



Multidisciplinary Mental Health and Psychosocial Support Services for Refugees and Asylum-Seekers in Kenya: Evidence from Kakuma and Nairobi

Program Description & Context

In 2025, Kenya was home to more than 980,000 refugees and asylum-seekers fleeing violence or persecution in neighboring countries (1). Persistent displacement, exposure to torture and other forms of traumatic stress (2), ongoing instability and related chronic daily stressors can contribute to poor mental health for those hosted in Kenya (3). Despite the scale of need, access to comprehensive mental health and psychosocial support (MHPSS) remains limited. Effective, scalable MHPSS interventions are critically needed to mitigate distress and improve well-being among refugees and asylum-seekers in Kenya.

In response to this need, in Kakuma and Nairobi, CVT delivers culturally informed, multidisciplinary MHPSS services to refugees, asylum-seekers, and other survivors of torture and trauma. Services include a 10-week group counseling model that aims to reduce PTSD, depression, and anxiety symptoms while strengthening coping skills, resilience, and daily functioning. Below, we highlight its potential clinical benefits.

Evidence Collected

Pre- and post-intervention assessments were implemented using slightly adapted versions of standardized psychological measures including the Hopkins Symptom Checklist-25 (HSCL-25) and the Posttraumatic Stress Diagnostic Scale (PDS). Somatic and behavioral symptom measures were also administered. This Evidence Brief compares data collected at intake and 3 months after completion of group counseling for those accessing services from October 1, 2021 - September 30, 2025.

Key Findings

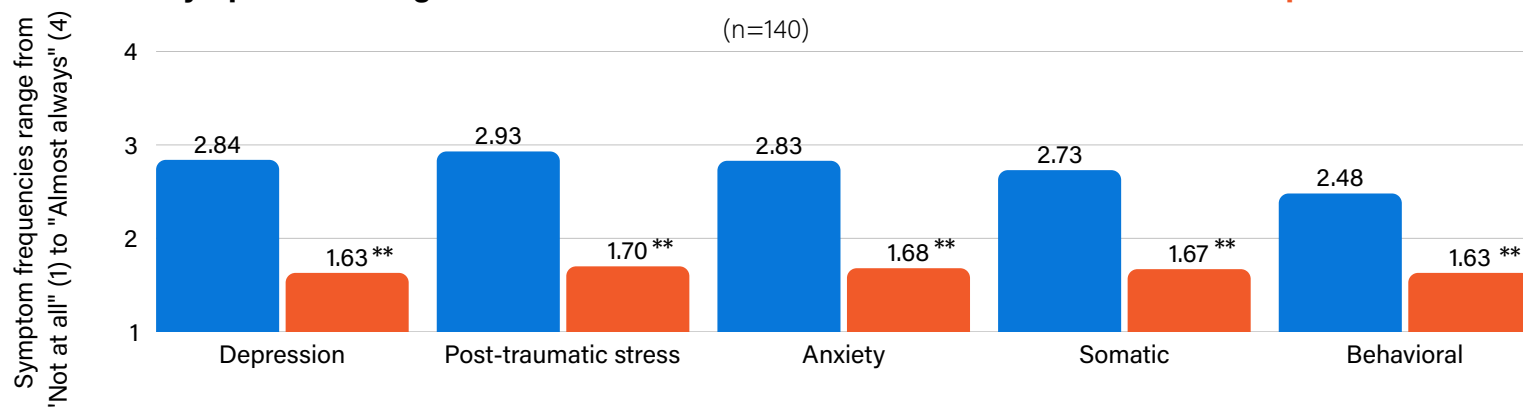
Based on analysis of pre-post data, follow-up respondents (response rate 54%) report significant reduction in mental health symptoms 3 months after receiving CVT mental health services. Specifically, statistically significant reductions are reported for depression, post-traumatic stress, anxiety, and behavioral functioning symptoms in both Kakuma and Nairobi.

