

# De-stigmatize, De-Colonize: Mental Health Through Local Arts in Nairobi's Slum



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# Mental health problems prevent young people from flourishing.

75%

of mental health problems appear before age 24<sup>(1)</sup>

45%

mental of the global burden of disease on youths aged 13-to-19<sup>(2)</sup>

50%

Kenyan youths struggling with mental health problems<sup>(3)</sup>

Mental health problems develop during adolescence and cause negative social, health, academic, and human functioning problems that can last a lifetime.

# Young people cannot get help from mental health issues.

1 for a  
million

only 1 mental health  
clinician for every 1  
million Kenyans<sup>(1)</sup>

2 for 13  
million

only 2 adolescent  
psychiatrists for 13  
million  
adolescents<sup>(2)</sup>

Traditional treatments and interventions are inaccessible because of:

- Paucity of mental health experts
- Interventions are long and costly
- Societal stigma limits help-seeking
- Interventions not culturally validated

# Why now: An opportunity to help Africa's youth actualize their life outcomes.

- 50% of Kenyan youths aged 19 & below with 6.5M struggling with mental health issues
- COVID - 19 has exacerbated problems because of school calendar changes
- 150,000 community-based partners for delivery of youth-focused interventions

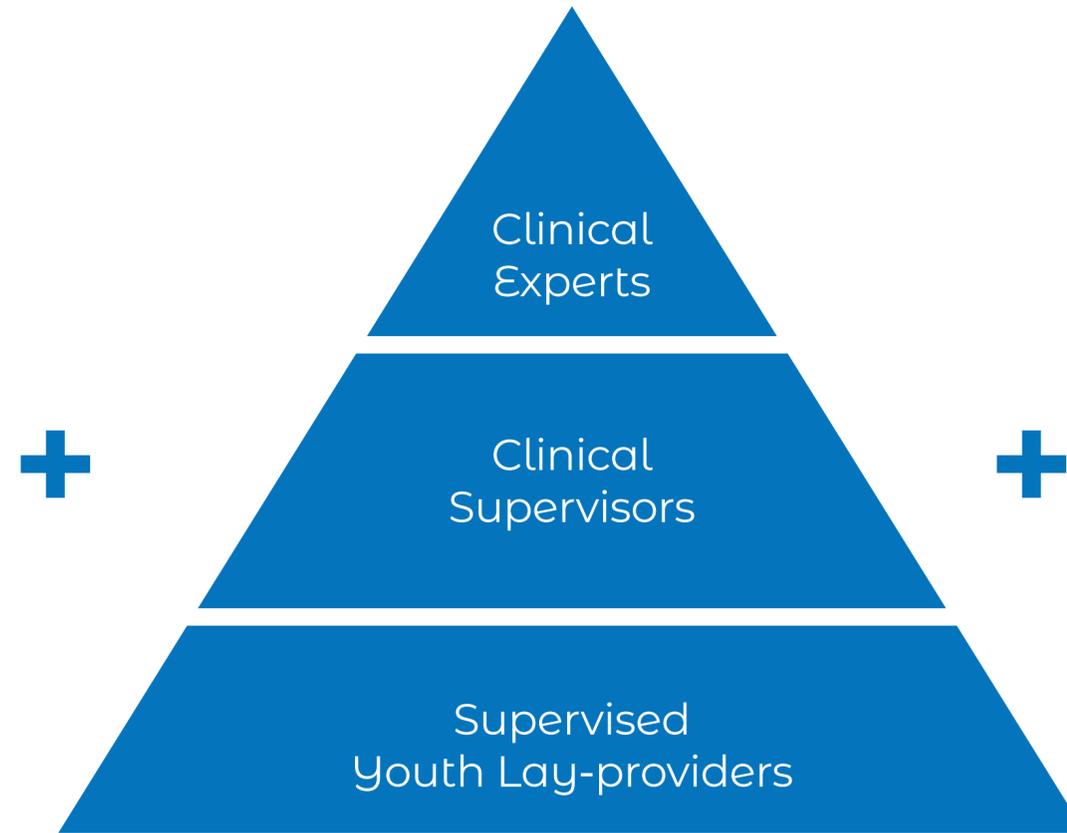


Photo: Emily Corrigan, Shamiri Institute

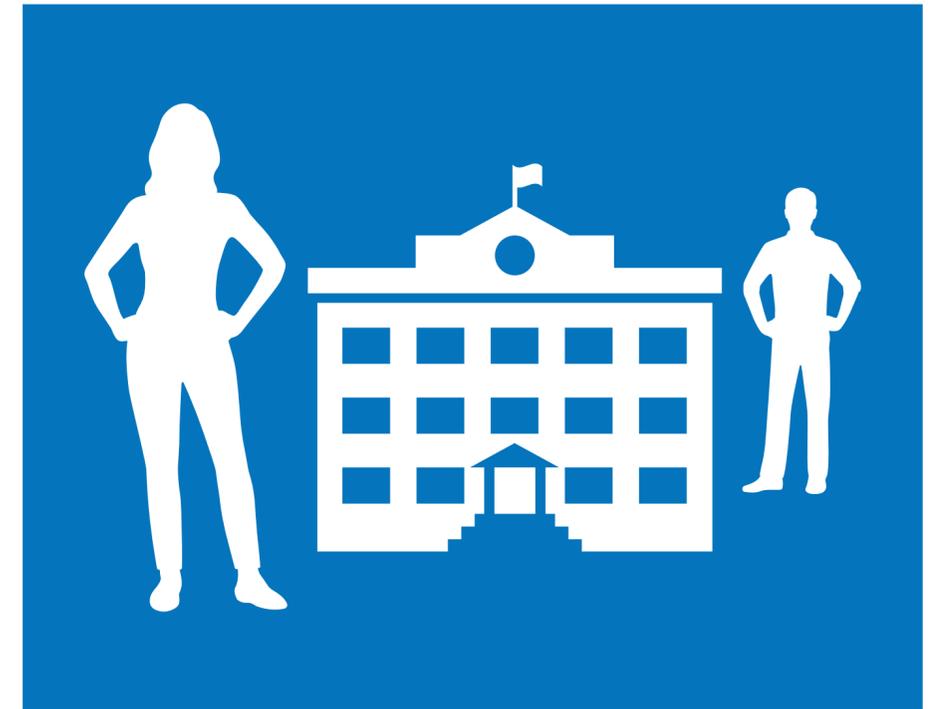
We need to innovate at the intervention and at the process level; with local communities.



Data-driven character strengths interventions



For - youth & by - youth tiered caregiving model



Community-based delivery with stakeholder involvement

# Simple, scalable, and non - stigmatizing interventions can help

- Rather than focus on psychopathology, interventions that improve *overall human functioning and character strengths* can reduce psychopathology and improve overall wellbeing and functioning

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- These intervention strategies that target *core beliefs* about the self & the world to cause an *upward spiral* of positives believes, thoughts & behavior

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- Sometimes called wise interventions, they are derived from *validated scientific principles* and have been *rigorously tested* in gold-standard field trials



