

**FACTORS AFFECTING THE UPTAKE OF MENTAL HEALTH PROGRAMS BY
EMPLOYEES OF COMMERCIAL BANKS IN NAIROBI COUNTY, KENYA.**

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**A THESIS SUBMITTED IN PARTIAL FULFILMENT OF THE REQUIREMENTS
FOR THE MASTER OF COMMERCE AT STRATHMORE BUSINESS SCHOOL**



JUNE, 2025.

DECLARATION

I hereby declare that this research thesis has not been previously submitted for the award of a degree at this or any other university. To the best of my knowledge and belief, the thesis contains no material previously published or written by another person, except where proper citation is made within the dissertation itself.

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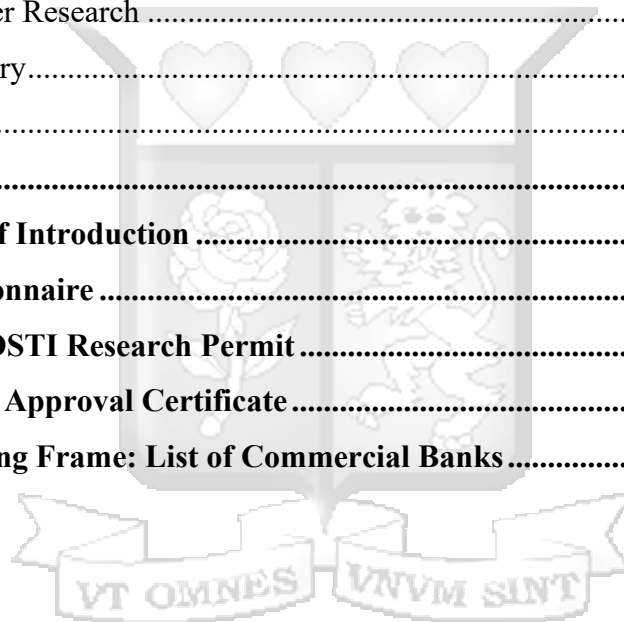


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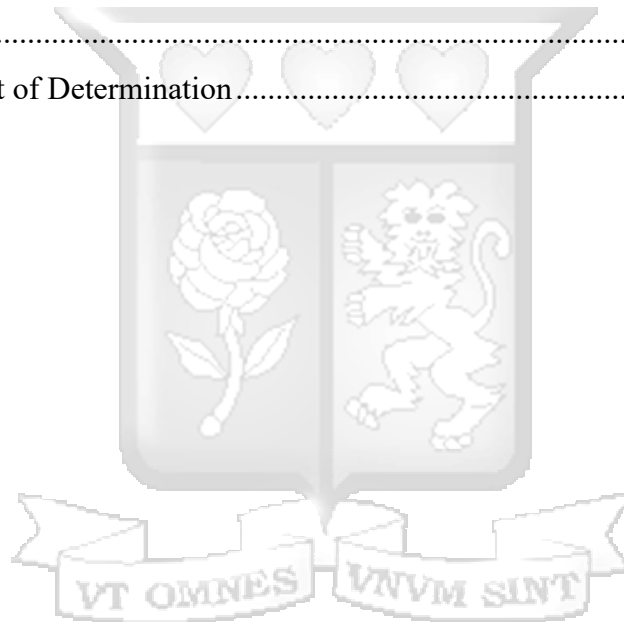
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DEDICATION

This work is dedicated to my family, workmates and friends for their unwavering support during the conduct of this study.



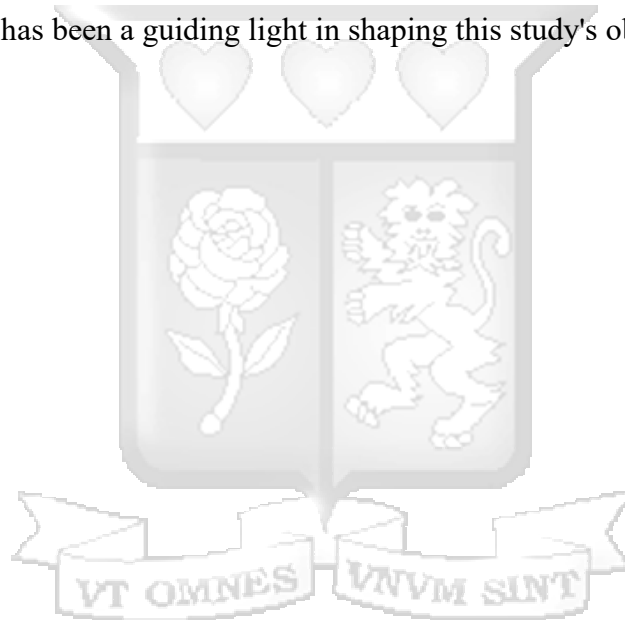


ACKNOWLEDGMENT

I would like to express my heartfelt gratitude to all those who contributed to the success of this study. First and foremost, my sincere appreciation goes to my supervisor Dr Ben Ngoye, for his invaluable guidance, constructive feedback, and unwavering support throughout this research journey. His insights and expertise have been instrumental in shaping this study.

A special thank you to my colleagues, friends, and family for their encouragement and motivation throughout this process. Their unwavering support and belief in my abilities kept me focused and determined to complete this study.

Lastly, I acknowledge the contributions of all researchers and scholars whose work has served as a foundation for this study. Their extensive research in the field of mental health and workplace well-being has been a guiding light in shaping this study's objectives and findings.



LIST OF ABBREVIATIONS

CBK	Central Bank of Kenya
HBM	Health Belief Model
OECD	Organization for Economic Cooperation and Development
PHC	Primary Health Care
UNDP	United Nations Development Programme
US	United States
WHO	World Health Organization





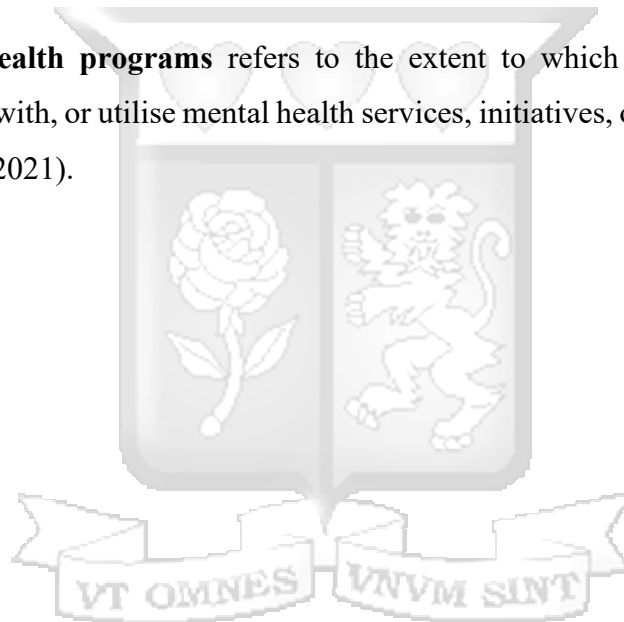
OPERATIONAL DEFINITION OF TERMS

Awareness refers to the state or ability of being conscious, informed, or cognizant of something. It involves recognizing, perceiving, or understanding facts, situations, or concepts, often as a result of education, experience, or exposure (American Psychological Association, 2020)

Ease of access refers to the simplicity or convenience with which individuals can approach, enter, use, or benefit from a service, resource, or information (World Health Organisation, 2021)

Self-efficacy refers to an individual's belief in their ability to execute tasks, manage challenges, and achieve specific goals successfully (Bandura, 2022)

Uptake of mental health programs refers to the extent to which individuals or groups participate in, engage with, or utilise mental health services, initiatives, or interventions (World Health Organization, 2021).





ABSTRACT

Despite the risks associated with poor mental health, a significant portion of people worldwide do not have access to evidence-based mental health support, particularly in the lowest-resourced countries. Work and mental health are inextricably linked. Work may have a positive or negative impact on mental health, while mental ill health may affect work performance, productivity, and employment status. This study aimed to determine factors affecting the uptake of mental health programs among commercial banks in Nairobi County. The study specifically sought to determine the effect of ease of access, awareness, and self-efficacy on the uptake of mental health programs by employees of commercial banks in Nairobi County. The study adopted a positivist research philosophy with a descriptive cross-sectional research design. The target population of this study was the employees of the 38 commercial banks in Nairobi County. The study employed judgmental sampling to select 10 employees from one branch per commercial bank in Nairobi County to participate in the survey, thus forming the unit of analysis. The study adopted a quantitative approach to collecting and analyzing data using the latest version of the Statistical Package for Social Sciences (SPSS V28). For each specific objective, descriptive statistics, specifically mean and standard deviations, were used in analyzing the data. The results indicate that the predictors (ease of access, awareness, and self-efficacy) have a significant effect on the uptake of mental health programs among employees in commercial banks in Nairobi County. The regression analysis confirms that all three independent variables (ease of access, awareness, and self-efficacy) are statistically significant in predicting mental health program uptake. The study concluded that ease of access, awareness, and self-efficacy all had a positive and significant impact on the uptake of mental health programs by employees of commercial banks in Nairobi County. The study recommended that the policymakers should create regulations to improve mental health program access in commercial banks, run awareness campaigns, and provide clear guidelines on mental health resources. The study recommended the integration of social cognitive theory and the theory of planned behavior with the humanistic approach to better understand participation in mental health programs. The study recommended enhancing self-efficacy with training to encourage program utilization. The study also recommended that future research should examine the influence of workplace culture on employees' willingness to seek mental health support to identify best practices for reducing stigma and encouraging open conversations.

CHAPTER ONE: INTRODUCTION

1.1 Background Information

Mental health is fundamental to overall well-being and plays a crucial role in an individual's ability to function effectively in various social settings, including the workplace (Berezina et al., 2023). Well-being remains a key concept with significant implications for individuals, communities, and organizations (Williams, 2019). The World Health Organization (WHO, 2022) defines mental health as a state of well-being where individuals recognize their abilities, cope with daily stressors, work productively, and contribute to society. Recently, a growing number of young people have been struggling with mental health challenges, often influenced by psychological factors such as low self-esteem, reduced self-efficacy, and a lack of control over personal well-being (Lee et al., 2023).

Globally, mental health disorders, including substance use issues, are prevalent and place a considerable burden on individuals and economies. These conditions are among the leading causes of illness and disability (Whiteford et al., 2020). If left untreated, they can lead to deteriorating physical health (Lemmey, 2016), reduced quality of life (Connell, 2022), lower productivity, and impaired functionality (WHO, 2023). Individuals with mental health conditions often face stigma, discrimination, and human rights violations (Mehta et al., 2023). Despite the severity of these issues, nearly half of the global population lacks access to adequate mental health services, with the gap reaching up to 90% in disadvantaged regions (Lemmey, 2016).

Employment is closely linked to mental health, as it can either support well-being or contribute to stress-related challenges. Poor mental health negatively affects job performance, productivity, and job security (WHO, 2022). Workplace-related mental health concerns range from diagnosed conditions such as anxiety and depression to work-related stress and burnout, which can lead to absenteeism, reduced efficiency, and increased employee turnover (Connell, 2022). WHO (2023) estimates that in the world's 36 largest economies, untreated mental health conditions result in a loss of approximately 12 billion workdays annually, costing an estimated \$925 billion.

High stress levels in the workplace are associated with poor health and a decline in quality of life. Whiteford et al. (2020) found that many employees perceive their occupational stress as overwhelming, which discourages engagement in physical activities and impacts their well-

being. However, individuals with higher self-efficacy are more likely to participate in physical exercise, leading to better stress management. Supportive work environments also help mitigate occupational stress and promote healthier coping mechanisms (Crawford et al., 2021).

Workplace wellness programs typically focus on physical, mental, and emotional well-being. Physical wellness initiatives encourage healthy lifestyles through programs such as biometric health screenings, nutrition education, and gym memberships (Connell, 2022). Some organizations provide incentives like insurance discounts to boost participation. Mental health programs, on the other hand, aim to help employees manage stress, with some integrating physical activities due to their known benefits in reducing anxiety and depression (Baxter et al., 2022).

In Kenya, the demand for mental health services has been increasing, contributing to social issues such as unemployment, substance abuse, and poverty, which in turn affect crime rates and political stability (Githu, 2022). Unemployment has significant psychological and social consequences, leading to distress, loss of motivation, declining skills, and increased health risks. It also disrupts family dynamics, exacerbates social exclusion, and deepens inequalities related to race and gender (Baxter et al., 2022). Mental health service access is a crucial variable in facilitating employees' psychological well-being, but many people still face cost, availability, and societal attitude barriers to help-seeking. Facilitation of access to mental health programs, hence, is crucial in determining if employees use services that are available. In the commercial banks in Nairobi, where the work is usually high-pressure, these issues become even more critical.

Awareness also comes into the picture, considering that most workers may not have knowledge of prevailing mental health schemes. The unawareness of people regarding such programs may discourage them from seeking support when they really need it. This is line with global observations where awareness about mental health was seen to greatly influence the uptake of programs, particularly in those sectors under very high pressure (Connell, 2022). Self-efficacy, defined as an individual's belief that he or she can effectively deal with and manage problems, is another key determinant of mental health program use. Those who have higher levels of self-efficacy will be more likely to do something for their well-being by, for example, taking advantage of mental health services (Crawford et al., 2021). As observed in international studies, workers' own beliefs regarding controlling stress and mental health directly determine

their engagement with wellness programs, which is applicable to commercial banks in Nairobi, where the atmosphere at times triggers high stress levels (Whiteford et al., 2020).

