Levels of Psycho-Spiritual Wellbeing among Individuals Recovering from Alcohol and Substance Use Disorder in Rehabilitation Centres in Nairobi County, Kenya

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ABSTRACT

Psycho-spiritual wellbeing is increasingly recognized as a clinically significant, yet historically under-measured, resource in the recovery journeys of individuals with alcohol and substance use disorders (SUD). The objective of this study was to investigate the levels of psycho-spiritual wellbeing among individuals recovering from alcohol and substance use disorder in rehabilitation Centres in Nairobi County, Kenya. Th study was anchored on the Psycho-Spiritual Wellbeing (PSWB) Theory developed by Egunjobi (2024), and was further complemented by the Trans-theoretical Model of Behavior Change (TTM) developed by Prochaska and DiClemente (1992). The descripting research design research design was adopted. The target population was 2,649 individuals. The sample size was determined using Yamane's (1967) formula, $n = N / (1 + N(e)^2)$, yielding 347 participants. The findings indicated that the participants reported very high levels of psycho-spiritual wellbeing, with 155 (46.4%) participants falling within this category. This was followed by 110 (32.9%) participants who reported high levels of psycho-spiritual wellbeing. A smaller proportion, 35 (10.4%), reported moderate level, while 22 (6.1%) had low level and 16 (4.2%) had very low level of psycho-spiritual wellbeing. The study recommends that rehabilitation centres should integrate structured psycho-spiritual interventions, including mindfulness practices, meaning-centered therapy, and faith-sensitive counselling, into standard treatment protocols, with individualized care plans developed for clients scoring in the moderate-to very-low range.

Keywords: Psycho-spiritual wellbeing, substance use disorder, rehabilitation, recovery, Nairobi, Kenya, PSWBS.

INTRODUCTION

Psycho-spiritual wellbeing has emerged as an important dimension of care for people navigating recovery from alcohol and substance use disorders. Rather than treating spirituality as an auxiliary or symbolic aspect of treatment, a growing body of scholarship frames it as a clinically actionable resource that shapes how individuals reconstruct identity, regulate emotion, and sustain sobriety over time (Baharudin et al., 2019; Lua et al., 2020; Kane et al., 2024). This reframing has been driven by decades of research spanning North America, Europe, Asia, and, more recently, Sub-Saharan Africa, converging on the observation that spiritual engagement, however it is expressed, is tightly interwoven with psychological resilience in recovery populations.

Early evidence from the United States illustrates this link. Pardini et al. (2000) examined religious faith and spirituality among 233 individuals in recovery from alcohol and drug addiction and found generally elevated spirituality scores, alongside comparatively lower personal ratings of religious importance, suggesting that spiritual experience and formal religiosity are not interchangeable constructs. Poulose (2024), working with addiction counsellors in Oregon, reported that clients who engaged in prayer, reflection, and group faith activities showed greater motivation, emotional insight, and commitment to sobriety, although the study

captured counsellor perceptions rather than clients' own experiences. In the United Kingdom, Bell et al. (2024) followed 494 participants over two years and found that regular spiritual activity combined with stable employment predicted higher life satisfaction and lower relapse, underscoring the multidimensional nature of recovery as a fusion of inner belief and external stability.

Faith-specific studies extend this picture beyond Christian-majority contexts. Bensaid et al. (2021), working across Turkey and Malaysia, found that daily prayer, Qur'anic reflection, fasting, and structured ritual restored self-control, inner peace, and moral orientation among Muslim participants recovering from substance use, positioning Islamic spirituality as both a coping mechanism and a relapse-prevention strategy. Azizah et al. (2023) reported that group devotionals, meditation, and purpose-centered counselling in Indonesia improved recovery outcomes by roughly 40% and strengthened emotional balance. In Malaysia, Shafie et al. (2019) examined a guided repentance module among 224 recovering drug users and found that structured reflection and renewal rituals increased moral awareness and self-control, even though the study did not quantify change in relapse risk. Kadri et al. (2020), synthesizing 14 studies through meta-analysis, confirmed that spiritual meditation meaningfully reduced anxiety, depression, and emotional instability among people in recovery, though the evidence base leaned heavily on Hindu meditative traditions with limited testing across multi-faith settings.

