VIDA PLENA

2025 Impact Report

Expanding Reach, Strengthening Communities

BUILDING STRONG MENTAL HEALTH
IN LATIN AMERICA

Vida Plena 2025 Impact at a Glance

2025 was a year of strategic expansion for Vida Plena.

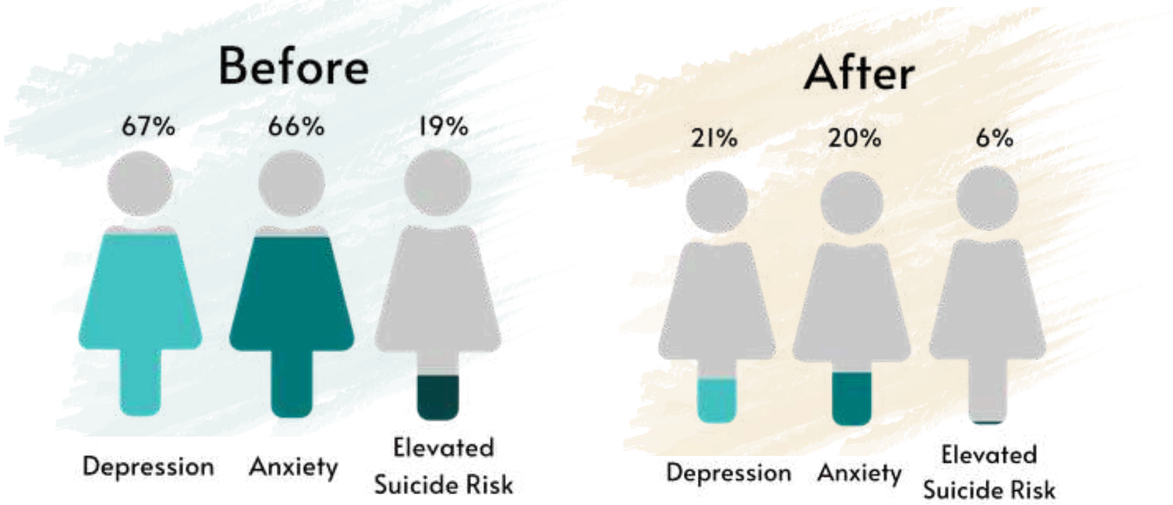
We doubled our team in Imbabura. We completed both phases of a pilot integrating Vida Plena's model into the Quito municipal health system.

Program effectiveness also improved**: participation and attendance increased, while depression, anxiety, and suicidal thoughts declined.**

These developments advance two core goals:

1. **Deliver high-quality mental health care in underserved communities**
2. **Scale the model through government integration**

Participants Before and After Vida Plena Programing



Vida Plena participants improve in all key indicators.

Depression: 10+ points on the PHQ-9, clinical improvement 5+ points / Data Pool: 1099 Participants

