

REPORT: EXPLORING ADOLESCENT EXPERIENCES WITH GROUP THERAPY



2026

Executive Summary

Adolescence (ages 10-19) is a critical period for mental health. According to the World Health Organization, half of all mental health disorders in adulthood start by age 18, but most cases are undetected and untreated¹. Significant neurological changes that occur in this period make individuals particularly vulnerable to developing mental health issues, especially after exposure to adverse life events².

In sub-Saharan Africa, adolescents face significant barriers to addressing their mental health challenges due to **widespread stigma and limited access to care** caused by underfunded systems and inadequate numbers of mental health professionals³. In Uganda, adolescent depression is a serious concern, linked to poor academic performance, school dropout, suicide, and other risky behaviors, highlighting the urgent need for effective interventions.

StrongMinds addresses this gap by providing **Interpersonal Group Therapy (IPT-G)**, a WHO-recommended first-line treatment for depression in resource-poor settings. This innovative, culturally-adapted, age-sensitive format is **led by trained local lay counselors, government volunteers, and teachers** (collectively referred to as IPT-G “facilitators”).

This report demonstrates the impact of StrongMinds’ IPT-G program on adolescent mental health, life skills, and overall well-being. In June 2025, we gathered insights from 21 Focus Group Discussions with 213 former adolescent clients (144 girls, 73 boys) across 11 districts.

Prior to therapy, participants described their lives as extremely difficult. Depression severely impacted their daily lives, leading to frequent crying, intense anger, social withdrawal, and significant academic declines (poor concentration, absenteeism, failing exams). However, **after therapy, adolescents reported remarkable positive changes** in mood, focus, and behavior.

Beyond immediate relief from depression symptoms and emotional distress, the IPT-G program acted as a powerful catalyst for remarkable growth in three essential life-skills domains, including: **self-awareness and self-acceptance skills; social and relationship skills; and decision-making skills.**

1. <https://www.who.int/news-room/fact-sheets/detail/adolescents-health-risks-and-solutions>
2. [https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10693336/#:~:text=\(41\)%20encompassing%20over%201.3%20million,in%20the%20occurrence%20of%20suicide](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10693336/#:~:text=(41)%20encompassing%20over%201.3%20million,in%20the%20occurrence%20of%20suicide)
3. [/pmc.ncbi.nlm.nih.gov/articles/PMC11749116/](https://pubmed.ncbi.nlm.nih.gov/articles/PMC11749116/)
4. <https://pubmed.ncbi.nlm.nih.gov/34773555/>

Introduction

Background

Adolescence (10–19 years) is a pivotal developmental stage marked by significant physical, emotional, and social changes that can predispose young people to mental health challenges such as anxiety, depression, and behavior disorders.

Globally, **one in seven adolescents experiences a mental disorder**, accounting for 13% of the disease burden in this age group, with half of all adult mental health conditions emerging before age 14.

In sub-Saharan Africa, adolescent mental health is constrained by **underfunded health systems, few specialists, limited access, and stigma**. Many adolescents struggle alone, worsening symptoms, academic and social challenges, health risks, and risky behaviors—underscoring the need for early detection and effective treatment to strengthen well-being and life skills.

StrongMinds addresses this gap by scaling a cost-efficient, rigorously tested mental-health program for adolescents with depression.

The model uses **Group Interpersonal Therapy (IPT-G)**, a WHO-recommended treatment for depression in low-resource settings, delivered by trained local lay facilitators, government volunteers, and teachers.

In 2019, **StrongMinds adapted this model for in-school adolescent treatment** and has expanded it through partnerships with the Ministry of Education and Sports (MOES) and local governments to schools nationwide.

The organization has trained **over 800 teachers in 580 government-aided schools across 14 districts** in Uganda, including Kampala, Wakiso, Mbale, Iganga, Mayuge, Bugweri, Mbarara, Mukono, Gulu, Kotido, Luuka, Masaka, Lamwo, and Adjumani. These teachers are equipped to identify, screen, enroll, and deliver psychotherapy under supervision, ensuring quality, model fidelity, and client safety.