The findings of this study are particularly relevant in Kenya, where mental health services have for a long time remained underused and under resourced notwithstanding growing needs for mental health. In as much as there is growing awareness of the importance of mental health to the country's labor force, information on the determinants of utilization of mental health programs can facilitate better intervention and increased happiness for bank employees (Githu, 2022). By relating the ease of access, awareness, and self-efficacy variables to the setting of commercial banks in Nairobi, this study aims to identify the enablers and constraints of uptake of mental health programs, delivering a more enhanced understanding of the optimal way of promoting mental health programs in the workplace.

1.1.1 Uptake of Mental Health Programs

Globally, mental health program implementation is a large problem depending on stigma, funding deficits, and limited access to treatment. The World Health Organization (WHO, 2022) approximated that an estimated 70% of people with mental illnesses remain without treatment, mostly in low- and middle-income countries. Canada has made significant strides in the implementation of mental health programs through the introduction of initiatives like the Mental Health Strategy for Canada and programs like Bell Let's Talk.

Employee Assistance Programs (EAPs) and workplace wellness programs are commonplace, with over 70% of large organizations offering access (CLHIA, 2020). Public education campaigns have helped drive help-seeking behavior for the better, with 40% of Canadians citing these campaigns as a driver (Ipsos, 2021). Nevertheless, there are barriers including stigma and rural and Indigenous communities access deficiency. Remote community populations have only 35% receiving adequate mental health care as compared to 75% of the population in urban communities (Ipsos, 2021).

The UK has integrated mental health into the NHS, with programs like Improving Access to Psychological Therapies (IAPT) providing evidence-based treatments. Workplace initiatives encouraged by the Thriving at Work report have increased mental health care, with 65% of organizations offering schemes (Gamoran & Dibner, 2022). Long waiting times in the NHS and stigma among minority groups remain barriers, though. 40% of minority individuals feel they can receive care due to cultural stigma and discrimination, fear (Alam et al. 2024).

Only 25% of individuals with mental illness are treated in South Africa due to stigma and inadequacy of resources (Lund et al., 2021). Ghana has made some progress with the Mental Health Act, which seeks to integrate mental health care into the public health system and end stigma (Alyafei & Easton-Carr, 2024). Nigeria, on the other hand, has implemented workplace wellness programs to improve employees' mental well-being, but there is low adoption due to poor awareness and limited funding (Abi Doumit, Haddad, & Sacre, 2021).

In Kenya, uptake of mental health programs has gradually improved, but there are still major barriers. The National Mental Health Policy 2021–2030 has served as a significant catalyst in keeping mental health high on the priority list and making it mainstream primary healthcare systems (Othieno et al., 2023). The Taskforce on Mental Health further suggested declaring the state of mind a national emergency due to growing cases of depression, anxiety, and drug dependency. The government has partnered with NGOs to provide education on mental health and de-stigmatize it.

Mental health financing is low and has less than 1% of the total health expenditure (Othieno et al., 2023). There is also a critical lack of mental health professionals, with less than two psychiatrists per 100,000 population (MOH, 2021). Mental health care is particularly lacking in rural areas, where there is poor infrastructure and socio-cultural determinants which perpetuate stigma. However, some agencies have developed community-based mental health interventions, including mobile clinics, to bridge these gaps (World Health Organization, 2022).

In this study uptake of the mental health program was measured through satisfaction and effectiveness. Satisfaction is a key indicator of the success of mental health programs. It reflects how well the services meet the expectations of participants, which in turn influences their continued engagement and the likelihood of recommending the program to others. Measuring satisfaction can help assess whether programs are designed in ways that meet the needs of the target population (World Health Organisation, 2022).

Effectiveness refers to how well a mental health program achieves its goals, such as improving mental well-being, reducing symptoms of mental health conditions, and enhancing coping mechanisms for stress and anxiety. In Kenya, effectiveness can be assessed through tracking the number of people reporting improvements in mental health conditions after accessing mental health services provided by mobile clinics or community-based interventions (WHO,

2022). Additionally, workplace mental health programs could measure productivity or absenteeism as indicators of effectiveness (Othieno et al., 2023).

1.1.2 Factors influencing Uptake of Mental Health Programs

Mental health is the "cornerstone of well-being and productive functioning for the individual and community" and is central to social and workplace interactions (Berezina et al., 2023). Globally, mental illness is a leading cause of illness and disability, and it has significant economic and social effects (Whiteford et al., 2020). However, use of mental health programs is heterogeneously distributed in various geographic areas due to different levels of awareness, accessibilities, and self-efficacy perceptions that all have crucial roles in determining individuals' utilization levels of mental health care services (Abi et al. 2021).

In South Africa, unemployment, poverty, and inequality are high, which exacerbates mental health problems, leading to poor awareness and unavailability of mental health services. The South African Depression and Anxiety Group (SADAG) reports that over 16% of the population suffer from common mental disorders, but stigma and low mental health literacy prevent many from seeking care (SADAG, 2021). Community-based mental health services and public education campaigns have been the recent focus, with a focus on increasing awareness and access (Witt-Rose, 2023).

Nigerian cultural beliefs and limited financing are significant barriers to the use of mental health services. With a nation's mental health expenditure that is less than 4%, the accessibility of services, particularly in the rural areas is low (Atilola, 2020). Besides that, as low self-efficacy paired with stigma compels people to look for a solution from traditional healers rather than clinical professionals. However, the 2021 Mental Health Act has attempted to promote education through awareness campaigns, reduce stigma, and incorporate mental health into primary care (John, 2019).

In Ghana, the Mental Health Act of 2012 provided a legal framework to protect individuals with mental illness. It has been slow to implement due to financial and logistical constraints. NGO collaborations, education campaigns, and community-based mental health support groups have helped decrease stigma and encourage help-seeking behavior (Asare, 2020). In Uganda, with a treatment gap of more than 85%, mobile health (mHealth) interventions have been used to promote access to care. Digital technology has served to reach out to rural regions,

offering self-help mental health interventions and building self-efficacy in terms of seeking assistance (Kigozi et al., 2020).

In Ethiopia, the Mental Health Gap Action Programme (mhGAP) has also been implemented by the government to train primary care providers, increase awareness and enhance access to mental health services. Stigma, on the other hand, a lack of specialists, and inadequate infrastructure continue to be barriers. Public campaigns and telemedicine are being viewed as options for enhancing accessibility and use of mental health programs (Habtamu et al., 2022).

In Kenya, mental health uptake has been hampered by severe limitations, including stigma, low awareness, and inadequate funding of mental health programs. The Ministry of Health brought out the Kenya Mental Health Policy 2015–2030 to address the challenges through awareness creation, integration of mental health care under primary care, and sensitization of health care workers to diagnose and treat mental illness (MOH, 2021). Initiatives like BasicNeeds Kenya have helped improve mental health services in the community and reduce stigma through outreach to local leadership and religious organisations (Ndetei et al., 2021). Mutiso et al., (2017) show that cultural beliefs are likely to discourage or postpone formal treatment, and that traditional healers help many people.

This study adopted awareness, ease of access and self-efficacy as factors influencing uptake of mental health programs. Awareness is a key factor influencing the uptake of mental health programs because individuals who are conscious of mental health issues and have knowledge about the treatments available are more likely to seek treatment (McCulloch & Johnson, 2023). Measures of awareness include corporate communication through internal channels, workplace policies that emphasize mental health support, and peer influence, which can play a crucial role in encouraging individuals to seek help (Lazar & Jaeger, 2021; Wei et al., 2022). The United States has several national awareness initiatives, including Mental Health First Aid (MHFA), which educates the public on how to identify and respond to mental health issues (Coles et al., 2022).

Anti-stigma campaigns, such as the "Time to Change" initiative in the United Kingdom, have also assisted in changing public attitudes and encouraging help-seeking (Henderson et al., 2020). Research shows that mental health literacy, defined as knowledge of symptoms, self-management techniques, and professional help-seeking behavior, significantly increases the accessibility and use of mental health services (Lazar & Jaeger, 2021; Wei et al., 2022).

Ease of access is another critical factor influencing the uptake of mental health programs (Abi Doumit et al., 2021). Workplace-related access barriers, such as long working hours and stigma, often hinder access, making it difficult for employees to take advantage of available mental health services (Archmedes, 2022). Employer support also plays a pivotal role in enhancing accessibility, where employers who provide mental health benefits and encourage their use create an environment that supports employee well-being (Lee & Kim, 2019). Additionally, the availability of services, including the physical proximity of mental health care facilities and the integration of mental health services into general healthcare systems, can directly impact uptake (Bakhsh, 2022).

Mental health care is highly integrated with universal health systems in Europe, and therefore is accessible geographically and financially (Forsman et al., 2015). Sweden and Germany have provided digital mental care, including telepsychiatry and mobile phone-based mental health apps, that have been helpful in bridging distance and stigma barriers (Wind et al., 2020). Similarly, the United States has expanded Employee Assistance Programs (EAPs), offering office-based mental health treatment that reduces absenteeism and improves productivity (Goetzl et al., 2021).

Self-efficacy, that is, trust in the ability to gain and utilise mental health services effectively, also influences access to mental health services (Archmedes, 2022). Under Bandura's Social Cognitive Theory, individuals who possess high self-efficacy are expected to overcome psychological barriers as well as system barriers in seeking care (Bandura, 2023). Measures of self-efficacy include peer support, which encourages individuals to believe in their ability to access and benefit from mental health programs, as well as leadership influence and organisation culture, which shape the environment in which individuals develop and maintain their confidence (Archmedes, 2022).

Research has shown that the self-efficacy of physicians in delivering mental health services is positively correlated with the quality of care, and therefore confidence in both patients and providers is essential (Yusuf, 2021). Interventions to enhance mental health literacy and self-efficacy, such as peer support groups, workplace mental health interventions, and education programs with guidance, have been found to have increased utilization of mental health services (Baxter et al., 2022; Lee et al., 2023).

Research from Canada, the United Kingdom, and the United States emphasises the role of national policies, public education campaigns, and workplace wellness initiatives in improving mental health program adoption (Coles et al., 2022; Gamoran & Dibner, 2022). For instance, Employee Assistance Programs (EAPs) have been widely adopted in North America and Europe, significantly enhancing workplace mental health support (Goetzel et al., 2021).

In contrast, studies from South Africa, Ghana, Ethiopia, Uganda and Nigeria demonstrate that cultural beliefs, stigma, awareness, ease of access, and self-efficacy remain critical factors influencing mental health program uptake. Limited mental health literacy, financial and geographical barriers, and low self-efficacy in seeking professional help continue to hinder progress (Asare, 2020; Atilola, 2020; Witt-Rose, 2023; John, 2019; Kigozi et al., 2020; Habtamu et al., 2022). In Kenya, the National Mental Health Policy (2021–2030) and community-based interventions such as BasicNeeds Kenya have played a role in improving mental health awareness and service accessibility, yet financing remains low, and professional shortages persist (Othieno et al., 2023; Ndetei et al., 2021). These studies collectively underscore that, while mental health program implementation has gained traction, barriers such as awareness, accessibility and self-efficacy.

1.1.3 Commercial Banks in Kenya

In Kenya, there are 38 Commercial Banks (CBK, 2024), which will constitute the population of the study and the unit of observation. Commercial banks are essential to Kenya's economic growth and stability, serving as a key component of the financial system by providing payment infrastructure, credit, and facilitating financial transactions (Kombe, 2023). They contribute to economic development by regulating money circulation, maintaining liquidity, and ensuring the smooth operation of the financial sector (Mutua & Kori, 2022).

Additionally, commercial banks play a significant role in resource allocation within Kenya's economy, and their financial performance directly impacts a country's economic growth (Mwangi & Omwenga, 2022). Kariuki & Wambayi (2023) highlight that the competitive and high-pressure environment in Kenyan commercial banks can affect employees' mental health. They also note that implementing mental health initiatives helps reduce stress and anxiety while enhancing awareness of workplace challenges.

Banks play a central role in economic growth and stability, placing significant pressure on employees to maintain financial performance, reduce loan defaults, and ensure operational efficiency. This relentless focus on profitability often leads to chronic stress and burnout,

particularly in a highly competitive environment (Mutua & Kori, 2022). Strong financial performance benefits shareholders by encouraging further investment, which supports economic growth. Conversely, poor banking performance can result in financial instability, leading to job insecurity, increased anxiety, and heightened mental exhaustion (Kombe, 2023).

Commercial banks in Kenya have a total of 8037 employees according to CBK (2024). Employees in the banking sector frequently manage heavy workloads and high-risk responsibilities, including overseeing large financial transactions and resolving complex customer concerns within tight deadlines (Mwangi & Omwenga, 2022). Additionally, the consequences of financial failures, which can impact overall economic stability, contribute to internal pressure, stigma, and psychological stress among banking professionals (Mutua & Kori, 2022). These challenges highlight the necessity of addressing mental health concerns in Kenya's banking sector, reinforcing the importance of this study in examining factors influencing the uptake of mental health programs within commercial banks in Kenya.

Despite the existing body of research (Kariuki & Wambayi, 2023; Kombe, 2023; Mutua & Kori, 2022; Mwangi & Omwenga, 2022), there is a lack of specific studies examining the factors influencing the uptake of mental health programs within Kenya's banking sector, thus presenting a knowledge research gap. The banking industry is a high-pressure environment characterized by long working hours, demanding performance expectations, and job insecurity, all of which contribute to mental health challenges (Mutua & Kori, 2022). So, no published studies have yet examined the factors influencing the uptake of mental health programs within Kenya's banking sector.

