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# PILOT REPORT 2022

Building Strong Mental Health  
in Latin America

# summary of 2022 pilot results



As the first organization to implement WHO-recommended *group interpersonal therapy* for depression in Latin America, we are excited that our pilot showed positive outcomes in all key indicators. Our plans for 2023 and beyond involve expanding our reach to benefit a greater number of individuals.

**55**  
participants

**10**  
groups

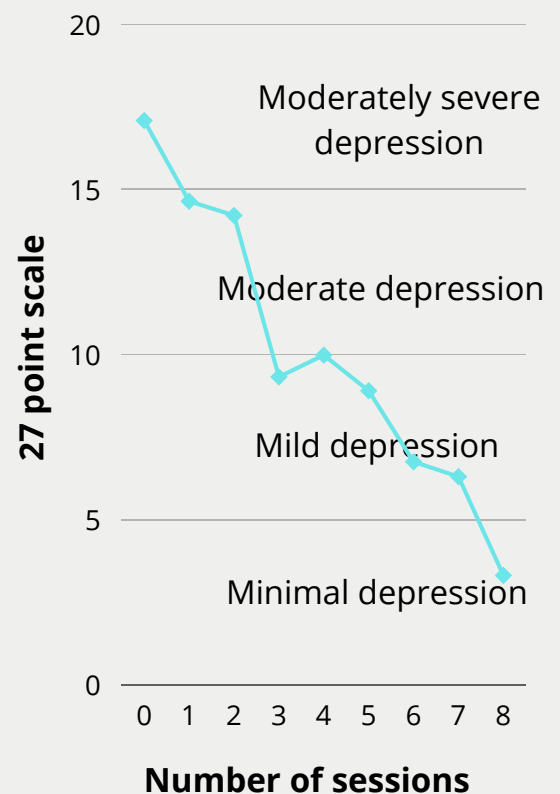
**75%**  
of participants  
had clinically  
significant  
depression  
reduction

**50%**  
average decreases  
in secondary  
indicators of anxiety  
and PTSD

**31%**  
Increase in  
optimism about  
the future

## DEPRESSION SCORES: PHQ-9

Mean depression scores decreased from 17 to 3 over the 8 sessions, **a clinically significant improvement.**







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\* names have been changed for privacy

### Maria's Story\*

*Sixteen years ago, Maria faced an unplanned, unwanted pregnancy. While she always provided her daughter with the essentials, showing any affection seemed impossible. With the support of her group, she had a breakthrough, leading her to go home and embrace her daughter for the first time—a seemingly small act that transformed both of their lives for the better.*

**Vida Plena is built on the belief that life is most beautiful when lived with deep connections to others.** Without these connections, we cannot thrive. Evidence now shows that our bodies literally begin to breakdown physically when we are cut off from others. Depression is a monster that shatters our most meaningful relationships. It breaks relationships between friends, between children and parents, between spouses. Hope fades into darkness.

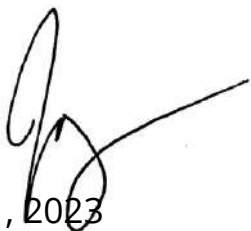
But, through weeks of hard work and group support, people rebuilt their lives, until they could again feel a flicker of hope, and that flicker can grow until it's the warm summer sunlight dripping down in warmth and joy.

What you are going to see in the following pages are the key metrics and data from our 2022 pilot. And while it's important to review these numbers, too much focus on aggregate data alone can lead us to forget that behind each dot on a graph is a person who knows the depths of suffering, but with the help of others - fellow sojourners - began a journey of healing.

**Vida Plena exists to help people rebuild broken relationships, to grow new connections. To rekindle hope. We do this through a model based on years of rigorous testing, evidence-based decisions, and most of all bringing people together in community.**

Thinking back on this past year, I feel flooded in thankfulness for everyone who has been a part of making Vida Plena possible. The people who are our community of support. It has been a year of all the emotions: Anticipation. Excitement. Worry. Gratitude. External pressure. Internal pressure. Tears of gratitude. Tears of overwhelm. Laughter. Sleep-consuming stress. **But mostly, soaking-to-the-soul amounts of gratitude to the long list of people who are so committed to making this all happen.** And personally, I also thank God for being my source of light and all hope.

