

MENTAL HEALTH LITERACY AMONG TEACHERS IN PUBLIC SCHOOLS IN KENYA: CASE STUDIES OF NYERI NYANDARUA AND MURANG'A COUNTIES

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Publication Date: June 2026

ABSTRACT

Purpose of the study: The purpose of this study was to explore the level of mental health literacy among educators in Kenya.

Introduction of problem statement: The Kenya Mental Health Policy (2015-2030) noted that mental disorder cases in Kenya continue to rise rapidly. Estimates point that 20-25 percent of outpatients seeking primary healthcare present symptoms of mental illness at any one time, while government statistics indicate that at least one in every four Kenyans suffer from a mental illness at one point in their lives. These mental illnesses are evidenced by the rising suicide cases in Kenya and according to police reports, majority of suicide cases are secondary and primary school students who kill themselves in depression-fueled impulses and academic performance related circumstances. Adolescents aged between 13-19 experience intense physical, psychological, emotional and economic changes as they make the transition from childhood to adulthood and this is reported as the peak age of suicide attempts (UNICEF, 2012).

Method/methodology: Phenomenological and *ex-post-facto* research designs were adopted. Population of the study were 38,380 teachers in the 4,491 public primary and secondary schools in the Central region of Kenya, stratified by county. Simple random and convenience sampling techniques were used to sample 207 teachers from 26 schools in Murang'a, Nyeri, and Nyandarua counties. Data was collected using structured questionnaires, whose reliability were estimated using the Cronbach method for internal consistency. Phenomenological data was analyzed using thematic analysis technique, while quantitative data was analysed using descriptive statistics. Nvivo software was used for analysis and interpretation.

Results of the study: The study found that there was inadequate mental health literacy among teachers in Kenya. There are serious gaps in training of teachers in mental health, and most teachers do not feel confident to handle mental health issues in schools and among their

learners. The study further established a significant relationship between social marketing mix and mental health literacy of teachers.

Conclusion and policy recommendation: The study concluded that largely teachers have no requisite capacity to help address mental health challenges among their learners and recommended a robust awareness creation and training in mental health across the teaching fraternity in Kenya.

Keywords: *Mental health literacy, Mental illness, Mental health issues, social marketing mix*

INTRODUCTION

According to the Kenya Mental Health Policy (2015-2030), mental disorder cases in Kenya continue to rise rapidly. Estimates point that 20-25 percent of outpatients seeking primary healthcare present symptoms of mental illness at any one time, while government statistics indicate that at least one in every four Kenyans suffer from a mental illness at one point in their lives. These mental illnesses are evidenced by the rising suicide cases in Kenya and according to police reports, majority of suicide cases are secondary and primary school students who kill themselves in depression-fueled impulses and academic performance related circumstances. Adolescents aged between 13-19 experience intense physical, psychological, emotional and economic changes as they make the transition from childhood to adulthood and this is reported as the peak age of suicide attempts (UNICEF, 2012). A study by Palmier (2011), which ranked the prevalence of suicidal behaviour among adolescents in sub-Saharan Africa, found its highest rates in Zambia (31.9%), followed by Kenya (27.9%), Botswana (23.1%), Uganda (19.6%) and Tanzania (11.2%) in that order. The ranking indicates a high prevalence of suicidal cases among adolescents in Kenya which was ranked second in sub-Saharan Africa. It is therefore obvious that the high rates of suicidal behaviour among adolescents in Kenya translate to insufficient health literacy in the Kenyan schools. The purpose of this study is to explore the extent of mental health problems, the contributing factors and the required support for primary and secondary school students in Kenya. In order to achieve this, it is necessary to acquire views from teachers involved in caring for these students. Understanding different perspectives is important in detecting mental health problems, initiating help-seeking and planning interventions.

Teachers in Kenya are fully aware that the students they teach have mental health issues, but complain that they have insufficient insight and training to deal with these kinds of problems (Ades et al, 2010; Andrews, McCabe, & Wideman-Johnston, 2014; Ball et al., 2016; Osagiede et al., 2018). This lack of knowledge leads to teachers feeling inadequate in identifying and addressing mental health problems of learners (Rothi, Leavey, Chamba, & Best, 2005; Rothi, Leavey, & Best, 2008). Nyutu and Bertel, (2012) found that teachers in Kenya increasingly find themselves playing the role of mental health professionals as they strive to meet their students' developmental needs. Parents and the entire community often turn to teachers as experts when it comes to adolescent development and academic performance and expect them to rectify the gap between their expectations and students' performance. While teachers strive to meet the academic needs of their students, they may not be trained to understand the impediments to learning caused by student mental health problems (Mbwayo et al., 2020).

One of the biggest challenges of mental health management in Kenya is low awareness of mental disorders which has led to conformity of norms, where mental illness is marred by myths and misconceptions including being a curse, witch craft, spiritual problem etc. instead of a disease that can be treated and managed if and when addressed appropriately. More often the affected persons don't seek medical help. This study shall examine the prevalence of mental health problems among children and adolescents in schools in Kenya and thereafter explore the measures taken by the Government of Kenya to instigate mental health literacy in schools. The study shall further explore the level of training or knowledge the teachers possess to provide support to learners with mental issues. For instance, it shall seek to ascertain whether there is a script provided to guide teachers on the procedures they can follow to ensure adequate and early support is provided to students with mental health issues. This shall uncover the steps taken by the Government of Kenya to activate mental health literacy in schools and whether such steps are adequate to handle the issues of mental health in schools. The purpose of this is to reveal any gaps that exist in the primary and secondary school curricula with regard to inclusivity of mental health Literacy in Kenya. The study shall also determine the appropriate social marketing mix that can be used to promote and increase awareness of mental health as a disease that requires medical intervention. This shall help to reduce or eliminate the social stigma that comes with mental health issues making it difficult for affected persons to seek help. The results of the study shall be aimed at proposing a framework that shall become a basis for mental health literacy in Kenyan secondary and primary schools.

STATEMENT OF THE PROBLEM

Mental health has become an increasingly important concern within educational systems worldwide due to its significant influence on learners' academic performance, social functioning, and overall well-being. Schools are often the first environments where signs of emotional and psychological distress among children and adolescents become apparent. Consequently, teachers play a critical role in identifying mental health challenges, providing initial support, and facilitating referrals to appropriate services. However, these responsibilities can only be effectively undertaken when teachers possess adequate mental health literacy, including knowledge of mental health conditions, recognition of warning signs, positive attitudes toward mental illness, and awareness of available support services.

In Kenya, mental health challenges among school-going children and adolescents have been reported with increasing frequency, prompting concerns among policymakers, educators, parents, and health professionals.

The Kenyan School Health Policy recognizes the importance of promoting learners' health and well-being through school-based interventions, including life skills development and psychosocial support. Despite these policy commitments, implementation remains uneven across schools, and many educational institutions continue to face shortages of trained personnel capable of addressing learners' mental health needs. Research conducted in Kenyan schools indicates that teachers frequently encounter learners exhibiting emotional, behavioral, and psychological difficulties but often lack adequate knowledge and skills to recognize and respond appropriately to such challenges. Teachers may observe changes in behavior, academic decline, withdrawal, anxiety, depression, or other indicators of distress, yet be uncertain about

how to interpret these signs or where to seek professional assistance for affected learners. This situation may delay early identification and intervention, thereby increasing the risk of adverse educational and psychosocial outcomes for students.

Although several studies in Kenya have examined mental health among students, relatively little attention has been given to the mental health literacy levels of teachers, particularly in public schools. Existing initiatives aimed at strengthening mental health and psychosocial support in schools underscore the need to build teachers' capacity to recognize and address mental health concerns. However, empirical evidence regarding teachers' mental health literacy in many Kenyan counties remains limited. This knowledge gap makes it difficult for policymakers, teacher training institutions, and educational stakeholders to design targeted interventions that strengthen teachers' preparedness to support learners experiencing mental health challenges.

Nyeri, Nyandarua, and Murang'a Counties represent important educational regions within Kenya, yet little is known about the extent to which public school teachers in these counties possess the knowledge, attitudes, and competencies necessary to identify, manage, and refer learners with mental health problems. Without such information, efforts to promote mental health within schools may continue to be implemented without adequate evidence regarding the readiness and capacity of teachers to serve as frontline responders. Therefore, this study seeks to examine mental health literacy among teachers in public schools in Nyeri, Nyandarua, and Murang'a Counties with a view to generating evidence that can inform teacher training, school mental health programs, and educational policy aimed at improving mental health outcomes among learners.

