



2024 IMPACT REPORT

BUILDING
STRONG MENTAL
HEALTH IN LATIN
AMERICA





Artwork created by a Vida Plena participant, Elizabeth, to illustrate her internal transformation.

“Before joining the support group, I felt like I was trapped in a tunnel with no way out. I asked for help, and now I know my life has meaning and purpose. I know if I’m doing well, my home life will function well too.”

Table of Contents

| | |
|---|-------|
| LETTER FROM THE DIRECTOR | 4 |
| KEY DATA | 5 |
| KEY MOMENTS | 6-11 |
| NOTEABLE ACHIEVEMENTS | 8 |
| EXPANSION | 9-10 |
| WE'RE IN THE NEWS | 11 |
| WHAT ARE OUR PARTICIPANTS SAYING? | 12-13 |
| WHO VIDA PLENA SERVES | 14-16 |
| THEORY OF CHANGE | 17 |
| THE HEALING JOURNEY | 18-38 |
| OUR MODEL | 18 |
| WHO WE ACCEPT | 19 |
| HOW VIDA PLENA WORKS | 20-22 |
| SESSION ATTENDANCE | 23-24 |
| HOW ARE PARTICIPANTS IMPACTED? | 25 |
| IN-DEPTH ANALYSIS | 26-27 |
| LONG TERM OUTCOMES | 28-29 |
| DATA LIMITATIONS | 30 |
| EFFECTIVE PROGRAM DURATION | 31-32 |
| WHY DO PARTICIPANTS DROP OUT? | 33-37 |
| POSSIBLE SOLUTIONS TO COMBAT DROP OUT | 38 |
| MEET THE CORE OPERATIONS TEAM | 39-40 |
| LESSONS LEARNED & OVERCOMING CHALLENGES | 41 |
| LOOKING AHEAD | 42 |
| FINANCIALS | 43 |
| GRATITUDE | 44-45 |
| AROUND VIDA PLENA | 46-47 |

When Shirley first joined her Vida Plena support group, ongoing family tensions and constant fear of a serious illness had taken over her life. She felt trapped, discouraged, isolated, and powerless to change her situation. Week after week, with her facilitator's guidance, she began building tools to communicate better, stay grounded in crisis, and focus on what she could control. She practiced listening, carved out moments of peace with her family, and found strength in the group's shared support. By the end of the program, Shirley no longer showed signs of depression and had built a stronger foundation for her well-being.

“ Shirley, 44
Of all the training I've received as an entrepreneur, I can say that PODER & Vida Plena changed my life, especially the emotional support sessions. They came as a gift from heaven at the moment I most needed support. I'm overjoyed because the group gave me empathetic friends and allowed me to see that even though life can be painful, there are always reasons to keep going.”

Letter From the Director

When I tell the origin story of Vida Plena,

I often talk about María*. Specifically, how I failed her. She had a steady job in the artisan workshop I managed, but after losing her husband to suicide, she was struggling, and her kids were drowning. And I tried. I tried to get them mental health support, but the costs and distances were too much. Instead, I watched helplessly as their situation spiraled. **Each time I told that origin story, I carried the guilt of not having done enough.**

Four years later, I was back in Otavalo, chatting with the old team about how Vida Plena was expanding there. Quietly, María pulled me aside and asked if we could help her daughter, now a young woman navigating deep grief and the aftermath of a dysfunctional relationship. **But this time, I could say yes.**

Several months later, María and her daughter told me what that support had meant. There were tears again, but this time they were full of joy. Finally, I could put down that burden of guilt I'd been carrying.

These are the transformations that define why Vida Plena exists. And this year, that purpose came to life in new and deeper ways.

We trained our second cohort of community facilitators in Otavalo, and for me, returning to the place where I spent my first eight years in Ecuador was deeply meaningful. We also expanded our reach in Quito through new partnerships with local organizations, extending care to neighborhoods where mental health services have long been out of reach.

Behind the scenes, we strengthened our internal systems and brought on our first full-time team member focused on monitoring and evaluation. **We are proud of the growing level of rigor we bring to our data and impact measurement.** In the pages that follow, you will see those results in detail, showing clearly and consistently that this model works.

Perhaps the boldest step we took this year was **launching a pilot training with the staff of the Quito Municipal Health Department.** **This marked a new direction for Vida Plena:** not only providing direct care, but also partnering with public institutions to build models that can scale. We believe that every person, like María's daughter, deserves a real chance at a flourishing life. That vision guides us as we grow.

To our team on the ground who carry this work forward every day, to our donors, volunteers, and partners who make it possible, and to the participants who trust us with their mental health journeys, thank you. **At the heart of Vida Plena is a belief in community and the power of relationships to heal and transform.** What we are building together is not just a program, but a growing movement rooted in connection, purpose, and hope.

Thank you for walking with us on this journey. We're just getting started.

With gratitude,



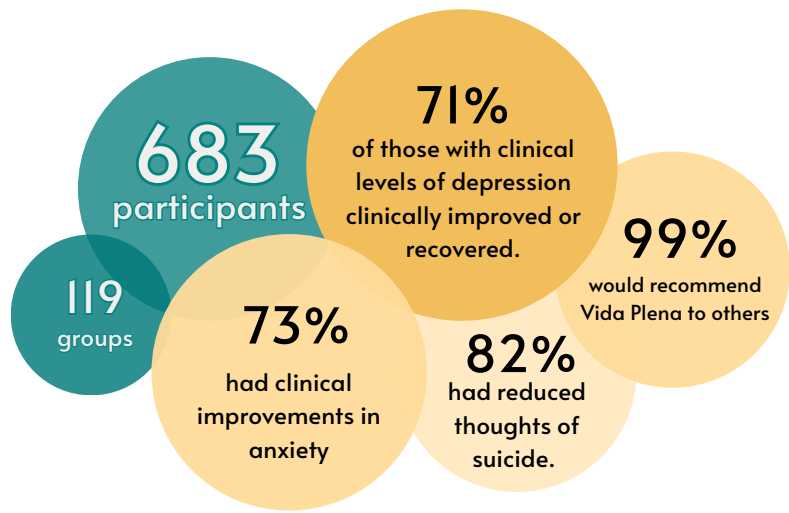
Joy Bittner
Co-Founder and CEO



*Name changed for confidentiality

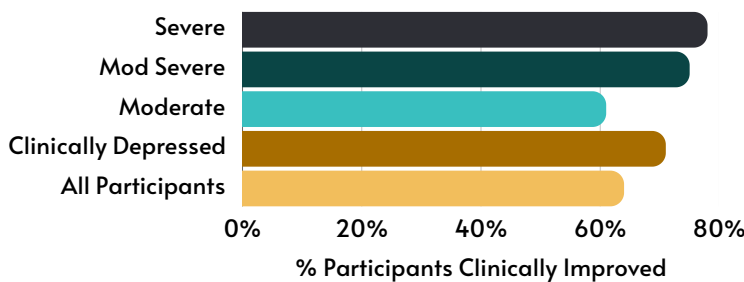
Key Data

Vida Plena is proud to have finished its second year with consistent, evidence-backed results, showing real clinical progress made by our participants. Vida Plena provides group interpersonal therapy (g-IPT) to adults who are experiencing depression, anxiety, and other social-emotional problems. Despite various challenges Ecuador faced in 2024, from extensive daily power outages and increased cartel violence, we trained a new unit of g-IPT therapists in Otavalo to start offering Vida Plena programming to a new region and Indigenous populations, **and served nearly 700 new participants.**

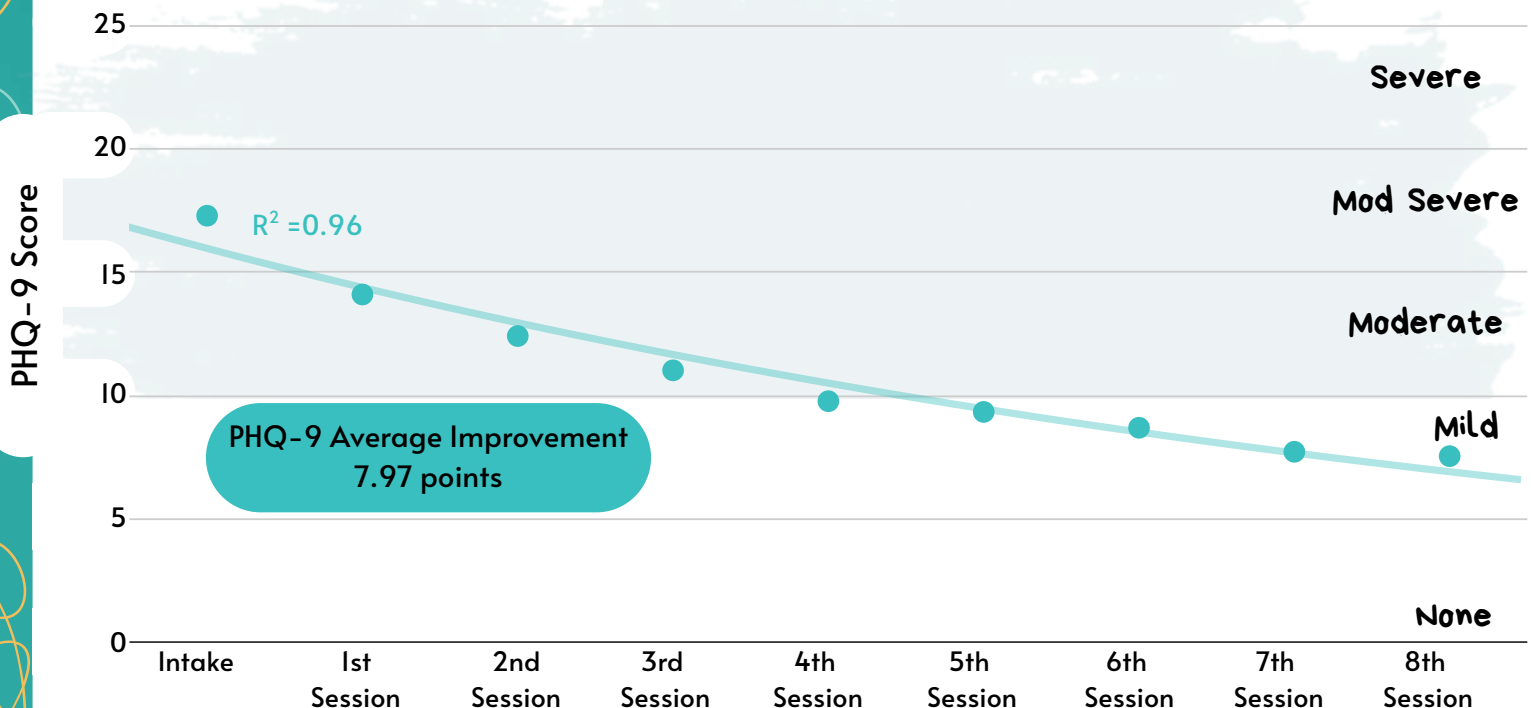


Building on last year's findings, we combined the last two years of data to provide an overview of Vida Plena's continued results and ensure consistency in the program. We continue to observe significant clinical improvements in participants who started the program with elevated depression levels. **The people with the highest starting rates of emotional distress show marked improvements in depression, anxiety, and suicidality.**

Percent of Participants Who Clinically Improve



Reduction in PHQ-9 Score by Those Experiencing Clinical Depression



Trendlines indicate that improvements in depressive symptoms are highly correlated with Vida Plena programming for all participants. PHQ-9 scores are taken at the start of each session. PHQ-9 scores 10 or above indicate clinical depression.

Those exhibiting depression symptoms clinically improved and on average halved their depressive score.



Jan

ECUADOR'S NATIONAL SECURITY

Significant spikes in cartel violence lead to nationwide lockdowns and ongoing curfews. The deteriorating security situation presents a challenging backdrop for our work.

VIDA PLENA IN MEXICO!

Joy is invited to present at Effective Altruism Global X (EAGx) in Mexico City and Foro Latinoamericano de Inversión de Impacto (FLII) in Cartagena.

Feb



Mar

GUAYAQUIL EXPANSION

We launch groups in Guayaquil as part of our collaboration with the IMPAQTO-PODER project

NEW TEAM MEMBER

Fausto joins the team as Clinical Supervisor for Imbabura.

Apr



May

VIDA PLENA IN DC!

Joy is invited to present at the EACH Conference in Washington, D.C.

COMMUNITY UNDERSTANDING

We partner with Fundación Kyllkay to conduct a series of interviews and focus groups on the Kichwa understanding of mental health perspectives in indigenous communities in Imbabura.

Joy is interviewed on the inaugural episode of the Flourishing Minds podcast.

Jun



Jul

MILESTONES MET!

We launched our pilot with the Quito Health Department, training their Mental Health outreach team in g-IPT.

We hit the milestone of providing 100 weeks of continuous attention through group therapy!



Key Moments



Aug

DEDICATION TO EVIDENCE BASED CARE

Diego joins the team as our new monitoring, evaluation, accountability, and learning (MEAL) Coordinator.

Joy participates in the panel "Navigating Scale: Challenges and Evidence-Based Strategies for Impact in Rural Communities" at Glaswing International's fourth annual Mental Health Conference.

VIDA PLENA IN TURKEY!

Vida Plena is selected to participate in a WHO training in Istanbul, Turkey, on EQUIP, a platform for ensuring program quality.

Sep



Oct

IMBABURA EXPANSION

Imbabura Launches! Orientation and training for the new Vida Plena facilitators.

LIGHTS OUT & GALAPAGOS EXPANSION

Severe drought means Ecuador, which is dependent on hydroelectric power, faces power cuts of up to 14 hours a day, causing significant challenges for the population and our program delivery.

The USAID-funded PODER project reaches the Galapagos! We led 6 support groups for 49 women in this highly overlooked population.

Nov



VIDA PLENA IN THE NEWS!

Vida Plena is selected as one of only two non-profit organizations to participate in the Mental Health Advisory Council with the City of Quito Health Department

We are featured with a full-page article in ***Diario Expreso***, one of Ecuador's major national newspapers.



Dec

Notable Achievements

Shaping Policy: Participating in Quito's Mental Health Advisory Council

In mid-2024, Vida Plena was selected as one of only two nonprofit organizations to join the newly established Mental Health Advisory Council for the Metropolitan District of Quito. This council was created as part of the city's broader implementation of its new mental health ordinance, bringing together government agencies, technical experts, and civil society organizations to help shape how the municipal mandate will be applied across the city. Participation in the council has provided Vida Plena with a unique opportunity to contribute directly to the design and planning of community-based mental health services, drawing on both our clinical experience and fieldwork. Through regular focus groups, technical meetings, and consultative processes, we have been able to help inform the city's approach as it builds new systems for reaching vulnerable populations with accessible care. This has been an exciting space for Vida Plena to share lessons from our work while collaborating closely with leaders from the public sector committed to expanding mental health services in Quito.

Building Capacity: WHO EQUIP Training

Vida Plena was thrilled to be selected to participate in the World Health Organization's EQUIP training held in Istanbul, Turkey. The EQUIP platform provides a standardized system for evaluating and giving structured feedback to non-specialist mental health providers, such as the community-based facilitators trained in Vida Plena's g-IPT model. While many training participants represented large international development organizations and representatives from the UN-family of institutions, Vida Plena was one of the few direct service organizations included. This allowed us to learn alongside global leaders in task-shared mental health care.

Participating in this training marked an exciting step as we continue to strengthen our own supervision and evaluation systems. As Vida Plena grows and partners with more government institutions, applying the EQUIP framework will help ensure that facilitators maintain high clinical standards while expanding access to care. This training has equipped our team with valuable tools to support quality assurance as we prepare for future growth.

PODER Project: A Model for Holistic Impact

In 2024, we continued into the second year of our partnership with IMPAQTO in the USAID-funded PODER project, an entrepreneurial development program for women from vulnerable sectors across Ecuador. In 2024, we provided services in Loja, Galapagos, Tena, and Ambato. Women selected for the entrepreneurship program had the option to also participate in Vida Plena's emotional support groups.

This partnership has offered a clear example of how integrated programming can strengthen outcomes. While business training addresses financial stability, providing mental health and emotional resilience support helps participants navigate personal challenges at home that directly impact their ability to grow and sustain their businesses.

Unfortunately, due to USAID cuts, the PODER project was cancelled in early 2025 before completing its planned third year. Even so, it remains a strong example of how mental health can enhance broader international development efforts and improve overall program results.



Expansion from Quito to Otavalo

Expanding Our Reach: Serving Rural Indigenous Communities in Imbabura

After piloting Vida Plena in Ecuador's capital of Quito and completing our first full year of operations, 2024 marked an important milestone: our first geographic expansion of direct service delivery. We launched our work in the Imbabura Province, located directly north of Quito. Imbabura was intentionally selected as the next phase of expansion for several reasons. Firstly, its proximity to Quito allowed for practical oversight and logistical coordination during the initial launch period. Secondly, and just as importantly, Imbabura represents a significant demographic shift from our urban pilot. The province includes large rural areas and a substantial Indigenous Kichwa population. This offered an important opportunity to evaluate how Vida Plena's model would be received and adapted in communities that reflect the diversity found across many other regions of Ecuador.

Rosita, 54

"I no longer want to be with my husband, and my children and I are beginning to explore options for leaving. I see that talking about what was happening to me and sharing it with my children so they can help me helped a lot. Now I see that I have many options and I have hope for the life that I will give to my youngest daughter and myself."

Rosita, a 54-year-old Kichwa woman, lived in a violent relationship with her partner. This generated a cycle of violence in which Rosita felt unable to make decisions or speak with her children about the situation.

During the Vida Plena, she learned strategies to restore her agency through decision analysis. She also learned ways to communicate with her children about the situation. Her support network was expanded since Rosita entered feeling alone. She realized that there were many people who were offering her support.

Our expansion into Imbabura was also made possible by pre-existing relationships in the region. Vida Plena's founder, Joy Bittner, previously worked for nearly a decade in Imbabura, building strong local partnerships and developing a deep familiarity with the region's cultural landscape. These longstanding ties created a strong foundation of trust and local knowledge, significantly facilitating the early stages of implementation.

The first step in this expansion was hiring Fausto Aguilar, a licensed clinical psychologist fluent in Kichwa, who joined the team as Clinical Supervisor. Fausto completed his formal certification in group interpersonal therapy (g-IPT) through Columbia University's Global Mental Health Program, ensuring alignment with international training standards while bringing essential cultural fluency to the team.