Saludos from Quito,



July 1, 2023



**Vida Plena** (meaning 'a flourishing life' in Spanish) **provides evidence-based depression treatment to marginalized Ecuadorians and refugee communities at scale.**

**The problem:** The World Health Organization (WHO) estimates that 5% of people in Latin America have depression (1), however, a lack of prioritization means that more than **3 out of 4 people in Latin America go untreated** (2). Ecuador, in particular, has some of the highest rates of depression in the region: causing 8.3% of the total years lived with disability (YLD) in Ecuador (3).

### Low government spending



Mental health makes up less than 0.04% of the national health budget in Ecuador- 9X less than other countries in LATAM (4).



### High private costs

78% of the Ecuadorians work informally earning far below the min. wage, meaning that private mental health care is not affordable (5).

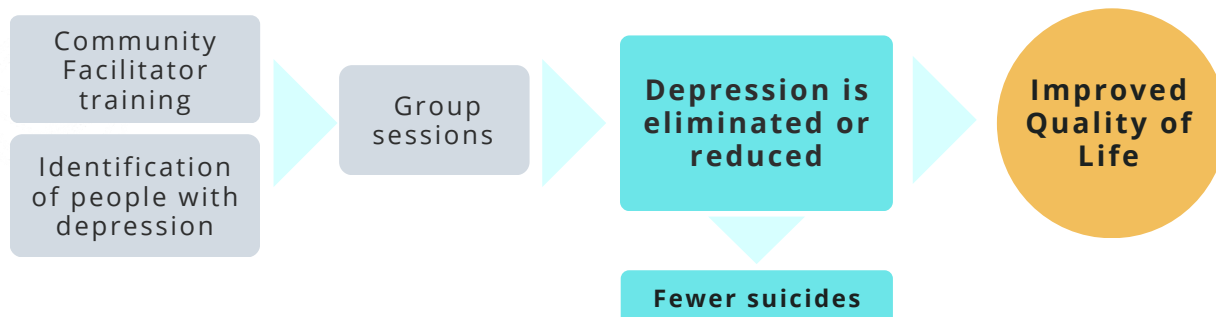


**The solution:** Vida Plena addresses the lack of treatment for depression by empowering local people to deliver a cost-effective model of counseling. Community members are trained to treat depression through Group Interpersonal Therapy (g-IPT) (6), which is the **WHO's top recommended intervention** for depression in low-income settings.

**Replicating success:** Multiple other organizations in Africa and the Middle East have been using g-IPT for over a decade, and have found that **78% of people saw significant long-term reductions in their depression** (7). Despite an extensive body (8) of evidence (9) demonstrating the effectiveness (10) and impact (11), this intervention model had not previously been implemented in Latin America (LATAM). Vida Plena was created to:

1. **Test the feasibility of implementing g-IPT in Ecuador**
2. **Methodically study and evaluate the impact of g-IPT in LATAM**
3. **Scale first in Ecuador and later LATAM**

### Theory of Change



# pilot timeline





# pilot structure



The pilot included:

- **10 therapy groups**
- **55 individuals**
- **10 facilitators trained in g-IPT**
- **4 psychologists trained as supervisors**

## Group Interpersonal Therapy (g-IPT)

The goals of g-IPT are rapid depression symptom reduction and improved relationships within the patient's family and social networks. It is recommended by the World Health Organization as a first-line treatment for depression in low-income settings.

## Program Format



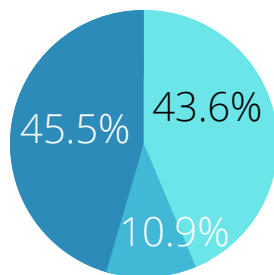
The groups are composed of 6-8 participants, plus the community facilitator.

Clinical psychologist observed all group meetings and provided detailed mentoring to the community facilitators in weekly feedback sessions, to strengthen their therapy and group management skills

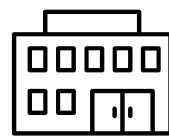
## The meetings

Meetings were:

- In-person
- Online
- Hybrid



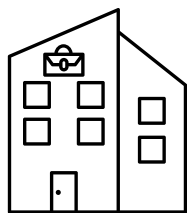
In-person sessions took place in neighborhood-based:



Community centers



Churches



Partner organization offices

*testimonial*

"I really enjoyed the experience of it being in a group because, before this, I thought that only I was going through those situations; that only I was suffering. But in the groups, I could understand that, due to different factors, people can be in a bad place, whether it's due to grief, fights, or lack of support at home."

