Mental Health and Psychosocial Support as a Catalyst for Transformative Sustainable Youth Empowerment in Sotik Sub-County, Kenya

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DOI: https://doi.org/10.47772/IJRISS.2026.100700081

Received: 06 July 2026; Accepted: 12 July 2026; Published: 25 July 2026

ABSTRACT

Youth mental health challenges are increasingly recognised as important barriers to wellbeing, social participation, and economic engagement, particularly in resource-limited rural settings. This study examined changes in psychosocial outcomes following participation in a Mental Health and Psychosocial Support (MHPSS) training programme among youth in Sotik Sub-County, Bomet County, Kenya. A quasi-experimental mixed-methods design employing a single-group pre-test/post-test approach was used. A total of 200 youth participants completed structured questionnaires before and immediately after the intervention. Qualitative data were collected through Focus Group Discussions and structured observation checklists to provide contextual understanding of participants' experiences. Quantitative data were analyzed using descriptive statistics, paired-samples *t*-tests, and chi-square tests, with effect sizes and 95% confidence intervals reported. Qualitative data were analyzed using thematic analysis, and findings from the different data sources were integrated through methodological triangulation. The findings showed statistically significant short-term improvements in mental health awareness, stress management skills, self-esteem, emotional resilience, and psychosocial indicators associated with youth economic empowerment following participation in the training programme. Qualitative findings complemented the quantitative results, with participants reporting increased mental health awareness, reduced stigma, stronger peer support, improved coping strategies, greater self-confidence, and increased motivation to pursue livelihood opportunities. While these findings suggest that community-based MHPSS training is a promising approach for supporting youth psychosocial wellbeing in rural settings, the absence of a control group and the lack of long-term follow-up preclude causal inferences and conclusions regarding the sustainability of the observed changes.The study concludes that structured MHPSS training significantly improves psychosocial wellbeing and youth empowerment in rural settings. The study contributes context-specific evidence on community-based MHPSS interventions among rural youth in Kenya and highlights the need for more rigorous controlled and longitudinal studies to evaluate long-term psychosocial and economic outcomes. The findings may inform the design and integration of psychosocial support within youth development and economic empowerment programmes in similar resource-constrained settings.

Keywords: Psychological wellbeing, Psychosocial intervention, Resilience, Rural Youth development

INTRODUCTION

Mental health is a fundamental component of human wellbeing and a key determinant of individuals' capacity to participate productively in education, employment, and community life. Good mental health enables young people to develop the confidence, resilience, and coping skills necessary for social inclusion and economic participation. The World Health Organization (WHO, 2023) estimates that more than 970 million people globally live with mental health disorders, with adolescents and young adults disproportionately affected. Anxiety, depression, substance use disorders, and stress-related conditions are among the leading causes of disability among individuals aged 15–29 years, limiting not only their wellbeing but also their educational attainment, employability, and economic productivity.

Globally, mental health challenges among youth are driven by multiple intersecting factors, including unemployment, financial insecurity, academic pressure, digital technology exposure, social isolation, and family instability. Poor mental health and unemployment often reinforce one another, creating a cycle that limits young people's opportunities for productive engagement. Kessler et al. (2022) reported that youth unemployment substantially increases the risk of depression and psychological distress, while poor mental health can reduce employability, workplace productivity, and labour market participation. In India, Patel et al. (2021) found that community-based psychosocial interventions improved resilience, coping skills, and social functioning among vulnerable youth, highlighting the potential contribution of Mental Health and Psychosocial Support (MHPSS) programmes to strengthening psychosocial capacities that underpin economic participation.

Across Africa, mental health systems remain under-resourced despite a high burden of mental disorders. Sankoh et al. (2022) estimated that more than 75% of individuals requiring mental health services in sub-Saharan Africa do not receive appropriate care. Contributing factors include stigma, inadequate policy implementation, shortages of mental health professionals, and

limited community awareness. Studies conducted in South Africa (Burnhams et al., 2021) and Nigeria (Atilola, 2021) have identified unemployment, substance abuse, gender-based violence, and socioeconomic disadvantage as major contributors to psychological distress among young people. These findings suggest that improving youth wellbeing requires integrated approaches that address both psychosocial and socioeconomic challenges.

In Kenya, evidence indicates an increasing burden of psychological distress among young people. Ndetei et al. (2020) reported high levels of depression and anxiety among university students, while Mutiso et al. (2022) found that stigma, cultural beliefs, and limited mental health awareness continue to impede help-seeking behaviour. At the same time, youth unemployment remains a major development challenge. The Kenya National Bureau of Statistics (KNBS, 2024) estimates youth unemployment at over 35%, with rural counties such as Bomet experiencing particularly limited employment opportunities due to low industrial development and dependence on agriculture. Poor psychosocial wellbeing may further constrain young people's confidence, motivation, decision-making, and readiness to participate in education, entrepreneurship, and other livelihood opportunities.

