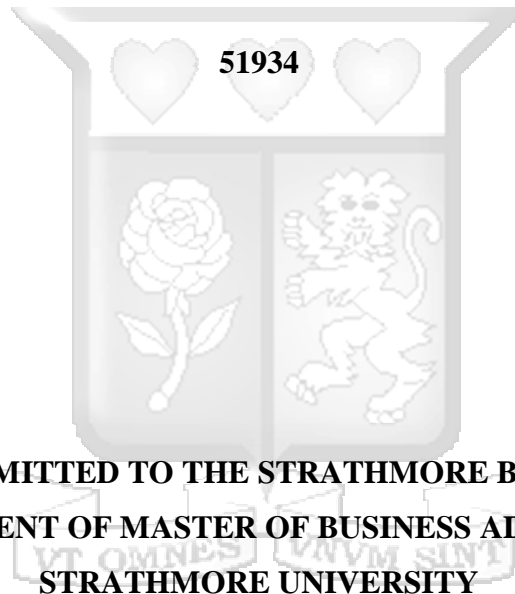




**ENGAGEMENT WITH MENTAL HEALTH BY DIFFERENT GENERATIONS: A
PRELIMINARY EXPLORATORY STUDY OF GENERATIONS X, Y AND Z IN THE
NAIROBI WORKFORCE**

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**DISSERTATION SUBMITTED TO THE STRATHMORE BUSINESS SCHOOL IN
PARTIAL FULFILMENT OF MASTER OF BUSINESS ADMINISTRATION AT
STRATHMORE UNIVERSITY**

2025

DECLARATION

DECLARATION

I declare that this work has not been previously submitted and approved for the award of a degree by this or any other University. To the best of my knowledge and belief, the document contains no material previously published or written by another person except where due reference is made in the thesis itself.

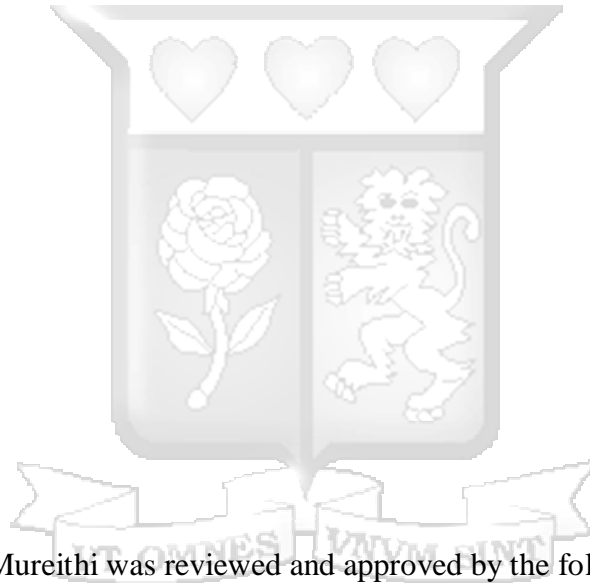
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I would like to appreciate my parents for their unwavering backing, endless help which have been my constant sources of strength. Additionally, I would like to appreciate my siblings who believed in me and made sacrifices to steer me through this journey. Thank you Mureithi family for always being my pillars of support.



ABSTRACT

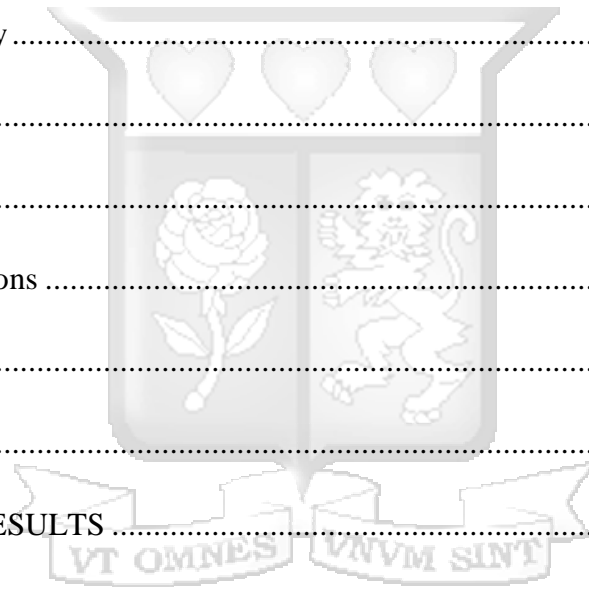
Mental health is a vital aspect of overall well-being, and it is essential to understand how different generations interact with it in the Kenyan workforce. This research study sought to explore how the understanding of mental health and mental well-being varies across different generations in the Kenyan workforce. Additionally, this research examined whether the awareness of support structures and level of engagement with these varies across different generations. This research was underpinned by the social exchange theory and the life course theory. The study involved 39 participants from three generations, including Generation X (born between 1965 -1979), Generation Y also referred to as Millennials (born between 1980 -1994), and Generation Z (born between 1995 – 2009). The study was conducted using a qualitative approach, which entailed adopting focus group discussions for data collection. Each focus group had at least seven participants. First, the findings from this study highlight the variations in understanding and attitudes towards mental health across Generations X, Y, and Z within the Kenyan workforce. Generation X tends to hold more traditional views but is gradually becoming more aware, Generation Y balances traditional and modern views while showing increased openness, and Generation Z is highly aware and actively advocates for mental health. Regarding awareness of existing mental health support structures, the findings from the present study also reveal generational differences in the Kenyan workforce. Generation X shows the least awareness and utilization, primarily relying on family support. Generation Y is moderately aware and open to using both organizational and NGO/government support structures, while Generation Z exhibits the highest awareness and utilization, facilitated by digital platforms and peer support networks. The stigma surrounding mental health is progressively decreasing from Generation X to Generation Z, reflecting a positive trend towards mental health awareness and support in the Kenyan workforce. The findings also indicate generational differences in engagement with mental health structures in the Kenyan workforce. Generation X remains cautious and traditional, with limited engagement with formal support structures in the workplace. Individuals from generation X face significant barriers due to traditional hierarchical structures and cultural stigma, making it difficult to discuss mental health openly with superiors. They show limited engagement with mental health support due to deeply ingrained cultural and societal norms of toughness and resilience. Generation Y represents a transitional phase, balancing between traditional family support and emerging professional help; hence, they have moderate engagement. Individuals from generation Z are more adaptable and open, yet faces challenges related to job insecurity and workplace isolation. The findings reveal that each generation in the Kenyan workforce has unique perceptions and understandings of mental health, influenced by their experiences and societal context. Tailoring mental health programs and policies to address these generational differences can enhance their effectiveness and foster a more supportive and mentally healthy workforce.

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ABBREVIATIONS AND ACRONYMS

FGD	Focus Group Discussion
mhGAP	mental healthGap Action Programme
NACOSTI	National Commission for Sciences, Technology and Innovation
WHO	World Health Organization



DEFINITION OF KEY TERMS

Confirmed Diagnosis	A "confirmed diagnosis" refers to the formal identification of a mental health condition by a licensed mental health professional, based on clinical evaluation and diagnostic criteria (World Health Organization, 2022)
Generation X	Individuals born between 1965 -1979 (Goessling, 2017)
Generation Y	Individuals born between 1980 -1994 (Goessling, 2017)
Generation Z	Individuals born between 1995 – 2009 (Goessling, 2017)
Engagement with mental health support structures	This refers to the utilization of services that aid in maintaining, improving and restoring mental health (Samartzis & Talias, 2019).
Mental Health	Mental health refers to a state of well-being in which an individual realizes their own potential, can cope with the normal stresses of life, work productively, and contribute to their community (World Health Organization, 2022)
Understanding of Mental Health	The ability to obtain information on mental health, having knowledge of mental health risk factors, knowing and understanding the causes of mental illness or being mentally unwell, knowing and understanding how to prevent any form of mental illness, knowing and understanding how to seek for help when suffering from any mental illness or being mentally unwell and knowing and understanding how to manage mental illness (Pescosolido, 2013)
Mental Health Support Structures	These are the services that aid in maintaining, improving and restoring mental health (Samartzis & Talias, 2019).
Secondary Mental Health Issues	Secondary mental health issues occur when an individual experiences mental strain or stress due to supporting or caring for someone else with mental health challenges.
Stigma	Stigma refers to the negative societal perception of individuals with mental health challenges, often leading to discrimination or exclusion (Samartzis & Talias, 2019).

CHAPTER ONE

INTRODUCTION

1.1 Background of the Study

This chapter focuses on the background of the study and examines the gaps that led to the research problem. Additionally, it encompasses the study's objectives, research questions, the significance of this study to the relevant users, and the scope of the study.

There is a prevalence of suppression of mental health issues leading to stigma (Pierce et al., 2020). In the context of mental health, "suppression" refers to the conscious effort to withhold or avoid discussing or acknowledging mental health issues, often due to stigma or fear of judgment (Asher & De Silva, 2017). Not many people are comfortable speaking up about experiencing any mental health issues. This may be based on a lack of understanding and access to credible information about mental health. However, even those with confirmed diagnosis of a mental health issue do not feel at ease sharing this with their family and friends, let alone their employer due to the fear of being treated unfairly and judged harshly for being 'weak' (Carpini, 2021). Stigma is described as a mark that signals to others that an individual possesses a attribute that reduces them from whole and usual to discounted and tainted, resulting in the individual being viewed as less than fully human (Pescosolido, 2013).

Across the globe, there has continually been an underinvestment in mental health evidenced by the shortage of mental health specialists and accessibility to adequate mental health services (Asher & De Silva, 2017). The latter especially referring to the efficacy and value of mental health and psychosocial support services funded by governments and donor institutions globally. This reflects the global perception of mental healthcare. Nonetheless, there have been strides made towards improving the state of mental healthcare with for instance the World Health Organization (WHO) coming up with a mental health Gap Action Programme (mhGAP). The programme is aimed at guiding the incorporation of mental healthcare in primary care by addressing the shortage of specialists and efficient use of resources (Asher & De Silva, 2017).

Mental health condition refers to both mental illness as well as mental illness symptoms that may not warrant a diagnosis due to their non-severity (Asher & de Silva, 2017). It is reported that 20% of working aged adults encounter mental health conditions yearly and this number grows to 50% in the

course of their life (Carpini, 2021). Additionally, the recent global pandemic has accelerated the occurrences of mental health conditions (Pierce et al., 2020). Employee mental health conditions are observed to bring about lower productivity, absence, presenteeism and turnover (Asher & De Silva, 2017). This is attributed to the fact that work is a key element of mental health and takes on a significant role in recovery (Carpini, 2021). Employment enables social integration and offers gains on mental health. However, employees experiencing mental health conditions face obstacles at the workplace including characteristics of their condition and stigma (Grawitch et al., 2006).

There are numerous factors that drive mental ill health, including inadequate welfare and social services, high unemployment, underemployment and poverty (Andersen et al., 2022). Worse still, there has been a decrease in employment security with employers demanding increased productivity. All these factors combined create conditions for mental stress (Nwankwo, 2022). As employers demand increased productivity, employees demand for not only financial perks but also improvements in how they are treated and managed (Andersen et al., 2022). This makes it increasingly important to understand these expectations by employees of being treated and managed better. In an attempt to defuse the persistent tension in the employer-employee relationship so as to foster cooperation and long-term working relationships. One British study estimated that job-related stress, anxiety along with depression in 2016–2017 attributed to 40% of job-related illnesses and 49% of all lost work days (Andersen et al., 2022).

Mental health is a critical aspect of overall well-being, influencing how individuals think, feel, and behave in their daily lives. It encompasses emotional, psychological, and social well-being and significantly affects workplace productivity, relationships, and physical health (Grim et al., 2019). Despite its importance, mental health often remains stigmatized and under-addressed, particularly in developing countries like Kenya, where cultural and societal norms shape perceptions and engagement with mental health (Wang et al., 2022).

The workplace is a critical setting for mental health promotion and intervention, as employees spend a significant portion of their lives at work. Mental health challenges, including stress, anxiety, and depression, negatively impact employee performance through absenteeism, presenteeism, and turnover (Gray et al., 2019). Consequently, organizations are increasingly recognizing the importance of mental health awareness and support structures to foster a healthy, productive workforce. However, differences in how employees from various generational cohorts understand and engage

with mental health present unique challenges for workplace mental health initiatives.

Generations X, Y, and Z represent distinct age cohorts in the Kenyan workforce, each shaped by unique historical, cultural, and technological influences (Grim et al., 2019). These generational experiences contribute to varying levels of mental health literacy, awareness of support structures, and engagement with mental health resources, which will be the focus of this study. Understanding denotes the ability to obtain information on mental health, having knowledge of mental health risk factors, knowing and understanding the causes of mental illness or being mentally unwell, knowing and understanding how to prevent any form of mental illness, knowing and understanding how to seek for help when suffering from any mental illness or being mentally unwell and knowing and understanding how to manage mental illness (Pescosolido, 2013). Awareness refers to an individual's knowledge of the existence, accessibility, and benefits of mental health resources (Gray et al., 2019). Engagement involves utilizing services or initiatives aimed at improving mental health. It reflects an individual's willingness to access formal (such as therapy and counseling) or informal (such as peer support) resources (Grim et al., 2019).

While global studies have explored mental health in the workplace, there is limited research on generational differences in mental health engagement within the Kenyan context. Existing studies often focus on the broader workforce without accounting for age-specific nuances in understanding, awareness, and utilization of mental health resources. This study seeks to bridge this gap by examining how Generations X, Y, and Z in the Kenyan workforce differ in their engagement with mental health. By doing so, it aims to provide insights for designing inclusive mental health programs that address the unique needs of each generation.

1.1.1 Mental Health at the Workplace

One of the relevant concepts associated with workplace performance is presenteeism, which refers to the behavior of being at work while unwell or the workplace productivity lost by those who show up for work while unwell (Kapinos et al., 2015). Essentially, presenteeism is associated with diminished work capacity and significant financial losses to organizations and more frequently having a greater impact than absenteeism. There are various initiating factors driving presenteeism including mental and physical health concerns, work aspects such as heavy workloads and deadlines, social aspects that include family conflict and personal factors (Lysaght et al., 2022).

Due to the continuous need to acclimate to emerging workflows, functionalities and applications along with over-dependence on technology, demands for enhanced productivity and increased workloads, employees are experiencing more technology-induced work stress (Farrer et al., 2006). Another relevant concept associated with mental well-being at the workplace and defines technology-induced workstress known as technostress (Turel et al., 2019). "Technostress" is stress induced by excessive technology use or challenges in adapting to new technological demands, often leading to mental fatigue or burnout (Turel et al., 2019). As organizations count on employees to make use of technology to increase productivity along with profitability, there is a need to consider the drawbacks of technostress where employees experience energy drain, burnout, diminished motivation and overall well-being. Ultimately leading to unsustainable productivity and profitability (Wang et al., 2022).

1.2 Research Problem

Mental health challenges are increasingly recognized as a critical concern in the workplace, with far-reaching implications for employee well-being and organizational performance (Turel et al., 2019). Despite growing awareness, the Kenyan workforce continues to grapple with significant barriers to addressing mental health issues effectively. These barriers include stigma, a lack of understanding about mental health, and limited access to support structures. For instance, existing research highlights that mental health stigma in Kenya is deeply rooted in cultural and societal norms, discouraging open conversations and help-seeking behaviors (Mutiso et al., 2017). Additionally, the Ministry of Health has identified a significant gap in mental health services, citing a shortage of trained professionals and inadequate mental health infrastructure (Kenya Mental Health Policy 2015-2030).

In the context of the workforce, these challenges are compounded by generational differences in how employees perceive and engage with mental health. Generations X, Y, and Z, who form the majority of the Kenyan workforce, exhibit distinct attitudes, awareness levels, and engagement patterns influenced by their unique life experiences (Mental Health and Well-being Towards Happiness & National Prosperity, 2020). For example, Generation X is often characterized by traditional views and lower awareness of mental health support structures, while Generation Y exhibits a transitional approach, balancing traditional and modern perspectives (Kapinos et al., 2015). Generation Z, being more digitally oriented, demonstrates higher awareness but faces challenges related to job insecurity

and workplace isolation. However, there is scanty literature examining how these generational differences manifest in the Kenyan workforce and their implications for mental health initiatives (Kapinos et al., 2015).

Furthermore, while organizations have begun implementing wellness programs, these are often generic and fail to account for the diverse needs of different generational cohorts. This gap in tailored interventions not only limits the effectiveness of workplace mental health programs but also perpetuates inequities in access to support. The lack of research on how generational differences influence mental health understanding, awareness, and engagement creates a critical knowledge gap that needs to be addressed to inform more inclusive and effective policies and programs.

This study seeks to fill this gap by exploring how Generations X, Y, and Z in the Kenyan workforce engage with mental health, focusing on their understanding of mental health, awareness of support structures, and level of engagement. By identifying generational differences, the study aims to provide actionable insights for designing targeted mental health initiatives that cater to the unique needs of each generation, ultimately fostering a more supportive and inclusive workplace environment.

1.3 General Objective Research Objectives

The general objective of this study was to explore engagement with mental health across generations X, Y and Z in the Kenyan workforce.