- Mercedes, 75 years old

## our facilitators

### Qualities & Experience

Facilitators don't need to have previous professional mental health training but should show **empathy, emotional intelligence, and active listening skills.**



8 women and 2 men



8 Ecuadorians and 3 people from other nationalities



After completing the six days of training, all community facilitators were tested and certified for competency on g-IPT therapy techniques by the Columbia University Global Mental Health Lab.



### testimonial

*"I'm so grateful to her (Sol, my group facilitator), because she was the first person I confided in and to whom I could open up and tell everything that has happened to me."*

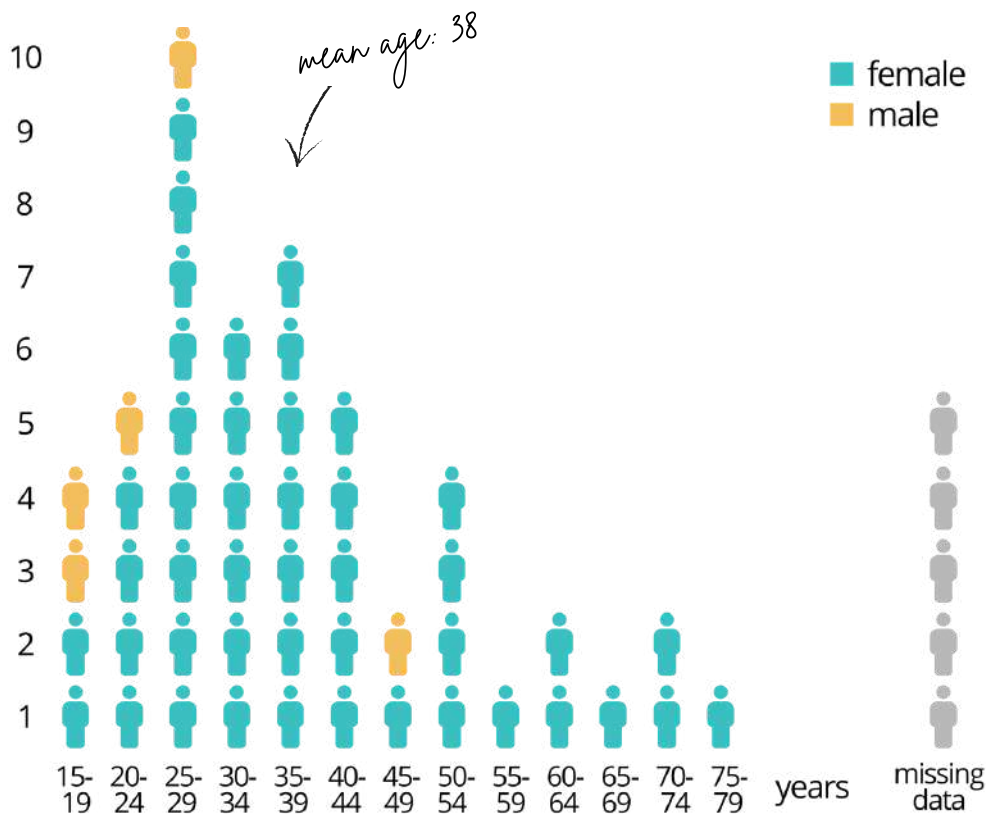
- Ana, 26 years old



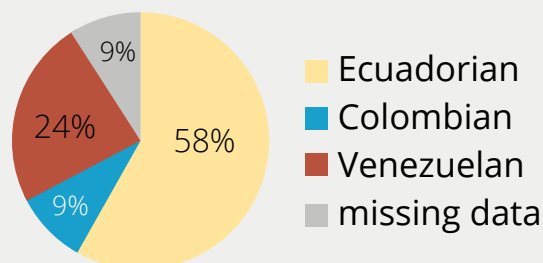


# who were our pilot participants?

## Age & Gender



Pilot participants were a mix of Ecuadorian nationals, and refugees from Colombia and Venezuela



**55 people** participated in the pilot groups

69% of participants have **children**

40% had **no previous mental health support**

56% live with **food insecurity**

Participants live in households of 4 on average, giving a total of **140 non-participant household members impacted**

Most of our participants are women over age 30, with an average of 2 children.



