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Research Article

Digital Help-seeking and Online Support Ecosystems for Youth Psychosocial Wellbeing in Kenya: Pathways, Trust, and Ethics

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Abstract

Kenyan youth increasingly seek psychosocial support through digital environments, yet little Kenya-specific evidence explains how online help-seeking unfolds as an ecosystem rather than as use of a single platform or intervention. This study adopts an exploratory, ecosystem-mapping approach to examine digital help-seeking pathways, trust dynamics, and ethical risks shaping youth psychosocial wellbeing in Kenya. The study triangulated three evidence streams: (i) a structured scan of commonly accessed digital platforms and web resources used by youth (including Google Search, YouTube, TikTok, Instagram, Facebook, WhatsApp communities, X/Twitter spaces, and institutional/NGO websites), (ii) rapid qualitative interviews with youth and mental health stakeholders (n = 28), and (iii) structured expert forum discussions involving practitioners and programme leads engaged in youth mental health and digital support. Findings show that youth help-seeking occurs within a distributed online support ecosystem dominated by mainstream commercial platforms rather than purpose-built mental health services. Five pathway typologies were identified: search-first self-triage, feed-based discovery and identity framing, peer-first confidential disclosure, influencer-guided meaning-making, and crisis-to-professional referral. Trust emerged as the primary determinant of sustained engagement, structured around confidentiality, relatability, non-judgment tone, responsiveness, cultural alignment, and community endorsement, often outweighing formal professional credentials or institutional affiliation. Ethical risks were pervasive and ecosystem-level, including privacy leakage (especially via forwarding and screenshots), misinformation and diagnostic confusion, unregulated counselling, exploitation through direct messaging, cyberstigma, algorithmic amplification of distress content, and safeguarding gaps for minors. Rather than evaluating intervention effectiveness, the study maps everyday digital practices and governance gaps, and proposes ecosystem governance priorities including credibility cues, moderation and peer-group norms, boundary standards for semi-formal counselling, and platform-integrated referral pathways. These findings reposition youth digital help-seeking in Kenya as both a psychosocial coping infrastructure and a risk environment, underscoring the need for youth-centred, ethics-informed governance rather than reliance on standalone digital mental health applications.

Keywords

Digital Help-seeking, Youth Psychosocial Wellbeing, Social media, Trust, Ethics, Kenya, Online Support Ecosystems

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1. Introduction

Youth psychosocial wellbeing has become a central development concern across sub-Saharan Africa, shaped by layered stressors including unemployment and economic precarity, educational pressures, family disruption, relationship instability, rapid urbanisation, and shifting socio-cultural norms [1-3]. In Kenya, these pressures intersect with demographic transitions and expanding digital connectivity, positioning young people at the intersection of psychosocial risk and innovation [4, 5, 31]. Recent national and regional estimates indicate that a substantial proportion of Kenyan adolescents and young adults experience symptoms of psychological distress, anxiety, or depression, while treatment coverage remains low relative to need [2, 6]. Evidence from Kenyan youth further indicates substantial unmet mental-health needs which includes concerns related to stigma and the need for more youth responsive mental health systems [31].

At the same time, access to formal mental health services remains constrained by availability, affordability, uneven distribution of specialists, and persistent stigma factors known to widen treatment gaps and discourage early help-seeking among adolescents and young adults [2, 6, 7]. Within such contexts, youth may avoid formal pathways and instead adopt alternative help-seeking routes that privilege privacy, immediacy, and social safety over clinic-based care, especially for concerns perceived as socially sensitive (e.g., depression symptoms, relationship distress, identity struggles, family conflict) [8, 9].

In this context, digital spaces increasingly function as the first point of contact for psychosocial meaning-making and support. Globally, online environments provide youth with anonymity and low-cost access to mental health information, peer support, and coping narratives, with evidence indicating both potential benefits (normalisation, belonging, emotional relief, and increased help-seeking intentions) and substantial risks (misinformation, delayed professional care, privacy violations, and exposure to harmful content) [10-12]. Systematic synthesis confirms that online help-seeking constitutes a distinct behavioural domain with its own barriers and facilitators: it is frequently shaped by stigma avoidance, preference for self-reliance, concerns about confidentiality, and perceived accessibility, but constrained by challenges of credibility and inconsistent translation into offline support [10, 13, 14]. These dynamics are particularly salient in Kenya, where youth often occupy plural and hybrid care environments that include peer networks, faith communities, school systems, and informal counselling pathways alongside under-resourced clinical services [3, 7]. Consequently, digital support ecosystems can act as both psychological coping infrastructures and sites of vulnerability amplifying support access while reproducing risks.

Kenya is not absent of digital mental health innovation. Evidence from structured youth psychosocial interventions indicates that scalable programs can reduce symptoms of depression and anxiety under controlled conditions, including school-based models and community-delivered approaches that improve coping and emotional functioning [15, 31, 34]. In addition, emerging work demonstrates that digital single-session interventions and online psychosocial programs can be implemented among Kenyan adolescents and produce measurable mental health benefits [16, 32]. These developments suggest significant promise for Kenya's youth mental health programming, particularly in settings where digital tools can extend reach and reduce access barriers. However, interventions and pilots represent only one component of Kenya's broader digital psychosocial landscape. In everyday life, most youth psychosocial engagement takes place through mainstream social platforms such as WhatsApp, TikTok, Instagram, YouTube and Facebook rather than through dedicated mental health platforms or apps. These mainstream platforms are commercially governed and optimised for engagement rather than for psychosocial safeguarding, yet research on how Kenyan youth navigate these spaces remains limited, fragmented, and often framed narrowly around "digital interventions," rather than examining the broader ecosystem of ordinary digital practices that structure help-seeking, disclosure, and support [10, 17]. This results in a knowledge gap: even as digital mental health tools expand, the dominant psychosocial engagement space for youth remains commercially governed platforms whose logics are not designed around mental health safeguarding.