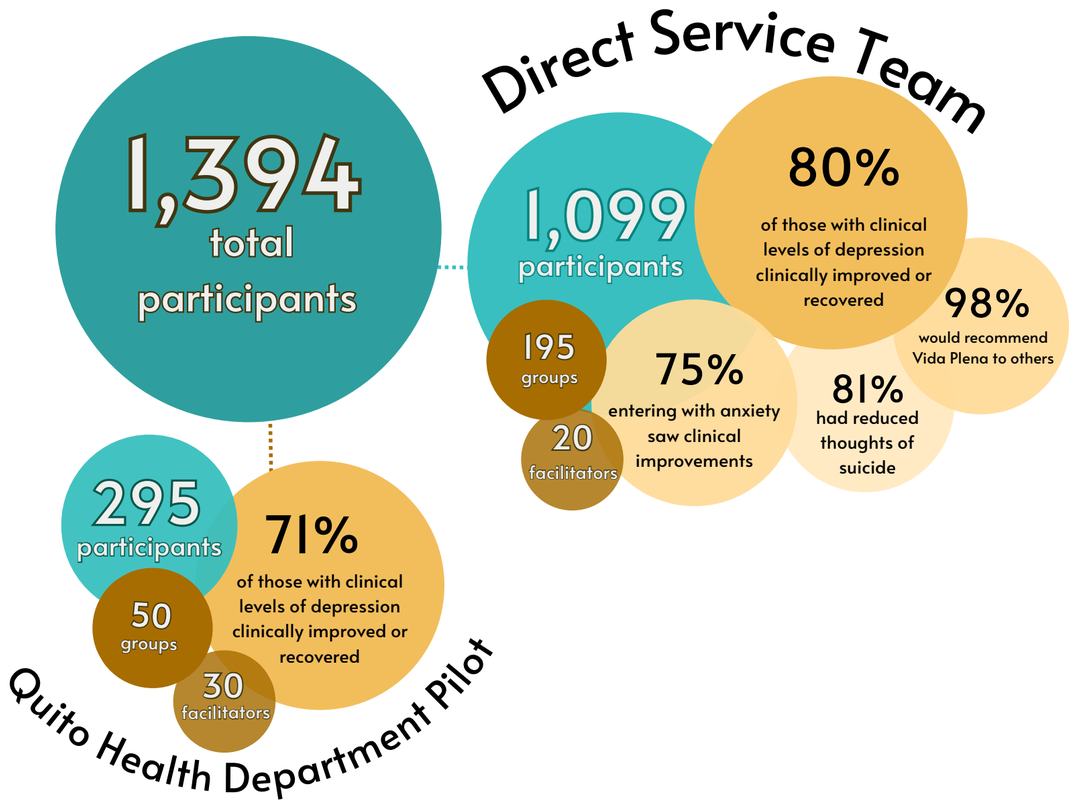
Anxiety: 8+ points on the GAD-7, clinical improvement 4+ points / Data Pool: 730 Participants

Suicide Risk: 0-1 points, no to low risk, 2-3 points, elevated risk on item 9 of the PHQ-9/ Data Pool: 1069 Participants

After two years focused on Quito, **our Direct Service Teams showed the model works in new regions and with different populations**, serving as a testing ground before scaling.

Our collaboration with the Quito Health Department builds on these lessons, **demonstrating that partner organizations can deliver the model with comparable results and high fidelity.** Scaling through government partnerships also improves cost efficiency by leveraging existing public resources and enabling broader service delivery over time.

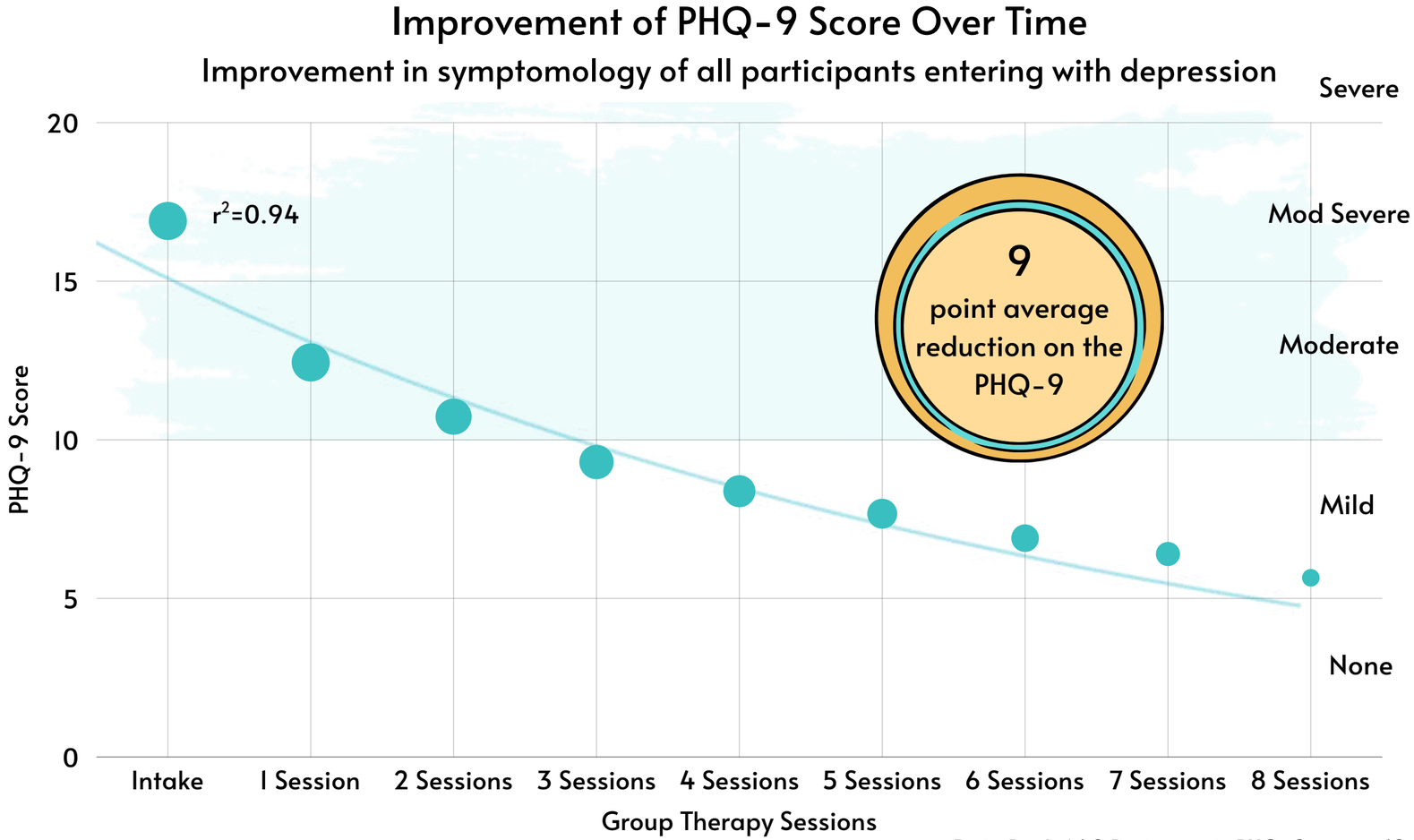
Our group-based model reaches multiple participants at once, delivering strong outcomes at a lower cost than individual therapy.