## results & metrics



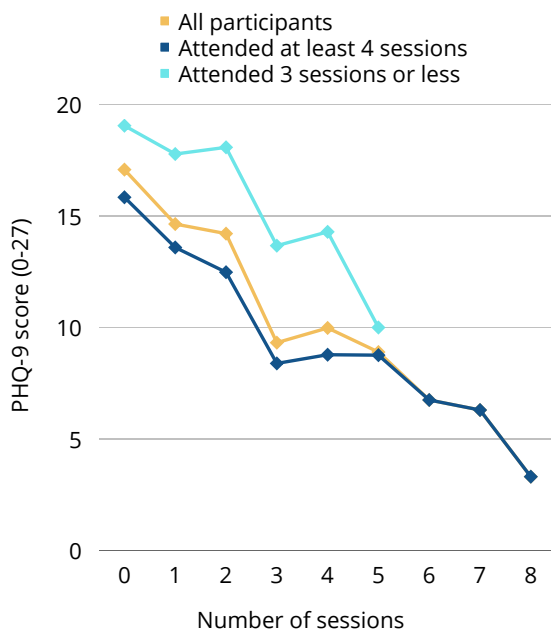
**pilot results:** participants reported clinically significant reductions in depression

To track their progress, every session participants completed a commonly used depression evaluation, the 9 question patient health questionnaire (PHQ-9).