RESEARCH OBJECTIVES

This study was guided by the following objectives: -

1. To establish the most prevalent mental health problems among learners in Kenyan schools.
2. To determine the adequacy of mental health literacy among teachers in Kenyan schools.
3. To identify the gaps that exist in the training of teachers with respect to mental health Literacy.
4. To establish the appropriate social marketing mix for instigating mental health literacy in Kenyan schools.

RESEARCH QUESTIONS

This study sought to answer the following research questions: -

1. What are the most prevalent mental health problems among learners in Kenyan schools?
2. What is the adequacy of mental health literacy among teachers in Kenyan schools?
3. What gaps exist in the training of teachers with respect to mental health Literacy?
4. What is the appropriate social marketing mix for instigating mental health literacy in Kenyan schools?

THEORETICAL REVIEW/ FRAMEWORK

Self Determination Theory (SDT)

SDT posits that there are three basic universal needs which are shared by all of humanity, autonomy, competence, and relatedness. The need for autonomy is one that states that an individual has some measure of control over their environment; competence is related to feeling that an individual is capable of managing whatever stimulus is in their environment; and, relatedness refers to the need for support and kinship from significant others in an individual's life (Deci, Eghrari, Patrick, & Leone, 1994; Ryan & Deci, 2000). These three basic needs should be reflected in the development of the mental health literacy curriculum, by formulating questions for teachers around: their sense of responsibility; their feelings of competence in relation to promoting their own mental health, as well as identifying and coping with mental health issues among their students (including the management of behavioral and emotional problems in the classroom); and asking questions in relation to communication and dealing with conflict with others in a school setting.

Social Marketing Theory

Social marketing is defined as “a program or process that applies commercial marketing concepts and techniques to promote voluntary behavior change” (Andreasen, 1995; Grier & Bryant, 2005; Kotler et al., 2002). An element of social marketing theory includes the understanding and development of an appropriate “marketing mix” (Grier & Bryant, 2005), which includes the four Ps: product, price, place, and promotion (Grier & Bryant, 2005). Product encompasses the benefits associated with the behavior change and includes both what people will gain when they perform the behavior and the desired behavior, which in this case is the mental health literacy (Grier & Bryant, 2005; Kotler et al., 2002). Price is the cost for the desired benefits, and in social marketing it includes the psychological hassle, loss of time, etc. (Grier & Bryant, 2005). Place includes the location where one can find the goods and services in other words the accessibility of the desired product in this study the mental health support (Grier & Bryant, 2005). Lastly, promotion is the mode of communication used to convey information about the desired product, for instance information regarding where to access support for mental health issues and the assurance of confidentiality for those who seek help. Promotion helps to demystify products and their benefits and application of this in mental health literacy will help to reduce stigma and create acceptance of mental health as being similar to any other health problem. For mental health literacy to be impactful, the social marketing mix should be fully developed and integrated making it a distinct behavior change technique.

EMPIRICAL REVIEW

Globally, approximately 10-20% of children and adolescents suffer from mental health problems and half of them experience onset by the age of 14. A study by Kieling et al. (2011) revealed that one in five youth live with a mental health condition including major depression, but less than half receive needed services. 9.5% of these age group in sub-Saharan Africa are reported to have a psychiatric disorder (Cortina, Sodha, Fazel, & Ramchandani, 2012).

Mental health issues manifest between the ages of 12 to 25 years hence Teachers must have mental health literacy because they are in the first line to identify mental health problems of the learners as they begin to manifest. Lack of mental health literacy by teachers may lead to more serious problems for them. Almost all mental health diseases are found in 14 years old individuals while a three-fourth proportion is found in 20-year-old individuals (Kessler et al., 2007). Many problems of teenage learners include fear of missing out (Balta et al., 2020), cyber bullying (Li, 2010), stress (Wironika et al., 2019), anxiety (Lestari et al., 2013), depression (Riastiningsih & Sidarta, 2018), self-injury (Ulum et al., 2019), and Nomophobia (Yildirim et al., 2016). Schools are expected to function as a place to improve and promote mental health and wellbeing (Fazel et al., 2014). They become the center of life for teenagers, hopes, and supports for the graduates. They allow learners to go through psychological problems (Johnson et al., 2011). A significant component contributing to mental health management at school is the teacher (Bentley, 1965). Teachers are the valuable partners for mental health professionals in schools. They could also take crucial roles in mental health intervention program in schools (Ringwald et al., 2010). Teachers are expected to effectively identify mental health problems of learners and to be the guards and reference of mental health care. (Severson et al., 2007). School teachers frequently interact with more than 100 learners per day; however, they still have difficulties to recognize risked-learners (Johnson et al., 2011). Most teachers lack mental health knowledge, therefore effective training for them to improve their mental health skills and knowledge is needed (Bishop et al., 2005); (Franklin et al., 2012).

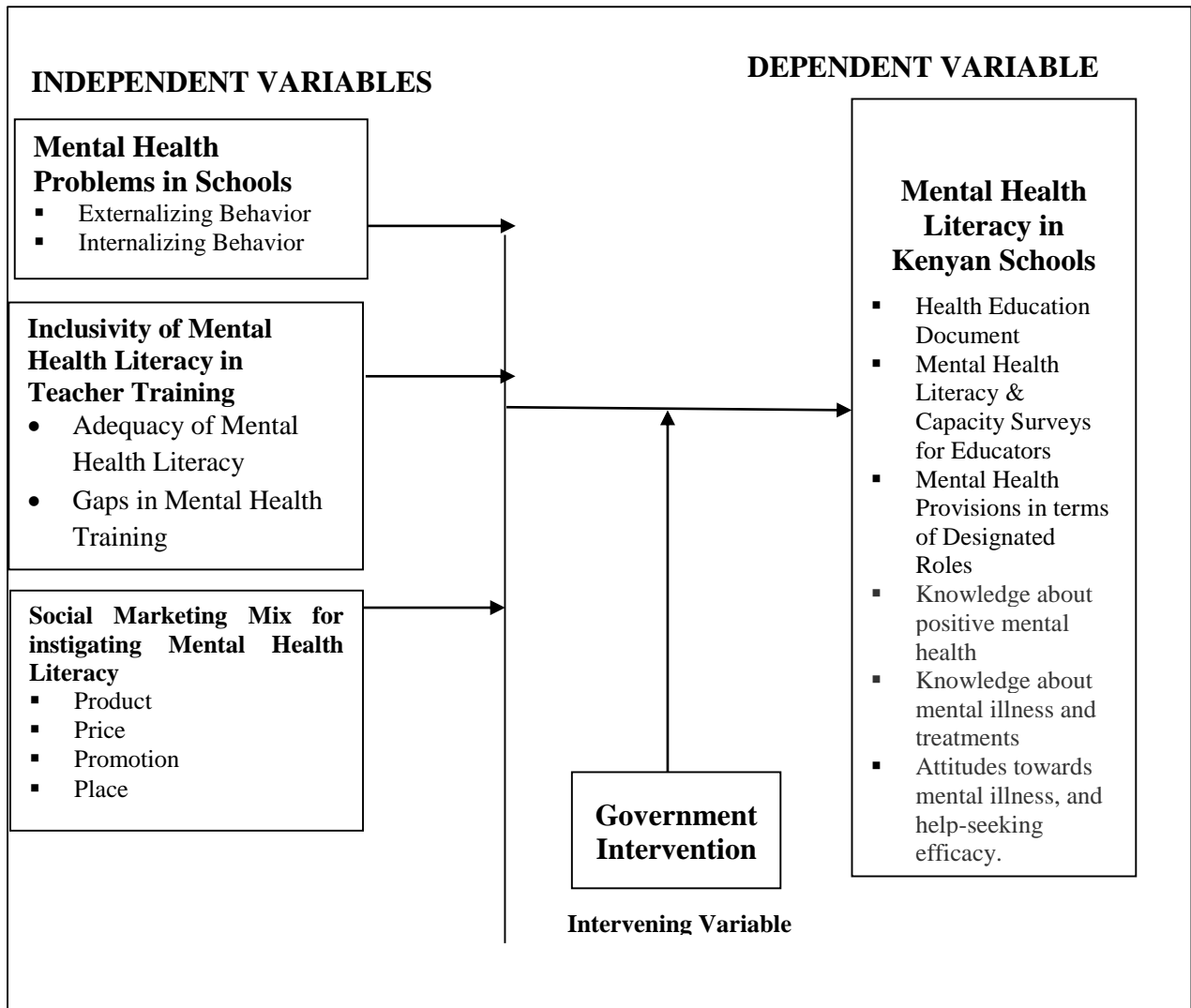
The concept of mental health literacy was first proposed by Anthony Jorm in 1997. He explained that mental health literacy is a science and belief of recognizing problem, management, or prevention. Jorm explained several components in mental health literacy. They were: 1) specific problem recognition or difference of a psychological distress type, 2) having proper knowledge and belief about certain risk factors and causes, 3) having proper understanding and knowledge about self-help intervention, 4) having knowledge and belief about professional assistance availability, 5) having attitudes to seek accurate assistance, and 6) having knowledge to seek information about mental health (Rosen et al., 2007). This is consistent with the general understanding of the meaning of mental health literacy as the understanding to obtain and maintain proper mental health, understand mental health problems and cares, develop skill to reduce stigma, and develop capacity to improve the assistance search effectiveness (knowing when, where, and how to get assistance (Kutcher, Bagnell, & Wei, 2015; Kutcher, Wei, & Coniglio, 2016). Teachers are expected to provide understanding, motivation, and support for learners to grow optimally. They have important roles as partners to prevent, identify, and intervene in mental health problems of children and teenagers (Whitley et al., 2012). Mental health literacy was proven to be a significant determinant of mental health in a population (Jorm, 2012; Kutcher, Wei, & Coniglio, 2016; Wei, Hayden, Kutcher, Zygmunt, & McGrath, 2013).

