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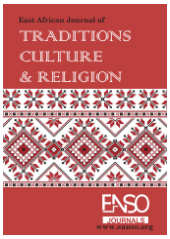

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Original Article

Fostering Mental Health Resilience Among the Youth Through the Relational Youth Ministry Model

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ABSTRACT

This paper focuses on how to foster mental health resilience among the youth through the relational youth ministry model, drawing from research conducted within the Presbyterian Church of East Africa (P.C.E.A) Ngecha Presbytery in Kiambu County, Kenya. The research focused on the youth aged 20-30 years of age. A vital investment in the future life of youth is to foster mental health resilience, which helps them tackle mental health challenges and navigate the complex life successfully. Mental health challenges among the youth continue to escalate globally, with mental health resilience playing a crucial role in either exacerbating or mitigating these issues. The youth's overall well-being and mental health greatly depend on the degree of resilience. Globally, anxiety and depression are the most prevalent and of great concern among university students. According to the United Nations, each year, 20% of youth worldwide experience a mental health condition. The same is true for Africa, Kenya, and in Kiambu county, with academic pressure, insufficient social support, and financial problems contributing to this challenge. The study employed a mixed-methods design with 168 participants, utilising survey questionnaires. The study concluded that strengthening family and healthy relationships through improved communication, emotional support, and spiritual guidance can significantly mitigate youth mental health challenges. These findings have implications for faith-based interventions, family counselling programs, and community mental health strategies.

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INTRODUCTION

Mental health is a vital part of overall well-being, yet it does not get the attention it deserves. Despite countless debates about mental health, resilience among the youth has not received the desired attention. Challenges and difficulties are and will always be part of life, and resilience is as crucial as any other mental health strategy. About 15% of youth face at least one life-threatening situation during their lives, with factors such as low socioeconomic status, crime, violence, and substance abuse contributing largely to mental health problems (Ozer et al., 2003). Unfortunately, the number of youth receiving mental health support remains relatively low (WHO, 2023). Often, youth with mental health issues are labelled as undisciplined, which greatly hampers their access to necessary care and support due to low awareness of mental health issues. Healthy relationships are very crucial for a fulfilling life; they foster positive emotions, support mental well-being, and promote longevity. Youth are encouraged to build healthy connections at home, school, and within their communities while reflecting on these relationships' implications (Life Teen, 2016). It is common for youth to go through phases of negativity or apathy, possibly due to adverse life experiences. It is also essential for adults in the community to reach out to these youth, as they are less likely to share their vulnerabilities until they feel welcomed in a supportive environment.

DEFINITION OF KEY WORDS

Mental health has been defined as a state where individuals recognise their abilities, cope with everyday stresses, work productively, and contribute to their communities. Many factors, including socioeconomic, biological, psychological, and environmental influences, affect mental health (World Health Organization, 2001). Scholars define resilience as the ability to bounce back and return to normal functioning after experiencing stress or trauma (Luthar 2006; Luthar et al., 2000). It reflects a person's capacity to adapt to challenges in healthy and constructive ways (Catalano et al., 2002; Garmezy, 1991). It is important to note that resilience doesn't mean being immune to stress; rather, it signifies the ability to recover from tough situations (Garmezy, 1991). Resilience can be evaluated through four main areas: family, school, peers, and community. These areas show how connected youth feel to their surroundings and the support they perceive they have. Generally, resilient youth are those who maintain strong connections with friends, family, and their communities, using various coping strategies and resources to manage stress effectively (Olsson et al., 2003). Examples of such resilient outcomes include good mental health, social competency, and functional capacity (Garmezy, 1991).

A relational youth ministry model focuses on building genuine relationships with youth as the key to spiritual growth, well-being, and discipleship, rather than merely emphasising programs or activities. The main idea is that authentic relationships are essential for youth to connect with their faith, socially, grow spiritually, and navigate life's complexities. Youth leaders should aim to connect with youth on a personal level, understanding their unique needs and challenges. While programs and activities have their place, they are secondary to developing these strong relationships. The success of relational ministry is measured by the growth of youth faith and their

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interpersonal relationships. Youth ministry is an area of practical theology that seeks a deeper understanding and practice of working and mingling with youth, connecting theological principles to their real-life experiences and different cultural backgrounds. The main goal is to effectively communicate the Christian faith while nurturing discipleship throughout their journey.

