



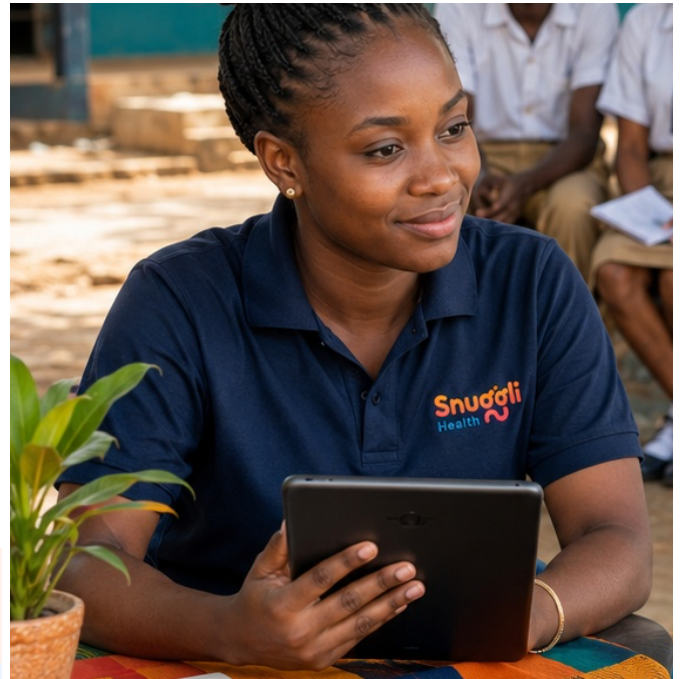
FIELD RESEARCH BRIEF

What 209 Young People Told Us

A community mental-health screening snapshot from two June 2026 outreaches in Ghana, and what it signals about youth distress hiding in plain sight.

Prepared by the Snuggli Health field research team · Data window: 28 May – 25 June 2026

Screening tool: Sentra · Sites: Greater Accra and Oti Region outreaches



“The young people in this snapshot did not create the crisis. They revealed it.”

— Snuggli Health field research brief

209

young people
screened

55%

reported sadness

26%

flagged for self-harm

70

referred to care

At a glance

Over four weeks in mid-2026, Snuggli Health ran community mental-health screenings using Sentra, our digital triage tool, across two outreach efforts anchored in senior-high-school communities in Ghana.

The screenings surfaced a quiet weight of distress. Sadness (55%), persistent worry (56%) and disrupted sleep (44%) were among the most common concerns raised – the everyday signatures of depression and anxiety. But the data also showed more severe signals: trauma (41%), hearing voices (53%), and self-harm concerns (26%).

Of those screened, 70 young people – a third of everyone Snuggli met – were referred onward for further care, the large majority to Accra Psychiatric Hospital. This brief sets out what the data shows, what it does not show, and why these early outreach results matter for mental-health delivery in Ghana.

Why this matters

Where there is a safe, low-stigma place to be asked, young people disclose. The distress was not rare — it was waiting to be named.

Public-health signal

One in three of everyone Snuggli met was referred onward for further care or assessment.

Service implication

The data points to both hidden need and pressure on already-thin referral pathways.

What this is — and what it is not

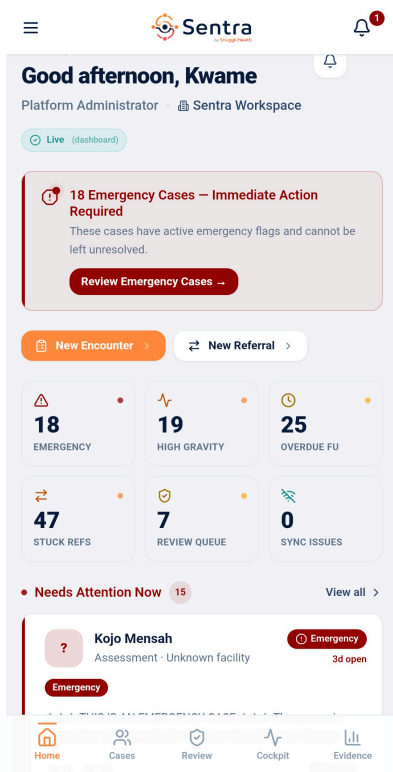
This is a snapshot of who turned up to be screened at two community outreaches, not a representative survey of Ghanaian youth. The young people here chose to attend, or were brought, and that self-selection matters.