Kenya, is among the poorest countries in the world, with high inequalities among the 45 million population (World Bank, 2017). A study by Mutiso et al. (2020) using the WHO Assessment Instrument for Mental Health Systems (WHO-AIMS) pointed to lack of administrative structures for mental health care provision such as policies and governance which has resulted to low prioritization of mental health care in Kenya. Mental health problems amongst young people are exacerbated by disadvantage, unemployment, internal conflict, displacement, HIV and chronic diseases (Marangu et al., 2014). Mental health care for young people in Kenya has attracted very little attention, with services being largely hospital based and designed for adults (Kiima and Jenkins, 2010). The aim of this is thus to gain insight into the perception of teachers on the prevalence of mental health among young people specifically the primary and secondary

school students in Kenya with an intention to create appropriate interventions that will help manage the mental health issues among young people before they deteriorate.

CONCEPTUAL FRAMEWORK

The key constructs in this study include; the dependent Variable- Mental Health Literacy, Independent Variables; Mental Health Problems in Schools, Mental Health Literacy Levels in Schools, Inclusivity of Mental Health Literacy in School Curricula, Social Marketing Mix and the intervening variable namely Government Intervention.



RESEARCH METHODOLOGY

This chapter describes the research design, sampling technique, data collection methods and the data analysis and presentation techniques.

Research Design

The phenomenological and *ex-post-facto* research designs were adopted for this study. The phenomenological approach is a form of qualitative enquiry that emphasizes experiential, lived aspects of a particular construct. It captures as closely as possible the way in which the

phenomenon is experienced within the context in which the experience takes place (Giorgi & Giorgi, 2008). The *ex-post-facto* is a design that looks at phenomena that has already occurred. Using these approaches, teachers' knowledge and experiences of mental health among students in schools were sought, making it very appropriate for the study.

Target Population

Population refers to all elements, individuals, or units that meet the selection criteria for a group to be studied, and from which a representative sample is taken for detailed examination (Victor, 2014). According to the ministry of health, mental health task force (2020), eight counties from Mt Kenya region are among the top 10 counties in Kenya with a prevalence of mental health issues in Kenya. Nyeri county tops the list with a prevalence of 4,599 per 100,000 people, Murang'a and Nyandarua have a prevalence of 4,471 and 4,272 respectively while Kiambu has 4,219. Others in the list included Kirinyaga and Embu. This study focused on Nyeri, Murang'a and Nyandarua counties, hence the target population for this study consisted of primary and secondary school teachers in Nyeri, Murang'a and Nyandarua counties. Latest data from the Ministry of Education indicates that there are 7,497 public primary school teachers and 4,968 secondary school teachers in public schools within Murang'a, Nyeri and Nyandarua counties (Republic of Kenya Ministry of Education Statistical Booklet, 2019). The study population was thus considered as all the 12,465 primary and secondary school teachers in Murang'a, Nyeri and Nyandarua counties. The sampling frame was sourced from the Ministry of Education records. Table 1 outlines the distribution of teachers in the three counties of Murang'a, Nyeri and Nyandarua. The teachers as respondents were the units of observation in this study that investigated mental health literacy among teachers in public schools in Kenya.

Table 1: Distribution of Teachers in Murang'a, Nyeri and Nyandarua Counties

County	Primary	Secondary	Total
Murang'a	5679	4610	10,289
Nyeri	3719	2998	6,717
Nyandarua	3778	1970	5,748
Total	13,176	9,578	22,754

Sample Size Determination and Sampling Techniques

A sample refers to a subset of elements drawn from a large population. It is a representative of the population and is suitable for research in terms of convenience, time and cost (Newing, 2011). Bryman, (2012) defines a sample as part of the total population. The study adopted a mixed sampling design where both probability and non-probability sampling methods were employed. Stratified sampling technique (a probability sampling method) was used to select respondents in primary and secondary schools. Simple random sampling technique was used to select teachers randomly from the primary and secondary schools. Convenience sampling, a non-probability sampling technique was used to select respondent schools based on geographical proximity and ease of access.

Sample size refers to the number of cases or respondents that are considered enough for data collection (Kombo & Tromp, 2010; Orodho, 2003). The sample size for both the primary and secondary school teachers was purposively determined as 210. However, the actual number of teachers interviewed were 207. The target population was divided into two strata where strata one being the primary school teachers and strata two being the secondary school teachers. Primary school teachers in the three counties are 58% of the total population of school teachers in the counties, hence, the study sample included 120 primary school teachers and 87 secondary school teachers as shown in Table 2.

Table 2: Distribution of Sample size in the Study Area

County	Primary Sch. Teachers	Target Pry. Schools	Secondary School Teachers	Target Sec. Schools	Total
Murang'a	45	8	33	2	78
Nyeri	36	4	29	4	65
Nyandarua	39	4	25	4	64
	120	16	87	10	207

Convenience or Opportunity sampling technique was used to draw samples from the schools that were close, hence schools from each county were selected randomly based on convenience. Simple random sampling was used to select at least ten teachers from each school.

Data Collection Methods and Procedure

The data was collected using structured questionnaire. The structured questionnaire guided the research while a moderator took charge of proceedings of the focus group. The investigators met with head teachers in the selected schools. When the head teachers agreed that the school shall participate in the study, the investigators met with respondent teachers and explained the purpose of the study. The teachers were picked randomly from a list provided by the head teachers. Headteachers and their deputies were excluded from participating in the study. Data about teachers' understanding of student mental health problems was collected.

Time, Participants and Study Site

The study was conducted in Central Kenya and schools were selected randomly. The schools were from rural, peri-urban and urban areas. Participants were teachers from both primary and public secondary schools. All the teachers included are those trained at either degree or diploma level and employed either by TSC or BOM.

Pilot Study

A pilot study was conducted to allow for preliminary assessment of the existing scale to ensure that it is valid and reliable. A pilot study assists in determining existence of flaws or weaknesses with the interview design and allow researcher to make necessary adjustments prior to the actual implementation of the study (Lucky & Minai, 2011; Lewis & Thornhill, 2009). The questionnaire was pilot tested on 5 schools which were randomly selected and the selected schools were not included in the main study.