Understanding digital help-seeking in Kenya therefore requires moving beyond app-based models to examine digital spaces as support ecosystems shaped by psychological processes and socio-technical structures. Youth do not simply "seek information"; they engage in interpretation, emotional regulation, identity negotiation, and trust assessment across multiple platforms. Social media platforms, in particular, are psychologically active environments that shape exposure through algorithms, amplify social proof, and facilitate relational engagement. This study draws implicitly on socio-technical and affordance-based perspectives, recognising that platform design features interact with youth psychological processes to shape help-seeking behaviour. Contemporary research demonstrates that social media reconfigures adolescent peer relations and social feedback processes, shaping self-presentation, disclosure behaviour, belonging, and vulnerability to both support and harm [18]. Platform affordances such as visibility, persistence, anonymity, rapid feedback, and algorithmic recommendation influence what youth encounter and how they process distress. These influences are especially relevant for psychosocial wellbeing because youth mental health content is increasingly consumed through short-form video platforms. Although such content can normalise distress, increase perceived support, and improve help-seeking intentions, systematic evidence indicates quality concerns and risks of oversimplification, misleading guidance, and inconsistent or

inaccurate advice [19, 33]. This risk is compounded by algorithmic dynamics that may disproportionately amplify emotionally evocative content over clinically grounded psychoeducation, thereby shaping youth meaning making in ways that are powerful but not necessarily safe.

A central but underexplored dimension of digital help-seeking is trust. Youth credibility judgments rarely follow clinical models of evidence assessment. Instead, they often depend on relational safety, shared lived experience, cultural resonance, peer endorsement, and perceived confidentiality. Evidence shows that adolescents' trust in mental health information on social media is socially constructed through both platform perceptions and interpersonal cues, suggesting that credibility is negotiated rather than purely factual [20]. In practice, this means youth may prioritise "relatable" sources peers, influencers, anonymous communities over professional expertise if these sources offer non-judgmental engagement, rapid response, and perceived privacy. While this trust structure can enable disclosure and belonging, it also creates ethical vulnerabilities because the same anonymity and accessibility that facilitate support can enable exploitation, manipulation, and misinformation [10, 21]. Systematic evidence on digital mental health communication further demonstrates that public engagement and behavioural outcomes are shaped by message resonance and platform-specific dynamics, not only informational accuracy, highlighting why harmful content can flourish even alongside evidence-based messaging [22]. Trust therefore functions as both a protective and a risk-amplifying mechanism within digital psychosocial ecosystems. Thus, any analysis of Kenyan youth digital help-seeking must integrate pathways, trust, and ethics, rather than treating them as separate issues.

Accordingly, this paper explores digital help-seeking and online support ecosystems for youth psychosocial wellbeing in Kenya, focusing on three guiding questions: (1) What pathway typologies structure youth digital help-seeking across platforms? (2) How do youth construct trust and credibility in online psychosocial spaces? (3) What ethical risks and governance gaps emerge within these ecosystems? Rather than evaluating the effectiveness of specific digital interventions, the study adopts an exploratory, ecosystem-mapping perspective. By synthesising platform scan evidence with youth and stakeholder perspectives, the study contributes an ecosystem-level conceptual map of Kenya's youth digital psychosocial landscape and proposes ethics-informed governance priorities to strengthen safety and referral integration.

2. Methodology

2.1. Study Design and Rationale

This study adopted an exploratory, multi-stream evidence design combining (i) a structured digital landscape scan of youth-relevant online psychosocial support spaces, (ii) rapid qualitative interviews with youth and key stakeholders, and (iii) structured expert forum discussions. The design was explicitly exploratory and scoping-oriented rather than evaluative or hypothesis-testing, reflecting the limited and fragmented empirical literature on youth digital help-seeking and online psychosocial support ecosystems in Kenya. The design was selected because empirical research on youth digital help-seeking and online psychosocial support ecosystems in Kenya remains limited, fragmented, and fast-evolving. In such contexts, exploratory mapping and scoping-oriented approaches are recommended to consolidate emerging evidence, identify patterns, and generate conceptual frameworks that guide future hypothesis-testing research [23, 24]. The study further drew on principles from digital ethnography and online ecosystem mapping, recognising that platform affordances and algorithmic exposure shape youth meaning making and support behaviours [25, 26]. Rather than producing prevalence estimates or clinical inferences, the methodological strategy prioritised conceptual mapping and triangulation across multiple evidence streams to improve depth and analytic credibility.

2.2. Study Context and Analytic Focus

The study examined digital help-seeking and online support ecosystems relevant to youth psychosocial wellbeing in Kenya. "Youth" was defined broadly to include older adolescents and young adults, reflecting Kenya's demographic and programmatic context. This inclusive definition aligns with national youth policy frameworks and acknowledges fluid transitions between adolescence and young adulthood in psychosocial programming contexts. The analytic focus was restricted to psychosocial wellbeing concerns including stress, anxiety-related experiences, depressive symptoms, loneliness, relationship distress, identity struggles, academic pressure, family conflict, and coping challenges. The study did not seek to diagnose mental health conditions, assess symptom severity, or estimate prevalence. The study did not aim to estimate prevalence of mental health conditions or produce clinical diagnosis patterns. Instead, it sought to characterise how psychosocial support is navigated and socially constructed online, including pathways, trust cues, and ethical risks.

2.3. Evidence Streams and Data Sources

2.3.1. Digital Landscape Scan (Online Survey of Digital Spaces)

A structured digital landscape scan was conducted to identify and characterise the major digital spaces through which Kenyan youth access psychosocial information, support, and coping narratives. The scan included mainstream platforms and semi-formal institutional resources likely to appear in youth help-seeking routes. Platforms assessed included Google Search, YouTube, TikTok, Instagram, Facebook groups/pages, X/Twitter threads/spaces, and institutional/NGO websites. WhatsApp peer-support environments

were not directly observed because they are private and ethically sensitive; instead, they were incorporated through descriptive accounts provided by youth and stakeholder participants. WhatsApp peer-support environments were incorporated through descriptive evidence from youth and stakeholder interviews because these spaces are private and ethically sensitive.