Evidence from elsewhere reinforces the pattern while exposing important gaps. Yang et al. (2022), studying 397 participants in China, found that perceived social support strengthened resilience and life satisfaction, qualities closely associated with, though not explicitly measured as, spiritual engagement. Mbatha et al. (2024), in Cape Town, South Africa, found that strong religious identification was associated with greater emotional stability and optimism among recovering addicts, though the construct of "spiritual identity" was loosely operationalised. Tarekegn et al. (2022), in Ethiopia, documented moderate overall wellbeing among young people in substance use treatment, with informal Orthodox Christian support networks playing a therapeutic, if unmeasured, role. Benyah (2023) found that Ghanaian participants in Pentecostal prayer groups and accountability circles experienced lower relapse and improved emotional control, although the sample was confined to a single denomination. Similarly, Ibrahim and Musa (2023) reported that Nigerian Muslim men who prayed daily and received religious counselling experienced reduced anxiety and craving, while Onyekwelu et al. (2024), using an embedded mixed-methods census of 325 participants in a Nigerian female religious congregation, found consistently high psycho-spiritual wellbeing scores across all five measured domains.

Kenyan-based scholarship situates these international patterns within the specific socio-religious landscape of the country. Kemboi (2024), working in Kapsowar, Elgeyo Marakwet County, found that church-based mentorship, prayer, and bible study gave recovering youth a sense of purpose and reduced craving, although the qualitative design did not capture variation in spiritual engagement across individuals. Gachara (2020), in Kirinyaga County, reported high spiritual wellbeing and life satisfaction among people recovering from alcohol use, attributing these gains to faith-based support groups, but limiting the scope to alcohol alone and to a single county. Mwega (2024), in Meru County, found that Christian and traditional meditative practices such as morning devotionals and prayer walks reduced urges and anxiety, though without standardised spiritual metrics or comparison groups. Owuor (2021), in Kiambu County, documented very high rates of depression, post-traumatic stress, and bipolar disorder among people seeking treatment, pointing to an urgent, if unaddressed, need for integrating spiritual and emotional care. Wanjiru et al. (2022), examining informal settlements in Nairobi County, found that shared family prayer and spiritual encouragement reduced relapse tendency, while Mbuthia et al. (2020) showed that stigma in religious settings discouraged many women from pursuing spiritually oriented recovery programmes, particularly where facilities were not gender-sensitive.

Thus, this literature reveals a persistent conceptual and methodological gap: many studies treat spirituality as a broad, symbolic, or denominationally bound concept rather than measuring it through specific, culturally valid domains. Kenya's religious landscape, comprising Christianity in its many denominational forms, Islam, indigenous African spiritual traditions, and syncretic belief systems (Kenya National Bureau of Statistics, 2019), demands an instrument capable of capturing shared psycho-spiritual processes without privileging any single tradition. The Psycho-Spiritual Wellbeing Scale (PSWBS), developed by Egunjobi et al. (2023) within an African cultural context, addresses this gap by operationalizing wellbeing through five universal constructs,

self-awareness, connectedness, meaningfulness, compassion, and self-transcendence, that are recognizable across faith traditions. Koffi et al. (2025) validated the cross-cultural applicability of the PSWBS in a Kenyan sample and confirmed measurement invariance across Christian and Muslim sub-groups, lending psychometric support to its use in religiously diverse rehabilitation settings.

THEORETICAL FRAMEWORK

The present study is anchored in the Psycho-Spiritual Wellbeing (PSWB) Theory developed by Egunjobi (2024). The theory offers a holistic framework in which wellbeing is understood as the integration of psychological health and spiritual development, proposing that genuine wellbeing emerges when emotional, cognitive, relational, and spiritual dimensions of the person function harmoniously. Developed specifically to overcome the limitations of earlier frameworks that treated psychological and spiritual wellbeing as separate, unrelated constructs, the PSWB theory holds that psychological maturity, spiritual awareness, and existential meaning are interdependent, and together constitute authentic human wellbeing (Egunjobi et al., 2023). This theoretical orientation is directly applicable to the objective addressed in this article, since it provides a coherent conceptual basis for understanding how psychological health and spiritual development interact during recovery from alcohol and substance use disorders, and for operationalizing that interaction through the five measurable domains of the PSWBS: self-awareness, connectedness, meaningfulness, compassion, and self-transcendence.