Validity of Data Collection Instruments

Validity is the degree to which an instrument shall measure what it purports to measure (Bryman & Ferguson, 2012). It translates to how accurately the data obtained in the study represents the study and if that data is a true reflection of the variables, then inferences based on such data would be accurate and meaningful (Patton, 2002). This study tested for construct validity. Confirmatory factor analysis was used to assess construct validity of the questionnaire. There are two types of construct validity; convergent and discriminant validity were analysed using the pilot study data. Convergent validity was assessed using Average shared Variance Extracted (AVE), yielding a coefficient of 0.65. Discriminant validity was assessed by comparing Squared Multiple Correlations with Average shared Variance Extracted (AVE). The squared multiple correlations usually reflect the variance that the indicators belonging to a construct share with other constructs which should be lower than the AVEs.

Reliability of Data Collection Instruments

Reliability analysis refers to the degree to which an instrument yields consistent results, it gives the same results every time (Bryman & Bell, 2015). This study adopted the internal consistency method to test reliability of the data collection instrument. The internal consistency measure generates a coefficient value known as the Cronbach's alpha (α) (Cronbach, 1951). A Cronbach's alpha (α) value of 0.74 was determined. The closer Cronbach's alpha is to 1, the higher the internal consistency reliability (Nunally & Bernstein, 1994).

Data Analysis and Presentation

The phenomenological data was analysed using thematic analysis techniques in six steps; Familiarization with the data is the first step after which preliminary codes were assigned to the data in order to describe the content. Step three involved the search for patterns or themes in the codes across different interviews after which the themes was reviewed. Step four defined and named the themes and finally a report was produced. "Nvivo" qualitative data analysis software was used to help analyze and interpret the data. Quantitative data was analysed using descriptive statistics. Results were presented using tables, pie charts and graphs.

Ethical Considerations

Ethical concerns in research deal with voluntary participation, no harm to respondents, anonymity and confidentiality (Munhall, 1988). The researchers sought authority from the relevant school principals in all the respondent schools. To help eliminate any ethical concerns

the researcher ensured that participation was voluntary. The researchers also observed the standards of behavior in relation to the rights of study subjects. All the respondents were informed of the objective of the study and the confidentiality of obtained information, through a transmittal letter to enable them give informed consent. Caution was taken to ensure that no participant was coerced into taking part in the study.

RESULTS AND DISCUSSIONS

This chapter presents the results of the study and a discussion of the findings. The first part is a description of the background and demographic characteristics of the respondents, after which the results are presented as per the objectives of the study.

Background and Demographic Characteristics of the Respondents

The respondents of the study were 207 teachers in the study area which comprised of Nyeri, Murang'a and Nyandarua counties in Kenya.

Table 3: Distribution of Respondents by School Category and County

School Category	County			Total
	Nyeri	Nyandarua	Murang'a	
Primary	19 (25.7%)	27 (50.9%)	58 (72.5%)	104 (50.2%)
Secondary	55 (74.3%)	26 (49.1%)	18 (22.5%)	99 (47.8%)
Junior Secondary	0	0	4 (5%)	4 (1.9%)
Total	74 (35.75%)	53 (25.6%)	80 (38.65%)	207 (100%)

Table 3 shows the distribution of sampled teachers across primary, secondary, and junior secondary schools in the three counties. Overall, the majority (50.2%) of the teachers sampled were from primary schools, while 47.8% were drawn from secondary school. Only a small portion (1.9%) of the teachers were from junior secondary schools.

Table 4: Distribution of Teachers by Gender

Gender	Number	Percent
Male	88	42.5%
Female	119	57.5%
Total	207	100%

There were 88 (42.5%) male teachers while 119 (57.5%) were female, as shown in Table 4. In the year 2022 data from the Teachers Service Commission and the Kenya National Bureau of Statistics indicated there were more female teachers (53.84%) in Kenya as compared to male teachers (46.15%).

Table 5: Distribution of Teachers by Qualification

Qualification	Number	Percent
P1	57	27.5%
Diploma	45	21.7%
Undergraduate Degree	88	42.5%
Postgraduate Degree	16	7.7%
Others	1	0.5%
Total	207	100.0

Table 5 shows that the majority of the teachers in the sample 88 (42.5%), held an undergraduate degree, indicating that a significant portion of the teaching workforce has a higher level of academic qualification. Those with P1 certification were 27.5%, while diploma holders were 21.7%. Teachers with postgraduate degrees were few at 7.7% of the sample. This highlights a smaller proportion of teachers pursuing further studies beyond the undergraduate level, which may suggest room for professional development in the teaching profession.

Table 6: Distribution of Teachers by Working Experience

Working Experience	Number	Percent
1 – 10 Years	133	64.3%
11 – 20 Years	37	17.9%
21 – 30 Years	24	11.6%
Over 30 Years	13	6.3%
Total	207	100%

Table 6 shows that a large proportion of the teachers in the sample (64.3%), had between 1 and 10 years of teaching experience. This suggests that the majority of the teaching workforce is relatively young in the profession, reflecting a younger generation of teachers or those who have joined the profession more recently. Teachers with 11 to 20 years of experience accounted for 17.9% of the respondents. This indicates a smaller, but still significant, group of mid-career teachers who have spent more time in the profession. A smaller proportion (11.6%), had between 21 and 30 years of working experience. These teachers represent a more seasoned group with extensive experience in the field. Finally, the smallest group (6.3%) teachers, had over 30 years of experience, indicating a small number of veteran teachers who had spent the longest time in the profession.

Nature and Prevalence of Mental Health Problems among Learners

The first objective of this study was to examine the nature and prevalence of mental health problems among learners in Kenyan schools. To achieve this, teachers were presented with a scale containing 16 items designed to assess the presence of various mental health symptoms

among their students. Each item on the scale corresponded to a specific mental health issue, and the teachers were asked to indicate whether or not they had observed the listed problems among their learners by responding with either 'Yes' or 'No'. This method provided a straightforward way to gather insights into the mental health challenges commonly faced by learners, based on the experiences and observations of the teachers themselves. Table 7 shows the responses of the teachers.

Table 7: Prevalence of Mental Health Problems Among Learners

Statement Criteria	Yes		No	
	n	%	n	%
Are any withdrawn, have no interest in class or are absent minded?	19	9.2%	188	90.8%
Have any of your students ever attempted to commit suicide?	128	61.8%	79	38.2%
Do any of your pupils have symptoms of Hyperactivity?	52	25.1%	155	74.9%
Are any of your students defiant and disobedient?	36	17.4%	171	82.6%
Do any of your students show signs of physical abuse?	119	57.5%	88	42.5%
Do any of your students show signs of sexual abuse?	140	67.6%	67	32.4%
Do any of your students show signs of emotional abuse?	61	29.5%	146	70.5%
Do any of your students show signs of neglect?	47	22.7%	160	77.3%
Do any of your students exhibit violent and aggressive behaviour?	70	33.8%	137	66.2%
Do any of your students experience hallucination or illusions?	121	58.5%	86	41.5%
Do any of your students abuse drug?	118	57.0%	89	43.0%
Are any of your students addicted to drugs?	141	68.1%	66	31.9%
Have any of your students been involved in crime outside school?	143	69.1%	64	30.9%
Have any of your students reported coming from a domestic-violent home?	66	31.9%	141	68.1%
Have any of your students been stressed?	34	16.4%	173	83.6%
Have any of your students been depressed?	78	37.7%	129	62.3%

Table 7 highlights teacher responses regarding the prevalence of various mental health problems among learners in their schools. The data shows that a significant proportion of students are affected by serious issues such as suicide attempts (61.8%), sexual abuse (67.6%), drug addiction (68.1%), and involvement in crime outside school (69.1%). Additionally, many learners showed signs of physical abuse (57.5%), while those observed to have hallucinations were 58.5%. On the other hand, fewer students displayed symptoms such as withdrawal and lack of interest in class (9.2%), hyperactivity (25.1%), and stress (16.4%). Some problems, like emotional abuse (29.5%), defiant behaviour (17.4%), neglect (22.7%), and depression (37.7%), were observed to affect a smaller but still notable proportion of learners. According to Jörns-Presentati et al (2021) depression and stress are the most prevalent mental health conditions in

sub-Saharan Africa. A bar graph (Figure 1) illustrates the aggregated number of mental health problems identified by the teachers among their learners, based on the 16-item scale used in the study. The scores, which range from 0 to 16, represent the extent to which teachers had observed various mental health issues among their students. A score of 0 indicates that the teachers had not observed any of the 16 listed mental health problems, while a score of 16 shows that the teacher had observed all of the mental health problems among the learners.