1.3.1 Specific Objectives of the Study

The specific objectives of this study are:

- 1) Examine whether the understanding of mental health and mental well-being varies across generations X, Y and Z in the Kenyan workforce.
- 2) Examine whether the awareness of existing mental health support structures varies across generations X, Y and Z in the Kenyan workforce.
- 3) Establish whether the level of engagement with mental health support structures varies across generations X, Y and Z in the Kenyan workforce.

1.4 Research Questions

The research questions for this study are:

- 1) To what extent does the understanding of mental health and mental well-being vary across generations X, Y and Z in the Kenyan workforce?
- 2) To what extent does the awareness of existing mental health support structures vary across generations X, Y and Z in the Kenyan workforce?
- 3) To what extent does level of engagement with mental health support structures vary across generations X, Y and Z in the Kenyan workforce?

1.5 Scope of the Study

The scope of this study was to explore engagement with mental health. This study will focus on exploring understanding of mental health, awareness and engagement of mental health support structures. The methodological scope of this study was qualitative, which was executed using focus groups. The sample consisted of 39 employees in the Kenyan workforce selected from Nairobi. The time scope for this research was May – June 2024.

1.6 Significance of the Study

This study will enable employees of different age cohorts to examine their understanding of mental health and mental well-being as well as awareness of mental health support structures. Additionally, this study will help employers consider the gaps in existing workplace policies limiting mental health advocacy and support. As well as level of engagement by their workforce with existing mental health support structures.

Health care insurance providers tailoring wellness programs for their clients i.e. employers will also benefit from this study by appreciating the nuances across different generations on understanding of mental health and mental well-being. Particularly how this influences uptake of the programs and their subsequent effect on overall healthcare costs. This will also help the government and society in general by mitigating the burden of mental health disorders. Through for instance addressing mental health stigma through national sensitization programs targeted towards different groups based on socio-demographic factors such as age cohorts.

This study offers further insights into connection between generational differences and mental health. As well as providing justification for the investment of workplace based mental health focused programs. Once employers appreciate how their employees engage with issues on mental health, they can improve their workplace wellness programs with the aim of increasing employee participation. With an ultimate view of supporting employee well-being more holistically at the workplace. Similarly, with employees becoming cognizant of mental health issues particularly as they relate to different age cohorts, there will be more productive conversations and concerted efforts towards supporting each other at the workplace and breaking the stigma.

1.7 Chapter Summary

This chapter has discussed the background of the study including an identification of the gaps that were addressed. The research problem, objectives, questions, objectives and scope have also been outlined.



CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

The literature review in this research seeks to offer a thorough summary of the current understanding and previous studies pertaining to the exploration of how various generations engage with mental health in the Kenyan work environment. This review will analyze pertinent research, theories, and empirical findings to establish a robust groundwork for the present study and pinpoint any gaps in the existing body of literature that this research aims to fill. This segment delineates the format and arrangement of the literature review. The literature review starts with the theoretical framework of the study, followed by empirical review of literature and finally the research gap that this study sought to fill.

2.2 Theoretical Framework of the Study

2.2.1 Social Exchange Theory

Social Exchange Theory is a valuable theoretical framework for understanding how different generations within the Kenyan workforce interact with mental health. This theory posits that individuals engage in social relationships and interactions based on a rational calculation of costs and benefits. It assumes that individuals seek to maximize rewards while minimizing costs in their social exchanges. When applied to the context of mental health in the workplace, Social Exchange Theory provides insights into how different generations perceive and engage with mental health support structures, the factors influencing their decisions, and the implications for their well-being and workplace dynamics (Xuecheng et al., 2022).

Social Exchange Theory posits that individuals engage in social interactions and relationships based on a rational calculation of costs and benefits. In the context of this study, the theory provides a lens to understand how employees from different generational cohorts perceive and engage with mental health in the workplace (Jayasundera, 2016). This theory helps explain the choices individuals make when deciding whether to utilize mental health support structures or discuss mental health issues openly, often influenced by anticipated rewards (such as improved well-being) versus perceived costs (like stigma and job insecurity) (Jayasundera, 2016). This study does not focus on direct interaction

between generations or intergenerational dynamics. Instead, it explores each generation (X, Y, and Z) separately to identify differences in their understanding, awareness, and engagement with mental health. However, by analyzing these differences through the framework of SET, the study compares how each generation evaluates the costs and benefits of engaging with mental health resources. This comparative analysis is crucial for tailoring mental health interventions to meet the unique needs of each cohort.

Social Exchange Theory suggests that individuals assess the costs and benefits of engaging with mental health given the social relationships and interactions that exist in the workplace. One of the key aspects of Social Exchange Theory, through the psychological contract theory, which stems from it, is that the role of individual differences is essential in explaining work-related outcomes (Topa et al., 2022). These individual differences are influenced by their unique life experiences, cultural backgrounds, and historical events. For example, older generations, such as Traditionalists and Baby Boomers, may have grown up in environments where discussions about mental health were stigmatized or not prevalent. As a result, they may be more hesitant to openly address mental health concerns due to fear of judgment or negative consequences in the workplace. In contrast, younger generations, like Generation Y and Generation Z, may be more accustomed to open conversations about mental health, influenced by the growing global awareness of this issue. They may be more inclined to seek support and engage with mental health resources (Jayasundera, 2016).

In the context of the Kenyan workforce, different generations may weigh these factors differently, for instance older generations may perceive potential costs in terms of potential workplace stigma, concerns about job security, or cultural expectations related to resilience and self-reliance (Karimi, 2021). Younger generations may be more willing to address mental health issues but could also face concerns about potential time off work or the effectiveness of available support. All generations are likely to recognize the potential benefits of improved mental health, including enhanced well-being, increased job satisfaction, and better job performance. Younger generations may be more inclined to seek these benefits actively, while older generations may need more convincing (Omondi & K'Obonyo, 2018). Understanding how different generations interact with mental health within the Kenyan workforce has significant workplace implications. Employers and policymakers can use the insights from Social Exchange Theory to tailor mental health programs and support structures to be more inclusive and effective. For example, recognizing that older generations may need more awareness and education about mental health, workplace programs can include targeted initiatives to

destigmatize mental health issues and provide information about available resources (Victor & Hoole, 2017).

Ensuring that mental health support is accessible and flexible is crucial. Younger generations may be more tech-savvy and open to online resources, while older generations may prefer in-person support. Offering a variety of options can cater to these preferences. Providing incentives for engaging with mental health support, such as confidential counseling services or flexible work arrangements, can help all generations see the value in addressing their mental health concerns (Jones, 2018). Fostering a workplace culture that values mental health and well-being benefits all generations. This can include promoting work-life balance, reducing stigma, and encouraging open communication about mental health.

Social Exchange Theory offers a comprehensive framework for understanding how different generations interact with mental health in the Kenyan workforce. By acknowledging generational differences in perceptions, conducting cost-benefit analyses, and considering workplace implications, organizations can come up with more effective strategies targeted towards supporting the mental well-being of all employees, regardless of their generational background (Victor & Hoole, 2017). This not only benefits individual employees but also fosters a more inclusive, supportive, and industrious work environment.

2.2.2 Life Course Theory

Life Course Theory is a valuable theoretical framework for understanding how different generations within the Kenyan workforce interact with mental health. This theory emphasizes the importance of individuals' life experiences and transitions over their entire lifetimes in shaping their values, attitudes, expectations, and behaviors. In the context of mental health in the workplace, Life Course Theory provides insights into how the unique life trajectories of different individuals, in this case differentiated by their age cohorts, influences their perceptions of and engagement as well as their expectations and behaviors (Li et al., 2021).

Each generation within the Kenyan workforce has been shaped by distinct historical events, societal norms, and cultural influences (Falkensjö & Olsson, 2022). Life Course Theory acknowledges that these generational life trajectories play a significant role in determining individuals' attitudes and behaviors. For example, Traditionalists may have experienced post-colonial Kenya and may have a

strong work ethic and traditional values. Baby Boomers grew up during a time of economic growth and may value job security and stability. Generation X witnessed the advent of technology and may prioritize work-life balance. Generation Y and Generation Z have grown up in a digital age and may seek purpose and flexibility in their careers (Goessling, 2017). These generational experiences can impact how mental health is perceived and addressed in the workplace.

The theory also highlights that generational experiences shape expectations and behaviors. Traditionalists and Baby Boomers, for instance, may highly regard job stability and long-term loyalty to employers. This expectation may lead them to hide mental health concerns to avoid any negative impact on their careers. In contrast, younger generations may prioritize well-being and may be more likely to seek support or consider changing jobs if their mental health is compromised (Széchenyi István University in Győr et al., 2016).

Life Course Theory encourages an exploration of how different generations view and utilize available mental health support structures. For example, older generations may prefer face-to-face counselling, while younger generations may be more comfortable with technology-driven resources. Understanding these preferences is vital for organizations to tailor their support services effectively (Tang, 2019).

The theory also suggests that intergenerational relationships within the workplace may be influenced by these generational differences in mental health perceptions and behaviors. Younger colleagues may find it challenging to relate to the mental health concerns of their older counterparts, and vice versa. Recognizing and addressing these intergenerational dynamics can promote a more supportive and understanding work environment (Kg, 2017).

Life Course Theory offers a comprehensive framework for understanding how different generations within the Kenyan workforce interact with mental health. By acknowledging the impact of generational life trajectories on awareness, expectations, and behaviors, organizations can design more effective policies to support the mental well-being of all employees (Lusambili et al., 2023). This approach not only benefits individual employees but also contributes to a harmonious, inclusive, and supportive workplace culture where mental health is valued across generations.

Life Course Theory emphasizes that an individual's life experiences and transitions, shaped by historical, cultural, and social contexts, influence their attitudes, behaviors, and decisions over time.

It posits that the life trajectories of individuals, especially during formative years, create patterns that affect their later interactions, including their understanding and engagement with mental health. The theory underscores how social structures and historical events shape behavior across generations, making it particularly relevant for studying generational differences.

In the context of this study, Life Course Theory is applied to understand how the distinct formative experiences of Generations X, Y, and Z in Kenya influence their perceptions and engagement with mental health. For example, Generation X, growing up in an era with limited mental health awareness and greater stigma, may exhibit reluctance to discuss or engage with mental health resources. Generation Y, who experienced the transition to digital communication and more open societal attitudes, may balance traditional stigma with emerging openness. Generation Z, born into a digital age with widespread global mental health advocacy, is likely to be more informed and proactive in seeking support (Lusambili et al., 2023).

SET examines how individuals evaluate the costs and benefits of engaging with mental health resources, such as counseling or workplace wellness programs. In the current study, SET helps explain why some generations are less likely to seek mental health support; for instance, Generation X may perceive the cost of stigma as outweighing the benefits of support). It also illustrates why younger generations (such as Generation Z) may engage more readily due to their perception of greater benefits, such as improved well-being and accessibility through digital platforms. LCT complements SET by providing a generational lens to understand these decisions. While SET focuses on the immediate rational evaluation of costs and benefits, LCT explains how these evaluations are shaped by the generational experiences, norms, and historical contexts that influence mental health engagement. For example, Generation X's cautious approach to mental health support can be understood through LCT as a result of their formative years in a stigmatized era. At the same time, Generation Z's openness can be attributed to the global rise in mental health advocacy and digital access during their formative years.

The interplay between SET and LCT allows for a deeper analysis of the research objectives. Regarding understanding mental health, LCT explains generational differences in mental health literacy shaped by societal experiences, while SET analyzes how individuals weigh the costs and benefits of acquiring this understanding. With respect to the awareness of support structures, LCT contextualizes how generational experiences impact awareness, while SET highlights the role of

perceived value and accessibility in shaping this awareness. Lastly, with regard to the engagement of mental health support structures, LCT frames the historical and cultural barriers to engagement, while SET examines how perceived stigma or benefits influence utilization. By incorporating these theories, the study can gain a deeper understanding of the interplay between generational differences and mental health interactions in the Kenyan workforce. Ultimately, contributing to more targeted and effective workplace mental health interventions and policies.

2.3 Conceptual Literature

2.3.1 Mental Health

Mental health refers to a state of well-being in which an individual can realize their potential, cope with the normal stresses of life, work productively, and contribute to their community (World Health Organization, 2022). It includes emotional, psychological, and social well-being, influencing how individuals think, feel, and behave in everyday life. In the workplace, mental health is critical to productivity, performance, and employee well-being. Despite this, cultural stigma and societal norms often inhibit discussions about mental health, particularly in developing contexts like Kenya.

Mental health in the workplace has gained increasing recognition on the global stage. The World Health Organization (WHO) estimates that mental health conditions contribute significantly to the global burden of disease and that mental health issues affect individuals' ability to work and contribute to the economy (World Health Organization & International Labor Organization, 2022). A global perspective on mental health in the workplace reveals common challenges faced by employees across the world.

Research by Greenberg et al. (2021) highlights that mental health conditions, such as depression and anxiety, are prevalent in the global workforce and can result in reduced productivity, absenteeism, and presenteeism. This phenomenon is not limited to a specific region but is a global concern. The study emphasizes the need for workplaces to prioritize mental health support structures to enhance employee well-being (Greenberg et al., 2021).

Research by Kiilu et al. (2022) underscores the economic impact of mental health in the Kenyan workforce. The study found that mental health conditions result in decreased work productivity, increased absenteeism, and significant economic losses. This highlights the urgent need for workplace interventions to address mental health challenges in Kenya (Kiilu et al., 2022).

In summary, the global, regional, and local perspectives on mental health in the workforce reveal common themes of stigma, limited access to mental health services, and the economic impact of untreated mental health conditions. These findings underscore the importance of addressing mental health in the Kenyan workplace, emphasizing the need for tailored interventions that consider the unique cultural and regional factors at play.

2.3.2 Generational Differences

Generations are cohorts of individuals born within a specific time frame and shaped by shared experiences, historical events, and societal changes during their formative years. This study focuses on Generation X (1965-1979), Generation Y/Millennials (1980-1994) and Gen Z (1995-2009). Generation X are known for independence and resilience - this generation was raised during a period with minimal mental health awareness. Generation Y is A transitional cohort that balances traditional and modern perspectives, and are influenced by the rise of the internet and globalization. Generation Z constitute a digitally native group characterized by openness to mental health discussions and familiarity with online support platforms. Generational differences affect how individuals perceive and engage with mental health, shaped by their socialization during key developmental years (Lyons & Kuron, 2014). Understanding these differences is essential for tailoring mental health interventions.

2.3.3 Understanding of Mental Health

This research adopted mental health literacy as conceptualized by Anthony Jorm to measure understanding of mental health and mental well-being across the different generations. Where mental health literacy includes the ability to obtain information on mental health, knowledge of risk factors, causes, self-treatments along with professional assistance. It also comprises of attitudes that foster recognition and suitable help-seeking (Mendenhall & Frauenholtz, 2013). This was critical for this study as it was looking into whether understanding of mental health and mental well-being varies across the different generations: Generation X, Y and Z.

Following Jorm's framework, this study based understanding as: ability to obtain information on mental health, having knowledge of mental health risk factors, knowing and understanding the causes of mental illness or being mentally unwell, knowing and understanding how to prevent any form of

mental illness, knowing and understanding how to seek for help when suffering from any mental illness or being mentally unwell and knowing and understanding how to manage mental illness.

2.3.4 Awareness of Mental Health Support Structures

Awareness refers to an individual's knowledge of the existence, accessibility, and benefits of mental health resources. In Kenya, support structures range from organizational initiatives (such as Employee Assistance Programs) to public health facilities, NGOs, and digital platforms. Generational differences significantly influence awareness levels. Younger generations are more likely to access digital resources, while older generations may rely on traditional or family-based support systems (Nakagawa & Yellowlees, 2020).

Mental health support structures are considered to help with preventing and treating mental illnesses including through provision of services that aid in maintaining, improving and restoring mental health (Samartzis & Talias, 2019). This study defined mental health support structures in different categories as follows: organizational/employer level, family and social level, county level, NGO-led and privately funded support structures.

Further broken down, support structures consist of counselling and hotline services provided by across any of the categories as well as Employee Assistance Programs provided at organizational/employer level. County level support structures include those provided by public health institutions backed by the government and religious based organizations.

An individual's family plays a crucial role in acting as a bridge between the individual and their employer to facilitate mental health care. This study will be looking into an individual's family as a structure of mental health support based on being able to recognize psychological distress and provide a nurturing environment. Family dynamics play a pivotal role in the mental health and well-being of individuals where they may either help with curtailing any issues or make worse any arising or existing issues. Also including other social support systems comprising of but not limited to friends and neighbors. Privately funded support structures include mental health facilities and services offered by individuals or corporations privately financed.

2.3.5 Engagement with Mental Health Support Structures

Engagement involves utilizing services or initiatives aimed at improving mental health. It reflects an individual's willingness to access formal (such as therapy, counseling) or informal (like peer support) resources. Factors influencing engagement include stigma, cultural attitudes, and perceived quality of services (Samartzis & Talias, 2019). Generational factors also play a role, with older cohorts often hesitant to engage due to stigma and younger cohorts leveraging technology to access services.

