

REPORT

Teletherapy to Treat Depression in Women in sub-Saharan Africa

A qualitative assessment of phone-based group interpersonal therapy (IPT-G) as a depression intervention in Uganda and Zambia during COVID-19.



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COVID-19 IS INCREASING HOUSEHOLD DISTRESS IN UGANDA AND ZAMBIA

SUMMARY

The continued COVID-19 crisis has heightened many of the known risk factors associated with poor mental health – financial insecurity, unemployment, and food scarcity – while protective factors such as social connection, employment and educational engagement, and access to health services – have fallen dramatically. The [World Health Organization \(WHO\)](#) has declared the COVID-19 pandemic a major disaster and acute stressor that can induce trauma and destabilize the mental health of individuals.

StrongMinds is responding to this mental health crisis by providing free, phone-based group interpersonal psychotherapy (IPT-G) to treat depression in marginalized women and adolescents in Uganda and Zambia. This time-bound therapy model addresses interpersonal relationships as the root of—and source of recovery from—depression. Therapy groups run for 10-12 sessions and are led by lay mental health workers. IPT-G is endorsed by the WHO as a frontline intervention for depression in low-resource settings. StrongMinds' adaptation of IPT-G to a phone-based delivery system is a first-of-its kind effort to provide continuous, scalable treatment for depression sufferers in sub-Saharan Africa during COVID-19.

StrongMinds launched its IPT-G teletherapy program in 2020 and served over 7800 clients in its first year. Data from StrongMinds shows that phone-based IPT-G is as effective as in-person group therapy in reducing depression symptoms among participants.¹ To further evaluate teletherapy as an IPT-G delivery modal, StrongMinds embarked on a qualitative assessment to learn from participants—in their own words—how COVID-19 affected their mental health, and how they felt about their experiences with teletherapy.

The qualitative assessment consisted of in-depth interviews by phone with 36 clients in Uganda and Zambia. Participants were selected based on therapy attendance, previous experience with StrongMinds, and their endline PHQ-9 assessment scores. The semi-structured interviews were conducted by staff members and lasted 30-75 minutes. Participants had all experienced either in-person or phone-based IPT-G from StrongMinds from 2016 through 2020. Some clients had experienced in-person therapy in previous years, and had re-enrolled in teletherapy during COVID-19, enabling us compare their experiences of these two delivery methods.

The stories they share tell a compelling story of how the COVID-19 lockdowns have affected the mental health and well-being of Ugandans and Zambians, while providing us with valuable insights that will help us improve our depression treatment.

¹ As measured by the PHQ-9 depression scale administered to clients before and after therapy.

MENTAL HEALTH IN THE LOCKDOWN ENVIRONMENT

Interview participants were asked about their safety, mental health, and home situation during the lockdown, as well as general thoughts and fears surrounding COVID-19.

Overall, clients reported that restrictions on movement had the greatest impact on their mental health, preventing them from taking transportation to go to work or socialize with friends and family. Fear of the virus itself, and the resulting stigma of contracting it, was also cited, as well as overwhelming and conflicting information and rumors circulating.

For those that were already experiencing social isolation due to depression, the lockdown significantly worsened their ability to reach out. Depressive symptoms such as sleeping too much or lacking the energy to work were exacerbated, largely due to having little else to do.

When asked to rate their mental health comparatively before and after lockdown, most clients showed a significant decline in mental health due to the pandemic situation. There was a specific link between worsened mental health and lack of income or being able to provide for one's family, as well as social isolation due to lockdown restrictions.

Symptoms

Depressive symptoms can present differently, based on the individual. Interview participants reported that prior to StrongMinds therapy they experienced symptoms such as consistent crying, loss of appetite, missing meals, lack of energy for work or daily tasks, isolating themselves from friends and family, insomnia and hypersomnia, outbursts and anger, lack of self-esteem, constant invasive or negative thoughts, loneliness, and hopelessness.

Several somatic symptoms were also reported, such as heart pain, high heart rate, high blood pressure, and difficulty breathing when clients felt extremely stressed. Clients demonstrated that physical and mental health interact in a vicious cycle; poor mental health caused or worsened physical health, which then compounded emotional stress.

Reports of heart pain and high blood pressure were most commonly found in this case, with clients reporting fear that their condition would worsen and they would die from it. Several clients spoke of injuries or chronic illness that inhibited their ability to work or care for their families. During

“The lockdown blocked our legs, pockets and everything.”