Once Fausto's training was completed, we moved into a multi-stage outreach and design phase to better understand the local context. As part of this process, we partnered with Kyllkay, an Indigenous, youth-led local organization. **Kyllkay conducted interviews and focus groups around Otavalo and Cotacachi to understand the Kichwa worldview and how Western models of mental health care could be adapted to fit within local cultural frameworks.** ([Read the full report](#))

With this groundwork in place, we recruited a new cohort of community-based facilitators. Consistent with our model, **we intentionally sought candidates who did not have previous formal training in mental health, but who demonstrated a deep commitment to social service, strong emotional intelligence, and empathy.** Many had prior experience working in education, health, or community development, but had never served in therapeutic roles. The selection process included multiple interview rounds and practical exercises designed to assess interpersonal skills and the ability to connect meaningfully with others.

New Local Government Partnership

In October 2024, after months of preparation, we held a two-week intensive training for the new facilitators. **This marked an important milestone as our team took primary responsibility for leading the training, while receiving live virtual oversight and daily feedback from team members of the Columbia University Global Mental Health Program.** Their accompanying evaluation provided valuable insights that will continue to strengthen our training model as we scale ([Read their full evaluation](#)).

Following the completion of training, the newly certified facilitators launched their first therapy groups, marking the beginning of g-IPT delivery by and for the Kichwa community. Over the coming year, we will conduct a full analysis comparing participant outcomes in Imbabura to those from our initial pilot in Quito. While full evaluation is still underway, we are encouraged by the early reception. Mental health care remains highly limited and often inaccessible in these rural areas. Therefore, offering culturally sensitive, community-led services represents an essential step forward in addressing this gap. We look forward to sharing data and insights as these efforts continue, as they are not included in this year's report.

New Implementation Model:

Institutional Partnership with the Quito Health Department

This year marked a significant evolution in Vida Plena's growth strategy. Since our launch, we have focused exclusively on direct service delivery, training, and employing our own facilitators to lead therapy groups. This approach ensured program quality and allowed close oversight of outcomes. But through conversations with members of the Scaling for Mental Health Coalition, and as new opportunities emerged, we saw the importance of exploring models that could enable a broader, more sustainable scale.

When the Quito Health Department announced a municipal mandate to expand community mental health services, it created a timely opening for a partnership.

Quito's municipality serves over three million residents across a large geographic area, with some communities nearly two hours from the city center. The Health Department already employed outreach staff who deliver one-off educational workshops to vulnerable populations, but lacked a structured therapy model. This presented a strong opportunity to test whether Vida Plena's model could be integrated into existing government services.

We partnered with the Health Department to design a pilot program, training a selected group of 9 of their staff in the g-IPT model. Vida Plena delivered a two-week training, after which the staff launched their first therapy groups. Our clinical supervisors provide ongoing support to ensure fidelity to the model. In parallel, we collaborated to align data collection processes, integrating outcome tracking into their existing systems while preserving clinical rigor.

For many of the government staff, this was their first formal training in group therapy. As one participant reflected, **"I am very grateful. I enjoyed it and loved learning about IPT with you."** These early responses have reinforced the value of building capacity within existing public systems, equipping local teams with new tools to serve their communities more effectively.

This partnership offers valuable insight into how institutional collaborations can extend Vida Plena's impact while strengthening government capacity. By providing technical assistance, supervision, and monitoring while government staff deliver services, this model offers a cost-effective pathway for scaling mental health care. Data collection will continue into 2025, and **the lessons from this pilot will directly inform our long-term strategy to build scalable, government-led implementation across Ecuador.**

We're in the News!

Thanks to the amazing pro bono support of the team at Comunicandes, **Vida Plena has been prominently featured in the Ecuadorian news! We have been featured in 26 media pieces in the past year**, with most of our media presence appearing in September around World Suicide Prevention Day. We were featured in newspapers, social media accounts, and radio shows.

Facilitator Spotlight



Jessy

Jessy is the 'mama' of the team, as her infectious laugh and warmth draw people in. As a mother herself, she connects deeply with the women in her groups, especially those navigating the demands of parenting. Her warmth and empathy create trust, and she goes out of her way to check in and make sure no one feels alone. Before joining Vida Plena, she ran a children's program, and her strong community ties continue to shape her work. Jessy now leads our efforts with participants facing substance use challenges, offering steady, compassionate support in some of the most complex situations. Her faith guides her, and it shows in the way she serves both her participants and her team.



Vida Plena has a full double-page spread in the newspaper Diario Expreso on December 6th, 2024. The title reads, "A NGO helps people with depression during the holidays." It highlights that many people suffer from depression during the holidays and that Vida Plena provides free therapy for those who need it. It emphasizes the importance of self-care and community support.



Anita represented Vida Plena by sharing crucial suicide prevention tips on GammaTV on the 16th of October. **We are honored to be featured on national television** and spread this important message about mental health. Although talking about suicide can be challenging, it is crucial to raising awareness and supporting those in need.

What Are Our Participants Saying?

Similarly, the majority of participants felt that they were open to sharing in their groups and that listening to others' stories specifically added to the experience. Of those that provided extra written feedback, 63% had positive things to say about their group, including that they felt heard, accepted, and supported [35%]. Participants also noted that being in a group setting made them feel like they weren't alone in their struggles [20%] and that hearing others' stories helped them navigate their own personal circumstances [22%].



"I felt supported and listened to in every session, having felt the recognition and pride of my facilitator and colleagues for the small steps I made. Hearing the advice and tools my facilitator provided, along with the different points of view and advice of my peers, all of this made the process a very enjoyable space."

~Naomi

I saw how other people felt the way I did, even though they weren't going through the exact same thing as me. There's empathy. Wanting to help others made it so that, consciously or not, I listened to and followed the advice that others received. I thought that maybe those suggestions could work for me, too."

~Rita

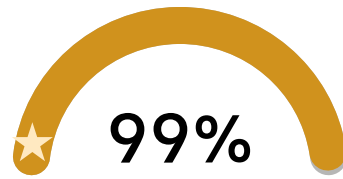


Bella

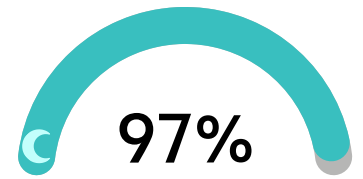
Bella is a single mother and caregiver to her son with Down syndrome. She joined the group not because she was in crisis, but because she believed in the power of sharing her story. Having survived past experiences of violence, she hoped to support other women. And she did. In the early sessions, Bella became a steady presence, offering empathy and encouragement to those facing difficult moments.

But by week six, her own world began to unravel. Financial difficulties forced her to leave her home, pushing her into a period of instability and emotional distress. For the first time, she began to show signs of clinical depression. She moved in with a relative, unsure of what would come next. In response, the women she had once supported stepped in. They visited her, reminded her of her worth, and helped her feel seen.

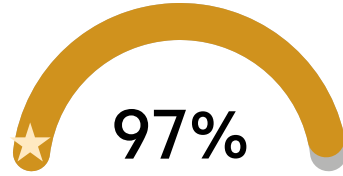
Through it all, Bella held onto her determination. Even without an immediate solution to her financial struggles, she recognized her strength. She chose to keep going, rooted in hope and the support she had helped build.



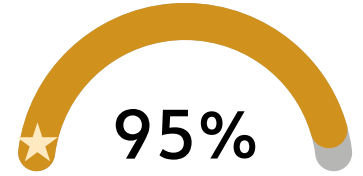
of participants would recommend Vida Plena to others.



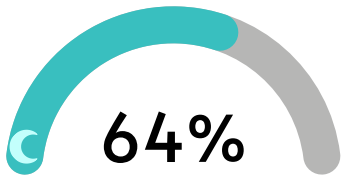
of participants agree that their facilitator aided in their objectives.



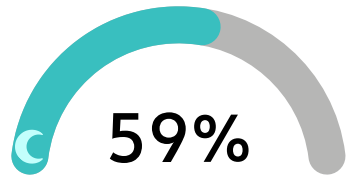
of participants agree that they felt comfortable expressing themselves in the group.



of participants agree that the listening to others in their group helped them learn new abilities to overcome their problems.



of participants agree that Vida Plena helped them identify their emotions.



of participants agree that Vida Plena helped them maintain a positive outlook.

Total Data ||2024|| ★ 390 Participants ● 190 Participants

We are pleased to share that the majority of people who completed the post-program survey were happy with our services, with comments such as, **"Keep up the wonderful work. Once again, I express my gratitude to the organization for this opportunity. Thank you very much."**



I know life has tested me many times, but it has also given me the strength to move forward.

Who Vida Plena Serves

Vida Plena continues to support vulnerable populations, including those facing food insecurity, women who are heads of households, minority ethnic groups, and individuals with disabilities. This year, we've taken a more detailed look at the communities we serve. **Nearly 80% of Vida Plena's participants come from vulnerable backgrounds, with close to 40% falling into multiple vulnerability categories.**

Extreme poverty, particularly among those who report food insecurity, remains our largest vulnerable group. Additionally, we support women who are the sole caretakers of their families and migrants and refugees from Colombia and Venezuela. Many people from these vulnerable groups lack access to mental health care due to rural living conditions, insufficient public services, or the high cost of private care. We are proud to bring our services to those most in need.



Total Data: 1,130 Participants || 2023 & 2024 Data ||
* New demographic categories measured in || 685 Participants || 2024 Data ||

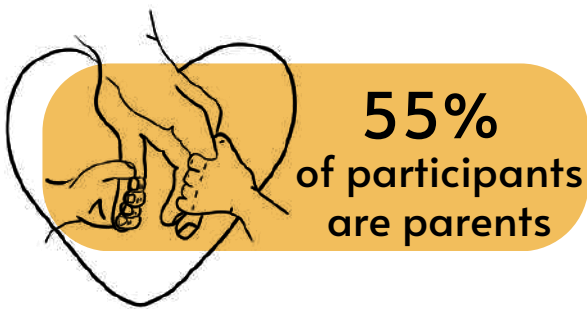
Who Vida Plena Serves

As we saw last year, most participants continue to be women, primarily aged 25 to 40, with nearly half being parents. This has been our typical demographic since the pilot in 2022. Additionally, most participants have a college education, but as we expand into more rural areas in 2025, we expect to see a shift towards participants with less formal education. While we continue to see Venezuelan migrants and refugees among our participants, their representation decreased from 16% in 2023 to 8% in 2024. Although there were fewer Colombian refugees in 2024, the decline was less pronounced (from 6% in 2023 to 4% in 2024). Regarding employment status, 56% are employed in some capacity, while 18% are unemployed and actively seeking work.

In 2024, we began examining the ethnicity of our participants to better understand the context of the people we serve. Because we serve a diverse population, we have carefully considered whether the Vida Plena program would require significant adaptation for different cultural or demographic groups. Encouragingly, in his keynote at the [Collaborative Exchange](#), global mental health leader [Vikram Patel](#) emphasized that while local context matters, the core features of mental health conditions are largely universal. This suggests that evidence-based approaches like g-IPT can be broadly effective across different settings, especially when paired with culturally sensitive implementation. This reinforces our belief that it is possible to provide meaningful support across diverse communities while still honoring the unique experiences of each group.

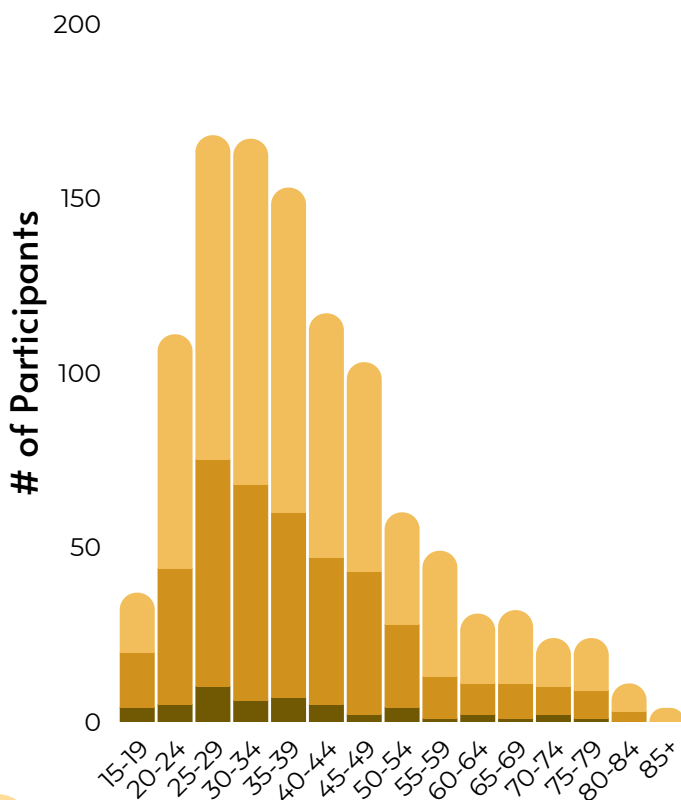
In 2024, we also began to ask participants if they have a disability or were caring for someone with a disability. While many participants either did not respond, 13% reported having a disability or being a caretaker for someone with a disability. Two participants both had a disability and cared for someone with a disability.

In the interest of full transparency, some socio-demographic data is missing because participants did not always complete the intake forms as expected. In response, we revised the forms in 2025 to improve clarity and accessibility. When possible, we filled in missing demographic information such as sex, age, and nationality by cross-referencing other records maintained by facilitators.



Age of Participants

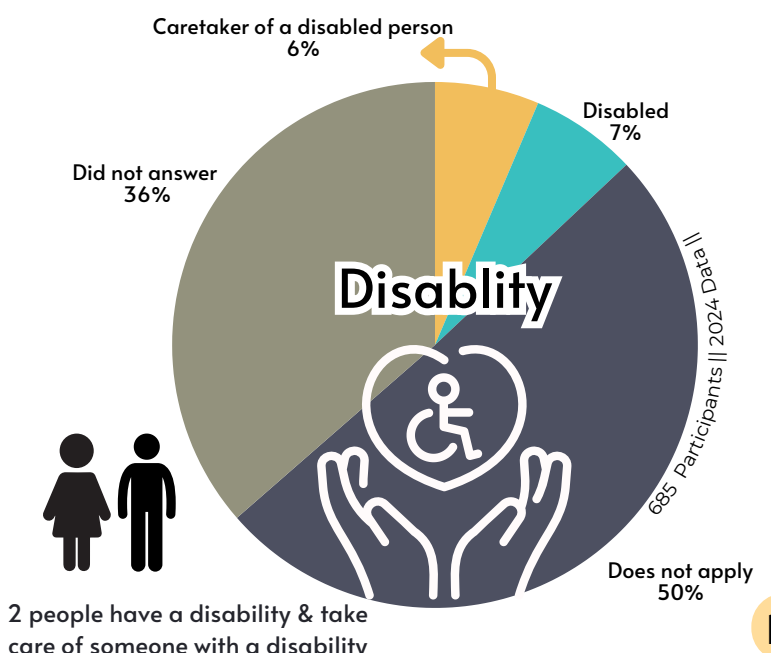
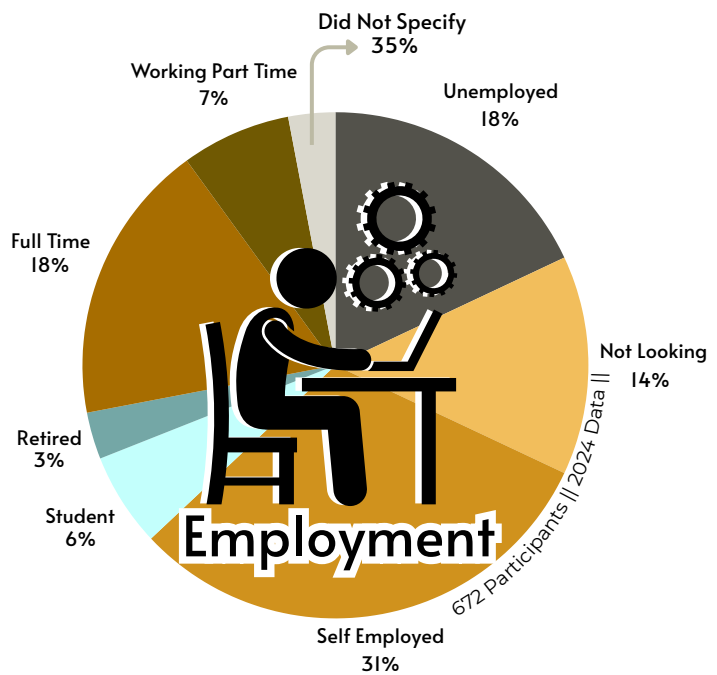
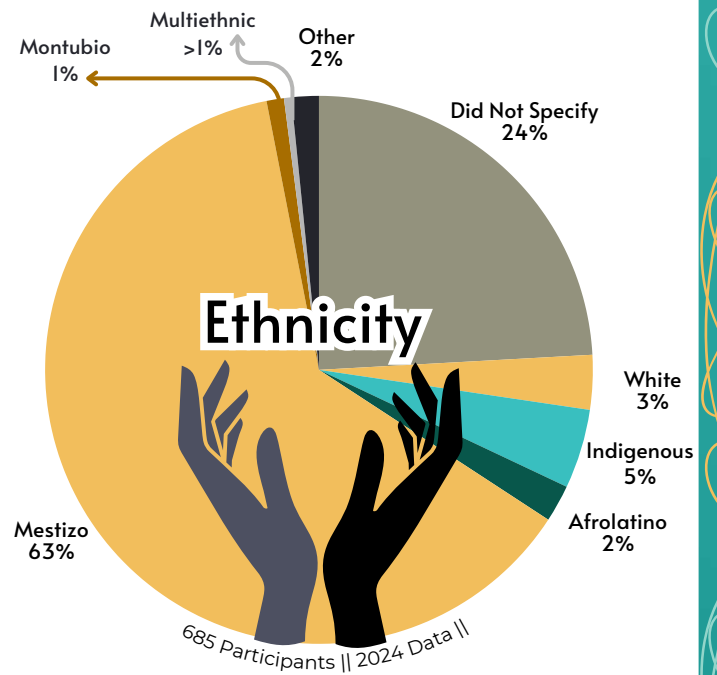
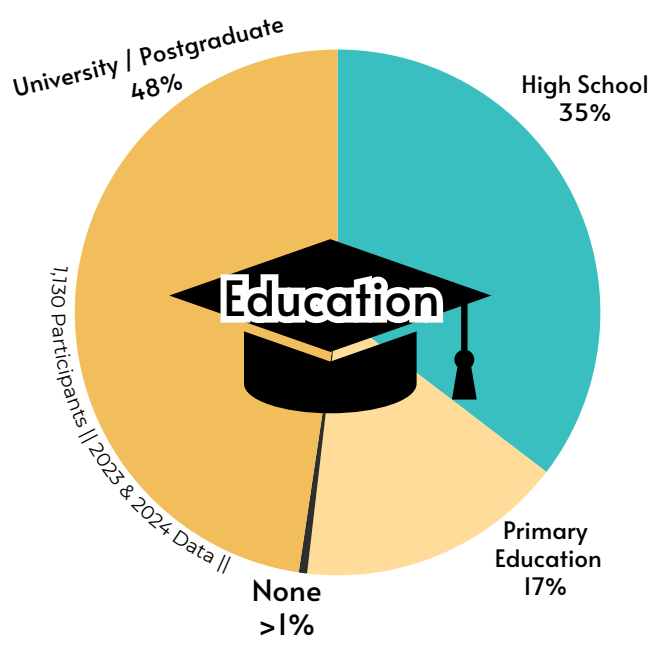
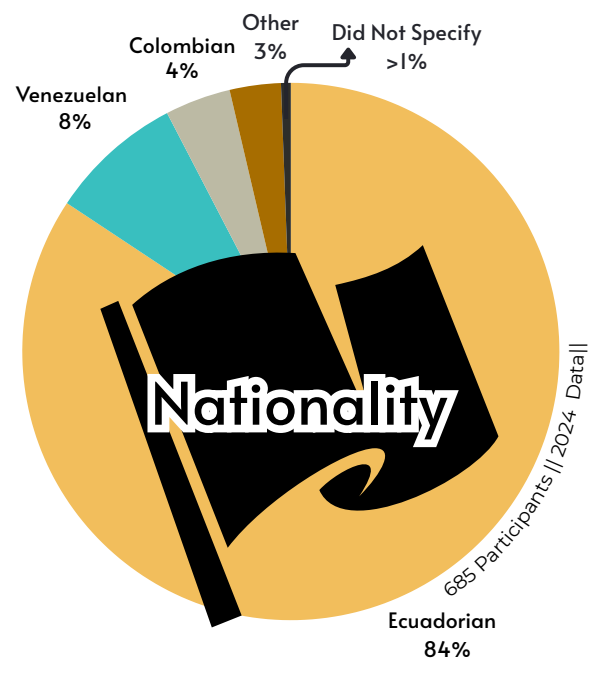
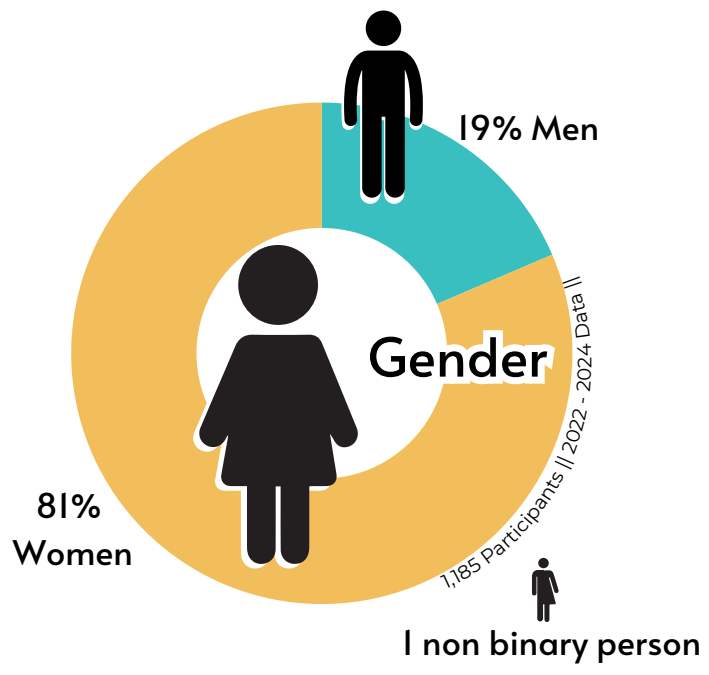
● 2022 ● 2023 ● 2024