The scan used a standard extraction template capturing: (i) entry point type (search-led, feed discovery, peer referral), (ii) content type (psychoeducation, lived-experience narratives, motivation, coping advice, confession-based posts), (iii) interaction format (comments, group posts, DM support, anonymous posting), (iv) support function (meaning-making, emotional affirmation, peer belonging, advice and coping strategies, professional/semi-professional support), (v) credibility and trust cues (credentials, verification, organisational affiliation, social proof indicators), and (vi) observable ethical risk indicators (privacy exposure, exploitation cues, misinformation patterns, stigma reinforcement, safeguarding prompts). Such structured observation frameworks are consistent with recommended digital ethnography and social media research approaches that treat platforms as culturally embedded environments rather than neutral channels [25, 26].

Search keywords were selected to reflect typical youth psychosocial triggers and language used in informal help-seeking (e.g., stress, anxiety, depression, loneliness, heartbreak, academic pressure, coping, "confession"). The platform scan produced descriptive, non-exhaustive mapping rather than content frequency counts. The platform scan produced the descriptive ecosystem mapping that informed Table 1 and supported pathway conceptualisation represented in Figure 1.

2.3.2. Rapid Qualitative Interviews

Rapid qualitative interviews were undertaken to complement platform observations and capture lived experience. Participants included (i) youth and (ii) stakeholders with direct engagement in youth psychosocial support. A total of 28 interviews were conducted, comprising youth participants and stakeholders drawn from counselling, education, youth programming, digital safety, and psychosocial service delivery contexts. Rapid qualitative approaches are increasingly recommended for dynamic public health and digital phenomena where evidence is required within short timelines while maintaining analytic rigor [27]. Interviews were semi-structured to support comparability and depth. Youth prompts explored distress triggers, first-step help-seeking, platform switching, disclosure practices, trust cues, and harmful encounters. Stakeholder prompts explored observed digital help-seeking patterns, misinformation issues, ethical risks, safeguarding gaps, professional boundary concerns, and referral pathways. The interviews were not intended to produce statistically representative findings but to generate rich, explanatory insights into patterns observed across the ecosystem.

Interviews were conducted via secure phone or online platforms and documented through expanded notes and transcripts where feasible. The use of rapid methods reflects the fast-evolving nature of digital environments and was complemented by triangulation with platform scans and expert forums to enhance depth and credibility. These data informed the trust architecture (Table 2), ethical risk pathway (Figure 2), and governance safeguard synthesis (Table 3).

2.3.3. Structured Expert Forum Discussions

Structured forums were used to generate governance-focused insights and strengthen triangulation. Expert discussion is appropriate where topics are emerging and where actionable frameworks benefit from stakeholder validation. Forum participants included practitioners, programme leads, and digital safeguarding actors involved in youth mental health and online support initiatives. Forum sessions examined pathway validity, platform-specific risks, boundary and safeguarding challenges, feasibility of moderation interventions, and referral integration strategies. Forum outputs strengthened the contextual feasibility of governance proposals presented in Table 3.

2.4. Sampling and Recruitment

Purposive sampling was applied to recruit participants relevant to the study aims. Youth participants were sought with variation in gender, education/employment status, and digital engagement patterns. Stakeholders were recruited based on professional roles in counselling, youth programming, digital health, safeguarding, or psychosocial service delivery. Sampling decisions prioritised conceptual coverage and experiential diversity rather than numerical representativeness. Sampling was guided by the principle of information power, whereby sample adequacy is determined by the richness and relevance of data rather than numerical thresholds [28].

2.5. Data Management and Analysis

2.5.1. Analytical Approach

Evidence was analysed using an integrated thematic synthesis. Platform scan observations were summarised descriptively to map functions, entry routes, and risk cues. Interview and forum data were coded thematically using a hybrid inductive-deductive approach guided by the study questions (pathways, trust, ethics), while allowing local meanings to emerge. Coding focused on pattern identification and conceptual relationships rather than quantification of themes.

2.5.2. Integration and Synthesis

Evidence streams were integrated using convergence mapping. Findings supported by multiple sources were treated as high-confidence patterns, while divergences were analysed to identify tensions (e.g., high trust in WhatsApp spaces despite high privacy risk). Synthesised outputs were represented in

structured results artefacts: Table 1 (platform mapping), Figure 1 (pathway typology), Table 2 (trust architecture), Figure 2 (ethical risk pathway), and Table 3 (safeguards matrix).

2.6. Trustworthiness and Rigor

Credibility and analytic robustness were strengthened through: (i) triangulation across platform scan, interviews, and forums; (ii) audit trails through extraction templates and synthesis memos; (iii) peer debriefing through expert forums; and (iv) attention to negative cases. These strategies were applied to address concerns associated with rapid qualitative approaches and to ensure that interpretations were grounded in convergent evidence rather than single data sources. These strategies align with established qualitative trustworthiness principles in naturalistic research [29].

2.7. Ethical Considerations

Participation was voluntary and informed consent was obtained for interviews and forum engagement. Anonymisation was applied to all participant-derived information. The platform scan reviewed publicly accessible content only; no covert access to private groups was undertaken. Where examples were used for analysis, content was paraphrased and de-identified to reduce traceability. Given the sensitivity of youth psychosocial content, particular care was taken to avoid reproducing identifiable narratives or exposing vulnerable individuals. Ethical decision-making followed recognised guidance for internet-mediated research and protection of potentially vulnerable participants [30, 31].

3. Results

This section presents findings from the exploratory review and digital landscape scan of youth psychosocial support ecosystems in Kenya. Consistent with the study's scoping-oriented design, results describe dominant patterns, pathway typologies, and ethical issues rather than estimating prevalence or causal relationships. The results are organised around three interrelated domains aligned to the study objectives: (i) the structure of digital help-seeking pathways, (ii) trust and credibility cues shaping engagement, and (iii) ethical risks and governance gaps across online support ecosystems. Evidence is synthesised from a scan of commonly accessed digital platforms, rapid interviews with youth and mental-health practitioners, and insights from structured forum discussions with youth-support stakeholders. Together, these sources reveal a complex, informal, and highly adaptive digital care environment shaped by platform affordances, peer norms, and perceptions of safety.

