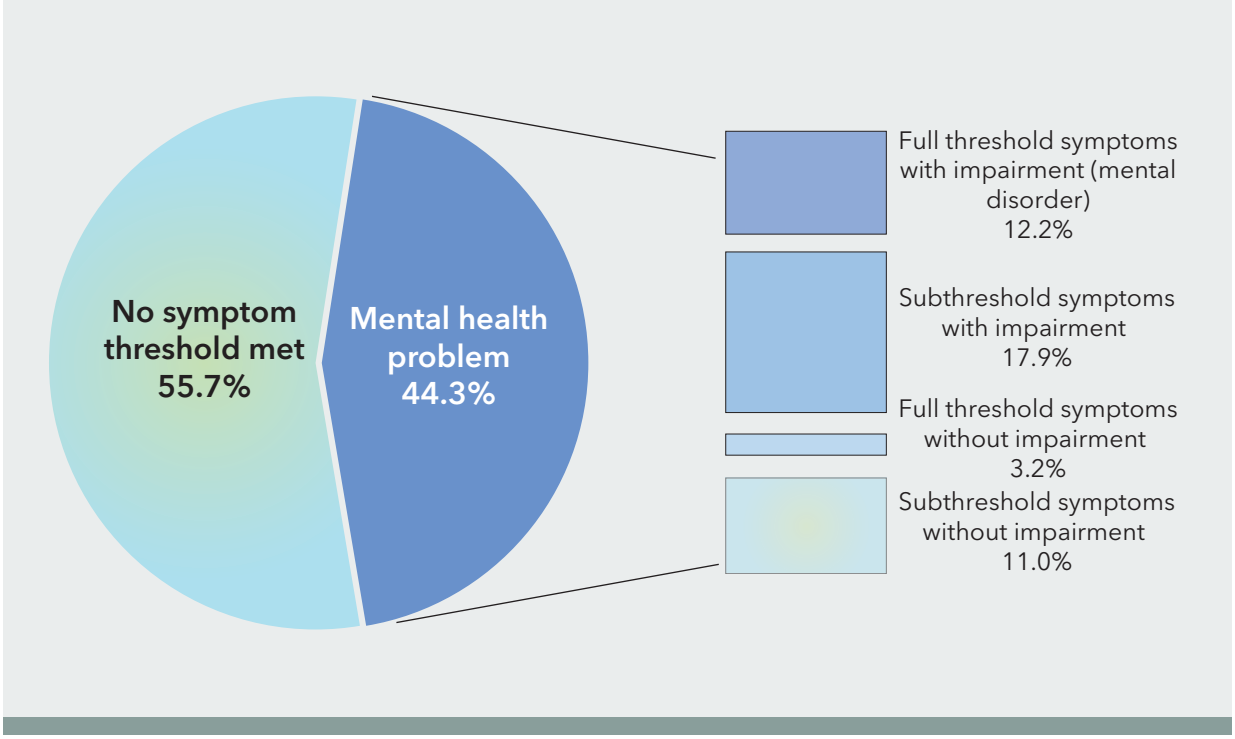

Figure 2 : 12-month prevalence of mental health problems by symptom threshold and impairment endorsement among 10-17-year-olds

Mental Disorders

- One in eight (12.2%) adolescents met criteria for a mental disorder according to DSM-5.
- As shown in Figure 2, anxiety disorders had the highest prevalence (5.6%) of any mental disorder.