“People were talking a lot. Everyone has their own view; one tells you this, another tells you that, and so on...”

“My thoughts were bad because, as human beings, our thoughts normalize depending on the people around us.”

“There is nothing much, my life, it is just that I realized that I was losing a lot of weight. I did not want to eat, everything was tasteless. You could look for something to hold on to, but you could not find any...That is how it was; the world had become so small for me.”

“The heart problem gave me more stress. Whenever I think of anything I would feel pain in my heart. I was so scared. I thought that I was going to die.”

lockdown, those with chronic conditions were unable to afford necessary medications or travel to health facilities, causing additional stress. These symptoms had a negative impact on daily activities, such as work and caring for children.

Clients reported that their families felt the effects of their depression. Some reported children being exposed to several depressive symptoms such as crying and isolation, which often scared them. As well, behaviors such as shouting at children harmed clients' relationship with their families, and in some cases, clients were unable to care for their children entirely. Clients also reported using alcohol to cope with difficult feelings.

“The children are not so young but it reached a point when they also got affected, as they were seeing that my life was not okay.”

EXTERNAL STRESSORS

Financial Hardship and Job Loss

One generally accepted hypothesis confirmed in this analysis is that, regardless of the type of stressor, the root is often financial in nature. Participants reported an increase in worry, fear, and pressure surrounding money and finding work. Job loss and economic stress had a negative impact on an individual's sense of self-worth, identity, and purpose. Financial concerns were implicated in discussions of family and relationship tension, restrictions in movement, and general uncertainty surrounding the COVID-19 situation.

“When we went into lockdown, there was no going to the village to visit your mother, transport was too expensive and yet there was no money. I was home not working, even if you wanted to do business it was difficult as you wouldn't get customers - that is how it affected me”

Falling behind on rent and being unable to maintain a home was cited as a major concern. Many were forced to take out loans from banks and/or family and friends in order to pay for basic needs. People reported feeling high pressure to repay debts or catch up on rent payments. As the lockdown progressed, fear and worry surrounding loan repayment, and the social impact of borrowing from friends, took a toll on mental health and feelings of security. Fear of debt collectors was also a barrier to answering screening and therapy phone calls from StrongMinds.

Food Security and Family Support

The downstream effect of economic stress in many cases was the fear of being unable to provide food and other necessities for their family. First, many reported being broadly unable to afford food. Families relied on each other and others in their community to provide staple foods like posho and millet. Second to that, there was also an acute awareness of the lack of nutritional diversity and being unable to afford more nutrient-dense foods, like meat and beans. Many of the participants were single parents and noted the difficulty of being a single-income household, particularly when there were many children. There were also several blended households where one person could be responsible for their own

“It was hard on me, yet when a child is crying of hunger you cannot tell him/her that there is no food.”

children, plus children from friends and family members who were put into the care of the participant.

Even though most schools were not meeting during COVID, parents noted feeling pressure from their children to prepare to pay for school fees, uniforms, materials, and other activities. Participants reported that they had goals of allowing their children to go to school, but the added pressure from children asking for fees and other support took a large toll on mental health. This was often a contributing factor to relationship tension between parents. In addition to wanting to provide food and education to their children, parents also wanted to care for their children's physical health and noted that they were worried that they would be unable to afford health care and medication if a child became sick.

Relationship Tension

The primary relationship tension reported by participants was between spouses. Many commented that the tension was not necessarily new during the lockdown, but the added element of social isolation and job loss exacerbated that marital tension. In some cases, this escalated to physical and verbal violence in the home and fear within the relationship. A common experience that led to marital tension was arguments over property and fidelity. Many reported being left by partners and then fearing losing their homes because the property was not legally co-owned.

Other familial relationships also suffered. For many, families provide friendship and camaraderie, so interpersonal conflict can mean losing a source of social support that has a compounding effect on mental health. In many of these strained relationships, female participants noted how their lack of control over resources and decision-making put them at a disadvantage and caused feelings of helplessness and disempowerment.

Safety and Security

In addition to safety and security at home, the lack of resources and sources of income left many desperate for basic necessities and neighborhood safety became compromised as a result.

“I don't want my child to be sent home for school fees. Even if their father has not yet given [school fees] to me, I want to be able to pay something, so that he will at least be able to cover the balance. I wonder how I am going to handle that

“Before lockdown there was no domestic violence and money was coming so there was happiness. But now, you can ask your husband for money for food and he shouts at you; I don't have, find a way of getting it, it is true lockdown affected us.”

