

# REPORT

## COVID-19 and Mental Health in Africa



Findings on household distress in Uganda and Zambia related to COVID-19, and the importance of mental health support for building resilience in times of crisis.

[www.strongminds.org](http://www.strongminds.org)

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# COVID-19 IS INCREASING HOUSEHOLD DISTRESS IN UGANDA AND ZAMBIA

## SUMMARY

COVID-19 is triggering an increase in persistent stress, anxiety, and depression symptoms in low-income households in Uganda and Zambia. This rise in mental health distress is resulting from increased unemployment, food insecurity, household violence, and substance abuse stemming from the COVID-19 pandemic.

These results come from a first-ever well-being survey of 12,000 women in low-income communities in Uganda and Zambia experiencing disruption due to COVID-19. The survey was conducted by StrongMinds, a mental health organization working in both countries.

The survey results also suggest that previous exposure to mental health services has had a bolstering effect on respondents' ability to cope with stressors brought on by the pandemic. This supports the United Nations' 2020 policy brief, *COVID-19 and the Need for Action on Mental Health*,<sup>[i]</sup> calling for an increase in global mental health services to support families during the COVID-19 crisis and beyond.

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## BACKGROUND

Depression is one of the primary causes of disability worldwide.<sup>[ii]</sup> StrongMinds estimates that 66 million women across the subcontinent suffer from depression at some point in their lives, and 85% have no access to effective treatment.<sup>[iii]</sup>

StrongMinds is a non-governmental organization that treats depression in sub-Saharan Africa through group interpersonal therapy (IPT-G), delivered by lay community workers. IPT-G is endorsed by the World Health Organization<sup>[iv]</sup> as an effective way to provide mental health services to under-resourced communities. Since 2014,

StrongMinds has treated depression in 70,000 women in Uganda and Zambia, with 86% of women treated remaining depression-free six months after the conclusion of their twelve-week therapy group.<sup>[v]</sup>

When COVID-19 global lockdown measures began in March 2020<sup>[vi]</sup>, StrongMinds launched a significant research effort to learn how the pandemic was affecting former patients. The survey looked to 1) assess changes in emotional distress resulting from COVID-19 lockdown measures, and 2) determine if previous mental health support had improved their ability to cope.

## METHODS

StrongMinds' records contained phone numbers for 55,000 former patients, of which 45,000 numbers were still in service. Of those, 12,000 women were ultimately reached and consented to participate in the survey.

All survey participants were women from low-income communities in Uganda (Kampala, Mukono, Iganga, Lamwo, Kotido, and Mbale) and in Zambia (Lusaka). All survey participants had been identified<sup>[viii]</sup> between 2014 and 2020 as suffering from depression, and all had received subsequent group therapy from StrongMinds.

Surveys were approximately an hour in length and conducted by phone using the GHQ-12, a general health questionnaire that assesses levels of distress and dysfunction. Respondents were also asked additional questions about changes in household circumstances since the COVID-19 crisis began.

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## RESULTS

### 1. COVID-19 is causing increased distress in households

StrongMinds found that nearly a quarter of those surveyed were experiencing mental distress. In Uganda, 26% of participants had scores on the GHQ-12 indicating heightened distress levels. In Zambia, that number was 23%.

The majority of survey participants in each country said their heightened distress was due to the pandemic. Self-reported triggers of depression and distress included increased fighting and alcohol consumption in the home, prevalent gender-based violence, food insecurity, unemployment due to COVID-19, and fear about external world events.

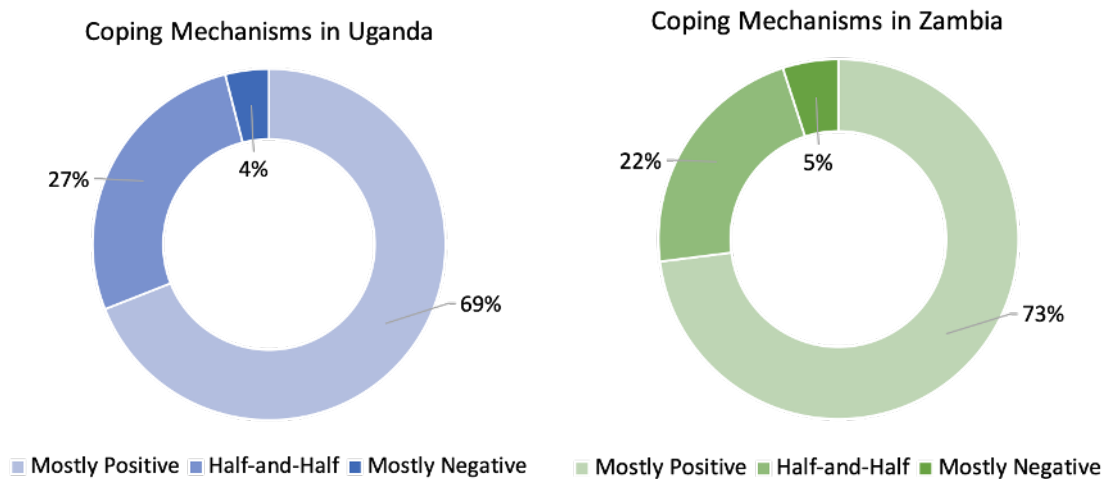
	UGANDA	ZAMBIA
<b>FOOD INSECURITY</b> Percent who say that they or a family member have had to reduce the quantity and/or quality of meals during the lockdown.	75%	80%
<b>UNEMPLOYMENT</b> Percent of women surveyed who have had to stop working due to COVID-19.	63%	58%
<b>GENDER-BASED VIOLENCE</b> Percent reporting they are experiencing violence in the home.	22%	30%
<b>DO NOT FEEL SAFE</b> Percent who say they do not feel safe in their homes.	14%	18%
<b>CONFLICT AT HOME</b> Percent of respondents reporting more conflict at home since the pandemic began.	19%	22%
<b>ALCOHOL ABUSE</b> Percent reporting that they or a family member have consumed more alcohol than usual since lockdown measures began.	7%	19%