Bomet County reflects many of these intersecting challenges. Chepkirui (2024) reported high levels of youth unemployment, substance abuse, and family instability, while Kiprono (2025) found that many young people in Sotik Sub-County have limited mental health literacy and inadequate coping skills. Although Kenya has implemented numerous youth development programmes, these initiatives primarily emphasise entrepreneurship, vocational training, and economic empowerment, often with limited attention to mental health and psychosocial wellbeing. This separation may reduce programme effectiveness because psychosocial challenges can limit young people's ability to benefit fully from economic opportunities.

Mental Health and Psychosocial Support (MHPSS) has increasingly been recognised as an important component of holistic youth development. By strengthening mental health awareness, stress management, self-esteem, and emotional resilience, MHPSS interventions may enhance psychosocial capacities that support young people's engagement in education, employment, entrepreneurship, and other productive economic activities. However, there remains limited empirical evidence on the short-term effects of community-based MHPSS interventions among rural youth in Kenya, particularly regarding psychosocial outcomes associated with economic empowerment. This study therefore examined changes in mental health awareness, stress management skills, self-esteem, emotional resilience, and psychosocial indicators related to youth economic empowerment following participation in an MHPSS training programme in Sotik Sub-County, Bomet County.

Statement of the Problem

Youth in Sotik Sub-County, like many young people in rural Kenya, experience multiple psychosocial and socioeconomic challenges that adversely affect their wellbeing and their capacity to participate productively in economic and community life. Globally, approximately one in seven adolescents experiences a mental health disorder (WHO, 2023), while in sub-Saharan Africa more than 75% of those requiring mental health services do not receive appropriate care (Sankoh et al., 2022). In Kenya, psychological distress among young people continues to rise alongside persistently high unemployment and limited access to mental health services.

At the local level, community reports from Bomet County indicate high levels of chronic stress, substance use, low self-esteem, family conflict, and other psychosocial stressors among young people (Chepkirui, 2024; Kiprono, 2025). These challenges not only affect mental wellbeing but may also reduce young people's confidence, motivation, decision-making capacity, and readiness to engage in employment, entrepreneurship, vocational training, and other livelihood opportunities. Consequently, psychosocial vulnerability may undermine the effectiveness of youth economic empowerment initiatives. Although government agencies, faith-based organizations and non-governmental organizations have implemented numerous youth empowerment programmes in Kenya, many focus primarily on vocational training, entrepreneurship, and access to finance, with limited integration of structured Mental Health and Psychosocial Support (MHPSS). As a result, the psychosocial factors that influence young people's participation in and benefit from economic opportunities often remain insufficiently addressed.

Furthermore, although previous studies have shown that psychosocial interventions can improve mental health literacy, coping skills, and resilience, there is limited evidence regarding their short-term outcomes among rural youth in Kenya. In particular, little is known about whether participation in community-based MHPSS training is associated with improvements in psychosocial factors that may support youth economic empowerment. This study was therefore undertaken to address this evidence gap by examining changes in mental health awareness, stress management, self-esteem, emotional resilience, and psychosocial indicators associated with youth economic empowerment following participation in a community-based MHPSS training programme among youth in Sotik Sub-County, Bomet County. Given the study's single-group pre-test/post-test design, the findings are intended to provide evidence of observed short-term changes following participation in the intervention rather than definitive evidence of causal effects.

Objectives of the Study

The study was guided by the following objectives:

1. To assess the effect of MHPSS training on youth mental health awareness.
2. To determine the impact of training on stress management skills.
3. To examine changes in self-esteem and emotional resilience among youth.
4. To evaluate the influence of MHPSS training on youth economic empowerment.

Significance of the Study

This study contributes to the growing evidence base on community-based Mental Health and Psychosocial Support (MHPSS) interventions for young people in rural and resource-constrained settings. For policymakers, county governments, and government agencies, the findings provide locally generated evidence that can inform the integration of MHPSS into youth development, public health, and employment programmes. Although the study does not establish causal effects, it demonstrates promising short-term improvements in mental health awareness, stress management, self-esteem, emotional resilience, and psychosocial factors associated with economic empowerment. Development partners, non-governmental organizations (NGOs), faith-based organizations, and community-based organizations can use these findings to strengthen the design of youth programmes by incorporating psychosocial support alongside entrepreneurship, vocational training, and livelihood initiatives. Educational institutions may also use the findings to strengthen guidance and counselling services, mental health literacy programmes, and student support systems that foster both academic success and psychosocial wellbeing.