5. <https://www.ncbi.nlm.nih.gov/books/NBK587174>
6. <https://www.tandfonline.com/doi/full/10.1080/16549716.2024.2437883>
7. <https://pubmed.ncbi.nlm.nih.gov/34773555/>

Methodology

Information and insight for this review was collected through Focus Group Discussions (FGDs) with former adolescent clients of the IPT-G program from the 2024 and 2025 Term I cohorts. These sessions were facilitated by District Program Coordinators (DPCs) and Mental Health Supervisors across 11 operational districts. There were 8 to 10 clients in each discussion group.

A semi-structured discussion guide was used to ensure consistency across FGDs while allowing for in-depth exploration of participants' unique experiences. We also used cards with illustrations of emotions to help clients explain their feelings. Each discussion lasted approximately 60-75 minutes and was audio-recorded with consent.

Ethical considerations were central to the process. Informed consent was obtained from all adolescent participants, with additional parental or headteacher consent secured as appropriate. Participants explicitly authorized the use of audio recordings and photographs for documentation and reporting purposes.

Participant selection combined purposive and random sampling to ensure a broad and diverse representation of adolescent experiences. In total, 217 adolescents from 23 schools (18 primary and 5 secondary) across 11 districts took part. This approach ensured perspectives from different regions and educational levels were represented, providing rich insights into the impact of the IPT-G program.



What did we learn?

Our learnings fell into seven different categories: feelings about starting group therapy; life before therapy; the impact of depression; changes since therapy; life-skills gained from therapy; challenges; and suggestions for improvement.

“How did you feel about starting group therapy?”

Participants described feeling a range of emotions prior to starting their therapy groups. Many were afraid of disclosing personal or family issues. “I was scared and also fearful,” said one 16 year-old female participant from Namakwa Secondary School in the Mukono District. “I looked at it as a way of exposing myself and my family.” Others expressed fear they would be laughed at or that other participants would not keep their personal information confidential.

However, even with these fears, some participants also expressed hope and excitement, anticipating comfort from shared experiences and solutions to their problems. “I was happy because the teacher told me I would meet other students going through the same problems,” said one 14 year-old male participant from Kyabakadde Primary School.

“I felt hopeful because I knew the group would help me deal with my problems,” said one 17-year-old female from the Nakapelimoru Secondary School in the Kotido District.

Some also made the incorrect assumption that they would receive material compensation in return for attending therapy.



What was your life like before therapy?

Across all of the districts, our interviewees consistently described their lives before therapy as being extremely difficult. They experienced sadness, anger, isolation, loneliness, intense emotional distress, and significant behavioral and relational problems. Some reported suicidal thoughts.

They reported multiple instances of broken family ties, parental mistreatment, abandonment, and emotional abuse. Some articulated a sense of meaninglessness, with one 17 year-old female participant from the Namakwa Secondary School in the Mukono District stating, "Life had no meaning. My parents separated, and my mother went abroad to work as a maid."

In Mayuge, at the Bugadde Primary School, a female student shared a traumatic experience of being blamed for a baby's death. She said, "I was living with my step-mother and my dad. When she gave birth and the baby died, she said that I had killed her baby. That was not enough, she stopped my dad from paying my school fees... I hated my life, my dad and everyone at home."

Some described themselves as being angry all of the time. Some said they lied, refused to do household chores, and abused their siblings. One 14 year-old female participant stated, "I had hatred towards myself, and my friends and I could beat my siblings whenever I played with them."

What was the impact of depression on your life?

When asked about their depression, participants discussed episodes of frequent crying, feeling angry or irritable, having difficulty performing academically and engaging socially. Many mentioned suicidal ideation.

In Gulu District, a 15-year-old female participant from Obiya Primary School stated, "I used to isolate myself; I was very sad. I cried a lot when annoyed. I lacked appetite. I couldn't sleep, and I did not want to talk to people. I wanted to keep to myself."

In Mukono District, a 14-year-old male stated, "I could revise (study) so hard but still kept failing my exams." A 14-year-old female participant stated, "I was so affected by depression that even when the teachers taught in class, I couldn't understand." These feelings often led to absenteeism.

