



INFLUENCE OF CHAPLAINCY COUNSELLING SERVICES ON STUDENTS' MENTAL HEALTH IN PUBLIC SECONDARY SCHOOLS IN SOIN SIGOWET SUB-COUNTY, KERICHO COUNTY, KENYA

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Article DOI: <https://doi.org/10.36713/epra31698>

DOI No: 10.36713/epra31698

ABSTRACT

This study examined the association between chaplaincy counselling services and students' mental health in public secondary schools in Soin Sigowet Sub-County, Kericho County, Kenya. A correlational research design employing a mixed-methods approach was adopted. Quantitative data were collected from students using structured questionnaires, while qualitative data were obtained through interviews to provide contextual understanding of students' experiences with chaplaincy counselling. Quantitative data were analysed using descriptive statistics, correlation analysis and simple linear regression, while qualitative data were analysed thematically. The findings indicated a moderate positive association between chaplaincy counselling services and students' mental health ($r=0.560$). Simple regression analysis further showed that the association was statistically significant, with chaplaincy counselling services accounting for a significant proportion of the observed variation in students' mental-health outcomes ($R^2 = .314$). Qualitative findings complemented these results, with students describing chaplains as accessible sources of emotional, spiritual and interpersonal support and as persons with whom they could discuss personal, academic and relational concerns. The study concludes that chaplaincy counselling services are significantly and positively associated with students' mental health in the study setting. However, given the cross-sectional design, the findings do not establish a causal relationship. The study recommends strengthening accessible and confidential chaplaincy counselling, enhancing chaplains' capacity in adolescent psychosocial support, and establishing clear referral linkages with qualified mental-health professionals.

KEYWORDS: Chaplaincy Counselling, Students' Mental Health, School Counselling, Psychosocial Support, Public Secondary Schools, Soin Sigowet Sub-County, Kenya.

INTRODUCTION

Adolescent mental health is an important global concern because psychological difficulties that emerge during adolescence can affect educational participation, social relationships and wellbeing beyond the school years. The World Health Organization (WHO, 2025) estimates that one in seven adolescents aged 10–19 years experiences a mental health condition, with depression, anxiety and behavioural disorders among the leading causes of illness and disability in this age group. Adolescents may also be exposed to academic pressure, peer-related difficulties, family problems, violence and other forms of adversity that increase their vulnerability to psychological distress. Supportive environments at home, in schools and within communities are therefore important for promoting mental wellbeing and facilitating early identification and support (WHO, 2025). Recent systematic reviews further indicate that schools provide a practical platform for mental-health promotion and prevention because interventions can reach adolescents within their everyday learning environment (Lekamge et al., 2025; Yin et al., 2025).

The growing emphasis on school-based mental-health support has also drawn attention to the contribution of personnel who provide pastoral and psychosocial care. Chaplaincy counselling is one such form of support. In the school setting, chaplains may provide individual conversations, pastoral guidance, encouragement, mentorship, spiritual support and assistance to students experiencing personal or emotional difficulties. International experience, particularly from Australia, demonstrates that school chaplaincy has increasingly been incorporated into broader student wellbeing programmes. The Australian Government's evaluation of the National School Chaplaincy Programme identified pastoral care and student wellbeing as important areas of chaplaincy provision within schools (Australian Government Department of Education, 2023). Chaplaincy counselling, however, is best understood as complementary to professional mental-health services, particularly where students require specialised psychological assessment or treatment.

The relevance of accessible school-based support is particularly evident in Africa, where adolescent mental-health needs coexist with limited availability of specialised services in many settings. A systematic review of school-based interventions in low- and middle-



income countries found some evidence that school-based programmes can prevent or reduce depression among children and adolescents, although the evidence remains limited and varies across contexts (Yin et al., 2025). Similarly, evidence on whole-school interventions indicates that mental-health promotion is more effective when support is embedded within the wider school environment rather than treated as the responsibility of a single service or professional (Lekamge et al., 2025). In this environment, chaplaincy counselling may provide an additional avenue through which students can access trusted interpersonal and pastoral support. However, empirical evidence specifically examining the contribution of school chaplaincy to adolescent mental health in African public secondary schools remains limited.