“What can I do, I have nothing to do, the land we had Mum and Dad died and my brother hired it all and I have nowhere to farm... he hired it all ...you look for what to do and you don't have it.”

“My partner was attacked and they even stole his motorcycle. They almost killed him. I was stressed over that...he was the one supporting me at home.”

FACILITATORS AND BARRIERS TO ACCESSING STRONGMINDS' THERAPY

Facilitators and barriers to joining and regularly attending teletherapy can be seen in the following categories: phone access and connectivity, time and availability, convenience, confidentiality and protection of information, and environmental safety and privacy.

Phone Access and Connectivity

Some core assumptions of StrongMinds' teletherapy program is that the client 1) has access to a phone; 2) that phone will be available to him/her twice weekly at the time of therapy; and 3) the phone will be charged and the networks will be stable enough to hold the call. Interviews with clients highlighted some of the challenges clients faced in meeting these requirements.

Access to teletherapy was greatly facilitated by owning one's phone, having access to a stable network, and having enough electricity access to charge the phone before the therapy session commenced. Rural clients had the most challenges with unstable connections.

While most clients faced difficulties with phone access or network stability at least once throughout therapy, those who experienced consistent or multiple difficulties were most likely to miss sessions. Having a dead battery, broken phone, or having to share the phone also caused many to miss sessions or drop out of therapy altogether.

Another key issue was airtime. StrongMinds paid for airtime for all clients in order to facilitate therapy access. However, many clients had outstanding balances on their accounts. When StrongMinds deposited airtime funds into their accounts, the debts were paid but clients were left with no remaining airtime for the group session.

Timing and Availability

Timing was overall viewed positively by clients. Sessions were usually at set scheduled times, making it possible for clients to plan ahead and work their daily activities around therapy. Group leaders provided flexible timing and often accommodated for individuals as needed to avoid missed sessions. Clients also reported that leaders regularly checked in with individual group members ahead of each session to remind them of session times and ensure that all members could attend.

“Yes, I thought about accessibility, but that was also not a problem for me since I conduct most of my businesses on phone, that means that my phone has to be fully charged and must be on all the time, switching off the phone affects my business ...once it is off I will also lose business.”

“For network problem I got it, because there was a time when the session ended without me hearing some of the information.”

“I didn't get to understand. You would find yourself at 4.30pm wondering if you won't have therapy, and on checking your phone, there are missed calls; and sometimes they would call at 5pm. So, it needs proper timing.”

On the other hand, timing was a barrier to teletherapy attendance in several cases; some clients reported that sessions were disruptive to their activities and that each therapy session could take a while to begin, which complicated client availability and led to missed sessions. As well, some cited that they were unable to join because of work or travel, causing them to also miss sessions.

Convenience

Clients generally felt that teletherapy was convenient because they could join sessions from anywhere and did not need to spend time or money to travel. Teletherapy was less disruptive to their daily schedule than in-person sessions. Clients who did not feel it was convenient reported specific difficulties with speaking on the phone, especially for long periods of time during sessions.

Confidentiality

One of the most glaring barriers to teletherapy cited by participants was concern over confidentiality. Clients cited specific concerns, such as fear that others in the group might know them or spread their confidential information, making it more difficult to open up with their fellow group members. Some participants were also hesitant to join teletherapy as they were afraid of being scammed and that their private information would be used against them.

However, the anonymity of teletherapy was also cited as a positive. This was also a facilitator in some cases, however, as several clients reported quickly trusting their leader and group members to remain confidential during sessions.

Environmental Safety and Privacy

One concern in designing teletherapy was the client's privacy in their home to attend therapy. If sensitive subjects are discussed, particularly when concerning other members of the household, the client needs to feel secure and unthreatened in their environment. While facilitators were trained to check for environmental safety and privacy before each session, interruptions and close quarters are still common in shared spaces. While interruptions were common, very few clients reported feeling threatened or unsafe at home during therapy.

"I missed some sessions because I was very busy and I could not have the session from my place of work, there are so many people around."

"The phone is easier. Even if you are not around, you know you can access it any time. even if you are not home, you would still have the phone."

"They connected me with other women but I still had some bit of hesitation, I was like these might trick me...they want to get information from me."

"I felt so good because I got someone I was going to confide in because I was confident that they were not going to call her and tell her what I had said."