The study further benefits mental health practitioners, counsellors, psychologists, social workers, and community health workers by providing evidence on the application of community-based MHPSS approaches within rural contexts, thereby supporting the design and delivery of culturally appropriate psychosocial interventions. For young people and local communities, the findings highlight the potential value of MHPSS programmes in promoting mental health awareness, adaptive coping strategies, resilience, social connectedness, and psychosocial capacities that may enhance participation in education, employment, and other productive economic activities. Finally, the study contributes to academic scholarship by providing empirical evidence on short-term psychosocial outcomes following MHPSS training in rural Kenya. It also identifies important areas for future research, including the need for controlled study designs, longitudinal follow-up, psychometrically robust measures, and objective indicators of youth economic empowerment to strengthen the evidence base for community-based psychosocial interventions.

LITERATURE REVIEW

Mental health and psychosocial wellbeing among youth have become a critical global development concern due to the increasing prevalence of psychological distress, substance use disorders, unemployment-related stress, and limited access to mental health services. Empirical evidence from global, regional, national, and local studies consistently demonstrates that psychosocial interventions play a significant role in improving resilience, coping capacity, and overall youth wellbeing. At the global level, Kessler et al. (United States, 2022) established that unemployment is strongly associated with increased risk of depression and anxiety among young adults, with psychological distress significantly higher among unemployed youth compared to their employed counterparts. Similarly, Patel et al. (India, 2021) demonstrated that structured community-based psychosocial interventions significantly enhance resilience, coping skills, and social functioning among vulnerable populations, highlighting the effectiveness of non-clinical, community-driven mental health approaches in low-resource settings.

Within the African context, Burnhams et al. (South Africa, 2021) found that substance abuse and gender-based violence are major predictors of psychological distress among youth, contributing to long-term emotional instability and reduced productivity. In Nigeria, Atilola (2021) identified a critical gap in youth-friendly mental health services, noting that limited accessibility, stigma, and inadequate policy implementation significantly hinder help-seeking behavior among young people experiencing mental health challenges. In the Kenyan context, Ndetei et al. (University of Nairobi, 2020) reported a high prevalence of depression and anxiety symptoms among university students, with nearly half of respondents exhibiting moderate to severe psychological distress. Similarly, Mutiso et al. (Kenyatta National Hospital, 2022) established that mental health stigma remains a major barrier to service utilization among Kenyan youth, significantly reducing the likelihood of early intervention and recovery.

At the local level, evidence from rural Kenya indicates similar trends of psychosocial vulnerability. Chepkirui (Bomet County, 2024) found that unemployment and substance abuse are key drivers of youth psychological distress, contributing to increased vulnerability and reduced socio-economic participation. In addition, Kiprono (Sotik Sub-County, 2025) established that low mental health literacy among rural youth significantly limits coping capacity, resilience, and help-seeking behavior, thereby exacerbating psychosocial challenges. Overall, the reviewed literature demonstrates a consistent gap between the high burden of youth mental health challenges and the limited availability of effective psychosocial support systems, particularly in rural and low-resource settings. This highlights the need for community-based Mental Health and Psychosocial Support (MHPSS) interventions such as the one under study in Sotik Sub-County

THEORETICAL FRAMEWORK

Social Cognitive Theory (Bandura, 1986)

This study is anchored on two complementary theories namely; Social Cognitive Theory and Ecological Systems Theory which together provide a comprehensive explanation of how individual cognition, behavior, and environmental systems interact to influence youth mental health and psychosocial wellbeing. These theories are particularly relevant in explaining how Mental Health and Psychosocial Support (MHPSS) interventions can enhance coping, resilience, and empowerment among youth in rural contexts.

Social Cognitive Theory (Bandura, 1986)

Social Cognitive Theory (SCT) was developed by **Albert Bandura in 1986**, evolving from earlier work on Social Learning Theory (Bandura, 1977). The theory emphasizes that human behavior is shaped through a dynamic and reciprocal interaction between personal factors, behavior, and environmental influences. SCT posits that individuals learn not only through direct experience but also through observation, imitation, and modeling. A central construct is self-efficacy, which refers to an individual's belief in their ability to execute behaviors necessary to produce desired outcomes. The theory is highly recommended for its ability to provide a strong explanation of behavioral change through learning and observation. It emphasizes self-efficacy, which is critical in mental health interventions and youth empowerment. It is widely applicable in health promotion, education, and psychosocial interventions and supports structured training approaches such as MHPSS, where participants learn coping skills through demonstration and practice. However, its criticized for relatively less emphasis on emotional and unconscious psychological processes. It may underestimate the role of structural and socio-economic constraints such as poverty and unemployment. It assumes individuals have equal access to learning environments, which may not be true in rural contexts.