The Kenyan situation makes this question particularly relevant. Recent evidence indicates substantial mental-health challenges among secondary school students. Osborn et al. (2026), in a large study of 7,865 Kenyan secondary school students, found elevated symptoms of depression and anxiety among a considerable proportion of participants and identified social support as an important protective factor. Similarly, Magige et al. (2025), studying 1,020 adolescents in 30 public secondary schools in rural Kenya, reported a high prevalence of probable depression and found that access to guidance and counselling services and having a trusted adult to confide in were associated with a lower likelihood of probable depression. These findings point to the importance of accessible and trusted sources of support within the school environment.

Chaplaincy is already part of the support structures in some Kenyan secondary schools, particularly those with Christian foundations. Recent research in Kakamega County examined pastoral care and mentorship programmes in public secondary schools and found that such programmes were associated with students' psychosocial adjustment and academic performance (Sikolia et al., 2025). The study considered outcomes including confidence, hope, faith and self-esteem, demonstrating the relevance of pastoral support to students' broader development. However, research on chaplaincy in Kenyan schools has largely concentrated on psychosocial adjustment, discipline, mentorship and academic outcomes rather than mental health as a distinct outcome. Moreover, evidence from Kakamega County cannot be assumed to represent the experiences of students in other counties because the organisation and utilisation of chaplaincy services may vary across school and community contexts.

This issue remains insufficiently examined in Soin Sigowet Sub-County, Kericho County. Public secondary schools in the sub-county provide a relevant setting for examining the role of chaplaincy counselling because students may encounter emotional, social and educational pressures while relying on school-based support structures for assistance. Yet, there is limited empirical evidence on whether and how chaplaincy counselling services relate to the mental health of students in these schools. The absence of location-specific evidence makes it difficult to determine whether findings from other Kenyan settings apply to students in Soin Sigowet Sub-County. The present study therefore examines chaplaincy counselling services and students' mental health in public secondary schools in Soin Sigowet Sub-County, Kericho County, Kenya. By focusing on this specific relationship and setting, the study seeks to extend existing evidence on school-based support for adolescent mental health in Kenya.

STATEMENT OF THE PROBLEM

Public secondary schools have an important role in responding to students experiencing emotional and psychological difficulties. Beyond academic instruction, students need opportunities to discuss personal concerns, seek guidance and receive appropriate assistance when such difficulties begin to affect their wellbeing and school life. Chaplaincy counselling can form part of this school-based response by providing students with opportunities for counselling, pastoral guidance, encouragement and spiritual care. The growing evidence of mental health difficulties among Kenyan secondary school students makes the adequacy of such support an important concern. Osborn et al. (2026), in a study involving 7,865 Kenyan secondary school students, reported substantial symptoms of depression and anxiety, while Magige et al. (2025) found a high prevalence of probable depression among school-going adolescents in rural Kenya. Magige et al. (2025) further found that access to guidance and counselling and having a trusted adult to confide in were associated with a lower likelihood of probable depression. Although chaplaincy programmes exist in some Kenyan secondary schools, research on their contribution has largely focused on psychosocial adjustment, mentorship and academic performance rather than students' mental health (Sikolia et al., 2025). The concern is therefore not simply whether chaplaincy services are available, but whether the counselling provided through these services is associated with students' mental health. Students experiencing emotional or psychological difficulties may not always seek formal psychological services, and inadequate access to appropriate support may leave such difficulties insufficiently addressed. Chaplaincy counselling may provide an important point of contact for some students, but its contribution to students' mental health cannot be assumed without empirical evidence. Existing studies provide little evidence on this issue in Soin Sigowet Sub-County, Kericho County. Evidence from other parts of Kenya may not adequately reflect the circumstances of public secondary schools in this setting, where the organisation and use of chaplaincy services may differ. Consequently, the association between chaplaincy counselling services and students' mental health in the sub-county remains insufficiently documented. The study addressed this gap by examining chaplaincy counselling services and students' mental health in public secondary schools in Soin Sigowet Sub-County, Kericho County, Kenya.



LITERATURE REVIEW

This section examines the theoretical framework and the review of related literature

Theoretical Framework

The study was anchored in the social support framework associated with Cohen and colleagues, particularly the main-effect and stress-buffering hypotheses developed by Cohen and Wills (1985). The framework explains the role of supportive social relationships in promoting health and psychological wellbeing and in helping individuals cope with stressful experiences. Cohen (2004) similarly argues that social relationships can influence health both through their general contribution to wellbeing and through the resources they provide when individuals encounter stress.