BACKGROUND

Globally, youth are among the most affected by mental health issues, yet there are many misconceptions surrounding youth mental disorders (African Union, 2023). The research is conducted during the post-COVID-19 era, where there has been a notable increase in global mental health issues. Research from countries like the United States, Canada, Poland, and England (Hossain et al., 2022) all showed similar patterns in which mental health problems surged during this difficult period. As youth transition to adulthood, they become more susceptible to various mental health conditions (Kessler et al., 2005). The consequences of ignoring mental health issues in youth always carry into adulthood, adversely affecting their emotional, physical and mental well-being (WHO, 2024).

Most importantly, in the case of the African region, mental health is a critical issue where youth represent about 60% of the continental population. Mental illness is often overlooked as a silent epidemic due to financial and systemic challenges (African Union, 2023). The African youth experience the highest rates of mental health disorders, including depression and anxiety, compounded by stigma and discrimination that prevent many from seeking help (Patel, 2007; Collins et al., 2011). Socioeconomic stressors such as poverty, unemployment, and domestic violence further fuel the vulnerability to mental illness (Okasha, 2002). More so in many African countries, mental health care is inequitable, inefficient, and inadequate. The challenges related to mental health are complex, often requiring a nuanced understanding and well-tailored interventions that consider cultural, social, and economic factors.

In the case of Kenya, a survey carried out by the Kenya National Adolescent Mental Health (2022) found that over 40% of Kenyan youth dealt with mental health challenges in just one year, while about 12% met the criteria for an actual mental disorder. These numbers are striking and show just how widespread this problem is. The COVID-19 pandemic aggravated the mental health problem. Youth who were already struggling found themselves facing even greater challenges. In fact, before the COVID-19 pandemic, depression was the leading mental health disorder in Kenya. Furthermore, from a survey by the Ministry of Health, 35% of the youths aged 15-24 were reported to be experiencing anxiety or depression after the pandemic (Ministry of Health, 2021:71).

According to K-NAMHS (2022), more than two-fifths of Kenyan youth are battling depression, anxiety, and substance abuse without proper support. Getting help remains incredibly difficult due to several factors: the shame that still surrounds mental illness, not enough treatment centres, and a severe shortage of trained mental health professionals. This creates a huge gap between those who need help and those who actually receive it. When we come together to address these challenges and create supportive environments, youth can truly thrive and reach their potential. However, many face significant obstacles in accessing care due to deeper structural problems in the system. One major issue is that, as a country, there is not enough solid research on youth mental health in Kenya. Most studies have been limited in scope - covering small areas, involving few participants, or focusing on narrow age groups. Many also rely on basic screening tools rather than proper diagnostic methods, which makes it even harder to understand the true extent of the problem.

According to a report by Mental 360, “NAKUJALI I CARE (2024), the Kiambu County is rated to be among the top Counties with the highest number of

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mental health deaths. According to the Kiambu County Integrated Development Plan (CIDP, 2023, p.8), 0 to 34 years of age marks 70% of the county population, and between the ages of 18 to 34 years of age is 34.60% of the county population. Despite that the CIDP lacks a comprehensive analysis of mental health, the youths who have a sizeable population have been experiencing an increase in mental health cases during the post-COVID-19 period and during and after the 2024 Gen Z demonstrations. This is evident from the Mental 360 (2024) report. From the disruption of the 2007 post-election violence, the Covid-19 pandemic, and Gen Z demonstrations in 2024, a significant number of people were negatively affected by the loss of employment and businesses, loss of loved ones, unstable economic environment, and political tension, which left them traumatised and mentally unstable with health problems. Among the affected, the youth were the majority, and some have never recovered from the occurrences.

As seen in the background of the study, it is evident that mental health issues are prevalent among the youth, especially depression, behavioural disorders and anxiety, which calls for an urgent action to aid the pandemic. As important as other ways of dealing with mental health issues are, healthy relationships. Therefore, a study on how to foster mental health resilience among the youth and, to be precise, youth aged 20 years to 30 years through a relational youth ministry model is paramount, a gap this study seeks to fill.