3.1. Mapping Kenya's Youth Digital Help-seeking Ecosystem: Platforms, Functions, and Entry Points

Across all data sources, a consistent finding was that Kenyan youth do not rely on a single digital "mental health platform." Rather, they engage with a multi-platform psychosocial support ecosystem composed of mainstream social media platforms, peer-to-peer communication spaces, semi-formal organisational pages, and limited professional counselling or helpline services. Entry into this ecosystem most commonly occurred through search-led routes (particularly Google and YouTube), algorithm-driven social discovery (notably TikTok and Instagram), and peer-mediated referrals into closed networks such as WhatsApp groups.

Within this ecosystem, psychosocial support content clustered around five dominant functional roles: self-education and meaning-making, emotional ventilation and affirmation, advice and coping strategies, peer support and belonging, and professional or semi-professional support. Youth frequently moved between these functions depending on emotional needs, perceived stigma, and privacy considerations, illustrating situational rather than platform-exclusive help-seeking behaviour.

Table 1. Kenya youth digital help-seeking platforms and dominant support functions (exploratory synthesis).

Platform / digital space	Common youth uses in psychosocial support	Typical entry point	Notes on support form
Google Search	Symptom search; self-diagnosis; service discovery	Search-led	Often the first step; credibility varies widely
YouTube	Long-form psychoeducation, motivational counselling, testimony narratives	Search + algorithm	Strong for "learning", but also risk of misinformation
TikTok	Short advice clips; relatable stories; trending mental health labels	Feed discovery	Strong influence on norms; high algorithmic shaping
Instagram	Mental health pages; influencers; motivational content; DMs	Social discovery	DM-based support common; emotional affirmation
Facebook groups/pages	Community advice; youth pages; support	Peer referral	Moderation inconsistent;

Platform / digital space	Common youth uses in psychosocial support	Typical entry point	Notes on support form
	groups		mixed credibility
WhatsApp groups	Peer support; crisis disclosure; confidential sharing	Peer referral	Highly trusted; privacy risks (forwarding/screenshots)
X/Twitter spaces	Open discourse; identity narratives; advocacy	Social discovery	Public; stigma risk; sometimes professional voices
NGO/Institution websites	Formal information; referrals; hotline links	Search-led	Trust higher but visibility lower
Anonymous confession pages	Venting; peer validation; relationship conflict advice	Social discovery	High risk: exploitation, coercive contact, harassment

As shown in Table 1, mainstream platforms such as TikTok, Instagram, YouTube, and WhatsApp dominate youth psychosocial engagement in terms of visibility, accessibility, and frequency of use. Google Search and YouTube often functioned as initial entry points for symptom interpretation and self-triage, while TikTok and Instagram shaped psychosocial norms through short-form, highly relatable content. WhatsApp groups emerged as particularly trusted spaces for confidential disclosure and peer reassurance, although these spaces also carried heightened privacy risks. In contrast, NGO and institutional websites were generally perceived as more credible and trustworthy, yet remained less visible and less embedded in everyday youth digital routines. These findings reflect ecosystem-level patterns rather than usage prevalence estimates. Overall, the dominance of commercial platforms indicates that youth psychosocial support is shaped more by algorithmic design and peer interaction than by formal mental-health service structures.

3.2. Digital Help-seeking Pathways: Typologies of Youth Routes to Support

Digital help-seeking among Kenyan youth was rarely linear. Instead, young people navigated multiple, overlapping pathways, shifting between platforms as emotional intensity, stigma concerns, urgency, and privacy needs changed. Five dominant pathway types emerged from the synthesis: search-first self-triage, social-feed discovery and identity framing, peer-first confidential disclosure, influencer-guided meaning-making, and crisis-to-professional referral. These pathway typologies represent recurrent patterns observed across data sources rather than mutually exclusive or sequential stages.

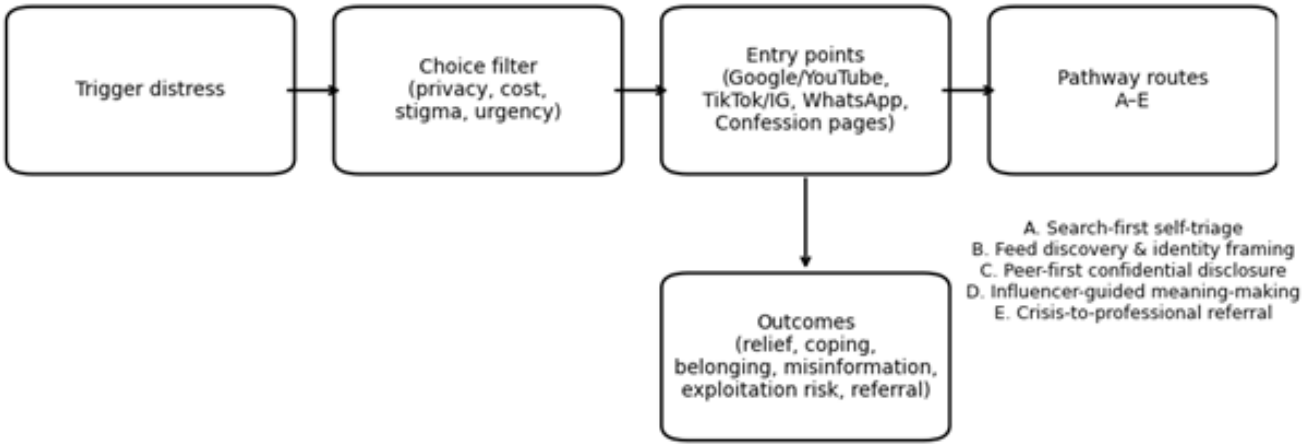

Figure 1. *Typology of youth digital help-seeking pathways in Kenya. Conceptual map illustrating common help-seeking routes from distress triggers through decision filters (privacy, stigma, cost, urgency), platform entry points (e.g., Google/YouTube, TikTok/Instagram, WhatsApp, anonymous confession spaces), pathway routes (search-first, feed discovery, peer-first disclosure, influencer-guided meaning-making, crisis-to-professional referral), and resulting outcomes including coping, relief, belonging, misinformation exposure, exploitation risk, and referral to formal support services.*