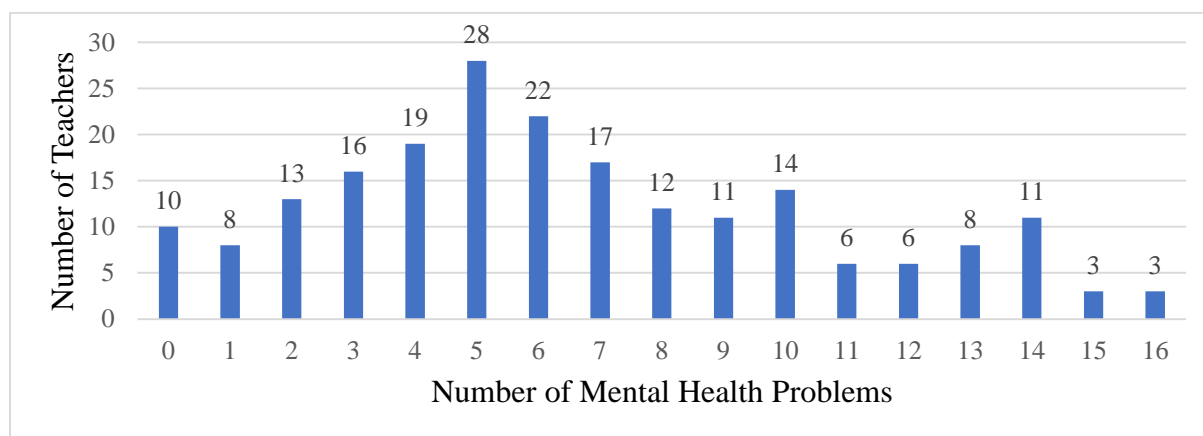


Figure 4.1: Prevalence of Mental Health Problems Among Learners in Kenya

The highest proportion of teachers (13.5%), reporting to have observed 5 out of the 16 listed mental illness indicators among learners. This indicates that many teachers observe around five different mental health issues among their students. Although there was no pattern, six issues were observed by 10.6% of teachers, four by 9.2% of teachers, seven by 8.2% of teachers, and three by 7.7% of teachers. The chart however shows that a significant proportion of teachers reported encountering moderate numbers of mental health issues, with fewer teachers reporting either very low or very high numbers of issues. This indicates that while mental health issues are widespread, the severity and variety of these issues differ significantly across different schools. Campbell et al (2022) identified childhood trauma as one of the major causes of mental health problems among learners.

Aadequacy of Mental Health Literacy among Teachers in Kenyan Schools

The second objective of the study was to establish the adequacy of mental health literacy among teachers in Kenyan schools. In relation to this objective, the teachers were asked whether they had ever received any training to help them identify and deal with learners with mental health issues. As shown in Figure 2, 53.1% of the teachers reported that they had received training in mental health, while 46.9% of the teachers had not received such training. This distribution highlights a gap in preparedness of teachers when it comes to recognizing and managing mental health challenges among learners. While a slight majority of teachers had been equipped with some form of training, nearly half of the teachers were lacking the necessary skills and knowledge to effectively support students with mental health concerns. This points to the need for more robust mental health training for educators. Nalipay et al (2023) emphasize the critical role of teachers’ mental health literacy in managing learners.

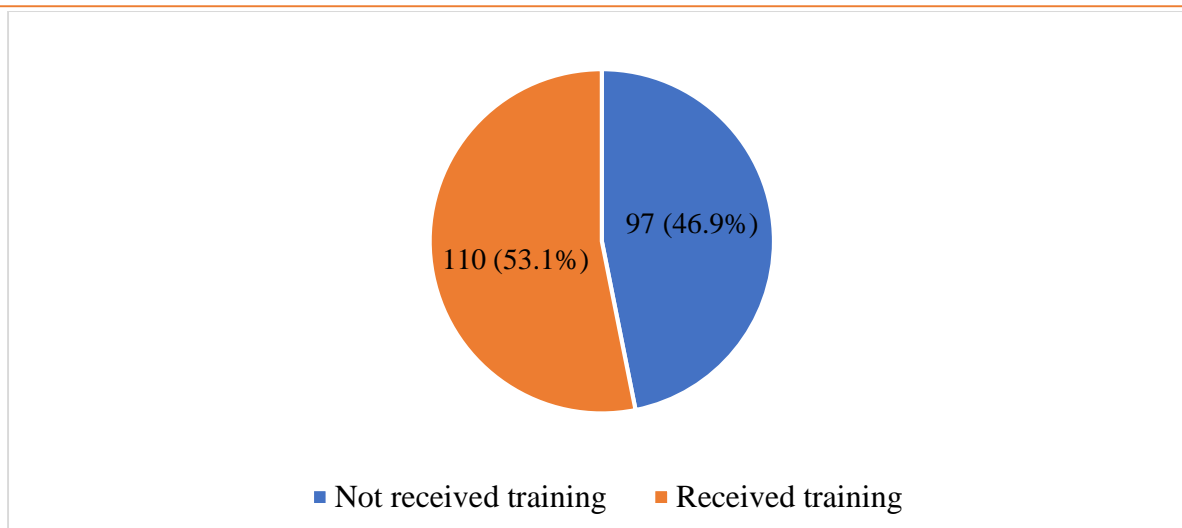


Figure 4.2: Proportion of Teachers’ Trained in Identifying and Addressing Mental Health Issues

The study sought to know whether or not teachers were trained in counselling as a pointer to their ability to identify cases of mental illness among the students, as well as their general understanding of mental health. Table 8 shows that the majority of the teachers (60.4%) had trained in counselling at various levels. A substantial proportion of the teachers, 82 (39.6%), reported having no formal training in counselling. This suggests that nearly 40% of the teaching workforce lacks the skills needed to effectively handle counselling, which is crucial in addressing learners' mental health needs. Approximately a third of the teachers (34.8%), teachers indicated holding a certificate in counselling, representing the largest group with formal counselling qualifications. This shows that while many teachers have undergone some basic training, most have only received entry-level certification.

A smaller proportion of the teachers (9.7%), had a diploma in counselling, indicating a more advanced level of training, while (12.1%) of teachers held an undergraduate degree in counselling. This highlights a moderate group of teachers who have undertaken more comprehensive studies in this field. There were even fewer teachers with postgraduate qualifications in counselling (2.4%). This suggests that advanced training in counselling is rare among the teachers in the study area. Additionally, 3 teachers, or 1.4%, indicated they had only completed a counselling unit, reflecting minimal training in counselling.

Table 8: Level of Training in Counselling

Level of Training in Counselling	Number	Percent
Certificate	72	34.8%
Diploma	20	9.7%
Undergraduate Degree	25	12.1%
Postgraduate Degree	5	2.4%
Counselling Unit	3	1.4%
None	82	39.6%
Total	207	100%

The teachers were further asked to indicate whether their schools had mental health frameworks implemented and in use. In response, as shown in Table 9, a significant majority of the teachers (72%) reported that their schools had mental health frameworks implemented and in use. However, 28%) of the teachers indicated that no such frameworks existed in their schools. This suggests that while progress has been made in integrating mental health initiatives in the school system, a substantial portion of schools are still without a framework to address mental health issues. The existence of mental health frameworks in 72% of schools indicates a growing awareness of the need for mental health support for learners. These frameworks provide guidance on identifying and managing mental health issues, promoting well-being, and ensuring that learners had access to necessary resources or referrals when needed.

However, the fact that over a quarter of schools (28%) lacked these frameworks raises concerns. In these schools, teachers and students may be left without the guidelines, tools, protocols, or resources to effectively handle mental health challenges. This gap could result in delayed interventions for students struggling with mental health problems, potentially exacerbating these issues. There is therefore an urgent need to implement mental health frameworks in all schools to ensure consistent support for learners across the country. Schools without these frameworks risk leaving their students vulnerable to unaddressed mental health challenges, which could negatively affect their academic performance, social relationships, and overall well-being. Additionally, providing comprehensive training to teachers in these schools would further strengthen the effectiveness of these frameworks, ensuring that all learners, regardless of their school’s current infrastructure, have access to the mental health care and support they need. Nalipay et al (2023) encourages teachers to take up mental health awareness seriously in order to help uplift learners’ psychological well-being. Further according to Mansfield, Humphrey & Patalay, P. (2021), the amount of training offered to teachers significantly predicted the educators’ awareness and knowledge of mental health issues, treatments and services, legislation and processes for supporting students’ mental health and comfort.