"The only problem was with finding a safe place to have the phone therapy, it was challenging to pick the calls since the people that I was to share about were always around...So I would not receive calls if it was not safe"

BONDING AND OPENING UP

Learning about how others experience and solve challenges provides more than practical support to participants. For those that experienced both teletherapy and community-based therapy, participants shared that hearing about different challenges that people face in other places provided a valuable learning experience. One teletherapy participant remarked that in-person groups (which she had also previously attended) had limited her learning because she was with people she already knew in her community. She appreciated that teletherapy helped her connect with new people and learn to solve problems in ways she hadn't considered before. Another client shared that she found comfort and solidarity in hearing that others were experiencing similar challenges, but in different ways across the country.

By opening up, clients indicated that hearing that they shared experiences with their group mates and that they were not alone was extremely cathartic. For some participants, hearing how others experienced and navigated challenges that were different from theirs gave them strength and courage to face their own challenges. Many noted that this gave them perspective on their own troubles, while enabling them to step out of their own thoughts to help others. Some clients reported feeling guilty for experiencing catharsis after they heard similar challenges from others, but the facilitators helped dispel those feelings of guilt. There were some barriers to bonding, namely not being able to see each other in person and compassion fatigue over time.

Some clients struggled to bond over teletherapy as they did not feel comfortable revealing personal information over the phone, especially to strangers whom they could not see face-to-face. Clients feared that they would be placed in groups with people they already knew, therefore making it difficult to open up.

However, some clients preferred the anonymity of speaking to strangers. They felt immediately comfortable with their group, demonstrating the importance of group dynamics in the success of group bonding and trust.

“When I started talking to them, I thought I was the only one with problems but afterwards I discovered that I wasn't the only one and that is how I became free.”

“Yes, because it was like a conference call and we were all listening in to each other. That gave me confidence and I started to trust them.”

“[I learned that] there is no condition that is permanent. It is possible for me to have pressing moments, and to find peace and smile again. I learnt that challenges are not meant for one person, but everybody can experience such situations. But when I heard that even other members had challenges, I confirmed that it is possible that even other people are going through challenges that are bigger than mine.”

“What scared me most...it could be that there is someone that knows you in that group.”

“I was not comfortable with it at all, actually there is a time when they called me and I refused to pick the phone...I refused to pick their call, thinking that how can I start sharing my problems over the phone, ...and then those who did not know about your problems gets to know about your issues.”

CONCLUSION

The feedback received from clients in this data tells a compelling story of how the COVID-19 pandemic and lockdown affected the mental health and wellbeing of Ugandans and Zambians. The goal with this work is to incorporate the findings into our data-driven programmatic decisions. Our findings can be summarized as follows.

Similar to in-person therapy groups, phone-based therapy clients tend to retain the biggest skills and lessons from their fellow group members, rather than recalling the specific lessons taught in the curriculum. This speaks to the practical and social nature of IPT-G for collective problem solving. A common example of this practicality comes from the IPT-G lesson on conflict. While the curriculum teaches participants how to navigate marital conflict or separation and identify ways to manage their emotions when this occurs, the key lessons absorbed by participants are the practical solutions shared by group members with a shared experience, such as learning a skill or trade to generate income individually and provide for one's own family after becoming single again.

Learning about how others experience and solve challenges provides more than practical support to participants. For those that experienced both teletherapy and community-based therapy, participants shared that hearing about different challenges that people face in other places provided a valuable learning experience

While the teletherapy program was often deemed more convenient and confidential than in-person programs, there was a general hesitancy around picking calls from unknown numbers, particularly due to scamming and having outstanding loans. Teletherapy participants expressed strongly their desire to see their group following treatment and would like to see StrongMinds deliver in-person therapy to their communities. This highlights a demand for community-based activities that will always remain, even if the teletherapy model is highly effective at treated depression and providing social support. We also have to acknowledge that location, and by proxy network stability, will always be a limitation of teletherapy, particularly in rural areas.

Clients who had previously experienced StrongMinds' therapy groups were better able to dynamically describe their mental health before the lockdown, even if it was suffering. Clients who joined StrongMinds therapy for the first time during lockdown were able to describe the situations that were causing them stress, but were less able to connect this stress to their overall mental health and functionality. This supports other learnings that suggest exposure to mental health services provides women with a greater vocabulary to describe their mental health in relation to external stressors, and, by association, a greater ability to identify their triggers for depression.