An individual's level of engagement with mental health support structures will likely vary across the categories outlined above. This study posited that individuals from certain age cohorts will have varying preferences for instance being more likely to engage with their families regarding their mental health and well-being while other age cohorts being more likely to engage with employee assistance programs as their first preferred option.

2.3.6 Generational Differences and Mental Health

This study adopted the term generation to refer to individuals born with shared experiences that have informed their values and molded their lives in similar ways, which is based on being born within approximately the same period. The study was underpinned by the social forces' perspective by Karl Mannheim, which argues that the happenings and circumstance a generation encounters in its formative years, function as a likely basis for the rise of a shared "inborn way of experiencing life and the world" (Lyons & Kuron, 2014). Presently, the workplace is approximated to have four generations of employees: Baby Boomers: born between 1946 -1964, Generation X: born between 1965 -1979, Generation Y: born between 1980 -1994 and Generation Z: born between 1995 – 2009 (Goessling, 2017).

Each of these generations is defined following a set of generally accepted attributes that have been influenced by key events, either social or historical, that they witnessed (Goessling, 2017). Baby Boomers witnessed Kenya's independence and characterized as being loyal to their employers and bring maximum effort to their work. Generation X experienced the AIDS epidemic and witnessed the leadership of Jomo Kenyatta as Kenya's first president. They are described as independent and have a high probability of changing jobs to increase their marketability (Goessling, 2017). Generation Y are habituated to accessing information swiftly as internet connection became available in the mid-90s in Kenya. Generation Z have a higher inclination towards technological developments, desire to

be led by a mentor and crave feedback at the workplace (Goessling, 2017).

For organizations to participate in the current competitive economy, they need to engage employees from each of these generations for diversity. Diversity is stated to be advantageous when it results in increased ability, skills as well as knowledge resulting in enhanced problem-solving and decision making. Conversely it may be disadvantageous as it brings about negative effects on social integration along with cohesion (Yadav & Lenka, 2020). Each of the generations is characterized by different attitudes and perceptions based on the environment in which they were raised and world events they experienced, making it critical to appreciate the current constitution in terms of age diversity at the workplace to leverage on the generational differences effectively (Goessling, 2017). Providing a work environment that caters to the expectations of each of these generations is an ongoing challenge for most organizations (Pescosolido, 2013). Given their different communication and conflict management styles among other issues, organizations must develop integrative policies that drive collaboration and ultimately performance.

Age, specifically, is of growing importance, as prior research has underscored the importance of the socialization of an age cohort, otherwise referred to as a generation, for the display of own attitudes, values, expectations as well as ideology, which in turn affects a worker's behavior (Twenge et al., 2010). For instance, Generation Y is described as the most distinct group out of the others, that is, Traditionalists (born between 1928 – 1945), Baby Boomers and Generation X. This is based on their employment needs along with cultural differences (Shaw & Fairhurst, 2008).

There is a link between mental health literacy and age, where for instance, it has been observed that younger people tend to over-identify with depression (Greenberg et al., 2021). Over-identify refers to the tendency to relate strongly or excessively to a specific condition, such as diagnosing oneself or attributing common behaviors to mental health disorders without professional assessment (Wang et al., 2022). There are differences in how individuals perceive mental health across their adult life. Looking at the helpfulness and harmfulness of various treatments, younger people have different perceptions compared with the older generation. These differences signal the need for age-appropriate information and efforts towards sensitization and addressing of mental health (Grim et al., 2019). Age is just as significant a diversity attribute as gender, race, and religion; thereby, signifying the need to empirically look into the dynamics of managing a multigenerational workforce.

2.4 Empirical Review of Literature

2.4.1 Understanding Mental Health Across Generations

Globally, generational differences in mental health understanding are well-documented, with younger generations exhibiting higher mental health literacy compared to older cohorts. Greenberg et al., 2021 found that younger individuals, particularly Millennials and Generation Z, are more likely to recognize mental health symptoms, understand their causes, and seek professional help. Older generations, such as Generation X, often perceive mental health issues through a traditional lens, associating them with personal failure, weakness, or even spiritual affliction.

Globally, studies indicate that younger generations exhibit greater mental health literacy compared to older cohorts. For instance, Gray et al. (2019) found that younger individuals are more likely to recognize symptoms of mental illness and seek help, whereas older generations associate mental health issues with weakness or personal failure.

A study by Heinonen et al. (2022) found that younger employees may be even more prone to psychosocial working conditions compared with their older counterparts. This is despite the fact that younger employees are perceived as having a better understanding of mental health and well-being, which would presumably enable them to manage better. The study did find that younger employees reported lower job control compared with their older counterparts. Additionally, among the younger employees it was observed that the level of education had a significant impact on their mental health. Where younger employees with a lower level of education experienced three times higher risk to a mental disorder compared with those having a higher level of education (Heinonen et al., 2022).

The African context reveals unique generational dynamics in the understanding of mental health. In Kenya, research specific to generational differences in mental health understanding is limited but emerging. A quantitative study by Mutiso et al. (2017) conducted in rural Kenya on health workers and community volunteers revealed that greater knowledge on mental health predicts positive attitudes. There is also the aspect of willingness to relate with individuals with mental health illness where the higher the willingness, the lower the stigma associated but this is predicated by whether the individuals already feel a sense of belonging in the community they were working in (Mutiso et al., 2017). Both of these aspects are transferrable in a workplace setting where employers would want to foster positive attitudes from their employees so as to drive collaboration and overall organizational

commitment. Additionally, encourage their employees to interact with each other openly, mental health and mental well-being issues notwithstanding. These open interactions and conversations are critical to destigmatizing mental health illnesses and nurturing healthy work environments.

Mutiso et al. (2017) further highlighted the role of cultural stigma in limiting mental health awareness, particularly among older adults. The study revealed that older individuals often attribute mental health challenges to external factors, such as witchcraft or poor upbringing, reflecting a need for culturally appropriate awareness programs. Conversely, younger Kenyans, exposed to global advocacy efforts and digital resources, demonstrate higher levels of awareness and willingness to discuss mental health. Mutiso et al. (2017) noted that cultural stigma limits mental health awareness, particularly among older adults, while younger individuals show greater openness, influenced by global advocacy efforts and technology.

Overall, the understanding of mental health and mental well-being across different generations in the Kenyan workforce reflects both traditional and evolving perceptions. While older generations may adhere to traditional beliefs and exhibit stigma, younger generations are often more open and aware of the importance of mental well-being. It is crucial to explore the varying levels of understanding of mental health and mental well-being across the different generations and use this information to adopt targeted workplace interventions. Including sensitization efforts to bridge the gaps that may exist.

Understanding mental health and mental well-being is a pivotal aspect of addressing the complex landscape of mental health issues. Several studies have underscored the significance of improving public knowledge in this domain. Guloksuz et al (2017) emphasized how a lack of understanding can lead to stigma and discrimination, highlighting the need for educational programs and awareness campaigns to promote better comprehension of mental health issues (Guloksuz et al., 2017).

Gray et al. (2019) provided an overview of the concepts and consequences of mental health stigma, emphasizing the importance of improving public understanding and reducing the stigma associated with mental health problems. As misunderstandings of mental illnesses lead to stigma for those living with them (Greenberg et al., 2021) conducted a systematic review of studies exploring the effect of mental health stigma on help-seeking behavior. Their findings indicated that a lack of understanding, and stigma often acted as barriers to individuals seeking help for their mental health concerns (Clement et al., 2015). Moreover, Pescosolido (2013) investigated public attitudes toward different mental health conditions. Her study highlighted how understanding and perceptions of mental

disorders can change over time, affecting stigma and public support for mental health services (Pescosolido, 2013).

These studies collectively demonstrate that improving the comprehension of mental health and mental well-being is pivotal in reducing stigma, promoting help-seeking behavior, and enhancing overall mental health outcomes. They also suggest that educational initiatives and awareness campaigns can play a significant role in enhancing public understanding of these issues. In essence, a well-informed society is better equipped to address the challenges associated with mental health and contribute to the overall well-being of individuals and communities.

However, the relationship between generational experiences and mental health literacy in Kenya remains underexplored, leaving a gap in understanding how cultural and historical contexts shape generational attitudes toward mental health. This study aims to fill this gap by examining the unique mental health perceptions of Generations X, Y, and Z in the Kenyan workforce.

2.4.2 Awareness of Support Structures

Awareness of mental health support structures varies significantly across generations and regions. Nakagawa and Yellowlees (2020) observed that older generations, such as Baby Boomers and Generation X, often lack awareness of modern support systems, including digital mental health tools. This is attributed to limited exposure to technology and prevailing societal stigma. In contrast, Millennials and Generation Z, who grew up in the digital age, are more informed about available resources and comfortable accessing them. The study suggests that older generations, such as Baby Boomers and Traditionalists, may have limited awareness of available digital services aimed at mental health. This lack of awareness is attributed to not growing up with technology and only having to interact with it in their adult lives. In contrast, younger generations, including Generation Y and Z, tend to be more informed about the support structures due to increased exposure to mental health discussions and growing up with technology (Nakagawa & Yellowlees, 2020).

In the African context, generational awareness of mental health support structures is influenced by the availability and accessibility of such services. A study by Javadi et al. (2017) conducted in various lower middle-income countries, reveals that there are limited mental health services available and existing services are poorly utilized due to a varying number of reasons. Some of which include cultural, financial and geographical. Where the study also highlights how delivery of mental health

services is highly specific to context given the cultural interpretations of utility, trust and stigma (Javadi et al., 2017). This makes it essential to investigate the levels of awareness across different generations and the reasons behind this.

Awareness of existing mental health support structures is vital for individuals in need of assistance. Previous research has delved into the knowledge and awareness of such support systems, shedding light on their importance and potential limitations. A study by Henderson, Evans-Lacko, and Thornicroft (2013) examined mental health literacy and awareness of available services in England. The research revealed that despite the presence of support systems, there was a lack of understanding and knowledge about where to seek help for mental health issues. This lack of awareness could potentially lead to underutilization of mental health services and underlines the importance of better public education (Henderson et al., 2013).

Furthermore, the study by Clement et al. (2015) on mental health stigma and help-seeking behavior also touched upon the awareness of support structures. The research indicated that stigma and a lack of awareness of available services were significant barriers to individuals seeking help for mental health concerns (Clement et al., 2015). These studies collectively emphasize the need for improved awareness of mental health support structures. Public knowledge about where to access assistance and the nature of available services can encourage individuals to seek help when needed. It highlights the role of educational campaigns, community outreach, and public information dissemination in reducing the existing awareness gaps and promoting a more supportive environment for mental health (Pescosolido, 2013). Previous research has underlined the importance of improving awareness of existing mental health support structures to facilitate help-seeking behavior and ensure that individuals in need can access the necessary assistance. Addressing these awareness issues can contribute to better mental health outcomes and reduce the stigma associated with seeking help for mental health concerns (Henderson et al., 2013).

In the African context, Javadi et al. (2017) noted that limited mental health infrastructure, coupled with cultural and financial barriers, restricts awareness of support structures in low- and middle-income countries. The study highlighted that even when support systems exist, their utilization remains low due to stigma and inadequate public education.

In Kenya, the Ministry of Health's *Kenya Mental Health Policy (2015-2030)* emphasizes the need to address gaps in awareness and accessibility of mental health resources. The policy identifies a

shortage of mental health professionals, inadequate infrastructure, and low levels of public awareness as significant barriers to effective mental health care. Research by Kiilu et al. (2022) supports this, showing that generational differences further complicate the issue, with older employees less likely to know about workplace wellness programs or community resources compared to their younger counterparts.

In summary, the awareness of existing mental health support structures varies among different generations within the Kenyan workforce. While older generations may have limited knowledge of formal support services, younger generations tend to be more informed, partially due to digital advancements and increased exposure to mental health discussions. Bridging this generational gap in awareness is essential to ensure that all employees can access and utilize the available mental health support structures in Kenya. This study contributes to the discourse by examining how Generations X, Y, and Z differ in their awareness of mental health support structures within the Kenyan workforce, providing insights into addressing these gaps.

2.4.3 Engagement with Support Structures

Globally, engagement with mental health resources is influenced by stigma, accessibility, and perceived effectiveness. A study by Grim et al. (2019) found that individuals' willingness to engage with mental health support structures is closely linked to their perception of service quality and cultural acceptance. In Kenya, Kiilu et al. (2022) reported that generational differences significantly affect engagement, with older cohorts showing reluctance due to stigma and younger cohorts engaging more through digital platforms and peer networks.

Stigma is a crucial element of measuring the level of engagement with mental health support structures as it has been reported as posing a barrier to help-seeking behavior. There are different types of stigmas commonly categorized as structural stigma, perceived stigma, self-stigma, personal stigma and anticipated stigma (Doll et al., 2021). Structural stigma covers institutional policies and practices that limit well-being, resources and opportunities for the stigmatized populations. As well as cultural norms and societal-level conditions. Perceived stigma includes negative stereotypes towards individuals with mental illnesses and prejudices held across communities (Greenberg et al., 2021). Self-stigma involves the internalization of prejudices along with stereotypes by individuals affected with a mental illness. Personal stigma follows the same description as self-stigma though among individuals not affected with any mental illness. Anticipated stigma refers to anticipated

discrimination along with stigmatization by others should one become affected by a mental illness (Doll et al., 2021). Based on self-reported experiences of participants that were engaged in this study, it became apparent the types of stigmas affecting individuals in the different age cohorts and to what extent this influences their level of engagement with mental health support structures.

In the African context, the discussion surrounding mental health in the workforce is gaining momentum. Research conducted by van Wijk et al. (2021) in South Africa revealed that mental health stigma is a common barrier to seeking help among African employees. The study highlighted that stigma often arises from cultural beliefs and misconceptions about mental health (van Wijk et al., 2021). Moreover, Africa faces unique challenges in the form of limited access to mental health services and professionals. According to Gray et al. (2019), the treatment gap for mental health conditions in Africa is substantial, with a shortage of mental health specialists. This situation can exacerbate the challenges faced by the workforce in seeking and receiving appropriate mental health care (Gray et al., 2019).

Access to mental health support structures in Kenya remains limited. The Ministry of Health published a report that highlighted that the country faces a shortage of mental health professionals and facilities. The report emphasized the need for investment in mental health services and awareness (Kenya Mental Health Policy 2015 - 2030, 2015).

Stigma and help-seeking behavior are closely related concepts when looking into mental health support structures. Help-seeking behavior for mental health issues was described as an adaptive coping process where one makes an effort to find external support to deal with the same. This process encompasses both formal and informal sources of external support where the former includes professional mental health specialists, and the latter includes family and friends. Help-seeking behavior is predicted by sociodemographic factors consisting of age and gender as well as previous help-seeking experiences and severe functional impairments (Doll et al., 2021).

It has been reported that individuals in the Boomer generation have had better mental health outcomes compared with those in the Generation X and Millennial generations. This is based on their ability to cope with stressful situations and resilience having had a lifetime of experience with crisis such as growing up in the rise of political upheavals. It would follow that the older generations despite having a higher risk of severe illnesses due to aging pose less of a risk when it comes to adverse mental health outcomes compared with the younger generations (Grelle et al., 2023). This makes it all the more

critical to look into the generational comparisons surrounding the level of engagement with mental health support structures.

Cohen et al. (2021) emphasized that it is essential to explore differences in the utilization of mental health services through nontraditional methods based on the level of exposure and adoption of technology by individuals in the different age cohorts. As these nontraditional methods become mainstreamed. Where Generation Z are more likely than Millennials to engage with digital tools over face-to-face interactions given their familiarity with these technologies since childhood (Cohen et al., 2021). Exploring this in the Kenyan workforce would provide integral insights into how best to tackle mental health and mental well-being. Potentially looking at integrative modes of mental health service delivery combining both traditional and nontraditional methods. As engagement with mental health support structures is a critical aspect of mental health literacy and overall well-being.

Grim et al (2019) explored the acceptability of an individual's knowledge in decision-making processes in service delivery. While their focus was on recognition of mental illness, the findings are relevant to engagement with mental health support structures. The study indicated that recognition and understanding of mental health issues are intricately linked to the aspect of shared decision making. Where shared decision making refers to the practice of ensuring individuals receive care and support aligned with their personal circumstances and context. It essentially conceptualizes that both service users and service providers possess equally valuable knowledge. In the context of mental health services this has not been the case in contrast with other health care services with individuals reporting that mental health service providers often underestimate their insights and capacity for decision making (Grim et al., 2019).

The level of engagement with mental health support structures varies among different generations in the Kenyan workforce. Older generations may exhibit reluctance, while younger generations are generally more open to seeking support. Bridging the gap in engagement with support structures is essential to ensure that all employees receive the necessary mental health assistance in the Kenyan workplace. This research aims to provide valuable insights into the complex dynamics surrounding individuals' readiness to seek and utilize mental health support. Particularly in prompting employers to embed evidence-based practices into their employee assistance programs.