STATEMENT OF THE PROBLEM

There exists a great pandemic in the church, society, and in the families where genuine relationships have been replaced with increased individualism, breakdown of traditional family structure, selfish ambitions, and broken relationships, hence erosion of support networks, which acts as a catalyst to mental health issues, leading to a mental health crisis among the youth aged 20-30 years. Contemporary youth face unprecedented mental health challenges that significantly impact their ability to navigate life's complexities successfully. This demographic faces intense academic pressure, overwhelming social media influence, societal expectations, limited employment opportunities, and inadequate access to mental health support systems. In Kiambu County, particularly within the P.C.E.A. Ngecha Presbytery community serving approximately 1,000 youth across five parishes, troubling patterns have emerged. A significant segment of these youth, particularly the 300 aged 20-30 years, were once active church members but have gradually disengaged from spiritual activities, instead adopting unhealthy behaviours that contribute to mental health issues. Reports from local authorities indicate that mental health struggles have led youth toward substance abuse as a coping mechanism. If these youths had stronger emotional coping skills and consistent community support, they would not have turned to harmful substances or lost their spiritual foundation. When youth cannot develop strong coping mechanisms, it disrupts their personal growth and social connections. This situation is particularly evident in the study area.

The challenges extend beyond addiction alone. A significant segment of the youth has completed secondary education but remains unemployed, living in poverty-stricken families where domestic violence frequently occurs. Single-parent households are common, adding layers of stress and instability. The problem is compounded by social stigma surrounding mental health issues, inadequate professional mental health services, and the tendency to label mentally struggling youth as "undisciplined" rather than recognising their need for support. This situation creates barriers to accessing necessary care and perpetuates cycles of mental health challenges within families and communities. This concerning situation highlights why research into building mental resilience among the youth was quite critical and crucial. Since life will always present challenges, helping youth develop the tools to adapt, recover, and create meaningful lives regardless of their circumstances

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becomes essential for their well-being and future success. The study assumed that individuals who maintain meaningful and supportive relationships tend to experience lower levels of mental health distress, making them more resilient in the face of adversity compared to those with fewer or lower-quality relationships. Anchored on the goal of enhancing youth mental health resilience through a relational youth ministry framework, the study's aim was to strengthen the capacity of youth to navigate challenging circumstances, while underscoring the urgent necessity for holistic mental health support within various social contexts.

THEORETICAL REVIEW

This article was informed by two theoretical frameworks, namely Erikson's 8 stages of development and the social support theory. Social support theory, developed by Cobb and Wills in 1985, brings a cross-framework that explores how social connections and relationships can provide individuals with emotional, informational, and practical assistance during times of stress or challenge. This theory argues that an individual's well-being, strategies of coping, and overall health outcomes depend on the social support accorded. Cohen and Wills mentioned four types of social support: emotional, instrumental, informational, and appraisal (Cohen & Wills, 1985, p. 310). The theory is well-suited to the study because research has demonstrated the link between social relationships and many different aspects of health and wellness. To illustrate this, poor social support has been related to depression and loneliness, as this affects brain function and increases the risk of various mental conditions such as depression. According to this theory, social support can take many forms, including emotional support, which includes providing comfort, encouragement, and empathy, informational support, such as providing advice or guidance and instrumental support, which pertains to providing practical assistance and resources (Ellison & George, 1994, p.51). By providing social support, individuals can promote their well-being, increase their resilience, and help them cope with challenging situations, as stated by Rook et al. (1984). Social support during childhood as well as adolescence is involved in building self-esteem and emotional resilience in times of stress and adversity.

Two of the eight stages of the Psychosocial stages of development by Erikson were of great interest in the study; Identity vs. confusion, and Intimacy vs isolation. This theory was essential in the study because it merges psychological, biological, and social factors to be able to explore human development in all the stages of life. Furthermore, in each of Erikson's eight stages, there is a psychological setback that must be dealt with successfully so that a child can be brought up into a healthy and fully mounded adult. These struggles are considered a stimulus in shaping the personality of an individual and determining how the person navigates through the world, handles the interactions with others, and develops self-confidence in their life. The theory relates to mental health in that it informs how an individual traverses psychological and social challenges in life. The theory also provides important insights that provide a focus for this study since they illuminate possible factors that can account for the mental health conditions among the youth in contemporary Kenyan society.

