ISSN: 2146-9296
www.ijge.net

IJGE

International Journal of Global Education *2026, volume 11, issue 1*

ARTIFICIAL INTELLIGENCE IN MENTAL HEALTH EDUCATION IN JUNIOR SECONDARY SCHOOLS, NYAMIRA COUNTY

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Received: February 20, 2026 **Accepted:** June 14, 2026 **Published:** June 30, 2026

Suggested Citation:
Omwenga, M. K., & Mogaka, S. M. (2026). Artificial intelligence in mental health education in junior secondary schools, Nyamira County. *International Journal of Global Education (IJGE), 11*(1), 29-38.

Abstract

The purpose of the study is to improve the accessibility and quality of mental health services via high technologies and new cognitive models with the aim of improving the screening and support of students' psychological needs. Both quantitative and qualitative approaches were used. The study population was students in junior secondary schools in Kenya. Stratified sampling was used by randomly picking a sample of about 500 students. Data was collected using structured questionnaires, interviews and focus group discussions. Quantitative analysis involved using statistical packages such as SPSS or R to perform descriptive and inferential statistics. Thematic analysed qualitative data. The results indicate an increase in the rates of mental health screening and detection among students following the implementation of AI-facilitated methods, with screening participation rising from 26% to 77% and the rates of detecting depression, anxiety, and behavior problems being high. Depression detection increased from 29% to 56%, anxiety and stress detection levels rose from 37% to 69% and 33% to 71%, respectively, illustrating the effectiveness of technology in addressing students' mental health needs. The study recommends that schools be compelled to actively integrate AI-based mental health screening tools to enhance early identification and intervention of students with psychological problems.

Keywords: Psychological needs, behavioral, mental health.

INTRODUCTION

Psychologists and researchers of artificial intelligence have conducted enough joint research work since 1956 when the phrase artificial intelligence was first introduced (Graham et al., 2019). For instance, in May 2018, “the British scientific publication Nature released a research discovery that was attained jointly by neuroscientists at the University of London and artificial intelligence researchers in the UK DeepMind team” (Hassabis et al., 2017). They utilized deep learning technology and achieved human brain spatial navigation ability. Such research gives humans the possibility application of artificial intelligence technology in the field of psychology research (Huang 2018).

As education modernization in my country is still promoted continuously and artificial intelligence (AI) technology is still being developed, primary schools and middle schools in areas are actively building "smart campuses." *(*Metz & Smith, 2019). Among China's primary schools and secondary schools, some of them initially utilized artificial intelligence psychological services enabled by intelligent sensor technology, image recognition, and language recognition and analysis of big data to allow them to ascertain students' psychological needs in a rapid manner and actively respond to real-time school psychology. Health work challenge also ranks among the top priority of smart campus mental health construction (Zhang et al., 2024).

At the same time, on the other hand, in recent years, students' psychological status investigation statistics (Li 2019), hospital diagnosis and treatment statistics (Xue, Xiao, & Fu, 2019) indicate that

"year after year, the rate of primary and secondary school students' mental illness is growing, and the rate of learning anxiety and interpersonal disorders reaches over 40%; since the outbreak of novel coronavirus pneumonia in 2020, the demand for students' psychological care and services has grown more urgent. Therefore, the Ministry of Education issued the Guiding Suggestions for Strengthening Mental Health Education in the Country's Primary and Secondary Schools' New School Semester" (Ministry 2020), which emphasized teachers' and students' mental health Research the health status and make concrete mental health education working plan.

However, as for the statistics of school psychological education teachers' distribution, psychological teachers' distribution in different locations in primary and secondary schools conforms to the mode of full-time and part-time integration (Fan and Liu, 2022). Though, it is common that "part-time psychological teachers have relatively poor basic knowledge, full-time psychological teachers, and psychology majors.". Background, few teachers are also qualified psychological counselors, and even most schools lack corresponding teacher resources" (Zhang, Zhang, & Yuan, 2019). Therefore, it is important to resolve the contradiction between school mental health service supply and demand.

