

Treating Depression in Africa at Scale

StrongMinds will reach 2 million African women by 2025

Summary

StrongMinds is a social enterprise organization whose mission is to improve the mental health of African women using simple, cost-effective, and scalable community-based group therapy (IPT-G) for depression. **Through 2015, StrongMinds has treated over 1800 women in Uganda: 86% of women were depression-free at the conclusion of therapy and the majority of women showed strong gains in physical health, employment, and the ability to save income.**¹

Key Recommendations

Depression is the number one cause of disability among adult African women and undermines investments in family health and well-being across the continent. A culturally-appropriate and cost-effective treatment for depression is available and can be implemented at scale. Policymakers, donors, and health partners should consider the following:

1. Increase investments in cost-effective, scalable solutions for depression in Africa
2. Incorporate IPT-G into other social and health interventions for women and families
3. Endorse and fully finance MhNOW's 2016 Call to Action

The Depression Epidemic in Africa

Globally, 350 million people suffer from depression.² Rates of depression across the African continent are higher than those found in Europe or the United States.³ **Depression in Africa afflicts women at twice the rate of men and is the number one cause of disability for African women of reproductive age.**⁴ The impact of depression on the life of an African woman is wide-ranging and severe:

- Depressed patients incur significantly higher health care costs⁵ and are at a heightened risk of contracting HIV/AIDS.⁶
- Depression sufferers exhibit more maladaptive parental behaviors such as harsh punishment and spending less time with their children.⁷
- Children of depressed mothers have poorer health, lower primary school attendance and achievement, and are at increased risk for depression during childhood and adolescence.

The response to this health crisis is extremely deficient. On average, 85% of Africans suffering from depression—90 million people, **including 66 million women**—have no access to effective treatment.⁸

“If the extent of human suffering were used to decide which diseases deserve the most medical attention, then depression would be near the top of the list... **depression is the biggest blight on human society – bar none.**”

-Nature Magazine, November 2014

About the Innovation

StrongMinds' goal is to treat two million women with depression by 2025. To do so, the organization employs a simple and cost-effective approach: group interpersonal psychotherapy (IPT-G). IPT-G is a proven technique, supported by research in African settings,⁹ which utilizes a structured 12-week curriculum to help group members identify and manage their interpersonal difficulties, ultimately reducing their symptoms of depression without the use of medication. Group members forge strong social bonds with their peers, and most groups continue to meet after formal sessions end – enabling women to manage and prevent future depressive episodes.



Members during a first IPT-G Meeting ©Sean Mayberry

Through 2015, StrongMinds has treated nearly **1800** women. An external assessment found that **86%** of patients treated in 2015 are depression-free following therapy, and **75%** of groups continue to meet after formal services end.

StrongMinds employs lay community workers as trained IPT-G facilitators and enrolls a target population of impoverished African women with depression. The typical patient is a married adult woman with three or more children and who manages a household income of less than USD 2 per day.

Results for Women and Families

StrongMinds has successfully reduced depression among 86% of the women treated using Group Interpersonal Psychotherapy (IPT-G) in 2015. Results from assessments conducted six months post-therapy suggest additional improvements in the well-being of participants and their families:

- **Participants spent more time working in their primary occupation**
- **Participants expressed higher job satisfaction**
- **Participants' social networks improved significantly**
- **Families consumed meals more regularly**
- **Children missed fewer days of school**
- **More families slept in protected shelters**

Results are from an external assessment following a longitudinal cohort of all women treated in 2015. Patient Health Questionnaire version 9 (PHQ-9) used to assess depression symptoms. Full reports of evaluations of 2014 and 2015 cohorts are available at: www.strongminds.org/our-impact.

Meaningful Impact on Depression in Africa is Possible

StrongMinds' IPT-G model can significantly impact the depression crisis in Uganda and Africa by increasing access to a simple, effective, and low-cost treatment. If the model is taken to full scale, tens of millions of African women suffering from depression will benefit, as will their family members.

Building Self-Sustaining Depression Care

StrongMinds is developing a network of community-based IPT-G groups led by volunteer graduates of the program. Volunteers are identified and trained in an adapted IPT-G curriculum, and receive supervision from StrongMinds staff. Volunteer leaders are encouraged to operate their own IPT-G support groups on an ongoing-basis, allowing StrongMinds to reach many more depressed women.

Recommendations

1. Increase investments in cost-effective, scalable solutions for depression in Africa

StrongMinds is developing a scalable model that can resolve depression at an estimated cost of USD 34 per disability adjusted life year (DALY) averted. The World Bank describes interventions below USD 100 per DALY averted in developing countries as highly cost-effective. But significant increases in public and overseas development assistance (ODA) financing for mental health programs such as IPT-G are necessary to achieve StrongMinds' goal of treating 2 million women and curbing the depression epidemic in Africa.

2. Incorporate IPT-G into other social and health interventions for women and families

Evaluations of the StrongMinds model suggest that patients who complete therapy have greater ability to grow livelihoods, save income, adhere to health treatments, and care for their children.¹⁰ StrongMinds is collaborating with partners to integrate IPT-G therapy into their existing programs, under the supposition that by addressing depression among beneficiaries, complementary investments in HIV prevention, livelihood development, health, and other programs, will achieve greater and more lasting benefits. By sharing, replicating, and financing integrated treatment models, the global community can benefit millions of women and their families.

3. Endorse and fully finance mhNOW's 2016 Call to Action

mhNOW's collective platform urges stakeholders to build multi-country partnerships and scale up proven mental health solutions; mobilize partners and funding beyond the health sector; and prioritize social entrepreneurship and community-based models to create sustainable access to treatment.

References

¹ See <http://strongminds.org/wp-content/uploads/2013/07/StrongMinds-Phase-Two-Impact-Evaluation-Report-July-2015-FINAL.pdf> and <http://strongminds.org/wp-content/uploads/2014/11/StrongMinds-Impact-Evaluation-Report-November-2014.pdf>

² World Health Organization, Depression Factsheet No 369, October 2015.

³ Ferrari, Alize et al. Burden of Depressive Disorders by Country, Sex, Age, and Year: Findings from the Global Burden of Disease Study 2010. Published: November 5, 2013 DOI: 10.1371/journal.pmed.1001547

⁴ Institute of Health Metrics and Evaluation. Retrieved March 22, 2016: <http://vizhub.healthdata.org/gbd-compare/>

⁵ Patel, Vikram, et al. Prioritizing health problems in women in developing countries: comparing the financial burden of reproductive tract infections, anemia and depressive disorders in a community survey in India. *Tropical Medicine and International Health* 2007; 12: 130.

⁶ Prince, Martin, et al. Global Mental Health 1: No health without mental health. *Lancet* 2007; 370: 862.

⁷ Khasakhala, L. et al. Major depressive disorder in a Kenyan youth sample: relationship with parenting behavior and parental psychiatric disorders. *Annals of General Psychiatry*. 2013; 12: 15. Published online 2013 May 10.

⁸ World Health Organization. Investing in Mental Health. Retrieved 22 March 2016.

http://www.who.int/mental_health/media/investing_mnh.pdf. WHO estimates depression prevalence at 5%. In a recent meta-analysis completed by SM consultants there was a wide variation on the estimate of the number of people who suffer from depression. Our estimate of 7% is a conservative and we believe reasonable depiction of the prevalence of depression in women in Africa.

⁹ Bolton et al. Group Interpersonal Psychotherapy for Depression in Rural Uganda. *JAMA*, June 18, 2003; 289: 3117- 3124.

¹⁰ www.strongminds.org/our-impact