THE ROLE OF RELATIONAL YOUTH MINISTRY IN MITIGATING MENTAL HEALTH ISSUES AMONG THE YOUTH

Youth have a journey of negotiating through their relationship with God, with self and with others, and this journey is often overwhelming since it is complex and not without challenges. According to Luke 10:27, Jesus' answer to the young lawyer in regard to the certainty of salvation indicates that one needs to grow in a relationship with God, with self, and with others. When one relational area of life is compromised, the other areas are. According to Life Teen (2016), there are four natural relational levels

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with youth, which are: contact, connect, care, and challenge. The first level, Contact, encompasses all individuals. At this stage, the youth can be engaged in spite of their identity or our familiarity with them. It is crucial to reveal to these youths the genuine interest in their well-being and to consider them as individuals of value and significance. The second level, connect, pertains to a larger subset of youth. Whereas we can make contact with all youth, our ability to form connections is consequently limited to a smaller group. Therefore, there is a need to establish a shared foundation upon which meaningful relationships can be developed and maintained.

At the care level, as stated by Life Teen (2016), it is important to understand that being authentic in our care for the youths goes beyond mere acknowledgement; it includes showing tailored support and creating a meaningful connection. While it may not be feasible to establish this bond with every young person, there is a need to work towards ensuring that each one has someone dedicated to their care. Relationships cultivated are what instil ministry with purpose and vitality. It is at this point that their trust is earned, and the right to create an impact in their lives is granted. This sacred trust is not to be taken lightly; it requires a heartfelt investment of time and energy, and it is truly a privilege to engage in such profound relationships. Hebenton (2010) discusses a theology of relational youth ministry that starts with a close relationship with God. Root's (2007) point is that God is present in relationships, in the church, and in the world. Relational youth ministry begins when the Holy Spirit leads a sinner into a saving relationship with God through Jesus (Codrington, 1996). When relationships with God are nurtured and cemented into lifestyle realities, any dissonance in the areas of self and others can be corrected because of the God-element in a life.

Youth should be allowed to create self-chosen relationships even if such relationships are outside the traditional networks of family or faith community, provided they are healthy relationships. Importantly, they should be encouraged to address any difficulties or challenges to emotional growth, including identifying personal barriers or 'baggage' as conceptualised by Devries (2004). This includes understanding any triggers to certain behaviours and learning techniques for managing stress and emotions. As stressed by Richards (1978), youth ministry is a relational ministry, but today, youth are more isolated than ever, with fewer friends and minimal personal interactions. Adding to the high stress levels and pain that youth already have, this creates a relational gap in their lives, leaving them more vulnerable. McKee (2009, p.14) was correct when he stated that youth are hurting more than ever. Their deep wound of poverty, violence, abandonment and abuse keeps them from trust and prefer fleeing from adults, especially if they are not authentic, committed, and selfless advocates. It is almost impossible to create or build a relationship with mentally wounded and bruised youths unless someone is willing to go to their level, feel them, and intentionally walk with them through the healing journey, thus helping them develop mental health resilience. It is against this background that youth should be challenged and supported to exchange and explore opinions, cooperate, negotiate, compromise, and deflect pressure whilst also building trust and accountability. When the relationship with others is good, youth feel safe, motivated and supported to live unapologetically regardless of the adversity occurrences, thus building resilience.

THEOLOGICAL REVIEW OF THE STUDY

Youth are an integral part of the faith community. According to Nel (2018), Youth Ministry is not a separate entity in the church, but rather it is part of the total congregational ministry. The congregation is never whole without youth and the youth ministry because both are part of the "whole" and are fundamental, integral, and crucial parts. Additionally, Roots emphasises by stating that age should not be a factor to consider for the youth to be

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included in the ecclesia since they are part of the body of Christ, whom Christ came and died for and are still part of those whom Christ will come for. They are part of God's faith community because God brought them into life. The faith community should therefore relate with the youth just the way Christ relates with them. "When building relationships, we become the hands, feet, and even the voice of Jesus in their lives. As we seek to build relationships with the youths we minister to, they see us as real and approachable, genuine in faith, and a friend to be trusted (Nel, 2018).

