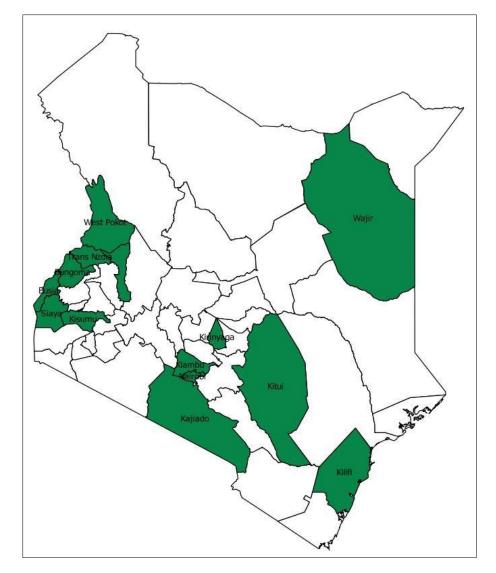


Kenya – National Adolescent Mental Health Survey (K-NAMHS) Anxiety disorders and major depressive disorder

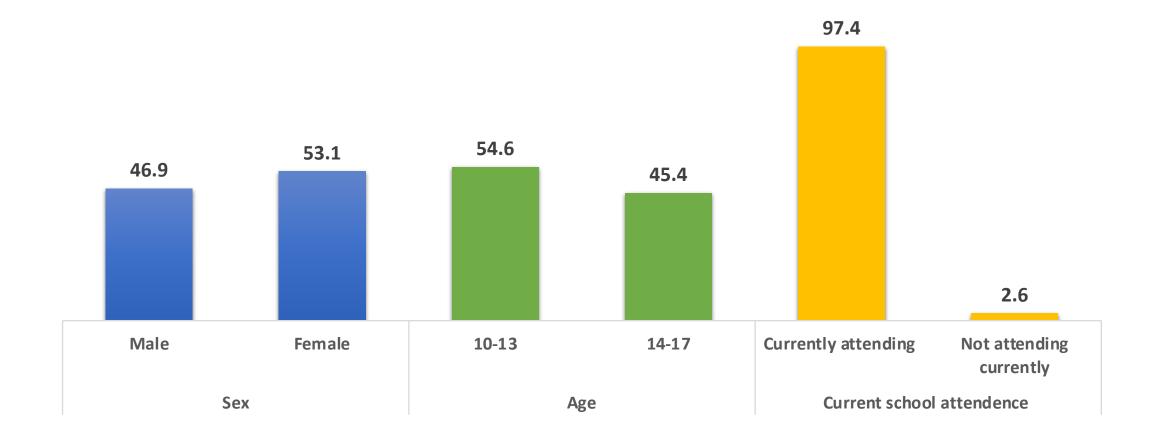
Yohannes Wado, Research Scientist African Population and Health Research Center

Survey design and coverage

- **Design**: Cross-sectional survey householdbased
- Sampling design: Stratified sampling procedure
 - Counties (14), enumeration areas (236), and households.
- Sampling frame: EA sampling frame and household listing within the sampled EAs
- Response rate: (>97%, 5155 adolescents)

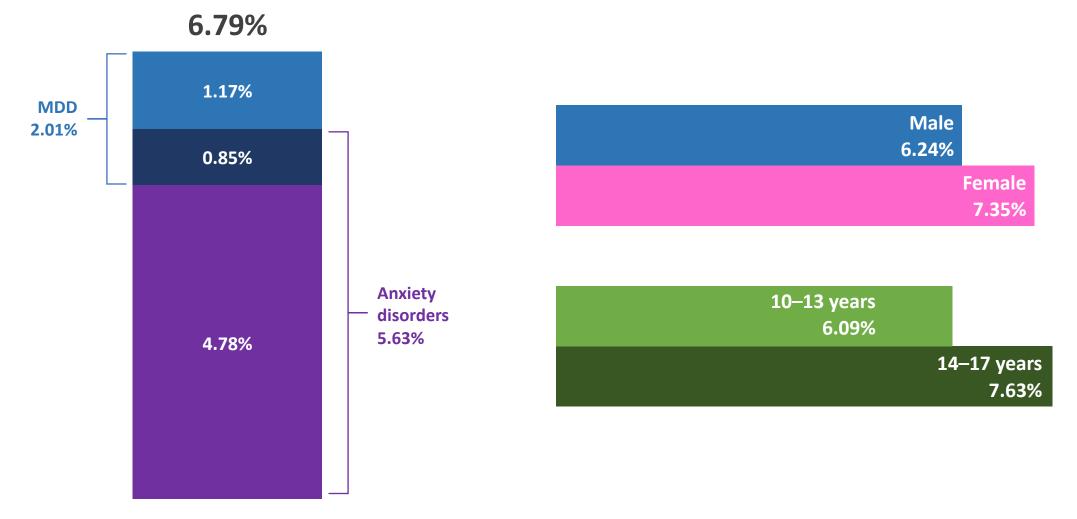


Sample characteristics – (N=5,155)



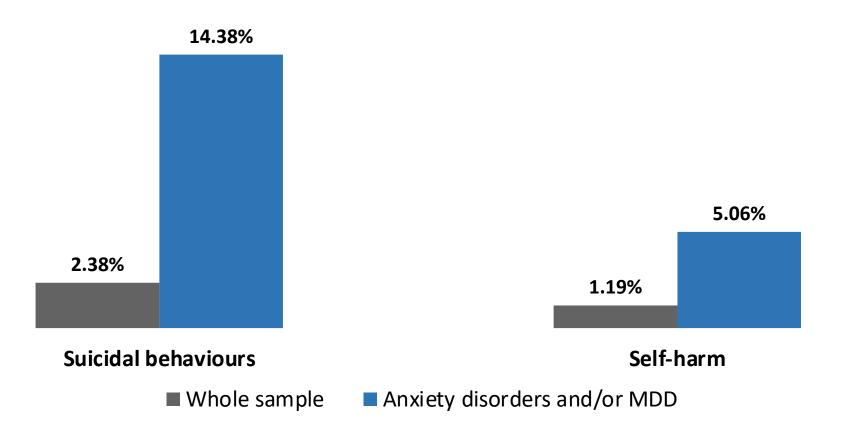
Percentages are unweighted

12-month prevalence of *anxiety disorders and MDD* among adolescents (10-17 years) in Kenya, by age and sex



Anxiety disorders ONLY Anxiety disorders AND MDD MDD ONLY

12-month prevalence of *suicidal behaviours and self-harm* among adolescents with anxiety disorders and/or MDD



Adolescents reporting anxiety disorders and MDD were more likely to report suicidal behavior and self-harm.

Summary and implications

- The findings provide a foundational evidence base for policy and health initiatives in Kenya.
- The data on the prevalence of mental disorders and suicidal behavior highlights the need for early prevention, diagnosis, and treatment of mental disorders.
 - Implementation of **specific screening and management strategies**, integrated with **mental health promotion activities**, within the school, are essential.
- The findings contribute to the discussion around the **decriminalization of suicide in Kenya**, where **attempted suicide** is considered a criminal act.
- The findings also indicate the potential opportunity for **more targeted interventions** (e.g., designing programs that focus on MDD management strategies for older adolescents and those with suicidal behaviors).



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