

Title:

RISE & REST: A SCHOOL-BASED SOUND THERAPY ROUTINE TO PROMOTE ADOLESCENT MENTAL WELLNESS AND NEURO-INCLUSION IN KENYA

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Abstract

Introduction:

Up to 40% of adolescents in Kenya experience psychological distress, yet access to mental health support in schools is limited by stigma, a shortage of trained personnel, and a lack of culturally grounded interventions. Neurodivergent learners remain especially marginalized, despite national commitments under the Kenya School Health Policy and the 2025 Persons with Disabilities Act. Rise & Rest is a school-based sound therapy routine designed to strengthen emotional regulation, classroom focus, and inclusive learning environments through non-stigmatizing, scalable tools.

Methods:

The program integrates brainwave entrainment via isochronic beats with the “R.I.S.E.” routine: Reset the Mind, Inner Awareness, Stress Literacy, and Evening Wind-down. Activities include guided breathwork, journaling, music therapy, and peer-led psychosocial support.

The intervention was initially piloted during Sunshine Rallies, large inclusive events attended by adolescents from multiple schools, where Rise tracks (11 Hz) and Rest tracks (6 Hz) were embedded in African rhythmic music and played ambiently at the start and close of events. These rallies served as an entry point to introduce the approach and engage caregivers, educators, and school health workers.

Between March 2024 – June 2025, the program reached approximately 25,000 adolescents (aged 12–19; 53% female) across 18 schools in Nairobi, Kiambu, Machakos, and Kajiado counties. Evaluation was conducted with a sample of $n = 385$ participants, determined using Cochran’s formula at 95% confidence and $\pm 5\%$ precision. Feedback was gathered through anonymous wellbeing check-ins, group discussions, and interviews with students, caregivers, and health workers; no personally identifying information was collected. Quantitative data were analyzed using descriptive statistics in Microsoft Excel, while qualitative data were thematically coded to identify key patterns. Programmatic activities were conducted with permissions from convening bodies (e.g., Rotary Kenya), with caregiver consent and student assent sought before participation. A formal mixed-methods evaluation with NACOSTI approval is planned.

Results:

Preliminary, self-reported findings indicate:

70% reported improved emotional wellbeing

65% reported better classroom focus

54% reported improved sleep quality

81% expressed increased trust in trained non-teacher facilitators

Qualitative feedback emphasized acceptability, resonance, and low stigma across diverse school settings. Implementation challenges included device availability in rural schools and facilitator retention.

Conclusions:

Rise & Rest shows promise as a feasible, inclusive, and culturally relevant approach to adolescent mental health in resource-constrained school systems. The rally-based pilots provided proof of concept and community validation, while the next phase focuses on embedding the model into daily school routines. Aligning with national education and disability frameworks provides a pathway for scale-up. A randomized controlled trial is planned to validate long-term outcomes once formal ethical approvals are in place.

Keywords: adolescent mental health, neuro-inclusion, sound therapy, school-based intervention, Kenya, isochronic beats, brainwave entrainment, inclusive education