Recent scholars have widely applied SCT in mental health and youth development studies. For example, Schunk and DiBenedetto (2020) emphasize the role of self-efficacy in academic and behavioral outcomes among youth. Similarly, Stajkovic et al. (2021) highlight SCT's relevance in explaining behavioral change in workplace and community interventions. In Africa, Muriithi and Mwaura (2022) applied SCT in youth empowerment programs in Kenya and found that increased self-efficacy significantly improved coping behaviors and participation in development initiatives.

In this study, SCT explains how MHPSS training enhances youth mental health outcomes by improving knowledge acquisition, observational learning, and self-efficacy. Youth who observe, practice, and internalize coping strategies during training are more likely to adopt positive stress management behaviors and engage in adaptive psychosocial functioning.

METHODOLOGY

This study adopted a rigorous methodological framework designed to evaluate the effectiveness of a Mental Health and Psychosocial Support (MHPSS) training intervention on youth psychosocial outcomes in a rural Kenyan context. The methodology integrates both quantitative and qualitative approaches to ensure depth, triangulation, and validity of findings.

Research Design

The study employed a quasi-experimental mixed-methods research design using a pre-test and post-test single-group approach. This design was deemed appropriate because it allows for the measurement of change in participants' psychosocial outcomes before and after the intervention without requiring a control group, which is often impractical in community-based training settings. The mixed-methods approach enabled the integration of quantitative measurements (psychosocial scales and statistical tests) with qualitative insights (participant experiences and perceptions) to provide a comprehensive understanding of the intervention's impact. This design is widely recommended in community health and psychosocial research for evaluating behavioural and cognitive change following interventions (Creswell & Plano Clark, 2021).

Although this design permits the assessment of changes over time within the same participants, it does not include a comparison or control group. Consequently, improvements observed following the intervention cannot be attributed solely to the MHPSS programme, as alternative explanations such as testing effects, maturation, regression to the mean, or external events cannot be excluded. The findings should therefore be interpreted as evidence of associations between participation in the intervention and changes in psychosocial outcomes rather than definitive evidence of causality (Creswell & Plano Clark, 2021). The integration of quantitative and qualitative methods facilitated methodological triangulation by combining statistical evidence with participants lived experiences, thereby providing a richer understanding of the intervention within its community context.

Study Area

The study was conducted in Sotik Sub-County, Bomet County, Kenya, a predominantly rural area where agriculture is the principal economic activity. The region experiences high youth unemployment, increasing psychosocial stressors, limited

access to specialized mental health services, and relatively low levels of mental health literacy. These contextual characteristics make Sotik Sub-County an appropriate setting for examining community-based MHPSS interventions targeting young people.

Study Population and Sample Size

The target population consisted of youth aged between 18 and 35 years residing in Sotik Sub-County. A total of 200 youth participants (N = 200) were selected to participate in the MHPSS training programme and subsequent evaluation. The sample size was considered adequate for statistical inference, particularly for parametric tests such as paired t-tests, which require sufficient sample power to detect mean differences before and after intervention. The sample also reflects typical community-based intervention studies in psychosocial research contexts.

Sampling Technique

A multi-stage sampling strategy combining purposive and simple random sampling techniques was employed. Initially, purposive sampling identified youth who met the study inclusion criteria and were considered likely to benefit from psychosocial support because of factors such as unemployment, psychosocial stress, social vulnerability, or increased risk of substance use. Subsequently, simple random sampling was used within the eligible participant pool to minimize selection bias and enhance representativeness among those meeting the inclusion criteria.

Data Collection Instruments

Data were collected using a triangulated set of instruments to enhance validity and reliability of findings:

Structured Questionnaires

Data were collected using a standardized structured questionnaire designed on a 5-point Likert scale (1 = Strongly Disagree to 5 = Strongly Agree) and administered both before and after the MHPSS training intervention. The instrument was used to quantitatively assess changes in key psychosocial domains, including mental health awareness, stress management skills, self-esteem, emotional resilience, and youth empowerment indicators. The questionnaire items were carefully adapted from previously validated psychosocial measurement tools commonly used in youth mental health and community psychology studies to ensure content validity, reliability, and contextual relevance. The pre-test captured baseline psychosocial conditions, while the post-test measured changes attributable to the intervention.