The study is further complemented by the Trans-theoretical Model of Behavior Change (TTM), developed by Prochaska and DiClemente, which conceptualizes behavior change as a progression through five stages: pre-contemplation, contemplation, preparation, action, and maintenance (Prochaska & Velicer, 1997). Although the present article focuses specifically on psycho-spiritual wellbeing levels rather than recovery stage per se, the TTM's stage-based logic is instructive: it suggests that individuals at different points in the recovery journey may exhibit correspondingly different levels of psycho-spiritual integration, with psychological resilience and spiritual resource mobilization expected to support more efficient and sustained progression through the stages of change (Norcross et al., 2011).

A further dimension of psycho-spiritual wellbeing warranting emphasis in the context of addiction recovery is the domain of self-transcendence, which Egunjobi (2024) positions as the fifth and most integrative of the five PSWBS domains, capturing an individual's capacity to move beyond ego-centred preoccupation, characteristic of active substance use, toward broader orientations of purpose, meaning, and communal connection. Martinez et al. (2021) demonstrated, in a sample of adults in residential addiction treatment, that higher self-transcendence scores at admission significantly predicted treatment completion and sobriety maintenance at six-month follow-up, with effect sizes comparable to more established predictors such as treatment motivation and social support. This finding lends direct empirical support to the theoretical claim embedded in the PSWB model that the spiritual domain is not an adjunct to treatment but a clinically actionable predictor of recovery outcomes.

The domain of compassion, encompassing both compassion toward others and self-compassion, is similarly salient given the profound shame and guilt that frequently accompany substance use disorders in morally and spiritually embedded societies. Appiah et al. (2024) document that stigma associated with substance use disorders in Sub-Saharan Africa creates deeply internalized self-stigma that significantly impedes treatment engagement and help-seeking. In such contexts, where community moral frameworks are closely intertwined with religious identity, self-compassion-based interventions offer a culturally meaningful mechanism for interrupting shame-driven cycles that purely cognitive behavioral approaches may not fully address. Hand et al. (2024) further demonstrate that emotional dysregulation, often exacerbated by chronic shame and self-condemnation, is among the most potent proximal predictors of relapse. Together, these findings suggest that compassion-centered spirituality, alongside self-transcendence, constitutes a clinically meaningful and measurable pathway through which psycho-spiritual wellbeing may influence recovery trajectories, providing the conceptual foundation for the empirical assessment reported in this article.

Objective of the Study

The objective of this study was to investigate the levels of psycho-spiritual wellbeing among individuals recovering from alcohol and substance use disorder in rehabilitation Centres in Nairobi County, Kenya.

METHODOLOGY

The study adopted a descriptive research design to investigate the levels of psycho-spiritual wellbeing among individuals recovering from alcohol and substance use disorder in rehabilitation centres in Nairobi County, Kenya. A descriptive research design was appropriate because the primary purpose of the study was to systematically describe and determine the existing level of psycho-spiritual wellbeing among individuals undergoing recovery without manipulating the study variables. The design enabled the researcher to obtain a clear description of participants' psycho-spiritual wellbeing as it naturally occurred within the rehabilitation setting. The target population comprised individuals aged 18 to 65 years recovering from alcohol and/ substance use disorders across the ten selected centres, drawn from diverse religious backgrounds including Christianity, Islam, African traditional belief systems, and those without religious affiliation. Based on average enrolment figures across the centres between 2019 and 2024, the total target population was 2,649 individuals. The sample size was determined using Yamane's (1967) formula, $n = N / (1 + N(e)^2)$, yielding a required sample of 347 participants.

A combination of stratified and simple random sampling was used to select participants. Each rehabilitation centre constituted a distinct stratum, ensuring proportional representation across the varied institutional contexts stratum, simple random sampling was applied, giving every eligible client an equal chance of selection. This sample was proportionally allocated across the ten centres according to each centre's share of the total target population.