Purpose of the Study

The general purpose of the study is to improve the accessibility and efficiency of mental health services using advanced technologies and novel cognitive models in order to improve the screening and support of students' psychological needs and offer a more interactive and responsive mental health care setting in junior secondary schools in Nyamira County, Kenya.

Literature Review

Psychological assessment instruments and the validity of psychological problem screening need to be attained

School mental health measurement items at the school level, such as the most common symptom self-report measure (SCL-90) and mental health diagnostic test (MHT) are primarily symptom-based diagnostic scales, which are best used to screen small student groups with mental illness. In addition, these scales are mainly developed based on foreign norms and expression. It is difficult to accurately reflect domestic primary and secondary school students' real state of mind, and there is also the possibility of ignoring most mental health students' needs for development (Wang, Ma 2010). At the same time, if locally made scales or foreign remade scales are built independently, they are utilized to measure "the psychological state of students in a time period and are susceptible to memory bias and other external influences, may overreport symptom items or give false responses" (Zhu 2019).

Therefore, current evaluation of students' psychological problems basically combines subjective experience of the teacher of psychology with results of the questionnaire data, and a lot of time and need for accuracy are necessary to improve it further (Wang, Xue and Zhang, 2022). There are schools which do not even install psychological work hardware and software, and psychological test demands and teachers' demands. Lacking knowledge about the procedures, scientific objectivity and relevance of school psychological testing needs to be upgraded (Cadime and Mendes, 2024).

Handful of Students Who Are Extremely Alert and Difficult for the School to Find the True and Total Scale of the Problem

The students become more self-conscious as they age, and they are deeply concerned about their "image" in other people's minds. Some students remain unaware of psychological guidance and confidentiality agreements and are more concerned about revealing their misery to psychological educators (Aldalur, Bridgett, & Pick, 2022). Received abusive criticism and rejection from students and teachers. But there are also teachers who fail to renovate their work on a timely scale through psychological guidance of students, or lack professional competence of psychological guidance. Such teachers directly apply precepts that "urge students to self-reflection, with psychological guidance turning into authoritative adults' words" (McMahon et al., 2024).

Students are deprived of the right and freedom to discover themselves, sort out difficulties, and even to be unremarkable and average. Relevant data show that “only 20% of primary and secondary school students visit school psychological counselors when they face psychological difficulties” (Zhao 2020), Even if there are students with tense family relationships, interpersonal injury with negative emotions, or unbearable pressure, they "do not love, dare to come, and don't have to come" to the school class of psychological counseling. It is not easy for the school to find the key to the psychology of students at the right time and in a proper way. Factors and precipitating events. The psychological state of the primary school and high school students has always been a matter of concern for everyone (Liao et al., 2024).

For school teachers and environmental workers, there is a counselor and a counseling room in all schools, yet the function of counseling has no positive role other than the fact that mental health promotion does not exist. Furthermore, even if the students have psychological inquiries, they do not like visiting the school psychology room for consultation (Perryman and Frost, 2025). The most significant ones are: “①The students do not have proper understanding of psychological counseling and hold biased attitudes; ②I don't want others to learn about my problems and ideas, given that the school counseling room is not a "safe" place, and their "secrets" will be easily told to other students; ③ If one of the students has psychological problems such as depression, so as to protect the student's privacy, parents will choose a psychosocial institution for consulting or treating, yet psychological consultation needs to be reserved in advance and is restricted in time. It is difficult for the students to address psychological depressions timely when they should be addressed” (Zhang, Wang 2021).

Applications of Artificial Intelligence in Schools Mental Health Services

Over the past decade or so, artificial intelligence has been paying increasing attention to a vast number of individuals. In primary schools, secondary schools, and schools, social robots can assist children with language and teach children altruistic behavior; in addition, children will endow robots with human-like qualities and consider robots as human-like friends, and this is evidence that customers are likely to form good social relationships and even establish a relationship with artificial intelligence (Graafmmad 2015).

In the country, a series of regulations such as the "Development Plan for the New Generation of Artificial Intelligence" have placed research in artificial intelligence psychology and behavior at the pinnacle of the nation's agenda. There has been an enormous amount of research and development input and deployment in various fields (Jiang et al., 2017). Drawing upon the AI decompression power robot of Suzhou Tianjiabing Experimental Junior Middle School, the research is ready to explore new technical support combined with biosensing, Chinese identification and conversion, blood spectrum light imaging, and psychological counseling case big data (Hengstler, Enkel, & Duelli, 2016).