This study will consider mental health support structures to include employee assistance programs offered at the workplace where these typically incorporate one-on-one counselling services through

a toll-free number. Additionally, nontraditional mental health service delivery through self-help books, mobile applications, online support communities as well as peer counselling. The latter will be included in the scope of mental health support structures as it has been reported that there is a paucity of resources specifically geared towards mental healthcare. Where these resources have traditionally entailed one-on-one services with a mental health provider. The nontraditional methods present a cost-effective and scalable alternative to the traditional methods of mental health service delivery. This study will not look into their efficacy but rather how individuals in the generations X, Y and Z perceive them and subsequently their level of engagement with them.

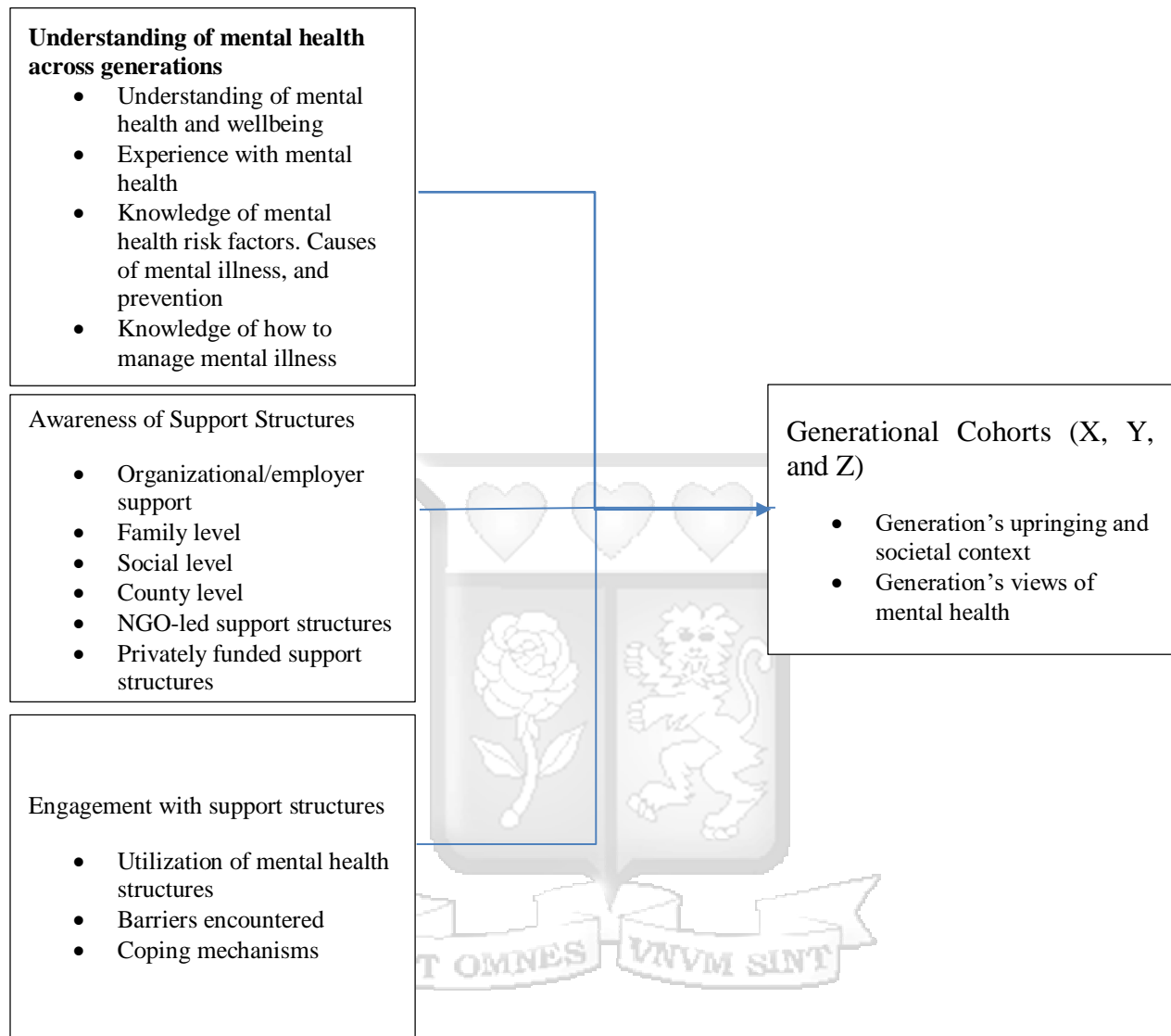
2.5 Research Gap

While global studies have examined mental health engagement and generational differences, research specific to Kenya is limited. Existing studies often focus on broader mental health challenges without addressing age-specific nuances in understanding, awareness, and engagement. Existing studies on mental health in the workplace primarily draw from global and largely Western perspectives (Wang et al., 2022). There is a paucity of research that delves into the unique cultural and societal factors that influence how Kenyan employees from different generations perceive, experience, and engage with mental health issues. The scarcity of workplace-oriented research into how employees navigate mental health and well-being makes it difficult to develop understanding of how best to support employees with the same. Furthermore, there is little empirical evidence on how these differences impact the design and effectiveness of workplace mental health initiatives in Kenya. This study seeks to address these gaps by exploring generational differences in mental health engagement within the Kenyan workforce.

2.6 Conceptual Framework

Figure 2.1 shows the conceptual framework for this study. It outlines the constructs that will be examined in the thematic analysis.

Figure 2.1: Conceptual Framework



Source: Researcher (2025)

2.7 Operationalization of the Research Variables

Table 2.2 shows the operationalization of the research constructs for this study.

Table 2.2: Operationalization of Study Variables

Variable	Indicators	Measurement	Literature source
Understanding of mental health across generations	Understanding of mental health and well-being	Open-ended question	Greenberg et al., (2021)
	Experience with mental health	Open-ended question	Gray et al., 2019
	Knowledge of mental health risk factors. Causes of mental illness, and prevention	Open-ended question	Gray et al., 2019
	Knowledge of how to manage mental illness	Open-ended question	Wang et al.,2022
Awareness of support structures	Organizational/e employer support	Open-ended question	Wang et al.,2022
	Family level	Open-ended question	Greenberg et al., (2021)
	Social level	Open-ended question	Greenberg et al., (2021)
	County level	Open-ended question	Greenberg et al., (2021)
	NGO-led support structures	Open-ended question	Gray et al., 2019
	Privately funded support structures	Open-ended question	Gray et al., 2019
Engagement with support structures	Utilization of mental health structures	Open-ended question	Grim et al., 2019
	Barriers encountered	Open-ended question	Grim et al., 2019
	Coping mechanisms	Open-ended question	Wang et al.,2022
Generational Cohorts (X, Y, and Z)	Generation's upbringing and societal context	Open-ended question	Greenberg et al., (2021)
	Generation's views of mental health	Open-ended question	Greenberg et al., (2021)
		Open-ended question	Grim et al., 2019

Source: Researcher (2025)

2.8 Chapter Summary

This chapter has discussed the theoretical and empirical literature relating to the topic. Gaps in the existing literature have also been discussed together with the conceptual framework that informed the current study.



CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Introduction

The research methodology outlines the steps that were undertaken to gather and analyze data to answer the research questions. This chapter outlines the elements of the research methodology adopted for the current study, which includes decisions concerning the research philosophy, design, population along with sampling, procedures and methods for gathering data, data analysis plan, strategies to enrich the quality of the research in terms of reliability and validity, as well as ethical considerations.

3.2 Research Philosophy

In research, understanding the philosophical approach is critical as it shapes the way a study is designed and executed. There are four key research philosophies commonly used in social sciences: positivism, interpretivism, realism, and pragmatism. Each philosophy reflects a unique way of perceiving and investigating reality (Saunders et al., 2019).

Positivism emphasizes the use of observable, measurable facts to understand reality. Researchers adopting this philosophy aim to uncover general laws through the collection and analysis of quantitative data. It assumes that reality is objective and independent of human perceptions. While positivism is useful in studies requiring empirical, scientific rigor, it is not ideal for this study. Understanding generational differences in mental health engagement requires examining subjective experiences and personal contexts, which cannot be fully captured using only measurable facts (Eriksson & Kovalainen, 2008).

On the other hand, interpretivism focuses on understanding the meanings individuals attach to their experiences. This philosophy asserts that reality is socially constructed and highly dependent on context. Interpretivist research often involves qualitative methods, such as interviews, that allow the researcher to delve into rich, in-depth insights about human behavior (Saunders et al., 2019). For this study, interpretivism is most suitable because it aligns with the objective of exploring how different generational cohorts understand and engage with mental health. By focusing on subjective

perceptions, the study can uncover the unique societal and cultural factors that shape these experiences.

Realism combines elements of positivism and interpretivism, asserting that there is an objective reality, but our understanding of it is mediated by social constructs. This philosophy can employ both quantitative and qualitative methods, making it suitable for studies that aim to balance objective facts with subjective experiences (Eriksson & Kovalainen, 2008). However, realism is less appropriate for this study because the primary focus is on subjective generational experiences rather than balancing these with an overarching objective reality.

Finally, pragmatism emphasizes practicality and focuses on finding actionable solutions to research problems. Pragmatism is flexible, often integrating both qualitative and quantitative approaches to comprehensively address research questions (Saunders et al., 2019). While pragmatism is valuable in problem-solving contexts, it does not provide the depth required to explore the cultural and societal nuances that shape generational engagement with mental health. For this reason, it is not as suitable for this study as interpretivism.

Interpretivism is the most appropriate philosophy for this study as it allows for a deep exploration of the subjective and context-dependent experiences of three distinct generational cohorts (X, Y, and Z). The philosophy's focus on understanding meanings within specific social and cultural contexts aligns with the study's aim to investigate how generational views and experiences shape engagement with mental health. Through qualitative methods like interviews, interpretivism provides the flexibility to capture the richness and diversity of these experiences (Saunders et al., 2019).

In contrast, positivism and realism prioritize objectivity and generalization, which would not capture the complexity of personal and generational perspectives on mental health. While pragmatism is versatile, it is less suited for this study's goal of uncovering detailed meanings and interpretations. By choosing interpretivism, the study emphasizes the social constructs and cultural factors central to the understanding of mental health, providing deeper insights into the research problem (Eriksson & Kovalainen, 2008).

3.3 Research Design

This research adopted a qualitative research design to gain a comprehensive understanding of the subject since the study was looking to understand participants' attributed meanings and associated

relationships. Qualitative research is a method that allows one to study individuals' experiences in detail by adopting a specific set of research methods including interviews, focus group discussions, content analysis, life histories, observation or visual analysis. One of the poignant elements of qualitative research is that it makes it possible to identify issues from the perspective of the participants of the study. This enables the researcher to understand the meanings and interpretations that the study participants give to objects, events and behaviors. In addition, qualitative research seeks to understand and appreciate the contextual influences on the issues being studied. In contrast, quantitative research involves collecting data and extrapolating the results to a broader population using for example surveys and the study population are typically referred to as respondents (Hennink et al., 2020).

Qualitative research was relevant for this study as it sought to recognize the beliefs and behaviors of a set of individuals in the different age cohorts while also looking to identify their cultural or social norms. In addition, given the sensitive nature of mental health, qualitative research enabled rapport building with the participants to provide them with a comfortable environment for disclosure. This was achieved through the use of focus group discussions with a relatively small number of participants per age cohort given the in-depth nature of qualitative research. In comparison, quantitative research aims at quantifying a problem using a relatively large number of people that can be generalized to the population being studied (Hennink et al., 2020).

3.4 Population and Sampling

The population for this study comprised individuals from three generational cohorts: Generation X, Y (Millennials), and Z. The study targeted a diverse population actively engaged in the Kenyan workforce, spanning various generational categories, each contributing unique experiences and perspectives. These categories included Generation X (born between 1965 and 1979), Generation Y (born between 1980 and 1994, also referred to as Millennials), and Generation Z (born between 1995 and 2009). The study aimed to ensure proportional representation of each generational group, comprising of both male and female participants to provide comprehensive insights into their perceptions and interactions with mental health in the workplace.

Purposive sampling was used for this study with the aim of having an in-depth exploration of how different generations interact with mental health and mental well-being. It entailed selecting participants who provided the most relevant and useful information. Purposive sampling falls under

non-probability sampling where the researcher decides on the individuals who will be sampled for the research based upon specific criteria. It allowed the researcher to focus on particular characteristics that are of interest as per the research objectives (Saunders et al., 2019). The rationale for adopting purposive sampling for this study was that it sought varying viewpoints and ideas from specific kind of people i.e. across the three generations and within the Kenyan workforce. The target sample size for this study entailed having a minimum of eight participants for every subgroup, that is, representing each of the generations.

These participants were drawn from professional networks, which included a diverse range of industries such as healthcare, education, corporate organizations, and social work. The total number of participants targeted for this study was 50, split evenly among the three generational cohorts to ensure balanced representation. To reach this sample size, participants were identified through professional associations, workplace networks, and referrals from participants who met the inclusion criteria. This process ensured that a variety of experiences and backgrounds were represented across the generational cohorts.

The participants were recruited from the professional networks of the researcher. In order to determine the sample size without bias, the study was conducted with due regard for the potential bias by the researcher. This was addressed through bracketing where the researcher was taking reflective notes before the focus group discussions. This was done to bring out own individual assumptions, preconceived notions, personal beliefs and experiences that may impact the sampling and interpretation of data.

3.4.1 Inclusion Criteria

Participants belonged to one of the following generations: Generation X: born between 1965 and 1979, Generation Y: born between 1980 and 1994 and Generation Z: born between 1995 and 2009. Participants were also self-described as either employed or self-employed from the formal and informal sectors of the economy. The inclusion of participants from these professions ensured a broad representation of experiences and perspectives regarding mental health awareness, support structures, and engagement. The selection criteria included: age bracket (to classify participants into their respective generational cohorts); current or past engagement with mental health issues, either personally or through their work; and employment in professions likely to have varying exposures to mental health awareness and support structures, ensuring diversity in perspectives.

3.4.2 Exclusion Criteria

The study will exclude individuals who have not been in any form of employment, either formal or informal, for more than two years.

3.5 Data Collection

This study used focus groups for data collection where a focus group is defined as a group of individuals chosen and gathered by the researcher to have a discourse and comment on, from personal experience, the area that is the subject of the research. A focus group relies on the interaction within the group based on the areas of discussion brought forward by the researcher. The insights and data brought out through the interaction between the participants are the key distinguishing elements of focus groups. The reactions, experiences, beliefs and attitudes would not be achievable with other data collection methods such as questionnaires and one-on-one interviews (Saunders et al., 2019). Hence, this research adopted focus groups as the collective gathering and interaction facilitated in a focus group enabled shared views as well as allowed the study to get comprehensive, individualized and context specific.

Focus group discussions were conducted with a subset of participants from each generational group. This facilitated a deeper exploration of participants' experiences, beliefs, and perceptions related to mental health in the workplace. Open-ended questions were used to encourage participants to share their personal stories and insights (Appendix III). The rationale for adopting focus groups as the data collection method for this study was that they allow for generating information on the collective view of participants in each of the generations and the meanings that lie behind those views. There was audio-recording of the focus groups to ensure that the wealth of ideas flowing from the discussions are not lost and that the process is managed smoothly. The participants were requested for their express consent prior to the discussions commencing.

Four focus groups were conducted with each group consisted of 6–10 participants, with at least one FGD per generational cohort and two additional FGDs combining participants from all three cohorts to explore intergenerational perspectives. The targeted number of FGDs was determined based on the study's goal to achieve thematic saturation while maintaining manageable group sizes for in-depth discussion. The discussions in the FGDs were guided by the following key themes:

understanding of mental health and well-being, awareness and perceptions of available mental health support structures, experiences with and barriers to engaging with these structures, and generational influences on attitudes and behaviors related to mental health. These themes were designed to align with the study's objectives and were also utilized during the analysis to identify patterns and differences across the generations. The guiding themes ensured consistency across FGDs and facilitated the organization of data into meaningful categories during the analysis phase.

3.6 Data Analysis

Qualitative data analysis is interpretive as one looks to interpret the meanings that participants themselves give to their experiences and views. For this study, data analysis encompassed coding and thematic analysis to detect recurring patterns and themes within the qualitative data. The initial steps entailed recording the focus group discussions which were transcribed. A unique identifier was assigned to every transcript to ease the process of tracking the individual transcripts during analysis. Coding was adopted to classify data with comparable meanings where each unit of data within a transcript is labelled with a code. This symbolizes the meaning of the extract with the intent of this process being to access the data for further analysis. The data collected was organized into codes while the codes are then organized by bringing them together as themes (Saunders et al., 2019). Coding helped to assess deeper exploration of participants' experiences, beliefs, and perceptions related to mental health in the workplace facilitated by NVIVO software version 12. This process aided in establishing the relationship between the variables by identifying the patterns in the qualitative data collected from the focus group discussions. After the data analysis, the results were organized into thematic areas to capture the perceptions of the participants of the focus group discussions. This was informed by the transcripts. The qualitative data was presented by summarizing the thematic analysis. The results will be disseminated through the University's portal.