## 2. Mental health support empowers women with essential coping skills in times of crisis.

StrongMinds treats depression using Group Interpersonal Therapy (IPT-G), adapted to local contexts, and delivered by lay community health workers. This therapy model emphasizes interpersonal relationships as the root of – and source of recovery from – depression. Individual members are encouraged to link events in their interpersonal lives to their moods and turn to fellow group members for guidance. The model encourages positive coping mechanisms and teaches women how to strengthen their interpersonal relationships so they feel supported in life. The survey revealed that former patients were applying these skills during COVID-19:

### a) Utilization of Positive Coping Mechanisms during COVID-19

Results of the survey indicated that women had retained the positive coping mechanisms learned through StrongMinds therapy and were able to apply them during the COVID-19 crisis.



### b) Presence of Social-Emotional support

Respondents also reported having built connections with trusted individuals to whom they can turn for support. This is significant, as many depressed individuals (prior to treatment) report feeling isolated and alone with their struggles.<sup>[viii]</sup>

### Presence of social-emotional support

**UGANDA** 87%

**ZAMBIA** 85%

Percentage of respondents who reported having someone in their lives they can talk to for support

## CONCLUSION

Results support what many have suspected – that the COVID-19 pandemic is having a significant negative impact on the mental health of low-income women living in Uganda and Zambia. StrongMinds’ survey results illustrate the increased need for broad-based mental health support and psychoeducation in sub-Saharan Africa during COVID-19 and beyond. Health emergencies, economic turmoil, and natural disasters can throw individual lives into crisis. Access to mental health care can bolster women’s ability to cope with adversity and provide emotional support to others, thus strengthening entire communities.

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## REFERENCES

[i] [https://www.un.org/sites/un2.un.org/files/un\\_policy\\_brief-covid\\_and\\_mental\\_health\\_final.pdf](https://www.un.org/sites/un2.un.org/files/un_policy_brief-covid_and_mental_health_final.pdf)

[ii] <https://www.who.int/news-room/fact-sheets/detail/mental-disorders>

[iii] According to the [World Health Organization \(WHO\)](#), depression is a common mental disorder and is the leading cause of disability worldwide, and is a major contributor to the overall global burden of disease. Close to 10% of the world’s population is suffering from this mental illness and based on the total population of Africa (1.2 billion people – according to the Population Reference Bureau) that would mean almost 120 million Africans suffer from depression. [Experts agree women are affected by depression at about twice the rate of men](#). With more than 60% of 120 million depressed being women, StrongMinds believes that 66 million is a reasonable estimate of the number of women suffering from depression in Africa.

[iv] [https://www.who.int/mental\\_health/mhgap/interpersonal\\_therapy/en/](https://www.who.int/mental_health/mhgap/interpersonal_therapy/en/)

[v] As indicated by baseline, endline, and six-month follow-up administrations of the PHQ-9 screening tool.

[vi] Lockdown measures varied by country. In Uganda, measures included closing country borders, restricting movements of non-essential workers, a 7pm curfew, and the closing of schools and non-essential businesses. In Zambia, no official lockdown orders were issued, but respondents reported fear, confusion, and uncertainty about the COVID-19 situation. The pandemic also came on the heels of three months of localized community unrest.

[vii] Through administration of PHQ-9 screening tool.

[viii] Wang X, Cai L, Qian J, Peng J. Social support moderates stress effects on depression. *Int J Ment Health Syst*. 2014;8(1):41. Published 2014 Nov 13. doi:10.1186/1752-4458-8-41