Key Data

Vida Plena reaches people with clinical depression

Most Vida Plena participants begin the program with clinical depression (PHQ-9 ≥10). In 2025, 61% met this threshold at intake, and those participants not only **improved their PHQ-9 scores but fell below the clinical cutoff by the end of the program.**



Data Pool: 640 Participants PHQ-9 score ≥10

Bubble size shows the number of participants in each sample, indicating that fewer participants complete all eight sessions than start the program and attend at least one session.

A workshop event highlighting burnout.

"Seeing other people keep going motivated me.

Every small step is a win."

-Vida Plena participant

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Facilitators Sonia, Katy, and Sisa enjoying a traditional plate of hornado together after an outreach workshop.

Letter from the Director

At the end of a group I facilitated last year, a teenage girl approached me quietly.

“Thank you for helping my mom,” she said.

A few weeks earlier, I had been on the phone with her mother during a moment of deep despair. That conversation stayed with me. The daughter’s words stayed even longer.

It was not a year of headlines. It was a year of quiet resolve, progress through challenges.

We said goodbye to a clinical supervisor and navigated a key maternity leave at the same time. Government partnerships slowed as departments reorganized. More seriously, significant political violence in Imbabura disrupted daily life for weeks. This also halted our training with new facilitators and provincial partners. During those days, the goal was simply to be a safe space for people to share their pain.

But through all of that, **our team ran 195 groups.** Attendance rose. Change in PHQ-9 scores measuring depression symptoms improved to an average of 9.2 points. People were getting better, even in a year that felt steady rather than spectacular.

I am even more convinced now that structured, evidence-based care delivered by trained community members can transform lives. Through the challenges, this belief has remained unchanged.

We also made time to step back. After postponing our team retreat due to the strikes, we finally gathered both the Imbabura and Quito teams to reflect on who we are becoming. Together, the facilitators and staff rewrote our mission:

“Building strong emotional well-being in underserved Latin American communities.”

The wording is subtle but meaningful. It more accurately reflects our focus on participants’ flourishing and partnership with communities, not operating as a clinical provider. **Importantly, this language came from the team.** Ownership matters.

This work is never the effort of a single person or even a single team. It is built by facilitators showing up each week, operations staff navigating complexity, **a wide network of donors, volunteers, and so many cheerleaders who make our work possible.**

Thank you for walking with us this year. **Because of you, 1,394 people accessed evidence-based care in their communities**, the kind that brings families back together. Our next step is to expand this model through government systems so that thousands more people can access care close to home.