1,385 Participants || 2022 - 2024 Data ||



Who Vida Plena Serves A Breakdown



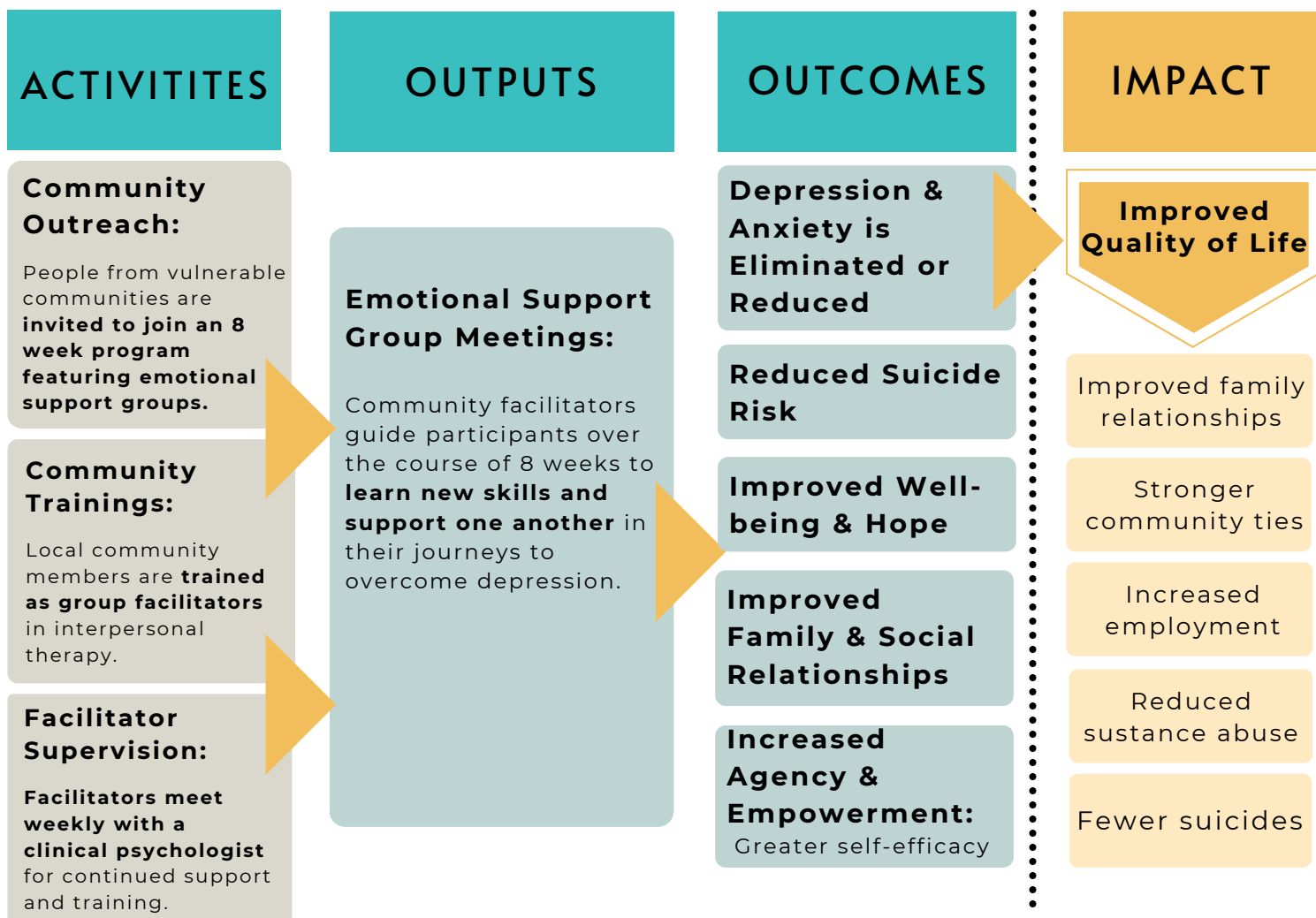
Theory of Change

We are committed to an evidence-based approach and work closely with data specialists and psychology researchers to guide our program design and analysis. Vida Plena follows the WHO-recommended group interpersonal therapy (g-IPT) model, which consists of eight weekly group sessions. While some clinical trials and g-IPT programs run for longer, we use the eight-week format because it is both cost-efficient and aligned with WHO guidelines.

Our facilitators are community members, most of whom had no prior mental health training. All have been trained in the g-IPT model developed by Columbia University, and **we are currently in the process of becoming certified g-IPT trainers to support future program expansion.** In addition to the initial training, all facilitators receive weekly supervision to ensure quality and ongoing support.

This model empowers facilitators to lead change from within their own communities. It is especially important in rural areas where therapy services are limited or unfamiliar. Participants benefit from receiving care from someone who understands their local realities and lived experiences, which is often not possible for providers from outside the cultural context.

Although g-IPT has been successfully implemented around the world, Vida Plena is the first organization to apply this model in Latin America.



Caring for the Caregivers

Supporting our facilitators' wellbeing and professional growth remains a central part of Vida Plena's model.

Facilitators engage in several ongoing support structures to strengthen both their clinical skills and emotional resilience.

1) Weekly Clinical Supervision: Each facilitator meets weekly with a clinical psychologist certified as a g-IPT supervisor by Columbia University. These sessions provide space to review cases, discuss challenging situations, and ensure ongoing clinical quality and participant safety.

2) Bi-Monthly Professional Trainings: Facilitators participate in external trainings focused on skill development and professional growth every other month. Topics have included suicide risk management, motivational interviewing, and approaches for working with specific populations.

3) Bi-Monthly Emotional Processing Groups: Separate from clinical supervision, facilitators also take part in emotional processing sessions led by an external psychologist. No Vida Plena leadership is present, allowing facilitators a confidential space to process their own emotions, reflect on their work, and receive peer support.

In addition to these core supports, facilitators also participate in monthly team meetings and periodic special events that foster team connection and shared learning.

Our Model

Facilitator Spotlight



Santi

Santi joined Vida Plena while still in his second year of clinical psychology studies. As the youngest on the team, he impressed us all with his maturity and deep sense of purpose. Before joining, he had already held leadership positions with several grassroots organizations, always looking for ways to serve others. At Vida Plena, he brings fresh ideas to group sessions, builds strong connections even with participants twice his age, and never hesitates to step up when something needs doing. He is especially passionate about making mental health care more accessible in rural communities across Ecuador.



Who We Accept Into Vida Plena

Vida Plena does not screen out participants based on their starting depression levels like other organizations, but rather welcomes everyone who wishes to take part in a group. We do this for several reasons. Firstly, the g-IPT methodology not only addresses depression but also reduces anxiety, helps with emotional distress, fosters new connections, and builds interpersonal skills. Additionally, when possible, Vida Plena partners with local NGOs who offer additional social services, such as business skills training, legal support for migrants, and food banks. Evidence suggests that mental health programs can enhance outcomes in primary programs focused on health or business (Khan, 2024; Dillon & Hagan, 2023). While many participants from these partner organizations meet the depression criteria, a significant portion do not.

Furthermore, g-IPT programs often do not accept participants with suicidal ideation, referring them instead to specialists. However, Vida Plena includes these individuals due to the lack of alternative options in the areas we serve. In many regions, private therapists are scarce and costly, and free public sector services have overwhelming waitlists and significant bureaucratic barriers. A 2022 governmental report noted that there were just over 500 therapists registered for Ecuador's 18 million residents. With limited alternatives, we accept participants experiencing suicidal ideation into our program. They may receive additional Vida Plena sessions, or we refer people to external mental health services as best as possible.



Alexandra

“When I started the group, even though I had already received individual psychological therapy, I felt like I was in a fishbowl, as there were many barriers around me that prevented me from moving forward. Today I know I am stronger; I am a warrior woman. I am no longer in the fishbowl. Now I am in the sea because I am freer and have much more energy and hope to continue. I am happy to have friends and that we get together to celebrate our achievements and joys

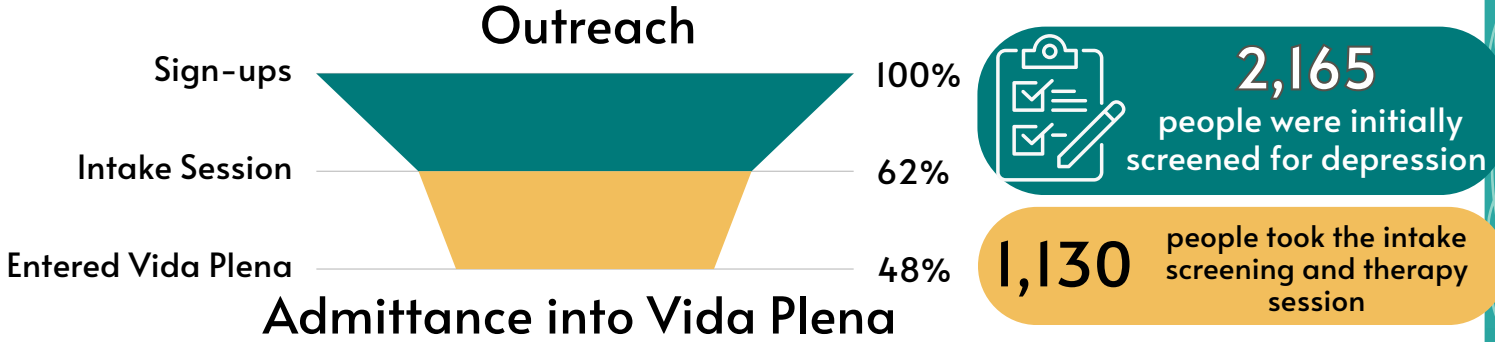
Since 2010, Alexandra has been living with breast cancer while also navigating a strained relationship with her adult son. She joined the group seeking to rebuild her self-esteem, improve communication with him, and connect with other women facing challenges of their own. As the sessions unfolded, Alexandra began to share her story. Her openness invited empathy and connection, and she discovered the deep value of being part of a supportive community during hard times.

With each session, she found renewed strength and clarity. The distance between her and her son began to lessen as she practiced new ways of relating to him. At the same time, she poured her energy into growing her small business, motivated by the desire to provide for her son and remain focused through her illness. By the end of the process, Alexandra felt more equipped to face her health journey and to nurture the relationship that mattered most to her.

How Vida Plena Works

Participants find us through word of mouth, outreach events, or partner organizations, with 48% referred by local partner NGOs, including our partnership with the PODER program. This year, our Quito team led 23 Wellbeing and Partnership Workshops, designed specifically for local partner staff.

These sessions introduce our model, provide tools for caring for their own mental health, and offer a glimpse into the participant experience.



Total Data: 2,165 people signed up for Vida Plena’s programming || 2023 & 2024 Data ||

How do our Participants Find us?

| Partner Organization | % of Participants Who were Referred | Partner Organization | % of Participants Who were Referred |
|------------------------------------|-------------------------------------|--|-------------------------------------|
| ACNUR | 1.23% | Iglesia La Paz | 3.07% |
| Banco de Alimentos (BAQ) | 0.92% | Junta Nacional Defensa del Artesano | 0.61% |
| Casa Somos | 4.29% | Magma | 0.31% |
| Catalyst 2030 | 0.31% | Medical Brigade or Health Fair | 0.92% |
| Centro de Mediación Municipal | 1.23% | Municipio de Quito | 0.31% |
| Consulado de Colombia | 0.31% | Parroquia María Auxiliadora | 1.84% |
| FUDELA | 1.53% | Personal Vida Plena | 1.84% |
| Fundación Bienestar | 1.53% | PODER - IMPAQTO | 42.02% |
| Fundación Fabián Ponce | 1.23% | Profesional de la salud | 3.07% |
| Fundación Martina | 3.37% | Red Somos Uno Galápagos | 0.31% |
| Fundación Niños con Destino | 0.61% | REDNI | 3.07% |
| Hospital del Dia de la Central | 1.53% | Supermercados Santa María | 2.76% |
| Hospital Militar | 0.31% | Surkuna | 0.31% |
| Hospital San Juan de Dios | 8.59% | Tejido Violeta | 0.61% |
| Iglesia Alianza República | 1.23% | USAID | 0.31% |
| Iglesia Esmeraldas | 1.23% | OTHER | 9.20% |
| Total Participants Referred | 326 | Total Participants Admitted in 2024 | 685 |

How Vida Plena Works

Prospective participants complete an intake form and answer questions about the severity of their depression. They then have a one-on-one intake session with a facilitator to understand their life circumstances, the current causes of their depression, and establish therapeutic goals.

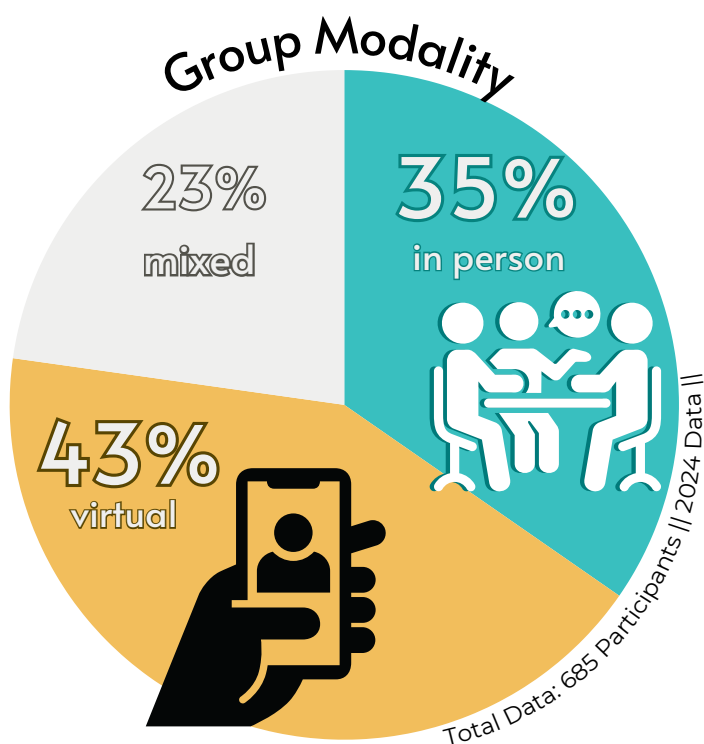
Once admitted, participants engage in eight weekly g-IPT sessions led by community facilitators. Groups are conducted virtually, in person, or through a mixed modality.