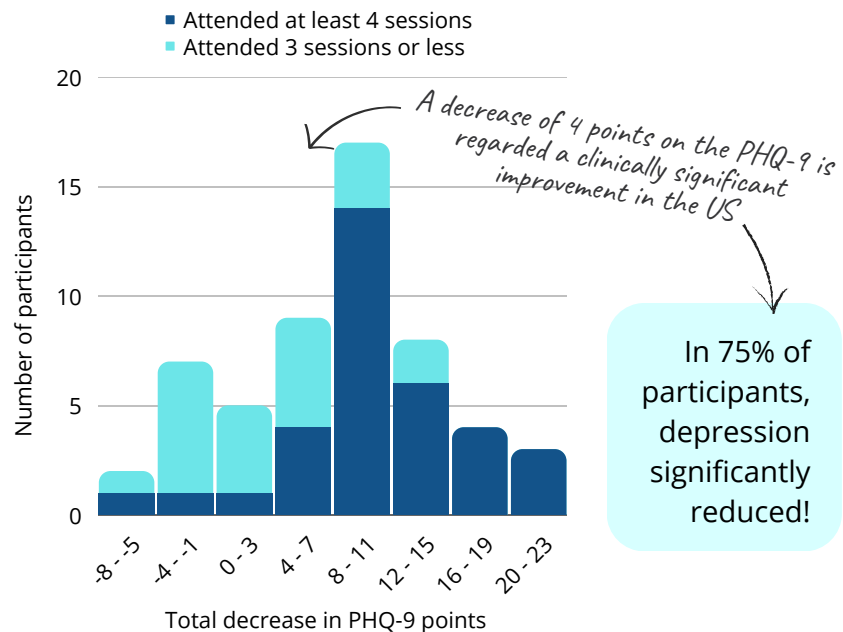
**5.4**

average number of sessions attended

Mean depression scores over the 8 sessions

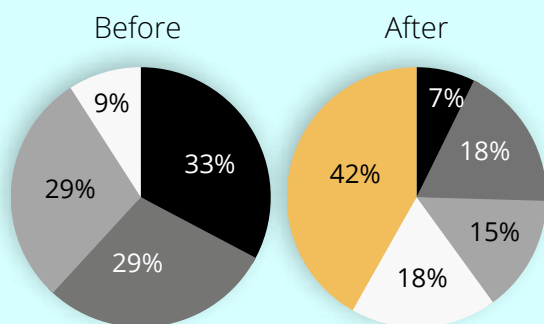


Total drop in depression scores

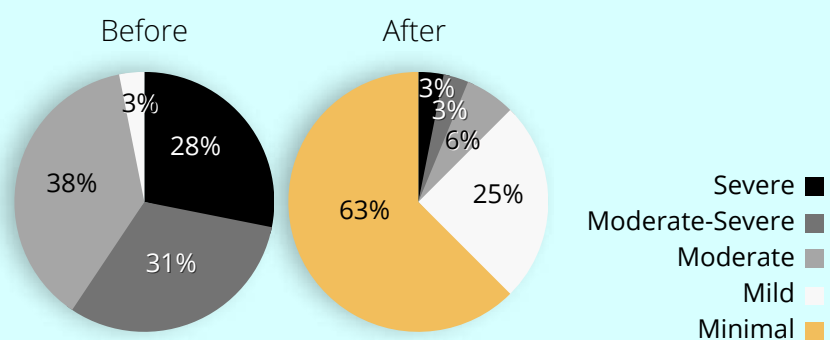


## Depression levels before and after the pilot:

All participants



Participants who attended at least 4 sessions



Severe ■  
Moderate-Severe ■  
Moderate ■  
Mild ■  
Minimal ■



## Results: what we're learning

### testimonial

*"When I started, I was a sad girl, like dull, and with each therapy session I improved. I was feeling more happiness. I felt like I became myself again."*

- Yessenia, 30 years old

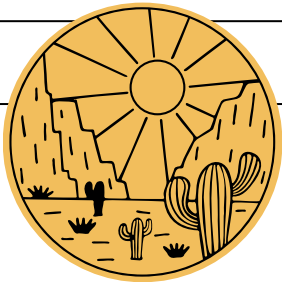
### During the pilot, we made some interesting observations:



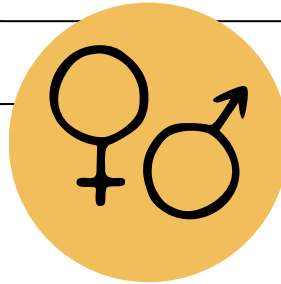
Unsurprisingly, participants who attended a higher number of therapy sessions experienced greater mental health improvements.



Preliminary findings suggest that the online groups demonstrated positive outcomes, albeit not as significant as the in-person groups.



Additional challenges faced by refugees, such as forced displacement and trauma, likely contributed to slightly stronger mental health improvements among locals compared to refugees.



More women than men enrolled in the study, which aligns with common trends in mental health. However, the results showed similar improvements in both groups.

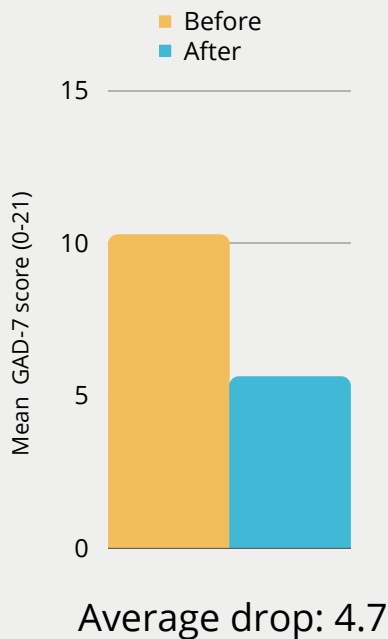
However, our pilot encountered significant hurdles in participant attendance, as numerous individuals did not complete the program in its entirety. One group even closed early due to high drop-outs. On average, **participants only attended 5.4 out of the 9 total sessions**, largely due to challenges such as transportation, inconsistent work schedules, and child care responsibilities.



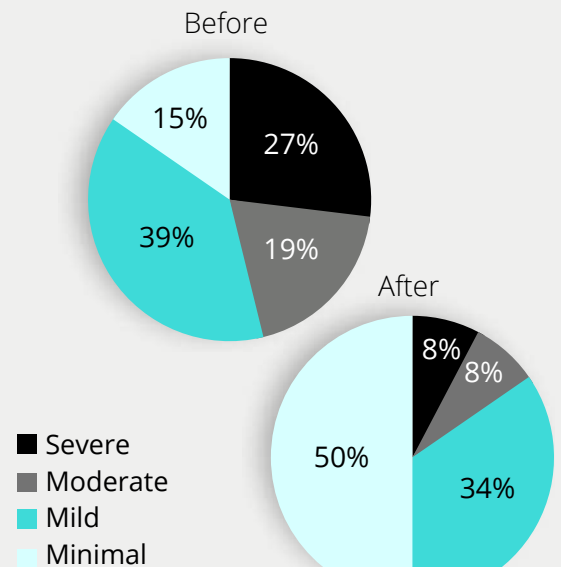
## results: secondary indicators

**Additional benefits:** while Vida Plena primarily aims to treat depression, other mental health conditions also improved.