In order to promote schools and school psychologists to realize the most severe mission of primary school and junior secondary school mental health, such as managing the stress of students and resisting the promotion of stress, and assist in adopting artificial intelligence applied to primary and secondary school psychological services in my nation to drive innovation (Reilly et al., 2018). The AI decompression capable robot can be used directly for each and every student of the school. With the acquisition of physiological information such as acceleration pulse wave (APG) and heart rate variability (HRV) and comparison with 200,000 Asian norms, the students can be physically and mentally stressed along with being self-sufficient. Test nerve balance, blood vessels, and sleeping status, and provide test results within <3 min; At the same time, combined with students' and parents' daily inquiry questionnaires, the system collects personalized information of students for subsequent students' human-computer interactive consulting services (Hung et al., 2025).

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ISSN: 2146-9296
www.ijge.net
International Journal of Global Education *2026, volume 11, issue 1*

Control the Students' Emotional Status, Body and Mind Peace in Time

The students, upon receiving the first test results, log in using a designated password and enter the decompression empowerment warehouse. Interior decoration of decompression empowerment warehouse based on psychological counseling laws, weak illumination, and comfortable chairs, single sided glass, so the students are secure (44th International Symposium, 2025). The AI de-compression empowerment robot de-pressurizes students by hearing soothing music, guiding and controlling their breathing; Speech and anthropomorphic communication facilitation may also be used to reinforce students' emotional feedback and thereby stimulate students' emotional expression and emotional regulation (Lai et al., 2023). The empowerment robot of decompression by AI can leverage students' pre-knowledge and big data statistics to pose relevant questions and guide them to experience their own psychological confusion causes. In counseling, the AI decompression empowerment robot monitors students' data in real time from various systems such as voice, physiology, and facial expressions, adjusts counseling modalities, and integrates psychological counseling methods such as "psych drama" and "empty chair" to simulate students' cognitive model (Klimova & Pikhart, 2025). For example, if it is also in conflict with the parents, then the AI decompression empowerment robot will enable the students to try sitting on the "parent's chair" and try thinking in the middle of the conflict from the perspective of the parent (Lin et al., 2021).

It not only enables students to resolve current family conflicts but also reminds students to enhance the strength of empathy, thereby improving students' resistance to stress and level of interpersonal communication. After the consultation, the AI decompression empowerment robot will implement the feedback for consultation based on the confidentiality principle, e.g., giving feedback for stress and stress resistance to students so that they can endure to know their own state; Suggest reports to parents so that they are directed on how to live with their children daily; Offer the school a complete analysis report and help the school set up an electronic file system (Chan,2025). Thus, through the establishment of a supportive environment such as psychological education, home-school collaboration, and school governance, it allows students to gain a more positive model to their own development, and more robust to weather the storms of growth (Li, Tang, & Zheng, 2023).

The logical process of the model is: input visitor information (language, behavior, parameters, images, videos), image processing and data analysis method to obtain features, and apply machine learning algorithms to obtain classification results corresponding to respective psychological consultancy theories; The output is prediction and evaluation of the internal psychological state model reached according to the above process, and it is displayed to the psychologist and the visitor in various display modes, and then utilized to support the psychological consultancy process (Sarker, 2021).

RESEARCH METHODOLOGY

A mixed-methods approach was utilized, combining the quantitative and qualitative methods to enable a deep analysis of the effectiveness of sophisticated technologies in mental healthcare. The population of study was students enrolled in primary and junior secondary schools in Nyamira County, Kenya. A sample of approximately 500 students were randomly selected using stratified sampling to ensure representation by different demographics. For quantitative data, Structured questionnaires measured the psychological needs of students, behavioral difficulties and utilization of mental health services (Teixeira et al., 2025). Standardized screening tool was utilized in detecting behavioral and emotional difficulties. Devices were utilized for online monitoring of physiological response to explore emotional well-being. For qualitative data, Semi-structured interviews with students, teachers, and mental health professionals will explore individual experience and perception of mental health services and Focus Groups Discussions with groups of students to gather information on their barriers to mental health services and what they want from support (Lan et al., 2025).