Our character strengths intervention toolkit

# One of these interventions is the arts-based Pre-Texts intervention

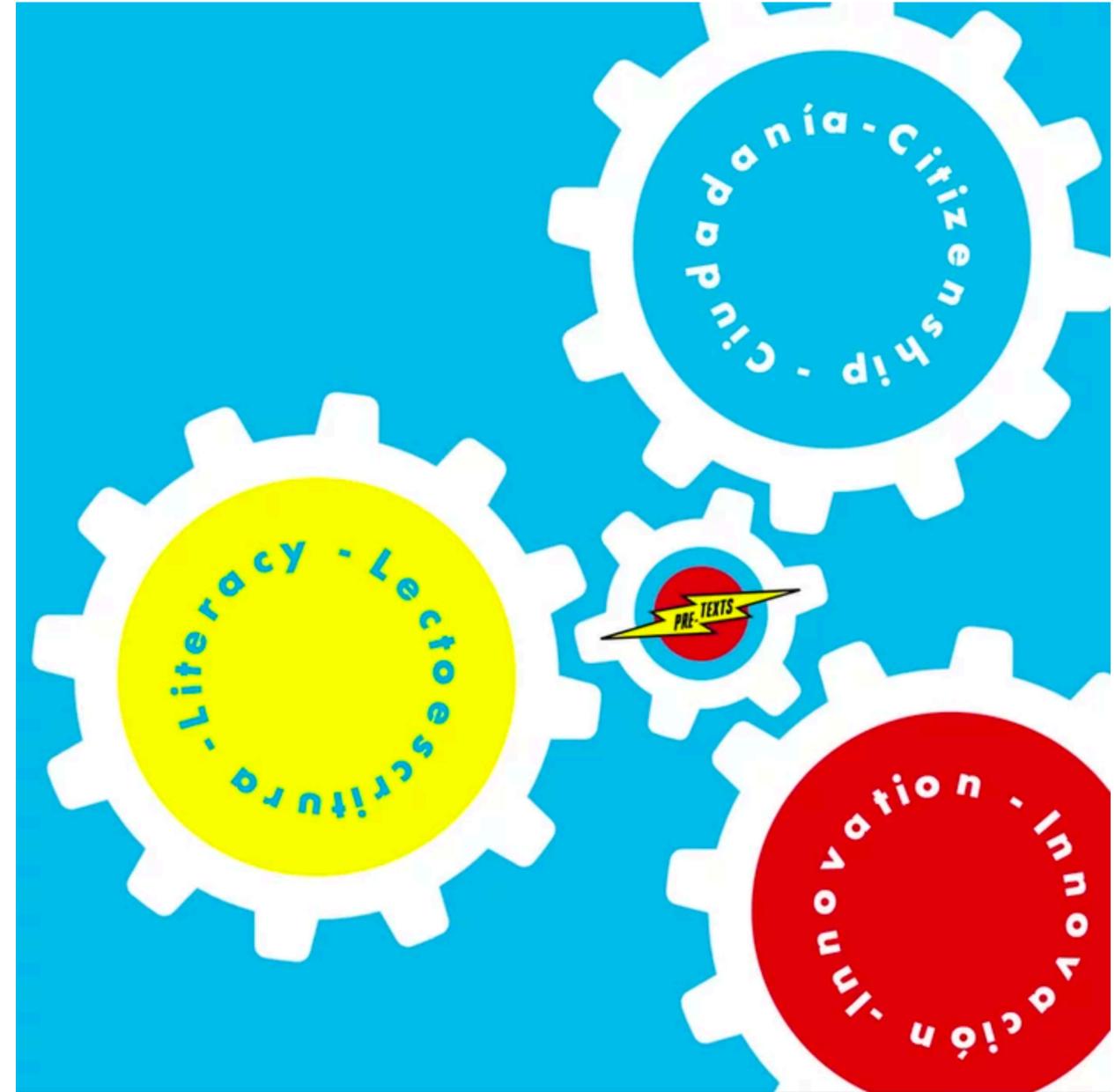
- Pre-Texts stimulates a holistic culture of developmental (cognitive, emotional, and social) through the prompt “Make art from this text and reflect on the process”

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- The first activity involves listening and drawing exercises but then students are free to engage in whatever art they want

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- The general objective is enhance curiosity and self - esteem and promote self - efficacy



# Method: Randomized Control Trial with 235 students in Kibera

- Pre-Texts RCT:
  - Pre-registered
  - Gold - standard active control group
  - Conducted as an after school project
- N=119 (Pre-Texts) versus N=116 (Study-Skills). Data collected at baseline, endpoint, and one month follow - up
- Students met in groups of 6-to-12 daily from 4-5pm across two weeks.