Virtual Groups: Another unique adaptation by Vida Plena is the option to offer virtual therapy groups. These sessions are held via WhatsApp group calls, Google Meet, or Zoom, depending on what works best for the participants. While virtual groups are not feasible for everyone or in all geographic regions due to connectivity challenges, they have allowed us to reach individuals who would otherwise have no access to mental health support. This format has expanded our reach significantly, especially in remote or rural areas.

The structure of virtual groups mirrors that of in-person sessions, maintaining the same therapeutic process and goals. However, facilitators have developed specific adaptations to make virtual sessions effective. These include setting ground rules such as keeping the camera on when possible, finding a private space where others cannot overhear the conversation, and being fully present during the call. These adjustments help preserve the safe and supportive environment that is essential for g-IPT.

Last year's data helped us assess how effective virtual groups can be. Given the high demand for virtual sessions due to geographic distance and scheduling challenges, this question was especially important. **Our results show no significant difference in PHQ-9 scores between in-person and virtual formats**, so we continue to offer virtual groups as a viable option for those who are unable to attend in-person.

g-IPT Therapeutic Techniques: Each g-IPT session follows a structured format designed to help participants better understand and manage the emotional challenges they face. Facilitators guide the group through open discussions, helping participants identify the connection between their mood and key life events or relationship issues. Sessions include practical techniques such as roleplaying, where participants practice new ways of communicating or navigating difficult situations. Facilitators also support participants in developing problem-solving skills to address current stressors and interpersonal conflicts. Over time, the group works together to build a strong support network, reinforcing a sense of connection and mutual encouragement. These strategies help participants not only improve their mood but also gain tools they can continue to use in their daily lives.



How Vida Plena Works

Michelle

“

The group reminded me that beyond being a mother, I am a woman with several goals. It is right and just that I want to achieve them. The women in the group inspired me to believe that I am capable and that I can take action to get closer to my ideal life.

”

Michelle felt overwhelmed by the demands of motherhood and daily chores. She believed she had lost sight of her life plan, and even her business had come to a standstill. In the sessions, she found space to reflect and tools to rebuild.

With the group's support, Michelle began to regain balance between her role as a mother and her personal goals. She also developed stronger communication skills that helped her open conversations with her husband about the importance of shared parenting.

In the group, Michelle found safety and solidarity. The other women listened, supported her, and saw parts of their own stories in hers. Little by little, Michelle began to move forward. She restarted her business, applied for scholarships and new projects, and reconnected with a long-held dream: to become a leader in the fight for women's rights. She credits the group with helping her remember who she is and what she's capable of offering others.



Artwork created by Vida Plena participant, Elizabeth



WhatsApp Chat Groups: Another unique adaptation developed by Vida Plena is the creation of WhatsApp groups for each therapy group. These chat groups offer participants a way to stay in touch throughout the program, encourage one another between sessions, and reach out for support during moments of low mood. Facilitators also use the chat to coordinate sessions and send out links for weekly PHQ-9 check-ins and the endline survey. While not all participants have access to smartphones, we have found that a significant percentage do, and WhatsApp has become a valuable tool for building connection and community.

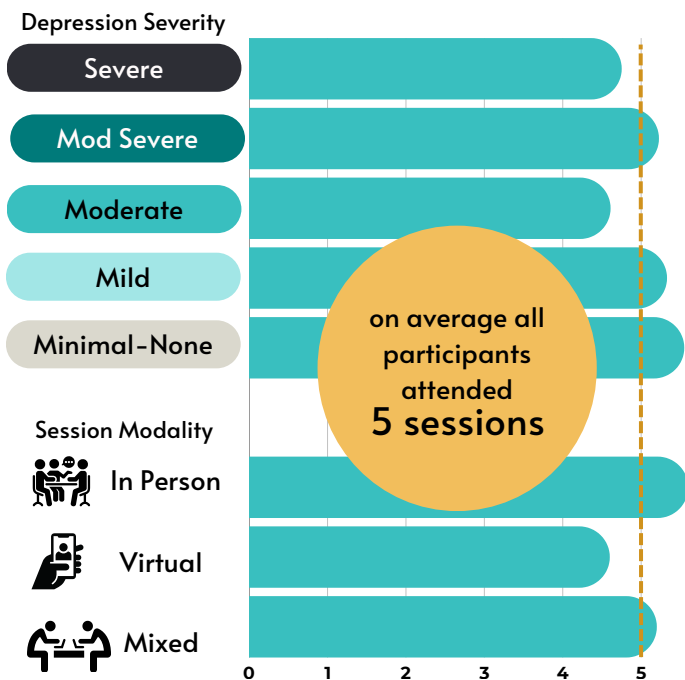
Participants can remain part of the WhatsApp group even after the program concludes. Many choose to continue these conversations, **with 50% of participants still active in their group chats three months after the program ends and 40% maintaining communication after six months.** These ongoing interactions highlight the strong social bonds formed through the therapy process and the lasting support networks that participants carry with them.

Referrals: When necessary, group facilitators work with their clinical supervisor to refer people in need of specialized mental care to other community services, such as partner nonprofits and private clinics. Due to the complications surrounding accessible mental health care, this is the best option that our facilitators can provide, despite not being ideal. We are always looking for new partnerships and to work with new organizations in the mental health sector here in Ecuador.

Session Attendance

Session attendance improved in 2024. Last year, participants attended an average of 4.5 sessions of the 8 offered, while **this year the average increased to five sessions**. A small portion of participants, about 8%, attended only one session and did not complete the PHQ-9, making it difficult to assess their outcomes. Although participants in virtual groups tend to attend slightly fewer sessions, which is consistent with last year's findings, they still show meaningful improvements through their participation in Vida Plena.

Average # Sessions Attended



Total Data: 685 Participants || 2024 Data || **# Sessions Attended**



Glossary of Assessment Terminology

GAD-7:

Generalized Anxiety Disorder assessment

The GAD-7 consists of 7 questions to determine a person's clinical severity of anxiety. The test has a max score of 21 (severe anxiety) scoring each question between 0 and 3 points. **A 4 point change between GAD-7 assessments is clinically significant.** Anxiety is self assessed using the GAD 7 at intake and outtake.

PHQ-9:

Personal Health Questionnaire

Consists of 9 questions to determine a person's clinical severity of depression. The test has a max score of 27 (severe depression) scoring each question between 0 and 3 points.

A 5 point change between PHQ-9 assessments is clinically significant. Depression is self assessed using the PHQ-9 weekly.

Clinical Thresholds

The threshold for determining if a participant has a clinical level of depression or anxiety. The PHQ-9 has a clinical threshold of 10+ points to determine clinical levels of depression. The GAD-7 has a clinical threshold of 8+ points to determine clinical levels of anxiety

Spontaneous Remission:

When people see clinical reductions in their depressive symptomology despite not being actively enrolled in therapy.

Premature Termination:

When participants drop out of therapy before the recommended treatment. These participants are different than those who don't show up to the first therapy session.



How Are Participants Impacted?

Participant Outcomes

71% showed improvement in their depression.

80%
No longer were at high risk for suicide

64%
worried less & had reduced anxiety

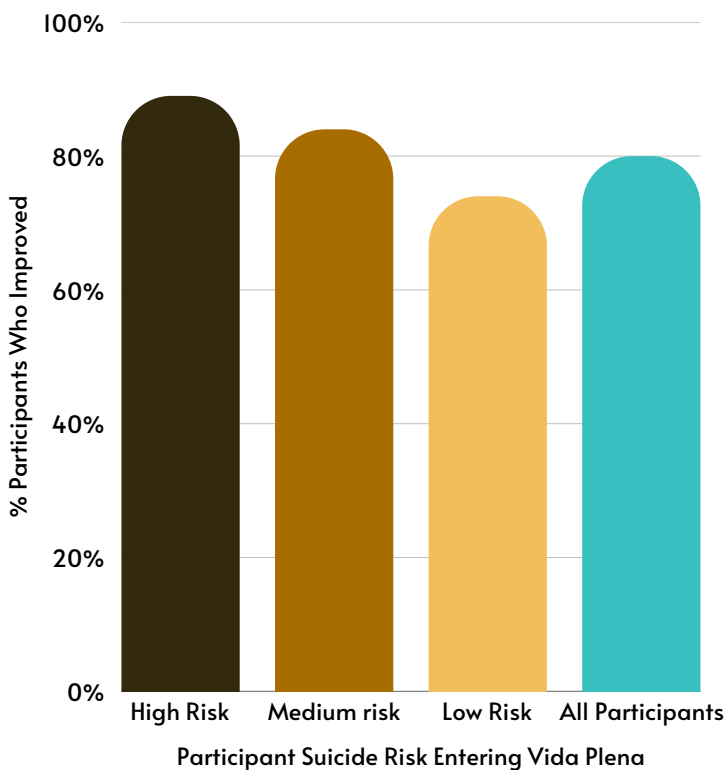


From the beginning of 2023 through the end of 2024, Vida Plena supported over **1,100 participants**. Of those with complete data (1,036 participants), 63% entered the program with clinical levels of depression, defined as a score of 10 or higher on the PHQ-9 self-assessment. In total, 71% of all participants showed clinically significant improvement, with some experiencing benefits after just a few g-IPT sessions. We significantly improved our recovery rates this year, with 68% of depressed participants showing clinical improvement in 2023, rising to 76% in 2024. Nearly all participants who entered the program with clinical levels of depression in 2024 either improved significantly or finished the program below the clinical threshold.

Suicidality is monitored using item 9 of the PHQ-9, which asks if participants "have thoughts that [they] would be better off dead or have thoughts of hurting [themselves] in some way." Nearly half of Vida Plena participants are identified as at-risk upon entry. Since Vida Plena accepts participants experiencing suicidal ideation, we follow up individually with these participants through a dedicated safety planning session, where we assess the level of risk and work together to develop a personalized safety plan. These sessions also include referrals to specialized care when appropriate.

Among those who entered the program with suicidal thoughts, **80% showed improvement, and 67% completed the program with no remaining risk of self-harm.**

Participants With Improved Suicidal Ideation



The majority of participants entering with self harm ideology saw improvements through Vida Plena programing.

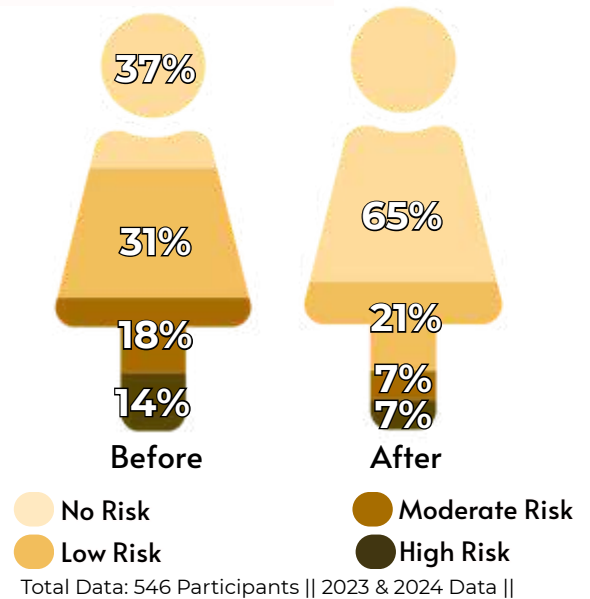
Total Data: 546 Participants || 2023 & 2024 Data ||



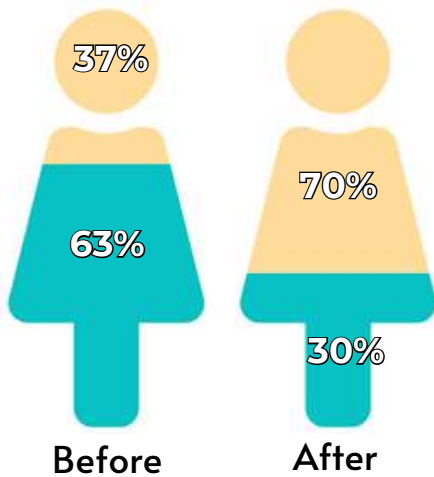
How Are Participants Impacted?

In addition to depression, we also measure anxiety levels through the Generalized Anxiety Disorder (GAD-7) standardized self-assessment tool, finding that 62% of participants began the program over the clinical threshold (defined as a GAD-7 score of eight or more). To avoid overwhelming participants with long evaluations, we only administered the GAD-7 at the start and end of the program. 64% of those entering with high anxiety and worry showed clinical improvement, and 74% completed the program below the clinical threshold for chronic anxiety and worry.

Suicide Risk



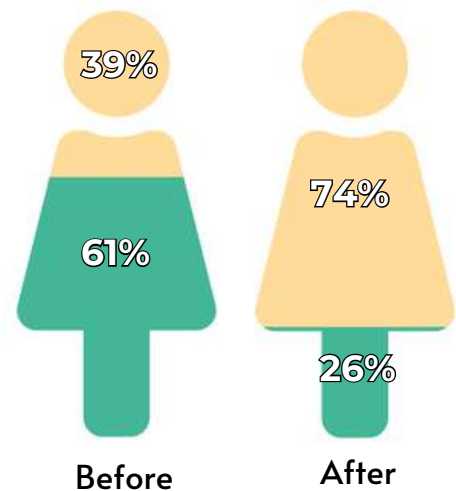
Depression Severity



Below clinical threshold
Clinical depression

Total Data: 1,036 Participants || 2023 & 2024 Data ||

Anxiety Severity



Below clinical threshold
Clinical Anxiety

Total Data: 395 participants || 2024 Data ||

I feel very happy because now I have a clearer life plan and I'm thinking only about myself for the first time. I know studying will be difficult, but I believe in my potential. I also feel empowered by my group. I know they will support me in these steps

Juana joined Vida Plena hoping to improve her social and communication skills and escape the deep isolation that had followed her since childhood. Making friends had always felt impossible, and over time, she abandoned personal dreams like continuing her studies or growing her small business. In the group, something began to shift. Week by week, Juana grew more confident. She spoke more freely, connected with the other women, and began to see herself as capable and worthy. The support she received from her peers was constant and sincere. As her self-esteem grew, so did her sense of possibility.

Juana made the courageous decision to enroll in university and pursue the dreams she had set aside for so long. At the same time, her interpersonal relationships improved as she developed stronger communication and greater self-awareness. She completed the process with no depressive symptoms and shared, "I feel very happy because now I have a clearer life plan and I'm thinking only about myself for the first time. I know studying will be difficult, but I believe in my potential. I also feel empowered by my classmates; I know they will support me in these steps."

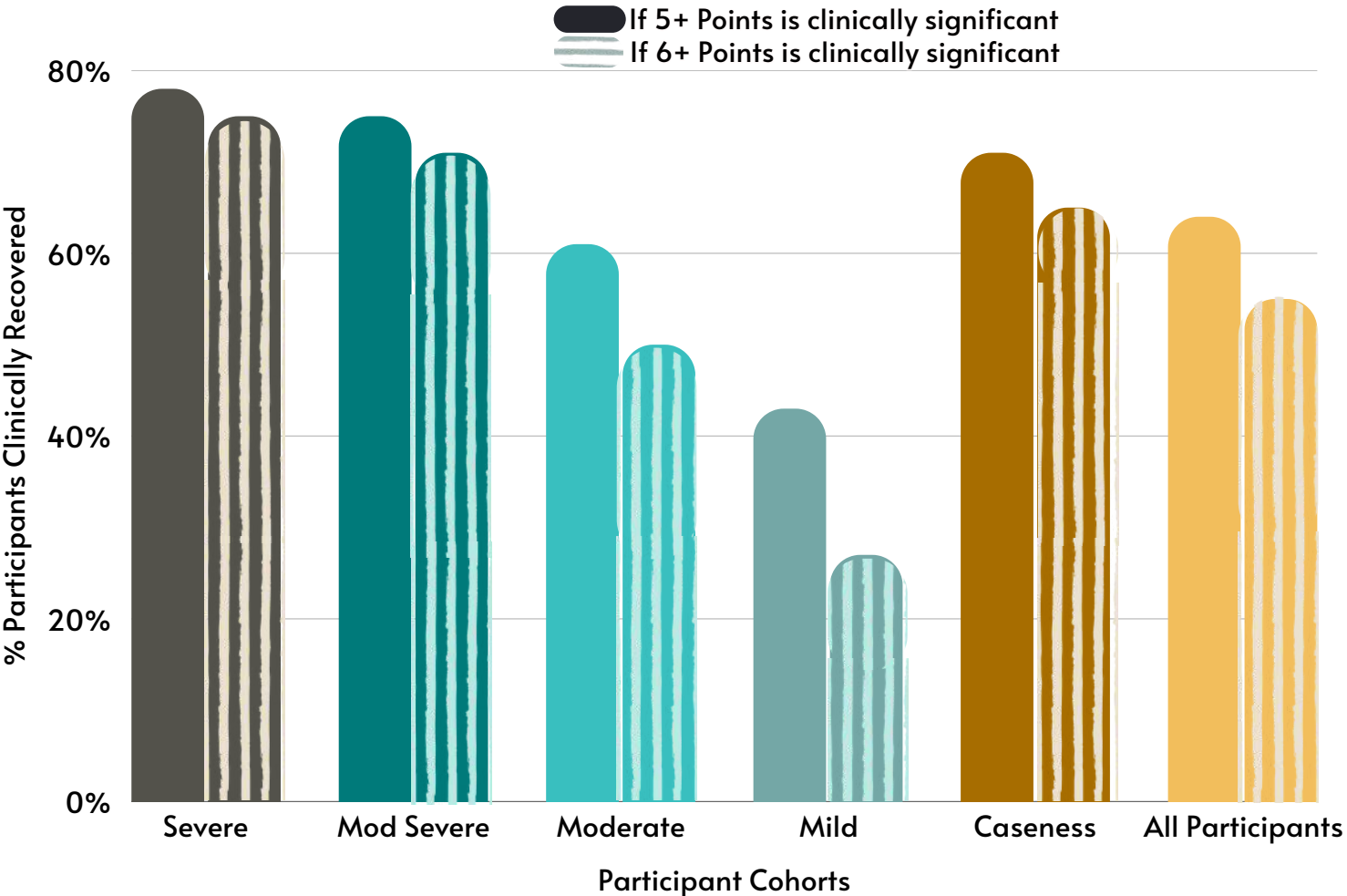
Juana

In-Depth Analysis

We are proud to present that participants often improve in eight weeks or fewer, exceeding literature-reported rates for spontaneous remission (Posternak & Miller, 2001). Spontaneous remission refers to recovery from depression without any form of treatment. Participants with clinical levels of depression show improvement either through a clinically significant reduction in their PHQ-9 score (a decrease of 5 or more points) or by falling below the clinical threshold for depressive symptoms (a score under 10). We are happy to report that this year we've seen even better improvements in our participants, and those experiencing depression had larger improvements in symptomology and PHQ-9 scores than what we saw in 2023.