AI was utilized in Using artificial intelligence programs to process data collected and provide personalized insights and suggestions for intervention. Use of biological sensing and optical imaging of blood spectrum to record physiological data that can be quantitatively correlated with

psychological status. Personalized interventions were designed through data analysis that included psychoeducational workshops, counseling and interactive digital interventions for support. Quantitative Analysis, statistical methods were applied to analyze screening and survey data, using software such as SPSS or R to perform descriptive and inferential statistics. Qualitative Analysis, thematic analysis was applied to code and interpret interview and focus group data, identifying key themes and findings (Vandever, 2020).

FINDINGS OF THE STUDY

4.1 Sample Characteristics of Participants

The *figure 1* presents a summary overview of the sample description of a study comprising 500 students aged between 10 to Above 16 years. The age distribution of respondents, showing a wide variance of young people participating in the study.

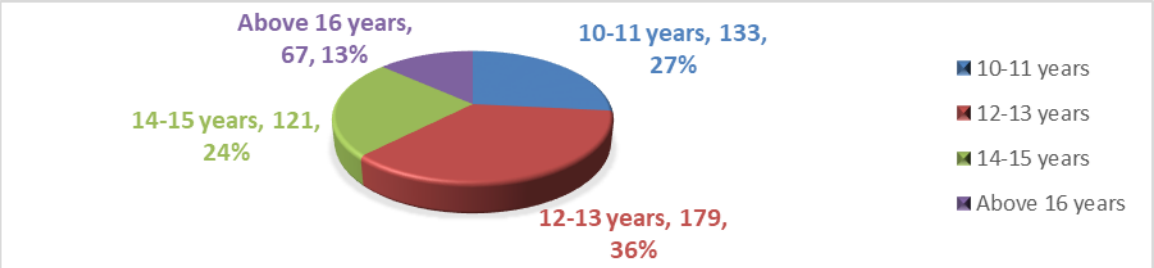

Figure 1. Sociodemographic of Participants in Age

The age group with the largest number is 12-13 years old, making up 35.8% of respondents, which is a large sample of early adolescents that might be going through seminal changes in development. This is then followed closely by the 10-11 years category at 26.6%, which reflects high participation from younger pre-teens. 14-15 years is the age group which holds 24.2%, reflecting a strong interest among senior teens, while the over 16 years age group is the smallest at 13.4%. This trend reflects a predominance of young adolescents, something which could impact mental health results since this is the age group most exposed to special pressures and challenges. It is crucial that one learns about the age groups so as to develop mental health interventions and support programs that effectively address the needs of these various ages.

The study also investigated the mental health dynamics in gender and school types as presented in *figure 2* below.

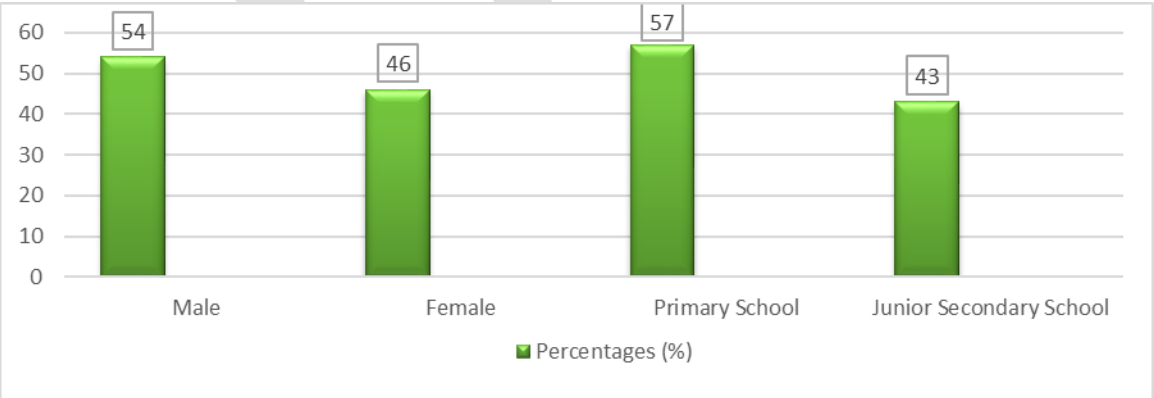

Figure 2. Key Demographic Characteristics by Gender Split and School Type for A Sample of Students.