However, the extent to which banking professionals utilize mental health programs remains unclear, as existing studies (Kariuki & Wambayi, 2023; Kombe, 2023; Mutua & Kori, 2022; Mwangi & Omwenga, 2022), focus primarily on broad workplace stress or general healthcare accessibility, thus presenting a conceptual research gap. However, there is a lack of focused research on the uptake of mental health programs in this specific sector. This study sought to bridge this research gap by determining the factors influencing the uptake of mental health programs within commercial banks in Kenya. By examining factors such as awareness, accessibility, and self-efficacy, the research aims to provide insights into improving mental health service utilization in the banking sector, contributing to policy recommendations and targeted interventions for employee well-being.

1.2 Statement of the Problem

Mental health programs play a crucial role in promoting employee well-being and productivity, particularly in high-pressure sectors such as banking. However, the uptake of these programs remains limited globally due to factors such as stigma, low awareness, accessibility challenges, and self-efficacy concerns (Whiteford et al., 2020; McCulloch & Johnson, 2023). In Kenya, despite the development of the National Mental Health Policy 2021–2030, mental health service utilization remains low, with funding allocated to mental health at less than 1% of total health expenditure thus a crisis (Othieno et al., 2023).

Studies conducted in different countries, including Canada, the UK, and the US, highlight that well-established national policies, workplace mental health initiatives, and public awareness campaigns have significantly contributed to increased utilization of mental health services (Coles et al., 2022; Gamoran & Dibner, 2022). In contrast, studies in African countries such as South Africa, Ghana, Nigeria, and Uganda demonstrate that cultural beliefs, financial constraints, stigma, and inadequate mental health literacy remain major obstacles to program uptake (Asare, 2020; Atilola, 2020; Kigozi et al., 2020). While Kenya has made some strides through community-based interventions and workplace wellness programs (Ndetei et al., 2021), there is limited understanding of how banking sector employees perceive and utilize mental health programs.

Despite the rising concerns about workplace mental health in Kenya's banking sector, there is a lack of specific studies on the uptake of mental health programs within this industry, thus presenting a contextual research gap. Most existing research (Kariuki & Wambayi, 2023; Kombe, 2023; Mutua & Kori, 2022) focuses on the general impact of workplace stress and employee wellness rather than identifying the specific factors influencing the uptake of mental health programs in banking institutions. Moreover, conceptual gaps exist since previous studies have broadly addressed employee mental health challenges but have not examined how key factors such as awareness, accessibility, and self-efficacy shape the utilization of mental health services within banking institutions.

This research effort sought to bridge these research gaps by examining the factors affecting the uptake of mental health programs among banking institutions: a case of commercial banks in Nairobi County. Specifically, the study focused on the effect of ease of access, awareness and self-efficacy on mental health programs in commercial banks.

1.3 Research Objective

The main objective of the study was to determine factors affecting uptake of mental health programs among commercial banks in Nairobi County, Kenya.

1.3.1 Specific Objectives

The specific objectives of the study were as follows:

- i. To determine the effect of ease of access on uptake of mental health programs by employees of commercial banks in Nairobi County.
- ii. To establish the effect of awareness on uptake of mental health programs by employees of commercial banks in Nairobi County.
- iii. To examine the effect of self-efficacy on the uptake of mental health programs by employees of commercial banks in Nairobi County.

1.4 Research Questions

The study aimed to answer the following research questions;

- i. What is the effect of ease of access on the uptake of mental health programs by employees of commercial banks in Nairobi County?
- ii. What is the effect of awareness of mental health programs on the uptake of mental health programs by employees of commercial banks in Nairobi County?
- iii. What is the effect of employee self-efficacy on the uptake of mental health programs by employees of commercial banks in Nairobi County?

1.5 Scope of the Study

The purpose of the study was to determine the factors influencing the adoption of mental health programs in banking institutions: A case study of commercial banks in Nairobi County. The specific objectives were to determine the effect of ease of access, awareness and self-efficacy on the uptake of mental health programs in commercial banks. This study was carried out on commercial banks in Nairobi County. The target population of this study was the 8037 employees of the 38 commercial banks in Nairobi County (CBK,2024). In this study, the observation unit is the 38 commercial banks in Nairobi County. The study employed judgmental sampling to select 10 employees from one branch per commercial bank in Nairobi County to participate in the study, thus forming the unit of analysis. The study used a questionnaire to obtain primary data. This involved using a 5-point Likert questionnaire. The data collection took place between March and April 2025.

1.6 Significance of the Study

The study discusses the significance of the study in relation to policy, practice and theory.

In regards to policy, the findings provided evidence-based insights that can inform the formulation and revision of workplace mental health policies. With mental health now recognized as a critical component of workplace productivity and employee well-being, the study contributed to the ongoing discourse on integrating mental health support into national labor policies. Specifically, it provided recommendations on strengthening the National Mental Health Policy 2021–2030 by advocating for increased mental health funding, regulatory guidelines for corporate wellness programs, and legal frameworks to ensure mandatory mental health provisions within banking institutions. Additionally, financial sector regulators such as the Central Bank of Kenya (CBK) can leverage the study's findings to develop sector-wide strategies that encourage banks to adopt standardized mental health policies aimed at improving workplace wellness.

From a practical perspective, this study is valuable to bank management, human resource practitioners, and mental health professionals. By identifying the key factors influencing the uptake of mental health programs, the study helped banking institutions develop targeted interventions to improve mental health support for employees. HR practitioners gained insights into best practices for designing and implementing workplace wellness programs that effectively address stress, burnout, and mental health challenges within the banking sector. The study also provided actionable recommendations on fostering mentally healthy workplace cultures, reducing stigma around seeking mental health support, and improving access to counseling services. In doing so, it contributed to enhancing employee well-being, reducing absenteeism, and increasing overall productivity within the industry.

Theoretically, the study contributed to existing literature on workplace mental health by expanding knowledge on mental health program adoption in high-pressure industries, particularly within the banking sector. While previous studies have explored mental health uptake in broader workplace contexts, this study filled a conceptual gap by focusing on a sector-specific analysis of mental health challenges and program utilization in commercial banks. Additionally, by examining factors such as awareness, accessibility, and self-efficacy, the study enhanced the application of Bandura's Social Cognitive Theory, which posits that individuals' confidence in their ability to seek and utilize mental health services influences their behavior. The findings also serve as a foundation for future research, encouraging further

academic inquiry into the intersection of mental health, occupational stress, and industry-specific workplace interventions.

1.7 Chapter Summary

This chapter introduces the study, including its background, problem statement, research objectives, research questions, scope and significance. The available literature that supports the study is examined in the following chapter.





CHAPTER TWO: LITERATURE REVIEW

2.1 Introduction

This chapter provided a review of relevant literature related to the research study. It examined the theoretical background, analyzes empirical studies, summarizes key findings, identifies research gaps, and presents the conceptual framework that connects the study objectives.

2.2 Theoretical Review

This research was supported by the humanistic approach theory.

2.2.1 Humanistic Approach Theory

The Humanistic Approach Theory, developed by Abraham Maslow and Carl Rogers in 1951, provides a useful framework for understanding these factors. Humanistic psychology emphasizes self-actualization, freewill, and the holistic development of individuals (Maslow, 1943; Rogers, 1951). The humanistic approach in psychology emerged in the 1950s as a reaction against psychoanalysis and behaviorism, which were criticized for focusing too much on pathology or environmental conditioning (Maslow, 1954; Rogers, 1961). Humanistic psychology emphasizes personal growth, intrinsic motivation, and self-awareness, making it highly relevant to mental health and well-being in workplaces (Schunk & DiBenedetto, 2021).

The humanistic approach posits that individuals can make choices about their well-being. Employees in banking institutions must feel that they have the autonomy to seek mental health services without fear of stigma or workplace consequences. This principle aligns with the need to improve access to mental health programs in a way that empowers employees to take control of their own well-being (Deci & Ryan, 1985). Humanistic psychology asserts that mental health is not just about treating illness but also about helping individuals find meaning and purpose in life. In workplace settings, this suggests that mental health programs should be growth-oriented rather than deficit-focused, helping employees develop resilience, emotional intelligence, and personal fulfillment (Waterman, 2013).

The humanistic approach aligns with the study's objectives by emphasizing ease of access, awareness, and self-efficacy as critical factors for program uptake. On ease of access, humanistic psychology asserts that individuals thrive when their environment supports growth by removing barriers (Maslow, 1943). Aligning with this principle, organizations can foster self-actualisation by minimising obstacles like stigma, cost, and logistical challenges to mental health programs, thus encouraging their uptake.

Awareness, central to self-actualisation (Rogers, 1959), equips employees with the knowledge needed to make informed mental health decisions. Education, advocacy, and leadership-driven initiatives reduce stigma and promote engagement with available programs, empowering employees to prioritise their well-being. When employees are aware of the availability and benefits of mental health programs, they are more likely to engage with them (Schunk & DiBenedetto, 2021).

On self-efficacy, the theory emphasizes autonomy and self-belief as drivers of personal growth (Deci & Ryan, 1985). By enhancing employee confidence through workplace interventions like peer support, coaching, and a positive culture, organisations enable individuals to take proactive control of their mental health, fostering greater program utilisation. Employees must feel competent and in control of their mental well-being for mental health initiatives to be effective (Schunk & DiBenedetto, 2021).

One of the primary criticisms of humanistic psychology is that it lacks empirical rigor (Schunk & DiBenedetto, 2021). Concepts like self-actualization and personal growth are difficult to measure objectively. Unlike cognitive or behavioral models that use quantifiable metrics, the humanistic approach relies heavily on self-reports and introspection, making it less applicable to structured evaluations of mental health program effectiveness (Waterman, 2013).

Critics argue that the humanistic approach places too much emphasis on personal choice and autonomy, sometimes ignoring external factors such as systemic barriers, workplace structures, and cultural influences (Deci & Ryan, 1985). In Kenya, where mental health stigma and organizational hierarchies play a significant role, the assumption that employees naturally seek growth if given the opportunity may not always hold.

Humanistic psychology originated in Western individualistic cultures, where personal development and autonomy are highly valued (Ryan & Deci, 2020). However, in Kenyan workplaces, there may be a stronger emphasis on collective well-being, hierarchical decision-making, and family obligations. This means that self-actualization and autonomy-focused approaches may not fully align with employees' perspectives on mental health, necessitating a culturally sensitive adaptation of the theory (Triandis, 1995).

The humanistic approach is well-suited for workplace stress and well-being but may not adequately address severe mental health conditions, such as clinical depression or anxiety disorders, which require medical interventions (Maslow, 1954). This suggests that while

humanistic principles can enhance workplace mental health initiatives, they should be integrated with other psychological and medical frameworks for a comprehensive mental health strategy.

The humanistic approach provides a valuable theoretical lens for understanding mental health program uptake in commercial banks. Its emphasis on ease of access, awareness, and self-efficacy aligns with the study's objectives, suggesting that supportive work environments, education, and psychological empowerment can enhance mental health service utilization. However, its subjectivity, cultural limitations, and overemphasis on autonomy mean that it should be complemented by other psychological and organizational models. By integrating humanistic principles with practical workplace interventions, commercial banks in Kenya can create effective, accessible, and stigma-free mental health programs.

2.3 Empirical Review

The empirical review focuses on an examination of the previous research work in line with the study variables. The empirical review identified the various gaps in the literature that the current study focused on solving.

2.3.1 Ease of access and uptake of mental health programs

Ease of access refers to the simplicity and convenience with which users, especially those with disabilities, can interact with and use technology, services, or environments. It encompasses design elements that remove barriers, allowing individuals of all abilities to efficiently navigate, understand, and utilize a product or service (Lazar & Jaeger, 2021). Research confirms multiple barriers which prevent healthcare facilities from delivering proper mental services most notably within rural locations. A primary reason for limited healthcare access stems from the deficiency of expert healthcare providers known as Senior Community Medicine Assistants together with inadequate medical worker training and patient mistreatment found in health centers (Brenman et al., 2014).

Weist et al. (2022) found that limited mental health services in schools remain a challenge as institutions struggle to provide adequate support due to financial constraints. Additional factors, such as family issues, economic hardship, and substance abuse, further impact students' mental and emotional well-being. Schools address this through direct social worker engagement or partnerships with local organizations, but standard mental health services often fail to meet students' diverse psychological needs.

Patel et al. (2023) conducted a systematic review examining the link between poverty and common mental disorders in low- and middle-income countries. Analyzing 115 studies, they found strong correlations between poverty indicators and mental health conditions. The review highlighted that mental disorders reduce earning potential and increase unemployment, worsening poverty and mental illness risks. Socioeconomic disparities in mental health appear early, with lower-income youth (ages 10–15) experiencing depression and anxiety at rates 2.5 times higher than their wealthier counterparts.

Migwe, Gachunga, and Iravo (2021) investigated the impact of employee counseling programs on the performance of Kenyan youth development officers. Using a descriptive survey design, they studied 195 officers across 12 counties, with a final sample of 105 respondents. Data collection involved questionnaires and secondary sources. The findings indicated a positive relationship between counseling and job performance, emphasizing the importance of workplace mental health initiatives. However, the study focused solely on youth development officers, leaving a contextual gap regarding employees across different age groups. The current study aims to bridge this gap by assessing counseling programs' impact on employees of all ages at the Kenya Ports Authority (KPA).