According to Weber (2017), there is a need to decolonise youth ministry. Youth ministry is as contextual as any theological enterprise and should therefore be considered a contemporary African reality. To address identity formation and faith development of youth, the churches must provide spaces where the youth can wrestle with their faith questions. Most recently, Ndereba (2021a) has explored how youth can be included within the church structures of the Presbyterian Church of East Africa. Given the complexities of plural worldviews in contemporary African cities today, Ndereba (2021b) considers how the ubuntu concept in African cultures can be utilised in developing an apologetic methodology that considers both the cognitive and affective aspects of adolescents.

BIBLICAL APPROACHES OF THE YOUTH MINISTRY

Conceptualising youth within a theological framework consequently leads to the development of youth ministry models. According to Wesley Black, youth ministry entails preparing youth as disciples for tomorrow's church, which can be summed up as a preparatory youth ministry model. On the other hand, viewing the youth ministry from a future perspective, Chap Clark concluded that youth ministry is missional. Senter (2001) conceptualised youth ministry as a balance of two critical tasks of fellowship and mission (strategic model). Nel (2018, p. xviii) clarified his view on youth ministry by incorporating a missional emphasis in his new book Youth Ministry: An Inclusive Missional Approach where he noted "my basic approach to youth ministry, as a ministry to, with and through youth as being involved in the church's formational ministry today, with an understanding that the congregation is in mission (inclusive-congregational). Building on the above-mentioned scholars, it is correct to say that youth ministry is incarnational, relational, holistic and missional.

The incarnational approach: The doctrine of the incarnation reveals the heart of Christian ministry. Through the incarnation, Christ entered fully into human life, taking on flesh, embracing human limitations, and experiencing joy, suffering, and death. His ministry was not distant but deeply personal and relational, allowing people to encounter God's message of salvation in a way they could understand and grasp. Youth ministry modelled on this principle requires leaders and workers, not only pastors but mentors, educators, and peers, to follow Christ's example by entering into the everyday realities of the lives of the youth. This means walking alongside them, experiencing their joys and sorrows, and offering a visible witness of Christ's love. Nel (2001), Dean (2011) and Root (2007) all highlight that relational ministry is about embodying the gospel through one's own life, confronting the destructive forces at work in society, and enfolding youth into the redemptive story of the Christian community.

The relational Approach: At its core, youth ministry cannot exist apart from authentic relationships. A theology of incarnation naturally gives rise to a relational methodology, where the foundation of ministry is genuine connection. Before a minister or mentor earns the right to speak truth into the youth's life, trust must be established through consistent and authentic presence. Youth today long for genuine friends and mentors who affirm their worth, support their identity formation, and guide them through the complexities of adolescence and early adulthood. Relational youth

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ministry involves investing one's own life into the life of another, demonstrating the love of Christ through companionship, mentorship, and discipleship.

The Holistic Approach: In a Christ-centred ministry model, attention must be given to the whole person. Youth ministry, therefore, must incorporate strategies that nurture youth socially, spiritually, emotionally, intellectually, and economically. The gospel is not limited to spiritual salvation but brings transformation across every sphere of human life. Ndereba (2022) emphasises that just as Jesus ministered to people's total needs, physical, emotional, and spiritual, so too must youth ministry engage comprehensively with the realities that youth face.

The Missional Approach: Jesus, through the incarnation, modelled mission by entering human existence and proclaiming salvation. For youth today, mission is not merely an optional activity but a vital dimension of discipleship. According to Senter (2001), youth should be active participants in fellowship, mission, and church planting. They play a crucial role in both the present and future development of churches. Because modern youth often live in complex cultural and urban environments, an effective mission requires tools that address specific local realities. In marginalised contexts such as slums or communities facing poverty, violence, drug abuse, and abandonment, a missional youth ministry must be sensitive, adaptive, and deeply engaged with the lived experiences of the people it serves.

METHODOLOGY

The study was quantitative and qualitative in nature, which used primary data and followed a mixed-method research design in order to gain a more comprehensive understanding of a research problem. The purposive sampling method was utilised for participant selection. The sample population consisted of 300 youth aged 20 to 30 years old, while the sample size was 168 participants. To determine the sample size, the researcher used Taro Yamane's (1967) formula; n = N/ (1+ N(e)2) - n being the required sample size from the population under study, N is the whole population that is under study, and e is the precision or sampling error, which is 0.05. The table below illustrates the sample population from which the sample size was deduced.