Data on psycho-spiritual wellbeing were collected using the Psycho-Spiritual Wellbeing Scale (PSWBS), developed by Egunjobi et al. (2023) to bridge the conceptual gap between Ryff's (1989) Psychological Wellbeing Scale and Ellison and Paloutzian's (1982) Spiritual Wellbeing Scale. The PSWBS is a 25-item Likert-type instrument (1 = Strongly Disagree to 5 = Strongly Agree) measuring five domains: self-awareness, connectedness, meaningfulness, compassion, and self-transcendence. Mean scores were interpreted using the instrument's standard bands: 1.00-1.79 (very low), 1.80-2.59 (low), 2.60-3.39 (moderate), 3.40-4.19 (high), and 4.20-5.00 (very high) psycho-spiritual wellbeing.

Based on the response rate, of the 347 questionnaires administered to the participants of this study, 338 were duly completed and returned, yielding a response rate of 98.5%. This rate is considered not merely satisfactory but exceptionally strong for questionnaire-based research. As Creswell and Creswell (2018) established, response rates of 70% or above and are regarded as good to excellent; the achieved rate of 98.5% significantly exceeds this threshold.

Ethical considerations were observed throughout the study to protect participants' rights, dignity, privacy, and wellbeing. Ethical approval was obtained from the Catholic University of Eastern Africa (CUEA) and Africa International University, while a research permit was obtained from the National Commission for Science, Technology and Innovation (NACOSTI).

Permission was also sought from the rehabilitation centres. Participants provided informed consent after receiving information about the study, potential risks and benefits, voluntary participation, confidentiality, and their right to withdraw without penalty. To uphold the ethical principles of confidentiality and anonymity, the identities of the rehabilitation centres were withheld to avoid stigma and potential negative labelling associated with alcohol and substance use treatment. Participants' identities were protected through coding, while data were securely stored on password-protected computers accessible only to the research team. The principles of autonomy, beneficence, non-maleficence, and justice were upheld throughout the study.

FINDINGS

Demographic Characteristics among Individuals with Alcohol and Substance Use in Rehabilitation Centers in Nairobi, Kenya

A descriptive statistical analysis was conducted for all demographic variables, computing frequencies and percentages to profile the study sample. The findings are presented in the figures

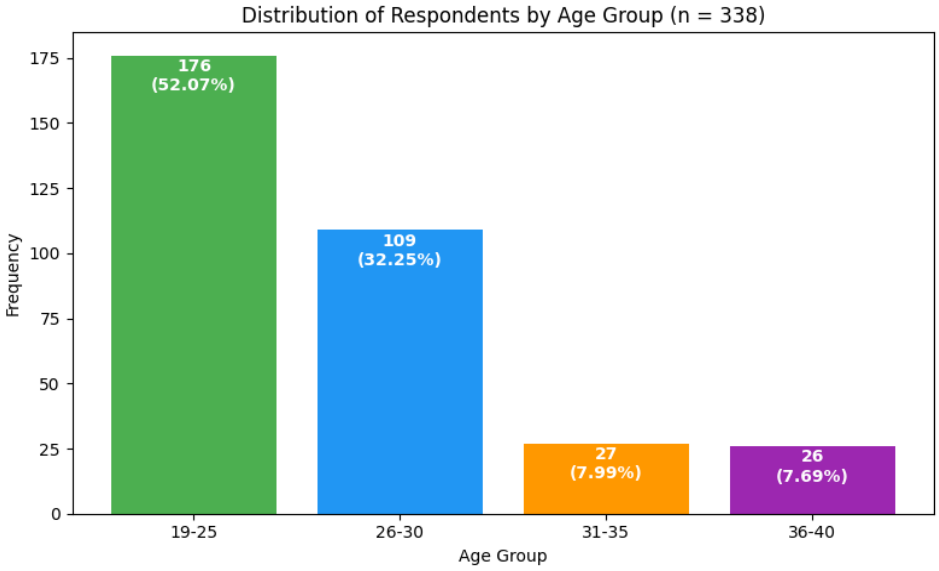
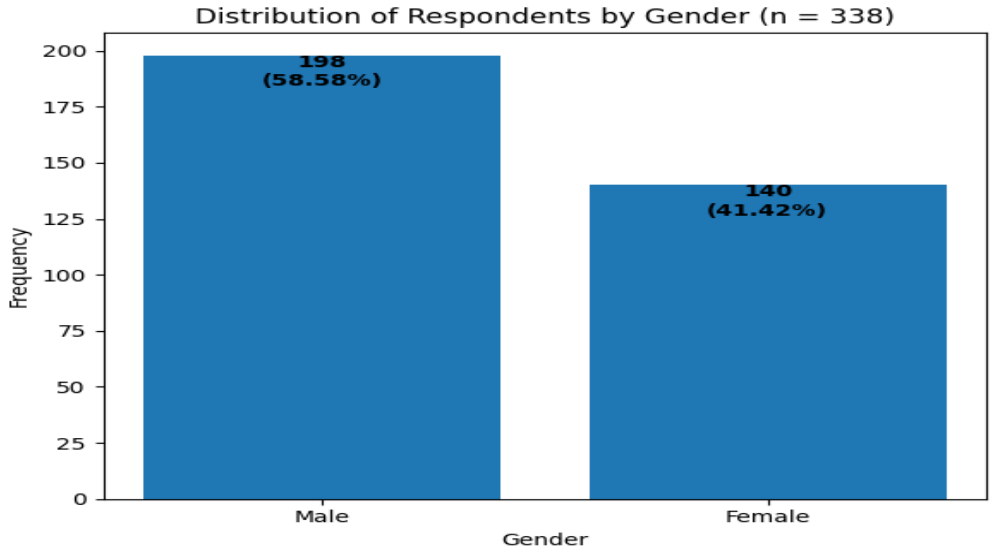


