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Around the world and especially in low-resource countries like my home country of Kenya, mental health problems prevent young people from living independent and successful lives.

00:16

I was born and raised in a small sugarcane farm. Some of my early memories are those of my younger brother and I walking around and pretending that we owned the sugarcane. But most of these memories were actually from school. My parents and especially my mother, made sure that I knew how much they'd sacrificed for me to have the education and the path to success that they did not. They were very clear that the stakes were too high. There was no room for disappointment. There was no room for failure.

00:48

When I was 12, I moved to the boarding section of a local primary school. Here we will wake up at 4am to a set of math problems that we had to solve before breakfast. We'd only go to bed, sometimes after 11, if we solved that night's science problems. In high school, the pressure was even higher. The early-morning to late-night routines were now supplemented by Saturday and Sunday classes. It was here in high school where I began to notice the personal, emotional and behavioral toll that this pressure-cooker system had exerted of myself and those around me. I noticed it, for example, when tired of cramming the production of sulfuric acid, I stopped taking notes or engaging with chemistry in 10th grade. I noticed it when my friend Onsongo tired that his life had been reduced to a letter grade, had enough and quit school. I noticed it when a schoolmate, whom I will call Otieno, took his own life.

01:51

But all this time, all this time, what came to mind was that this was life. Life was trouble sleeping or sleeping too much. Life was little interest or pleasure in doing the things that gave you joy. Life was constantly feeling down, crushing under the weight of the feelings of hopelessness. That was life.

02:17

It was only recently, some five years after high school, that I began to realize that what we thought was life could have, in fact, been mental health problems. Was it possible that we were struggling with depression and anxiety and just didn't know about it? That, in fact, was the case. Studies now show that almost 50 percent of Kenyan adolescents struggle with mental health

problems. And in such a youthful country, where half the population is 19 years or younger, youth mental health has now become an urgent public health priority.

02:55

Over the past few years, I've been working to turn this public health problem into an opportunity for young people to reimagine and redefine what mental health care could look like. We're doing this by tackling the three big issues that prevent young people from getting help. One, the lack of mental health experts. Two, the stigma around mental health. And three, the sad reality that most mental health treatments were not built and designed for young people who look like me and have my background.

03:25

Because we have only two clinicians for every one million Kenyans, and two -- yes, only two -- child and adolescent psychiatrist in the whole country, we are expanding mental health care access by training [18- to 22-year-old] Kenyans as lay providers. These young Kenyans are delivering evidence-based care to their peers through a structured and tiered model that ensures that all young people who want can get help. Because of a stigma of mental health that still exists from Kenya's colonial past, we are delivering interventions without a formal diagnosis of mental health, and our interventions focus on building character strengths, on strengthening individual autonomy and on improving overall human functioning and well-being. Because our lay providers work within the communities where they come from, in the school systems that they themselves went to and deliver what is truly a for-youth and by-youth mental health care treatment, we are fixing the divide between mental health treatment and the social and cultural needs of the communities that they serve.

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Since 2018, we have used this youth-based model to bring mental health care across Kenya. And what we have found is that this model works. Young people are reporting reductions in depression and anxiety symptoms. They're reporting improvements in their social relationships and in their views about their abilities to change the world. And in what will make my mom happy, they are also reporting improvements in their academic grades.

05:09

Mental health is not a Kenyan problem. It is not an African problem. This is a global problem. We need big ideas to tackle this problem. And our case for optimism is that our youth-oriented, community-focused model can be a template for the rest of the world.

05:30

One other early memory from childhood is a story that my grandmother, Yunita, told me. A long time ago, before the sugarcane farms, before the grass-thatched huts and the round compounds, the animals lived happily because there was plenty in the land and a future to look forward to. But farming threatened the land, and the future was all of a sudden bleak. And so the lion roared. But there was no water. And the elephant grunted. But there was no water. And the cheetah yelped, but there was no water. But when the young antelope asked them to come together and build a well, there was water. There was a future. There was hope. This is our young antelope moment. Let us come together and let us build a world where all young people, all over the world can flourish and thrive.

06:27

Thank you.

06:28

(Applause)