As explained above, a five-point decrease on the PHQ-9 suggests clinical recovery (Kroenke, 2012), and by this measure, the majority of our participants improved. While there is some variation in the literature as to what is considered clinically significant, we use the five-point threshold as our measure of success based on several factors: the shorter duration of our program, our use of a group therapy model rather than individual therapy, and support from academic literature identifying a five-point drop as clinically meaningful (Kroenke, 2012). Even so, using a stricter six-point decrease criterion seen in other literature (Smith et al., 2025), over 70% of those moderately to severely depressed clinically improved.

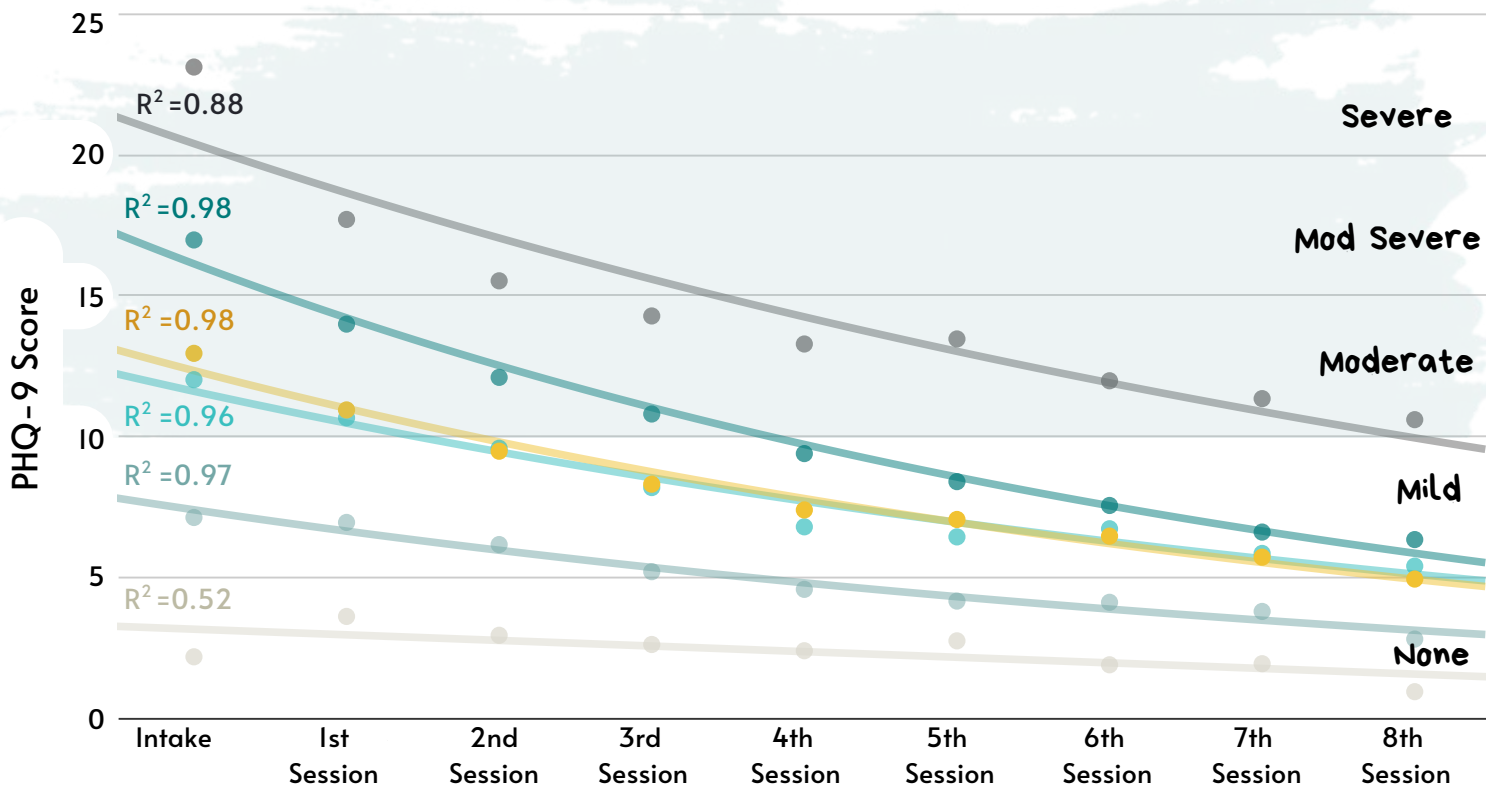
Percent of Participants Who Clinically Improve



Even when using a more rigorous metric when analyzing participant improvement, we still see that the majority of the most afflicted participants clinically recover.

In-Depth Analysis

PHQ-9 Reduction by Session of Vida Plena Therapy



Average Total PHQ-9 Point Reduction

| | |
|------------------|--------------|
| Severe | 10.49 points |
| Mod Severe | 8.33 points |
| Moderate | 5.22 points |
| Mild | 2.93 points |
| Minimal-None | 0.07 points |
| All Participants | 5.66 points |

Trendlines indicate that improvements in depressive symptoms are highly correlated with Vida Plena programming for all participants. PHQ-9 scores are taken at the start of each session. PHQ-9 scores 10 or above indicate clinical depression. **Those exhibiting depression clinically improved and on average halved their depressive score.**

Total Data: 1,036 Participants || 2023 & 2024 Data ||


Total Average Reduction of PHQ-9 Score by Year

| Average PHQ-9 Improvement | Severe | Moderate Severe | Moderate | Mild | None | All Participants |
|--------------------------------|--------|-----------------|----------|------|-------|------------------|
| 2023 353 Participants | 8.47 | 7.30 | 4.70 | 2.21 | -0.25 | 5.28 |
| 2024 683 Participants | 11.55 | 8.95 | 5.52 | 3.36 | 0.15 | 5.88 |
| Combined 1,036 Participants | 10.39 | 8.33 | 5.22 | 2.93 | 0.07 | 5.66 |

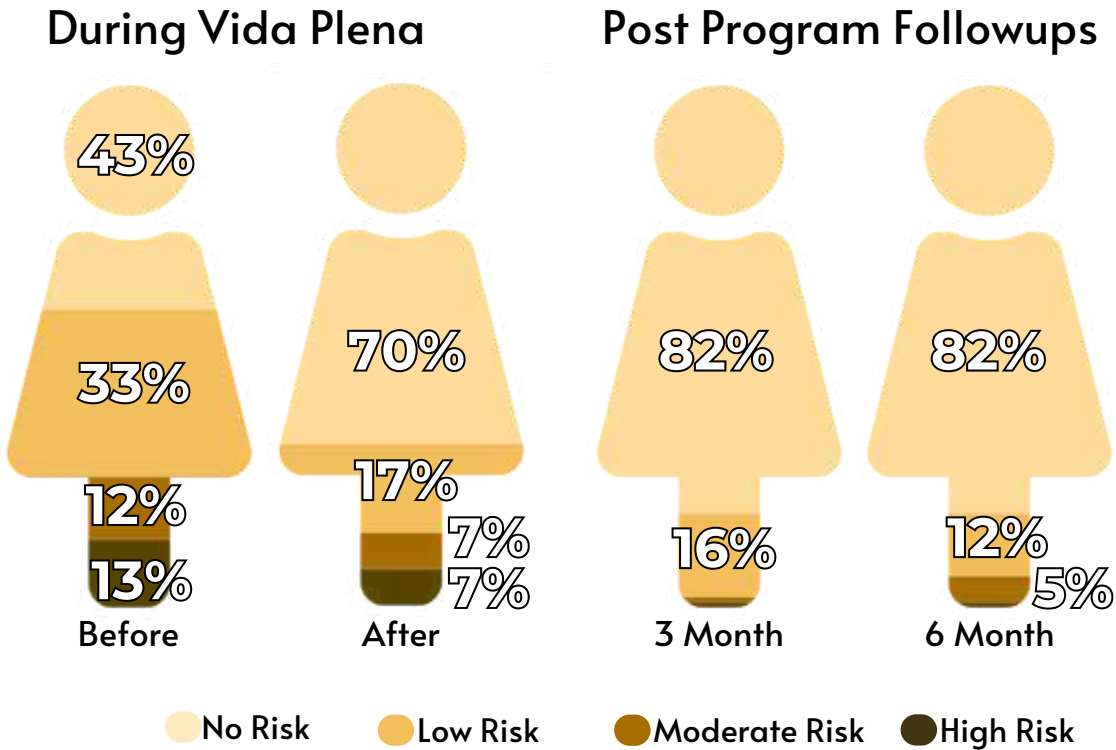
Long Term Outcomes

In late 2024, we began collecting follow-up data at three and six months post-program to monitor if participants' results in terms of depression, anxiety, and suicidality can be sustained over time. We reached out to participants who attended at least four sessions to assess whether the improvement that was observed at the end of their participation remained stable and if they continued to benefit from Vida Plena. Of those, 365 participants responded to our three-month follow-up evaluation, 164 participants responded to our six-month follow-up evaluation, and 95 participants responded to both. Upon analysis of our data, we found that the 95 participants who responded to both evaluations were representative of the larger cohorts who only answered one. Due to this, we present the findings following the 95 participants who answered both the three-month and six-month follow-ups for brevity.

Six months after finishing the program 77% of participants still showed significant improvement.



Suicide Risk



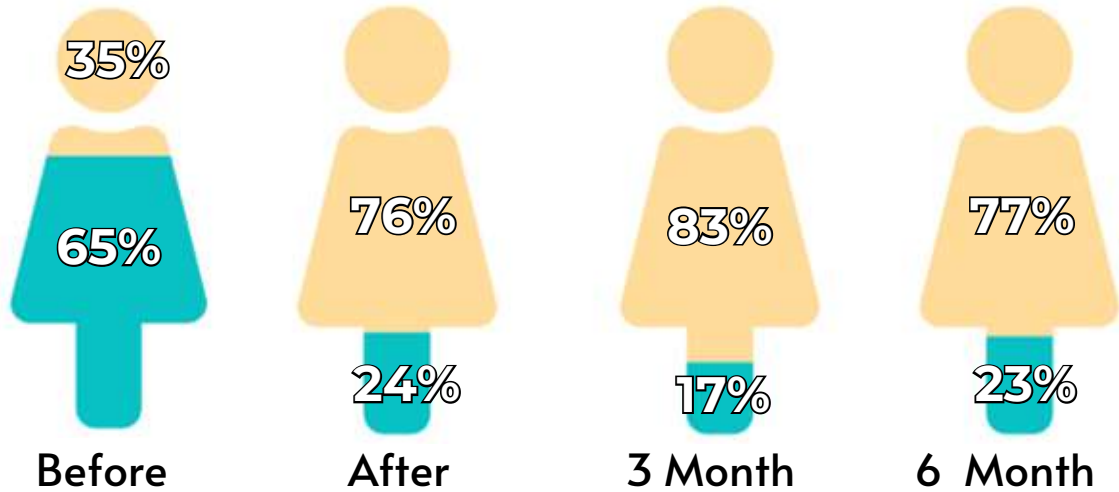
Self harm and suicidality in post term follow-ups. Participants entering with thoughts of self harm had a reduction in their symptomology and generally retained their progress after three and six months.

Long Term Outcomes

Depression Severity

During Vida Plena

Post Program Followups



Below clinical threshold

Clinical depression

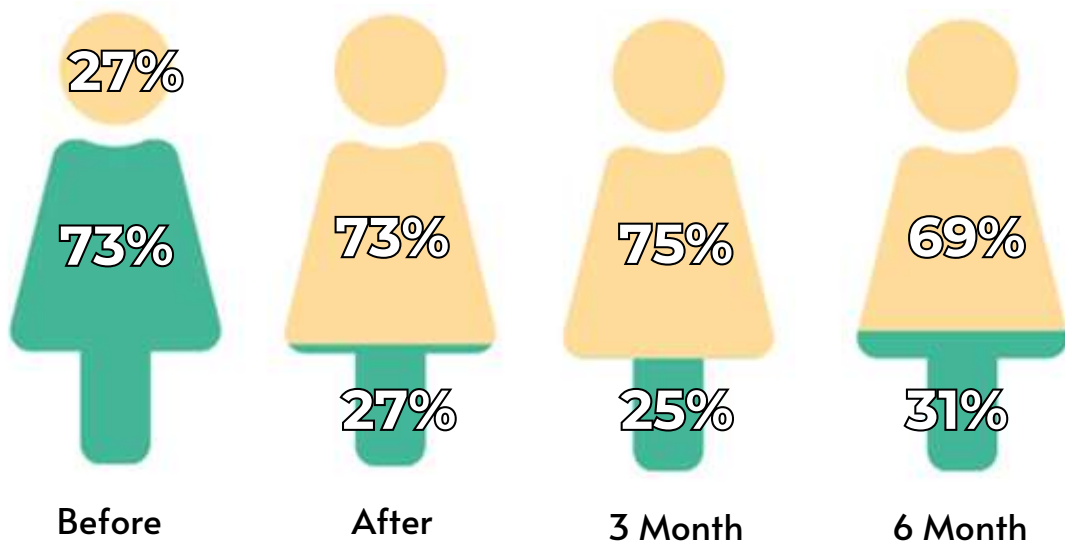
After the Vida Plena, participants stabilized in their depression scores. 73% clinically improve from intake and continue to stabilize from their outcome scores.

Total Data: 95 participants || 2024 Data ||

Anxiety Severity

During Vida Plena

Post Program Followups



Below clinical threshold

Clinical Anxiety

After the Vida Plena, participants stabilized in their anxiety scores. 82% clinically improve from intake and 75% stabilize from their outcome scores.

Total Data: 75 participants || 2024 Data ||

Limitations in Data Collection

Katherine

Katherine entered Vida Plena with severe depression. She struggled to sleep, felt constantly irritable, and found it hard to get through daily life. She withdrew from others, carried deep feelings of loneliness and low self-esteem, and often clashed with her family and partner. A fear of judgment followed her everywhere, rooted in community tensions linked to her father. She believed she wouldn't belong in any group of women.

At first, Katherine held back. She resisted digging into her past or sharing her emotions. But by week four, after completing her assigned activities, something shifted. She began opening up about her fears and pain, and that step changed everything. As she processed her story, she started connecting with the other women. Her empathy grew, and she became a source of comfort and encouragement for others in the group.

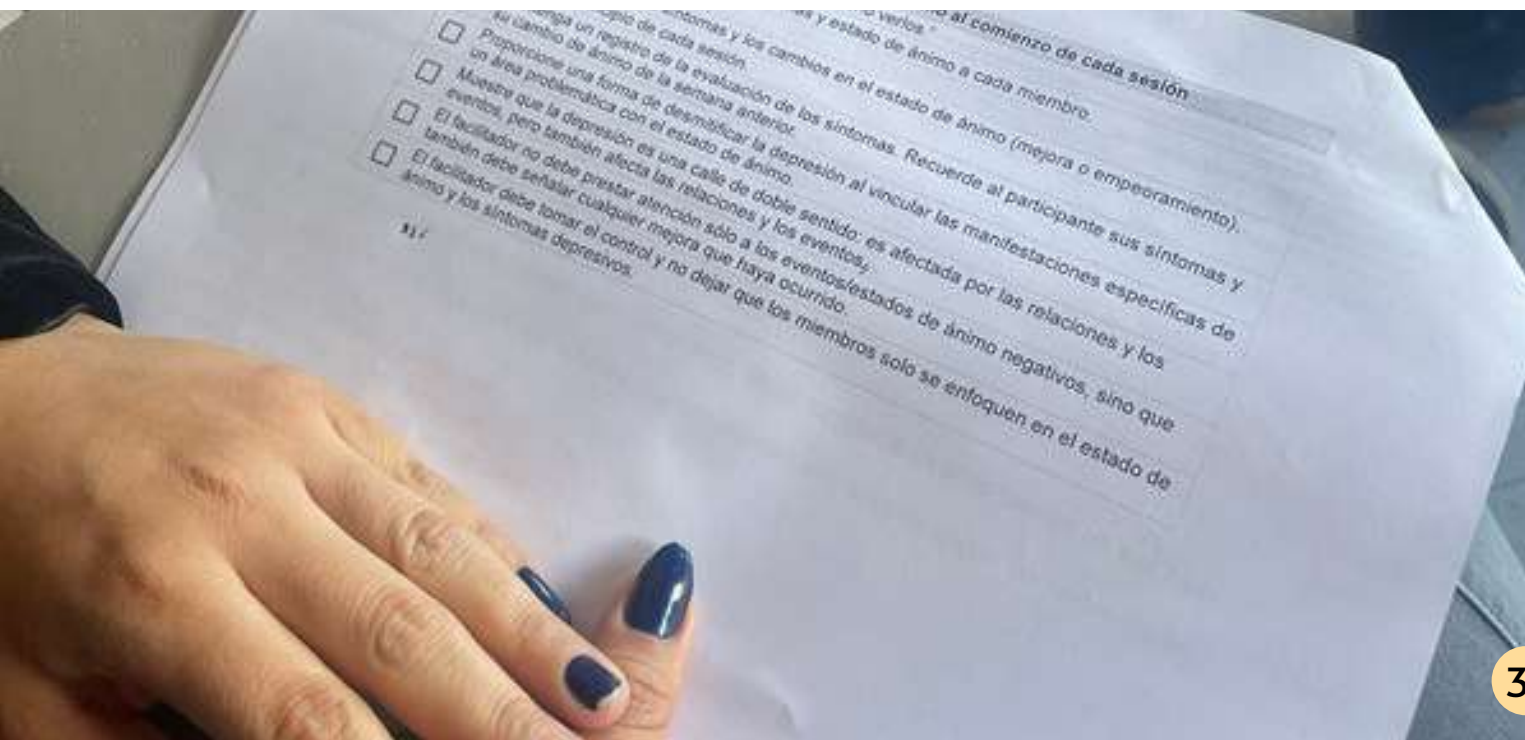
Katherine's transformation came through honest reflection and personal responsibility. By the end of the program, she no longer showed symptoms of depression and left with a renewed sense of connection, strength, and hope.