The sample has a very slight percentage of male students above that of female students. This 54% to 46% division is a majority of males but a relatively even divide. The gender split could have effects

on a number of aspects of the research, such as rates of participation in activities, school performance, and social interaction. Researchers have to consider whether the findings could be influenced by gender, particularly with regard to participation and interaction in heterogeneous learning settings. The majority of the participants are in primary schools (57%), while 43% are attending junior secondary schools. This is an indication of a focus on younger children, with a majority still in the early years of their schooling.

Psychological Needs in Students

The *table 1* shows the frequency of several mental health conditions among students, indicating substantial worries about their general well-being.

Table 1. Prevalent Mental Health Issues Among Students

Mental Health Issues	Percentage of Students Affected	Description
Depression	47	Symptoms include continuous depression, a loss of interest, and exhaustion.
Anxiety	39	Symptoms include increased anxiety, restlessness and tension.
Stress	56	High levels of stress from academic pressure and expectations from family members.
Low Self-Esteem	39	Students may experience feelings of worthlessness and self- doubt
Interpersonal Difficulties	44	Peer connections, particularly bullying, provide difficulties.
Learning Difficulties	31	Problems with focus and academic achievement.
Behavior Problems	26	This includes aggressive, defiant, and other disruptive behaviors.

The concerning image of mental health issues among students, the most prevalent being stress, at 56% of students, likely brought about by academic pressures and familial expectations. Closely following are depression at 47% and interpersonal issues at 44%, indicating that a notable percentage of students are experiencing feelings of sadness and issues with peer relationships, including bullying. Additionally, anxiety and low self-esteem, both affecting 39% of students, highlight significant emotional distress that can hinder academic performance and social interactions. Learning difficulties are reported by 31% of students, further emphasizing how mental health can impact focus and achievement, while 26% experience behavior problems, often manifesting as aggression or defiance. Collectively, these statistics underscore the urgent need for schools to deliver targeted mental health provision to address these pervasive issues, promote well-being, and enhance students' overall educational experiences.

Mental Health Service Awareness and Accessibility

The *table 2* below is a regression analysis whose results speak of the relationship between various factors for mental health services and their impact on a dependent variable (presumably some measure of mental health outcomes or service utilization).

Table 2. Awareness And Accessibility to Mental Health Services

Variable	Coefficient (β)	Standard Error	t-value	p-value
Intercept	0.47	0.11	7.00	<0.01
Awareness of Mental Health Services (AMHS)	0.22	0.06	7.00	<0.01
Perceived Accessibility of Services (PAS)	0.27	0.06	6.27	<0.01
Stigma Associated with Seeking Help (SASH)	-0.17	0.09	-2.16	<0.05
AI Tool Engagement (AITE)	0.12	0.08	1.69	<0.01
AMHS ×\times× PAS	0.12	0.05	3.35	<0.01

Model Summary: R^2: 0.60, Adjusted R^2: 0.58

The regression table presents significant information about predictors of mental health outcomes. The intercept indicates the baseline of 0.47 when predictors are all set to zero. Predictors of significance are Awareness of Mental Health Services (AMHS) and Perceived Accessibility of Services (PAS), which have values of 0.22 and 0.27, both significant at $p < 0.01$. This suggests that higher awareness and accessibility positively influence mental health outcomes. Conversely, Stigma Associated with

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ISSN: 2146-9296
www.ijge.net
International Journal of Global Education *2026, volume 11, issue 1*

Seeking Help (SASH) has a negative coefficient of -0.17 ($p < 0.05$), indicating that greater stigma is related to poorer mental health outcomes. AI Tool Engagement (AITE) has a positive but marginally significant effect ($\beta = 0.12$, $t = 1.69$), indicating possible benefits of technology to mental health help. The interaction term (AMHS × PAS), with a coefficient of 0.12 ($p < 0.01$), once more reminds us that the connection between awareness and accessibility enhances the favorable outcomes. The model explains 60% of the variance in the overall mental health outcomes, which is indicative of a good fit and emphasizes the importance of focusing on awareness, accessibility, and stigma in the initiatives of mental health.