Table 9: Availability of Mental Health Frameworks in Schools

Mental Health Framework	Number	Percent
Available	149	72%
Not Available	58	28%
Total	207	100%

When asked to indicate the main mental health frameworks implemented and in use at their schools, 17.4% of the teachers indicated that they had functional guidance and counselling departments, 1.4% noted that their schools held mentorship talks, another 1.4% indicated that their schools availed literature (handbooks and pamphlets) for use. Only 1% of the teachers reported that their schools invited guest speakers to their schools to speak to learners. This suggests as shown in Table 10 that many schools rely on guidance and counselling departments

as the primary means of addressing student mental health concerns, likely due to their established role in providing emotional support, guidance, and intervention for various student issues. Interestingly 78.3% of teachers did not respond pick any of the options provided. This may be interpreted to mean a total lack of any mental health initiatives in their schools.

It is notable that beyond guidance and counselling, only a small percentage of teachers reported the existence of other mental health initiatives. This highlights a lack of diversity in the mental health strategies employed in schools, with limited reliance on more dynamic or comprehensive approaches, such as workshops, mentorship and clubs, which could promote mental health awareness and peer-to-peer support. While guidance and counselling departments play an essential role, they may not be sufficient in addressing the wide range of mental health challenges that students face. Schools should consider adopting additional frameworks, such as mental health workshops and student-led clubs, to create a more holistic and proactive approach to mental well-being. Expanding mental health initiatives beyond the counselling office could foster a more supportive school environment where mental health issues are recognised early and addressed through various avenues, involving both staff and students.

Table 10: Mental Health Programmes and Resources Available to Teachers

Programmes and Resources	Number	Percent
Guidance and Counselling	36	17.4%
Mentorship Talks	3	1.4%
Handbook and Pamphlets	3	1.4%
Guest Speakers	2	1%
Life Skills Lessons	1	0.5%
No Response	162	78.3%
Total	207	100%

The reliance on guidance and counselling programmes suggests the need to strengthen these services to ensure they effectively meet the diverse mental health needs of students and educators. However, the limited variety of other available resources suggests a gap in the overall approach to mental health in schools. Expanding programs such as mentorship talks, guest speakers, and life skills lessons would provide students with a broader range of support options and could help create a more comprehensive mental health framework within schools.

In addition, the fact that many teachers did not identify any mental health resources points to the need for better communication and awareness. Schools may benefit from not only introducing more formal mental health frameworks but also ensuring that teachers, students, and parents are fully informed about the resources that are available. Integrating mental health programs like life skills lessons into the curriculum could also encourage open conversations about mental health, helping to normalize these issues and offer students greater support.

The study further sought to find out if the teachers believed in the effectiveness of treatment provided by mental health providers. This aimed at assessing the level of confidence that

teachers had in professional mental health services as a means to address mental health issues among learners. As shown in Table 11 an overwhelming 94.5% Of teachers had confidence in the services of mental health providers.

Table 11: Teachers' Belief in The Effectiveness of Treatment by Mental Health Providers

Believe in the Effectiveness of Treatment	Number	Percent
Yes (Effective)	195	94.2%
No (Not Effective)	12	5.8%
Total	207	100.0

Only a small proportion (5.8%) of the teachers expressed skepticism about the effectiveness of such treatments. These results suggest that most teachers are likely to support the use of professional mental health services in schools. However, the fact that a minority of teachers were uncertain or did not believe in the efficacy of professional mental health treatment highlights a potential area for further training or awareness-raising initiatives. Such efforts could help ensure that all school staff are confident in promoting and utilizing mental health services for students and colleagues.

The study sought to find out how the teachers perceived their capacity to provide guidance on mental health issues in their schools. As shown in Table 12. only 13.5%) teachers felt that they had the capacity to give direction and advice to students or staff about where to seek mental health support. A significant majority (86.5%) indicated they could not. Similarly, when asked if they could explain mental health and wellbeing issues affecting students and teachers to other school staff, only 26.6% of the teachers responded in the affirmative, while 73.4% teachers indicated they were unable to do so. The results imply that majority of the teachers do not feel adequately equipped to either guide students and staff on where to seek mental health support or to explain mental health issues to their colleagues. This suggests a critical need for training and capacity building among teachers to ensure they are better prepared to address mental health concerns in their schools. Improving teachers' knowledge and confidence in handling these issues is essential for creating a supportive environment for both students and staff. This agreed with Anderson et al (2019) who found that a significant number of teachers believed that were not capable of effectively addressing mental health issues of their learners.

Table 12: Teachers' Perception of Capacity to Provide Guidance on Mental Health

Statement Criteria	Yes	No
Ability to give direction and provide advice to students or staff where the to seek advice on mental health issues	28 (13.5%)	179 (86.5%)
Ability to explain mental health and wellbeing issues to other school staff	55 (26.6%)	152 (73.4%)

To assess the overall mental health literacy of teachers in this study, a composite score was generated based on responses to a set of five items. Each item was designed to measure an aspect of teachers' mental health literacy, and each response was scored on a binary scale of 0 or 1, with “Yes” responses indicating the presence of mental health literacy and “No” responses indicating its absence. The items included questions on whether teachers had received relevant training, whether their schools had implemented mental health frameworks, and whether they could provide advice or explanations regarding mental health issues to students or staff. A respondent's total mental health literacy score was calculated by summing their responses across the five items, resulting in a score range from 0 to 5. Higher scores indicated a higher level of mental health literacy. These scores are shown on Table 13

Table 13: Composite Mental Health Literacy Scores

Score	Number	Percent
0.0	29	14%
1.0	66	31.9%
2.0	68	32.9%
3.0	25	12.1%
4.0	18	8.7%
5.0	1	0.5%
Total	207	100%

The most frequent scores were 1.0 (31.9%) and 2.0 (32.9%), indicating that the majority of teachers had some degree of mental health literacy but were far from achieving full literacy. This suggests that many teachers are aware of certain aspects of mental health but still lack comprehensive understanding and training in this area. On the other hand, 14.0% of the teachers scored 0.0, implying no mental health literacy on any of the items, which is concerning as it suggests a significant portion of teachers may not be equipped to identify or manage mental health issues within their schools. This lack of awareness could affect their ability to support students and colleagues effectively.

Results further show that only one respondent 0.5% scored the full 5.0, an indication of full competency across all measured aspects of mental health literacy. This indicates a need for more extensive and accessible training opportunities for teachers to ensure that mental health frameworks are better understood and implemented in schools. In general, the findings highlight a significant gap in mental health literacy among teachers, with nearly three-quarters (78.7%) of the teachers scoring 2.0 or below. This suggests that while there is some basic awareness of mental health issues among teachers, more interventions are needed to enhance their ability to effectively manage mental health challenges in schools. Springer (2023) underscores the fact that it is essential that teachers are equipped with sufficient mental health literacy to engender effective practices in these areas.

Training Gaps in Mental Health Literacy Among Teachers in Kenya

The third objective of the study was to evaluate the gaps that exist in the training of teachers with respect to mental health literacy. Table 14 presents teachers’ perceived adequacy of their training in key areas of mental health support, categorized into five levels from Very Adequately to Very Inadequately (VI).

Table 14: Adequacy of Training in Mental Health

Training Area	VA	A	S	I	VI
Identification of Mental Illness	19 9.2%	38 18.4%	57 27.5%	48 23.2%	45 21.7%
Psychotherapy	24 11.6%	30 14.5%	40 19.3%	53 25.6%	60 29%
Trauma Counselling	29 14%	30 14.5%	45 21.7%	53 25.6%	50 24.2%
Addiction Counselling	25 12.1%	34 16.4%	58 28%	42 20.3%	48 23.2%
Family Counselling	19 9.2%	40 19.3%	52 25.1%	41 19.8%	55 26.6%
Debriefing	30 14.5%	29 14.0%	45 21.7%	46 22.2%	57 27.5%

Key: VA – Very Adequately, A – Adequately, S – Somehow Adequately, I – Inadequately, VI – Very Inadequately

The results show that in terms of identification of mental illness, only 9.2% of teachers felt very adequately trained, while a combined 44.9% (23.2% inadequately and 21.7% very inadequately) expressed inadequate preparation in this area. This suggests a lack of capacity among a large proportion of teachers when it comes to identifying mental health issues among students, a critical first step in supporting learners. For psychotherapy, 54.6% of the teachers reported that they felt either inadequately (25.6%) or very inadequately (29.0%) trained. Only 11.6% felt very adequately prepared to provide psychotherapy support, indicating a widespread gap in this essential counselling area. Anderson et al (2019) indicated that many teachers doubted their capacity to handle mental health issues among their students. Hence there is need to build more capacity among teachers and boost their confidence in this area.