With gratitude from Quito,

Joy Bittner
Founder & CEO

Theory of Change

The Need

Problem
Depression breaks the relationships people need to thrive, and in Latin America, nearly 3 out of 4 of those who need care can't access it.

Who we serve
People across Latin America experiencing emotional distress, especially in underserved communities where access to care is limited.

Reason

Everyone deserves a full and flourishing life, yet common, treatable mental health problems too often stand in the way.

The Work

Interventions

Direct Service
- Community-based group mental health care reaches underserved populations

Government Capacity Building
- Train public sector staff to deliver structured group interventions
- Provide ongoing supervision, technical assistance, and joint MEL to ensure high-quality implementation

Learning & Innovation
- Use rigorous outcome data to continuously improve our models
- Adapt and refine interventions for greater effectiveness and scale

Inputs
- Unrestricted & sustainable funding
- Skilled core team (clinical, training, MEL)
- Government partnerships
- Standardized intervention and supervision systems
- Robust MEL infrastructure

Big Idea

Vida Plena expands the circle of who can deliver mental health care by training community members to provide evidence-based group therapy and supporting governments to scale it.

Mission

Building emotional wellbeing in underserved Latin American communities.

The Results

Short-term Outcomes
Improved emotional well-being and daily functioning.

- Reduced distress
- Increased functioning
- Increased social support
- Increased emotional resilience

Outputs
- # participants
- % measurable wellbeing improvement
- # public sector staff trained
- Geographic coverage (municipalities reached)
- $ Cost per participant

Long-term Outcomes
- Stronger family and community relationships
- Greater social and economic participation
- Reduced suicide and mental health crises

10-Year Goal
By 2035, if you walk into a public health clinic in Ecuador or Colombia, emotional support groups are available as part of routine care.

Vision

A Latin America where, when you're struggling, you know exactly where to go, and support is there.

Sonia reviewing training materials.

Facilitator: Sonia

Anita's Story
Age: 67

Anita, a 67-year-old from the community of Ambi Grande, joined a Vida Plena support group during an extremely difficult time. After an accident left her with a herniated disc, she faced ongoing health and financial strain traveling to Quito for treatment. Less than a year later, her son was struck by a motorcycle. The weight of these events left her deeply sad and withdrawn at home.

Anita mainly speaks Kichwa, and she was able to join a group held in her first language with Sonia, a Vida Plena Kichwa-speaking facilitator. At first she doubted a support group would help. But gradually she began to feel the support of the group. "All the sadness I was carrying, I shared it," she said. "She helped me carry it." Many of these were things she had never told even her husband or children.

"My mind, my body, and my heart started to feel lighter, as if the sadness was being carried away by the wind."

Over time, Anita says she began to feel lighter. Even when sessions paused during regional strikes, her facilitator called to check in. Today she laughs more easily, spends time with friends, and even dances when she hears music. Her message to others is simple: "Trust the process. Let yourself be heard and supported."

Region: Imbabura

Vida Plena specializes in delivering group interpersonal psychotherapy (g-IPT), the WHO's first-line recommendation for depression (WHO), grounded in strong evidence and implemented with rigorous quality standards.

Vida Plena is the first organization in Latin America to implement g-IPT.

We are trained by and pursuing certification through Columbia University's Global Mental Health Lab, and we were selected by the WHO for training in the EQUIP methodology to strengthen service quality. As the only organization in Latin America on the path to becoming certified as a trainer of trainers in g-IPT, Vida Plena is committed to scaling proven mental health solutions with exceptional fidelity.

Vida Plena operates through two reinforcing pillars: direct service delivery and government capacity building. Direct implementation allows us to refine training, supervision, and hybrid delivery systems in real-world conditions. These learnings inform our partnerships with government agencies, where we transfer the model through structured training and ongoing supervision.

Measuring Impact

Grounded in our commitment to evidence-based practice, we use the following systems to measure impact, ensure quality, and strengthen ongoing learning.