Screening Rates for Behavioral and Emotional Difficulties

The *table 3* compares rates of mental health screening before implementing traditional and AI-assisted methods, with significant increases in student engagement.

Table 3. Students Screening Rates Comparison

Screening Method	Before Implementation (%)	After Implementation (%)	Change (%)	Statistical Significance
Traditional Screening	37	48	+11	p=0.10
AI-Enhanced Screening	26	77	+51	p <0.01
Total Combined Screening	32	84	+52	p<0.01

Traditional screening rates increased from 37% to 48%, a trivial change of 11% with no statistical power (p=0.10). AI-assisted screening, on the other hand, had an astonishing boost from 26% to 77%, an impressive 51% change with high statistical power (p<0.01). This pattern is also reflected in the total overall screening rates combined, which went up from 32% to 84%, a 52% increase, statistically significant (p<0.01). These results point to the effectiveness of AI-assisted screening methods in significantly increasing the level of student participation in mental health screenings and suggest that technology can also play a significant role in increasing awareness and early detection of mental health disorders among students.

Students and AI Tools

The *figure 3* illustrates the utilization of students by various AI resources for the purpose of enhancing mental wellness, with good usage and satisfaction rates.

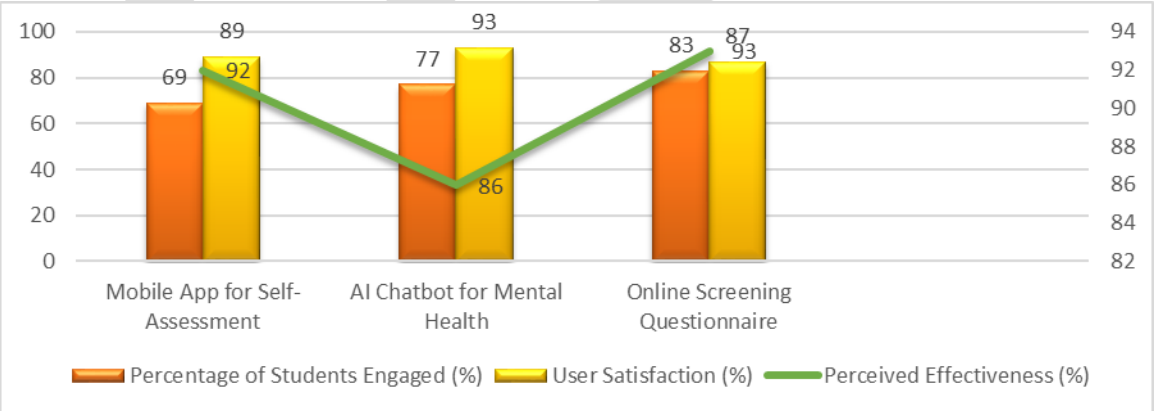


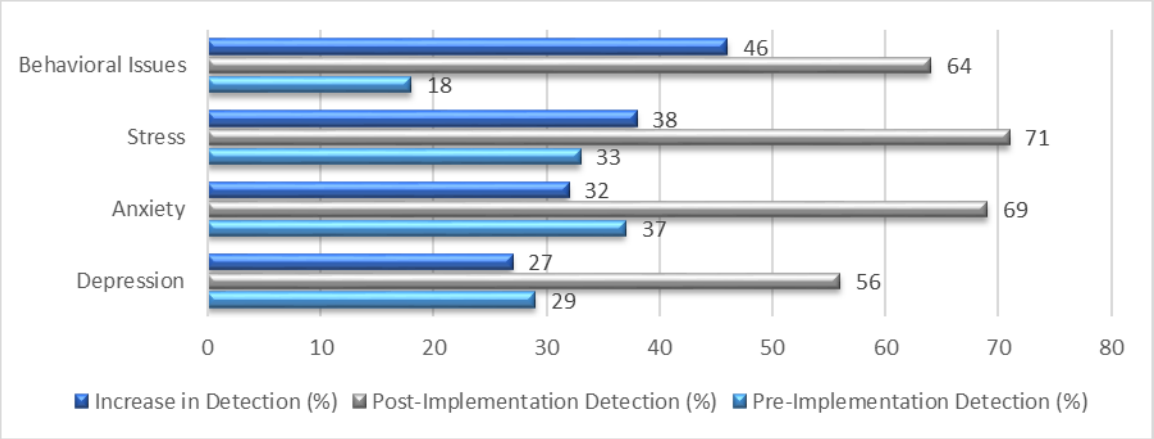
Figure 3. Students Engagement with AI Tools

Surprisingly, 83% of the students utilized the Online Screening Questionnaire, showing a good enthusiasm for self-screening as well as early detection of mental health issues, with a high satisfaction rate of 87% and perceived effectiveness of 93%. Similarly, the Mental Health AI Chatbot engaged 77% of the students, found to be applicable and useful, as reflected in a satisfaction rate of 93% and a perceived effectiveness rate of 86%. The Self-Assessment Mobile App also reflects significant participation at 69%, with high satisfaction (89%) and perceived impact (92%). These

findings suggest not only that students are using these AI technologies actively but that they also view them as significant resources in maintaining their own mental health, which is a positive avenue towards technology uptake in mental health care systems.

Detection Rates of Mental Health Issues

The *table 4* shows detection rates of the various mental illnesses before and after introducing a new screening strategy, with significant gains in every category.



Statistical Significance: $p < 0.01$

Figure 4. Detection Rates of Various Mental Health Issues