Figure 1 illustrates this pathway structure by mapping movement from initial distress triggers such as academic pressure, relationship conflict, financial stress, family challenges, loneliness, or identity-related concerns through decision filters including anonymity needs, fear of judgement, cost barriers, urgency, and confidentiality requirements. These filters guided entry into different digital spaces, after which youth followed distinct routes toward coping, validation, belonging, misinformation exposure, exploitation risk, or referral to formal support. Importantly, most pathways culminated in self-management or peer-based support, with professional services entering the pathway primarily during periods of acute distress or crisis. This figure is intended as a conceptual synthesis rather than a predictive model.

3.3. Trust and Credibility: How Youth Decide What Support is "Safe" and "Real"

Trust emerged as the central organising factor shaping sustained engagement within digital psychosocial spaces. Decisions about where to seek help and whether to disclose distress were driven less by formal qualifications and more by relational credibility and perceived safety. Youth assessed trustworthiness through cues such as confidentiality, relatability, tone of engagement, responsiveness, cultural or faith alignment, and peer endorsement. Professional credentials and institutional branding played a role, but they were often secondary to experiential and relational indicators of safety.

Table 2. *Trust architecture in Kenya's digital youth psychosocial support ecosystem.*

Trust dimension	Youth credibility cues	Common platforms	Implication
Confidentiality trust	closed groups; anonymity; no real names; "safe space" claims	WhatsApp, confession pages	Youth prioritise secrecy; increases vulnerability to privacy breaches
Relational trust	"they understand me"; shared experience; peer language	TikTok, IG, WhatsApp	Relatability often outweighs clinical expertise
Competence trust	professional title; therapy language; structured guidance	YouTube, NGO pages	Limited reach but important for referrals
Integrity trust	consistent advice; no exploitation; respectful engagement	Moderated groups/pages	Youth detect manipulation quickly, but enforcement is weak
Community trust	peer recommendations; social proof in comments	TikTok, IG, FB groups	Algorithms intensify "social proof" effect

As summarised in Table 2, trust within Kenya's digital youth psychosocial ecosystem can be understood as a multi-layered architecture comprising confidentiality trust, relational trust, competence trust, integrity trust, and community trust. Closed or anonymous spaces particularly WhatsApp groups and confession pages scored highly on confidentiality and relational trust, explaining their popularity for sensitive disclosures. However, these same spaces were more vulnerable to privacy breaches due to weak accountability mechanisms. Platforms associated with professional or NGO content demonstrated higher competence trust but lower engagement, reflecting a perceived distance from youth lived experience. Social proof and peer endorsement, amplified by platform algorithms, strongly influenced community trust, often shaping visibility and engagement more than informational accuracy.

3.4. Ethical Risks: Privacy, Misinformation, Exploitation, and Safeguarding Gaps

Ethical risks were pervasive across the digital psychosocial ecosystem and were not confined to marginal or extreme spaces. Seven major categories of risk consistently emerged: privacy leakage, unregulated counselling practices, misinformation and diagnostic confusion, digital exploitation, stigma and public shaming, algorithm-driven emotional amplification, and safeguarding gaps for minors. These risks were observed as recurring patterns across platforms rather than isolated incidents.

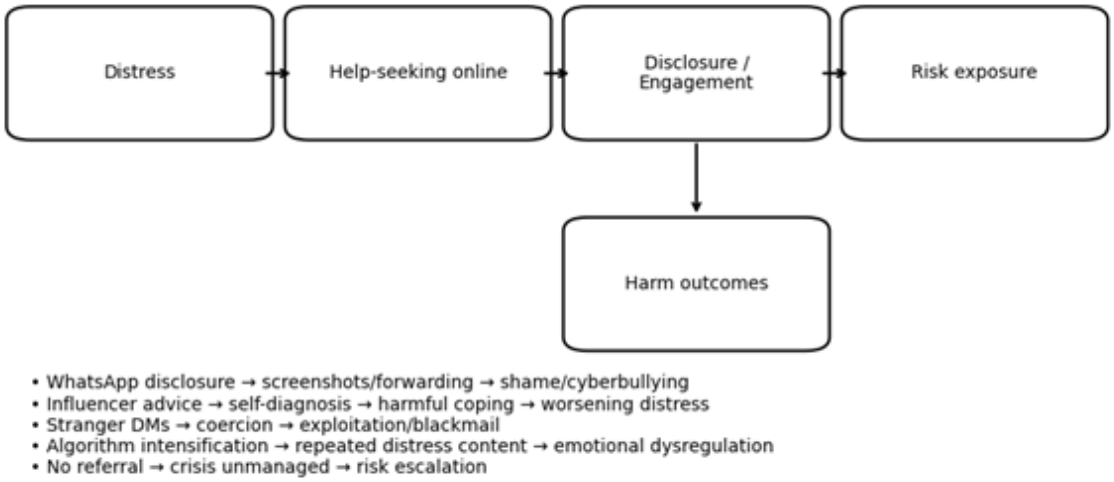

Figure 2. *Ethical risk pathway in youth digital psychosocial support ecosystems. Conceptual diagram showing how youth distress may translate into online help-seeking, disclosure and engagement across digital platforms, subsequent exposure to privacy, misinformation, exploitation, stigma, and algorithmic harms, and the potential progression to adverse psychosocial outcomes in the absence of safeguarding mechanisms and structured referral pathways.*

Figure 2 conceptualises these dynamics as an ethical risk pathway, tracing how youth distress can progress from online help-seeking to disclosure and engagement, followed by exposure to specific harms in the absence of safeguards. The figure illustrates potential trajectories of risk rather than deterministic outcomes. For example, disclosures within WhatsApp groups or anonymous confession spaces could be forwarded or screenshot, leading to shame or cyberbullying. Engagement with influencer-driven advice sometimes promoted self-diagnosis and maladaptive coping strategies, while DM-based support opened avenues for coercive relationships and exploitation. Algorithmic reinforcement further intensified exposure to distress-laden content, increasing emotional dysregulation and prolonging vulnerability. Critically, the absence of clear referral triggers meant that escalation to formal support was often delayed or entirely absent, even during crises.