Despite the numerous studies on mental health program uptake, significant empirical gaps remain, particularly regarding ease of access, awareness, and self-efficacy in the context of Kenya's banking sector. Many studies on ease of access focus on healthcare accessibility in general, often in educational or rural settings, rather than in structured workplaces such as commercial banks. Weist et al. (2022) and Patel et al. (2023), for example, examine access to mental health services in schools and low-income communities, respectively, without exploring barriers unique to employees in the corporate sector.

Furthermore, studies such as Munthuli et al. (2023) highlight the impact of geographical distance on access to health services but fail to consider workplace-related access barriers such as long working hours, stigma, or organizational policies that may influence program uptake in banks. The current study aims to bridge this gap by investigating how workplace-specific access factors, including employer support and service availability, impact mental health program uptake among banking employees.



2.3.2 Awareness and uptake of mental health programs

The essential trait of mental health awareness depends on identifying and comprehending mental conditions (McCulloch & Johnson, 2023). Angdembe et al. (2017) established mental health literacy consists of three fundamental components which include mental disorder understanding together with well-being promotion and assistance recognition. The framework proposed by Lazar and Jaeger (2021) encompasses symptom recognition together with cause understanding followed by maintaining positive outlooks as well as self-care practice and information acquisition and consulting professionals (Wei et al., 2022). People who acquire more mental health information can detect mental health issues earlier and get professional assistance (Dev et al., 2022).

Abi Doumit et al. (2019) established in their research that mental health attitude directly affects awareness levels as positive attitudes lead to better mental health awareness. Secondary school students developed their mental health perceptions through mass media exposure leading to positive or negative effects on their mental health knowledge awareness. People who displayed positive mindsets about mental health showed better understanding of mental health matters than students who maintained negative perspectives. Students experience better mental health comprehension when they are exposed to media as positive attitudes form after media exposure which increases their mental health awareness.

According to Kuppusamy et al. (2023) how well someone knows a subject affects their awareness level about it. Students who studied mental health concepts through mass media sources that included information about symptoms, causes, outcomes and mental disorder classification developed better mental health awareness. The provision of essential mental health information through mass media generates better understanding among people which leads to enhanced awareness. This study's findings established that knowledge about professional help did not affect how well students understood mental illnesses between their mental health awareness and familiarity with mental issues. The research indicates student mental health familiarity affects overall awareness but their knowledge about professional mental health services did not specifically lead to this outcome.

Archmedes (2022) studied the factors which determine how much KPA employees know about their mental health resource programs. Practical staff members at KPA were randomly drawn from a total sample of 500 employees to ensure diverse participant demographics using stratified sampling. The research used questionnaires distributed to study participants in order

to collect data through self-administration. Employees at KPA showed a low level of knowledge about mental health programs. The awareness of KPA employees regarding mental health programs depended strongly on gender demographics and educational attainment and information accessibility and chronological age. The research established that worker income and professional position did not exert meaningful effects on employee understanding regarding mental health programs.

Awareness-related studies predominantly focus on students or broad public health perspectives rather than on employees in professional settings. Abi Doumit et al. (2019) and Kuppusamy et al. (2023) emphasize the role of media exposure in shaping mental health awareness among secondary school students, leaving a gap in understanding how professionals, particularly in high-pressure industries such as banking, become aware of and perceive mental health programs. Archmedes (2022), in a study of employees at the Kenya Ports Authority (KPA), identifies gender, education, and access to information as key determinants of mental health awareness but does not extend these findings to the financial sector, which has distinct workplace stressors and cultural perceptions.

The current study addressed this gap by focusing specifically on the effect of awareness on the uptake of mental health programs among banking professionals, exploring how corporate communication, workplace policies, and peer influence shape mental health awareness in commercial banks. By addressing these gaps, this study provided sector-specific insights into mental health program uptake in Kenya's commercial banking industry.

2.3.3 Self-efficacy and uptake of mental health programs

Self-efficacy refers to an individual's belief in their ability to successfully perform and accomplish specific tasks or goals (Bandura, 2023). It plays a critical role in how people approach challenges, as those with high self-efficacy are more likely to view difficult tasks as things to be mastered, rather than avoided. Self-efficacy is a belief that one has the capabilities to execute the course of actions required to manage forthcoming situations. Self-efficacy beliefs are beliefs about one's ability to "organize and execute the courses of action required to produce given attainments". It is concerned with one's confidence and ability to execute the behaviour in question (Bandura, 2023).

Self-efficacy refers to an individual's confidence in their ability to accomplish specific tasks or goals (Bandura, 2023). It influences how people approach challenges, with those possessing high self-efficacy viewing difficulties as opportunities for mastery rather than obstacles.

According to Bandura's Social Cognitive Theory, self-efficacy determines behavior by shaping task engagement, effort, and perseverance (Bandura, 2023). It is dynamic, modifiable, and varies across different behaviors (Witt-Rose, 2023).

According to Becker et al. (2019), the basis of self-efficacy concept describes an individual's confidence level in using motivation and cognitive abilities to take needed actions for completing specific tasks in given contexts. Improving self-efficacy enables success achievement and enhances the capability to analyze past accomplishments.

According to Luthans et al. (2021) high self-efficacy individuals display five distinct traits involving goal-setting at a challenging level together with motivated perseverance toward their goals while dedicating ample effort to task completion along with persisting through challenges. Workplace development of self-efficacy depends on how well personnel handle tasks and gain practical experiences (Witt-Rose, 2023). People who demonstrate strong self-efficacy experience increased job confidence in their abilities to execute workplace responsibilities (Luthans et al., 2021).

Bihlmaier and Schlarb (2021) researched how self-efficacy measurements affect sleep behaviors among primary school children. Children practicing standard sleep routines established better self-efficacy ratings compared to children facing sleep disturbances according to their study data. Children who believed in their ability to accomplish tasks faced fewer sleep problems that included delayed sleep onset. College students participating in a study demonstrated that self-efficacy and sleep quality affect the presence of insomnia. Bihlmaier and Schlarb (2021) conducted results which showed that students not affected by insomnia maintained greater self-efficacy than their counterparts with sleep issues.

Gümüş and Bellibaş (2023) studied the relationship between self-efficacy together with psychological variables in five different countries during their research. This research demonstrated that stronger self-efficacy creates more optimistic students with higher self-esteem who achieve better self-regulation. People with strong self-efficacy beliefs in their capacity to tackle problems along with reaching their objectives experience greater satisfaction with life than individuals who have lower self-efficacy. The research by Bai et al. (2021) demonstrated that mental health benefits from self-efficacy and hope because these elements work effectively as predictors for total mental wellness.

Based on Velten et al. (2022) there is evidence that more physical exercise leads to better mental health outcomes. Research has not yet determined the exact link between social rhythms and physical activity. The research serves as one of the pioneering investigations on the developmental pathways uniting self-efficacy with social rhythms and mental health checks. According to the study results better mental health in students corresponded with increasing self-efficacy so students who feel well mentally demonstrate enhanced ability to handle adversity. Multiple research investigations have found that maintaining positive mental health strengthens emotional control and face difficulties with resilience (Baxter et al., 2022; Berezina et al., 2023).

Existing studies such as Becker et al. (2019) and Luthans et al. (2021) establish a strong connection between self-efficacy and mental health, but they primarily focus on general employee well-being or educational settings, without contextualizing the findings to high-pressure financial institutions. Studies like Gümüş & Bellibaş (2023) explore self-efficacy in relation to optimism and life satisfaction, while Bihlmaier and Schlarb (2021) link self-efficacy to sleep behaviors, showing that better mental health leads to increased confidence in overcoming challenges.

However, these studies do not examine how self-efficacy directly affects the uptake of mental health programs, particularly in commercial banks where stigma and job security concerns may lower employees' confidence in seeking mental health assistance. The current study addressed this by analyzing the specific factors influencing self-efficacy in banking employees, including peer support, leadership influence, and organizational culture, to determine how they affect the likelihood of engaging with mental health programs.



2.4 Summary of Research Gaps

Previous studies have explored factors affecting mental health program uptake in various contexts. Weist et al. (2022) focused on schools, while the current study examines workplace accessibility in commercial banks. Patel et al. (2023) highlighted poverty's role in mental health, whereas this study focuses on awareness, ease of access, and self-efficacy in banking employees. Similarly, Munthuli et al. (2023) discussed travel distances affecting health service use, but this study addresses corporate policies in the banking sector.

Abi Doumit et al. (2019) focused on media's influence on students, while this study investigates awareness among bank professionals. Archmedes (2022) analyzed maritime workers, but the current study explores mental health awareness among bank employees, considering stigma and job pressures. While Luthans et al. (2021) linked self-efficacy to work performance, this study connects it to mental health program uptake in banks.

Bihlmaier & Schlarb (2021) examined children's self-efficacy, whereas this study focuses on adults in the banking sector, considering leadership and peer support. Gümüş & Bellibaş (2023) lacked longitudinal data, which the current study addresses with a quantitative approach to assess self-efficacy over time. Lastly, while Velten et al. (2022) studied exercise's effect on mental health, this study focuses on corporate wellness programs to enhance self-efficacy in banking employees.

Table 2.1: Summary of Literature and Research Gaps

Author(s)	Findings	Research Gap	How the Current Study Addressed the Gaps
Weist et al. (2022)	Schools provide access to mental health services, but these services remain marginalized due to limited resources.	Contextual gap: The study focuses on schools rather than workplace settings, where corporate policies and stigma influence access.	The current study examined the ease of access and how it affects uptake of mental health programs in commercial banks.
Patel et al. (2023)	Poverty and mental disorders have a two-way relationship, with financial instability reducing access to mental health services.	Contextual gap: The study focuses on poverty as a determinant, which may not be a primary factor for employees in formal banking jobs.	The study investigated how awareness, ease of access and self-efficacy affect the uptake of mental health programs in banks rather than focusing solely on socioeconomic status.
Munthuli et al. (2023)	Long travel distances (50km+) reduce health service utilization among epilepsy patients in Malawi.	Conceptual gap: The study focuses on epilepsy patients, not mental health accessibility in workplace settings.	The study examined workplace-based accessibility challenges, such as corporate policies on mental health programs.

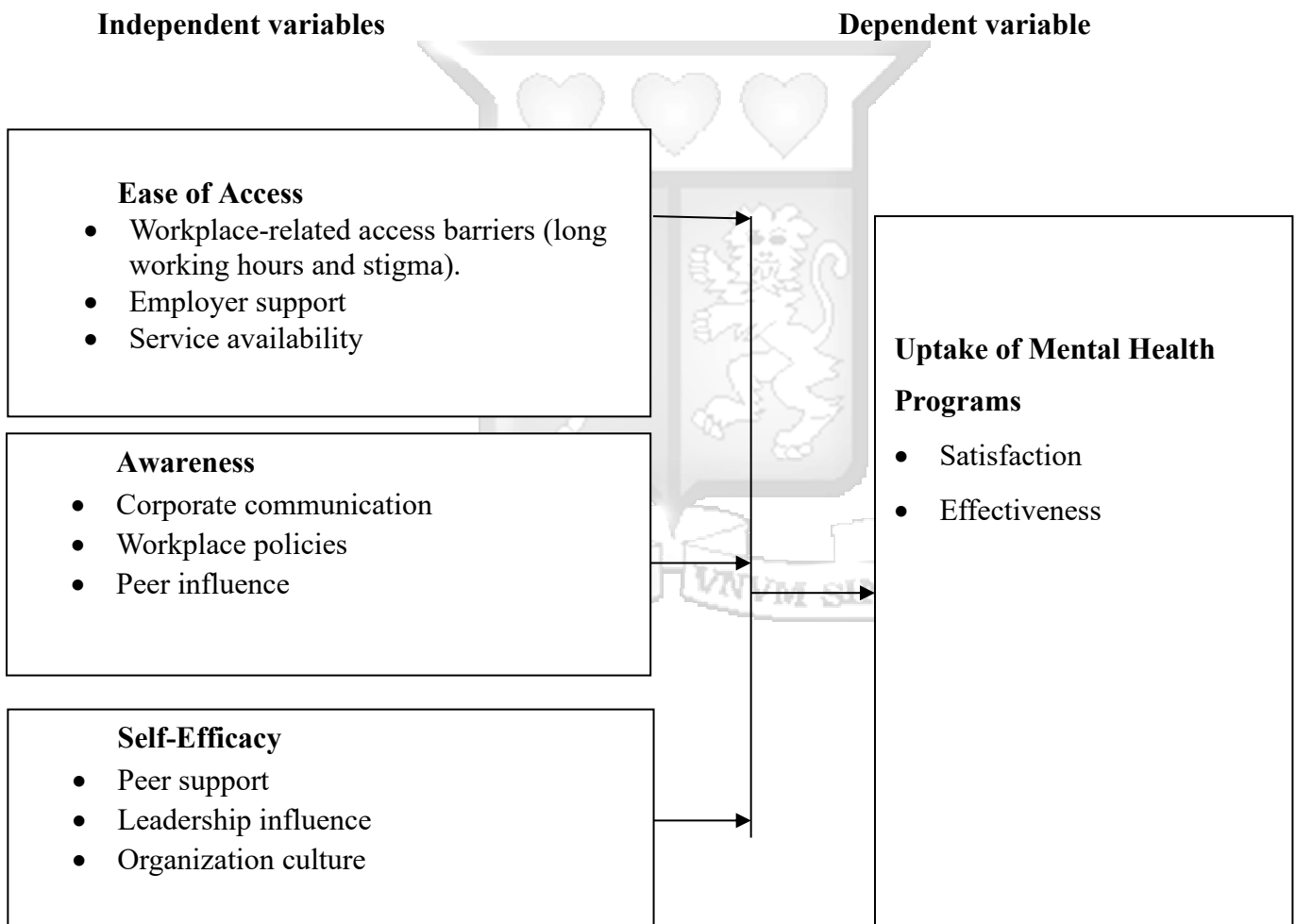
Abi Doumit et al. (2019)	Mass media influences students' attitudes toward mental health and improves awareness.	Contextual gap: The study focuses on secondary school students, not working professionals.	The study focused on professionals i.e middle-level managers in banks.
Archmedes (2022)	Awareness of mental health programs at KPA is influenced by gender, education level, and access to information.	Industry gap: The study focuses on maritime employees, who face different stressors compared to banking professionals.	The study investigated awareness among commercial bank employees, considering job pressures, stigma and organizational support systems.
Luthans et al. (2021)	High self-efficacy individuals set higher goals and persist in the face of obstacles.	Conceptual gap: The study focuses on general work performance, not mental health program utilization.	The study explored how self-efficacy affects banking employees' uptake of workplace mental health services.
Bihlmaier & Schlarb (2021)	High self-efficacy is linked to better sleep patterns and lower stress levels in children.	Contextual gap: The study examines self-efficacy in children rather than working adults.	The study focused on the effect of employees' self-efficacy on uptake mental health programs influenced by workplace culture, leadership, and peer support.
Gümüş & Bellibaş (2023)	Self-efficacy is positively associated with optimism and self-regulation.	Methodological gap: The study lacks longitudinal analysis to track changes over time.	The study used a quantitative approach to assess long-term self-efficacy changes among bank employees engaging in mental health programs.
Velten et al. (2022)	Physical exercise predicts better mental health, but its relationship with social rhythm is unclear.	Conceptual gap: The study does not examine self-efficacy in workplace mental health utilization.	The study explored how corporate wellness programs can enhance self-efficacy in seeking mental health support.