3.7 Research Quality

3.7.1 Validity

Validity refers to ensuring that the data collected during research is appropriate for the purpose set out with the measuring instruments. A validity test determines if the indicators in the scale make appropriate measurements with regards to the intention of the research (Sürücü & Maslakçı, 2020). To

achieve a high level of validity, the focus groups were conducted judiciously using expounding questions, exploring meanings and by probing responses from a range of perspectives. There was trust and rapport building with the participants to allow for the flow of discussions with the participants to happen organically. Additionally, during analysis, negative cases where any views shared from participants that counter the rest will be taken note of as the researcher reflects on the findings.

3.7.2 Reliability

Reliability refers to the stability of the measuring instrument adopted along with its consistency over time. It is the ability of the measuring instruments to give similar results when applied at different times (Sürücü & Maslakçi, 2020). Focus group discussions are not necessarily intended to be repeatable given that they reflect the reality at the time they are moderated and in a situation which may be subject to change (Saunders et al., 2019). As such for this study, reliability was achieved through rigorous design of the focus group discussion guide. This ensured that the quality of discussions is maintained, and a detailed analysis is achieved. Additionally, prior to the focus group discussions, participants were provided with relevant information on the nature of the research so that they can have the opportunity to prepare adequately.

3.8 Ethical Considerations

The research was conducted with approval from the Internal Ethical Review Committee at Strathmore University and National Commission for Sciences, Technology and Innovation (NACOSTI) to ensure that the study complies with ethical standards and guidelines.

Conducting research on sensitive topics such as mental health within the Kenyan workforce requires a rigorous ethical framework to safeguard the well-being and rights of participants. In this study, several ethical considerations were addressed. Specifically, participants were availed with comprehensive and clear information about the aim of the study along with its processes that, potential risks, and benefits. The first ethical consideration was voluntary participation, which means that coercion will not be used to prompt participation. Participants were also informed of their right to stop participation at stage and no obligation to answer all questions. The second key ethical consideration was informed consent (Appendix I). Informed consent was obtained from each participant before their involvement in the research. They were made aware of their right to withdraw from the study at any point without consequences (Hennessy et al., 2022).

Before participating, participants needed to have adequate information as well as assurance to enable them to understand the implications associated with taking part in the research and make an informed decision regarding their participation. In this regard, participants were briefed on the purpose of the research (Appendix I). Additionally, the anonymity and privacy of participants were guaranteed. The researcher did not collect any personal information, such as names, contact information, and addresses, from respondents. All data collected was anonymized and kept confidential. Participants' identities were protected, and not personally identifiable information was not disclosed in any publications or presentations. Participants were treated with respect, and their autonomy was honored. They had the freedom to share their experiences and perspectives voluntarily, and their decisions regarding participation was respected.

The study was sensitive to the potential vulnerability of participants, particularly when discussing mental health. Special care was taken when engaging with older generations, acknowledging their life experiences. The research was conducted in a way that avoids stigmatizing participants based on their mental health experiences or generational characteristics. The language used was respectful, and findings will be presented in a non- discriminatory manner.

Stringent data security measures were implemented to protect the information collected during the study. Only authorized researchers had access to the data, and it will be stored securely. Participants were provided with feedback on the study's results, and the findings will be disseminated responsibly and transparently. The research aimed to benefit not only the academic community but also society at large.

3.9 Chapter Summary

This chapter has discussed the research methodology adopted for the current study, which includes decisions concerning the research philosophy, design, population along with sampling, procedures and for gathering data, data analysis plan, strategies to enrich the quality of the research in terms of reliability and validity, and ethical considerations.

CHAPTER FOUR

PRESENTATION OF RESULTS

4.1 Introduction

This study sought to explore engagement with mental health across generations X, Y and Z in the Kenyan workforce. The specific objectives included examining whether understanding of mental health and well-being, awareness of existing mental health structures, and the level of engagement with mental health structures varies across generations X, Y and Z in the Kenyan workforce. This chapter presents the key findings from this research. This chapter is organized based on the objectives of this study.

4.2 Respondents Demographic Information

Thirty-nine respondents participated in this study – 8 in the first focus group (FGD 1 for Generation Z individuals), 11 in the second focus group (FGD 2 for Generation Y individuals), 8 in the third focus group (FGD 3 for Generation Y individuals) and 12 in the fourth focus group (FGD 4 for Generation X individuals). Two focus group discussions were conducted for Generation Y to achieve a gender balance as in the first Generation Y FGD participants dropped off in the last minute and only 3 male participants were available out of 11 participants. To mitigate the aspect of having data skewed to female participants, another Generation Y FGD was held to include more male participants. One member of the Baby Boomer Generation, aged 59, was included in the Generation X FGD because their age was at the border of Generation X, which ends at 58 years; the researcher took a last-minute decision to include this participant instead of turning them back as their experience and perspectives were likely to align with Generation X.

Table 4.1 shows the demographics of the respondents.

Table 4.1: Respondents' Demographic Profile Information from the four Focus Groups

		FGD 1	FGD 2	FGD 3	FGD 4	Total
		Generation Z (1995-2009)	Generation Y (1980-1994)		Generation X (1965-1979)	
Gender	Male	3	3	6	7	19
	Female	5	8	2	5	20
	Other (Specify)	0	0	0	0	0
Age group	28 years and below	8	0	0	0	8
	29 to 43 years	0	11	8	0	19
	44 years to 58 years	0	0	0	11	11
	59 years and above	0	0	0	1	1
Marital Status	Single	5	8	0	1	14
	Married	3	3	7	7	20
	Divorced/Separated	0	0	1	1	2
	Widowed	0	0	0	3	3
Education Level	High school or below	0	0	0	9	9
	Certificate level	0	1	0	2	3
	Diploma level	0	0	1	1	2
	Undergraduate Degree Level	7	5	5	0	17
	Postgraduate level	1	5	2	0	8
Employment Status	Self-employed	0	3	0	0	3
	Part-time employment	0	2	0	10	12
	Full-time employment	8	5	8	2	23
	Unemployed	0	1	0	0	1
Duration of employment	Less than one year	0	0	1	0	1
	1-2 years	0	1	0	0	1
	2-5 years	1	1	1	2	5
	5 years and above	7	9	6	10	32

Source: Researcher (2024)

4.3 Thematic Analysis

Coding and thematic analysis were used to detect recurring patterns and themes within the transcribed

data obtained from the four focus group discussions. The following sub-section presents the themes found with respect to the objectives of this research.

4.3.1 Understanding of Mental Health and Well-being Across Generations X, Y and Z in the Kenyan Workforce

This section presents the themes regarding how respondents from various generations understood mental health and well-being.

Participants from different generations provided varied descriptions of mental health, suggesting generational differences in the understanding of mental health and well-being.

4.3.1.1 Generation X

For Generation X participants, the themes that emerged are (a) traditional views of mental health; (b) stigma associated with mental health; and (c) gradual acceptance and awareness of mental health. Regarding traditional views of mental health, Generation X participants appeared to exhibit traditional views towards mental health, sometimes seeing it as a sign of weakness or something that should be kept private. Mental health was frequently associated with negative stereotypes, such as weakness, madness, or even spiritual problems. The following quotes support this theme.

"Mental health issues are not something we talk about in my family. It's seen as a sign of weakness." (FGD 4)

"If you go to see a psychiatrist, you must be mad. That's what we grew up believing." (FGD 4)

Additionally, Generation X participants seemed to attach some stigma to mental health. This leads to reluctance in seeking mental health support and a tendency to avoid discussing mental health issues openly. This theme is evidenced by the following quotes:

"When I grew up, we didn't discuss mental health. You were expected to be strong and handle your problems privately." (FGD 4).

"Even now, it's hard to talk about it because you don't want people to think there's something wrong with you." (FGD 4).

Additionally, despite the deep-rooted stigma, there is evidence that perceptions among Generation X are slowly evolving, particularly as they are exposed to more modern views on mental health through their workplaces or children. However, this change appears gradual, and many still struggle with the stigma they internalized growing up. Generation X participants appeared to have a mixed understanding that reflects a transition from traditional views to a more modern comprehension of mental health – traditional views and modern understanding. They recognize the historical stigma but also acknowledge the current increased awareness and acceptance. Also, Generation X participants were likely to describe mental health in terms of resilience and coping with stress, reflecting a pragmatic approach influenced by their upbringing. There is a gradual shift towards acceptance and awareness, often influenced by exposure to new information and younger generations. The following quotes lend support to the aspects of historical stigma and a shift towards acceptance through increased awareness which has materialized into a modern understanding.

"When we were young seeing somebody drunk was like a taboo. It is the element of upbringing." (FGD 4)

"Now the awareness is better. People know that this situation can come into your family and it can be with you anytime." (FGD 4)

"I've started to understand more about mental health through my children and their experiences." (FGD 4)

"Workshops at work have helped me realize the importance of mental well-being." (FGD 4)

4.3.1.2 Generation Y

Generation Y participants presented mental health in terms of managing daily stress and maintaining a good mental state – daily stress management and mental space. They emphasized the ability to carry out day-to-day activities without discomfort. Generation Y participants showed an evolving understanding of mental health, balancing traditional views with modern approaches to mental well-being. They presented a more nuanced understanding of mental health and are more open to discussing it compared to Generation X. Generation Y often balances traditional views from their upbringing with modern perspectives on mental health. These themes are illustrated by the following quotes from participants:

"My understanding of mental health is good mental space to carry out your day-to-day activities without any sort of struggle or any sort of discomfort." (FGD 2)

"It is the capability to take away stress and stressful situations; and not let them affect you." (FGD 2)

"Internally it can be how your thoughts or your perceptions can influence your mental state; externally it can be other people's perceptions opinions... uh whatever you are reacting to." (FGD 2)

"For me mental health is being in a state of being able to handle stress well; able to handle things that come on a daily basis and be at peace." (FGD 3)

"I think you have to deal with something then move on. You cannot continue being in that state forever." (FGD 3)

"In the previous generation and even us as I think I am generation Y there was no freedom for women and even the children." (FGD 3)

In addition, Generation Y perceive that therapy as a treatment option for mental health illness is costly though no proof of actually seeking this out and confirming. The following quotes illustrate that Generation Y participants perceive therapy to be costly, which discourages them from seeking it out or confirming the actual costs. This perception might act as a barrier to accessing mental health treatment.

"Therapy sounds expensive. I haven't tried it, but I just assume it's not affordable for someone like me." (FGD 2)

"I always hear that therapy costs a lot. It's one of the reasons I haven't looked into it seriously." (FGD 2)

"The perception that therapy is costly makes me hesitant to even consider it as an option, even though I haven't checked the prices myself." (FGD 2)

"I've never sought out therapy because I believe it's beyond my financial reach. It's a common

perception among my friends too." (FGD 3)

Also, Generation Y emphasized that one's relationship with their manager is a significant contributor to their mental health. They view their relationship with their manager as a significant factor influencing their mental health. Supportive and understanding managers are seen as essential for reducing stress and enhancing well-being at work. The following quotes support this view:

"The way my manager interacts with me has a huge impact on my mental health. If they're supportive, I feel much better." (FGD 2)

"A good relationship with my manager makes a world of difference. When they understand and support me, it reduces my stress significantly." (FGD 2)

"Having a manager who is approachable and empathetic really boosts my mental well-being. It makes work less stressful." (FGD 3)

"My mental health is closely tied to how my manager treats me. A positive relationship can improve my overall mood and productivity." (FGD 3)

4.1.3.3 Generation Z

Generation Z tends to view mental health issues as more normalized and influenced by their heavy consumption of social media – this theme was labelled normalization and influence of social media. They appeared to associate mental health with coping mechanisms and managing stress. Generation Z participants also seemed to demonstrate a high level of awareness and are often advocates for mental health, actively seeking and promoting well-being. They are also more likely to utilize available mental health resources and engage in open discussions about their mental well-being. Generation Z participants were more likely to view mental health in terms of emotional well-being and openly seeking support, indicating a significant cultural shift. This theme is illustrated by the following quotes:

"Mental health is being in a state of being able to handle stress well; able to handle things that come on a daily basis and be at peace." (FGD 1)

"Do you think also that the generation Z has taken this thing as normal because they consume so much on social media?" (FGD 4)

"You find that most of them (referring to Generation Z) in this scenario if you look at the statistics are the ones who are having these suicidal cases." (FGD 4)

"Mental health is very important to me and my friends. We make sure to talk about it and support each other." (FGD 1)

"I've participated in several mental health awareness campaigns and believe it's crucial for our generation." (FGD 1)

In addition, Generation Z brought out aspects of 'secondary' mental health illness where one struggles with mental health as a result of helping a close friend or family member deal with a mental health issue. The following quotes illustrate that Generation Z participants are experiencing secondary mental health issues as they help their close friends and family members deal with mental health challenges. This observation highlights the need for support systems that not only address the primary mental health issues but also provide resources and assistance to those who are caregivers and supporters.

"It's really tough when you're trying to support a friend who is struggling with their mental health. It starts to affect your own well-being too." (FGD 1)

"I find myself feeling anxious and stressed because I'm constantly worried about my sibling who is going through a tough time mentally." (FGD 1)

"Supporting my friend who has depression has taken a toll on my own mental health. It's like I'm absorbing their struggles." (FGD 1)

"Sometimes I feel overwhelmed because I'm trying to be there for my family member who is dealing with severe anxiety. It impacts my own mental state." (FGD 1)

Moreover, Generation Z participants brought out awareness of the link between physical health and mental health by presenting the importance of exercising. The following quotes illustrate that Generation Z participants are aware of the connection between physical health and mental health, emphasizing the importance of exercising to maintain mental well-being. This awareness underscores

the need for integrated health programs that promote both physical and mental health practices.

"I've noticed that when I exercise regularly, my mental health improves. It's important to keep active for both physical and mental well-being." (FGD 1)

"Exercise is a big part of my routine because it helps me manage stress and anxiety. Physical health directly impacts my mental health." (FGD 1)

"We talk a lot about mental health, but physical activity plays a huge role. I always feel better mentally after a good workout." (FGD 1)

"I make it a point to stay active because I've seen how much it helps my mental state. Exercise is crucial for maintaining overall health." (FGD 1)

Generation Z participants also highlighted that remote work poses a challenge with mental well-being as one lacks the social element of being at work physically. These participants find remote work challenging for their mental well-being due to the lack of social interaction that comes with being physically present at work. The absence of face-to-face interactions and the sense of camaraderie contribute to feelings of isolation and disconnection. The following quotes support this view:

"Working from home is tough because I miss the social interactions at the office. It makes me feel isolated." (FGD 1)

"The lack of face-to-face interaction with colleagues during remote work negatively affects my mental health. I miss the camaraderie." (FGD 1)

"Remote work has its perks, but not having the social element of being in the office takes a toll on my mental well-being." (FGD 1)

"I struggle with remote work because I feel disconnected from my team. The social aspect of work is important for my mental health." (FGD 1)

4.3.1.4 Generational Differences in Understanding of Mental Health and Well-being

Differences emerged across generations with regard to how they understood mental health and well-being. Generation X tends to hold more traditional views but is gradually becoming more aware, Generation Y balances traditional and modern views while showing increased openness, and

Generation Z is highly aware and actively advocates for mental health. These differences are presented in Table 4.2.

Table 4.2: Coding Sheet for Understanding of Mental Health

Generation	Theme	Description
Generation X	Traditional views of mental health	Mental health is seen as a sign of weakness or something that should be kept private associated with negative stereotypes, such as weakness, madness, or even spiritual problems
	Stigma associated with mental health	Mental health viewed as a weakness; reluctance to discuss openly
	Gradual acceptance and awareness of mental health	Slowly increasing understanding and acceptance, often influenced by younger generations and external resources.
Generation Y	Daily stress management and mental space	Managing daily stress and maintaining a good mental state
	Therapy	Therapy as a treatment option for mental health illness
	Relationships with managers	One's relationship with their manager is a significant contributor to their mental health
Generation Z	Normalization and influence of social media	Mental health issues as more normalized and influenced by their heavy consumption of social media
	'Secondary' mental health illness	Struggling with mental health as a result of helping a close friend or family member deal with a mental health issue
	Link between physical health and mental health	Awareness of the connection between physical health and mental health, emphasizing the importance of exercising to maintain mental well-being
	Remote work poses a challenge with mental well-being	Remote work is considered challenging for their mental well-being due to the lack of social interaction that comes with being physically present at work.

Source: Researcher (2024)

4.3.1.5 Similarities Across Generations in Understanding of Mental Health and Well-being

Despite the generational differences in understanding of mental health, the analysis revealed that participants from all generations did not perceive mental health as something to sustain/maintain.

Most participants did not consider proactive approach to taking care of their mental health rather reactive after an incident happens or they witness someone suffer/struggle. Therefore, the findings showed a reactive approach to mental health in all generations. Also, the analysis revealed that all the generations acknowledged that the internet and social media generally have made mental health discussions more common though Generation X and Generation Y participants expressed that there is a lot of misinformation. The following quotes illustrate that while all generations acknowledge the positive impact of the internet and social media in making mental health discussions more common, Generation X and Generation Y participants express concerns about the prevalence of misinformation. This underscores the need for reliable and accurate information sources to educate and support mental health awareness online. Table 4.4 shows the generational similarities in understanding of mental health.