- **Validated tools:** PHQ-9 (depression) and GAD-7 (anxiety), administered at baseline, endline, and 3- and 6-month follow-up; PHQ-9 is also collected weekly to monitor symptom change.
- **Additional indicators:** Subjective wellbeing and participant satisfaction.
- **Clinical oversight:** Supervisors review weekly data to identify participants needing additional support - individual follow-up, safety plan, or referral to other organizations - and guide facilitator feedback.
- **Structured experimentation:** A/B testing and subgroup analysis to refine intervention design and improve outcomes.
- **Research partnerships:** Collaboration with Columbia University's Global Mental Health Lab, the University of Toronto, and the World Health Organization (WHO) EQUIP team.

Intervention Overview

Facilitator Training and Supervision
Facilitators (specialists and trained non-specialists) complete a 35-hour training in manualized group Interpersonal Psychotherapy (g-IPT), adapted for the local context. Licensed clinical psychologists provide weekly supervision and case review to ensure quality and fidelity.

Participant Enrollment, Intake & Baseline Evaluations
Participants enroll independently or through partner organizations by completing an online enrollment form and participating in a one-hour intake session, which serves as both the baseline assessment and the beginning of therapeutic support. The intake interview is an extensive, hour-long process by a facilitator, which acts like a private therapy session where participants can share their situation and their feelings. Therefore, we consider the intake session to be the start of a participant's journey through Vida Plena, and they already receive therapeutic benefits by the time they enter their first group session.

Group assignment
Participants are placed into groups based on logistical factors (e.g., distance to in-person sessions, availability, referrals by other organizations). All participants are accepted regardless of whether they come to us with no depression symptoms. This is because we feel that Vida Plena augments existing programs, and we have a more holistic approach to not just combat depression but improve overall wellbeing.

Group Delivery
Participants join eight weekly 90-minute group sessions (13 total hours, including intake), focused on improving interpersonal functioning and reducing depressive symptoms. Groups are delivered in person or virtually to reduce geographic and cost barriers.

Glossary of Assessments

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: Patient 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

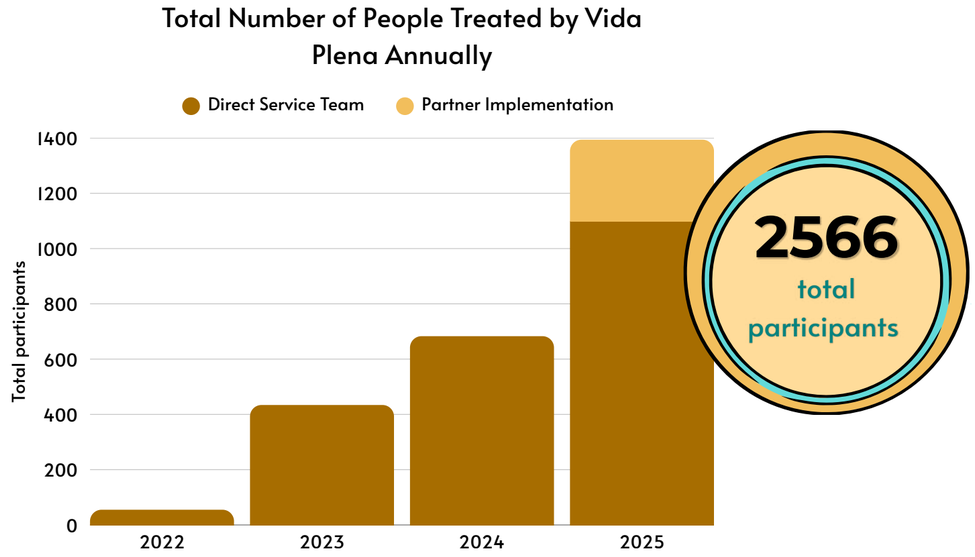
Spontaneous Remission
When people see clinical reductions in their depressive symptomology despite not being actively enrolled in therapy.

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.

Intervention Overview

PHQ-9 monitoring: Depression is measured with the PHQ-9 at each session. Scores are self-reported by participants before each week's session and reflect participants' status at the start of that session (e.g., the Week 2 score reflects progress from Week 1).

Follow-up schedule: We conduct follow-ups at 3 and 6 months post-program to monitor depressive and anxiety symptoms. In 2025, we changed our protocol. Previously, only participants who completed 4 or more sessions were invited to fill out our surveys. We now invite all participants who took at least one group session to fill out this survey.