Figure 1 illustrates the age distribution of individuals enrolled in rehabilitation centers in Nairobi reveals a striking concentration among younger adults: 52.0% of treatment seekers were aged 19-25, followed by 32.2% aged 26-30. Only 7.9% fell within the 31-35 bracket and 7.6% within the 36-40 bracket. This pattern is a compelling indicator that substance use and the demand for rehabilitation services are most acute among late adolescents and young adults a finding consistent with international and regional evidence. In addition, figure 2 give the distribution of respondents by gender.

Figure 2

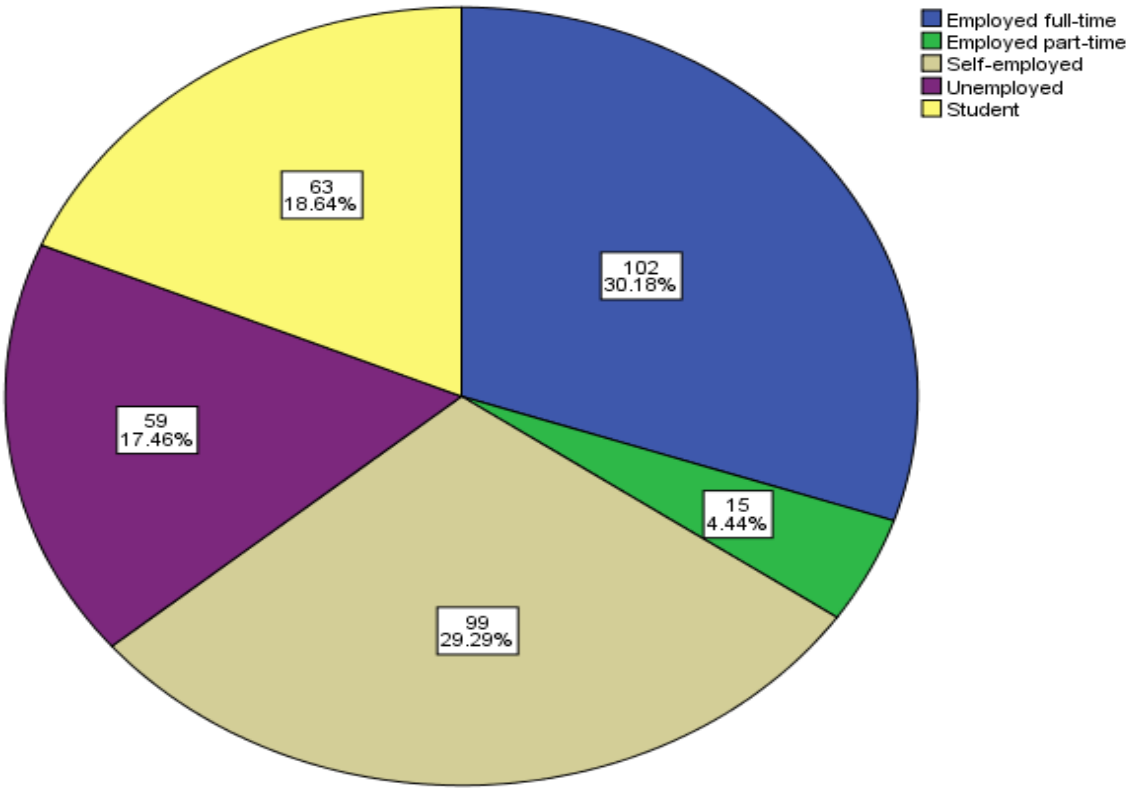


The data revealed that there is a gender disparity with males (58.58%) being more than females (41.42%). The World Health Organization (2022) documents that men are more likely than women to use almost all types of psychoactive substances, and this gender difference is particularly pronounced for harmful use of alcohol and illicit drugs while women encounter disproportionate stigma and systemic barriers to treatment access. At the national level, the National Authority for the Campaign Against Alcohol and Drug Abuse (NACADA) (2022) consistently records higher alcohol and substance use rates among Kenyan males aged 15-35. The sample

therefore reflects not merely the rehabilitation population but mirrors the broader epidemiology of substance use in Nairobi County. Figure 3 presents the employment status of the respondents.

Figure 3

Distribution of respondents by employment



The presented data show that approximately 30.1% of participants were in full-time employment and 29.2% were self-employed, meaning nearly two-thirds of the sample had some form of active income generation. Students constituted 18.6%, while 17.4% were unemployed and 4.4% part-time employed. This diversity of occupational backgrounds dismantles any simplistic association between unemployment and substance use disorders. As Magura and Staines (2023) assert, employment serves as one of the most reliable protective factors in substance use recovery, providing structure, purpose, financial security, and prosocial identity that collectively reduce relapse vulnerability.

Levels Of Psycho-Spiritual Wellbeing Among Individuals Recovering from Alcohol and Substance Use Disorder in Rehabilitation Centres in Nairobi County, Kenya