Summary of Similarities Across Generations in Understanding Mental Health and Well-being

Despite generational differences, all groups demonstrated a reactive rather than proactive approach to mental health, only addressing issues after problems arose. Social media and the internet have played a significant role in normalizing mental health discussions across generations. However, Generations X and Y expressed concerns about misinformation online, emphasizing the need for credible mental health education and support platforms. These shared perspectives highlight areas for collective improvement in mental health awareness and preventive care.

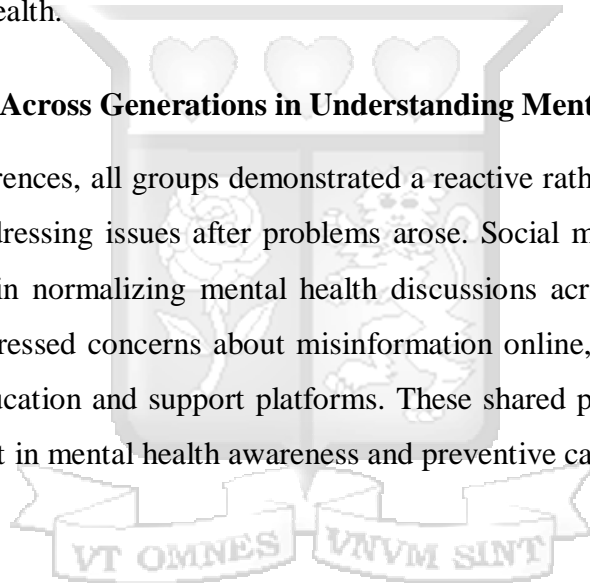




Table 4.3: Similarities Across Generations in Understanding of Mental Health

Theme	Description	Generation X	Generation Y	Generation Z
Reactive approach to mental health	mental health is not perceived as something to sustain/maintain	I don't think about my mental health until something bad happens. It's only then that I start to seek help or talk about it	Mental health is not something we actively maintain. It's only when I face stress or see someone close struggle that I think about it	Mental health for me is not a daily concern. I deal with it when it gets bad, not before
		We were never taught to take care of our mental health regularly. It's more of a reaction when something goes wrong	The idea of regular mental health check-ins is foreign to me. It's always been about reacting to problems, not preventing them	We don't really talk about mental health proactively. It becomes a topic only after something happens to someone we know
Role of social media in mental health discussions	The internet and social media generally have made mental health discussions more common even though there are concerns of misinformation	It's true that social media has made it easier to talk about mental health, but there's so much misinformation out there. You have to be careful about what you believe	The internet has definitely increased awareness about mental health, but I've seen a lot of false information being spread, which can be harmful	Thanks to social media, we are more open about mental health issues. It's easier to find support and talk about it openly
		While it's great that mental health is being talked about more, I worry about the accuracy of the information. Not everything you read online is true	I appreciate the increased dialogue on mental health due to social media, but I wish there was a way to filter out the misinformation	I appreciate the increased dialogue on mental health due to social media, but I wish there was a way to filter out the misinformation
		I've noticed that more people are talking about mental health online, which is good, but the misinformation is a real problem	The internet is a double-edged sword. It raises awareness, but also spreads a lot of incorrect information about mental health	Social media has played a huge role in breaking the stigma around mental health. People are more willing to share their experiences

Source: Researcher (2024)

4.3.2 Awareness of Existing Mental Health Support Structures Across Generations X, Y and Z in the Kenyan Workforce

Regarding awareness of mental health support structures, three themes emerged from the findings, which included (a) awareness of organizational/employer level support, (b) NGO and Government-level support, and (c) private, family and social support. Variations across the three generations were observed from the focus group discussions across these themes. These themes are discussed in detail in the following subsections.

4.3.2.1 Generation X

For Generation X participants, there was a noted reluctance to openly discuss mental health issues within this generation. However, some awareness of formal support structures such as insurance cover for mental health and team-building activities exists. Respondents mentioned awareness of formal support mechanisms such as insurance coverage and team-building activities, which suggests that while support exists; however, it might not be actively utilized due to stigma. This theme is demonstrated by the following quotes from participants:

"We have insurance that covers mental health, but not many people use it. There's still a stigma attached." (FGD 4)

"My company offers counseling services, but it's more of a checkbox. People rarely go." (FGD 4)

"We have access to wellness programs, but there's a general lack of trust in their effectiveness." (FGD4)

"HR talks about mental health support, but it's not really integrated into the company culture." (FGD 4)

"The support is there, but people are afraid to be labeled if they use it." (FGD 4)

Generation X participants had limited awareness of NGO or government-provided support structures, with some awareness of county-level initiatives. Generation X respondents appeared to exhibit a traditional workplace mentality, where discussing mental health can be perceived as a sign of

weakness. Despite this, some respondents mentioned awareness of support from government agencies and non-governmental organizations. However, they seldom discussed or mentioned these options with their peers. Thus, while there is awareness of NGO or government-provided support, it can be considered low. The following quotes support this theme:

"The county hospitals have some support, but not many people know or use them."

"I know of some NGOs that offer support, but accessing them can be challenging."

"At the county level I will talk of Mathari... offers psychosocial support."

"There are government programs, but people in my age group rarely use them."

"I have heard of government initiatives, but I'm not sure how to access them."

"NGOs are doing a good job, but they are not very visible to us."

Generation X indicated low awareness on family, social and private support since discussing mental health remains taboo. Generation X appears seems not to relies on family support due to cultural norms and the stigma associated with seeking help. The following quotes from Generation X participants support this theme:

"My family doesn't really understand mental health issues. They think it's something you can just get over." (FGD 4)

"Social support is crucial, but it's often lacking. Friends don't always get it." (FGD 4)

"When I tried to talk to my family about my mental health, they dismissed it as just stress." (FGD 4)

"Social gatherings can help, but only if people are willing to listen and support." (FGD 4)

"My family expects me to be strong all the time, so it's hard to talk about mental health." (FGD 4)

"Friends can be supportive, but they also have their own issues." (FGD 4)

"It's difficult to find understanding within the family. They see mental health issues as a weakness." (FGD 4)

"Social support networks are not very strong. People are too busy with their own lives." (FGD 4)

4.3.2.2 Generation Y

The findings indicated that Generation Y participants showed more openness towards mental health issues and acknowledges various support systems provided by employers. This generation appears to be more comfortable discussing mental health issues and acknowledges the efforts by employers to provide support. The analysis also revealed that Generation Y consider informal support structures, such as team lunches outside of the office, team building, to be more valuable than formal such as Employee Assistance Programs (EAP) offered by organizations. The presence of informal forums and team-building activities indicates that employers are creating environments where mental health can be addressed more openly. This theme is demonstrated by the following quote:

"We have counseling services available, but most of my colleagues don't utilize them due to fear of judgment." (FGD 2)

"Our company has mental health awareness programs, but they're often seen as just another HR initiative." (FGD 2)

"The mental health resources at our workplace are good, but not many people are comfortable using them." (FGD 2)

"I find team lunches and informal gatherings more helpful for my mental health than any formal support the company offers. It helps me feel connected and supported." (FGD 2)

"Team building activities are really beneficial. They create a sense of camaraderie and support that I don't get from the EAP." (FGD 2)

"I rarely use the EAP, but I always look forward to our informal team events. They help me de-stress and feel part of a community." (FGD 2)

"Informal gatherings with my team make me feel more supported and valued compared to the formal mental health services the company offers." (FGD 3)

"We have great team lunches, and those really help me more than any formal counseling session provided by the company." (FGD 3)

Generation Y participants appeared to have moderate awareness of NGO and government-level support. This generation appears to be more comfortable discussing mental health issues and acknowledges the efforts by employers to provide support. Generation Y is more aware of and interacts with NGO and government support, compared to Generation X. This generation seems to balance between seeking professional help and utilizing community resources. The following quotes from Generation Y participants support the moderate awareness of government and NGO support.

"The Huduma Centers have some really good mental health programs, but it's not very well known." (FGD 2)

"Some NGOs do offer workshops, and I've attended a few. They were really helpful." (FGD 2)

"The government has opened up to the Huduma Centers. They offer a range of mental health services, but people my age don't seem to know much about them." (FGD 3)

"NGOs are trying to fill the gap in mental health services. I've seen some good initiatives, but they need more publicity." (FGD 3)

"There are quite a few NGOs doing great work in mental health, but accessing their services can be tricky." (FGD 3)

"Government support exists, but there's a lack of awareness among people in my generation." (FGD 3)

"I've heard of government programs, but it's not clear how to access them." (FGD 3)

"NGOs offer some good mental health resources, but they need to reach out more to our age group." (FGD 3)

Generation Y participants had moderate awareness of private, family and social support, with some seeking professional help due to less stigma. This generation shows a mix of reliance on family support and seeking professional help. The reduced stigma allows them to explore more diverse support options, although family remains a key support system.

"My family is supportive, but they don't really understand the depth of mental health issues."
(FGD 2)

"I rely on my friends for support because my family thinks mental health problems are just excuses." (FGD 2)

"Talking to my family about mental health is difficult; they think it's something that will just pass." (FGD 2)

"My friends are my main support system when it comes to mental health." (FGD 2)

"Family support is there, but it's often conditional and based on their understanding." (FGD 3)

"My social circle is very supportive, but even they sometimes struggle to understand." (FGD 3)

"It's hard to get my family to take mental health seriously." (FGD 3)

"Friends are supportive, but there's a limit to how much they can help." (FGD 3)

4.3.3.3 Generation Z

Generation Z demonstrated high levels of awareness and acceptance of mental health issues. Usually facilitated by informal support structures like peer discussions and social media. Generation Z shows the highest awareness and acceptance of mental health issues. They leverage both formal and informal support structures within the organization, including digital platforms and peer discussions, reflecting their being digital natives and the reduced stigma around mental health in younger generations. The following quotes from Generation Z participants support this theme:

"I've heard about the wellness programs, but I'm not sure how to access them." (FGD 1)

"There are mental health days offered, but many of us don't know about them until it's too late." (FGD 1)

"We have access to mental health services, but there needs to be more effort in promoting them." (FGD 1)

"The mental health support at work is decent, but it lacks visibility among younger employees." (FGD 1)

"We have some support structures in place, but they need better integration into our work culture." (FGD 1)

"The company offers counseling services, but they're not well advertised." (FGD 1)

"I've attended a couple of mental health workshops, but they need to be more engaging." (FGD 1)

Generation Z respondents also demonstrated moderate awareness. Like Generation Y, they acknowledged the barriers or challenges accessing mental health support provided by government and NGOs. The following quotes support this theme.

"I know there are some NGOs that offer mental health support, but they're not very accessible." (FDG 1)

"I've heard of government programs, but I'm not sure where to find them." (FDG 1)

"There are a few NGOs that run mental health campaigns, but they need to do more to reach young people." (FDG 1)

"Government support is available, but it's not well advertised to our generation." (FDG 1)

"NGOs do a lot of good work in mental health, but they need more visibility." (FDG 1)

"I've seen some government initiatives on social media, but they don't seem very active." (FDG 1)

"Some NGOs provide mental health resources, but accessing them is a challenge." (FDG 1)

"The government has some programs, but they need to be more youth-friendly." (FDG 1)

Generation Z participants also demonstrated low awareness of family support, but more on peer support and digital platforms. This shift indicates a greater openness to discussing mental health issues with peers and professionals, and an inclination towards seeking immediate, accessible support. Their comfort with digital platforms helps them access these services more readily, and there's a noticeable trend of turning to independent psychologists and online platforms. The following quotes lend support to this theme:

"My family doesn't talk much about mental health, so it's hard to open up." (FGD 1)

"I rely more on my friends for support because my family doesn't understand mental health issues." (FGD 1)

"It's difficult to get support from my family; they think mental health problems are just phases." (FGD 1)

"My friends are my main support system, but even they sometimes don't fully understand." (FGD 1)

"Family support is there, but they don't really get what I'm going through." (FGD 1)

"Social support is important, but it's hard to find friends who truly understand." (FGD 1)

"Talking to my family about mental health is tough; they just don't get it." (FGD 1)

"I rely on my social circle for support because my family doesn't really believe in mental health issues." (FGD 1)

4.3.3.4 Differences Awareness of Existing Mental Health Support Structures

Taken together, the results indicate the awareness of existing mental health support structures varies significantly across generations in the Kenyan workforce. Generation X shows the least awareness and utilization, primarily relying on family support. Generation Y is more aware and open to using both organizational and NGO/government support structures, while Generation Z exhibits the highest awareness and utilization, facilitated by digital platforms and peer support networks. The stigma surrounding mental health is progressively decreasing from Generation X to Generation Z, reflecting a positive trend towards mental health awareness and support in the Kenyan workforce.

The analysis highlights the evolving nature of mental health support awareness across generations in the Kenyan workforce. Generation X individuals remain cautious and traditional, with limited engagement with formal support structures. Generation Y individuals represent a transitional phase, balancing between traditional family support and emerging professional help. Generation Z individuals, meanwhile, is the most progressive, leveraging digital platforms and peer networks to address mental health issues openly and proactively. This trend indicates a promising shift towards greater mental health awareness and support utilization among younger generations. Table 4.5 shows the coding sheet for awareness of existing mental health support.



Table 4.4: Coding sheet for awareness of mental health support

Generation	Theme	Description
Generation X	Awareness of employer/organizational support	Awareness of formal support structures such as insurance cover for mental health and team-building activities; however, stigma hinders their utilization (low awareness)
	Awareness of NGO and Government-level support	Respondents mentioned awareness of support from government agencies and non-governmental organizations but seldom discussed or mentioned these options with their peers (low awareness)
	Private, family and social support	Low awareness on family, social and private support since discussing mental health remains taboo
Generation Y	Awareness of employer/organizational support	They are more open to both formal and informal support provided by organizations although they prefer informal structures more compared to formal ones (moderate awareness)
	Awareness of NGO and Government-level support	Generation Y is more aware of and interacts with NGO and government support, compared to Generation X (moderate awareness)
	Private, family and social support	This generation shows a mix of reliance on family support and seeking professional help (moderate awareness)
Generation Z	Awareness of employer/organizational support	They leverage both formal and informal support structures within the organization (high awareness)
	Awareness of NGO and Government-level support	Like Generation Y, they acknowledged the barriers or challenges accessing mental health support provided by government and NGOs
	Private, family and social support	low awareness of family support, but more on peer support and digital platforms, and a greater openness to discussing mental health issues with peers and professionals, and an inclination towards seeking immediate, accessible support.

Source: Researcher (2024)

4.3.3 Level of Engagement with Mental Health Support Structures Across Generations X, Y and Z in the Kenyan Workforce

Three themes emerged when examining the level of engagement with mental health support structures – (a) awareness of organizational/employer level support, (b) NGO and Government-level support, and (c) private, family and social support, which were compared across generations. These subthemes are discussed in detail in the following subsections.

4.3.3.1 Generation X

Generation X participants demonstrated low engagement with organizational/employer support. While Generation X acknowledges the benefits of formal support systems for younger generations, there is some skepticism and slower adaptation to these new structures. They may not fully utilize these resources due to ingrained attitudes toward mental health.

"There were no formal structures back in our day. Now, with HR policies changing, I see my children benefiting more." (FGD 4)

"Talking about mental health with your boss? That's a sign of weakness. We were taught to be tough." (FGD 4)

"We just don't talk about it, you know. You handle your issues privately and don't bring them to the workplace." (FGD 4)

Generation X generally exhibits cautious and limited engagement with NGO and government-level mental health support. Generation X respondents were hesitant to engage with institutional support, often due to a lack of trust in these organizations or a belief that mental health should be handled privately. This is supported by the following quotes:

We were not brought up to rely on such services. We handled our issues within the family." (FDG 4)

"I've never really thought about going to an NGO for mental health support. It just doesn't feel like something I would do." (FDG 4)

The analysis also showed that Generation X tends to rely heavily on family for support when dealing with mental health issues, but there is limited engagement with broader social support networks. The

preference for family support is often influenced by cultural expectations and a desire to keep personal issues private. For Generation X respondents, family is often the first and sometimes the only source of support when facing mental health challenges. Also, due to the stigma surrounding mental health and a preference for privacy, Generation X is less likely to engage with social support networks outside of their immediate family. The idea of seeking help outside the family can be seen as a sign of weakness or failure. The following quotes support this view:

"In our time, family was everything. You didn't go outside the family to talk about your problems." (FDG 4)

"We handle our issues within the family. It's not something we would discuss with friends or colleagues." (FDG 4)

"I don't think I've ever discussed my mental health with anyone outside my family. It's just not something we do." (FDG 4)

"For us, social support was more about your close-knit family than a broad network of friends or colleagues." (FDG 4)

4.3.3.2 Generation Y

Generation Y actively engages with organizational/employer mental health support systems, finding them beneficial for managing stress and preventing burnout. They appreciate structured programs that provide clear guidelines and support. Generation Y values structured support systems, such as daily stress management programs and formal counseling services, which they find effective in addressing mental health issues.