“

This space allowed me to see that I am not alone and that, by helping others, I also helped myself

”

As we are committed to an evidence-based approach, we apply rigorous data analysis, using clinical standards to determine participant depression severity upon intake and recovery. However, we do have some limitations with our data. The largest limitation is that we use weekly PHQ-9 self-assessments to gauge depression levels and track participant progress. Participants receive reminders before sessions to fill in the PHQ-9. Unfortunately, some participants do not fill in the PHQ-9 on time, do not fill it in at all, or fill it in but then do not attend the corresponding session. Therefore, the number of PHQ-9 scores that we have for a given participant may not match their actual session attendance, which is documented separately. In these cases, we truncate their session attendance to match the number of PHQ-9 scores we have available for that participant when calculating PHQ-9 scores throughout Vida Plena's programming or when calculating change in PHQ-9. Finally, some participants (94) only have an intake PHQ-9 score despite attending the first session. The majority of these participants are from 2023. Participants with only one PHQ-9 score, despite attending more sessions, were excluded from the analysis because we cannot track them throughout the program.

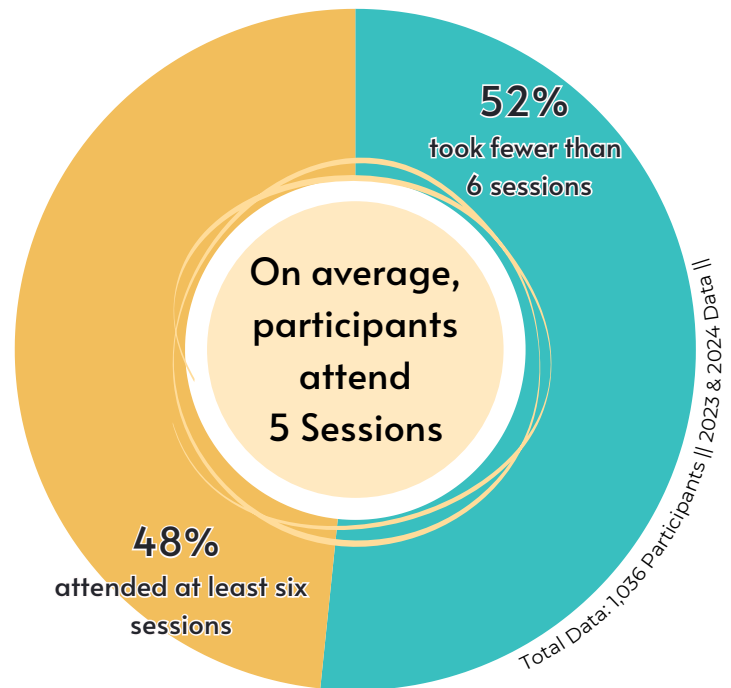


The Right Program Duration



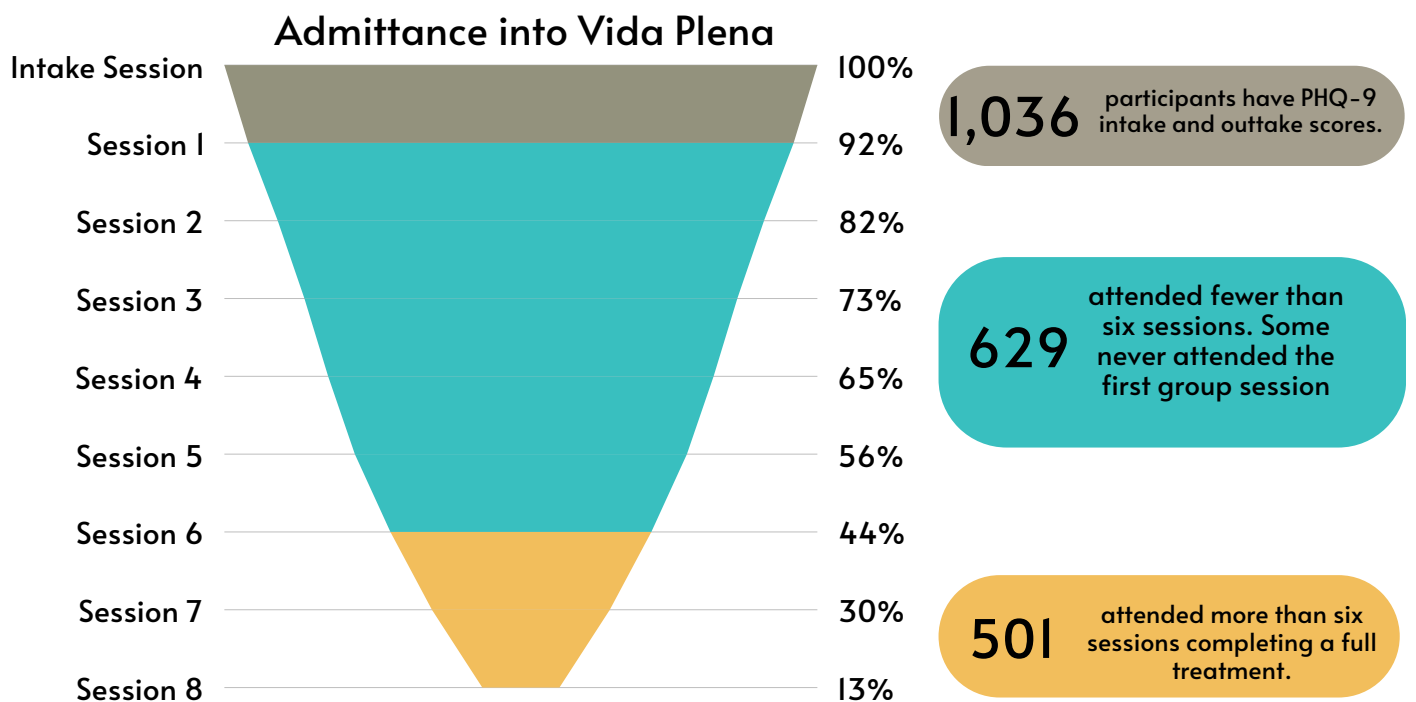
While we encourage attendance at all eight sessions, we recognize this isn't always feasible due to people's circumstances. This year, we aimed to determine the number of g-IPT sessions that significantly impact recovery. This measurement helps us assess the minimum number of group sessions for most participants. Knowing this, we can work with institutional partners to help them understand the importance of the current program structure and to communicate to participants the outcomes they are likely to see by committing to the program.

Average Number of Sessions Attended by Completed PHQ-9 Forms



48% of those who entered continued to at least the 6th dose receiving a complete g-IPT course.

Retention of Participants in Vida Plena

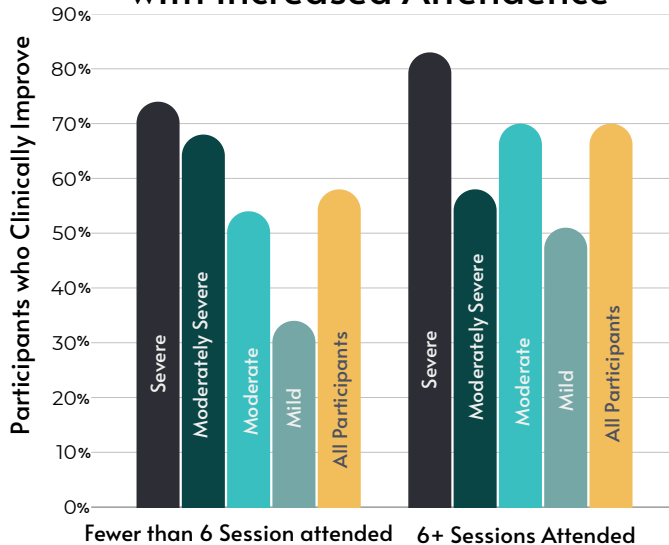


1,130 people entered Vida Plena's programming however 94 participants only have an intake PHQ-9 score. 48% of those who have intake and outtake PHQ-9 scores continued to at least the 6th session - receiving a complete g-IPT course.

The Right Program Duration

Our analysis showed that six sessions are optimal for improving depressive symptoms. Reviewing the full 2024 data alongside 2023 results, we confirmed that attending six sessions leads to the best clinical outcomes across all levels of starting depression severity. This was especially true, and somewhat unexpectedly, for participants entering with moderate depression. While individuals with more severe depression (classified as severe or moderately severe) often show early improvement and continue to make strong progress, those with moderate depression generally need to attend at least six sessions to achieve clinical improvement.

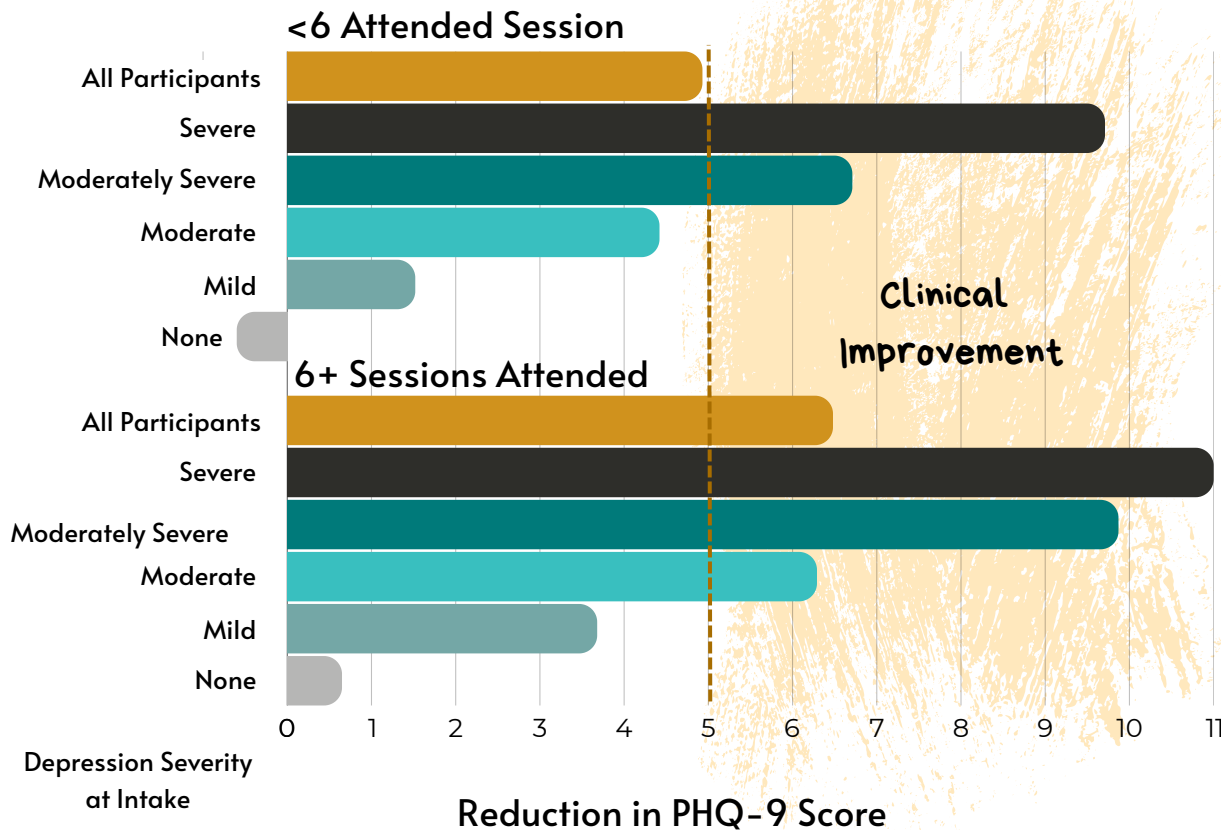
Participants who Clinically Improve with Increased Attendance



Participants, regardless of their depression severity, benefit from attending at least six Vida Plena therapy sessions as more participants benefit from clinical improvement if they attend at least six sessions.

Total Data: 1,036 Participants had both intake and outcome scores || <6 Doses: 535 Participants || 6+ Doses: 501 Participants || 2023 & 2024 Data ||

Change in Depression Scores



Change in PHQ-9 score using cumulative data from 2023 and 2024. Participants, regardless of severity level of depression upon intake, exhibit better outcomes participating in six or more Vida Plena therapy sessions. At six therapy sessions, participants on average are likely to see clinical improvements in their depression.

Total Data: 1,036 Participants had both intake and outcome scores || <6 Doses: 535 Participants || 6+ Doses: 501 Participants ||

Why Do Participants Drop Early?

Despite the overall positive outcomes achieved to date, we do want to do better. In 2024, half of Vida Plena participants attended at least six sessions. In contrast, a meta-analysis of psychotherapy programs in high-income countries estimates an average dropout rate of 20% ([Swift & Greenberg, 2012](#)), which is lower than what Vida Plena experiences. However, the factors influencing retention remain under-researched, particularly in low- and middle-income countries. Existing studies suggest that there are likely significant demographic and categorical differences between the participants who drop out early and those who complete the program.

Using facilitator feedback, data analysis, and a review of the literature, we are actively working to understand and address participant attrition. These insights are helping us refine our approach to improve access and sustained participation. We are currently testing several hypotheses to better understand the underlying factors that may be influencing participant engagement.

Hypothesis: Logistical Challenges

We conducted a qualitative review with facilitators, where they noted that factors like travel distance, lack of childcare, and unstable internet access impact attendance. Of the participants who provided commentary on their exit survey, 8% specifically mentioned logistical challenges such as childcare or work conflicts. Additionally, while we strive to offer therapy options that accommodate participants' schedules and locations, some still travel over an hour to attend sessions. Further compounding the situation, in 2024, Ecuador experienced a six-month drought, leading to 14-hour daily power cuts, posing significant challenges for both providing and receiving therapy. Facilitators also observed that participants' priorities might have shifted, requiring more focus on family care or work (many workplaces changed their schedules or cut staffing). Such [environmental obstacles](#) (Anderson, 2015) are well-documented reasons for program dropout.

Hypothesis: People from Vulnerable Populations are Likely to Drop Out

Given our work with participants facing a variety of challenging life circumstances (such as facing food insecurity, coming from a historically marginalized community, or being a single mother head of household), we hypothesized that those experiencing layered or intersecting forms of discrimination and hardship may attend fewer sessions. Evidence suggests that individuals from lower economic backgrounds, ethnic minority groups, or with lower education levels tend to drop out of therapy programs more frequently ([Anderson, 2015](#)). Surprisingly, our own analysis found no significant link between the types or number of vulnerabilities and session attendance. We hypothesize that this may be less observable in our data, as the majority of our participants come from these circumstances, and so we lack a significant contrasting group.

Hypothesis: Lack of Connection with Facilitators and/or Group Members

Literature suggests that a lack of connection with a therapist significantly impacts dropout rates and program satisfaction ([Anderson, 2015](#)). However, in our evaluations, the vast majority of people who completed the endline evaluation responded positively to the statements "Generally, my facilitator helped me complete my objectives that I had when entering the group" (En general, mi facilitador/a me ayudó a cumplir los objetivos que tenía al entrar al grupo) and "I felt comfortable to participate and express myself in the group" (Me sentí cómodo para participar y expresarme en el grupo). Neither did people who provided additional comments in the open response box mention problems with their facilitators, but we do recognize that this data could be slanted due to a self-selection bias. Only 30% of our participants responded, and this subset also completed at least 4 group sessions, excluding those who left the program early.

Why Do Participants Drop Early?

In 2025, we will be making a more concerted effort to have people who have left the program earlier than four sessions complete the endline evaluation with the goal of better understanding their motives for leaving.

Discontent with the group structure included 8% of people who didn't like virtual sessions generally, and 11% wished that there were in-person sessions to either replace the virtual sessions or be added to the virtual programming. Of the 23 participants (26%) who reported negative group experiences, a significant portion were in virtual sessions, where these challenges were especially common. Several did not feel that they had a safe space in which they could be vulnerable (7%), with some noting that it seemed that other people were in the background of their groupmate's video calls.

Additionally, some people (22%) felt frustrated that many of their peers were consistently late to sessions, were distracted, or simply didn't show up. A few participants (6%) didn't feel heard or understood, leading to a feeling of judgment and isolation.



Hypothesis: No Noticeable Improvement

Facilitators observed that participants sometimes drop out when they feel they are not making progress or need more individualized support. Among those who left comments, 7% requested individual therapy sessions, suggesting the g-IPT group format may not meet all needs. Some participants may perceive therapy as unproductive or going nowhere, influenced by dissatisfaction with group dynamics, weak facilitator connection, or low motivation ([Anderson, 2015](#)). Others may expect faster results and become discouraged when improvement takes longer than anticipated ([Swift et al, 2012](#)).

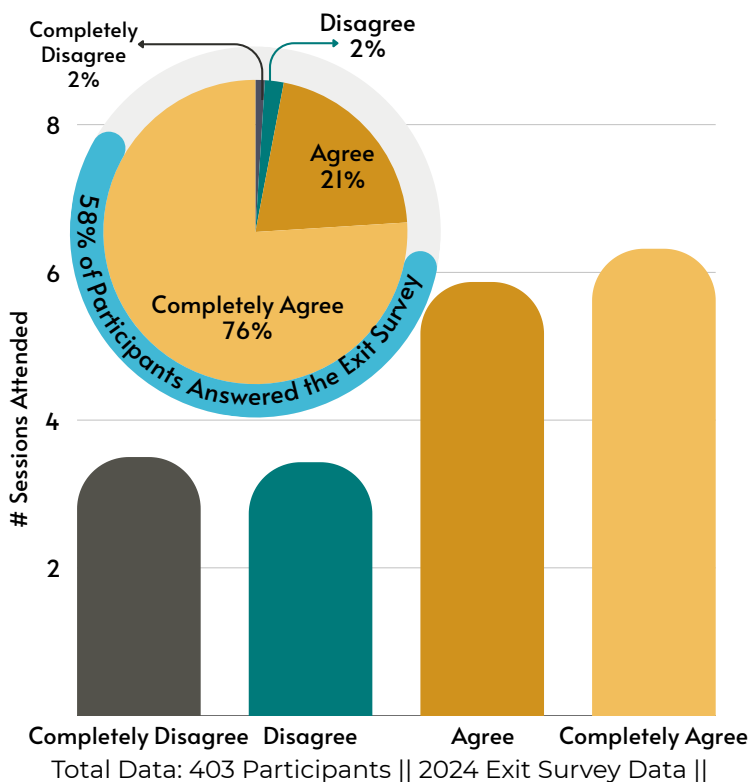
Although most participants improve their PHQ-9 scores, those who attend only one session show mixed outcomes: roughly half report feeling better, while the other half see no change or feel worse. This indicates that some leave after one session because they experience early benefits, while others leave due to unmet expectations or lack of immediate results. Clear communication about the expected pace of progress and group structure may encourage participants to stay longer.