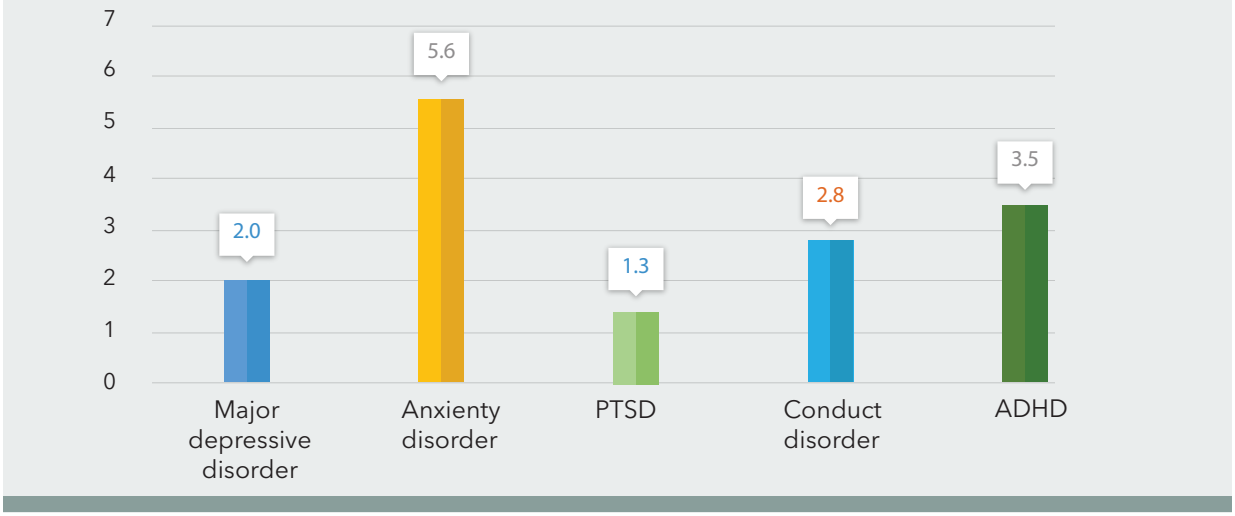

Figure 3 : 12-month prevalence of mental disorders among 10-17-year-olds by type

- No difference in overall prevalence of mental disorders was seen between males (13.1%) and females (11.2%) except for some specific mental disorders Male adolescents had a higher prevalence of ADHD (4.7% vs 2.3%) and conduct disorder (4.0% vs 1.5%) as compared to female adolescents.