Source: Researcher (2025)

2.5 Conceptual Framework

A conceptual framework is a visual pictorial diagram that shows the association between the independent variable and the dependent variable (Mugenda & Mugenda, 2003). In this research, the independent variables were ease of access, awareness and self-efficacy while the dependent variable was the uptake of mental health programs. workplace-related access barriers such as long working hours, stigma, or organizational policies that may influence program uptake in banks.

Figure 2.1: Conceptual Framework



(Source: Research 2024)

2.6 Measurement of Variables

The measurement of variables in the study and relationship between the variables are illustrated in table 2.1.

Table 2.2: Measurement of Variables

Variable	Supporting Literature	Method of Data Collection	Data Analysis
<p><u>Independent Variable</u> Ease of Access</p> <ul style="list-style-type: none"> • Workplace-related access barriers(long working hours and stigma). • Employer support • Service availability 	Patel et al., (2023)	Structured questionnaire 5-Point Likert	Descriptive statistics Correlation Analysis Regression Analysis
<p>Awareness</p> <ul style="list-style-type: none"> • Corporate communication • Workplace policies • Peer influence 	Sabouhi et al., (2021)	Structured questionnaire 5-Point Likert	Descriptive statistics Correlation Analysis Regression Analysis
<p>Self-efficacy</p> <ul style="list-style-type: none"> • Peer support • Leadership influence • Organization culture 	Bihlmaier and Schlarb (2021)	Structured questionnaire 5-Point Likert	Descriptive statistics Correlation Analysis Regression Analysis
<p><u>Dependent Variable</u> Uptake of Mental Health Programs</p> <ul style="list-style-type: none"> • Satisfaction • Effectiveness 	Hurrelman and Losel, (2020)	Structured questionnaire 5-Point Likert	Descriptive statistics Correlation Analysis Regression Analysis

Source: Researcher (2025)

2.7 Chapter Summary

The second chapter of the research work examined the literature relevant to the research problem. The review of the literature was presented chronologically in line with the research objectives. The study was supported by the Humanistic Approach Theory. The review of the previous empirical evidence to various contextual and knowledge gaps that have emphasized conducting the current research work well as the conceptual framework and lastly the measurement of variables

CHAPTER THREE: RESEARCH METHODOLOGY

3.1 Introduction

This chapter covers the research methodology used to address the research problem. It included an overview of the research design, target population, sampling technique and sample size, data collection tools and procedures, and methods for data analysis and presentation.

3.2 Research Philosophy

Research philosophy refers to the development of knowledge and the nature of that knowledge (Longwe, 2010). It depicts how you view the world, so it influences the research methods that a researcher selects. When choosing a research philosophy, there are three approaches to consider: positivism, Interpretivism, and post-positivism. Post-positivism seeks objectivity through the collection and analysis of measurable data, while positivism is based on the 'objective' reality corpus and uses numerical data. On the other hand, Interpretivism is inclined toward relating to social realities in terms of perceptions and thus uses alphabetic data. (Alharahsheh & Pius, 2020).

The most suitable research philosophy for this study was the positivism research philosophy. Positivism research philosophy emphasizes the use of measurable, objective, and quantifiable data (Maksimovic & Evtimov, 2023). For this study, positivism is the most suitable research philosophy. Positivism is particularly aligned with research that relies on quantitative data. This study relies on quantitative data collected through questionnaires with closed-ended questions rated on a Likert scale (Robinson, 2024).

3.3 Research Design

Research design is the scheme, outline or plan that is used to generate answers to a research problem (Bougie and Sekeran, 2013). This research adopted a descriptive cross-sectional research design because the study was collecting primary data at a specific point in time. This design focuses on describing the "what," "when," "where," and "who" of variables, such as communication styles, gender roles, and power-distance practices, and their influence on employee performance (Creswell et al., 2018). This research design is suitable for this research because it is designed to enable the systematic description of real-world processes, cross-sectionally, without the possibility of manipulating social-culturally related factors within the commercial banks (Kumar, 2020).



3.4 Target Population

A total of 8037 employees in 38 Commercial Banks in Nairobi County (CBK, 2024) constituted the population of the study. In this study, the unit of observation is the 38 commercial banks in Nairobi County. Only one branch per commercial bank participated in the study.

3.5 Sample Size Determination and Sampling Design

The study used Yamane's formula to determine the sample size. Yamane's formula is suitable as it provides a parametric measure for sample size calculation based on the total population size, a specified margin of error, and a stipulated confidence level. The formula is illustrated below with the assumption of 95% level of confidence and alpha of 0.05:

$$n = N / [1 + N (e)^2]$$

Where:

n is the sample size

N is the study population

e is the margin of error i.e. 0.05.

Hence; $n = 8037 / [1 + 8037 (0.05)^2]$

$n = 380$ employees of commercial banks in Nairobi County.

The sample size for the study was 380 employees of commercial banks in Nairobi County. The study employed judgmental sampling to select 10 employees from one branch per commercial bank in Nairobi County to participate. The respondents of the study are the commercial bank employees who form the unit of analysis of the study. Judgmental sampling allowed the researcher to select employees who have adequate knowledge of the research questions of the study (Creswell & Creswell, 2018).

3.6 Data Collection

Data collection is the methodical process of gathering information from various record sources to address the research question or hypothesis that is being tested (Creswell & Creswell, 2018). The primary tool for gathering data for the study was a questionnaire. The questionnaire was divided into five sections with section A consisting the demographic information the other sections consisted the objectives of the study. The questionnaire was structured with closed-ended questions rated on a 5-point Likert scale.

The Likert scale is chosen because it facilitates the collection of quantifiable data, enabling statistical analysis to identify patterns and relationships (Yamashita, 2022). Likert Scale is commonly used to determine the extremes of respondents' attitudes and perceptions (South et al. 2022). Similarly, the Likert scale enabled the research to measure the degree of agreement or disagreement with the questions. Its structure consisted of 5-strongly agree, 4 agree, 3-neutral, 2 disagree, and 1-strongly disagree.

A pick-and-drop technique was adopted for the collection of the data. The researcher issued the questionnaires to the respondents in their headquarters branch in Nairobi in the second week of March, and respondents requested to have their feedback ready for collection after one week. The researcher used telephone correspondence to help clarify issues as needs arise to ensure clarity of the questions being answered. Further, telephone follow-ups were used to check on the respondent's feedback that may not have been received after one week.

3.7 Research Quality

3.7.1 Pilot Study

Pilot testing enables the researcher to modify and remove ambiguous items on research measures (Kothari & Gang, 2014). To ascertain the validity and reliability of the study, a pilot test was conducted on 10% of the sample size in Kiambu town branches. This study, therefore, used 39 respondents, which is 10% of the sample population.

3.7.2 Reliability

Reliability is a measure of stability and consistency with which the instrument measures the concept (Sekaran, 2003) . Cronbach's alpha value of 0.7 and above proves that the research instrument is reliable (Taber, 2018). Acceptability of the coefficient was at 0.7 and above to make sure the items in each variable measured the same construct accurately (Taber, 2018). When any item does not meet the threshold of 0.7, then the increasing items that are causing an inconsistency are formatted or excluded to have more reliability. This process enables the exclusion of variability arising from the administration of the instrument in the two settings and makes it appropriate for the measurement of quantitative data in the study (Lee & Kim, 2019). The results for reliability are presented the Table 3.3:

Table 3.3: Reliability Test Results

Variables	Cronbach's Alpha Coefficient	Interpretation of the Study
Ease of Access	0.821	Reliable
Awareness	0.802	Reliable
Self-Efficacy	0.811	Reliable
Uptake of Mental Programs	0.809	Reliable

Source: Researcher (2025)

Table 3.3 presents the reliability analysis of the study variables using Cronbach's Alpha coefficient. A Cronbach's Alpha value above 0.7 generally indicates acceptable internal consistency and reliability for a given set of items or scale. All four variables, Ease of Access ($\alpha = 0.821$), Awareness ($\alpha = 0.802$), Self-Efficacy ($\alpha = 0.811$), and Uptake of Mental Programs ($\alpha = 0.809$), have coefficients exceeding the 0.8 threshold. This implies that the items used to measure each variable are internally consistent and reliable according to Taber (2018), and are acceptable; hence, the research questionnaire was reliable.

3.7.3 Validity

Validity is the confidence that we have of whether or not the results of the research study reflect the connection between variables (Mohajan, 2020). To obtain validity, the researcher made sure that all the research questions effectively cover what is intended in the study. The research supervisor went through the research questions to ascertain whether they adequately respond to the research topic of study.

3.8 Data Analysis and Presentation

The study adopted a quantitative approach to collecting and analyzing data using the latest version of the Statistical Package for Social Sciences (SPSS V28). This tool is appropriate for this study as it facilitates analyzing diverse datasets and applying various statistical tests (Ali et al. 2023). The collected data was coded and classified appropriately to ensure responses were processed correctly. For each specific objective, descriptive statistics, specifically mean and standard deviations were used in analyzing the data. These measures provide insights into the central tendency and variability of the data.

The mean offers an average value, giving an overall understanding of the typical response or trend for each variable. Standard Deviation indicates the extent of variation or dispersion in the data, helping identify consistency or differences within the responses (Creswell & Creswell, 2018). Inferential statistics, specifically multiple linear regression analysis, was used

to establish relationships between the independent variables and the dependent variable (Silver, 2016). The results and findings were presented in tables and charts. The multiple linear regression analysis used a regression equation of:

$$Y = \alpha + \beta_1 X_1 + \beta_2 X_2 + \beta_3 X_3 + \varepsilon$$

Where,

Y = The dependent variable Uptake of mental health programs.

α = Constant term

$\beta_1, \beta_2, \beta_3$, = Beta coefficients of the independent variables

X_1 = Access,

X_2 = Awareness

X_3 = Self-efficacy

ε = error term

3.9 Ethical considerations

Ethics in research is important in enhancing the aims of the study (Greenwood, 2016). The researcher was keen to ethical considerations such as confidentiality, anonymity, privacy, and informed consent in carrying out this study. Permission from the participants was sought before involving them in the study, in this manner informing them of the rise of the study, what the study is all about, the processes to be undertaken, and freedom to withdraw at the participant's wish.

Further, the conduct of the study was guided by the Strathmore University Institutional Scientific Ethics Review Committee (SU-ISERC). Permission to carry out the research, code of ethics approval and NACOSTI permit was obtained before the commencement of the study. Lastly, published and unpublished materials used in the study were fully acknowledged by referencing to avoid chances of plagiarism.

3.10 Chapter Summary

This chapter details the study's positivism philosophy and descriptive cross-sectional design targeting employees from 38 commercial banks in Nairobi County. A sample size of 380 respondents was determined using Yamane's formula, and judgmental sampling selected knowledgeable participants. Data was collected via structured questionnaires and analyzed using SPSS for descriptive and inferential statistics. A pilot test ensured reliability and validity, while ethical considerations like informed consent and confidentiality were upheld.

CHAPTER FOUR: DATA ANALYSIS AND PRESENTATION

4.1 Introduction

This study sought to determine factors affecting uptake of mental health programs among banking institutions: a case of commercial banks in Nairobi County, Kenya.

4.2 Response Rate

The study respondents returned 350 out of 389 distributed questionnaires, leading to a response rate of 89.97%. This excellent response rate agrees with Mugenda and Mugenda's (2003) prescription for a significant response rate for statistical analysis, which they established at a minimal value of 50%.

4.3 Demographic Information

Table 4.3 shows the demographic information of the respondents.