"Where I work there is 32 leave days helps to deal with burnout and taking a break." This quote highlights the use of formal support mechanisms implemented within the workplace to manage stress effectively (FGD 3)

"Breakout area banter... informal talk at the workplace turns out to be the most effective." While this quote primarily addresses informal support, it also implies a need for structured environments where informal support can thrive (FGD 3)

Generation Y respondents were more open to engaging with NGO and government-level support for mental health compared to Generation X. They were at a transitional stage, where traditional views are giving way to more modern attitudes towards mental health. Most Generation Y respondents appeared increasingly aware of and willing to engage with NGO and government support structures, especially as they become more common in workplaces and communities. This is supported by the quotes below.

"I've attended a few workshops organized by NGOs. They helped me understand more about managing stress and mental health." (FGD 2)

"The government has some good initiatives, but I feel like they need to do more to reach people my age." (FGD 2)

The analysis also revealed that Generation Y respondents seemed to strike a balance between relying on family and engaging with broader social support networks. This generation is more open to discussing mental health with friends and colleagues, though family remains a key support system. While family support remains important for Generation Y, there is a greater openness to seeking help and discussing mental health issues within social circles, including friends, colleagues, and online communities. The following quotes support this theme – balanced engagement with social and family support.

"I talk to my family first, but I also feel comfortable discussing things with my close friends." (FGD 2)

"It's important to have a support system beyond just family, especially in today's fast-paced life." (FGD 2)

4.3.3.3 Generation Z

Generation Z shows a strong preference for organizational mental health support systems, including regular team-building activities and structured mental health programs. They actively seek out and engage with these resources. Generation Z finds formal, structured support systems to be very effective, appreciating programs that are regularly scheduled and well-integrated into the workplace culture.

“My current workplace has regular team buildings targeted towards mental health.” This quote emphasizes the importance placed on regular, structured support activities by Generation Z (FGD 1)

"You have to stick alone there... getting a job is not easy. So you have to stick alone there." Despite facing job insecurity and isolation, Generation Z values the formal support provided by their employers, indicating a reliance on these structured programs to cope with mental health challenges (FGD 1)

Generation Z shows the highest level of engagement with NGO and government mental health support. This generation seemed to have grown up in a time when mental health discussions are more prevalent, and there are more resources available. Generation Z respondents reported seeking out mental health support from NGOs and government programs. They tend to view these services as essential and are more likely to use them without hesitation.

"I've used several services from NGOs and government programs. It's good that these resources are available to us." (FDG 1)

"For us, it's normal to reach out for help when we need it. Whether it's from an NGO or the government, it doesn't matter as long as we get the support." (FDG 1)

Generation Z is highly engaged with both family and a broad array of social support networks. This generation is comfortable discussing mental health openly with friends, family, and even in online communities. Generation Z views both family and social support as integral to managing mental health. They are likely to seek advice and support from multiple sources, including family, friends, social media, and online support groups. This generation leverages digital platforms and social media to build support networks, finding comfort in the anonymity and accessibility these platforms provide.

"I talk to my parents and my friends about mental health. It's not something to be ashamed of." (FGD 1)

"I find a lot of support online too. Sometimes it's easier to talk to someone who isn't family or close friends." (FGD 1)

"There are so many online communities where you can share your experiences and get

support." (FGD 1)

"My friends and I talk about mental health all the time, even on social media. It's just a part of our lives." (FGD 1)



Table 4.5: Engagement with Mental Health Support

Generation	Theme	Description
Generation X	Engagement with of employer/organizational support	Generation X participants acknowledge the benefits of formal support systems for younger generations but may not fully utilize them due to lingering cultural barriers
	Engagement with NGO and Government-level support	Cautious and Limited Engagement: Generation X generally exhibits cautious and limited engagement with NGO and government-level mental health support.
	Engagement with Private, family and social support	High Reliance on Family, Limited Social Support: Generation X tends to rely heavily on family for support when dealing with mental health issues, but there is limited engagement with broader social support networks.
Generation Y	Engagement with of employer/organizational support	Generation Y participants actively utilize and values structured support systems, finding them effective in managing stress and preventing burnout. They find formal support systems effective and integrates them into their routine for managing mental health
	Engagement with NGO and Government-level support	Moderate Engagement: Generation Y is more open to engaging with NGO and government-level support for mental health compared to Generation X. They are at a transitional stage, where traditional views are giving way to more modern attitudes towards mental health
	Engagement with Private, family and social support	Balanced Engagement with Family and Social Support: Generation Y strikes a balance between relying on family and engaging with broader social support networks
Generation Z	Engagement with of employer/organizational support	Generation Z participants show a strong preference for formal support systems, actively seeking out and engaging with regular, structured programs. They rely on and values formal, structured support systems, indicating a generational shift towards accepting and valuing formal mental health interventions.
	Engagement with NGO and Government-level support	High Engagement: Generation Z shows the highest level of engagement with NGO and government mental health support. This generation has grown up in a time when mental health discussions are more normalized, and there are more resources available.
	Engagement with Private, family and social support	High Engagement with Both Family and Social Support: Generation Z is highly engaged with both family and a broad array of social support networks.

Source: Researcher (2024)

CHAPTER FIVE

DISCUSSION, CONCLUSION AND RECOMMENDATIONS

5.1 Introduction

Understanding mental health is critical in today's workplace, where stress, anxiety, and other mental health challenges are increasingly common. Mental health significantly affects employee productivity, job satisfaction, and overall well-being. However, the perception, awareness, and engagement with mental health support structures can vary widely across different generations. This research is essential to identify these generational differences in the Kenyan workforce, enabling employers and policymakers to design targeted mental health initiatives that address the unique needs of Generation X, Y, and Z. The aim of this research was to explore understanding, awareness and engagement with mental health across generations X, Y and Z in the Kenyan workforce. The specific objectives included examining whether the understanding of mental health and well-being, awareness of existing mental health structures, and the level of engagement with mental health structures varies across generations X, Y and Z in the Kenyan workforce. This chapter discusses the findings of this research with respect to past studies and the theoretical framework for this research. Policy, practice, and theoretical recommendations as well as recommendations for future studies have been discussed in this chapter

5.2 Summary of Main Results

First, the findings from this study highlight the differences in understanding and attitudes towards mental health across Generations X, Y, and Z within the Kenyan workforce. Generation X tends to hold more traditional views but is gradually becoming more aware. Generation Y balances traditional and modern views while showing increased openness, and Generation Z is highly aware and actively advocates for mental health. These insights emphasize the importance of targeted mental health initiatives and educational programs to address the specific needs and perspectives of each generation.

Regarding awareness of existing mental health support structures, the findings from the present study also reveal generational differences in the Kenyan workforce. Generation X shows the least awareness and utilization, primarily relying on family support. Generation Y is moderately aware and open to using both organizational and NGO/government support structures, while Generation Z

exhibits the highest awareness and utilization, facilitated by digital platforms and peer support networks. The stigma surrounding mental health is progressively decreasing from Generation X to Generation Z, reflecting a positive trend towards mental health awareness and support in the Kenyan workforce.

The findings also indicate generational differences in engagement with mental health structures in the Kenyan workforce. Generation X remains cautious and traditional, with limited engagement with formal support structures in the workplace. Generation X individuals face significant barriers due to traditional hierarchical structures and cultural stigma, making it difficult to discuss mental health openly with superiors. They show limited engagement with mental health support due to deeply ingrained cultural norms of toughness and resilience. Generation Y represents a transitional phase, balancing between traditional family support and emerging professional help; hence, they have moderate engagement. Generation Y individuals struggle with navigating hierarchical dynamics, finding it challenging to address mental health issues with senior colleagues, though they are more open to discussing these issues compared to Generation X. Generation Y individuals experience a mixed environment with evolving norms, where support is more available but still challenging to access due to lingering traditional attitudes. Generation Z, meanwhile, is the most progressive with high engagement, leveraging digital platforms and peer networks to address mental health issues openly and proactively. This trend indicates a promising shift towards greater mental health awareness and support utilization among younger generations. Generation Z individuals are more adaptable and open, yet face challenges related to isolation as a result of remote work. They value integrated mental health support within progressive workplace cultures. They engage more readily with mental health support in workplaces that encourage open discussions and integrate mental health into their culture.

5.3 Discussion of Findings

To effectively address mental health challenges in the workplace, it is crucial to explore not just the overall attitudes towards mental health but also to break down these attitudes into three interconnected components: understanding, awareness, and engagement. Understanding reflects how mental health is perceived and conceptualized by different generations. Awareness encompasses the knowledge of existing mental health support structures and resources. Engagement involves the actual use of these structures and the level of participation in mental health initiatives. By analyzing

these components separately, deeper insights can be gained into the specific needs and challenges faced by each generation within the Kenyan workforce. This approach allows for the development of more targeted and effective mental health strategies that can cater to the distinct characteristics and preferences of Generations X, Y, and Z. This section discusses the findings of the present study based on the objectives. The findings are compared with existing theories that underpinned the study as well as existing empirical literature.

5.3.1 Understanding of Mental Health and Well-being

The first objective was to determine whether there are differences in understanding of mental health and well-being across generations X, Y and Z. The results revealed generational differences in the understanding of mental health and well-being. In particular, Generation X individuals have traditional views of mental health and are gradually accepting mental health. Generation X participants indicated a mixed understanding that reflects a transition from traditional views to a more modern comprehension of mental health – traditional views and modern understanding. They recognize the historical stigma but also acknowledge the current increased awareness and acceptance. Also, Generation X participants often described mental health in terms of resilience and coping with stress, reflecting a pragmatic approach influenced by their upbringing. Generation X tends to have a more traditional and pragmatic view, often influenced by a lack of early exposure to mental health concepts.

Generation Y participants showed an evolving understanding of mental health, balancing traditional views with modern approaches to mental well-being. They generally have a better understanding of mental health and are more open to discussing it compared to Generation X. Generation Y is in a transitional phase, blending traditional resilience with modern openness to mental health support.

Generation Z tends to view mental health issues as more normalized and influenced by their heavy consumption of social media – this theme was labelled normalization and influence of social media. They often associate mental health with coping mechanisms and managing stress. Generation Z participants show a high level of awareness and are often advocates for mental health, actively seeking and promoting well-being. They are also more likely to utilize available mental health resources and engage in open discussions about their mental well-being. Generation Z demonstrates the most progressive attitudes, prioritizing emotional well-being and actively seeking mental health resources.

These generational differences in understanding of mental health and well-being are consistent with the theoretical postulations of the Social Exchange Theory and the Life Course Theory. The Social Exchange Theory suggests that individuals assess the costs and benefits of engaging with mental health given the social relationships and interactions that exist in the workplace (Xuecheng et al., 2022). These individual differences are influenced by their unique life experiences, cultural backgrounds, and historical events. For example, older generations, such as Traditionalists and Baby Boomers, may have grown up in environments where discussions about mental health were stigmatized or not prevalent. As a result, they may be more hesitant to openly address mental health concerns due to fear of judgment or negative consequences in the workplace (Henderson et al., 2013). In contrast, younger generations, like Generation Y and Generation Z, may be more accustomed to open conversations about mental health, influenced by the growing global awareness of this issue (Jayasundera, 2016). Similarly, the Life Course Theory holds that unique life trajectories and experiences influence the behaviors and expectations of people, including those related to mental health (Ahir, 2022). These generational experiences can impact how mental health is perceived and addressed in the workplace. Therefore, the findings from the current study validate the social exchange theory and the life course theory with regard to the understanding of mental health and well-being.

The findings from the current study are also consistent with existing studies that show generational differences in the understanding of mental health and well-being. For instance, Heinonen et al. (2022) found that younger employees may be even more prone to be affected by risks to mental health at work compared with their older counterparts, leading to a better understanding of mental health and well-being. Mutiso et al. (2017) reported that while older generations may adhere to traditional beliefs and exhibit stigma, younger generations are often more open and aware of the importance of mental well-being. Taken together, the findings from this study lend additional evidence showing generational differences in the understanding of mental health.

5.3.2 Awareness of Existing Mental Health Support Structures

The first objective was to determine whether there are differences in the awareness of mental health support structures across generations X, Y and Z in the Kenyan workforce. The findings from the current study indicated that Generation X shows the least awareness and utilization, primarily relying on family support. Generation Y is moderately aware and open to using both organizational and

NGO/government support structures, whereas Generation Z exhibits the highest awareness and utilization, facilitated by digital platforms and peer support networks. The stigma surrounding mental health is progressively decreasing from Generation X to Generation Z, reflecting a positive trend towards mental health awareness and support in the Kenyan workforce. These generational differences in the awareness of mental health support structures are consistent with the propositions of the social exchange theory and life course theory. The social exchange theory maintains that individual differences are shaped by unique life experiences, cultural backgrounds and historical events, which in turn influence discussions regarding mental health. Similarly, the life course theory holds that unique life trajectories, differentiated by age cohorts, can influence awareness of existing mental health support structures. Life Course Theory acknowledges that these generational life trajectories play a significant role in determining individuals' attitudes and behaviors. Overall, the findings from the current study validate the social exchange theory and the life course theory.

The generational differences in awareness of mental health support structures reported in the current study is also consistent with the findings of existing studies. Nakagawa and Yellowlees (2020) reported that older generations, such as Baby Boomers and Traditionalists, may have limited awareness of available digital services aimed at mental health. This lack of awareness is attributed to not growing up with technology and only having to interact with it in their adult lives. In contrast, younger generations, including Generation Y and Z, tend to be more informed about the support structures due to increased exposure to mental health discussions and growing up with technology (Nakagawa & Yellowlees, 2020). Clement et al. (2015) noted that stigma and a lack of awareness of available services were significant barriers to individuals seeking help for mental health concerns, which differed between older and younger individuals. Taken together, the current study adds evidence showing the generational differences in the awareness of mental health structures.

5.3.3 Engagement with Mental Health Support Structures

The third objective of this study was to evaluate whether engagement with mental health support structured varied across generations X, Y and Z in the Kenyan workforce. Generation X remains cautious and traditional, with limited engagement with formal support structures in the workplace. Generation Y represents a transitional phase, balancing between traditional family support and emerging professional help; hence, they have moderate engagement. Generation Z, meanwhile, is the most progressive with high engagement, leveraging digital platforms and peer networks to address

mental health issues openly and proactively. This trend indicates a promising shift towards greater mental health awareness and support utilization among younger generations. Generation Z individuals are more adaptable and open, yet faces challenges related to job insecurity.

The generational differences in engagement with mental health support structures found in the current study is consistent with the propositions of the social exchange theory and life course theory. These theories imply the different generational experiences might influence the likelihood of seeking mental health support. Based on these theories, younger generations are more inclined to seek these benefits actively, while older generations may need more convincing (Omondi & K'Obonyo, 2018). Each generation within the Kenyan workforce has been shaped by distinct historical events, societal norms, and cultural influences (Falkensjö & Olsson, 2022). Therefore, it can be expected that their engagement with mental health support structures will differ due to different generational experiences. Therefore, the findings of the current study support the propositions of the social exchange theory and the life course theory.

In addition, the findings of the current study are consistent with previous studies that affirm generational differences in engagement with mental health support structures. For instance, Grelle et al. (2023) reported that Generations Y and Z are more likely to seek mental health support services compared to Generation X – this difference is explained by the different coping mechanisms across generations. Generation X individuals are capable of better coping with stressful situations and are more resilient in comparison to younger generations. In the same vein, Cohen et al. (2021) reported that Generation Z are more likely than Millennials to engage with digital tools over face-to-face interactions given their familiarity with these technologies since childhood. Grim et al. (2019) showed that older generations may exhibit reluctance, while younger generations are generally more open to seeking support. Taken together, the findings from the current study augments existing research showing that generations vary when it comes to their engagement with mental health support services.

5.4 Recommendations

5.4.1 Policy Recommendations

The findings reveal that each generation in the Kenyan workforce has unique perceptions and understandings of mental health, influenced by their experiences and societal context. Tailoring

mental health programs and policies to address these generational differences can enhance their effectiveness and foster a more supportive and mentally healthy workforce. Therefore, the findings underscore the need for customized mental health programs for various generations. For Generation X individuals, policy makers can adopt targeted awareness campaigns to reduce stigma and promote understanding. Programs for Generation X should address and dispel remaining stigmas while providing comprehensive mental health education and support. Encouraging open discussions and providing relatable success stories can help bridge the gap between traditional views and modern understanding. For Generation Ys, policymakers should consider implementing support programs that balance traditional and modern views. Policymakers should also encourage workplaces to offer comprehensive mental health services. For Generation Z individuals, policymakers should promote mental health resources accessible digitally as well as ethical online support networks. They should also adopt policies that ensure easy access to mental health services. Mental health programs targeting Generation Z should leverage social media to spread awareness but also ensure that they provide practical coping strategies and professional support to avoid the trivialization of mental health issues. Mental health campaigns need to adapt to the media consumption habits of each generation. Tailored mental health campaigns that use different media channels effectively can reach each generation more successfully. For instance, using social media influencers for Generation Z, practical online resources for Generation Y, and educational webinars or community programs for Generation X.