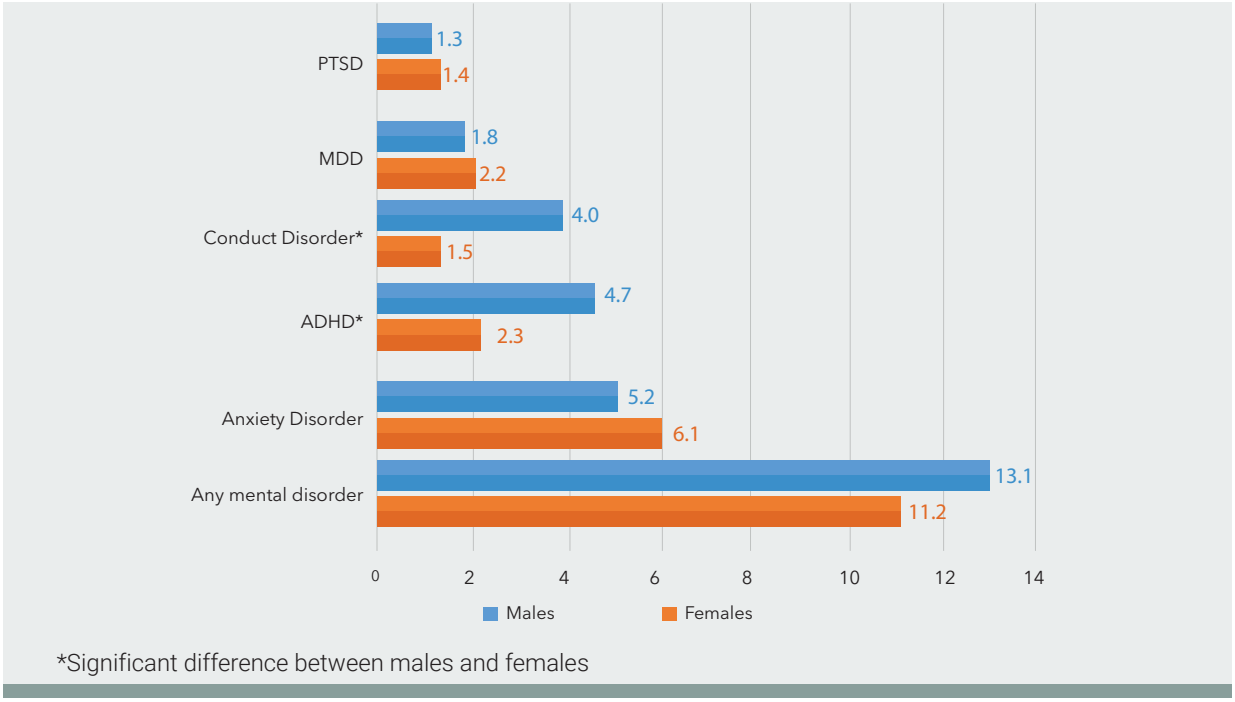

Figure 4 : 12-month prevalence of mental disorders among 10-17 year-by sex

- Younger adolescents had higher prevalence of ADHD (4.8%) compared to older adolescents (2.0%).
- Older adolescents had higher prevalence of major depressive disorder (3.0%) and conduct disorder (3.6%) as compared to younger adolescents (1.2% and 2.1%, respectively).