Sample

209 registered young people; 105 received a full structured screening; 70 were referred onward.

Sites

Outreaches anchored in school communities in Greater Accra (the majority) and the Oti Region, with a smaller cluster in Bono East.



Tool

Sentra, a structured digital screening and triage instrument with built-in red-flag detection.

Period

28 May – 25 June 2026, concentrated around two intensive screening days.

A note on the numbers

A note on the numbers: age and consent fields were inconsistently captured in the field, and region was inferred from community names. Sentra's emergency red-flag screen — designed to err on the side of caution — means the emergency-referral figure should be read as a safety-oriented operational flag, not as a confirmed diagnosis or crisis count.

What young people brought to screening

When given a structured, private space to describe how they were doing, young people did not hold back. The pattern that emerged was consistent across both outreach sites.

What young people brought to screening

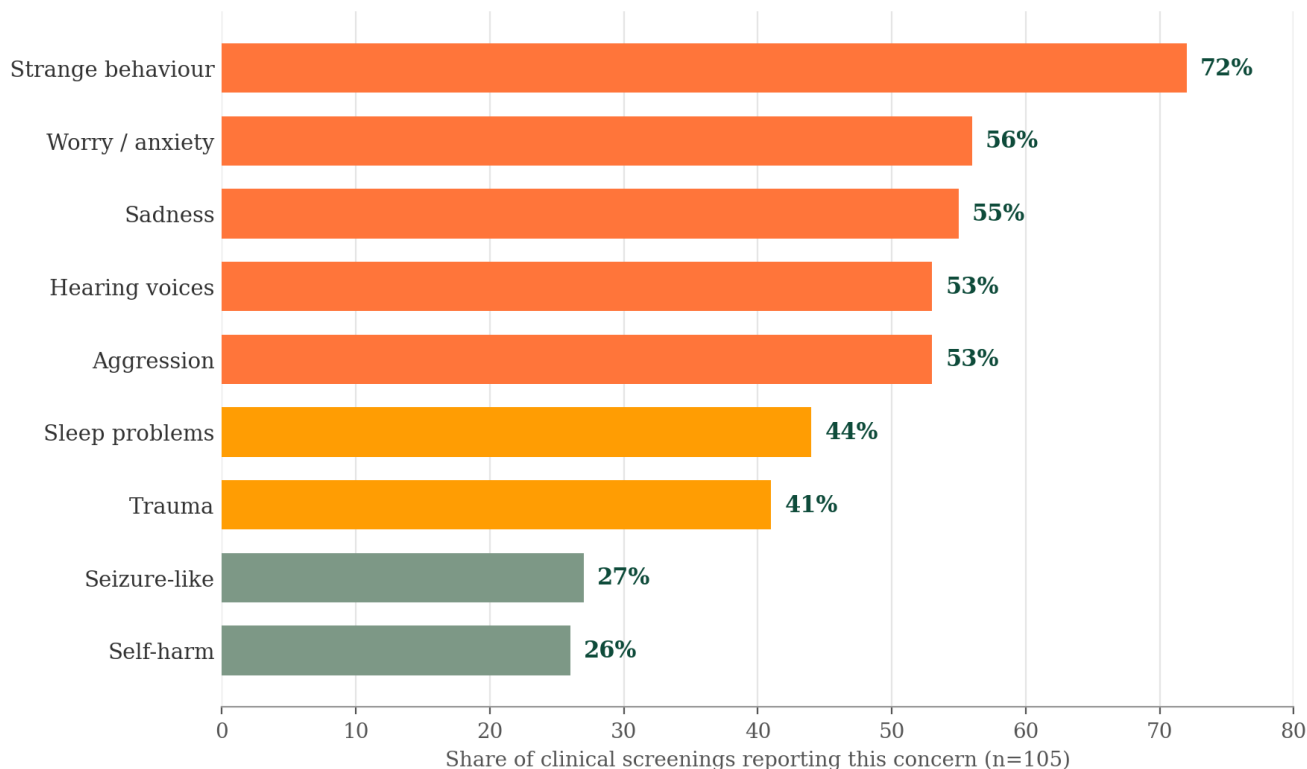


Figure 1. Share of clinical screenings (n=105) in which each concern was raised. Many young people reported several at once.

1

First, the emotional distress was pervasive – sadness and worry each appeared in over half of screenings, often together with sleep disturbance, the classic triad clinicians associate with depression and anxiety presentations in everyday practice.

2

Second, more serious signals were not rare. Concerns linked to self-harm appeared in roughly one in four screenings, and reports of trauma in two in five. These are not background noise; they are the kinds of signs that can escalate if not identified early.