The objective of this study was to investigate the levels of psycho-spiritual wellbeing among individuals recovering from alcohol and substance use disorder in rehabilitation Centres in Nairobi County, Kenya. Descriptive statistics were used to analyze and summarize the data obtained from the participants. Frequencies, percentages were used to describe the participants' levels of psycho-spiritual wellbeing. Based on the scoring and interpretation, a mean score of 1.00 - 1.79 = Very low, a mean score of 1.80 - 2.59 = Low, a mean score of 2.60 - 3.39 = Moderate level of psycho-spiritual wellbeing, a mean score of 3.40 - 4.19 = High level of psycho-spiritual wellbeing, while a mean score of 4.20 - 5.00 = Very high level of psycho-spiritual wellbeing. Table 1 presents the distribution of psycho-spiritual wellbeing levels among the participants, based on their PSWBS scores.

Table 1 Levels of Psycho-Spiritual Wellbeing among Participants

Levels of Psycho-Spiritual Wellbeing	Frequency	Percentage
Very High	155	46.4%
High	110	32.9%
Moderate	35	10.4%
Low	22	6.1%
Very Low	16	4.2%
Total	338	100%

The most notable finding is that 79.3% of participants, nearly four in five, reported high or very high levels of psycho-spiritual wellbeing. This is a striking result given the common assumption that active addiction depletes an individual's inner psychological and spiritual resources. Egunjobi (2024) argues that psycho-spiritual wellbeing, when measured through its five integrative domains of self-awareness, connectedness, meaningfulness, compassion, and self-transcendence, constitutes a clinically significant resource that actively mediates recovery processes rather than a passive by-product of treatment.

This finding is consistent with, and extends, a well-established pattern in the international literature. Pardini et al. (2000) documented elevated spirituality scores among individuals in recovery in the United States, while Bell et al. (2024) found that regular spiritual engagement was associated with high life satisfaction and reduced relapse. The Islamic psycho-spiritual practices examined by Bensaid et al. (2021) produced comparable gains in self-control, inner peace, and moral orientation, and Azizah et al. (2023) reported that spiritual programming improved recovery outcomes by approximately 40%. The high wellbeing scores recorded in the present sample suggest that participants are not merely enduring recovery but are actively mobilizing meaning, purpose, and connectedness as functional resources, an interpretation consistent with Kane et al.'s (2024) conceptualization of psycho-spiritual resources as "recovery capital." Beraldo et al. (2019) further argue that spiritual wellbeing facilitates identity reconstruction, a shift from a self-concept organized around addiction toward that of a purposeful agent invested in long-term goals, a transformation that the elevated PSWBS scores in this sample appear to reflect.