With regard to trauma counseling, 49.8% of the teachers reported that they felt inadequately or very inadequately trained. This is concerning given the high likelihood of students encountering traumatic experiences and the importance of having staff equipped to provide the necessary emotional support. In addiction counseling, 43.5% of the teachers reported inadequate or very inadequate training, and only 12.1% felt very adequately trained. This highlights another area where teachers feel insufficiently prepared to address a critical student issue that may involve substance abuse or other forms of addiction.

Family counseling also had a high level of perceived inadequacy in training, with 46.4% of teachers reporting a lack of preparation in this area. Only 9.2% felt very adequately trained, further underscoring the need for better training in holistic approaches to student mental health that involve family dynamics. Similarly, in debriefing, 49.7% of the teachers felt inadequately

or very inadequately trained, with only 14.5% reporting they were very adequately trained. This reflects another gap in equipping teachers with essential skills for managing post-crisis situations effectively. The results above reveal widespread inadequacies in teacher training across all the assessed areas of mental health literacy. Majority of the teachers were inadequately prepared to address critical issues such as psychotherapy, trauma counseling, and addiction counseling, which are important for supporting students' mental health. This calls for a comprehensive strategy to improve teacher training in mental health, to bridge the identified gaps and equip teachers with the necessary skills and confidence to address these growing challenges effectively. Fei & Oyam (2024), concluded that many teachers in spite of training still felt inadequately prepared in the area of mental health literacy.

Social Marketing Mix for Instigating Mental Health Literacy in Kenyan Schools

The fourth objective of the study was to determine the appropriate social marketing mix for instigating mental health literacy in Kenyan schools. Table 15 shows the teachers' views regarding appropriate social marketing mix for promoting mental health literacy in Kenyan schools. The items are categorized into three main aspects of social marketing; product, motivational strategies, and promotion. Each statement was evaluated on a Likert scale, with teachers indicating their level of agreement or disagreement with various propositions aimed at enhancing mental health awareness, support systems, and education in schools.

Table 15: Teachers' Perspectives on The Social Marketing Mix for Promoting Mental Health Literacy in Schools

Social Marketing Aspect					
Product	SD	D	M	A	SA
Schools should conduct regular mental health campaigns to help reduce mental health stigma amongst both teachers and students	21 10.1%	5 2.4%	6 2.9%	35 16.9%	140 67.6%
Universal screening methods promote early identification of mental health issues	20 9.7%	6 2.9%	17 8.2%	47 22.7%	117 56.5%
Mental Health Literacy Units of Instruction should be included in school curriculum	20 9.7%	9 4.3%	10 4.8%	39 18.8%	129 62.3%
The school should introduce regular suicide prevention workshops for students	21 10.1%	5 2.4%	11 5.3%	43 20.8%	127 61.4%
The school should introduce an antibullying programme with heavy punishment for offenders	24 11.6%	5 2.4%	14 6.8%	28 13.5%	136 65.7%
Motivational Strategies	SD	D	M	A	SA
Schools should sponsor their teachers to take a mental health literacy course	15 7.2%	2 1%	9 4.3%	24 11.6%	157 75.8%
Schools should encourage peer to peer counselling by providing incentives to those who help their peers	15 7.2%	3 1.4%	7 3.4%	46 22.2%	136 65.7%
Teachers should be paid extra money as an incentive to participate in mental health promotional activities	18 8.7%	8 3.9%	13 6.3%	29 14%	139 97.1%
Promotion	SD	D	M	A	SA

Schools should conduct awareness activities including distribution of posters, pamphlets and postcards to promote mental health	12 5.8%	2 1%	11 5.3%	31 15%	151 72.9%
Schools should introduce days to show mental health educational videos to students as a recreational activity	14 6.8%	2 1%	14 6.8%	45 21.7%	132 63.8%
Schools should partner with community leaders to have mental health awareness days for teachers, students and parents	12 5.8%	2 1%	11 5.3%	30 14.5%	152 73.4%

Key: SD – Strongly Disagree; D – Disagree; M – Moderate; A – Agree; SA – Strongly Agree

The results indicate that a significant majority of teachers expressed strong support for regular mental health campaigns as a way to reduce stigma among both teachers and students. In fact, 67.6% of the respondents strongly agreed with this idea, and another 16.9% agreed, indicating widespread acknowledgment of the need for awareness-raising activities. Similarly, most teachers endorsed the use of universal screening methods for early identification of mental health issues, with 56.5% strongly agreeing and 22.7% agreeing. This shows that teachers believe early intervention can play a crucial role in addressing mental health challenges. Moreover, the inclusion of mental health literacy units in the school curriculum garnered support, with 62.3% of teachers strongly agreeing that structured instruction in mental health could improve outcomes. Suicide prevention workshops were also viewed as necessary, as 61.4% of respondents strongly agreed that such initiatives should be introduced to safeguard students' well-being. Additionally, teachers showed substantial support for implementing anti-bullying programs, with 65.7% strongly agreeing that such initiatives should be accompanied by strict punishments for offenders. These responses suggest that teachers see a clear need for comprehensive mental health interventions within the educational environment.

Motivational strategies for improving mental health literacy were also well-received by the teachers. A large number of teachers (75.8%) strongly agreed that schools should sponsor them to take courses in mental health literacy, while another 11.6% agreed. This indicates that teachers are not only aware of the gaps in their training but are also willing to pursue further education to better address mental health issues. Furthermore, peer-to-peer counselling, with 65.7% of teachers strongly agreeing to its encouragement through incentives, was seen as a key strategy for engaging students. The idea of offering financial incentives for teachers to participate in mental health promotional activities was also overwhelmingly supported, with 97.1% of the teachers agreeing that such rewards would motivate greater involvement in these critical initiatives.

In relation to promotional efforts, there was broad agreement that schools should conduct awareness activities, such as distributing posters, pamphlets, and postcards to promote mental health. A significant proportion of teachers (72.9%) strongly agreed with this approach, highlighting the importance of visible promotional materials to foster awareness. Additionally, showing mental health educational videos to students as part of recreational activities was seen as effective, with 63.8% of the teachers strongly agreeing to this method. Moreover, 73.4% of the teachers strongly agreed that schools should partner with community leaders to hold mental health awareness days for teachers, students, and parents. This reflects a recognition of the need

for a broader, community-wide approach to mental health promotion that goes beyond the school environment.

The findings suggest that teachers are highly supportive of mental health literacy initiatives in schools, especially those that incorporate regular campaigns, early screening, and structured education. They are also open to motivational strategies, such as incentives for both teachers and students, to encourage active participation in mental health programs. The strong support for promotional activities, including collaboration with community leaders, points to the potential success of comprehensive mental health strategies that are visible, incentivized, and community-focused. These findings underscore the importance of developing comprehensive mental health programs in schools, which could be well-received by educators and could make a meaningful impact on both students and staff.

Relationship between Social Marketing Mix and Mental Health Literacy of Teachers

This section addresses itself to the relationship between the social marketing mix and the mental health literacy of teachers. Table 16 presents the descriptive statistics and correlation analysis for the variables under study, namely mental health literacy, product mix, motivation mix, promotion mix, and the overall marketing mix. The composite scores for each of the marketing mix variables were generated by summing the individual items under each category, while the overall marketing mix score was obtained by summing the three composite scores. The table reports the mean, standard deviation, and Pearson correlation coefficients to explore the relationships between mental health literacy and the marketing mix variables.