Table: Sample Population from which the Sample Size was Deduced

PARISH	NO. OF YOUTHS
P.C.E.A. Ngecha	80
P.C.E.A. Kabuku	70
P.C.E.A. Kahuho	50
P.C.E.A. Redhill	40
P.C.E.A. Nyathuna	60
TOTAL	300

The researcher used the Brief Resilience Scale (BRS) by Smith et al. (2008) to measure resilience. A survey questionnaire was used in data collection. The survey questionnaire was composed of four sections. The first section had the general information, the second section had a Likert scale on mental health, the third section had a brief resilience scale, and the last section had open and closed-ended questions about relationships. Descriptive and quantitative data analysis methods were deployed in the data analysis. The three-study question that informed the research were: What is the prevalence of mental health issues among the youth? What is the level of mental health resilience among the youth? As well as what is the role of relationships in mitigating mental health issues among the youth? The participants emanated from the five parishes in Ngecha presbytery. The study

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was motivated by the observed high rate of mental health conditions among the youth in the Presbytery. It should, however, be noted that due to the purposive sampling approach and geographically limited sample, findings cannot be generalised. For ethical consideration, data protection, confidentiality, and anonymity were upheld. Before conducting the study, permission was sought from both St. Paul's University and the National Council for Science and Technology and Innovation (NACOSTI).

FINDINGS

The study achieved full participation with 168 respondents (100% response rate). The gender distribution showed 53% female and 47% male. Age distribution revealed that 50.6% were between 26-30 years and 49.4% between 20-25 years. This shows that the majority of respondents (aged 26–30) were in a more exploratory yet established phase of life, providing richer experiential perspectives." Educational attainment was high, with 88.7% having a tertiary education and 11.3% having completed secondary education. Regarding church membership, 70.2% were full members of the P.C.E.A. church, while 29.8% were adherents. Further, the study revealed a significant prevalence of mental health issues among the participants. A substantial majority of 73.3% strongly agreed to having experienced at least one mental health condition, while an additional 12.5% agreed. Only 3% remained uncertain, and 11% reported never experiencing mental health conditions. Childhood trauma emerged as a significant contributor to mental health challenges, with 81.6% of respondents indicating that childhood experiences contributed to their mental health status. This finding aligns with research by Wu et al. (2013), who found that childhood traumatic events have long-lasting effects on mental health development. The cost of mental health issues was evident, with 42.2% of participants reporting losses due to their mental conditions, including relationships, employment opportunities, and social connections. This highlights the multifaceted impact of mental health challenges on various life domains.

The study also revealed mixed findings regarding social support availability. While 76.2% of respondents acknowledged that social support makes mental health conditions more manageable, significant gaps existed in actual support provision. Only 47% felt accommodated in social spaces regardless of their mental health status, while 53.6% chose to keep mental health issues private to avoid public discrimination. Social stigma remained a significant barrier, with 72% of respondents indicating that mentally ill people are less supported and ill-treated in society. This stigma contributes to isolation and prevents individuals from seeking necessary help, perpetuating cycles of mental health challenges. Family relationships emerged as crucial factors in mental health outcomes, though with varying quality and effectiveness across participants. When asked about the quality of their current family relationships, respondents described them as excellent, healthy, chaotic, draining, hostile and really bad. This variation suggests significant disparities in family support systems available to the youth. Additionally, participants' satisfaction with social support for mental health needs varied considerably, with responses ranging from "very satisfied" to "worse than the mental health issues." This disparity indicates that while some families provide excellent support systems, others may inadvertently contribute to mental health challenges through inadequate or harmful relationship patterns.

The study found that 64.9% of participants could cope with adversity, though 20% reported difficulties navigating challenging situations. Concerning patterns that emerged regarding coping strategies, 63.7% of respondents indicated they isolate themselves when stressed or facing adversity. This isolation tendency contradicts healthy coping mechanisms and suggests inadequate family support systems that would encourage connection during difficult times. Despite challenges, 68.9% of respondents reported

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being strengthened by life hardships, indicating potential resilience development. However, the 15% who felt weakened by difficulties cannot be overlooked and require targeted family-based interventions to build resilience capacity. 44.1% of the respondents felt unenthusiastic at the time of the study. With 51% of the respondents indicating that social media is not a good mental health reliever, this suggests that social media has contributed to the increased risk for a variety of mental health symptoms and poor well-being among the youth. While it can foster social connection and support, it also exposes users to cyberbullying, body image issues, and social comparison, potentially leading to anxiety, depression, and other mental health challenges.