- Community facilitators can deliver therapy with supervision
- Governments already have infrastructure
- Group therapy multiplies reach
- Training-of-trainers allows national rollout

Why This Model Scales

Facilitator Spotlight

Sonia

Sonia is a mom, a native Kichwa speaker, and one of the most creative facilitators on the team. This year, despite facing significant personal challenges, she has stood out for the way she brings fresh, thoughtful applications of the interpersonal therapy model into her groups. She dreams of one day opening a restaurant serving traditional foods, and her spirit of service shows up in everything she does. Inspired by her work at Vida Plena, Sonia made the decision this year to begin a university degree in psychology, turning her daily practice into a long-term calling.

Imbabura Team

Community Outreach

- Delivered by our facilitators at community facilities during a one-hour session upon request of local authorities of NGOS.
- Offered to both communities and specific groups such as elder adults and caregivers.
- Aimed at raising awareness about depression symptoms, describing the g-IPT model, and motivating those in need to apply to our program.

At outreach events, people are encouraged to participate in emotional well being exercises. Suicide Prevention Day in Quito

Community outreach event and workshop in Imbabura, lead by Vida Plena facilitator, Sonia.

What Are Our Participants Saying?

Word cloud of common themes that show up when participants respond to “What you like most about Vida Plena?”

Most participants were incredibly satisfied with our program, with the overwhelming majority having a positive experience with their facilitator and reporting feeling comfortable expressing themselves in their group. This, in turn, leads most participants to want to recommend Vida Plena to others. In fact, 21% of this year’s Vida Plena participants either heard about us through a previous participant or by word of mouth.

Program Satisfaction

Vida Plena participants continue to be extremely satisfied with the care that they’re given. They feel comfortable talking about their problems in their groups and feel like their facilitator aided them.

In general, participants wished that the program could have been longer.

98%

Would recommend Vida Plena to others

98%

Felt their facilitator helped them reach their goals

95%

Felt comfortable expressing themselves in their group

The first group that integrated art techniques into their therapy sessions. Their final projects were displayed in the Camilo Egas Museum.

What Are Our Participants Saying?

Participants are invited to share feedback on what they found most and least helpful about the program. Feedback is voluntary, as a free-form prompt, but it yielded useful qualitative insights from 66% of participants who completed both this portion of the exit questionnaires. Several recurring themes emerged, offering a more nuanced and holistic view of Vida Plena's impact.

Vida Plena outreach event.

12% made additional positive comments about their facilitator, including their professionalism, the tools they gave the participants, and overall group moderation. Examples include the following quotes:

> Sara noted that she liked her "facilitator's professionalism and empathy during the process."

> Stefy said that her facilitator "was very calm and transmitted this tranquility" and that her facilitator "listened attentively and compassionately."

Another 10% enjoyed meeting new friends and sharing with other women.

> Rosa explained about her group, "We were all women, and they always listened, gave encouragement, and we embraced."

> Jenny stated that she liked "sharing experiences understood by other women, and every day we strengthened ourselves to become better people."

32%

Stay in contact with their group after 3 months.

30%

Stay in contact with their group after 6 months.

While the majority of participants don't stay in contact with their groups, those who do stay in contact over the long term.

Some participants maintain contact with their groupmates even after the program ends. These relationships continue without prompting from Vida Plena or our facilitators, reflecting genuine bonds formed through the group experience.

This year, the sustained connection strengthened significantly. In 2024, 18% of participants remained in contact at three months and 12% at six months. **That six-month figure more than doubled to 30%, indicating deeper and more durable peer support beyond the formal intervention.**

What Are Our Participants Saying?

Unprompted, **around 7% of respondents noted that they learned new techniques, new tools, and found solutions to their problems.** Examples include the following quotes:

> Jacki said, “I learned practical tools I can use at home, in real life.”

> Ana Lu echoed, “I learned to set healthy boundaries and to prioritize myself.”

> Mirma added, “I learned to breathe, pause, and choose my words before reacting.”

> Rebecca wrote, “I learned to regulate my emotions and see myself from another angle.”