Hypothesis: Participants Feel Better

In contrast to the previous hypothesis, some participants may leave because they start feeling better. Our analysis of 2023 data supported this hypothesis, and the trend continues with combined 2023 and 2024 data. We have noted the following trends.

Sessions Attended

"I felt comfortable to participate and express myself in the group"



Why Do Participants Drop Early?

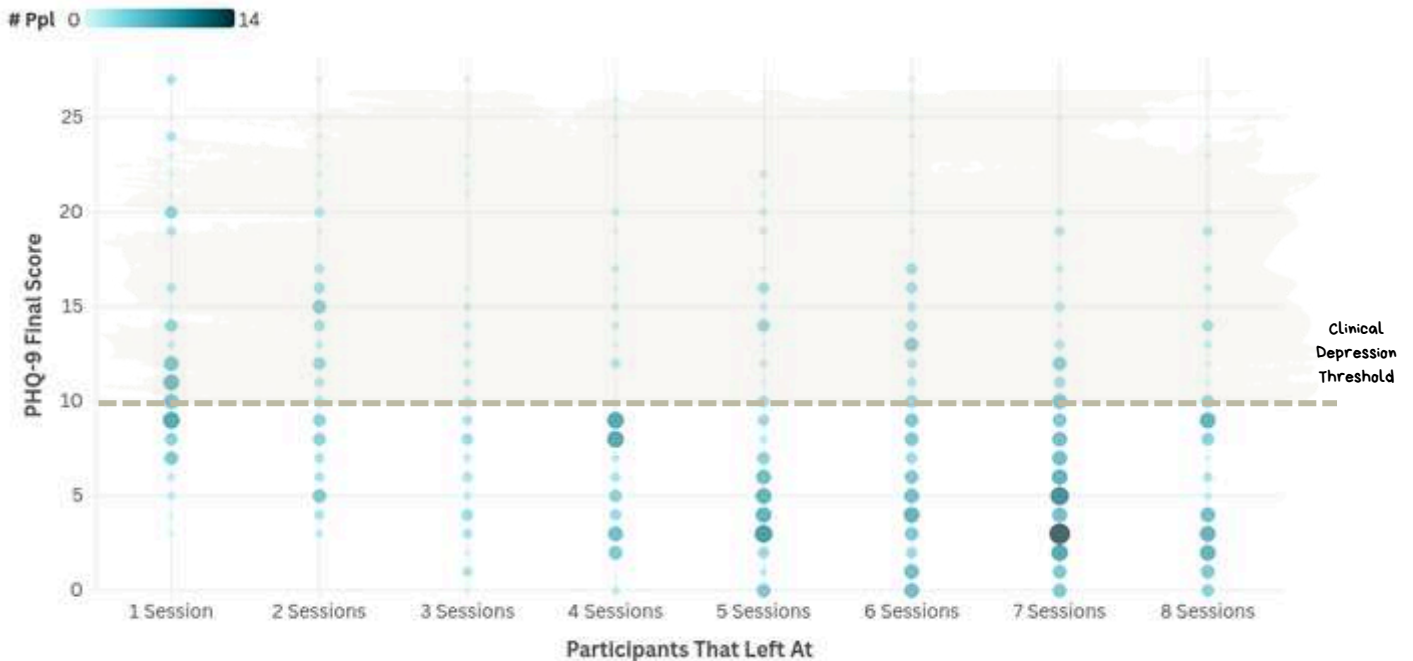
Hypothesis: Participants Feel Better

Trend 1:

Participants entering with clinical levels of depression leave when they fall below the clinical depression threshold (10 points on the PHQ-9).

Trend 1

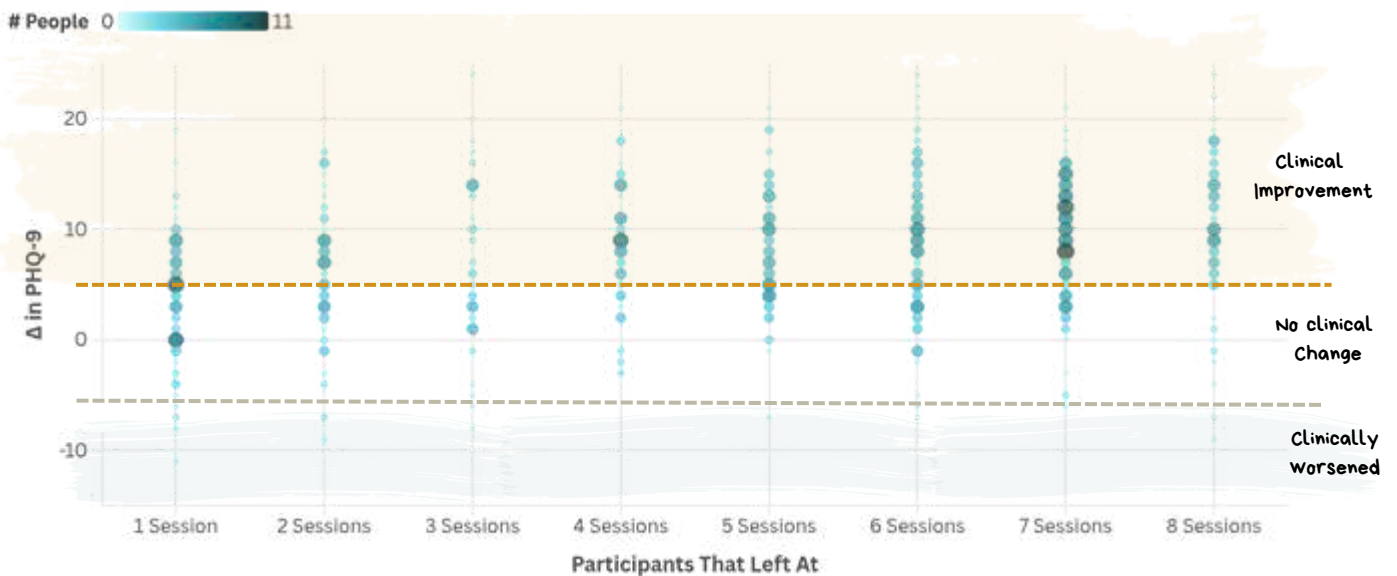
Distribution of Participants, Time of Dropout, & Final PHQ-9 Scores



The majority of participants, upon their final session, are below the clinical threshold for depression. Each dot represents the number of participants (size and color) who attended that number of sessions and left with that final PHQ-9 score.

Trend 2

Distribution of Participants, Time of Dropout, & Change in PHQ-9 Scores



The majority of participants see clinical improvement upon their last attended session. Each dot represents the number of participants (size and color) who attended that number of sessions and left with that change in PHQ-9 score.

Hypothesis: Participants Feel Better

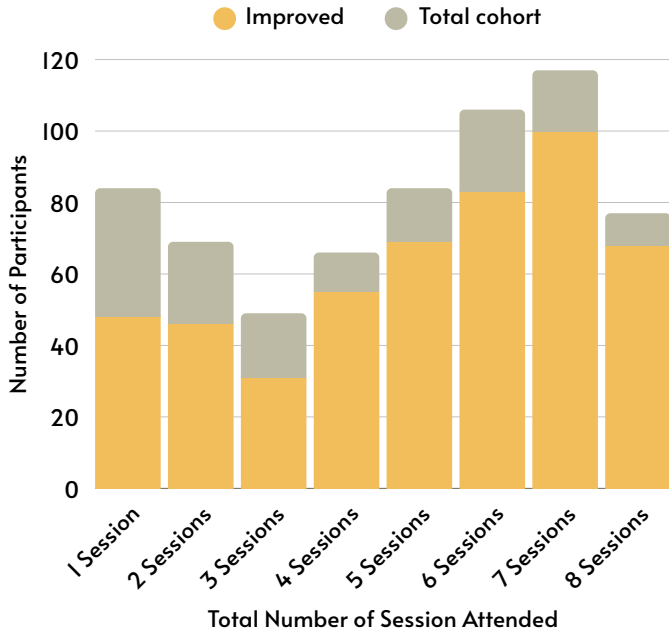
Trend 2:

Participants entering with clinical levels of depression leave when they see clinically significant changes in their PHQ-9 score, even if they don't drop below the clinical threshold for depression.

Why Do Participants Drop Early?

Trend 3

Number of People Who Ended VP below Clinical Depression Threshold or Improved by 5+ Points on their PHQ-9 Outtake Scores



The majority of participants exit Vida Plena either below the clinical threshold for depression or having clinically improved as noted by a 5+ point reduction on their PHQ-9 scores.

Total Data: 652 Participants Exhibiting the Clinical Threshold for Depression upon intake || 2023 & 2024 Data ||

Hypothesis: Participants Feel Better

Trend 3:

Participants entering with clinical levels of depression leave when they fall below the clinical depression threshold or clinically improve.

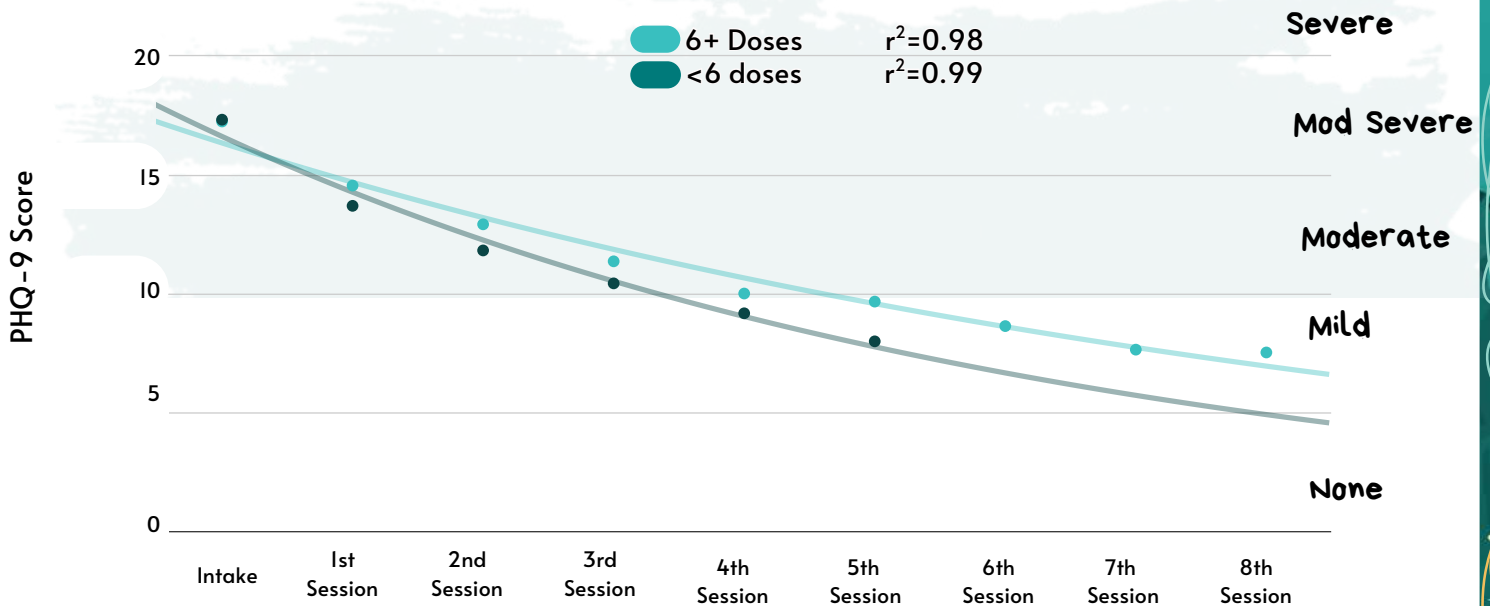
Hypothesis: Participants Feel Better

Trend 4:

There is a correlation between significant early improvement and dropping out, compared to those with slower but steady progress, who tend to attend more sessions overall. On average, the large PHQ-9 improvement happens between intake and the participant's first session, with PHQ-9 improvement leveling out afterwards. Still, participants who stay in the program benefit from cumulative improvement between sessions.

Trend 4

Change in PHQ-9 Score by Therapy Doses by Participants Exhibiting Clinical Depression



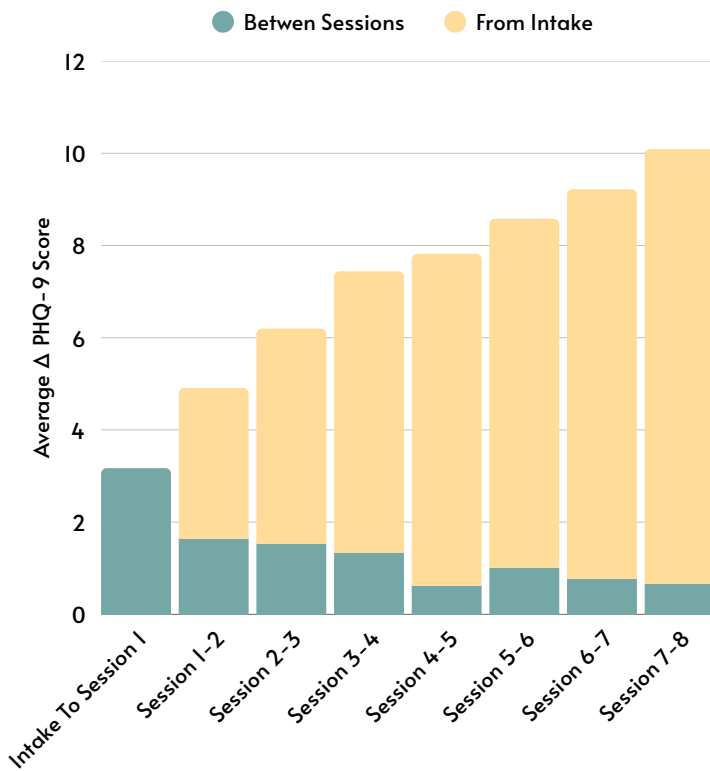
Trendlines indicate that improvements in depressive symptoms are highly correlated with the amount of g-IPT sessions attended. PHQ-9 scores are taken at the start of each session. Participants with depression who take fewer than six sessions experience a quicker recovery from depression symptoms than those who stay in the program longer.

Total Data: 1,036 Participants || 2023 & 2024 Data ||

Why Do Participants Drop Early?

Trend 4

Change in PHQ-9 Score Between Sessions



Change in PHQ-9 in Participants with Caseness by Dose

The most significant change in PHQ-9 score happens between Intake and the first session. From there, change in PHQ-9 score remains relatively constant, but accumulates throughout the sessions. Therefore, participants receive cumulative benefit from remaining in the program longer.

Total Data: 652 Participants Exhibiting the Clinical Threshold for Depression upon Intake
|| 2023 & 2024 Data ||

With these lines of evidence, we can determine that most participants drop out of Vida Plena early because they feel better. Similar to people stopping antibiotics when they feel better instead of taking the full course, this may explain early departures. As participants feel better, therapy may become less of a priority, with focus shifting to other activities, work, or family. This phenomenon, known as Problem Improvement (Anderson, 2015), is well-documented as a common reason for early dropout. In 2025, we plan to follow up with participants who completed fewer than four sessions to assess if their recovery is sustained long-term.

Facilitator Spotlight



Erica

Originally from Venezuela, Erica is the proud mom of the first Vida Plena baby since our founding. Alongside her work as a facilitator, she runs our Spanish-language Instagram at [@vidaplenu.latam](https://www.instagram.com/vidaplenu.latam). Though not formally trained in graphic design, she's become the team's go-to for visual layouts and video editing, bringing a strong sense of aesthetic to everything she creates. Erica is thoughtful as she is generous. Last Christmas, she handmade personalized gifts for each team member, with a small self-care moment for every day of December. She's also active in her church, and her faith shows in the care she brings to every part of her life and work.

Possible Solutions To Combat Drop Out

As part of our efforts to improve participant retention and deepen engagement, we are designing a series of A/B tests to be piloted in 2025. These small-scale, controlled experiments will allow us to evaluate which interventions most effectively support participants in completing the program and feeling connected to their group. Below are the strategies we are considering testing:

1. Expectancy Value Exercise

Goal: Strengthen commitment to the process

Intervention: A brief writing activity in which participants reflect on how the group is relevant to their lives and goals. This approach draws from motivational interviewing techniques to increase buy-in from the start.

2. Social Belonging Video

Goal: Reduce early dropout by normalizing adjustment challenges

Intervention: A short video is shown during the first session, featuring a past participant who shares their own ups and downs in connecting with the group. The message emphasizes that it's normal not to feel immediate results or a deep connection, but that continued attendance leads to real improvement.



3. Buddy System

Goal: Build stronger social ties that persist beyond the group

Intervention: Pair participants to check in with one another between sessions. This aims to increase accountability and emotional connection throughout the process.

4. Casual Social Time

Goal: Deepen bonds within the group

Intervention: Incorporate an informal coffee/snack time after group sessions to foster relaxed, personal interactions outside the structured therapy setting and serve as a way for people to decompress.

5. Gamification with Tokens

Goal: Encourage consistent attendance and reduce dropout

Intervention: Distribute a token (e.g., a bead for a bracelet) at each session attended, creating a visible, tangible marker of progress and participation.

6. Big Brother / Big Sister Mentorship

Goal: Strengthen support and promote long-term connection

Intervention: Invite former participants who completed the program to act as mentors for new group members, offering encouragement and periodic check-ins outside of sessions.

Meet the Core Operations Team

While this section highlights our core operations team, none of what we do would be possible without our exceptional community facilitators. They are the heart of Vida Plena, bringing care, consistency, and compassion to every group. Their dedication makes this work real. You can read more about each of them on our website [here](#).