3.5. Governance and Safety Mechanisms: What Exists Versus What Is Missing

Despite growing digital engagement by counsellors, NGOs, and youth-focused organisations, governance and safety mechanisms across the ecosystem remained largely informal, fragmented, and inconsistently applied. Moderation quality varied widely across platforms, professional boundaries were often unclear in semi-formal counselling spaces, and crisis referral pathways were rarely embedded within youth-preferred platforms. As a result, responsibility for safety frequently rested with individual users rather than system-level protections.

Table 3. *Ethical risks and proposed safeguards for Kenya's youth digital help-seeking ecosystem.*

Ethical risk	Where it occurs most	Why it persists	Recommended safeguard
Privacy leakage	WhatsApp, FB groups	forwarding norms; no accountability	group norms + admin rules + reporting pathways
Predatory exploitation	DMs, anonymous pages	anonymity; weak moderation	platform reporting + "no DM support without consent" norms
Misinformation/self-diagnosis	TikTok, YouTube	algorithm rewards engagement	verified content partnerships + fact-check labels
Unregulated counselling	IG, TikTok, Telegram	absence of regulation	minimum standards + professional boundary codes
Stigma and cyberbullying	public comments	low moderation	comment controls + stigma-free community guidelines

Ethical risk	Where it occurs most	Why it persists	Recommended safeguard
Safeguarding gaps	all platforms	no crisis referral integration	crisis prompts + hotline integration + referral protocols

Table 3 synthesises the major ethical risks identified, their dominant locations within the ecosystem, the reasons for their persistence, and proposed safeguards. The safeguards presented are derived from synthesis of evidence and stakeholder perspectives rather than tested interventions. Key gaps included weak accountability for privacy violations in peer spaces, limited reporting and enforcement mechanisms for exploitation, algorithmic incentives that reward emotionally charged misinformation, and the absence of integrated crisis response prompts. The proposed safeguards highlight the need for platform-specific moderation norms, professional boundary standards, verification and fact-checking partnerships, stigma-reduction guidelines, and referral integration linking informal digital spaces to formal support services.

4. Discussion

The present exploratory review and digital landscape scan demonstrates that youth psychosocial help-seeking in Kenya is best understood as an ecosystem-level pattern of digital engagement rather than a single intervention pathway. Three insights stand out. First, the ecosystem is structurally dominated by mainstream platforms—Google Search, YouTube, TikTok, Instagram, Facebook, WhatsApp and X/Twitter—rather than purpose-built digital mental health services (Table 1). Second, youth help-seeking proceeds through multiple pathway typologies shaped by privacy, cost, urgency, and stigma (Figure 1), with most trajectories terminating in self-management or peer reassurance rather than entry into formal professional care. These trajectories reflect observed tendencies rather than exhaustive or representative pathways. Third, youth engagement is governed by a distinctive trust architecture in which relational safety and lived-experience credibility often outweigh professional authority (Table 2), while ethical vulnerabilities such as privacy leakage, misinformation, exploitation and algorithmic harms operate as recurring ecosystem-level risks rather than isolated incidents (Figure 2). These findings position digital spaces in Kenya not merely as information channels but as psychologically active environments that shape meaning-making, coping, emotional regulation and disclosure behaviour.

4.1. The Kenyan Digital Psychosocial Ecosystem as a "Distributed Care Infrastructure"

A key implication of Table 1 is that Kenya's youth digital psychosocial ecosystem functions as a distributed care infrastructure embedded within everyday platforms, rather than a bounded clinical service extension. This aligns with broader evidence that young people frequently use online spaces for mental health-related learning, support-seeking, and social connection, especially where offline stigma and service gaps exist [1]. In the Kenyan setting, the limited reach of formal services, combined with social stigma, makes it psychologically adaptive for youth to seek low-cost, less visible support in digital environments. This is consistent with evidence that Kenyan youth mental health needs are significant while service access remains constrained, although the present study does not quantify service gaps or unmet need [2].

Mechanistically, these platforms choices reflect how youth solve a "help-seeking problem" under conditions of constraint. Help-seeking is rarely driven by abstract service knowledge; instead, it proceeds through opportunity structures what is readily accessible, socially normative, and perceived as emotionally safe. TikTok and Instagram, for example, are not merely media platforms; they operate as *narrative markets* where psychologically resonant explanations for distress compete for youth attention. Their short-form design encourages rapid emotional identification ("this is me"), which can normalise distress and reduce isolation, but also promote oversimplified labels and coping scripts. The prominence of WhatsApp groups similarly reflects the psychological need for confidential relational support. WhatsApp enables private micro-communities in which youth can disclose distress to trusted peers without exposing themselves publicly; however, these spaces operate largely without formal safeguards or professional oversight.

While Kenya-specific evidence on online help-seeking pathways remains limited, the present synthesis is consistent with global reviews showing that youth use online sources for anonymity, convenience, and peer support, but face risks including misinformation and difficulty translating online support into offline care [1]. In Kenya, emerging digital mental health interventions have shown potential in structured settings such as schools, indicating that youth digital support can be effective where designed carefully and ethically [3, 32]. However, our results suggest that most youth psychosocial engagement occurs outside formal digital interventions, within mainstream platform ecosystems. Thus, policy responses focused solely on developing new digital tools may overlook the spaces where youth already seek support.

