**Youth and School Mental Health Project: A Model for Strengthening Adolescent Mental Health Support in Kenyan Schools**

**Authors**: Davine Wanjala1, Faith Njiriri1, Lydia Jepkosgei1, Dr. Florence Jaguga2, Dr. Eunice Temet2, Gilliane Kosgei1, Richard Matundura1, Emmanuel Oloo1, Anett Maritim1, Dr. Mathew Turissini3.

**Author Affiliations:**

Academic Model Providing Access to Health Care (AMPATH), **Eldoret Kenya1**

Department of Mental Health, Moi Teaching and Referral Hospital, **Eldoret, Kenya2**

Department of Internal Medicine, Indiana University**, Indianapolis, USA3**

**Background**: Adolescents in Kenya face increasing mental health challenges, including academic stress, peer pressure, and socio-economic hardship, compounded by stigma and low mental health literacy. This prevents early detection and timely intervention for mental health problems. To address this gap, Moi Teaching and Referral Hospital (MTRH) and AMPATH, through the Afya ya Akili Mashinani (AYAM) program, implemented a **teacher-led, curriculum-based school mental health model** that integrates mental health education into existing school programs, builds teacher capacity, and strengthens referral linkages to care.

**Methods**: We implemented the program in five phases: (1) curriculum adaptation, (2) program implementation, (3) teacher-led curriculum delivery, (4) follow-up, and (5) linkage to care. We adapted the African School Mental Health Curriculum through a participatory process into eight modules covering stigma, mental disorders, and counselling skills. Using a Trainer of Trainers (ToT) model, we trained teachers to deliver the curriculum in schools. We conducted sensitizations in schools and in the community, targeting students, teachers and non-teaching staff. We measured outcomes through attendance records for the teachers' training and sensitization sessions, the number of trained teachers actively delivering the curriculum, students reached and referrals for mental health care.

**Results**: The program engaged 48 schools, reaching **24,309 students**, **8,126 parents**, **1,486 teachers and non-teaching staff**, and **18,093 community youth** through sensitizations. **835 teachers** were trained, with 24 schools actively delivering the curriculum. Between July 2024 and March 2025: **12,302 students** attended curriculum-based lessons, **4,564 students** participated in group counselling, **156 students** received one-on-one counselling and **30 students** were referred for mental health care. Schools tailored delivery of the curriculum to fit their programs. Integrating the content into guidance and counselling sessions and life skills classes. Teachers reported greater confidence in addressing mental health problems, while students showed improved literacy and increased willingness to seek help. Strengthened school counselling services and referral pathways enhanced access to care.

**Conclusion**: This teacher-led, curriculum-based model is feasible, acceptable, and effective in improving adolescent mental health literacy, early identification, and access to care in resource-limited settings. It offers a scalable, sustainable approach to adolescents' mental health and demonstrates a need for continued investment in school-based mental health interventions.