Focus Group Discussions (FGDs)

Focus Group Discussions were conducted to generate in-depth qualitative insights into participants lived experiences and perceptions regarding mental health, psychosocial challenges, and the impact of the MHPSS training. Each FGD comprised 8 to 12 participants, selected to ensure diversity of perspectives while maintaining manageable group dynamics for meaningful interaction. The discussions were guided by a semi-structured interview schedule that explored themes such as coping strategies, emotional wellbeing, stigma related to mental health, peer relationships, and perceived changes following the training. This approach allowed participants to express their experiences freely and enabled the researchers to capture rich contextual narratives that complemented the quantitative findings.

Observation Checklist

An observation checklist was utilized during training sessions to systematically document participants' behavioral responses and engagement levels throughout the intervention. The checklist captured key indicators such as active participation in discussions, responsiveness during group activities, quality of peer interactions, emotional expression, and evidence of skill acquisition such as demonstrations of coping techniques and stress management strategies. This method provided real-time behavioral validation of self-reported data from questionnaires and helped reduce potential response bias by triangulating observed behaviors with reported outcomes.

Data Analysis

Quantitative Data Analysis

Quantitative data obtained from the structured questionnaires were analyzed using IBM Statistical Package for the Social Sciences (SPSS) Version 30. Data were first screened for completeness, missing values, outliers, and data entry errors prior to analysis. Descriptive statistics, including frequencies, percentages, means, and standard deviations (SD), were computed to summaries participants' demographic characteristics and psychosocial scores at baseline (pre-test) and immediately following the intervention (post-test).To assess changes in psychosocial outcomes following participation in the Mental Health and Psychosocial Support (MHPSS) training, paired-samples *t*-tests were performed to compare pre-test and post-test mean scores for each psychosocial domain, including mental health awareness, stress management, self-esteem, emotional resilience, and youth empowerment. Prior to conducting inferential analyses, the assumptions of the paired-samples *t*-test were evaluated.

Normality of the difference scores was assessed using the Shapiro-Wilk test, supplemented by visual inspection of histograms and normal Q-Q plots. No substantial violations of normality were identified, supporting the use of parametric analyses.

For each paired comparison, the following statistics were reported to improve transparency and facilitate interpretation: pre-test and post-test means, standard deviations, mean differences, *t*-statistics, degrees of freedom, exact *p*-values, and 95% confidence intervals (CIs) for the mean differences. In addition to statistical significance, effect sizes were calculated using Cohen's *d* for paired samples to determine the magnitude of observed changes. Effect sizes were interpreted according to Cohen's (1988) guidelines, where 0.20 indicates a small effect, 0.50 a medium effect, and 0.80 or greater a large effect. Reporting both statistical significance and effect sizes provides a more comprehensive assessment of the practical significance of the observed changes.

Where appropriate, chi-square tests of independence were conducted to examine associations between selected categorical variables, such as participation intensity and selected empowerment indicators. Statistical significance for all inferential analyses was established at $p < 0.05$. The study findings are interpreted as changes observed among participants following the intervention rather than definitive evidence of intervention effectiveness, recognizing that the absence of a control group limits causal inference.

Qualitative Data Analysis

Qualitative data generated through Focus Group Discussions (FGDs) were analyzed using Braun and Clarke's (2006) six-phase thematic analysis. Audio-recorded discussions were transcribed verbatim, and transcripts were repeatedly reviewed to facilitate familiarization with the data. An inductive coding approach was adopted, allowing themes to emerge from participants' narratives rather than imposing predetermined categories. Two members of the research team independently coded a subset of transcripts before comparing and discussing coding decisions to develop a shared coding framework. Any discrepancies were resolved through discussion and consensus, thereby enhancing coding consistency and analytical rigor.

Related codes were subsequently grouped into categories and refined into overarching themes and sub-themes that addressed the study objectives. Throughout the analytical process, an audit trail documenting coding decisions, theme development, and analytical reflections was maintained to enhance transparency and dependability. Representative participant quotations were selected to illustrate each theme while preserving participants' anonymity.

To strengthen the trustworthiness of the qualitative findings, the study employed several strategies consistent with the criteria proposed by Lincoln and Guba (1985). Credibility was enhanced through prolonged engagement with the data, analyst triangulation, and comparison of qualitative findings with quantitative results. Dependability was supported through documentation of coding procedures and analytical decisions, while confirmability was promoted by maintaining reflexive notes throughout the analysis. Transferability was facilitated by providing detailed descriptions of the study context and participant characteristics.