4.2. Pathway Typologies as Psychological Adaptation: Privacy, Stigma and Emotion Regulation

Figure 1 demonstrates that youth help-seeking routes are shaped by decision filters privacy, cost, stigma, urgency and perceived confidentiality producing distinct pathway typologies. These filters are best understood as psychological and social considerations rather than rational service-selection processes. This is consistent with systematic evidence that youth online help-seeking is often motivated by anonymity and a desire to avoid judgement [1]. In Kenya, stigma around mental health and vulnerability, compounded by cultural expectations of resilience, makes youth cautious about disclosure. This provides a psychological explanation for why pathways often begin with search-first self-triage: Google and YouTube allow youth to explore distress privately, interpret symptoms, and test possible explanations without social exposure.

From a psychological perspective, search-first triage can be interpreted as an emotion regulation strategy. Distress creates uncertainty; uncertainty amplifies anxiety; and information-seeking can reduce uncertainty by generating a coherent narrative. However, the study does not assess the accuracy or clinical appropriateness of these narratives. In this sense, online searching becomes an instrument of cognitive coping and affect regulation. Yet it also creates vulnerability: self-diagnosis may be shaped by the most salient content rather than accurate assessment, and algorithmic ranking may privilege engaging narratives over evidence. Studies examining TikTok's use for mental health have shown that while it offers accessible communication, it also carries risks of misleading or inconsistent information [4]. Hence, the same psychological mechanism that makes search psychologically helpful (rapid meaning-making) also increases the risk of diagnostic confusion.

The peer-first confidential disclosure pathway (Figure 1) reflects a second psychological mechanism: *relational regulation*. Youth often regulate distress through social connection and emotional validation. Digital peer spaces offer low-cost immediacy: disclosure can be met with empathy, affirmation, and shared experience. Social media research indicates that adolescent and youth peer relations are transformed online in ways that amplify social feedback, enable constant access to peers, and reshape identity work [5]. In Kenya, where youth may face barriers to professional counselling, WhatsApp groups may become "first responders,", despite lacking formal training, accountability structures, or safeguarding protocols.. This aligns with Table 2, which indicates confidentiality trust and relational trust as key determinants of engagement.

The influencer-guided and feed discovery pathways (Figure 1) suggest the presence of a third psychological mechanism: *identity scaffolding*. Youth distress is often entangled with identity concerns belonging, masculinity/femininity expectations, faith-based moral pressures, relationship norms, academic achievement, and economic self-worth. Influencers and algorithmic content provide scripts for interpreting these experiences. Research on social media influencers highlights their strong capacity to shape youth responses to mental health discourse, including the framing of distress and acceptable coping actions [6]. Psychologically, this operates through parasocial trust (a sense of relationship with creators), social proof (validation through comments/likes), and narrative resonance. While this can support normalisation and belonging, it also increases exposure to persuasion and boundary violations.

Finally, the least common but most critical pathway crisis-to-professional referral appears weakly embedded in youth platform routines. This study does not evaluate referral effectiveness but highlights limited structural integration of crisis support within youth-preferred platforms.

4.3. Trust and Credibility as Psychological Processes: Why "Relatable" Beats "Qualified"

A central contribution of this paper is the trust architecture outlined in Table 2. Youth credibility judgements in Kenya appear to follow psychological heuristics more than formal verification processes. This aligns with evidence that adolescent trust in social media health information depends on complex relationships among trust in platforms, other users, and content, with identity and social work being central [7]. In our synthesis, confidentiality trust and relational trust often dominate. Youth are more likely to trust sources that appear non-judgmental, culturally aligned, responsive, and emotionally safe. These cues are psychologically meaningful because they reduce threat perception and increase the likelihood of disclosure.

This helps explain why professional competence cues are often secondary. Professional sources may be perceived as distant, expensive, or judgmental These perceptions reflect youth risk assessment rather than objective evaluations of professional quality. Consequently, youth may prioritise "safe" rather than "accurate" sources. While psychologically rational, this elevates vulnerability to exploitation and misinformation.

Community trust, amplified by platform algorithms, further shapes credibility judgments. Social proof becomes a proxy for legitimacy. This dynamic increases the visibility of emotionally resonant content irrespective of accuracy, underscoring the need for governance approaches that address both psychological and technical drivers of trust.

4.4. Ethical Risks as Predictable Ecosystem Outcomes: From Disclosure to Harm

Figure 2 conceptualises how ethical harms can emerge as youth move from distress to disclosure and engagement. Im-

portantly, these harms are not isolated events; they are structural risks embedded in how mainstream platforms function. The most common risk in Kenya appears to be privacy leakage screenshots and forwarding from WhatsApp groups and confession spaces leading to shame, cyberbullying or social exclusion. Privacy leakage emerged as a particularly salient risk in Kenyan peer spaces. Psychologically, privacy violations are especially harmful because disclosure is closely linked to vulnerability and identity. Such harms may intensify distress and reduce future help-seeking, although this study does not quantify long-term outcomes.

Misinformation risks operate through the mechanisms described earlier: youth rely on rapid meaning-making and social proof. In these contexts, credibility judgments are often formed quickly and emotionally rather than through clinical verification. TikTok mental health content can be accessible and supportive, but evidence indicates that quality and accuracy vary considerably [4]. Influencer-driven narratives can also promote self-diagnosis and reinforce maladaptive coping patterns such as avoidance, rumination or emotion suppression. These patterns are particularly consequential for youth who rely on repeated exposure to similar content to validate emerging interpretations of distress. In turn, algorithmic harm reflects repeated exposure to distress-themed content, which can amplify negative mood states and create feedback loops of emotional dysregulation. Reviews on youth digital media indicate both risks and opportunities, underscoring the need for deliberate preventive designs rather than simplistic "screen time" narratives [9].