Detection of depression before implementation grew from 29% to 56% after implementation, marking a 27% gain with a statistically significant p-value ($p<0.01$). Similarly, anxiety detection was increased from 37% to 69%, a 32% improvement, and that of stress by 38%, from 33% to 71%, both being statistically significant. The largest improvement was seen in behavior problems, which increased from 18% to 64%, a 46% improvement and statistically significant ($p<0.01$). These findings demonstrate that the new screening instrument evidently enhances identification of mental health issues among students, confirming the benefits of proactive screening in addressing mental health issues among students at schools.

DISCUSSION, CONCLUSION, and SUGGESTIONS

The study stresses the significance of artificial intelligence in enhancing mental health education and care in primary and junior secondary schools across Nyamira County, Kenya. With the remarkable rise in the detection rates of mental health following the implementation of AI-based screening devices, the findings spotlight the impact of technology on student awareness and participation (Graham et al., 2019). The notable increase in screening activity, particularly with the application of AI technologies, is a sign that the students are not only embracing these technologies but are also finding them beneficial in enhancing their mental well-being. The review also uncovers high levels of concern regarding prevalent issues such as stress, anxiety, and depression among the students, reaffirming the urgent necessity for targeted interventions on mental health (Klimova and Pikhart, 2025). The mixed-methods design employed in the study provides an overall picture of both quantitative improvements and qualitative comprehension of student experiences with mental health services. Overall, the findings encourage incorporation of advanced technologies within school mental health programs to make it a more responsive and nurturing environment for the students.

The study concludes that the integration of artificial intelligence in mental health care significantly raises access and effectiveness of care for primary and junior secondary school students. AI-supported screening methods brought about enormous improvements in the detection of mental illness, demonstrating that they have the potential to contribute towards addressing growing psychological

needs among students. The implications of the research are to raise awareness and reduce stigma regarding mental health in a bid to promote a more proactive student well-being strategy. Lastly, the study aligns with further use of AI technologies in mental health education in an attempt to create a more responsive, nurturing environment for young learners. Schools should be made to specifically include AI-aided mental health screening tools in a way that they are better able to identify early so as to support the students who have psychological issues better. Moreover, teachers should be regularly trained in sensitization on mental health and the correct use of technology in a way that develops an environment where students engage more in mental health services.

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