One 14-year-old female participant from Iganga discussed her isolation. "I did not want to relate with other children," she said. "I did not want to make friends, and I always wanted to be alone."

In Kotido, a 15-year-old male from Lokitelebu Primary School stated: "When I was depressed, I was always very rude to others. During weekend compound cleaning, I would dodge the cleaning and anybody who reported me to the teacher - I would wait and deal with them at night and beat them."

How has your life changed since therapy?

When asked about their lives since therapy, participants noted improvements in their family relationships, academic performances, and emotional regulation. In these conversations, we saw how IPT-G treats depression and also builds social support.

Many participants experienced a significant shift towards a more balanced and less negative outlook. One 16-year-old female participant shared, “I now have positive thoughts about life.” Another affirmed, “I am happy now. I have gained appetite, and I believe that positive change can happen.”

Participants demonstrated improvements in emotional regulation. “I used to fight back whenever I was angry,” said a 16-year-old female from Namakwa, “but now I control my anger and distract myself by playing netball.”

A newly found sense of acceptance and peace emerged for some clients after attending therapy. A 15-year-old female from Naguru Kampala District reported, “I have accepted the loss of my father, and the therapy taught me skills to accept my situation, giving me peace of mind.”

Feelings of enhanced self-worth and hope were common among participants. “I now feel important,” said one 15-year-old female, “and other people value and see me as important as well.”

Others became more assertive, such as a girl from Bunya Secondary School in Mayuge who said, “I gained confidence and told my mother that I was not going to get married, stopping her from marrying me off.” A boy from Bugadde Primary School shared that he learned how to approach and ask his father and other elders for things respectfully.

Improvements in concentration were reported, with participants noting, “I now concentrate in class more than before,” and “I no longer sleep in class during lessons or while reading my books.” This renewed focus contributed to better academic performance. Reduced absenteeism was another key change, as one participant explained, “I rarely miss school now.” Others described rediscovering lost interests—such as singing in the church choir or dancing—and finding renewed joy in these activities.

What skills did you gain from therapy?

Skills participants described learning during group therapy fall into three categories: self-awareness and self-acceptance skills; social and relationship skills; and decision-making skills.

Self-awareness and self-acceptance skills

Participants described shifting from feelings of worthlessness to a sense of self-love. Before therapy, many participants struggled with deeply negative self-perceptions, often describing themselves as worthless, stupid, or “useless with no future.” Some expressed thoughts of not wanting to live, such as a 16-year-old girl from Nkoma Secondary School in Mbale who shared, “I used to sit alone and feel worthless and bad. I felt stupid and believed that people saw me as useless with no future. I didn’t see the need to be alive.”

Therapy brought about a powerful transformation, fostering self-love, confidence, and a renewed sense of purpose. The same 16-year-old girl from Nkoma Secondary School shared, “Now I have self-love, I feel important, and I believe that I will have a bright future.” Participants described moving from self-hatred and emotional distress to recognizing their potential and resilience. A 14-year-old girl from Kazo Mixed Primary School in Kampala reflected, “I can participate in debates, and I have realized that I’m good in Social Studies.”

Participants gained confidence and assertiveness, moving from a fear of self-expression to confidently speaking out and making personal decisions. Before therapy, some struggled to communicate due to fear of embarrassment or confrontation. A 16-year-old girl from Namakwa Secondary School recalled, “I could not speak out before,” while a 17-year-old boy from the same school said, “I used to fear speaking to my mother.” A 13-year-old girl from Kyoga Church of Uganda Primary School shared, “I used to fear speaking in class because I thought I’d embarrass myself.”

Through therapy, participants learned to cope with stress. Prior to their experience with the StrongMinds model, many exercised unhealthy coping mechanisms such as emotional withdraw, aggression, negative self-talk, and suicidal ideation, or were unaware of the signs of stress. After therapy, their understanding of stress improved, they could recognize its warning signs, such as anger over minor issues, sadness, sleeplessness, loss of appetite, difficulty concentrating, unhappiness, worry, loss of confidence, isolation, and general loss of interest. They specifically noted that a decline in enjoyment of favorite activities or a lack of concentration could signal on-coming depression.