Digital exploitation risks occur primarily through private messaging and unmoderated confession environments. The anonymity that youth seek for safety can be exploited. Private, one-to-one interactions reduce social accountability and increase the likelihood of coercive, manipulative, or inappropriate relational dynamics. This reveals a central ethical paradox: the same affordances that make platforms psychologically attractive also increase vulnerability. Accordingly, ethics interventions must be ecosystem-based, strengthening safeguards and accountability without undermining anonymity and relational safety.

4.5. Governance Implications: Towards Safer Psychosocial Ecosystems Rather than New Apps

Table 3 demonstrates that governance gaps persist because platform norms reward engagement over safety, moderation is inconsistent, and professional boundaries are unclear. These gaps are structural rather than incidental, reflecting how mainstream platforms are designed and governed. Kenya's ecosystem includes NGOs and counsellors attempting digital engagement, but the evidence suggests these are not well integrated into youth digital routines. This resembles global findings that online content can be used to connect youth to real-life support, but bridging mechanisms must be designed intentionally [10,35].

The implication is that youth wellbeing initiatives should focus on ecosystem governance rather than platform replacement. Rather than creating parallel digital services, governance efforts should intervene within the platforms youth already trust and use. This includes setting community norms in WhatsApp groups, strengthening admin accountability, embedding crisis prompts and referral links, improving platform reporting mechanisms, and building verified partnerships to elevate accurate psychoeducation in algorithmic feeds. Structured digital interventions in Kenya, such as school-based digital single-session interventions, demonstrate that youth can benefit when programmes are designed with appropriate safeguards [3, 32]. However, without integration into mainstream platforms, their population-level reach remains limited. Yet, for broader public impact, interventions must also work with the platforms youth already use.

5. Conclusions

This exploratory review and digital landscape scan shows that youth psychosocial help-seeking in Kenya is increasingly mediated through multi-platform online support ecosystems rather than formal mental health services or dedicated digital interventions. Mainstream platforms function as first-line psychosocial environments where youth interpret distress, regulate emotion, seek validation, and build belonging. Help-seeking follows multiple pathway typologies shaped by privacy needs, stigma concerns, urgency and cost, with many journeys ending in peer support and self-management rather than professional care. This pattern highlights a structural disjuncture between everyday digital coping practices and formal mental health systems. Youth engagement is strongly organised by a trust architecture in which confidentiality and relational credibility often outweigh professional authority, increasing vulnerability to misinformation and exploitation. Ethical harms privacy breaches, stigma amplification, algorithmic distress loops and safeguarding gaps emerge as predictable outcomes of platform affordances and weak governance. Strengthening youth wellbeing therefore requires coordinated ecosystem-level safeguards rather than isolated digital solutions.

6. Recommendations

6.1. Recommendations for Youth Support Systems (Schools, Universities, NGOs)

Institutionalise youth digital peer-support guidelines (especially for WhatsApp class groups and youth communities), including confidentiality agreements, anti-forwarding norms, and clear reporting channels.

Train peer moderators and youth leaders in psychological first aid principles, boundaries, and referral protocols.

Embed trusted referral pathways in youth spaces (hotlines, counselling units, youth-friendly clinics), using simple "escalation scripts" and contact cards.

6.2. Recommendations for Professional Counsellors and Mental-health Practitioners

Develop and enforce digital professional boundary standards, including guidance on DM counselling, confidentiality claims, documentation, and safeguarding.

Co-produce youth-friendly psychoeducation content with relatable language and culturally grounded examples to compete effectively in algorithmic feeds.

6.3. Recommendations for Platform Governance and Safety Design

Collaborate with platforms to implement Kenya-relevant credibility cues, such as verified tags for certified counsellors/NGO pages and misinformation reporting mechanisms for mental health content.

Improve safeguarding design, including prompts on crisis-related searches, quick referral links, and tools to discourage harassment and non-consensual screenshot sharing.

6.4. Recommendations for Research and Policy

Conduct Kenya-specific mixed-method research measuring the prevalence of pathway types and trust cues across demographic groups (age, gender, rural/urban, student vs working youth).

Develop national guidance on digital youth psychosocial safety that recognises mainstream platforms as de facto care environments.

Abbreviations

DM	Direct Message
FB	Facebook
IG	Instagram
NGO	Non-Governmental Organization
SSA	Sub-Saharan Africa
UNICEF	United Nations Children's Fund
WHO	World Health Organization

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Author Contributions

Rosemary Judith Akoth Odhiambo: Conceptualization, Methodology, Investigation, Data curation, Formal Analysis, Visualization, Writing - original draft, Writing - review & editing

Data Availability Statement

The data is available from the corresponding author upon reasonable request.

Conflicts of Interest

The authors declare no conflicts of interest.

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Biography

Rosemary Judith Akoth Odhiambo is an interdisciplinary researcher, counselling psychologist, and mental health advocate whose work spans youth mental health, digital information-seeking behaviour, psychosocial wellbeing, and the intersection of technology, trust, and health decision-making in low- and middle-income contexts. Her research examines how young people navigate digital environments to seek and interpret mental health information, with attention to misinformation, self-diagnosis, and treatment-seeking pathways. She has experience in quantitative and qualitative research, including surveys, key informant interviews, and analysis of information environments. Her work focuses on mental health policy and governance, stigma, psychosocial support, and the ethical implications of technology-mediated health information. She is interested in how structural constraints, and algorithmically mediated environments shape mental health knowledge, trust, decision-making, and care-seeking among adolescents and adults in sub-Saharan Africa. Through her research, Rosemary aims to generate evidence that informs policy, strengthens mental health literacy, protects vulnerable youth, and promotes referral and care pathways.

Research Field

Rosemary Judith Akoth Odhiambo: Youth mental health, Digital mental health information-seeking, Trust and misinformation, Self-diagnosis practices, Treatment-seeking behaviour, Psychosocial wellbeing, Internet-mediated research ethics, Mental health governance in low- and middle-income settings.