Table 4.4: Demographic Information of the Respondents

Category	Option	Number of Respondents	Percentage of Total (350)
Gender	Male	165	47.37%
	Female	185	52.63%
Age Group	Below 30 years	110	31.58%
	31-40 years	92	26.32%
	41-50 years	74	21.05%
	51-60 years	74	21.05%
Education Level	Certificate	56	15.79%
	Diploma	83	23.68%
	Bachelor Degree	138	39.47%
	Others	73	21.05%
	[Example]		
Position	Junior Staff	92	26.32%
	Senior Staff	110	31.58%
	Manager	83	23.68%
	Executive	65	18.42%
Years of Employment	Below 5 years	120	34.21%
	6-10 years	92	26.32%
	10-15 years	84	23.68%
	Above 16 years	54	15.79%

Source: Researcher(2025)

Table 4.3 shows the findings of Demographic information. The findings on the Gender of the respondents showed that there were approximately 47.37% male and 52.63% female

respondents. Findings on the Age of the respondents showed that a significant portion of the respondents are young, with 31.58% being below 30 years of age. This indicates that a substantial number of employees are in the early stages of their careers. The second-largest group is respondents in the 31-40 years range, comprising 26.32% of the respondents. This age group likely includes employees who have gained some experience and are progressing in their careers. The respondents in the 41-50 years and 51-60 years ranges are equally distributed, each making up 21.05% of the total. These groups represent more experienced employees who might be in mid-career or nearing retirement age. The age distribution of the workforce seems to be relatively young, with a large portion under 30 years. However, the presence of employees in older age brackets indicates a diverse workforce with a mix of experience levels.

Findings on the education level show that the largest proportion of respondents (39.47%) holds a Bachelor's degree, which suggests a highly educated workforce. 23.68% of employees hold a diploma, indicating a significant portion of the workforce has received post-secondary education but at a level below a Bachelor's degree. 15.79% of respondents hold certificates, which may reflect employees with specialized training or qualifications for specific roles. 21.05% of employees have an educational background classified as "Other," which may include postgraduate qualifications, professional certifications, or non-traditional education paths. The workforce is generally well-educated, with a substantial number having completed higher education. The relatively high percentage of employees with certificates or other qualifications suggests diversity in the types of training and skills employees bring to their roles.

A quarter of the workforce holds junior staff positions (26.32%) , which typically indicates entry-level roles or roles with fewer responsibilities. Senior staff represent the largest group in terms of position, accounting for 31.58%. These employees likely have more experience and greater responsibilities than junior staff. 23.68% of the respondents hold managerial positions, indicating a moderate level of leadership within the workforce. Executives make up 18.42% of the respondents. This group likely represents higher-level roles that involve significant decision-making authority. There is a significant proportion of employees in senior and managerial positions, which suggests a relatively flat organizational structure or strong internal promotion from junior staff roles. The mix of positions indicates a well-distributed workforce across various levels of responsibility.

Findings on Years of Employment show that a large portion (34.21%) of the workforce has been employed for less than 5 years. This indicates a relatively young workforce, with many employees still in the early stages of their careers. 26.32% of employees have been with the company for 6-10 years, which suggests that this group may be in a phase of gaining deeper expertise and possibly progressing to higher positions. A smaller portion (23.68%) has been employed for 10-15 years, which likely includes individuals who have established themselves in their careers and may have more specialized knowledge. Only 15.79% of respondents have been employed for more than 16 years, indicating that long-term employees are a minority. This group likely holds senior roles with significant experience in the organization.

4.4 Descriptive Statistics

4.4.1 The Effect of ease of access on uptake of mental health programs by employees of commercial banks in Nairobi County.

Table 4.4 presents the findings on the effect of ease of access on uptake of mental health programs by employees of commercial banks in Nairobi County. Each statement was evaluated across a Likert scale: 1 = Strongly Disagree, 2 = Disagree, 3 = Neutral, 4 = Agree and 5 = Strongly Agree with a mean Likert score indicating the distribution of responses for the statement.

Table 4.5: The effect of ease of access on uptake of mental health programs by employees of commercial banks in Nairobi County

<i>Statement</i>	<i>Number of Respondents</i>	<i>Mean Likert Score</i>	<i>Standard Deviation</i>
<i>My work schedule makes it difficult to access mental health services.</i>	350	1.37	0.31
<i>There is stigma around seeking mental health support at my workplace.</i>	350	2.34	0.56
<i>My employer supports employees in accessing mental health services.</i>	350	2.51	0.29
<i>Mental health services are easily accessible to employees.</i>	350	2.02	0.26
<i>My organization provides adequate resources for mental health support.</i>	350	2.39	0.29
<i>Overall</i>	350	2.13	0.41

Source: Researcher (2025)

Table 4.4 presents the responses of employees regarding the effect of ease of access on uptake of mental health programs by employees of commercial banks in Nairobi County. One key finding is that the work schedule does not significantly hinder access to mental health services, with a low mean score of 1.37. This indicates that most respondents disagreed with the statement, suggesting that their work schedule is not a major barrier to accessing these services, and there is a consensus in their responses.

Further, the findings indicate that employer support for mental health services is low, with a mean score of 2.51. This suggests a low level of support; therefore, the organizations are not committed to supporting their employees in accessing mental health services. Similarly, accessibility to these services remains low, with a mean score of 2.02. This points to potential logistical or procedural challenges that may hinder employees from easily accessing mental health programs. These could include issues such as the availability of services at convenient times, complicated processes for accessing care, or limited options for remote access.

Additionally, the stigma around seeking mental health support is not a concern, as the score of 2.34 suggests no stigma exists in seeking mental health support. With the absence of stigma, employees can seek mental health support without fear of stigmatization. The adequacy of mental health resources provided by employers is seen as insufficient, with a score of 2.39. This indicates that there is room for improvement in the quantity and quality of resources available. Employees may feel that the current programs do not fully meet their needs, whether in terms of the variety of services offered, the quality of mental health professionals available, or the comprehensiveness of support mechanisms in place. Organizations could focus on enhancing the mental health infrastructure, ensuring that resources are not only accessible but also sufficient to meet the diverse needs of their employees.

Lastly, The overall mean is 2.13 and the overall standard deviation is 0.41. This suggests moderate agreement on the overall ease of access to mental health services. These findings suggest that, on average, employees in commercial banks in Nairobi County perceive significant barriers to accessing mental health services, as indicated by an overall mean of 2.13, which leans toward disagreement. While some employees report moderate access, the standard deviation of 0.41 shows some variation in responses, implying that experiences with accessibility differ across individuals. This indicates a need for interventions to improve mental health service availability, reduce stigma, enhance employer support, and create a more open workplace culture to encourage better engagement with mental health programs.

4.4.2 The Effect of Awareness on Uptake of Mental Health Programs by Employees of Commercial Banks in Nairobi County.

Table 4.5 presents the findings on the effect of awareness on the uptake of mental health programs by employees of commercial banks in Nairobi County. Each statement was evaluated across a Likert scale: 1 = Strongly Disagree, 2 = Disagree, 3 = Neutral, 4 = Agree and 5 = Strongly Agree, with a mean Likert score indicating the distribution of responses for the statement.

Table 4.6: The effect of awareness on the uptake of mental health programs by employees of commercial banks in Nairobi County

<i>Statement</i>	<i>Number of Respondents</i>	<i>Mean Likert Score</i>	<i>Standard Deviation</i>
<i>My organization communicates mental health awareness effectively.</i>	350	2.34	0.37
<i>There are clear workplace policies on mental health support.</i>	350	2.16	0.27
<i>My colleagues influenced my decision to seek mental health support.</i>	350	1.50	0.19
<i>I have received information about available mental health programs at work.</i>	350	1.77	0.16
<i>My employer encourages discussions on mental health in the workplace.</i>	350	1.52	0.19
<i>Overall</i>	350	1.86	0.34

Source: Researcher (2025)

The findings presented in Table 4.5 highlight several challenges regarding the awareness of mental health programs and their effect on the uptake of these services by employees in commercial banks in Nairobi County. These results, derived from a Likert scale, reveal that employees generally feel that their organizations are not doing enough to communicate and promote mental health resources effectively.

Firstly, the statement "My organization communicates mental health awareness effectively" received a mean score of 2.34, which indicates a disagreement among employees regarding the effectiveness of the communication of mental health awareness. This suggests that employees feel that they are not adequately informed about the mental health programs available within their organizations. A communication gap may exist, where employees either do not receive enough information or the methods used to communicate such information are ineffective. This

could be a significant barrier to the uptake of mental health services, as employees may not even be aware of the support available to them.

Similarly, when asked if clear workplace policies on mental health support exist, the mean score of 2.16 again indicates disagreement. Employees appear to feel that there are no formalized or well-communicated policies outlining how mental health issues are handled or what support systems are in place. The absence of clear policies can create confusion and uncertainty about the procedures for accessing mental health services, thereby limiting the likelihood of employees utilizing such resources when needed. Establishing and communicating well-defined policies on mental health could help bridge this gap and encourage employees to seek support when necessary.

Another notable finding is related to the influence of colleagues on an employee's decision to seek mental health support. The score of 1.50 indicates strong disagreement, meaning that employees do not feel that their peers significantly influence their decision to seek mental health support. This suggests that peer support may be lacking in many workplaces, and stigma around mental health issues might prevent employees from discussing these concerns openly with colleagues. The lack of peer influence could further discourage employees from seeking help, as they may feel isolated in their struggles or fear judgment from their peers.

Additionally, when asked if they have received information about available mental health programs, the mean score of 1.77 indicates that employees disagree with the statement. This low score highlights a critical gap in awareness, as employees are not receiving sufficient information about the mental health programs offered by their organizations. Without proper information, employees cannot fully take advantage of the resources available to them. Improving the dissemination of information, whether through emails, intranet updates, or in-person meetings, could help increase employees' awareness and participation in mental health programs.

Further, the statement "My employer encourages discussions on mental health in the workplace" received a mean score of 1.52, which suggests strong disagreement. This result underscores a significant challenge in creating an open and supportive environment for discussing mental health issues. When employers do not actively encourage conversations about mental health, employees may feel uncomfortable discussing their mental health challenges or seeking help. This lack of encouragement from leadership can contribute to a

culture of silence and stigma, further preventing employees from utilizing mental health resources

Lastly, the overall mean is 1.86, which indicates that, on average, respondents tend to disagree with the statements, indicating a lack of strong awareness or communication about mental health programs in their workplace. The overall standard deviation is 0.34, suggesting moderate variation in responses. While most respondents are aligned in their disagreement, there is some diversity in how employees perceive mental health awareness and support within their organizations.

4.4.3 The Effect of self-efficacy on the uptake of mental health programs by employees of commercial banks in Nairobi County.

Table 4.7 presents the findings on the effect of self-efficacy on the uptake of mental health programs by employees of commercial banks in Nairobi County.

Each statement was evaluated across a Likert scale: 1 = Strongly Disagree, 2 = Disagree, 3 = Neutral, 4 = Agree and 5 = Strongly Agree with a mean Likert score indicating the distribution of responses for the statement.

Table 4.7: The effect of self-efficacy on the uptake of mental health programs by employees of commercial banks in Nairobi County.

<i>Statement</i>	<i>Number of Respondents</i>	<i>Mean Likert Score</i>	<i>Standard Deviation</i>
<i>I feel supported by my colleagues in managing my mental health.</i>	350	2.48	0.16
<i>My organization's leadership promotes mental health well-being.</i>	350	2.34	0.17
<i>The workplace culture encourages employees to seek mental health support.</i>	350	2.19	0.31
<i>I am confident in accessing mental health services when needed.</i>	350	2.12	0.19
<i>I can participate in mental health programs without fear of stigma.</i>	350	2.57	0.19
<i>Overall</i>	350		

Source: Researcher (2025)

The findings presented in Table 4.6 explore the impact of self-efficacy on the uptake of mental health programs by employees in commercial banks in Nairobi County. Self-efficacy, in this context, refers to employees' confidence in their ability to manage their mental health, seek

support, and participate in mental health programs without fear of judgment or stigma. Each statement was evaluated on a Likert scale, with a score range from 1 (Strongly Disagree) to 5 (Strongly Agree). The mean scores reflect employees' perceptions of their self-efficacy in relation to mental health programs in their workplace.

Firstly, support from colleagues in managing mental health had a Mean = 2.48, and a standard deviation of 0.16. The mean score of 2.48 indicates that employees disagree to some extent with the statement that they feel supported by their colleagues in managing their mental health. While the score is not extremely low, it suggests that many employees do not feel that their colleagues offer significant support when it comes to mental health. This could reflect a lack of open communication or a culture that does not prioritize mental health support among peers, which can negatively impact employees' confidence in managing their mental health.

Secondly, leadership promotion of mental health well-being had a Mean of 2.34 and a standard deviation of 0.17. The mean score of 2.34 suggests that employees disagree with the statement that their organization's leadership actively promotes mental health well-being. This indicates that leadership may not be fully engaged in creating an environment that encourages employees to prioritize their mental health. The lack of leadership support in this area could undermine employees' confidence in seeking help or utilizing mental health programs, as leadership plays a crucial role in setting the tone for workplace culture.

Thirdly, workplace culture encouraging mental health support had a mean of 2.19 and a standard deviation of 0.31. With a mean score of 2.19, this result indicates that employees disagree that the workplace culture encourages them to seek mental health support. The low score points to a workplace culture that may not be conducive to mental health discussions or the use of mental health services. Employees may feel that seeking help is discouraged or viewed negatively, which could reduce their confidence in utilizing available support programs.