Social support is relevant to health in two related ways. Supportive relationships may contribute to wellbeing irrespective of whether an individual is experiencing substantial stress by providing a sense of belonging, security and personal worth. At the same time, support may become particularly valuable when individuals face stressful circumstances. In such situations, people who have access to supportive relationships may be better able to interpret difficulties, identify ways of coping and manage their emotional consequences (Cohen & Wills, 1985). Social support may be expressed through emotional care and empathy, advice and guidance, practical assistance, or feedback that helps individuals understand and evaluate their circumstances.

These propositions provide a useful basis for understanding chaplaincy counselling within the school environment. Through counselling conversations, pastoral guidance and continuing contact with students, chaplains may provide forms of emotional, informational and appraisal support. A student facing academic pressure, interpersonal difficulties, family concerns or other personal challenges may consequently have an additional adult with whom to discuss these experiences and consider possible ways of responding to them. Regular supportive contact may also contribute to students' sense of belonging and personal worth even when they are not experiencing acute distress. In this way, chaplaincy counselling corresponds with both the general and stress-related pathways described in the social support framework.

The framework consequently provides a theoretical basis for examining the association between chaplaincy counselling services and students' mental health. It does not imply that counselling through chaplaincy necessarily produces better mental health; rather, it suggests that supportive relationships may provide interpersonal and psychological resources that are relevant to students' wellbeing. The study applied this perspective in examining chaplaincy counselling services and students' mental health in public secondary schools in Soin Sigowet Sub-County, Kericho County.

Review of Related Studies

Counselling has become an important component of contemporary mental health care because it provides a structured means through which individuals can address emotional, cognitive, behavioural and interpersonal difficulties. Woldemichael et al. (2026) describe modern mental health counselling as a professional service grounded in psychological theory and evidence-based practice, with applications across settings including schools, health facilities and communities. The increasing attention given to mental health has also contributed to the expansion of counselling research and practice. A bibliometric analysis by Ifdil et al. (2023), based on 452 publications on mental health counselling, found growing scholarly interest in counselling as part of the broader response to contemporary mental health challenges.

The relevance of counselling to mental health extends beyond the management of diagnosed disorders. Counselling can provide a supportive setting in which individuals develop coping strategies, process difficult experiences and strengthen psychological resources. Evidence from different populations suggests that therapeutic relationships can contribute to emotional wellbeing and positive psychological functioning. For example, a systematic review by Mathews et al. (2024), which examined 43 original studies and eight systematic reviews involving people living with dementia, found evidence that therapeutic counselling could assist participants in processing and coping with difficult emotions and was associated with emotional and wellbeing benefits. The review nevertheless noted variation across interventions and contexts, suggesting that counselling outcomes depend partly on the nature and delivery of the intervention. Similarly, Vaingankar et al. (2024), using qualitative interviews with psychotherapy recipients, found that participants described psychotherapy in terms extending beyond symptom management to include resilience, positive outlook, purpose in life and social participation.

For adolescents, the school provides an especially important setting for counselling because students spend a substantial proportion of their time within the education system and may experience academic, interpersonal, family and developmental pressures during this period. Evidence from school-based interventions indicates that psychological support can have measurable benefits for adolescent mental health. An overview of systematic reviews by Zbukvic et al. (2024) found generally positive but heterogeneous evidence for mental health programmes delivered in secondary schools, with targeted interventions showing short-term effectiveness in reducing anxiety and depressive symptoms. More specifically, Tareke et al. (2023), in a systematic review of 14 randomized controlled trials in sub-Saharan Africa, found that school-based psychological interventions reduced symptoms of depression, anxiety and post-traumatic



stress among adolescents and young adults. Notably, more than half of the interventions were delivered by non-specialists, including teachers, lay providers and community health workers, suggesting that school-based mental health support need not depend exclusively on specialist mental health professionals.