The church emerged as a significant stakeholder in addressing mental health issues, with 74.2% of respondents acknowledging its role in mental health support. These findings align with Koenig's (2012) research, indicating that religious involvement is associated with better mental health outcomes through community and social support provision. The study strongly supported the connection between relationship quality and mental health outcomes. An overwhelming 96.4% of respondents agreed that healthy relationships help address mental health issues, while 64.9% indicated that social support enables them to face life obstacles effectively. This finding is consistent with established theoretical models of well-being. Ryff's (1989) Six-factor Model of Well-being stipulates that individuals score high on well-being when reporting warm and satisfying relationships, while those with few close relationships experience isolation and frustration. Similarly, Seligman's PERMA model identifies "Positive relations" as one of five pillars of well-being, emphasising that meaningful relationships are inextricably linked to achieving meaning and purpose in life (Seligman, 2011).

DISCUSSION OF THE FINDINGS

The findings reveal complex interactions between healthy relationships and youth mental health outcomes, highlighting both protective factors and areas requiring intervention. The high prevalence of mental health issues (85.8% of participants) among youth in this study population underscores the urgency of addressing family-based protective factors. Findings reveal that 73.3% of participants experienced at least one mental health condition, with childhood trauma significantly contributing to mental health issues (81.6% of respondents). The research demonstrates that healthy relationships serve as protective factors, providing emotional support, reducing isolation, and fostering resilience. However, 63.7% of respondents reported isolating themselves during stress, indicating gaps in family support systems.

The study demonstrates that healthy family relationships serve multiple protective functions against mental health challenges. When families function effectively, they offer emotional support, practical assistance, and spiritual guidance that buffer against life stressors. The finding that 76.2% of participants recognised social support as crucial for managing mental health conditions aligns with the Social Support Theory by Cohen and Wills (1985), which identifies four types of support: emotional, instrumental, informational, and appraisal. Families can provide all these support types, creating comprehensive protective networks around vulnerable youth. However, the variation in family relationship quality suggests that not all families effectively fulfil these protective functions. The description of some family relationships as "chaotic," "hostile," or "draining" indicates that dysfunctional family dynamics can actually exacerbate mental health challenges rather than mitigate them.

The study population aligns with Erikson's psychosocial development stages, particularly "Identity vs. Role Confusion" and "Intimacy vs. Isolation." During these developmental periods,

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family relationships play crucial roles in identity formation and capacity for intimate relationships. The finding that 63.7% of participants isolate during stress suggests difficulties in the intimacy vs. isolation stage, potentially stemming from inadequate family support during earlier developmental phases. The high prevalence of childhood trauma (81.6% reporting contributory effects) supports the developmental perspective that early family experiences significantly impact later mental health outcomes. This finding emphasises the importance of early intervention and family-based prevention strategies.

The findings reflect broader African experiences where extended family networks traditionally provided mental health support, but modernisation and urbanisation have disrupted these systems. The high unemployment rates among educated youth (as noted in the problem statement) create additional family stressors that impact mental health outcomes. The role of the church (acknowledged by 74.2% of participants) reflects the continued importance of faith-based institutions in African communities. Churches often serve as extended family networks, providing social support that complements biological family systems. The finding that 53.6% of participants choose to keep mental health issues private due to fear of discrimination reveals significant barriers to family-based support. This pattern suggests that even within families, stigma may prevent youth from accessing available support. The inability to openly discuss mental health challenges within family systems limits the protective potential of these relationships.

Limitations of the Study

Several limitations must be considered when interpreting these findings. The study focused on one presbytery within a specific cultural context, limiting generalizability to other populations. Additionally, the reliance on self-reported data may introduce bias, particularly given the stigma surrounding mental health issues. The cross-sectional design prevents establishing causal relationships between family dynamics and mental health outcomes. Longitudinal studies would provide stronger evidence for the protective effects of healthy family relationships.