Anxiety scores (GAD-7) before and after the pilot



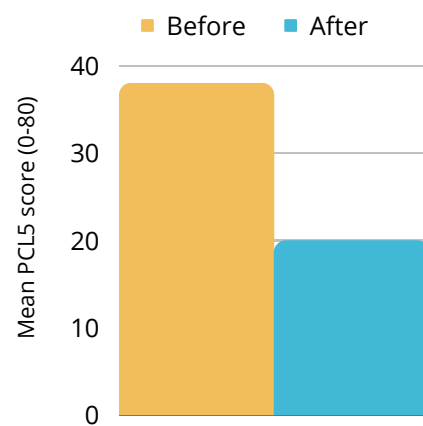
Anxiety levels before and after the pilot



## Juan's Story

*Juan joined the group consumed by thoughts of reconciling with his ex-wife, struggling with sleep, work, and jealousy. Intervention by his firehouse team led him to seek help. Through support from his group, he came to acknowledge his controlling behavior, accept the breakup, and managed his anxiety. He ultimately rebuilt communication with his ex-wife, leading to him being able to reconnect with their young daughter.*

PTSD scores (PCL-5) before and after the program

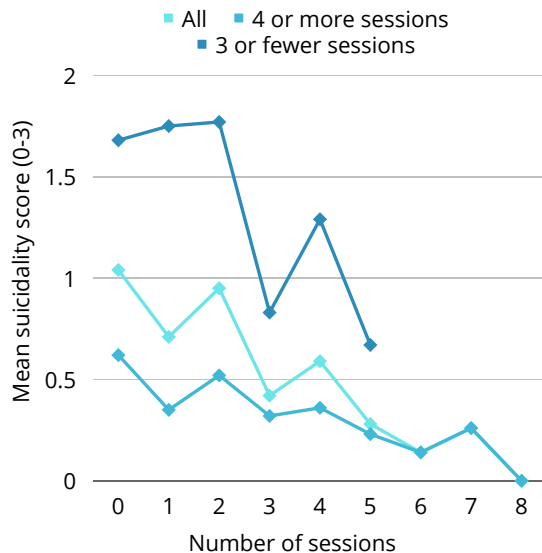


Average drop: 18



### Suicide Risk (PHQ-9, question 9): changes in mean over the 8 sessions

*"In the past two weeks, have you had thoughts that you would be better off dead, or thoughts of hurting yourself in some way?"*



Average drop: 0.5

### Life Satisfaction:

Percentage of participants who agreed with the statement, before and after the program



"I lead a purposeful and meaningful life."



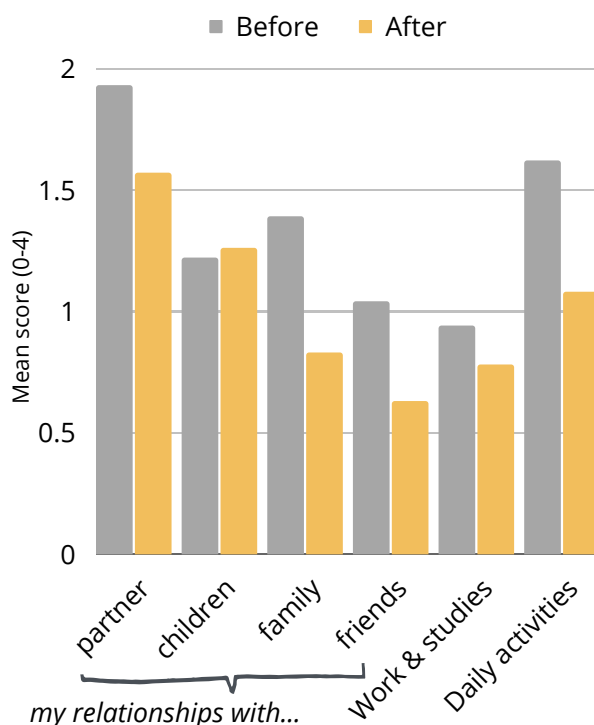
"I am optimistic about my future."



"My social relationships are supportive and rewarding."