DISCUSSION

The social dimension of this finding also merits attention. Kane et al. (2024) note that participation in supportive groups, whether structured recovery fellowships, faith-based communities, or peer circles, strengthens psycho-spiritual wellbeing through belonging, accountability, and shared coping. The comparatively high wellbeing levels documented here plausibly reflect the structured communal support embedded within Nairobi's rehabilitation centres, many of which incorporate spiritual and psychosocial elements into their programming.

At the same time, approximately one in five participants (20.7%) fell within the moderate, low, or very low wellbeing categories. This subgroup represents individuals for whom the recovery environment has not yet activated adequate psycho-spiritual resources, potentially reflecting unresolved trauma, co-occurring mental health conditions, or spiritual disconnection. Bergman et al. (2021) note that unresolved psychological trauma and co-occurring disorders can overwhelm internal coping resources, producing only partial psycho-spiritual development, while Smith and Gordon (2022) point to barriers such as discomfort with introspection, limited prior spiritual experience, or cultural mismatch as further constraints on meaning-making engagement. White and Kelly (2023) similarly identify social isolation as among the strongest suppressors of psycho-spiritual wellbeing, since belonging and communal reinforcement are prerequisites for the development of hope, transcendence, and connectedness.

This pattern should not be read as a failure of rehabilitation programming but rather as a call for more individualized, targeted care. One plausible explanation for the generally high wellbeing levels observed is a selection effect inherent to formal treatment-seeking: individuals who voluntarily enroll in and remain within rehabilitation programmes may represent a more motivationally and spiritually engaged subset of the broader population of people with substance use disorders, while those with the lowest psycho-spiritual resources may be more likely to avoid or discontinue treatment altogether (Eddie et al., 2020; Gaumond et al., 2025; Kelly et al., 2018). This suggests that the wellbeing levels reported here may represent an upper-bound estimate for Nairobi's broader substance-using population, underscoring the importance of future community-based and outreach sampling.

The clinical significance of the moderate-to-very-low subgroup should not be understated on account of its minority status. Koffi et al. (2025) found, in a Kenyan validation sample, that moderate-to-low PSWBS scores were significantly associated with elevated anxiety, depression, and substance use frequency, while Kane et al. (2024) demonstrated that each standard-deviation decrease in spiritual wellbeing corresponded to a clinically meaningful increase in symptom burden. For rehabilitation centres, this identifies a critical opportunity: routine PSWBS screening at intake could flag the roughly one-fifth of clients at heightened psycho-spiritual risk, enabling individualized programming before deficits manifest as treatment dropout or relapse. Egunjobi (2024) recommends that scores falling below the 40th percentile trigger automatic referral to enhanced spiritual care programming, a recommendation strongly supported by the present findings.

Domain-specific patterns within the PSWBS also warrant attention beyond aggregate scores. The meaningfulness and connectedness domains are theoretically posited to be most directly implicated in recovery outcomes, given that they address the existential and relational dimensions of wellbeing most profoundly disrupted by active addiction (Egunjobi, 2024). Koffi et al. (2025) found that these two subscales were the strongest predictors of both mental health outcomes and substance use frequency in a Kenyan sample, suggesting that clinical attention to domain-specific scoring, rather than aggregate PSWBS totals alone, would yield the greatest therapeutic return. Given the documented prevalence of family disintegration and social isolation among individuals in Nairobi's rehabilitation centres (Wanjiru, 2022), it is plausible that connectedness deficits persist even among participants with high overall PSWBS scores, a possibility that argues for structured, domain-level assessment in routine clinical practice.