RECOMMENDATIONS

Based on these findings, several recommendations emerge as protective factors against youth mental health issues:

Recommendations for the church: There is a great need for the church to establish an exhaustive and relational counselling program for the youth in the church and in the community around it. The church should also normalise discussions on mental health, create mental health awareness, offer support, and guide youth towards holistic well-being. Further, the church should create a conducive and friendly environment for the youth: an environment that is not judgmental or stigmatising. The church should be a home for everybody. Given the significant role of churches (acknowledged by 74.2% of participants), integrate family relationship strengthening into faith-based mental health programs, utilising spiritual resources while maintaining professional mental health standards.

Community Support Networks: Create community-based programs that strengthen extended family and social networks, particularly in contexts where traditional family structures are disrupted by urbanisation and modernisation**.** The NGOs and other mental health providers should partner with the church and the surrounding communities to educate the people on how to avoid and manage mental health issues in case of any. This will help to heal the society where the youth spend much of their time and life. When society is well informed about mental health matters, the pandemic will have been substantially solved for healthy living.

Recommendations for the Youth: To address youth mental health, the youth should focus on building positive coping mechanisms, seeking

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support when needed, and promoting mental health awareness. This includes developing healthy habits like regular exercise and sufficient sleep, and learning to manage emotions and stress. Additionally, creating supportive environments at home, in school, in the church and in the community is crucial. The youth can adopt a personal development model. This is achieved through self-evaluation of mental health and developing mental health self-awareness. It should be a personal initiative to take care of mental health, one can adopt ways of informing oneself. As a personal initiative, the youth can build support networks and engage in self-care practices to safeguard their mental health. The youth need to create a safe space for self and others. On relationships, youth should be encouraged to build healthy relationships for their mental health. Recommendations such as fostering open communication, active listening, and mutual respect in all relationships should be the minimum, be it with the family, peers or romantic partners. Encouraging self-awareness, emotional literacy, and boundary setting are also vital components of positive relationships that support mental well-being.

Recommendations for the Families: Families should support youth mental health by fostering open communication, encouraging healthy coping mechanisms, and helping them seek professional help when needed. Creating a safe and supportive environment where youth feel comfortable sharing their feelings and experiences is crucial. Further, families should prioritise self-care for themselves to better support their youth in need. To foster mental health resilience among the youth, all the stakeholders in the life of the youth should create supportive environments, ensure access to professional services, equip them with healthy coping skills and mechanisms, including promoting healthy habits, teaching problem-solving and emotional intelligence, and involving mental health professionals and the community in addressing mental health holistically. There is also a need to develop prevention programs targeting families with young children to address potential trauma sources and build protective family dynamics before mental health issues develop.

Future Research Directions: The study engaged with Erikson's 8 stages of development theory and social support theory with reference to youth mental health resilience and relationships. It is therefore suggested that future research explore other theories to better understand the phenomenon. The study was conducted in one presbytery in the P.C.E.A. church, yet there are 61 presbyteries. It is appropriate for subsequent studies to be carried out in other denominations, counties, or presbyteries to refute or affirm these findings, and also to find out if the situation cuts across. Unlike this study, which used a survey questionnaire as the only research tool, subsequent studies should adopt other research tools and data analysis methods. Further, it is recommended that future research look at other age groups since everyone is prone to mental health issues, not only the youth.

CONCLUSION

The evidence presented in this study strongly supports the critical role of healthy family relationships in mitigating youth mental health challenges. While individual therapy and medical interventions remain important, the family system represents a fundamental protective factor that, when strengthened, can provide sustainable support for youth mental health throughout the lifespan. The high prevalence of mental health issues among youth demands comprehensive responses that address both individual and systemic factors. Healthy relationships emerge as both a target for intervention and a resource for supporting other mental health strategies. Investment in healthy relationships represents a cost-effective, culturally appropriate, and potentially high-impact approach to addressing the youth mental health crisis.

As societies continue to grapple with rising rates of youth mental health challenges, the fundamental importance of family relationships cannot be

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overlooked. The evidence suggests that supporting families in developing healthy, supportive relationships with their youth may be one of the most effective strategies for preventing and addressing mental health issues in this vulnerable population. This approach recognises that mental health is not merely an individual concern but a community responsibility that begins within the family system and extends throughout social networks. The study concludes that strengthening healthy relationships through improved communication, emotional support, and spiritual guidance can significantly mitigate youth mental health challenges. These findings have implications for faith-based interventions, family counselling programs, and community mental health strategies.

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