Founder

Joy Bittner



Joy brings over eighteen years of experience leading social impact work in Latin America. Before founding Vida Plena, she directed global partnerships at Faire Collection, an artisan women's initiative, and launched Public Health Brigades in Honduras. She holds advanced degrees in social work and nonprofit management and is an alumna of the Charity Entrepreneurship Incubator. Joy is also the first organizational director to have completed Columbia University's training to become both an IPT provider and supervisor. At Vida Plena, she leads operations, strategy, fundraising, and partnerships. Outside the office, she's often climbing Ecuador's mountains, bikepacking through the countryside, or admiring traditional handmade textiles. She thrives on strong coffee and big ideas, usually at the same time.

Co-Founder

Anita Kaslin



Anita is an Ecuadorian clinical psychologist with over a decade of expertise providing culturally competent mental health care to marginalized populations. She previously provided clinical therapy to Indigenous communities affected by mining companies and founded a program fostering social connection among elderly adults. Her dedication and experience inspired Joy to invite her to co-found Vida Plena. As program coordinator, Anita trains community facilitators in g-IPT, builds partnerships with local organizations, and leads outreach initiatives, ensuring the delivery of high-quality therapy that adheres to the g-IPT program model while addressing the unique needs of the communities served. She's also a new mom, and although she hasn't admitted it, the team suspects she might secretly love animals more than people.

Meet the Core Operations Team

Gabi is a clinical psychologist with over a decade of experience supporting mental health in Ecuador. At Vida Plena, she provides clinical supervision to ensure high-quality care, proper implementation of g-IPT, and the emotional wellbeing of our facilitators. Certified as a g-IPT supervisor by Columbia University, Gabi is known for her warmth, clinical rigor, and unwavering support for the team. Outside of work, she's an active member of her local church and a proud 'tia' who always has a story to share about the latest adventures of her two rambunctious nephews, her favorite humans.



Clinical Supervisor Gabi Poso

Diego is an economist and public policy specialist with a strong background in data analysis, impact evaluation, and survey design across Latin America. At Vida Plena, he keeps all our data in order, tracking outcomes, analyzing trends, and ensuring we stay accountable to our goals and partners. As the only non-mental health professional on the operations team, he brings a refreshing analytical lens to our work, patiently navigating the touchy-feely world of therapy with grace and a sense of humor. A dedicated dog dad, Diego is known for his thoughtful insights, his ability to withstand long virtual meetings, and his unwavering commitment to evidence.



MEAL Specialist Diego Galán

Fausto is a clinically trained psychologist and native Kichwa speaker with deep roots in the Imbabura region. He has contributed to Vida Plena's efforts to expand mental health support in Indigenous communities by drawing on his experience with organizations such as the Killkay Foundation, where he researched gender-based violence, and the Maki Wambrakuna Foundation, where he offered therapy through home visits. Fausto also brings an academic perspective through his work as a university-level instructor. His combination of clinical training, cultural insight, and community-based experience has strengthened our expansion to Imbabura.



Clinical Supervisor Fausto Aguilar

Lessons Learned & Overcoming Challenges

Selling Corporate Services Not a Profitable Strategy for Income-Generation

In 2024, we tested selling mental health services to local corporations, offering workplace wellbeing assessments, coaching, and mental health workshops for both executives and frontline staff. While a few small workshops were sold and delivered, the revenue potential did not justify the time and resources required to develop and manage these services. After careful evaluation, we concluded that corporate sales are not a viable income strategy at this stage, and our focus remains on expanding our core work through partnerships.

Participant Fees Require Clearer Systems for Successful Implementation

In 2024, we briefly piloted charging nominal fees to participants based on reported income. The goal was less about income generation and more about encouraging commitment and buy-in from participants. However, given the financial realities of many we serve, even small fees created barriers. Facilitators struggled with fee assessments and collections, and it risked deterring individuals from seeking care due to uncertainty about costs. The lesson learned is that introducing participant fees requires much stronger internal preparation, thoughtful analysis of the population's financial capacity, clear operational systems, and dedicated staffing before it can be implemented effectively.

Navigating Growing Security Risks

Unfortunately, 2024 began with Ecuador facing record levels of cartel violence, drawing international attention with several high-profile incidents. While our Quito-based operations have not been directly affected, expansion to coastal regions has introduced new safety concerns. PODER participants in coastal programs expressed heightened fear of leaving home due to cartel activity. These changing conditions have pushed us to actively evaluate safety protocols for both staff and participants, an area we had not previously needed to manage. In part because of these realities, we prioritized geographic expansion into Imbabura, a region that has remained relatively calm and stable.

Supporting Frontline Workers Requires A Different Approach

In 2024, multiple local partner organizations asked if Vida Plena could also support their frontline staff, such as caregivers in adolescent group homes. We initially tried running our standard support groups, but many staff were hesitant to open up in front of coworkers. In some cases, workplace tensions made group dynamics even more difficult. In response, we created short, practical workshops focused on emotional wellbeing, stress management, and communication. These sessions offer useful tools without requiring personal sharing and help staff better understand and trust the Vida Plena model, improving their ability to refer others to our services.



Looking Ahead: 2025 Priorities & Beyond

1. Reach 1,000 People Through Expanded Service Delivery & Partnerships

In 2025, we expect to reach approximately 1,500 individuals through a combination of direct Vida Plena groups and expanded partnership-led programming. This growth allows us to serve more people while protecting the clinical quality and participant outcomes that define our model.

2. Scale Partnership Implementation With The Quito Health Department & New Institutions.

Following the successful pilot with the Quito Health Department, where eight municipal staff completed Vida Plena's training, we will expand this partnership and launch two new institutional collaborations. In each case, Vida Plena will provide training, clinical supervision, and technical assistance in data collection and monitoring, ensuring fidelity to the model and strong outcome measurement as the model scales.

3. Build a Stronger Evidence Base Through New Research & Evaluation Efforts

We are investing in new academic partnerships to rigorously analyze what drives participant engagement and clinical improvement. In 2025, we will also begin piloting complementary outcome measures that capture broader dimensions of well-being, allowing us to more fully document Vida Plena's long-term impact as we prepare for future national scale.



Carla, 27

“The group helped me understand that I could make big changes, both within myself and in society. I'm now more aware of my actions and emotions. I've also come to know myself better and greatly deepened my empathy. I know I'm not alone and that I have a community that supports me.”

Carla, a 27-year-old woman from Guayaquil, entered the program with high levels of depression. She was grieving the loss of her kittens, which had been her main source of comfort during difficult times. At the same time, she faced rising insecurity in the country and constant family conflict. The combination left her feeling hopeless, emotionally exhausted, and engaging in self-harm.

With her facilitator's support, Carla began to explore how these overlapping challenges were affecting her. She gained tools to communicate more clearly and assertively, and she started taking small steps to regain control of her life. She came to see that even small actions could create meaningful change.

By the end of the process, Carla no longer showed symptoms of depression. She left with renewed strength and a clearer path forward.



Financials

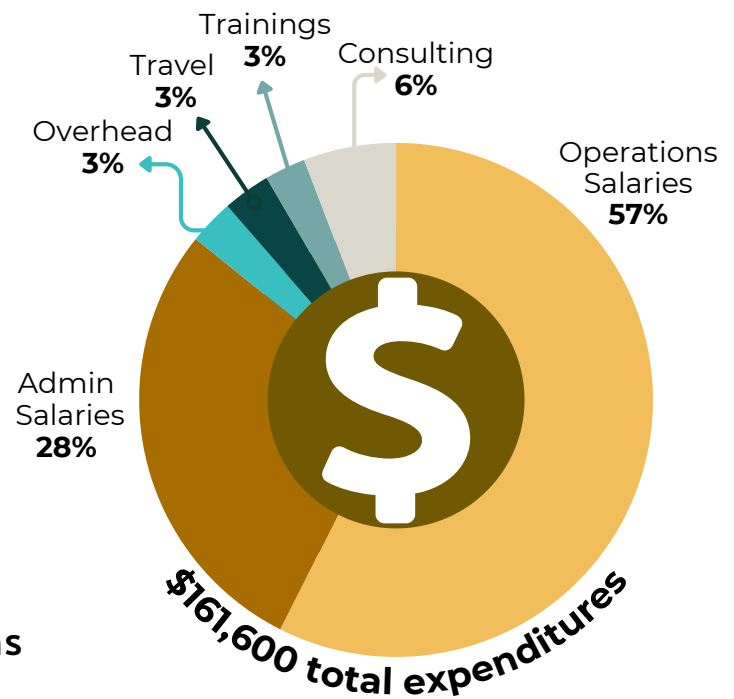
This year, Vida Plena's salaries are allocated across four operations team members, eleven Quito facilitators, and four Imbabura facilitators. To better track our program outcomes and measure impact, we hired a MEAL (Monitoring, Evaluation, Accountability, and Learning) specialist responsible for organizing and analyzing our data. These salaries include living wages, taxes, and health insurance.

Additionally, Vida Plena works with expert consultants for specialized areas like fundraising and legal support, bringing in contractors with the specific skills required.

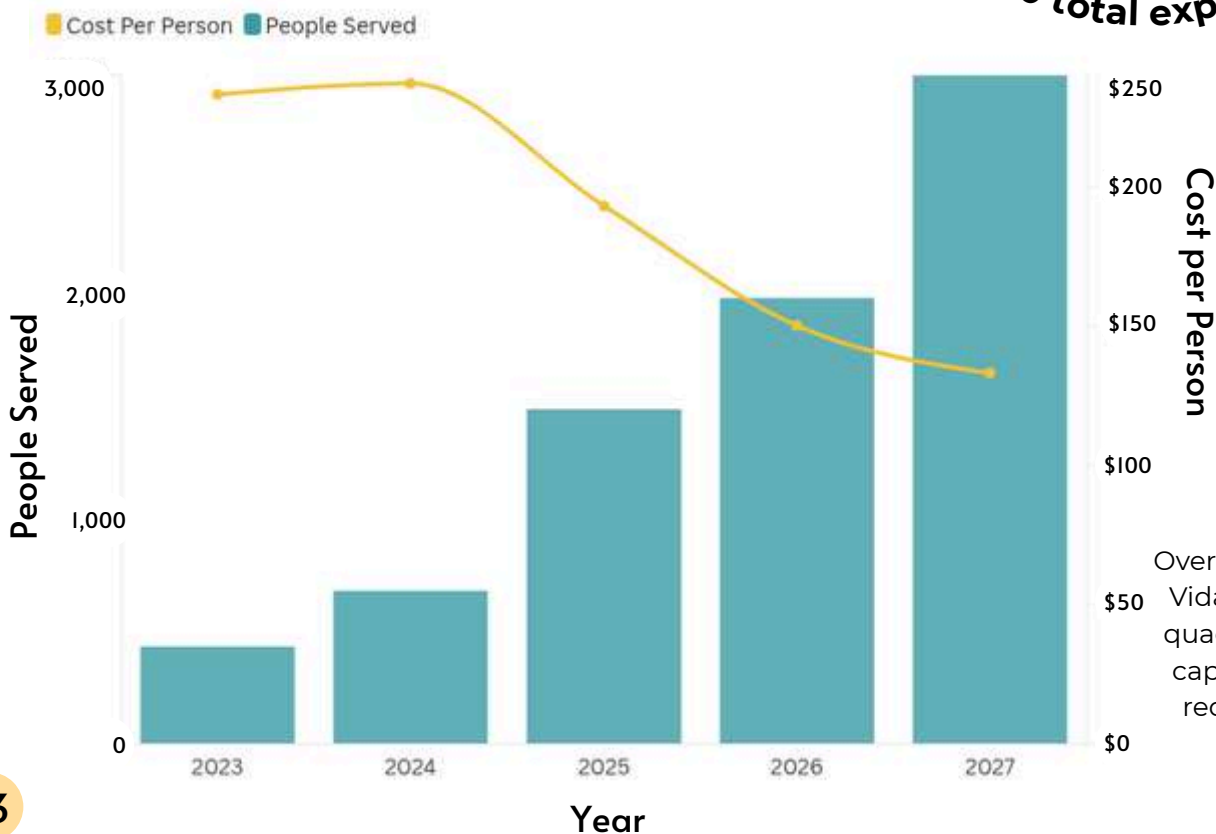
Our administrative expenses support the maintenance of essential data collection software, website fees, printing, materials for team events, and banking costs.

Our travel budget is for attending conferences outside of Ecuador and participating in local events within the country. This year, Vida Plena represented Latin America as a leader in g-IPT at conferences in Mexico and the UK.

Currently, our cost per participant is just over \$200. As a relatively new organization, we are actively expanding partnerships within the public sector. Collaborations with the Quito Ministry of Health and the Imbabura Domestic Violence Outreach Unit are underway, which will reduce our financial burden and help subsidize life-saving care. Partnering with government agencies will also enable us to reach a larger audience than possible through our own outreach efforts. We're looking to quadruple our reach and halve our cost per person by the end of 2027.



Vida Plena Cost Per Person Projections



Over the next few years, Vida Plena's goal is to quadruple our current capacity by 2027 and reduce the cost per person by half.

THANK YOU!

Thank you to everyone who has been so generous giving their time and finances to make Vida Plena a reality. It literally would not have been possible without you

Gratitude



ORGANIZATIONS & PARTNERS

 **Happier Lives Institute**



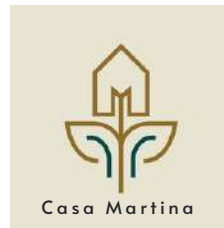
The Agency Fund



Albergue San Juan de Dios
Hospital San Juan de Dios



Effective Altruism
for Christians



Catalyst Now
For the world's social innovators



Gratitude

A special thank you to Julia Karbing for creating the initial database and Diego Galán and Nancy Miorelli for pulling and analyzing the relevant data needed for this report. Thank you to Elizabeth, one of our participants for creating many of the abstract line illustrations used in this report.

| | |
|--------------------------|-----------------------|
| Alana Murphy | Gaia Dempsey |
| Albert Wu | Giuseppe La Mantia |
| Alessandra Patti | Greer Gosnell |
| Alexander Mont | Greg Krupa |
| Alexandra | Gunthar Hartwig |
| Alexandra Voica | Helen Verdeli |
| Alexandra Yost | JD Bauman |
| Angela Paredes-Montero | Jack Rafferty |
| Anne Schulze | James Che |
| Anthony Lara | James Underhill |
| Aras Jizan | Jamie Walsh |
| August Hochman | Jan Michelfeit |
| Barry Grimes | Janine Edgerton-Avin |
| Benjamin | Jason Scoggins |
| Bernardo Chrispim Baron | Jazmina Estupinan |
| Bloom Wellbeing Fund | Jessica Palenchar |
| Brandon Kohrt | Joao Paulo Rio Branco |
| Bret Homer | Joe & JoAnn Bittner |
| Brian Goldman | Joey Savoie |
| Bryan Cheng | Johnstuart Winchell |
| Carolina del Cisne Costa | Jonathan McKay |
| Chris Underhill | Jordan Zarate |
| Claire Greene | Juan Benzo |
| Comunicandes | Juan Fernando |
| Connor White | Peñaherrera |
| Céline Kamsteeg | JueYan Zhang |
| Dan Mindus | Julia Karbing |
| Danelia Peralvo | Julian Jamison |
| Daniela Peralvo Lupera | Karen Vanderwillik |
| Dave Cortright | Kate Coleman |
| Deborah Ramamoorthy | Kathryn Kelly Carroll |
| Derek Xie | Katriel Friedman |
| Dixon Chibanda | Kenneth Scheffler |
| Eos de Feminis | Laura Castro |
| Eric Friedman | Laura Venzal |
| Eric Martin | Lena Verdeli |
| Erla Magnusdottir | Letian Wang |
| Fabio Kuhn | Lily Chamberlain |
| Fernando Irazzaval | Lily Yu |
| Fiamma Rupp | Lin Bowker-Lonnecker |
| Fielding Dupuy | Lorenzo Barberis |
| Fina Dempsey | Mamduh Halawa |
| Gabriella Fleischman | Maria Jose Lara |

INDIVIDUALS

| | |
|-----------------------------|----------------------|
| Matthew Goodman | Sarah Hough |
| Melanie Basnak | Sarah Pomeranz |
| Michael Morell | Simon Newstead |
| Michael Plant | Sophie Gulliver |
| Michaelah Gertz-Billingsley | Stan Pinsent |
| Mirela Zaneva | Stefan Shaw |
| Mohamad Yatim | Stephan |
| Morgan Fairless | Stephan Llerena |
| Museo Camilo Egas | Stephen |
| MĆ©lanie Basnak | Stephen R. Smith |
| Nancy Miorelli | Steve Thompson |
| Naomi Koerner | Steven Dupree |
| Nathalie Shoukourian | Stijn Bruers |
| Nicola Willis | Teresa Maria Hidalgo |
| Olivia Addy | Paucar |
| Orpheus Lummis | Tyler Nelson |
| Oscar David Correa | Victor Porras |
| Cuenca | Vivian |
| Pablo Francisco Analuisa | Wendy Almeida |
| Aguilar | William Troy |
| Paola Vallejo | Zezhen (Michael) Wu |
| Patrice | |
| Patricio Andrade | |
| Patrick Stadler | |
| Peter Brietbart | |
| Phoebe Freidin | |
| Pippa Yeats | |
| Rachael | |
| Rachael Gilbert | |
| Raili Marks | |
| Rasmus Andersen | |
| Richard Sedlmayr | |
| Robert | |
| Robert & Jan Bittner | |
| Robert G | |
| Robert On | |
| Roland Hoksbergen | |
| Romain Barbe | |
| Ronald Centeno Chandi | |
| Rory Fenton | |
| Roshni Dadlani | |
| Rubens Mazzon | |
| Sally Tsai | |
| Samantha Kassirer | |
| Samuel Dupret | |
| Sara Recktenwald | |

And THANK YOU to all of the incredibly dedicated and hardworking team team that makes up Vida Plena Ecuador without whom our impactful work would not be possible



Around Vida Plena



Quito Team Christmas rooftop celebration



Facilitator Training in Otavalo



Outreach Event



Collaboration with Women's Committee of Cotacachi



PODER Entrepreneurial Artisanal Market



Imbabura Team Christmas Party



Outreach Workshop with Otavalo teachers



Art therapy : Caring for the Caregivers

Around Vida Plena



Workshop with Casa Martina



Workshop with Santa Maria Supermarkets



Otavaló Municipality collaboration meeting



Quito Facilitator meeting IMPAQTO



Initial meeting with Warmi Imbabura



Facilitator Care workshop with Drama therapy



Vida Plena bracelets



www.vidaplena.ec



@ VidaPlena.Global

@ VidaPlena.Latam



Joy@VidaPlena.global