Evidence from Kenya provides further support for examining counselling within the school environment, although the findings are not uniformly conclusive. Bakesia and Abwalaba (2023) examined the effectiveness of guidance and counselling in managing depression among adolescents in secondary schools in Kakamega County using a pretest-post-test design. The study reported a small effect of guidance and counselling on depression levels, with differences according to characteristics such as gender, school type and religious affiliation. Additionally, a study by Magige et al. (2025), involving 1,020 adolescents in public secondary schools in rural Kenya, found that students who had never accessed guidance and counselling had higher odds of probable depression than those who had accessed the service. After adjustment for sociodemographic characteristics, school and home support structures and psychological factors, students who had never accessed counselling had 2.36 times the odds of probable depression. Having a trusted adult to confide in was also associated with reduced risk of probable depression.

Therefore, these studies indicate that counselling and related school-based psychological support can be relevant to adolescent mental health, but the evidence also points to important differences in effectiveness across settings and interventions. Much of the available research concerns formal guidance and counselling, psychotherapy or structured psychological interventions delivered by trained counsellors, teachers or other providers. Less is known about counselling provided through chaplaincy programmes, where emotional support is combined with pastoral guidance and, in some settings, spiritual care. This distinction is important because the nature of the helping relationship, the reasons students seek assistance and the form of support provided may differ from conventional school counselling. The existing Kenyan evidence therefore provides a basis for examining counselling as a potential source of support for students' mental health, but it does not adequately establish whether counselling delivered through chaplaincy services is associated with students' mental health in public secondary schools, particularly in Soin Sigowet Sub-County, Kericho County.

METHODOLOGY

The study employed a descriptive design and it was conducted in seven public secondary schools with established chaplaincy programmes, namely Singoronik, Kiptere Mixed, Kakibei Girls, Iraa Girls, Soliat Boys, Kipsitet Girls and Kaitui Mixed. The target population comprised 561 participants, including 554 Form Three students and seven chaplains, with one chaplain from each participating school. A sample of 232 participants, comprising 225 students and seven chaplains, was represented in the study. Students were selected from the participating schools using stratified sampling by school followed by random selection, while the seven chaplains were included purposively because of their direct involvement in providing chaplaincy services. Quantitative data were collected from students using a structured questionnaire containing demographic items and measures of chaplaincy counselling services and students' mental health, while qualitative data were obtained from chaplains using an interview guide focusing on the nature and provision of counselling within the chaplaincy programs. Data collection was undertaken after obtaining the necessary institutional and administrative approvals, including authorization from the relevant education authorities and a research permit from the National Commission for Science, Technology and Innovation (NACOSTI). Participation was voluntary, confidentiality was maintained, and respondents were informed of their right to withdraw from the study. Quantitative data were coded and analysed using SPSS, with descriptive statistics used to summarise responses and inferential analysis used to examine the association between chaplaincy counselling services and students' mental health. Qualitative interview data were analysed thematically through transcription, coding and identification of recurring patterns relevant to the provision of chaplaincy counselling.

RESULTS AND DISCUSSION

The section presents the response rate, descriptive and inferential statistics

Response Rate

The study administered 232 questionnaires to the sampled students, 230 were adequately completed and retained for analysis, while two were excluded because they were incomplete. This yielded a response rate of 99.1%. In the qualitative component, all seven chaplains from the participating schools took part in the interviews. The chaplains were assigned the codes C1–C7 to maintain confidentiality during analysis and reporting.

Chaplaincy Counselling Services

The study examined the nature of chaplaincy counselling services available to students in the participating public secondary schools. Students rated three aspects of the service: access to counselling sessions when needed, emotional and spiritual support, and support during crisis situations. The responses are presented in Table 1.



Table 1: Students' Ratings of Chaplaincy Counselling Services

Statement	SA (5) F (%)	A (4) F (%)	N (3) F (%)	D (2) F (%)	SD (1) F (%)	Mean	Std. Dev.
I have access to chaplaincy counselling sessions when I need them	103 (44.8%)	74 (32.2%)	21 (9.1%)	14 (6.1%)	18 (7.8%)	4.0000	1.2221
Chaplaincy provides emotional and spiritual support to students	118 (51.3%)	88 (38.3%)	11 (4.8%)	6 (2.6%)	7 (3.0%)	4.3217	0.9161
I receive education and awareness on mental health issues from chaplaincy services	90 (39.1%)	69 (30.0%)	27 (11.7%)	23 (10.0%)	21 (9.1%)	3.8000	1.3030
Chaplaincy offers support during crisis situations affecting students	108 (47.0%)	58 (25.2%)	21 (9.1%)	19 (8.3%)	24 (10.4%)	3.9000	1.3522
Aggregate						4.0054	0.9558

Source: Research Data (2026).