Our final set of open-ended questions asked participants how we could improve the program. The most common response, which may in fact be interpreted as positive feedback, was that the program is not long enough: **21% of participants wished the sessions were longer or that the overall program lasted longer, and 32% specifically noted that there was nothing they disliked about the program.**

Facilitator: Ariel

Gabi’s Story
Age: 39

Gabi arrived at the group worn down by responsibility. She was caring for her mother, who lives with Alzheimer’s and could become aggressive, while also supporting an aunt and uncle in cancer treatment. The constant pressure left her irritable, overwhelmed, and with little patience for her own children.

She came wanting a place to talk. In the group, she began to recognize how her anger was showing up at home and learned practical ways to manage it. She started to see what she could control and where she needed to set limits.

Little by little, Gabi began responding differently to her family’s demands. She felt more present, more aware, and more confident in standing up for herself.

She says the group helped her take better care of her emotional health and face her sadness with more tranquility.

Region: Quito

Facilitator Spotlight

Kari

Kari is a psychologist with a deep passion for working with refugees and migrants. At Vida Plena, she's the person who quietly steps in wherever needed, from supporting interviews to strengthening how we collect follow-up survey data, work that has been critical behind the scenes. Adventurous at heart, she loves to travel and spend weekends at music festivals, and has built close friendships within the team. Since joining, Kari has grown alongside the organization, bringing both care and curiosity into everything she does.

Quito Team

Sustaining high-quality mental health care requires caring for those who deliver it. In a field where secondary trauma and burnout are common, Vida Plena invests intentionally in facilitator wellbeing.

To date, 18 of 22 facilitators who have joined Vida Plena remain on the team. We believe this retention reflects both their commitment to support their communities and the structured supports we provide them, including:

- **Weekly clinical supervision**: Facilitators participate in weekly supervision with licensed clinical psychologists. These sessions ensure fidelity to the g-IPT model while also providing space to process emotional challenges and personal overwhelm.
- **Vida Plena SPA** (Sentimientos, Pensamientos y Apoyo — Feelings, Thoughts, and Support): confidential sessions every two months with an external clinical psychologist, without leadership present, to provide a space for processing and talking through difficulties.
- **Therapy stipends:** Monthly financial support for facilitators who choose to see their own independent therapist.
- **Peer mentorship:** Pairing newer facilitators with experienced team members for guidance and support.

Caring for our Caregivers

Vida Plena Throughout the Year

Jan

WHEN A DOOR CLOSES, A WINDOW OPENS

- USAID cuts end PODER program supporting women entrepreneurs' mental health
- Partnership begins with Municipality of Ibarra to serve older adults

Feb

GROWTH!

- After 2024 pilot, Quito Health Dept expands collaboration; 24 staff trained
- Model adopted by Patronato San José; Vida Plena trains 6 psychologists who serve vulnerable populations

Mar

NEW INITIATIVES

- Quito facilitators begin peer supervision, increasing capacity and shared learning
- Art therapy pilot adds wood engraving to groups in partnership with local artists and a Quito art museum

Apr

GLOBAL LEADERS

- Vida Plena hosts Mental Health Innovators Dinner during Skoll Week, Oxford, convening global leaders and funders
- Founding Vida Plena team earns IPT Provider Certification from ISIPT, among first in Latin America

May

NEW ADDITIONS

- New Vida Plena baby! Vida Plena co-founder Anita welcomes her first child
- Pro bono psychologist network launched to support participants needing ongoing care

Jun

COMMUNITY UNDERSTANDING

- Otavalo leadership transition; facilitator Sisa promoted to Imbabura Regional Coordinator
- Quito Health Dept publishes 2024 pilot report, highlighting shift from outputs to outcomes with Vida Plena's support

Jul

GRANT AWARDED

- Awarded a grant from the Fondation pour les enfants de l'Équateur (FEÉ) to expand the Imbabura team providing greater service to Indigenous populations

Aug

DEEPENING UNDERSTANDING

- Agency Fund grant supports research with Samantha Kassirer (University of Toronto) on behavioral drivers of enrollment

Sep

LANGUAGE MATTERS

- Four new Kichwa-speaking facilitators hired thanks to the FEÉ supporting project
- Quito and Imbabura facilitators begin cross-regional mentor program

Oct

BY WOMEN FOR WOMEN

- Training begins for new Imbabura facilitators and 15 Warmi advocates supporting survivors of gender-based violence
- FEÉ delegation visits Ecuador for Vida Plena's first in-person donor visit

Nov

NATIONAL PROTESTS

- Sleep hygiene component piloted as part of ongoing program innovation
- National strikes halt trainings; extreme violence in Imbabura disrupts work for 5 weeks

Dec

COMMUNITY UNDERSTANDING

- Bastion grant funds program for Venezuelan refugees and migrants, hiring Venezuelan facilitators to lead care
- Vida Plena retreat in which we brought the Imbabura and Quito teams together to review our org values and rewrite our mission statement.