Integration of Quantitative and Qualitative Findings

Integration of quantitative and qualitative findings occurred during the interpretation stage through methodological triangulation. Quantitative results describing changes in psychosocial outcomes were compared with themes emerging from the Focus Group Discussions and observations to identify areas of convergence, complementarity, and divergence. This mixed-methods integration provided a richer understanding of participants' experiences and strengthened the credibility of the overall findings by drawing on multiple sources of evidence.

Although triangulation enhanced confidence in the consistency of the findings, the results should be interpreted as evidence of short-term changes observed among participants following the MHPSS training. Because the study employed a single-group pre-test/post-test design without a control group and did not include long-term follow-up, causal attribution and conclusions regarding the sustainability of observed changes cannot be made.

RESULTS

Mental Health Awareness

A paired-samples t-test was conducted to determine whether the MHPSS training significantly improved participants' mental health awareness. There was a statistically significant increase in mental health awareness scores from pre-test ($M = 2.8$, $SD \approx 0.74$) to post-test ($M = 4.3$, $SD \approx 0.52$), $t(199) = 12.45$, $p < .001$. The mean difference of 1.5 points indicates a substantial improvement in mental health literacy following the intervention. The effect size (Cohen's $d \approx 0.88$) suggests a large practical effect, implying that participants not only improved statistically but also experienced meaningful cognitive and attitudinal change regarding mental health concepts such as stigma, help-seeking, and emotional awareness. Qualitative findings revealed improved understanding of mental health and reduced fear of discussing emotional challenges. Many indicated a shift from viewing mental illness as "weakness" to recognizing it as a manageable condition. Participants reported improved

understanding of mental health and reduced fear of discussing emotional challenges. Many indicated a shift from viewing mental illness as "weakness" to recognizing it as a manageable condition.

Youth emphasized strengthened peer relationships and the emergence of informal support systems. Group discussions were frequently described as "safe spaces" that encouraged openness and trust. Participants described practical application of coping strategies such as breathing exercises, problem-solving, and seeking help. Several reported improved academic focus and reduced emotional distress.

Illustrative statements included:

"I now know how to calm myself when stressed instead of reacting aggressively."

"I feel more confident talking to others about my problems."

"I am not alone anymore; we support each other."

Stress Management Skills

A paired-samples t-test was used to assess changes in stress management skills before and after the intervention. Results showed a significant improvement from pre-test ($M = 2.6$, $SD \approx 0.81$) to post-test ($M = 4.1$, $SD \approx 0.56$), $t(199) = 11.02$, $p < .001$. The improvement of 1.5 points demonstrates that participants shifted from largely maladaptive coping strategies (e.g., avoidance, suppression) toward adaptive strategies such as deep breathing, peer support, and cognitive reframing. The estimated effect size (Cohen's $d \approx 0.78$) indicates a moderate-to-large intervention impact, consistent with psychosocial skill-building programmes in youth populations

Self-Esteem and Emotional Resilience

A paired-samples t-test revealed a significant increase in self-esteem and emotional resilience scores from pre-test ($M = 2.9$, $SD \approx 0.77$) to post-test ($M = 4.2$, $SD \approx 0.60$), $t(199) = 13.18$, $p < .001$. This reflects a mean gain of 1.3 points, suggesting strengthened self-concept, improved emotional regulation, and increased perceived coping capacity. The effect size (Cohen's $d \approx 0.93$) indicates a very large effect, highlighting the strong psychological influence of structured MHPSS engagement.

A chi-square test of independence further examined the relationship between participation in the intervention and categorized levels of resilience (low, moderate, high), yielding a significant association, $\chi^2(2, N = 200) = 22.6$, $p < .001$. This confirms that post-intervention resilience levels were not randomly distributed but strongly linked to program exposure.

Youth Empowerment Outcomes

Youth empowerment indicators were assessed using both descriptive and inferential statistics. A substantial proportion of participants reported enhanced civic and social engagement post-intervention: 78% reported increased participation in community activities while 65% initiated or joined peer-support groups A paired-samples t-test on the composite empowerment index showed a significant improvement from pre-test ($M = 2.7$, $SD \approx 0.69$) to post-test ($M = 4.0$, $SD \approx 0.58$), $t(199) = 10.75$, $p < .001$. The results indicate that empowerment extended beyond individual wellbeing to include collective agency, social participation, and leadership initiation, which are key markers of youth development frameworks under SDG 3 and SDG 8.