Table 1 show that students reported generally favourable experiences of chaplaincy counselling services, although the pattern varied across the three indicators. Emotional and spiritual support received the strongest endorsement ($M = 4.3217$, $SD = 0.9161$), with 89.6% of students either strongly agreeing or agreeing that chaplaincy provided such support. Access to counselling when needed was also positively rated ($M = 4.0000$, $SD = 1.2221$), with 77.0% expressing agreement. Support during crisis situations recorded a lower mean ($M = 3.9000$, $SD = 1.3522$), with 72.2% of students agreeing that such support was available. The higher dispersion for this item suggests greater variation in students' experiences of crisis-related support than in their perceptions of emotional and spiritual support.

The interviews help explain these differences. Chaplains described their counselling role primarily in terms of listening to students, providing emotional support and spiritual guidance, and assisting students facing personal and academic difficulties (C1–C7). Students reached the service through self-referral as well as referrals from teachers and peers. These accounts are consistent with the relatively favourable rating of access to counselling, although some chaplains noted that competing responsibilities and limited time could constrain the opportunity for sustained individual sessions (C3, C5). Thus, the positive assessment of access did not necessarily imply uniform availability or intensity of counselling for all students.

Emotional and spiritual support emerged more consistently across both sources of evidence. The high student rating was reflected in the chaplains' descriptions of counselling, in which emotional support and spiritual guidance featured prominently. The interviews further suggest that chaplaincy counselling extended beyond responding to particular crises to include supportive interactions around students' personal and school-related concerns. By contrast, crisis support appeared more variable. Chaplains described responding to difficult situations affecting students but indicated that the nature and immediacy of their involvement depended on the circumstances and the time available. This may account for the wider spread of student responses on the crisis-support item.

The descriptive evidence therefore portrays chaplaincy counselling in the participating schools as a service centred primarily on emotional and spiritual support, with generally favourable access but greater variation in crisis-related assistance. These findings describe students' reported experiences of the service; the extent to which chaplaincy counselling was associated with students' mental health is examined through the subsequent inferential analysis.

Inferential Analysis

Inferential analysis examined the association between chaplaincy counselling services and students' mental health. Pearson's product–moment correlation was used to establish the direction and strength of the bivariate association, while simple linear regression was used to determine the extent to which chaplaincy counselling services predicted variation in students' mental health. Statistical significance was assessed at the 5% level ($\alpha = .05$).

Correlation between Chaplaincy Counselling Services and Students' Mental Health

The relationship between chaplaincy counselling services and students' mental health was examined using Pearson's product–moment correlation. The results are presented in Table 2.



Table 2: Correlation between Chaplaincy Counselling Services and Students' Mental Health

Variables	Chaplaincy Counselling Services	Students' Mental Health
Chaplaincy counselling services	1.000	.560**
Students' mental health	.560**	1.000
N	230	230
p < .001 (2-tailed).		

Source: Research data (2026).

Pearson's product-moment correlation indicated a positive and statistically significant association between chaplaincy counselling services and students' mental health, $r = .560$, $p < .001$, $N = 230$. The coefficient indicates a moderate positive association, suggesting that students who reported more favourable experiences of chaplaincy counselling services also tended to report more favourable mental health outcomes. The result provides evidence of an association between the two variables but does not, on its own, establish a causal relationship. The positive association observed in this study is consistent with evidence that school-based psychological and counselling support can be relevant to adolescent mental health. Tareke et al. (2023), in a systematic review of 14 randomized controlled trials from sub-Saharan Africa, found that school-based psychological interventions were associated with reductions in depressive, anxiety and post-traumatic stress symptoms among adolescents

Regression of Students' Mental Health on Chaplaincy Counselling Services

Table 3: Model Summary for Chaplaincy Counselling Services and Students' Mental Health

Model	R	R ²	Adjusted R ²	Std. Error of the Estimate
1	.560	.314	.311	.922

Predictor: Chaplaincy counselling services.