Evidence and Interpretation

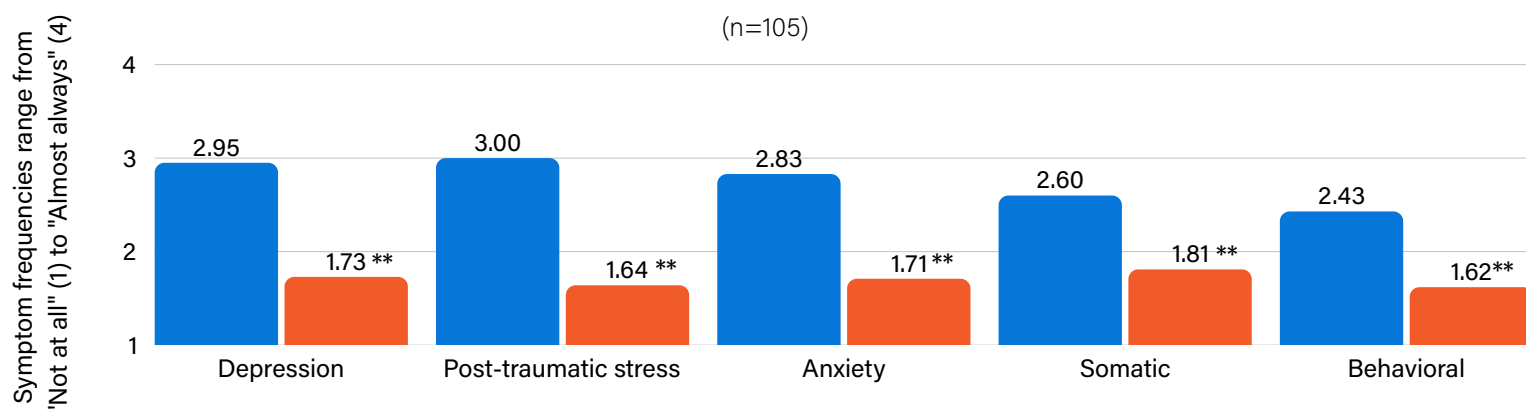
The figures on the following page present average (mean) levels of depression, post-traumatic stress, anxiety, somatic and behavioral symptoms at intake and follow-up. Clients were asked to rate how often they experience a list of symptoms on a four-point scale, from “not at all” (1) to “almost always” (4).

Despite similar results, data for Kakuma and Nairobi are presented separately because the client populations and operational environments differ in important ways. For example, in Kakuma, high mobility among refugees and unique cultural considerations inform MHPSS service delivery. In Nairobi, urban refugees often face specific stressors such as unstable housing, protection risks, and limited access to support systems.

Symptoms among Kakuma clients at intake and 3-months after service completion.



Symptoms among Nairobi clients at intake and 3-months after service completion.



Note: For all graphs, * $p \leq .05$; ** $p \leq .01$; '3-month' refers to follow-up visits 3 months after service completion

Conclusion

CVT's multidisciplinary, trauma-informed services seem to offer substantial benefits to clients in Kakuma and Nairobi. Slightly adapted versions of standardized psychological measures indicated statistically significant reductions in depression, PTSD, anxiety, somatic, and behavioral symptoms 3 months after group counseling services concluded.

These findings point to the potential for group based mental health and psychosocial support services to reduce psychological distress and promote healing and resilience among refugees and asylum-seekers living in conditions of prolonged uncertainty in two locations in Kenya.

Statement about Interpreting Evidence

Findings indicate that CVT Kenya's culturally adapted MHPSS services likely contribute to reduced PTSD, depression, and anxiety symptoms among clients. However, since the analysis is based on a limited follow-up sample (response rate 54%) and without a control group, results should be interpreted cautiously. Without a control group, it is not possible to attribute symptom improvement solely to CVT interventions, as external factors such as housing stability, community support, or other services might also influence outcomes.

References

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- 3.Hynie, M. (2018). The social determinants of refugee mental health in the post-migration context: A critical review. The Canadian Journal of Psychiatry, 63(5), 297–303. <https://doi.org/10.1177/0706743717746666>

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