Table 16: Correlation of Marketing Mix and Mental Health Literacy

Descriptive Statistics						
Composite scores		Mean	Std. Dev.	N		
Mental health Literacy		1.71	1.146	207		
Product mix		21.03	6.013	207		
Motivation mix		13.13	3.193	207		
Promotion mix		13.32	3.020	207		
Overall marketing mix		47.47	10.915	207		
Correlations						
		A	B	C	D	E
A. Mental health literacy	Pearson <i>r</i>	1				
	Sig. (2-tailed)					
	N	207				
B. Product mix	Pearson <i>r</i>	-.047	1			
	Sig. (2-tailed)	.504				
	N	207	207			
C. Motivation mix	Pearson <i>r</i>	-.007	.654**	1		
	Sig. (2-tailed)	.917	.000			
	N	207	207	207		
D. Promotion mix	Pearson <i>r</i>	-.049	.629**	.815**	1	
	Sig. (2-tailed)	.484	.000	.000		
	N	207	207	207	207	
E. Overall marketing mix	Pearson <i>r</i>	-.041	.916**	.878**	.862**	1
	Sig. (2-tailed)	.554	.000	.000	.000	
	N	207	207	207	207	207

** . Correlation is significant at the 0.01 level (2-tailed).

Key: A = Mental Health Literacy, B = Product Mix, C = Motivation Mix, D = Promotion Mix, E = Overall Marketing Mix

The descriptive statistics part of Table 15 indicates the composite scores for mental health literacy and the three components of the marketing mix: product mix, motivation mix, and promotion mix. These components were assessed using a 5-point Likert scale, where participants rated their agreement with various statements ranging from "Strongly Disagree" (1) to "Strongly Agree" (5). Product Mix was assessed using 5 items, while both Motivation Mix and Promotion Mix were assessed using 3 items each. This explains the relatively higher mean score for Product Mix, where the highest possible score was 25, compared to 15 for Motivation Mix and Promotion Mix.

The mean score for Product Mix was 21.03, with a standard deviation of 6.013, indicating that teachers generally rated this aspect of the marketing mix quite positively, as it was well above the midpoint score of 15. Motivation Mix had a mean of 13.13 (SD = 3.193), and Promotion Mix had a mean of 13.32 (SD = 3.020), both of which are above their respective midpoints of 9, suggesting favourable perceptions of these components. The Overall Marketing Mix score, which was a sum of the three components, had a mean of 47.47, with a standard deviation of 10.915.

The correlation analysis shows that mental health literacy had weak negative linear relationship with the marketing mix components. The Pearson correlation coefficients between Mental Health Literacy and Product Mix (-0.047), Motivation Mix (-0.007), Promotion Mix (-0.049), and Overall Marketing Mix (-0.041) suggest that teachers' mental health literacy levels were not significantly associated with their perceptions of the marketing strategies being employed. This indicates that improving mental health literacy might require strategies beyond just focusing on marketing mix variables.

On the other hand, the marketing mix components were strongly interrelated. Product Mix had a significantly strong positive correlation with Motivation Mix ($r = 0.654$, $p < 0.01$), Promotion Mix ($r = 0.629$, $p < 0.01$), and Overall Marketing Mix ($r = 0.916$, $p < 0.01$). Similarly, Motivation Mix was strongly correlated with Promotion Mix ($r = 0.815$, $p < 0.01$) and Overall Marketing Mix ($r = 0.878$, $p < 0.01$). Promotion Mix also had a strong correlation with Overall Marketing Mix ($r = 0.862$, $p < 0.01$). These significant correlations suggest that the different elements of the marketing mix reinforce each other—when one aspect, such as Product Mix, is rated highly, the other elements tend to be rated highly as well.

CONCLUSIONS

This study was aimed at determining the mental health literacy of teachers in Kenya. It was conducted among both primary school and secondary school teachers in three counties of Central Kenya namely Murang'a, Nyeri, and Nyandarua. 207 teachers took part in the study which followed the *ex-post-facto* research design. Data was collected using structured questionnaires which were adequately estimated for validity and reliability. Data was analysed using Nvivo and presented per objective using tables, pie charts, and column graphs. The following is a summary of the findings of the study: -

1. A significant proportion of students are affected by serious issues such as suicide attempts (61.8%), sexual abuse (67.6%), drug addiction (68.1%), and involvement in crime outside school (69.1%). Additionally, many learners showed signs of physical abuse (57.5%), while those observed to have hallucinations were 58.5%). On the other hand, fewer students displayed symptoms such as withdrawal and lack of interest in class (9.2%), hyperactivity (25.1%), and stress (16.4%). Some problems, like emotional abuse (29.5%), defiant behaviour (17.4%), neglect (22.7%), and depression (37.7%), were observed to affect a smaller but still notable proportion of learners.
2. While a slight majority of teachers had been equipped with some form of training, nearly half of the teachers were lacking the necessary skills and knowledge to effectively support students with mental health concerns. This points to the need for more robust mental health training for educators. A substantial proportion of the teachers, 82 (39.6%), reported having no formal training in counselling. This suggests that nearly 40% of the teaching workforce lacks the skills needed to effectively handle counselling, which is crucial in addressing learners' mental health needs. Approximately a third of the teachers (34.8%), teachers indicated holding a certificate in counselling, representing the largest group with formal counselling qualifications.
3. The results show that in terms of identification of mental illness, only 9.2% of teachers felt very adequately trained, while a combined 44.9% (23.2% inadequately and 21.7% very inadequately) expressed inadequate preparation in this area. For psychotherapy, 54.6% of the teachers reported that they felt either inadequately (25.6%) or very inadequately (29.0%) trained. Only 11.6% felt very adequately prepared to provide psychotherapy support, indicating a widespread gap in this essential counselling area. With regard to trauma counseling, 49.8% of the teachers reported that they felt inadequately or very inadequately trained. This is concerning given the high likelihood of students encountering traumatic experiences and the importance of having staff equipped to provide the necessary emotional support. In addiction counseling, 43.5% of the teachers reported inadequate or very inadequate training, and only 12.1% felt very adequately trained. This highlights another area where teachers feel insufficiently prepared to address a critical student issue that may involve substance abuse or other forms of addiction.
4. The results indicate that a significant majority of teachers expressed strong support for regular mental health campaigns as a way to reduce stigma among both teachers and students. In fact, 67.6% of the respondents strongly agreed with this idea, and another 16.9% agreed, indicating widespread acknowledgment of the need for awareness-raising activities. Similarly, most teachers endorsed the use of universal screening methods for early identification of mental health issues, with 56.5% strongly agreeing and 22.7% agreeing. The correlation analysis shows that mental health literacy had weak negative linear relationship with the marketing mix components. The Pearson correlation coefficients between Mental Health Literacy and Product Mix (-0.047), Motivation Mix (-0.007), Promotion Mix (-0.049), and Overall Marketing Mix (-0.041) suggest that teachers' mental health literacy levels were not significantly associated with their perceptions of the marketing strategies being employed. On the other hand, the marketing mix components were strongly interrelated. Product Mix had a significantly strong positive correlation with Motivation Mix ($r = 0.654$, $p < 0.01$), Promotion Mix ($r = 0.629$, $p < 0.01$), and Overall

Marketing Mix ($r = 0.916$, $p < 0.01$). Similarly, Motivation Mix was strongly correlated with Promotion Mix ($r = 0.815$, $p < 0.01$) and Overall Marketing Mix ($r = 0.878$, $p < 0.01$). Promotion Mix also had a strong correlation with Overall Marketing Mix ($r = 0.862$, $p < 0.01$). These significant correlations suggest that the different elements of the marketing mix reinforce each other—when one aspect, such as Product Mix, is rated highly, the other elements tend to be rated highly as well.

Conclusions

1. There were many mental health issues among learners that need to be addressed. Hence, there is need to increase the levels of mental health literacy among teachers, to enable them handle their learners.
2. Majority of teachers in primary and secondary schools in Kenya did not have adequate training in mental health, hence there were many gaps in their knowledge and skills to handle learners with mental health problems.
3. Majority of the teachers perceived themselves as incapable of dealing with mental health issues of learners. Majority did not feel competent enough to discuss mental health issues even to colleagues.
4. There was both weak negative correlation and strong positive correlation between aspects of mental health literacy and marketing mix components.

RECOMMENDATIONS

1. The government should put in place a strategy to address the prevalent mental health issues among learners.
2. Teachers should go through a pre-service or in-service training in mental health so as to enable them handle the mental health cases within the student fraternity

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