Discussion

The present study examined changes in psychosocial outcomes among youth following participation in a Mental Health and Psychosocial Support (MHPSS) training programme in Sotik Sub-County, Kenya. Overall, participants demonstrated statistically significant improvements in mental health awareness, stress management, self-esteem, emotional resilience, and indicators of economic empowerment between the pre-test and post-test assessments. While these findings are encouraging, they should be interpreted with caution because the single-group pre-test/post-test design without a control group does not permit definitive conclusions regarding causality. Consequently, the observed changes represent short-term improvements associated with participation in the intervention rather than conclusive evidence of intervention effectiveness.

Mental Health Awareness

Participants demonstrated improved mental health awareness following the MHPSS training, suggesting that structured psychoeducational interventions may enhance mental health literacy among young people in rural communities. This finding is consistent with the World Health Organization (2023), which identifies community-based mental health education as an important strategy for improving recognition of mental health conditions, reducing stigma, and promoting timely help-seeking. Similarly, Patel et al. (2021) reported that community-delivered psychosocial interventions can improve mental health knowledge and increase awareness in low- and middle-income countries. The large effect size observed in this study indicates

that participants experienced meaningful short-term gains in mental health knowledge; however, without a comparison group or follow-up assessment, it is not possible to determine whether these improvements resulted solely from the intervention or whether they will be sustained over time.

Stress Management Skills

The observed improvements in stress management suggest that participants reported greater confidence in using adaptive coping strategies following the training. These findings are consistent with previous studies indicating that psychosocial interventions can strengthen coping skills and emotional regulation among young people. Ndetei et al. (2020), for example, found that structured psychosocial support programmes in Kenya were associated with improvements in adaptive coping and reductions in maladaptive stress responses. The qualitative findings further indicated that participants described increased use of peer support, problem-solving, and positive coping strategies in managing daily stressors. Nevertheless, because outcomes were measured immediately after the intervention, the persistence of these reported changes cannot be established.

Self-Esteem and Emotional Resilience

The study also found improvements in participants' self-esteem and emotional resilience following the training. These findings are broadly consistent with resilience theory, which proposes that supportive environments, positive social relationships, and opportunities to develop coping skills can strengthen individual protective factors. Similar observations have been reported by UNICEF (2022) and the World Health Organization (2023), which highlight participatory, youth-centred approaches as valuable for promoting psychosocial wellbeing and self-efficacy.

The qualitative findings complemented the quantitative results, with participants describing increased confidence, greater willingness to seek support, and improved emotional regulation. These narratives provide contextual evidence that the intervention was perceived positively by participants. However, given the study design, these improvements should be interpreted as reported short-term changes rather than definitive evidence that the intervention caused increases in self-esteem or resilience.

Youth Economic Empowerment

The fourth objective examined changes related to youth economic empowerment following participation in the MHPSS programme. Participants reported increased confidence in pursuing livelihood opportunities, greater willingness to participate in income-generating activities, improved financial goal-setting, and stronger engagement in peer support groups that facilitated the exchange of economic opportunities and information. These findings suggest that improved psychosocial wellbeing may be associated with greater perceived readiness to participate in economic activities.

The findings are consistent with Sustainable Development Goal 8, which recognises that decent work and economic inclusion require not only employment opportunities but also psychosocial capabilities such as confidence, resilience, motivation, and social connectedness. They also align with literature suggesting that psychosocial wellbeing can enhance employability, entrepreneurial confidence, and workforce participation among young people facing social and economic adversity (Kirmayer et al., 2019).

However, it is important to note that this study did not directly measure objective economic outcomes such as employment status, income, business creation, or household earnings. Consequently, the findings should not be interpreted as evidence that the intervention improved participants' economic conditions. Rather, they indicate short-term improvements in psychosocial factors that may support future economic engagement. Longitudinal studies incorporating objective economic indicators are needed to determine whether these psychosocial gains translate into sustained economic empowerment.

Integration of Quantitative and Qualitative Findings

The qualitative findings complemented the quantitative results by providing insight into how participants perceived changes in their knowledge, coping strategies, relationships, and confidence following the training. Themes relating to reduced mental health stigma, strengthened peer support, increased self-confidence, and improved coping were generally consistent with the observed quantitative improvements. This convergence across multiple data sources enhances confidence in the consistency of the findings through methodological triangulation.

Nevertheless, triangulation does not overcome the methodological limitations inherent in the study design. The absence of a control group means that alternative explanations, including maturation, repeated testing, regression to the mean, or concurrent community influences, cannot be excluded. Furthermore, because outcomes were assessed only immediately after the intervention, the study cannot determine whether the observed improvements were maintained over time.

Overall, the findings suggest that community-based MHPSS training shows promise as an approach for supporting psychosocial wellbeing among youth in resource-limited settings. Future research employing controlled or randomised study

designs and longer follow-up periods would provide stronger evidence regarding the effectiveness, sustainability, and potential economic benefits of such interventions.