Dependent variable: Students' mental health.

The results in Table 2 show that chaplaincy counselling services had a positive association with students' mental health, with $R = .560$. The coefficient of determination ($R^2 = .314$) indicates that chaplaincy counselling services accounted for approximately 31.4% of the variation in students' mental health. The adjusted R^2 of .311 shows that approximately 31.1% of the variation in students' mental health remained explained after adjustment for the model degrees of freedom. The standard error of the estimate was .922, indicating the average deviation of the observed mental-health scores from the values predicted by the regression model.

Table 3: Regression Coefficients for Chaplaincy Counselling Services and Students' Mental Health

Predictor	B	SE	β	t	p
Constant	1.750	.171		10.234	0 .001
Chaplaincy counselling services	.620	.061	.560	10.206	0 .001

Dependent variable: Students' mental health.

Source: Research data (2026).

The coefficient results indicate that chaplaincy counselling services had a positive and statistically significant association with students' mental health ($B = .620$, $SE = .061$, $\beta = .560$, $t(228) = 10.206$, $p < .001$). The unstandardized coefficient indicates that a one-unit increase in the chaplaincy counselling services score was associated with an estimated .620-unit increase in the students' mental health score. The standardized coefficient ($\beta = .560$) indicates a moderate positive association between the two variables.

The regression equation can therefore be expressed as:

Students' mental health = $1.750 + 0.620(\text{Chaplaincy counselling services})$

CONCLUSIONS

The study concludes that chaplaincy counselling services are significantly and positively associated with students' mental health in public secondary schools in Soin Sigowet Sub-County, Kericho County, Kenya. The quantitative findings indicated a moderate positive association between chaplaincy counselling services and students' mental health, with the simple regression analysis showing that the relationship was statistically significant. The findings therefore suggest that more favourable experiences of chaplaincy counselling were associated with better reported mental-health outcomes among students in the study setting. The qualitative findings complemented the quantitative evidence by indicating that students regarded chaplains as accessible sources of emotional, spiritual and interpersonal support. Students reported opportunities to discuss personal, academic and relational concerns with chaplains, suggesting that chaplaincy counselling represents a relevant school-based psychosocial support mechanism. The convergence of the quantitative and qualitative findings provides contextual support for the relevance of chaplaincy counselling within the participating schools.

RECOMMENDATIONS

Based on the findings, public secondary schools in Soin Sigowet Sub-County should strengthen the provision and organisation of chaplaincy counselling services by allocating regular time for counselling, ensuring accessible and confidential counselling spaces, and



providing students with clear information on how and when to seek support. School management should facilitate continuous capacity development for chaplains in adolescent counselling, active listening, confidentiality, recognition of emotional distress and appropriate referral, while establishing clear referral linkages with qualified counsellors, psychologists and health professionals for cases requiring specialised intervention. Chaplains should also incorporate structured preventive counselling sessions addressing common student concerns such as academic pressure, interpersonal relationships, emotional regulation, bereavement and conflict management, rather than relying solely on students to initiate individual counselling. These measures should be implemented collaboratively by school administrators, chaplains, teachers and relevant student-support personnel, with periodic review of students' utilisation and experiences of chaplaincy counselling to inform improvements in service accessibility, responsiveness and quality.