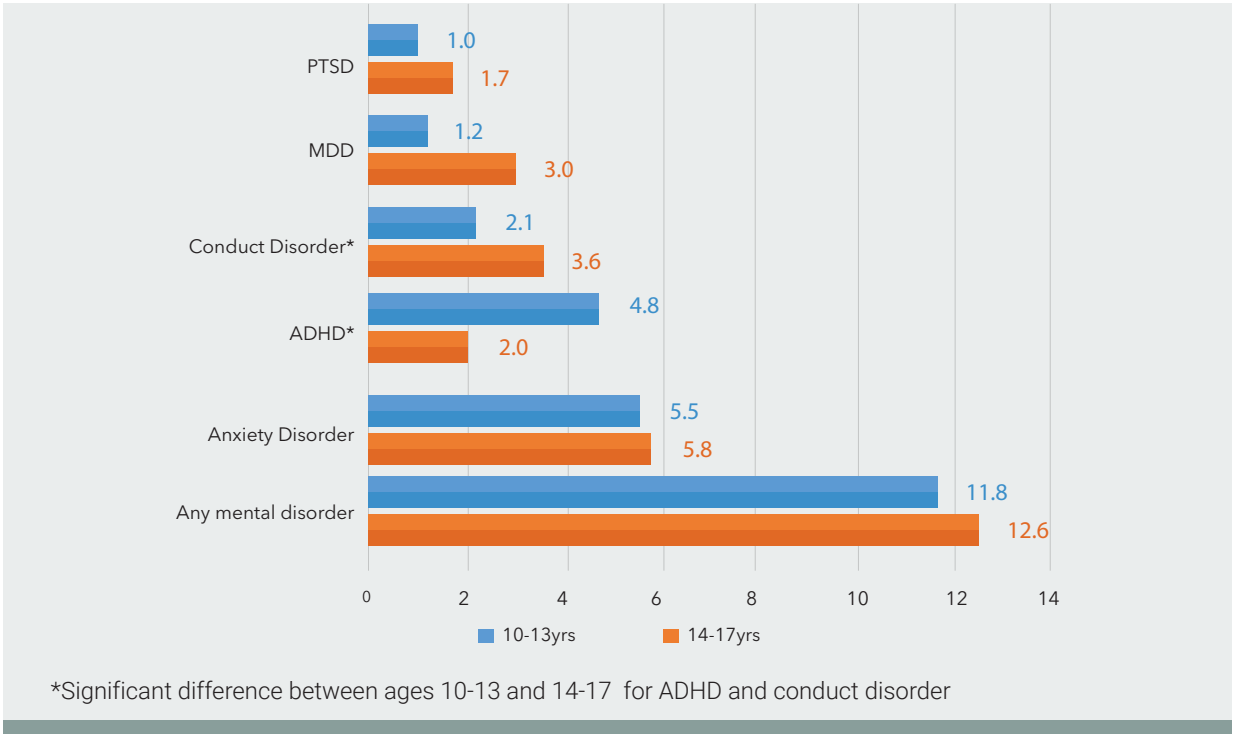

Figure 5 : 12-month prevalence of mental disorders among 10-17 year-by age group

Suicidal behavior

Few adolescents reported suicidal behaviors in the past 12 months, with 2.1% reporting having ever attempted suicide. However, over 80% of those endorsing a suicidal behavior (ideation, planning, and/or attempt) in the past 12 months had a mental health problem while close to half had a mental disorder

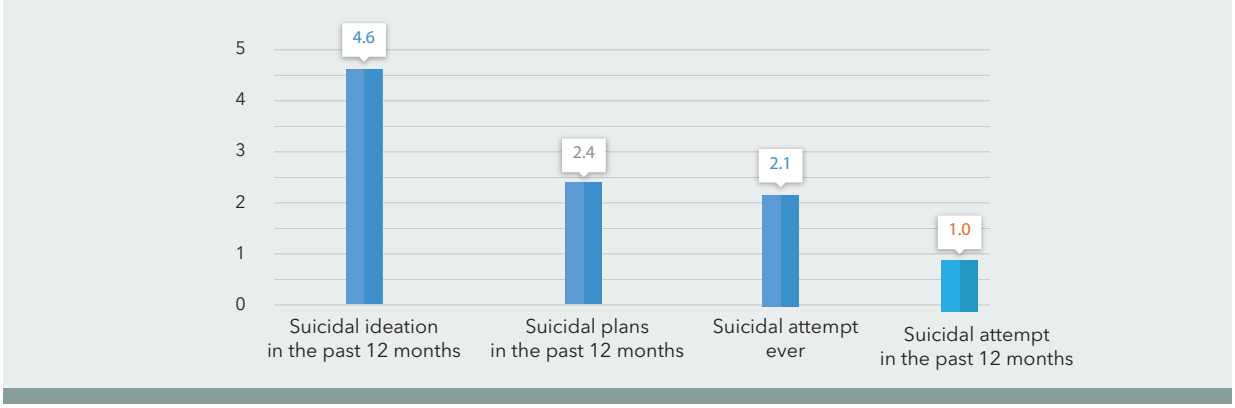

Figure 6 : Prevalence of suicidal behaviors among adolescents

Service use

One of the core aims of K-NAMHS was to determine mental health service utilization among Kenyan adolescents, as well as levels of perceived need and barriers to care. Service use included the ,use of any provider offering support or counselling for emotional and behavioral problems, and related factors in K-NAMHS.

The study found that the use of services for emotional and behavioral problems was low. In the 12 months prior to the survey, less than one-tenth of adolescents (8.7%) had used any service that provides support or counselling for emotional and behavioral problems.

Of these adolescents, the majority had accessed services from religious/faith leaders (34.2%) and school staff (31.9%) the most, while only 10% had accessed services from doctors and nurses.

Table 3 : 12-month prevalence of mental health problems among 10-17-year-olds by age group and type

Type of service provider	% (n)
Religious/faith leader	34.2 (154)
School staff	31.9 (144)
Doctor or nurse	10.0 (45)
Community health worker	8.6 (39)
Specialist e.g., psychiatrist	2.1 (9)
Other	12.6 (57)

Weighted N = 540

- Among primary caregivers reporting that their adolescent needed help for emotional and behavioral problems, nearly a quarter reported not being sure where to get help (24.3%) or preferred to handle the adolescent's problems themselves or with the support of family (24.1%).