Additionally, confidence in accessing mental health services had a mean of 2.12 and standard deviation of 0.19. The mean score of 2.12 suggests that employees disagree with the statement that they are confident in accessing mental health services when needed. This low score reflects a lack of self-assurance among employees regarding their ability to access mental health resources, which could stem from factors such as a complicated process for seeking help, limited availability of services, or a lack of clarity about how to use mental health support systems effectively.

Further, ability to participate in mental health programs without fear of stigma had a mean of 2.57 and standard deviation of 0.19. The highest score of 2.57 indicates that employees disagree that they can participate in mental health programs without fear of stigma, though this score is still relatively low. This suggests that employees feel some level of concern about being stigmatized if they engage in mental health programs. The fear of judgment or negative perceptions from colleagues could act as a barrier to accessing support, highlighting the importance of reducing stigma in the workplace to foster a more supportive environment for mental health.

The overall mean is 2.34, which indicates that, on average, respondents disagree with the statements, suggesting that employees feel there are moderate barriers to self-efficacy in accessing mental health services. This indicates a lack of confidence or support in engaging with mental health programs. The overall standard deviation is 0.17, which shows that the responses are relatively consistent, with only small variation in how employees perceive their ability to access mental health services or the support they receive.

4.5 Regression Analysis

The study undertook a multiple linear regression analysis to determine factors affecting uptake of mental health programs among banking institutions: a case of commercial banks in Nairobi County, Kenya. The multiple linear regression analysis was presented through the ANOVA (Table 4.9) and Coefficients (Table 4.10) results, respectively. The regression model is presented in Table 4.8 below:

Table 4.8: Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.823	.731	.683	0.203

a Predictors: (Constant), ease of access, awareness and self-efficacy

Table 4.8 is the Model Summary that tells us about the relationship between the predictors (ease of access, awareness, and self-efficacy) and the dependent variable, which is the uptake of mental health programs. The R value of 0.823 indicates that there is a strong positive relationship between the predictors and the uptake of mental health programs. This means that as factors like ease of access, awareness, and self-efficacy are improved, the opportunities for employees to utilize mental health programs likewise improve.

The coefficient of determination measure of $R^2 = 0.731$ is the measure that indicates 73.1% of the variation in mental health program utilization is explained by the three predictors. This is a very high percentage, and it suggests that ease of access, awareness, and self-efficacy are significant drivers to the choice by employees to seek mental health services. It suggests that these are critical drivers in choosing to engage in mental health program participation.

In addition, the adjusted R^2 of 0.683 corrects the R^2 for the number of predictors in the model and gives a better estimate of the explanatory power of the model. With an adjusted R^2 of 68.3%, it is evident that after controlling for the number of predictors, a considerable proportion of the variance in mental health program uptake remains explained by ease of access, awareness, and self-efficacy. This demonstrates that the predictors remain very valid and add much to understanding variation in program take-up.

Finally, the standard error of the estimate is 0.203, which is the average distance between the observed values and the regression line. The lower the standard error, the lower the error in the model, meaning that the predictions of mental health program take-up based on the predictors are highly accurate. Table 4.9 shows the analysis of the variance (ANOVA) for the model.

Table 4.9:1 ANOVA

Model		Sum of Squares	df	Mean Square	F	Sig.
	Regression	78.28	3	6.100	11.391	.007 ^b
1	Residual	28.477	347	.413		
	Total	106.76				

Dependent Variable: Uptake of mental health programs

Predictors: (Constant), ease of access, awareness and self-efficacy

The ANOVA table (Table 4.9) provides an analysis of the relationship between the predictors (ease of access, awareness, and self-efficacy) and the dependent variable (uptake of mental health programs). The goal of the ANOVA test is to determine if the predictors collectively have a statistically significant effect on the dependent variable.

The F-statistic is 11.391, which is the ratio of the mean square for regression to the mean square for residual. This value suggests that the predictors provide a good fit to the data and are

significantly contributing to explaining the uptake of mental health programs. A higher F-statistic indicates a better fit.

The significance level (p-value) is 0.007, which is less than the commonly used threshold of 0.05. This indicates that the model is statistically significant and that the predictors (ease of access, awareness, and self-efficacy) do have a significant effect on the uptake of mental health programs among employees in commercial banks in Nairobi County.

The ANOVA results show that the combination of ease of access, awareness, and self-efficacy significantly influences the uptake of mental health programs. The statistical significance of the model (p-value = 0.007) and the strong F-statistic (11.391) confirm that these factors play a crucial role in determining uptake of mental health programs among employees of commercial banks in Kenya. Table 4.10 shows the coefficients of Determination of the regression analysis.

Table 4.10: Coefficient of Determination

Model	Unstandardized Coefficients		Standardized Coefficients		T	Sig.
	B	Std. Error	Beta			
	(Constant)	.613	.114	.320	5.38	.0000
	Ease of Access	.350	.141	.210	2.50	.0135
1	Awareness	.401	.160	.117	3.20	.0016
	Self-Efficacy	.502	.182	.312	2.78	.0062

a. Dependent Variable: Uptake of mental health programs

Multiple regression analysis was conducted to determine the extent to which each independent variable influences the uptake of mental health programs. Table 4.10 shows that all the independent variables were significant predictors of the uptake of mental health programs at $p < 0.05$. The regression equation is:

$$Y = \beta_0 + \beta_1 X_1 + \beta_2 X_2 + \beta_3 X_3 + \alpha$$

becomes:

$$\text{Uptake of mental health programs} = 0.613 + 0.350X_1 + 0.401X_2 + 0.502X_3 + \alpha$$

Constant ($\beta_0 = 0.613$, $p = 0.000$): This represents the intercept or the starting point level of uptake of mental health programs when all the predictor variables are at zero levels. The

positive constant suggests that despite the absence of ease of access, awareness, and self-efficacy, there exists some baseline level of uptake.

Ease of Access ($\beta_1 = 0.350$, $p = 0.0135$): One unit increase in ease of access to mental health programs raises uptake by 0.350 units, *ceteris paribus*. The p-value of 0.0135 suggests that this predictor is statistically significant in influencing uptake.

Awareness ($\beta_2 = 0.401$, $p = 0.0016$): When awareness increases by one unit, there is a rise in the use of mental health programs by 0.401 units. This shows that better communication and information regarding mental health programs drive intake to a great extent. The 0.0016 p-value shows it to be a statistically significant item.

Self-Efficacy ($\beta_3 = 0.502$, $p = 0.0062$): This has the highest coefficient of the three predictors, meaning a one-unit gain in self-efficacy means a 0.502 unit increase in program uptake. This is an indication that belief in one's ability to gain and use mental health services by an employee has the biggest impact on uptake. As it is seen, again the p-value of 0.0062 shows statistical significance.

All three independent variables (ease of access, awareness, and self-efficacy) are statistically significant in predicting mental health program uptake with p-values below 0.05. The test of regression confirms that self-efficacy, ease of access, and awareness contribute a significant influence to the utilization of mental health programs among employees in Nairobi County. Among these, the strongest predictor is self-efficacy, which is followed by awareness, then ease of access. This suggests that while logistical accessibility and information messages are important, the greatest potential to increase uptake may lie in growing employees' confidence in the use of mental health interventions.

4.6 Chapter Summary

Chapter Four presents the analysis of factors affecting the uptake of mental health programs among employees in commercial banks in Nairobi County. The study found that while employer support for mental health services is present, barriers to access remain, including logistical challenges, insufficient resources, and the absence of clear policies on mental health. The findings also revealed that employees feel inadequately informed about mental health programs, with limited communication from their organizations and lack of peer support. Self-efficacy emerged as the most significant factor influencing program uptake, as employees expressed low confidence in managing their mental health and accessing support. However,

ease of access and awareness also played important roles in promoting engagement with mental health services. The regression analysis confirmed that all three factors ease of access, awareness, and self-efficacy contribute significantly to the uptake of mental health programs among employees in commercial banks in Nairobi County.



CHAPTER FIVE: DISCUSSIONS, CONCLUSION AND RECOMMENDATIONS

5.1 Introduction

This chapter contains the summary of findings, the study's discussion, conclusion presented according to the study objectives, recommendations, limitations of the study and areas of further research.

5.2 Summary of Findings

The coefficient of determination measure of R^2 suggests that the variation in mental health program utilization is largely explained by the three predictors. This indicates that ease of access, awareness, and self-efficacy are key factors influencing the uptake of mental health programs among commercial bank employees in Kenya. The ANOVA shows that the model is statistically significant, and the predictors have a meaningful effect on program uptake among employees in commercial banks in Nairobi County. The regression analysis confirms that all three independent variables ease of access, awareness, and self-efficacy are significant predictors of mental health program uptake. The highest contribution to program uptake is attributed to self-efficacy, as indicated by its standardized coefficient.

5.3 Discussions

5.3.1 Effect of ease of access on uptake of mental health programs by employees of commercial banks in Nairobi County.

The descriptive findings show strong employer support for mental health services, indicating a commitment to employee well-being. However, accessibility to these services is moderate, suggesting potential logistical barriers, such as limited service availability or complicated access procedures. The stigma around seeking help remains a concern, indicating that some employees may still feel reluctant to seek support. Finally, the adequacy of mental health resources is perceived as insufficient, highlighting the need for improved quantity and quality of services to better meet employee needs.

The regression findings of the study show that ease of access has a positive and significant effect on the uptake of mental health programs by employees of commercial banks in Nairobi County. These findings align with the findings of Migwe, Gachunga, and Iravo (2021), The findings indicated a positive relationship between ease of access and counselling.

Additionally, these findings align with the findings of Weist et al. (2022), who found that limited mental health services remain a challenge as institutions struggle to provide adequate

support due to financial constraints. Additional factors, such as family issues, economic hardship, and substance abuse, further impact mental and emotional well-being. Further, the findings of this study align with the findings of Patel et al. (2023), which highlighted that mental disorders reduce earning potential and increase unemployment, worsening poverty and mental illness risks.

The findings of this study support the humanistic approach theory by highlighting the importance of employer support for mental health services, which reflects a commitment to employee well-being (Waterman, 2013). While employer support is strong, the moderate accessibility and stigma around seeking help suggest barriers to fully supporting employees' needs, which the humanistic theory would address by removing obstacles to personal growth. The perceived inadequacy of resources aligns with the theory's focus on providing sufficient support for well-being. Furthermore, the regression findings show that increased ease of access positively impacts the uptake of mental health services, reinforcing the humanistic principle that accessible resources foster personal development and well-being (Schunk & DiBenedetto, 2021).

5.3.2 Effect of awareness on uptake of mental health programs by employees of commercial banks in Nairobi County.

The descriptive findings show that employees feel their organizations are not effectively communicating available mental health resources, indicating disagreement regarding the effectiveness of mental health awareness communication. Similarly, employees believe there are no clear policies on mental health support, which can create confusion and reduce the usage of available services. Peer support also appears lacking, indicating that colleagues do not influence decisions to seek help. Additionally, employees report not receiving sufficient information about mental health programs and disagree that their employer encourages mental health discussions.

The regression findings show that awareness has a positive and significant effect on the uptake of mental health programs by employees of commercial banks in Nairobi County. These findings align with the findings of Abi et al. (2019), who established in their research that mental health attitude directly affects awareness levels, as positive attitudes lead to better mental health awareness. Similarly, these findings align with the findings of Archmedes (2022), who established that employees at KPA showed a low level of knowledge about mental health programs. The awareness of KPA employees regarding mental health programs

depended strongly on gender demographics and educational attainment and information accessibility, and chronological age.

The findings support the humanistic approach theory by highlighting the importance of creating an open, supportive environment for employee well-being (Schunk & DiBenedetto, 2021). The lack of effective communication, clear policies, and peer support creates barriers to accessing mental health resources, hindering employees' ability to thrive. However, the regression findings show that increased awareness significantly boosts the uptake of mental health programs, indicating that when employees are better informed, they are more likely to engage with available support. This aligns with the humanistic approach, which emphasizes the need for accessible resources and a nurturing environment for personal growth and well-being (Waterman, 2013).

5.3.3 Effect of self-efficacy on the uptake of mental health programs by employees of commercial banks in Nairobi County.

The descriptive findings show the employees report limited confidence in managing their mental health or accessing support. The mean scores indicate that employees feel unsupported by colleagues, with leadership not actively promoting mental health well-being or fostering a supportive culture. Employees also express low confidence in accessing mental health services and fear stigma when participating in mental health programs.

The regression results showed that self-efficacy has a positive and significant effect on the uptake of mental health programs by employees of commercial banks in Nairobi County. These findings align with the findings of Becker et al. (2019), who stated self-efficacy has a positive and significant effect on mental health and enhances the capability to analyze past accomplishments. Further, these findings align with the findings of Luthans et al. (2021), which showed that self-efficacy has a significant effect on the mental health of individuals who display distinct traits involving goal-setting at a challenging level together with motivated perseverance toward their goals while dedicating ample effort to task completion and with persisting through challenges. Additionally, the findings align with the findings of Bai et al. (2021), who demonstrated mental health benefits from self-efficacy because these elements work effectively as predictors for total mental wellness.

The findings support the humanistic approach theory by highlighting the importance of a supportive environment for individual well-being (Waterman, 2013). Employees report low confidence in managing their mental health, feel unsupported by colleagues and leadership,

and fear stigma, which limits their ability to access support. The regression results show that self-efficacy has a significant positive effect on the uptake of mental health programs. This aligns with the humanistic theory, which emphasizes the need for empowerment and a supportive environment to foster personal growth and well-being.