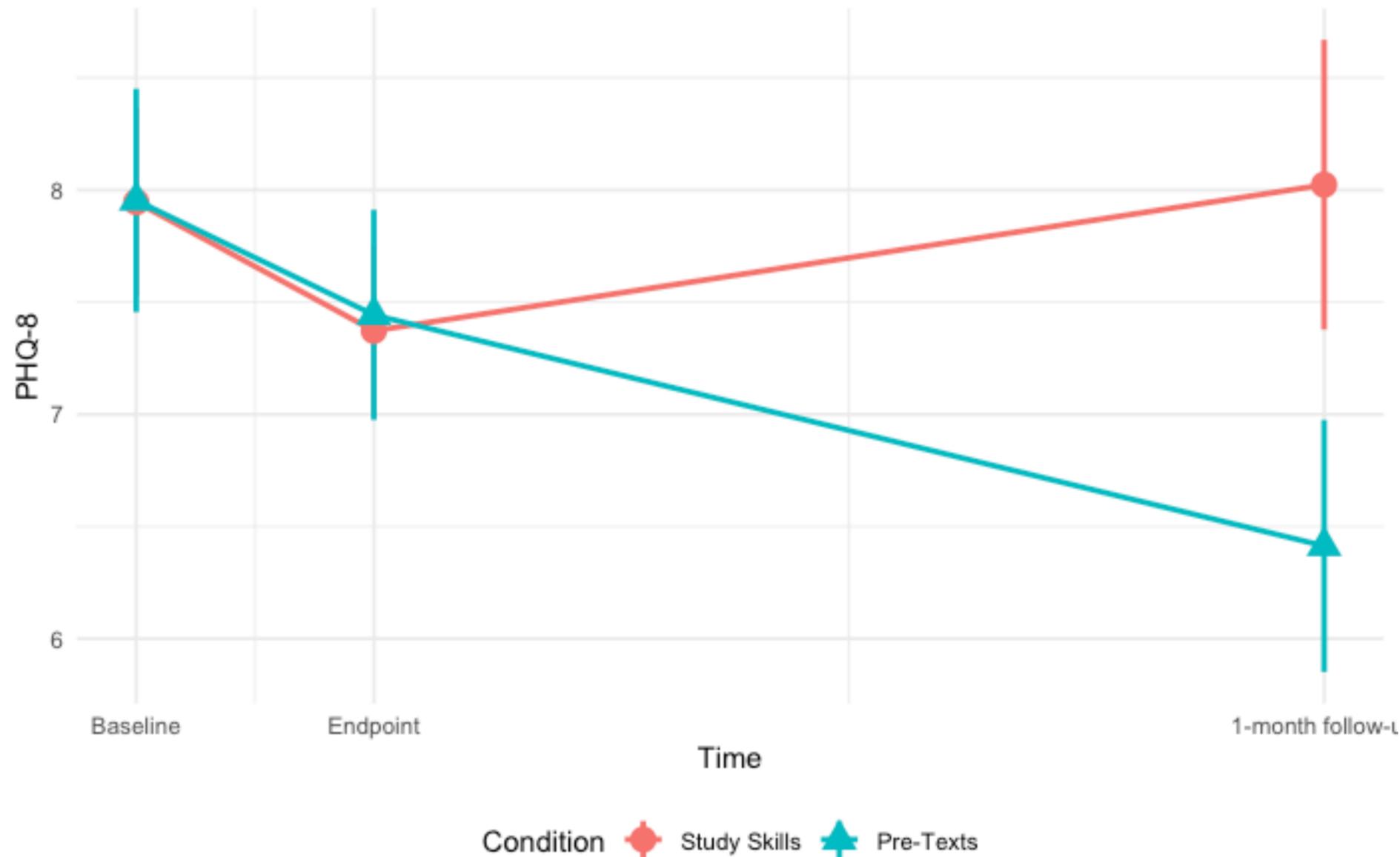
I always complain about their new environment