3

Third, much of the distress was expressed through culturally specific language – “thinking too much,” spiritual framings, hearing voices, and what families described as “strange behaviour,” the single most commonly recorded concern. That matters because culturally fluent phrasing is often what opens the door to disclosure.

Who was in the room

Who was screened — sex



Age distribution (median 17)

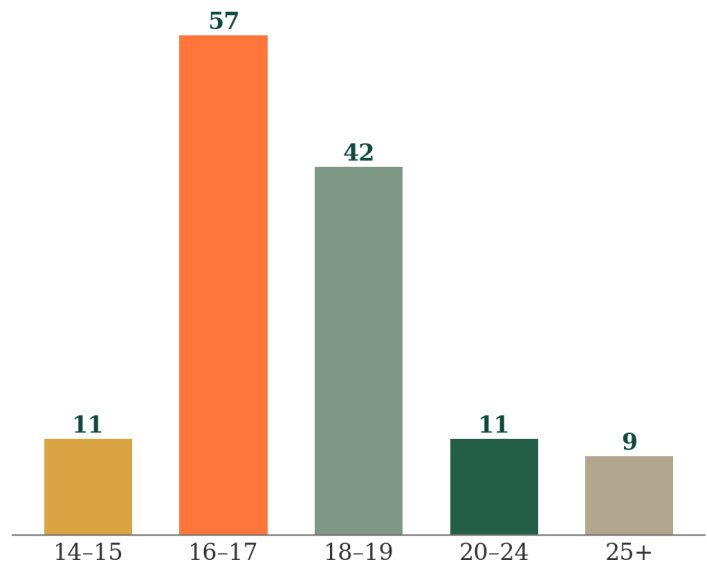


Figure 2. Sex and age of young people screened. Median age 17; the bulk were of senior-high-school age.

The cohort skewed slightly female (54%) and clustered tightly in the 16-to-19 age band – squarely the senior-high-school years. This is a population at a developmental hinge point, when mental-health problems often first intensify, school pressure is high, and family interpretation of distress strongly shapes whether help is sought at all.

54%

female

46%

male

17

median age

From the field to follow-up

A screening only matters if it leads somewhere. The strength of an outreach model like this is that detection and referral happen in the same visit – a young person who discloses distress in the morning can leave with a concrete next step by the afternoon.

Of 209 young people registered, 105 completed a full clinical screening and 70 — exactly a third of everyone Snuggli met — were referred onward for further assessment or care. Most referrals were directed to Accra Psychiatric Hospital, underscoring both the importance of an existing specialist backstop and the fragility of relying so heavily on a single facility.