“I used to fight back whenever I was angry, but now I control my anger and distract myself by playing netball,” said one 16-year-old girl. Another 15-year-old girl stated, “I have accepted the loss of my father, and the therapy taught me skills to accept my situation, giving me peace of mind.”



Social and relationship skills

Therapy greatly strengthened participants' life skills, helping them build stronger relationships and communicate more effectively with friends, family, and teachers. They came to understand the value of connection and began addressing issues openly rather than internalizing them. Forgiveness also became an important skill, as participants learned to accept mistakes and maintain healthier friendships. A 15-year-old girl from Namakwa Secondary School in Mukono shared, "I learned the importance of relationships," and "I learned to talk about issues openly."

Participants described becoming less argumentative and more approachable, noting that they now get along well with classmates and enjoy stronger, more positive friendships. Others reported learning to resolve conflicts peacefully and forgive friends after disagreements, with one participant noting that she had "learned to admit mistakes and apologize," while another shared that she had learned "to talk about issues openly."

Many also reported improved family relationships, recognizing that avoiding communication worsened conflicts. One girl shared that she began greeting and talking with her stepmother again, and that their relationship has since grown warmer and more cooperative.

What challenges did you encounter in therapy?

Some participants in therapy faced hurdles to fully engaging and expressing their emotions, primarily due to social stigma, trust issues, and logistical constraints. One concern was the teasing by both peers and, at times, teachers, especially in the newly onboarded schools in 2025. Some participants reported being labeled with demeaning names like "weak minds" or "those with many problems."



Some participants expressed concern that this public shaming made it difficult for them to attend sessions, especially when facilitators would call for the StrongMinds group, which often elicited mocking responses from other students

Beyond external judgment, participants also grappled with cultural and trust barriers. A cultural norm against sharing family issues with outsiders was mentioned by many participants as a barrier to openness. This was compounded by a general lack of trust, even towards the teacher-facilitators. A participant from Mbale expressed, "I wasn't trusting anyone, even the teacher facilitator... it was hard to share." However, the facilitators' consistent emphasis on confidentiality and clear group rules helped enable participants to eventually open up and share freely.

Additionally, logistical issues impacted attendance. Some participants missed sessions when sent home for school fees or other requirements. Especially for schools onboarded in 2025 that lacked a dedicated mental health hour, time management proved challenging.



What recommendations for improving the program do you have?

Participants offered valuable recommendations aimed at enhancing the therapy program and fostering a more supportive environment for mental health within schools, which included the following:

- Increased school-wide mental health awareness initiatives to continuously sensitize both students and teachers, thereby normalizing mental health discussions and eliminating the stigma associated with seeking therapy.
- Expand support networks by training peer support leaders who could help fellow students.
- Equip teachers with skills to provide support to younger children (under 12 years old) who are struggling with mental health issues but are not yet enrolled in formal therapy.
- Incorporate life-skills training for making reusable sanitary pads, which would help ensure female students do not miss school during their menstrual periods, addressing a practical barrier to consistent attendance and education.



Conclusion

This report shows that StrongMinds' Group Interpersonal Therapy (IPT-G) program has a positive impact on adolescents in Uganda. The program creates a safe, confidential, and supportive space where young people can talk about their struggles and find relief from depression and other mental-health challenges. Many participants started the program feeling distressed, isolated, and hopeless, and faced difficulties with their school work. Through therapy, they found relief and lasting improvements in their mental well-being.

IPT-G doesn't just reduce symptoms of depression—it helps young people grow.

Participants learned to manage their emotions, acquire life skills and social skills, build self-confidence, communicate more openly, forgive others, and make better decisions.

At first, challenges like mistrust, stigma, and cultural taboos made it hard for some adolescents to engage. But the program's strong focus on confidentiality and peer support helped build trust and openness. With the help of trained teachers, participants gained coping skills, overcame personal struggles, and regained a sense of hope and purpose.

Even with this progress, ongoing efforts are needed to reduce stigma and address logistical challenges so the program can reach more young people. The results make one thing clear: culturally grounded, easy-to-access mental-health care can strengthen resilience and improve both education and life outcomes for adolescents.