ELITE PRIMARY HIGH SCHOOL ATTENDANCE BOOK



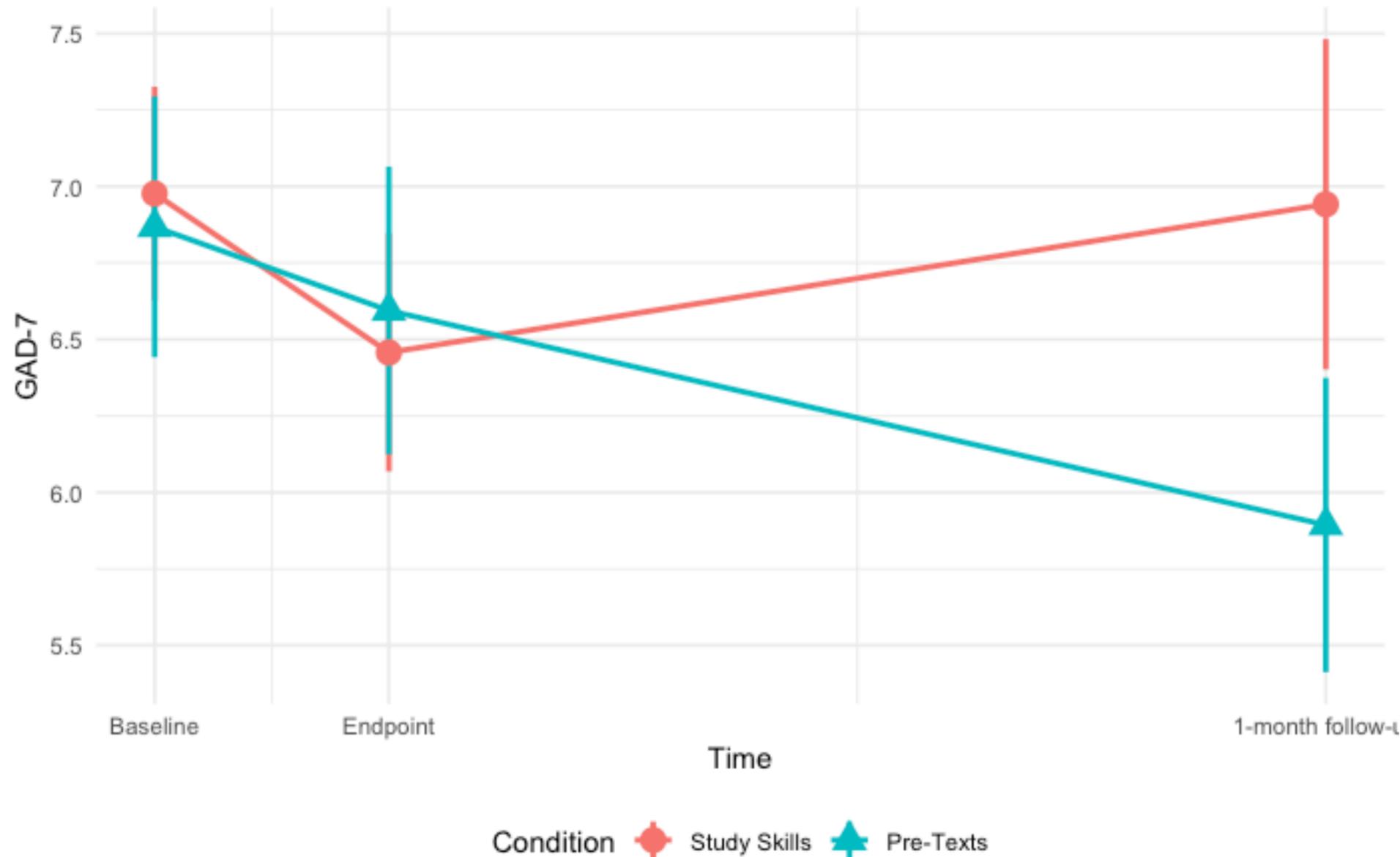


# Preliminary results: Pre-Texts reduced depression symptoms



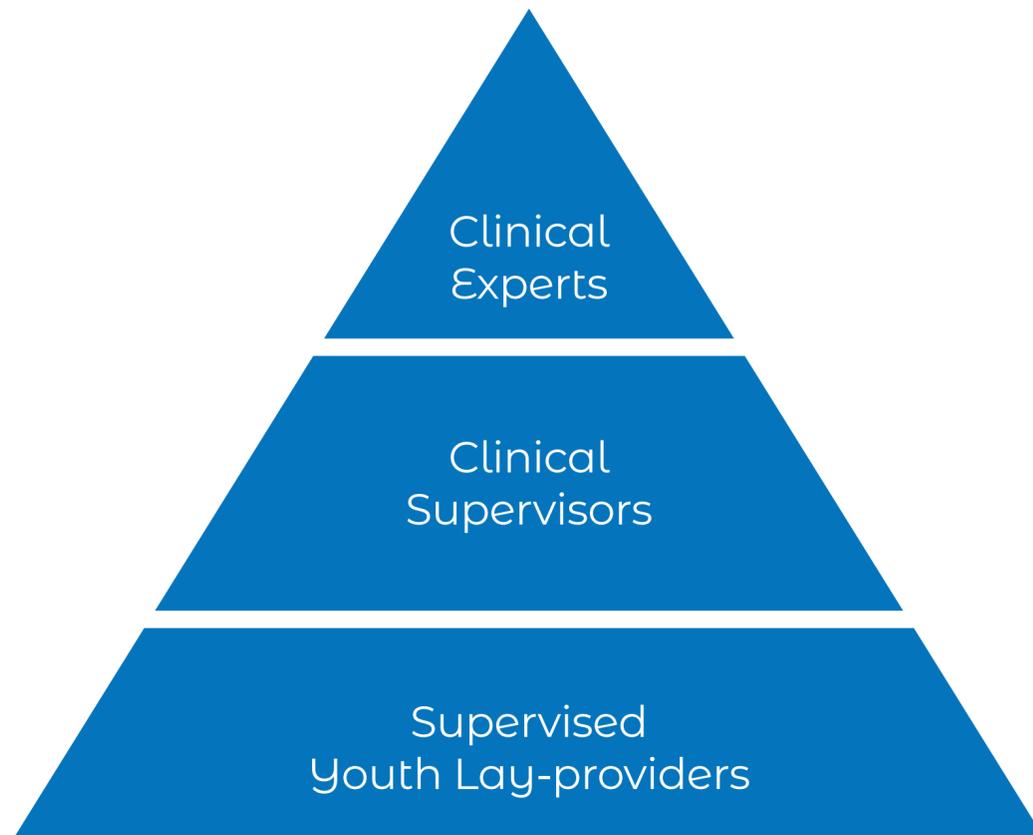
	<i>B</i>	<i>SE</i>	<i>p</i>
(Intercept)	8.072	0.985	0.000
Time	0.101	0.113	0.371
Condition	0.091	0.572	0.874
Gender	0.516	0.569	0.366
Age	-0.037	0.049	0.450
Time*Condition	-0.335	0.162	<b>0.039</b>

# Preliminary Findings: Pre-Texts reduced anxiety symptoms



<i>term</i>	<i>B</i>	<i>SE</i>	<i>p</i>
(Intercept)	7.523	0.960	0.000
Time	0.040	0.089	0.654
Condition	0.044	0.538	0.935
Gender	-0.429	0.526	0.415
Age	-0.029	0.049	0.554
Time*Condition	-0.204	0.130	<b>0.019</b>

# Tiered caregiving model ensures that all youths receive help.



The Thrive! for - youth & by - youth  
tiered caregiving model

Through our tiered provider model, all students—including those with intensive needs—received help:

- Thrive! Fellows act as supervisors who lead the Pre-Text group sessions
- Thrive! Supervisors provide clinical oversight and provide one-on-one psychotherapy
- Thrive! Network - consists of MD psychiatrists & PhD clinical— provides more intensive care



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