5.4.2 Managerial Recommendations

The findings from this study can be used to infer recommendations for managers, especially with respect to managing the mental health needs of employees from various generations. For Generation X employees, managers should consider offering confidential mental health services and create a supportive culture to reduce stigma. Such an approach is warranted because Generation X individuals are still reluctant to engage with mental health support structures due to stigma; thus, confidential support can enhance the utilization of these services. For Generation Y employees, managers should encourage open discussions surrounding mental health and well-being. For Generation Z employees, managers should use technology to offer mental health support, such as apps and online counseling. Online forums or support groups for younger employees can also be created. Essentially, managers need to tailor mental health interventions to address generational differences in understanding, awareness, and engagement with mental health support structures. By recognizing and

accommodating the unique needs and perspectives of each generation, managers can create a supportive environment that fosters mental well-being and reduces the stigma associated with mental health issues. It is also integral to provide managers with continuous training on people management to help facilitate smooth relationships with their teams. This is an element that is presented as being a significant contributor to mental health and well-being in the workplace that is, one's relationship with their manager.

5.4.3 Theoretical Recommendations

The findings from the current research contribute to the existing theories related to generational differences in mental health. In particular, the results of the present research validate the Social Exchange Theory and the Life Course Theory as frameworks that can be used to explain generational differences in understanding, awareness, and engagement of mental health support structures. The findings support the proposition that different generational experiences influence mental health understanding and awareness as well as engagement with existing support structures.

5.5 Study Limitations and Suggestions for Further Research

The first limitation of this study was the exclusion of Baby Boomers. The decision to focus on Generations X, Y (Millennials), and Z was driven by the objective of exploring how modern workplace dynamics influence mental health understanding, awareness, and engagement across these active and upcoming generations. These generations currently make up the majority of the workforce in Nairobi and are most directly impacted by contemporary changes in workplace culture and mental health initiatives. While Baby Boomers (born 1946-1964) are still part of the workforce, they represent a smaller and declining portion of it. The mental health challenges and workplace dynamics they face may differ significantly from those of younger generations. Including them would have broadened the scope of the study beyond what could be effectively managed in this qualitative research. However, the perspectives of Baby Boomers remain valuable and could be explored in future studies focused on intergenerational differences in the workplace. Future research could include Baby Boomers to compare and contrast mental health experiences across four generations. This could provide insights into how mental health understanding and engagement have evolved over time and how older generations perceive current mental health initiatives in the workplace.

The second limitation was that this focused on individuals who are currently employed or self-

employed because the primary aim was to examine how mental health is understood, addressed, and supported within the context of active employment. Mental health challenges among the unemployed are indeed significant but were beyond the scope of this research. Future research could focus on the mental health of unemployed individuals in Kenya, exploring how unemployment impacts mental health and what support structures are available or lacking.

Lastly, this study was geographically limited to Nairobi. While Nairobi is a significant focal point, the findings may not fully represent experiences in other regions of Kenya, particularly rural areas where work environments and cultural attitudes towards mental health may differ. Future studies could expand the geographical scope to include other urban centers and rural areas to provide a more comprehensive understanding of mental health across the country.

Additionally, quantitative studies could be conducted to validate and extend the findings of this qualitative research. For example, surveys could be used to measure the prevalence of certain attitudes toward mental health across different generations or to assess the effectiveness of specific mental health programs in the workplace. Conducting in-depth interviews with participants from each generation could provide deeper insights into the personal experiences and contextual factors that influence mental health engagement. This method would allow for a more nuanced understanding of the individual challenges and motivations behind mental health behaviors.

5.6 Chapter Summary

This chapter has presented the conclusions from the findings of the current study, which show generational differences in the understanding, awareness, and engagement with mental health and well-being in the Kenyan workforce. Tailored policies and practical interventions are essential to address these differences and promote mental health across all generations. The limitations and recommendations for future studies have also been discussed in this chapter

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APPENDICES

Appendix I: Focus Group Participant Information Sheet and Consent Form

Title of the Proposed Study: Engagement with Mental Health by Generations X, Y and Z in the Kenyan Workforce - A Preliminary, Exploratory Study in the Nairobi Workforce

Investigator: Lucy Mureithi

Institutional affiliation: Strathmore Business School (SBS)

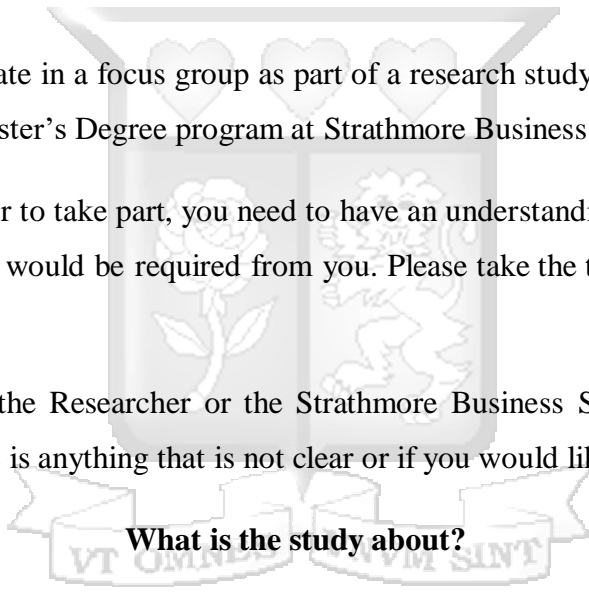
SECTION 1: INFORMATION SHEET

Introduction

You are invited to participate in a focus group as part of a research study. This is as a requirement for the completion of a Master's Degree program at Strathmore Business School (SBS).

Before deciding on whether to take part, you need to have an understanding of why the research is being conducted and what would be required from you. Please take the time to read the following information carefully.

Feel free to engage with the Researcher or the Strathmore Business School (using the contact information below) if there is anything that is not clear or if you would like more information.



What is the study about?

The Researcher is looking to explore how different generations interact with mental health in the Kenyan workforce. The aim of this study is to enable employees of different generations to examine their understanding of mental health and mental well-being as well as awareness of mental health support structures. Additionally, this study will help employers consider the gaps in existing workplace policies limiting mental health advocacy and support. As well as employees' level of engagement with existing mental health support structures.

Do I have to take part?

It is fully up to you to decide. If you take part in this focus group, you will be asked to complete an online consent form to confirm that you have agreed to participate. You will only be able to participate if you have completed this consent form.

What will happen to me if I take part?

Following your reading of this information sheet, if you decide to take part, please fill in the consent form. Answer the questions in the link provided and thereafter indicate your availability for the focus group. Your email address will be retained solely for communication before and during the focus group. However, this will not be shared with any third parties. You will then be contacted regarding the date and time of the focus group and the information you will need to participate in the focus group. Should you choose to as well, the researcher will use your email address to provide you with updates on the progress and outcomes of the research.

The focus group should take approximately 1.5 to 2 hours and it will be fully transcribed (as a participant, you will be asked to select a pseudonym). A pseudonym essentially refers to the use of a fictitious name that is, a name other than your real name so as to protect the identity of every participant.

Throughout the research including the focus group discussion, the researcher will give due regard for the welfare, rights, beliefs, perceptions, customs and cultural heritage of all the participants.

What are the possible benefits of taking part in this study?

Your viewpoints and assessments will contribute to the evidence required to drive employers to appreciate how their employees engage with issues on mental health. Through this, they can improve their workplace wellness programs with the aim of increasing employee participation. With an ultimate view of supporting employee well-being more holistically at the workplace. Similarly, with employees becoming cognizant of mental health issues particularly as they relate to different age cohorts, there will be more productive conversations and concerted efforts towards supporting each other at the workplace and breaking the stigma.

Payments and expenses

No payments or expenses will be offered for participating in the focus groups.

Will my taking part be kept confidential?

The Researcher will not include your name or any other detail that would make you individually recognizable in the research and every effort will be made to make sure that any published is anonymized. Each participant will be allocated a pseudonym so as to make sure that reporting, and any identifying information will be eliminated to maintain confidentiality. For example, the study may describe focus group participants in the following way: ‘Jane M(pseudonym), self-employed participant working in the hospitality sector’. The focus group data will be wholly transcribed and safely stored in a password-protected folder and will be accessible solely by the research team. Contact details will be encoded and will not be retained in the same folder as your responses from the focus group.

Are there any potential risks and discomforts as a result of participating in the study?

While participating in this focus group, you may encounter the following risks or discomforts:

- i. Emotional Discomfort: Discussing certain topics may evoke emotional responses or memories. If you find any discussion distressing, please feel free to share your feelings with the researcher. You are not obligated to answer any question that makes you uncomfortable.
- ii. Group Dynamics: Interacting with other participants may lead to disagreements or differing viewpoints. We encourage respectful dialogue but recognize that discomfort may arise.
- iii. Physical Environment: If any aspect (e.g., room size, seating arrangement) causes discomfort, please inform the researcher. This includes discomfort from sitting for too long.

What will happen when the study ends?

All the pseudonymized data gathered will be available in a publication. The data will be kept securely and thereafter destroyed.

What will happen if I don't want to carry on being part of the study?

Participation in this study is voluntary. You will not be impacted in any way if you are unwilling to take part. If you agree to participate, you may still withdraw from the study at any time without this decision impacting you in any way. You have the right to withdraw from the study fully and refuse any future contact by the research team afterwards. However, if the focus group has already commenced, the Researcher will be unable to remove your pseudonymised responses from the transcription.

Who has reviewed the study?

This study has been reviewed and authorized by the Internal Ethical Review Committee at Strathmore University and National Commission for Sciences, Technology and Innovation (NACOSTI).

Who should I contact if I wish to make a complaint?

Any complaint about the way you have been dealt with during the study or any possible harm you might have suffered will be addressed. Please address your complaint to the person below, who is independent of this study and in charge of reviewing this research: The Secretary –Strathmore University Institutional Ethics Review Board, P. O. BOX 59857, 00200, Nairobi, email address: ethicsreview@strathmore.edu and telephone number: (0)703034418. You may also reach the researcher, Lucy Mureithi through (0)734030718 and/or the supervisor overseeing this research, Dr. Pratap Kumar through (0)731848163.

SECTION 2: CONSENT FORM

I, _____, have had the study explained to me. I have understood all that I have read and have had explained to me and had my questions answered satisfactorily. I understand that I can change my mind at any stage.

Please tick the boxes that apply to you;

Participation in the research study

I AGREE to take part in this research

I DO NOT AGREE to take part in this research

Storage of the focus group discussions (transcripts and audio recordings)

I AGREE to have my responses stored for future data analysis

I DO NOT AGREE to have my responses stored for future data analysis

Participant's Signature: _____ Date: ____/____/____ DD / MM / YEAR

Participant's thumbprint:



Participant's Name: _____ Time: _____ / _____

I, _____ (Name of person taking consent) certify that I have followed the SOP for this study and have explained the study information to the study participant named above, and that s/he has understood the nature and the purpose of the study and consents to the participation in the study. S/he has been given opportunity to ask questions which have been answered satisfactorily.

Investigator's Signature: _____ Date: _____ / _____ / _____ DD / MM / YEAR

Investigator's Name: _____ Time: _____ / _____



Appendix II: Focus Group Participant Demographic Sheet

a) Gender

Male Female Other (Specify)

b) Age group

59 years and above 44 years to 58 years 29 years to 43 years 28 years and below

c) Marital status

Single Married Divorced/Separated Widowed

d) Education level

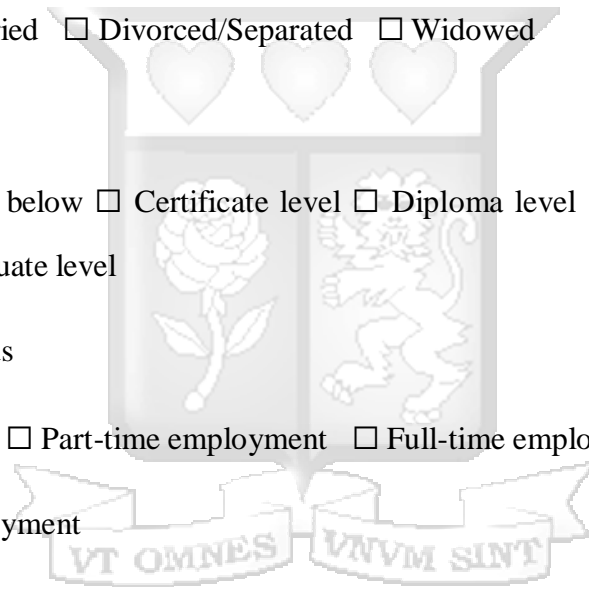
High school or below Certificate level Diploma level Undergraduate Degree level Post graduate level

e) Employment status

Self-employed Part-time employment Full-time employment Unemployed

f) Duration of employment

5 years and above 2-5 years 1-2 years Less than 1 year



Appendix III: Focus Group Discussion Guide

a. Understanding of Mental Health and Mental Well-being

- What is your understanding of mental health and mental well-being?
- What has been your experience with mental health (this includes both your own personal experience or an encountered experience meaning from observing and/or taking care of another person including a family member, neighbor, workmate etc.)?
- Do you feel that you are able to obtain information on mental health?
- Do you feel that you have knowledge of mental health risk factors?
- Do you feel that you know and understand the causes of mental illness or being mentally unwell?
- Do you feel that you know and understand how to prevent any form of mental illness?
- Do you feel that you know and understand how to seek for help when suffering from any mental illness or being mentally unwell?
- Do you feel that you know and understand how to manage mental illness?

b. Variations Across Generations

- How has your generation's upbringing or societal context influenced your understanding of mental health?
- What challenges or changes have you noticed in how your generation's views on mental health compared to previous generations?

c. Awareness of mental health support structures:

Which mental health support structures are you aware of presently as categorized in the following levels?

- Organizational/employer level – which mental health support structures are you

aware of at this level?

- Family level – do you consider your family members as a support structure?
- Social level (this includes friends and neighbors as well as persons with whom you share social activities with such as Chama, sports and/or fitness etc.) - do you consider your social circle as a support structure?
- County level – which mental health support structures are you aware of at this level?
- NGO-led support structures – which mental health support structures are you aware of at this level?
- Privately funded support structures – which mental health support structures are you aware of at this level?

d. Level of engagement with mental health support structures:

- Have you engaged with any mental health support structures in your personal (family/friends) or professional setting?
 - How do you decide/how have you previously decided on whether to engage with a particular mental health service or visit a mental health facility? Especially as provided by your employer?

e. What barriers have you encountered when it comes to dealing with mental health while working? (either your own personal experience or an encountered experience meaning from observing and/or taking care of another person including a family member, neighbor, workmate etc.)?

f. What are the coping mechanisms and strategies that you use to maintain or improve your mental well-being while working?

Appendix IV: Ethical Approval Letter



11th April 2024

Ms Mureithi Lucy,
lucy.mureithi@strathmore.edu

Dear Ms Mureithi,

RE: Engagement with Mental Health by Generations X, Y and Z in the Kenyan Workforce - A Preliminary, Exploratory Study in the Nairobi Workforce

This is to inform you that SU-ISERC has reviewed and **approved** your above **SU-masters** research proposal. Your application reference number is **SU-ISERC2149/24**. The approval period is from **11th April 2024 to 10th April 2025**.

This approval is subject to compliance with the following requirements:

- i. Only approved documents including (informed consents, study instruments, MTA) will be used.
- ii. All changes including (amendments, deviations, and violations) are submitted for review and approval by SU-ISERC.
- iii. Death and life-threatening problems and serious adverse events or unexpected adverse events whether related or unrelated to the study must be reported to SU-ISERC within 72 hours of notification.
- iv. Any changes anticipated or otherwise that may increase the risks or affected safety or welfare of study participants and others or affect the integrity of the research must be reported to SU-ISERC within 72 hours.
- v. Clearance for the export of biological specimens must be obtained from relevant institutions.
- vi. Submission of a request for renewal of approval at least 60 days prior to the expiry of the approval period. Attach a comprehensive progress report to support the renewal.
- vii. Submission of an executive summary report within 90 days of completion of the study to SU-ISERC.





Before commencing your study, you will be expected to obtain a research license from National Commission for Science, Technology, and Innovation (NACOSTI) <https://research-portal.nacosti.go.ke/> and obtain other clearances needed.

Yours sincerely,

Mr Ambrose Rachier,
Chairperson; SU-ISERC



Appendix V: NACOSTI Research Permit

 <p>REPUBLIC OF KENYA</p>	
<p>RefNo: 465139</p>	<p>NATIONAL COMMISSION FOR SCIENCE, TECHNOLOGY & INNOVATION</p> <p>Date of Issue: 25/April/2024</p>
<p>RESEARCH LICENSE</p>	
	
<p>This is to Certify that Ms.. Lucy Mureithi of Strathmore University, has been licensed to conduct research as per the provision of the Science, Technology and Innovation Act, 2013 (Rev.2014) in Nairobi on the topic: Engagement with Mental Health by Generations X, Y and Z in the Kenyan Workforce - A Preliminary, Exploratory Study in the Nairobi Workforce for the period ending : 25/April/2025.</p>	
<p>License No: NACOSTI/P/24/34840</p>	
<p>465139</p>	
<p>Applicant Identification Number</p>	<p>Director General</p> <p>NATIONAL COMMISSION FOR SCIENCE, TECHNOLOGY & INNOVATION</p>
<p>Verification QR Code</p>	
	
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