5.4 Conclusion

The study concluded that the results indicated a significant and positive relationship between the independent variables ease of access, awareness, and self-efficacy and the dependent variable, which is the uptake of mental health programs among employees of commercial banks in Nairobi County. Regression analysis confirmed that each of these factors had a significant effect on employees' uptake of mental health programs, highlighting their critical role in promoting mental health service utilization. Further, the study made the following conclusions regarding the study objectives:

The study concluded that ease of access was found to have a positive and significant effect on the uptake of mental health programs. Employees generally expressed moderate levels of access to mental health services, although there were some barriers to service availability. This indicates a need for targeted interventions to improve the accessibility of mental health services, reduce stigma, and enhance workplace support, thereby fostering a more open and supportive environment that encourages employees to engage with these services.

The study concluded that awareness also had a significant and positive impact on mental health program uptake. Respondents indicated a lack of strong awareness or communication about mental health programs within their organizations. This suggests the need for improved communication about available mental health services, ensuring that employees are well-informed and have clear knowledge of the resources available to them.

The study concluded that self-efficacy was another critical factor in the uptake of mental health programs, with a positive and significant effect. Employees generally reported feeling there were moderate barriers to their confidence in accessing mental health services. This finding suggests that increasing employees' self-efficacy by fostering confidence in their ability to seek help and providing adequate support systems could significantly boost engagement with mental health services.

5.5 Recommendations

5.5.1 Policy Recommendations

The study recommended that policy makers in the financial sector should create regulations that promote the accessibility of mental health programs, ensuring that all employees, especially those in commercial banks, can easily access these services.

The study recommended that employers should integrate mental health awareness campaigns within commercial banks ensuring that employees are well-informed about the availability of support programs, which encourage utilization.

The study recommended that regulatory bodies should establish clear guidelines on the provision of mental health resources, ensuring that institutions offer sufficient and effective support to meet employees' mental health needs.

The study recommended that employers should invest in training leadership to actively promote and model mental health well-being practices, encouraging a culture that prioritizes mental health and reduces stigma.

5.5.2 Recommendation for Theory

The study recommended that the humanistic approach theory is strong on self-efficacy and personal growth but weak on organizational impediments like stigma and leadership support. To counter these weaknesses, the study might blend complementary theories such as social cognitive theory which highlights the power of peer support and leader role models in developing an individual's confidence to use mental health resources or the theory of planned behavior which examines the impact of attitudes, social norms, and perceived control on decisions regarding help-seeking, and the broader set of external influences. An integration of these theories would provide a more comprehensive understanding of the determinants of mental health program participation, both at the level of individual empowerment and organization.

5.5.3 Recommendation for Practice

The study recommended that commercial banks should enhance the ease of access to mental health programs by simplifying the process for employees to seek support and ensuring that these programs are readily available when needed.

The study recommended that banks and employers should increase awareness of mental health resources through regular communication, ensuring that employees are fully informed about the support available to them.

The study recommended that financial institutions should focus on improving self-efficacy among employees by offering training and resources that help employees feel more confident in accessing and utilizing mental health services.

5.5.4 Recommendations for Further Research

The study recommended that future studies should investigate the long-term impact of increased awareness and self-efficacy on the mental health and productivity of employees in the banking sector. The study recommended that future research should examine the influence of workplace culture on employees' willingness to seek mental health support, to identify best practices for reducing stigma and encouraging open conversations.

5.6 Limitations of the Study

This research has a number of limitations that need to be taken into consideration. To begin with, the study was only done on commercial banks in Nairobi County, and this might not be representative of the overall population or other sectors in Kenya. Therefore, the results might not be generalized to all sectors or areas. Additionally, the cross-sectional study design limits the ability to make inferences about causal associations between ease of access, awareness, self-efficacy, and mental health program uptake. Self-reported data may also be subject to bias since the respondents may have over- or under-reported their true sentiments due to social desirability or other factors. Finally, although the study focused on workplace mental health services, it did not explore the impact of outside sources, such as societal or family support, on the use of mental health services.

5.7 Areas for Further Research

Subsequent research could extend the current study by exploring whether or not workplace culture has an influence on employees' inclination to seek out mental health treatment, as suggested by the findings. Further studies could measure longitudinal trends in mental health intervention usage over a period of time to better determine the long-term impact of treatments aimed at broadening access and knowledge. Additionally, studies can explore the extent to which different types of leadership affect the prioritization of mental health programs at the workplace, specifically the extent to which supportive leadership can reduce stigma and enhance workers' self-efficacy. Furthermore, taking into account the role of external determinants such as support from relatives, social stigma, and access to healthcare could provide a better understanding of how enablers and barriers affect mental health program use. Comparative studies within different industries or geographies would also provide.

5.8 Chapter Summary

This chapter summarizes the study's findings, discussions, conclusions, and recommendations. The study examined the influence of ease of access, awareness, and self-efficacy on the uptake of mental health programs in commercial banks in Nairobi County. Regression analysis confirmed that all three factors significantly impacted program uptake, with self-efficacy having the most substantial effect. The study highlighted barriers such as stigma and insufficient communication, despite strong employer support. Recommendations include improving access, increasing awareness, and integrating complementary theories for a more comprehensive understanding. Limitations include the focus on commercial banks and the cross-sectional design, while areas for further research include examining workplace culture and the long-term impact of mental health programs.



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APPENDICES

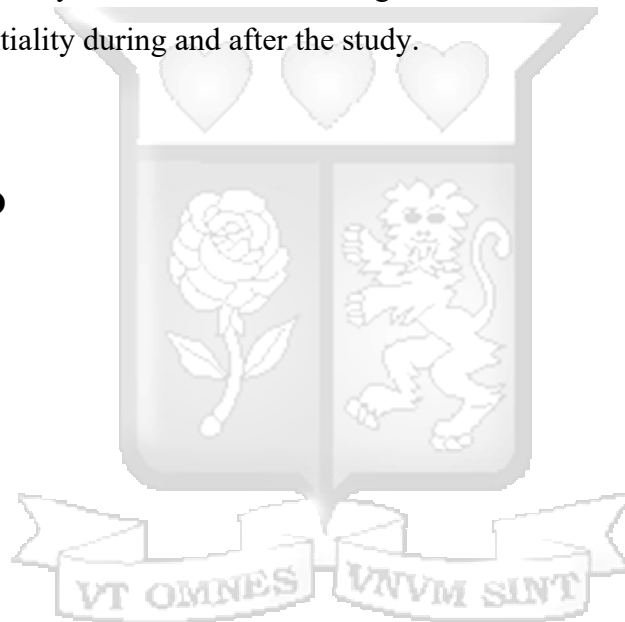
Appendix I: Letter of Introduction

RE: Request to Participate in a Study and Data Collection

My name is **SYLVIAH OMIENO**, pursuing a master degree offered by Strathmore University. I am undertaking research on “**FACTORS AFFECTING UPTAKE OF MENTAL HEALTH PROGRAMS AMONG COMMERCIAL BANKS IN NAIROBI COUNTY, KENYA**”. This letter is to request you to participate in the study by filling the questionnaire. I pledge to you that the information gathered is for academic use only and that I will uphold confidentiality during and after the study.

Kind Regards,

SYLVIAH OMIENO





Appendix II: Questionnaire

You are requested to participate in this study by filing this questionnaire. Kindly fill by ticking (√) in line with your agreement to the statement or questions. All data and information is for academic use only.

SECTION A: GENERAL INFORMATION

1. Gender:

Male ()

Female ()

2. Age:

Below 30 years ()

31-40 years ()

41-50 years ()

51-60 years ()

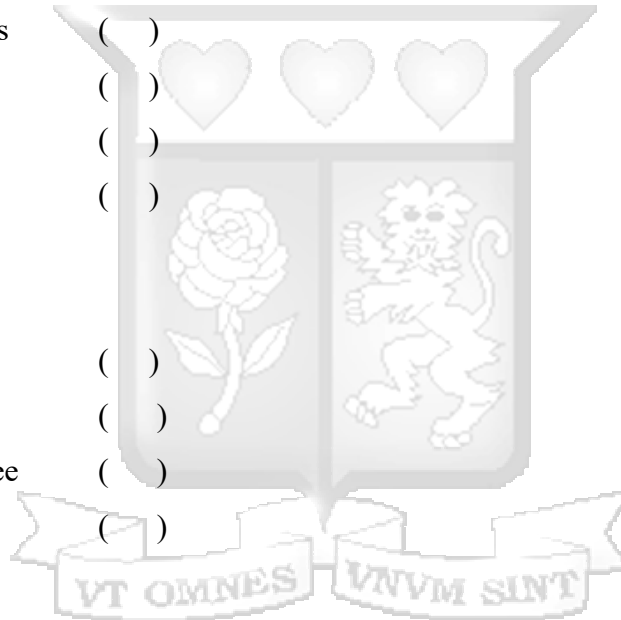
3. Education level

Certificate ()

Diploma level ()

Bachelor degree ()

Others ()



4. Position.....

5. Years of Employment

Below 5 years ()

6-10 years ()

10-15 years ()

Above 16 years ()

SECTION B: EASE OF ACCESS

Kindly state your level of agreement or disagreement with the following statements Please indicate your rate by ticking appropriately on a scale of 5-1, where 5= strongly agree, 4=agree 3=neutral 2=disagree 1=strongly disagree.

No.	Statement	1	2	3	4	5
1	My work schedule makes it difficult to access mental health services.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	There is stigma around seeking mental health support at my workplace.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	My employer supports employees in accessing mental health services.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Mental health services are easily accessible to employees.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	My organization provides adequate resources for mental health support.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION C: AWARENESS

Kindly state your level of agreement or disagreement with the following statements Please indicate your rate by ticking appropriately on a scale of 5-1, where 5= strongly agree, 4=agree 3=neutral 2=disagree 1=strongly disagree.

No.	Statement	1	2	3	4	5
1	My organization communicates mental health awareness effectively.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	There are clear workplace policies on mental health support.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	My colleagues influence my decision to seek mental health support.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	I have received information about available mental health programs at work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	My employer encourages discussions on mental health in the workplace.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION D: SELF-EFFICACY

Kindly state your level of agreement or disagreement with the following statements Please indicate your rate by ticking appropriately on a scale of 5-1, where 5= strongly agree, 4=agree 3=neutral 2=disagree 1=strongly disagree.

No.	Statement	1	2	3	4	5
1	I feel supported by my colleagues in managing my mental health.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	My organization’s leadership promotes mental health well-being.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	The workplace culture encourages employees to seek mental health support.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	I am confident in accessing mental health services when needed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	I can participate in mental health programs without fear of stigma.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION E: UPTAKE MENTAL HEALTH PROGRAMS

Kindly state your level of agreement or disagreement with the following statements Please indicate your rate by ticking appropriately on a scale of 5-1, where 5= strongly agree, 4=agree 3=neutral 2=disagree 1=strongly disagree.

No.	Statement	1	2	3	4	5
1	I am satisfied with the mental health programs provided.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	The mental health programs have positively impacted my well-being.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	The programs effectively address workplace mental health concerns.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	I would recommend these mental health programs to my colleagues.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	I have noticed an improvement in workplace mental health due to these programs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Appendix III: NACOSTI Research Permit

 REPUBLIC OF KENYA	 NATIONAL COMMISSION FOR SCIENCE, TECHNOLOGY & INNOVATION
Ref No: 701484	Date of Issue: 03/April/2025
RESEARCH LICENSE	
	
<p>This is to Certify that Ms.. Sylviah Nancy OMIENO 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: FACTORS AFFECTING THE UPTAKE OF MENTAL HEALTH PROGRAMS BY EMPLOYEES OF COMMERCIAL BANKS IN NAIROBI COUNTY, KENYA. for the period ending : 03/April/2026.</p>	
License No: NACOSTI/P/25/417805	
701484 Applicant Identification Number	 Director General NATIONAL COMMISSION FOR SCIENCE, TECHNOLOGY & INNOVATION
Verification QR Code	
	
<p>NOTE: This is a computer generated License. To verify the authenticity of this document, Scan the QR Code using QR scanner application.</p>	
See overleaf for conditions	

Appendix IV: Ethics Approval Certificate



26th March 2025

Mrs Omieno Sylviah,
sylviah.omieno@strathmore.edu

Dear Mrs Omieno,

RE: Factors Affecting the Uptake of Mental Health Programs by Employees of Commercial Banks in Kenya

This is to inform you that SU-ISERC has reviewed and **approved** your above **SU-masters** proposal. Your application reference number is **SU-ISERC2754/25**. The approval period is from **26th March 2025 to 25th March 2026**.

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: Sampling Frame: List of Commercial Banks

	List of Commercial Banks
1	Absa Bank Kenya
2	Access Bank (Kenya)
3	African Banking Corporation
4	Bank of Africa
5	Bank of Baroda
6	Bank of India
7	Citibank
8	Consolidated Bank of Kenya
9	Cooperative Bank of Kenya
10	Credit Bank
11	Development Bank of Kenya
12	Diamond Trust Bank
13	DIB Bank Kenya
14	Ecobank Kenya Limited
15	Equity Bank Kenya
16	Family Bank
17	First Community Bank
18	Guaranty Trust Bank
19	Guardian Bank
20	Gulf African Bank
21	Habib Bank
22	I&M Bank
23	KCB Bank
24	Kingdom Bank

25	Mayfair CIB
26	Middle East Bank
27	M-Oriental Bank
28	National Bank
29	NCBA Bank
30	Paramount Bank
31	Prime bank
32	SBM Bank
33	Sidian Bank
34	Spire Bank
35	Stanbic Bank
36	Standard Chartered Bank
37	UBA Kenya Bank
38	Victoria Commercial Bank