REFERENCES

1. Australian Government Department of Education. (2023). National School Chaplaincy Programme: Evaluation 2022. Australian Government.
2. Bakesia, G. B., & Abwalaba, R. (2023). Effectiveness of guidance and counselling on depression among adolescents in schools in Kakamega County, Kenya. *African Journal of Empirical Research*, 4(2), 576–581. <https://doi.org/10.51867/ajernet.4.2.22>
3. Cilar, L., Štiglic, G., Kmetec, S., Barr, O., & Pajnikihar, M. (2020). Effectiveness of school-based mental well-being interventions among adolescents: A systematic review. *Journal of Advanced Nursing*, 76(8), 2023–2045. <https://doi.org/10.1111/jan.14408>
4. Cohen, K. A., Ito, S., Ahuvia, I. L., Yang, Y., Zhang, Y., Renshaw, T. L., Larson, M., Cook, C., Hill, S., Liao, J., Rapoport, A., Smock, A., Yang, M., & Schleider, J. L. (2024). Brief school-based interventions targeting student mental health or well-being: A systematic review and meta-analysis. *Clinical Child and Family Psychology Review*, 27(3), 732–806. <https://doi.org/10.1007/s10567-024-00487-2>
5. Cohen, S., & Wills, T. A. (1985). Stress, social support, and the buffering hypothesis. *Psychological Bulletin*, 98(2), 310–357. <https://doi.org/10.1037/0033-2909.98.2.310>
6. Lekamge, R. B., Jain, R., Sheen, J., Solanki, P., Zhou, Y., Romero, L., Barry, M. M., Chen, L., Karim, M. N., & Ilic, D. (2025). Systematic review and meta-analysis of the effectiveness of whole-school interventions promoting mental health and preventing risk behaviours in adolescence. *Journal of Youth and Adolescence*, 54(2), 271–289. <https://doi.org/10.1007/s10964-025-02135-6>
7. Magige, L., Bukania, Z., Mwangi, M., Chuchu, V., Wanjihia, V., Karanja, S., Onteri, S., Macharia, A., & Onger, L. (2025). Prevalence and predictors of depressive symptoms among school-going adolescents in Kenya. *PLOS Mental Health*, 2(11), e0000474. <https://doi.org/10.1371/journal.pmen.0000474>
8. Osborn, T. L., Venturo-Conerly, K. E., Arango, G. S., Roe, J., Wasil, A. R., Schleider, J. L., Wasanga, C. M., Shingleton, R. M., & Weisz, J. R. (2021). Effect of Shamiri layperson-provided intervention vs study skills control intervention for depression and anxiety symptoms in adolescents in Kenya: A randomized clinical trial. *JAMA Psychiatry*, 78(8), 829–837. <https://doi.org/10.1001/jamapsychiatry.2021.1129>
9. Osborn, T. L., Baseke, R., Kamau, F., Ngesa, M., Kilonzo, R., Agunda, P., Vundi, K., Kongong'a, R., Wasanga, C. M., & Mutiso, V. (2026). Depression and anxiety symptoms among Kenyan adolescents: Psychometric validation, prevalence, network analysis, and psychosocial determinants. *Child and Adolescent Psychiatry and Mental Health*, 20, 114. <https://doi.org/10.1186/s13034-026-01117-1>
10. Panford-Quainoo, E., Oppong Asante, K., & Osei-Tutu, A. (2024). Practices and challenges of counselling in selected senior high schools in Accra, Ghana. *Journal of Psychologists and Counsellors in Schools*, 34(2), 183–196. <https://doi.org/10.1177/20556365231224478>
11. Seekles, M., Twagira, F., Alam, A., & Obasi, A. (2023). Promotive and preventive interventions for adolescent mental health in Sub-Saharan Africa: A combined scoping and systematic review. *BMJ Public Health*, 1(1), e000037. <https://doi.org/10.1136/bmjph-2023-000037>
12. Sikolia, L. W., Poipoi, M., & Odera, P. (2025). Challenges encountered in the provision of chaplaincy programmes on student psychosocial adjustment and academic performance in public secondary schools in Kakamega County, Kenya. *African Journal of Empirical Research*, 6(3), 539–551. <https://doi.org/10.51867/ajernet.6.3.43>
13. Sikolia, L. W., Poipoi, M., & Odera, P. (2025). The effect of pastoral care and mentorship programmes on psychosocial adjustment and academic performance of students in public secondary schools in Kakamega County, Kenya. *African Journal of Empirical Research*, 6(3), 242–257. <https://doi.org/10.51867/ajernet.6.3.21>
14. Tareke, M., Asrat Yirdaw, B., Gebeyehu, A., Gelaye, B., & Azale, T. (2023). Effectiveness of school-based psychological interventions for the treatment of depression, anxiety and post-traumatic stress disorder among adolescents in sub-Saharan Africa: A systematic review of randomized controlled trials. *PLOS ONE*, 18(11), e0293988. <https://doi.org/10.1371/journal.pone.0293988>
15. United Nations Children's Fund Eastern and Southern Africa Regional Office. (2025). Protecting children's mental health in schools: Situational analysis of school-based mental health and psychosocial support systems in Eastern and Southern Africa. UNICEF.
16. World Health Organization. (2025, September 1). Mental health of adolescents.