CONCLUSION

This study examined changes in psychosocial outcomes among youth following participation in a Mental Health and Psychosocial Support (MHPSS) training programme in Sotik Sub-County, Kenya. The findings indicate that participants demonstrated statistically significant short-term improvements in mental health awareness, stress management skills, self-esteem, emotional resilience, and indicators related to economic empowerment between the pre-test and post-test assessments. Although these findings are encouraging, they should be interpreted with caution because the study employed a single-group pre-test/post-test design without a control group. Consequently, the observed improvements cannot be attributed solely to the intervention, nor can conclusions be drawn regarding the long-term sustainability of these changes.

With respect to the first objective, the study found that participants reported improved mental health awareness following the training. The findings suggest that community-based psychoeducation may contribute to increased mental health literacy, reduced stigma, and greater awareness of available support services among young people in rural settings. Regarding the second objective, participants demonstrated improvements in stress management skills and reported greater use of adaptive coping strategies following the intervention. These findings suggest that MHPSS training may support the development of practical coping skills that help young people respond more effectively to psychosocial stressors.

Concerning the third objective, improvements in self-esteem and emotional resilience were observed after participation in the training. The quantitative and qualitative findings suggest that participatory group-based psychosocial interventions may contribute to enhanced confidence, emotional regulation, and resilience among youth. However, further research incorporating comparison groups and longer follow-up periods is required to determine whether these improvements are sustained over time.

With respect to the fourth objective, participants reported improvements in psychosocial factors associated with economic empowerment, including increased confidence to pursue livelihood opportunities, greater motivation to engage in productive activities, improved financial goal-setting, and stronger peer support networks. While these findings suggest that MHPSS interventions may strengthen psychosocial capacities that support economic participation, the study did not directly measure objective economic outcomes such as employment, income, or enterprise development. Consequently, no conclusions can be drawn regarding the intervention's effect on participants' economic status.

Overall, the findings suggest that community-based MHPSS training is a promising approach for supporting youth psychosocial wellbeing in resource-limited settings. The integration of quantitative and qualitative evidence indicates that participants perceived positive short-term changes following the intervention. Nevertheless, future studies employing controlled or randomized designs, validated psychometric measures, objective indicators of economic empowerment, and longer-term follow-up assessments are needed to establish causal relationships, evaluate the durability of observed changes, and strengthen the evidence base for community-based MHPSS interventions among young people.

RECOMMENDATIONS

Recommendations

Based on the findings and within the methodological limitations of this study, the following recommendations are proposed:

1. **Strengthen the integration of Mental Health and Psychosocial Support (MHPSS) within youth development programmes.** Government agencies, county governments, and development partners should consider incorporating evidence-informed MHPSS components into existing youth development initiatives to promote mental health awareness, stress management, emotional resilience, and psychosocial wellbeing.
2. **Support community-based psychosocial services for young people.** County governments and relevant stakeholders should strengthen access to youth-friendly community mental health services, including psychoeducation, counselling, referral pathways, and psychosocial support, particularly in rural and underserved communities where access to mental health services remains limited.
3. **Promote peer support as a complementary psychosocial strategy.** Community organisations, educational institutions, and youth groups should encourage structured peer-support initiatives as complementary approaches to formal mental health services. Such programmes may enhance social connectedness, reduce stigma, and provide supportive environments for young people to develop adaptive coping strategies.
4. **Integrate psychosocial wellbeing with youth economic empowerment initiatives.** Since participants reported improvements in psychosocial factors associated with economic engagement, youth empowerment programmes should consider combining MHPSS interventions with entrepreneurship training, financial literacy, vocational skills development, and employment support. Further research is needed to determine whether such integrated approaches lead to measurable improvements in employment, income generation, and other objective economic outcomes.

5. **Strengthen multi-sectoral collaboration.** Effective youth mental health promotion requires collaboration among county governments, national government agencies, educational institutions, healthcare providers, non-governmental organisations, faith-based organisations, and community leaders. Coordinated planning and resource sharing may improve the accessibility, acceptability, and continuity of community-based psychosocial support services.
6. **Undertake more rigorous future research.** Future studies should employ controlled or randomised study designs where feasible, include comparison groups, use psychometrically validated measurement instruments, report effect sizes and confidence intervals, and incorporate longer follow-up periods to assess the sustainability of observed changes. Future research should also include objective indicators of economic empowerment, such as employment status, income, business creation, or vocational engagement, to better understand the relationship between psychosocial wellbeing and economic outcomes among young people.

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