Table 4 : Barriers to seeking help or receiving help for emotional and behavioral problems in the past 12 months among primary caregivers of 10-17-year-olds

Reason	% (n)
Wasn't sure where to get help	24.3 (213)
Preferred to handle adolescent's problems alone or with the support of family	24.1 (212)
Wasn't sure if adolescent needed help	12.9 (112)
There wasn't anywhere to get help	11.7 (103)
Thought the problem would get better by itself	10.6 (93)
It cost too much or our family couldn't afford it	9.5 (83)
None of these reasons (other)	7.5 (66)
There was a problem getting to a service that could help	6.9 (60)
Asked for help but didn't get it	4.8 (43)
Didn't want to discuss it with a stranger	3.1 (27)
Worried about what other people may think	2.7 (24)
Adolescent refused help/did not show up at appointment/did not think they had a problem	1.4 (12)
Couldn't get an appointment when it was needed	1.0 (9)

Weighted N = 878
^ Only available as a single choice option

COVID -19

- The adolescent was asked about increases in specific emotional and behavioral problems during the COVID-19 pandemic and whether they had someone to talk to while experiencing these problems.
- Emotional and behavioral problems were impacted by the COVID-19 pandemic. One in six (16.4%) adolescents reported often experiencing at least one emotional or behavioral problem more than usual during the pandemic. This included feeling more anxious or stressed, feeling sadder or more depressed, having more problems concentrating, or feeling more lonely or isolated.
- The primary caregiver was also asked about their adolescent's need for help for emotional and behavioral problems during the pandemic, whether they used services for these problems during the pandemic, and what barriers related to COVID-19 stopped them from getting the help for their adolescent.15.1% of primary caregivers indicated that their adolescent needed help for emotional and behavioral problems during the pandemic.
- Most did not access services with reasons ranging from fear of contracting COVID-19 (36.8%) to r services being unavailable because of the COVID-19 pandemic (34.8%).

Table 5 : Proportion often experiencing emotional and behavioral problems more than usual during the COVID-19 pandemic among 10-17-year-olds by sex

Sex	More anxious or stressed, % (n)	Sadder or more depressed, % (n)	More problems concentrating, % (n)	More lonely or isolated, % (n)	Total (increase in any problem), % (n)
Males	12.3 (317)	7.9 (203)	5.3 (137)	3.9 (100)	17.0 (439)
Females	10.4 (266)	7.3 (188)	6.3 (161)	3.6 (94)	15.7 (404)
Total	11.3 (583)	7.6 (390)	5.8 (298)	3.8 (194)	16.4 (844)

Weighted N: males = 2,581; females = 2,574

Policy implications and opportunities

- The current findings indicate that mental health problems and mental disorders are a common health issue among adolescents, with over two-fifths of Kenyan adolescents experiencing a mental health problem in the past 12 months and one in eight meeting criteria for a mental disorder. The findings indicate a large unmet need for mental health services while showing areas where efforts could be most effective. For example, over a third of primary caregivers who accessed services for their adolescent's emotional and behavioral problems did so from religious/faith leaders. In addition, almost a quarter of primary caregivers whose adolescents needed help for emotional and behavioral problems reported that they were unsure where to get help.
- K-NAMHS provides evidence for more targeted and strategic interventions, including specific screening and management strategies integrated with mental health promotion activities, within the school setting could therefore be one vehicle to address mental health problems Kenyan adolescents face. This is because most adolescents (97.4%) are currently enrolled either in school or vocational training.
- This study highlights an opportunity to engage with religious/faith leaders and promote mental health awareness and literacy within this sector, as well as potentially establishing pathways for referral to clinical services.
- Programs to increase mental health literacy among families, both concerning the concept of mental health as well as where and how to access services, may also encourage effective help-seeking.
- Given the potential level of unmet need for mental health services in the Kenyan adolescent population, it is equally important to improve the availability and quality of mental health services for adolescents as well as taking steps to increase help-seeking behaviors.