The intersection of gender and psycho-spiritual wellbeing represents a further dimension worth highlighting in relation to these findings. International evidence suggests that women in recovery often display distinct psycho-spiritual profiles compared to men, drawing more heavily on relational and transcendent coping resources, while men are more frequently socialized toward instrumental, action-oriented approaches that may deprioritize spiritual engagement. In the Kenyan context specifically, Machogu (2022) found that women accessing rehabilitation services in Nairobi reported higher levels of spiritual engagement but simultaneously experienced greater shame and stigma associated with their substance use, producing a paradox in which spiritual resources were both more available and more psychologically complex for women than for men. This gendered pattern suggests that the aggregate wellbeing distribution reported in this study may conceal meaningful within-sample variation, and that gender-responsive psycho-spiritual programming, rather than a uniform approach applied irrespective of gender, may be warranted for Nairobi's rehabilitation centres.

Cultural and religious diversity within the Kenyan population adds a further layer of complexity to the interpretation of these results. Kenya's religious landscape includes Christianity across its many denominational forms, Islam, indigenous African spiritual practices, and syncretic belief systems that combine elements of multiple traditions (Kenya National Bureau of Statistics, 2019). Instruments historically developed and normed in Western, predominantly Christian contexts have faced legitimate questions about their cultural transferability to African, multi-faith environments. The PSWBS, by contrast, was constructed, piloted, and validated within an African cultural context, explicitly incorporating communal, ancestral, and transcendent dimensions of African spirituality alongside the individually oriented psychological constructs more typical of Western instruments. The consistency of the present findings with the instrument's underlying theoretical model lends further support to its appropriateness for religiously diverse rehabilitation populations of the kind studied here, in which participants identified as both Christian and Muslim.

CONCLUSION

This study examined the levels of psycho-spiritual wellbeing among individuals recovering from alcohol and substance use disorder in ten rehabilitation centres in Nairobi County, Kenya, drawing on a validated, culturally grounded instrument. The findings demonstrate that the large majority of participants, nearly four in five, reported high or very high psycho-spiritual wellbeing, indicating that individuals in Nairobi's rehabilitation centres are actively drawing on internal spiritual and psychological resources, including self-awareness, connectedness, meaningfulness, compassion, and self-transcendence, as functional assets in their recovery journeys. These findings challenge deficit-oriented assumptions about addiction and affirms a more holistic, strengths-based understanding of recovery as a process of psycho-spiritual reconstruction rather than mere abstinence. At the same time, the identification of a substantial minority, roughly one in five participants, reporting moderate to very low psycho-spiritual wellbeing signals a clinically important population whose needs are not yet fully met by existing rehabilitation programming. This subgroup is disproportionately vulnerable to poorer mental health outcomes and elevated relapse risk, and its existence within an otherwise high-scoring sample underscores the necessity of individualized, rather than uniform, psycho-spiritual care.

RECOMMENDATIONS

Based on these findings, several recommendations are proposed. Rehabilitation centres should institutionalize routine PSWBS screening at intake and at regular intervals throughout treatment, using domain-specific rather than aggregate scores to identify clients requiring targeted intervention, particularly in the meaningfulness and connectedness domains. Rehabilitation centres should integrate structured psycho-spiritual interventions, including mindfulness practices, meaning-centered therapy, and faith-sensitive counselling, into standard treatment protocols, with individualized care plans developed for clients scoring in the moderate-to-very-low range.

Given the clinical significance of the minority reporting low psycho-spiritual wellbeing, rehabilitation counsellors and mental health professionals should be trained to recognize markers of unresolved trauma, co-occurring mental health conditions, and social isolation that may underlie psycho-spiritual deficits, and to respond with appropriately individualized, trauma-informed care rather than generic spiritual programming.

Faith communities, churches, mosques, and interfaith networks should formalize partnerships with rehabilitation centres, given the demonstrated role of spiritual connectedness in supporting recovery across the sample. Because Kenya's rehabilitation population spans multiple religious traditions, centres should adopt culturally inclusive, non-denominational approaches to spiritual programming, consistent with the design philosophy underlying the PSWBS itself, to avoid privileging or marginalizing any single faith tradition among a religiously diverse client base.

In addition, policy makers, including the Ministry of Health and bodies such as NACADA, should recognize psycho-spiritual wellbeing as a measurable determinant of recovery outcomes worthy of inclusion in national treatment guidelines and monitoring frameworks, ensuring that Kenya's substantial investment in addiction treatment infrastructure is matched by attention to the psycho-spiritual dimensions of care that this study has shown to be both prevalent and clinically consequential.

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