### Psychosocial Functioning (B-IPF): mean scores before and after the program

*"Overall, in the past 30 days, I have had trouble in...."*



### Sara's Story

*Sara joined her group after suffering a stroke due to stress from extreme family conflict, a tragic situation filled with betrayal and even talk of hiring a hitman. Practicing through role plays with her group, she applied newly learned communication skills, leading to a seemingly impossible reconciliation among her siblings.*

### 1. High rates of suicidality

When Vida Plena was initially conceived, we planned to screen for individuals who are at high risk of experiencing suicidality, which we expected to be fairly uncommon. However, during our pilot program, we were surprised to discover that such cases were much more prevalent than we anticipated, with approximately **10% of our participants experiencing significant suicidal ideation.**

The reality is, in Ecuador there are few options available for those who cannot afford private mental health services and so we felt it was ethically unacceptable to turn them away. As a result, we decided to include these individuals in our groups. Although we have seen positive outcomes overall, with significant reduced rates of suicidal ideation overall, we did have **several emergency crisis situations in which our supervising psychologists were able to successfully intervene.**

While we have developed additional protocols and strategies to ensure the safety and well-being of our participants and community facilitators, we expect this to continue to be a reality of our work. *We have been consulting with experts and are exploring new collaborations to develop innovative solutions to support those at risk of suicide.*

### 2. Challenges in accessing affordable psychiatric care

Related to high rates of suicidality, accessing low-cost or free psychiatric care was a significant challenge during the pilot. **We had a total of 6 individuals with more severe mental health problems including PTSD, addiction, severe depression, and suspected personality disorders.** It was difficult to find affordable options for advanced care for these individuals, as they cannot afford private care, and the Ecuadorian public system is overburdened and unresponsive. To refer them to appropriate services, we had to piece together solutions with nonprofit partners and personal connections. Other global mental health organizations we consulted with also described that they too encounter similar problems. *It is one of our top priorities for 2023 to develop a sustainable strategy for how to best manage these cases in the future.*



### 3. Therapy isn't a panacea for all problems

At Vida Plena, we believe in the transformative power of therapy, yet we understand that it alone cannot address all challenges. Many of our participants come from marginalized backgrounds and face issues such as poverty, discrimination, and unemployment. **We even had several refugees receive credible death threats from paramilitary groups.** It is heartbreaking for our team to bump up against the limits of what help we can provide.

#### No Effect on Unemployment

1 of 55 participants reported a positive change in their employment status

While we strive to provide support for improving mental health, we understand that this is just one part of holistic care. *We are actively working to build partnerships with other local organizations that provide additional services.* However, the difficult reality is that these programs are often already overburdened, and so this will continue to be an on-going challenge.



## program satisfaction

At the end of the program, we asked participants a range of other question about how their experience, their facilitators, and the group.

### Here are some highlights:

#### On the groups

85%

I felt comfortable participating and expressing myself in the group

92%

I felt supported by my facilitator



#### On individual progress

85%

I have a new sense of hope since doing this program.

85%

I think that I'm functioning better now than I was before I started the program.

85%

I feel that I will be able to handle my future problems better now than before I started the program.

92%

I feel that I have improved my communication skills as a result of being part of this group.

95%

I feel that my mental wellbeing is better now than when I started the program.

100%

I would recommend a Vida Plena support group to others

### testimonial

"I thank God for allowing me to meet Sol and my group members, and for allowing the Vida Plena foundation to contact me. They gave me strategies to cope with what I was going through, and in the group we always listened to and encouraged each other. Because if not, I don't know what would have happened to me, because I felt alone, had no direction, and I felt like the whole world was closing doors on me."

- Lina, 33 years old

# lessons learned

Throughout the pilot, we adapted mental health services to fit community needs. While we were working from an established, manualized therapy model, we made adjustments based on local partner recommendations, facilitator insights, and participant feedback. Three key modifications:

## **Online, Virtual Meetings**

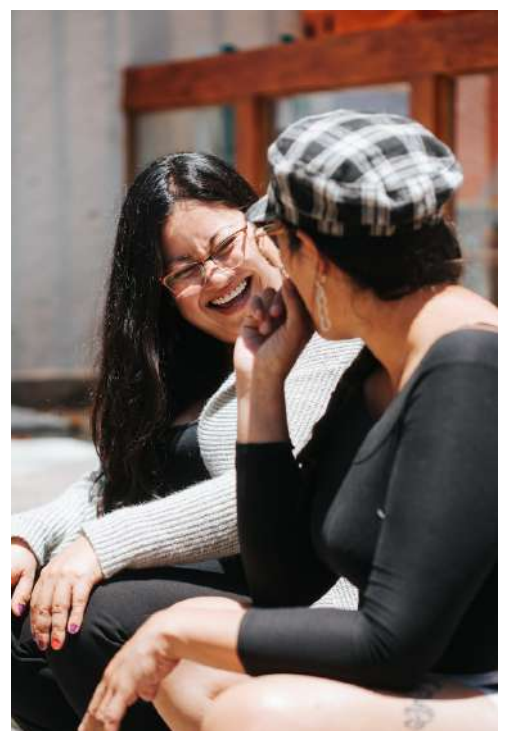
Initially, Vida Plena planned to conduct all of its therapy sessions in-person, but logistical challenges made it difficult for some participants to attend. As a result, we offered a combination of 1 fully online, 4 fully in-person, and 5 mixed (some meetings in person, some online) groups. While the fully in-person groups yielded better results, the mixed and virtual groups still produced positive outcomes. As such, we will continue to offer these options to participants in 2023 to while evaluating their outcomes with more rigor.

## **Adaptations for Older Adults**

During the pilot, we found we needed to adapt our standard processes to accommodate a group of older adults who found the standard weekly depression evaluation (PHQ-9) too difficult to comprehend. In response, the team worked to create a visually-based, more accessible scale to help these older adults better indicate their emotional state. We also modified the weekly group sessions to include more guided conversations, which proved to be successful in improving mental health outcomes. This was especially important as depression is common in older but is often overlooked. The team plans to continue to tailor our services to meet the unique needs of this population, and hopes to expand their outreach to even more older adults in need of mental health support.

## **Creating Combined Groups of Locals and Refugees**

We formed mixed groups of Ecuadorians and refugees from Colombia and Venezuela in our pilot, based on recommendations from our local partner, Alas de Colibri. They have seen that this strategy works to break down stereotypes and reduce discrimination, while also helping refugees build strong ties within the local population. This approach worked well, and we plan to continue with mixed groups in the future.



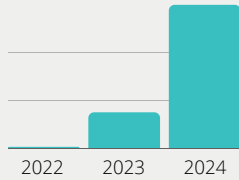


# where are we going from here?

## OUR 2023-2024 ROADMAP



Continually run new cycles of groups



Serve a total of 500 people in 2023, and 6,000 in 2024



Train an additional 20 community facilitators in 2023



Continually improve the quality of the therapy given

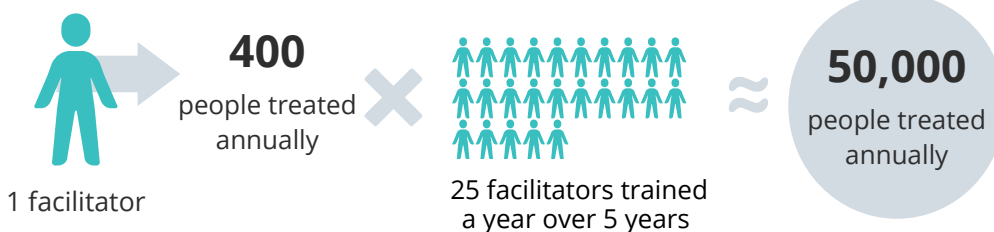
## 2023 GOALS

- Successfully treat 500 people in Quito
- Develop a robust monitoring and evaluation system to ensure quality of therapy offered
- Strengthen our local partner network by establishing collaborations with 10 Ecuadorian nonprofits and local government agencies

## At Vida Plena, one of our core values is “evidence-based practice”

We're proud to work with an established therapy model, group interpersonal therapy, that has delivered positive results in other places, and we're thrilled to have replicated those results in Ecuador and look forward to scaling.

## 5 YEAR SCALING PLAN



## THE 5 YEAR VISION

**Reach 50,000 people annually across 3 Latin American countries.**

By accomplishing this, we intend to prove that scaling treatment to all 33 million people currently living with depression in Latin America is not only possible but achievable.

Our overall mission remains the same:

**To provide accessible and effective mental health services to under-served communities in Latin America.**



## gratitude

**Thank you to everyone who has so generously given their time and finances to make this pilot happen. It literally would not have been possible without you:**

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*And of course none of this would have been possible without Anita Kaslin, Gabi Pozo and the entire team of exceptional community facilitators in Ecuador. Read more about their stories [here](#).*

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