From the field to follow-up: the screening pathway

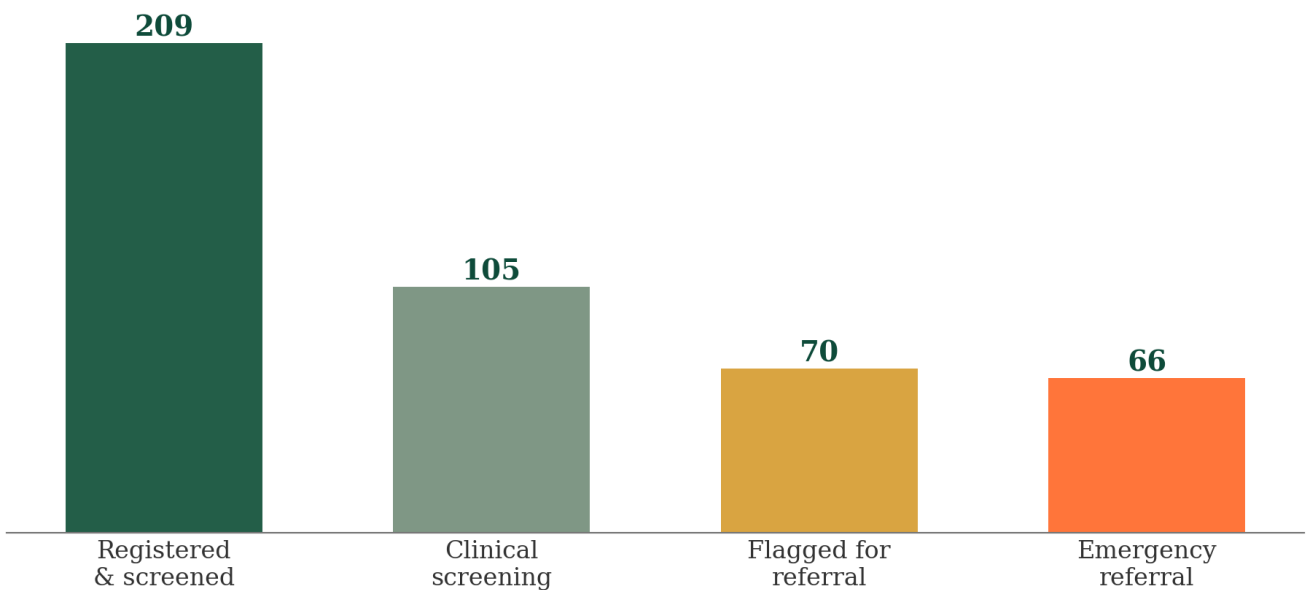


Figure 3. The screening pathway, from registration to onward referral.



What it means

Read carefully, this snapshot makes a modest but important case: when you bring low-stigma, locally grounded screening into the communities where young people already are, distress surfaces — a lot of it. Not because the outreach created the need, but because it created a safe enough space for the need to be named.



1 Detection is the bottleneck, not prevalence

Detection is the bottleneck, not prevalence. The young people here were not unusually unwell; they were unusually asked. Routine, school-adjacent screening could be catching distress years before it hardens into crisis.

2 Cultural idiom is the key, not a footnote

Cultural idiom is the key, not a footnote. The most common concern recorded — “strange behaviour” — and the prominence of “thinking too much” and spiritual framing underline why screening tools validated only in Western language can miss what families and young people are actually trying to say.

3 Referral pathways must scale with screening

Referral pathways must scale with screening. A third of those screened needed onward care, almost all funnelled to a single psychiatric hospital. Screening at scale without commensurate investment in follow-up, community workers and specialist capacity will simply move the bottleneck downstream.

Closing note

Why this snapshot matters

Snuggli Health will continue these outreaches and will report transparently on what we find – including the limits of what early, real-world data can tell us. The young people in this snapshot did not create the crisis. They revealed it.

Public-sharing note

This document is a field snapshot intended for public communication, partner engagement and institutional discussion. It should be read as an operational brief rather than a population-level prevalence study.



About Snuggli Health

Snuggli Health is a Ghana-focused digital mental-health company building screening, triage and support tools designed for African contexts. Sentra is its structured clinical screening and referral intake tool, built to surface distress early and connect young people to the right level of care.

Prepared for public sharing and engagement with partners, stakeholders and international bodies.