Timeline

Key Milestones & Program Expansion

Growing Recognition

- Vida Plena was featured in this book: **101 Things to Do with a Social Work Degree: Career Pathways Across Micro, Mezzo, and Macro Practice (2025)** by Melanoe Sage PhD & Laurel Hichcock PhD.
- Joy was interviewed on the **Mind The Gap** podcast.
- Joy was invited to speak for Vida Plena at the **Christians for Impact Conference** in London.
- Locally, Vida Plena was featured on local **Imbabura Radio**, **UTV Ibarra Local News**, and **Sarance Vision EC Local News** in our new area of expansion.
- For more of what Vida Plena is up to, check out our **YouTube Channel**.

Sisa talks about mental health on national TV.

MILESTONE 1: The number of participants more than doubled in 2025 across Vida Plena and partner groups.

In 2025, Vida Plena served a total of 1,394 participants between Quito, Imbabura, and the Quito Health Department pilot. This is up from 683 participants served in 2024, with a 104% increase in reach. Our growth was driven by expanded facilitator capacity, sustained community outreach to reduce stigma around mental health in Ecuador, and participants reached through our partnership with the Quito Health Department (295 people).

Over the year, we led 97 community outreach workshops (80 in Imbabura, 17 in Quito), reaching 1,500 people and increasing awareness of the program in both existing and new areas. These community workshops were foundational in our setup and success this year in Imbabura, as having a strong community presence before introducing our program builds rapport, fosters trust, and forges connections.

Vida Plena's tent at an outreach event in Quito with facilitators, Santi y Jacqui.

Key Milestones & Program Expansion

MILESTONE 2: Expanded overall facilitator capacity by more than fivefold through growth in both direct service delivery and implementation partnerships.

Before 2025, Vida Plena worked with 12 facilitators implementing the group interpersonal therapy model. **By the end of the year, our direct service team grew to 17 facilitators, including four additional Indigenous Kichwa-speaking facilitators in Imbabura**, building on an existing team of three local facilitators.

This growth followed a highly selective process that drew approximately 150 applicants. Facilitators were chosen not for formal clinical credentials, but for demonstrated community commitment, empathy, emotional intelligence, and alignment with our group-based model. All new facilitators completed the corresponding 40-hour training before launching groups and community outreach. Early implementation has been strong, with high participation and growing facilitator confidence.

In parallel, the implementation partner model expanded significantly in 2025. Phase 1 began at the end of 2024 with 9 staff members from the Quito Municipal Health Department. Following a formal review of the results, the Department invited Vida Plena to deepen and expand the partnership. This led to a broader Phase 2 rollout in 2025, during which 26 additional municipal staff were trained, and the model expanded to a second partner, the Patronato de San José, where four more staff were trained.

In total, 35 new facilitators were trained and began implementing the model in 2025 alone, nearly tripling the size of our original facilitator base.

Imbabura Facilitator Training and FEE visit

Quito Health Department Newly Trained Facilitators

Quito Health Department Pilot

The Quito Health Department pilot, initiated in 2024 and completed in 2025, tested Vida Plena's group interpersonal therapy model within a government-run context. **Across two phases, trained municipal staff subsequently led 21 groups, reaching 295 participants.** These activities were supported by weekly clinical supervision from Vida Plena.

Because the Quito Health Department pilot operated outside Vida Plena's direct service model and used different data collection procedures, results from the pilot are reported separately. Although the municipal team measured anxiety and depression outcomes, they used a different anxiety instrument rather than the GAD-7, and PHQ-9 data were collected independently under a separate workflow. For these reasons, comparisons with Vida Plena's in-house program should be made with caution.

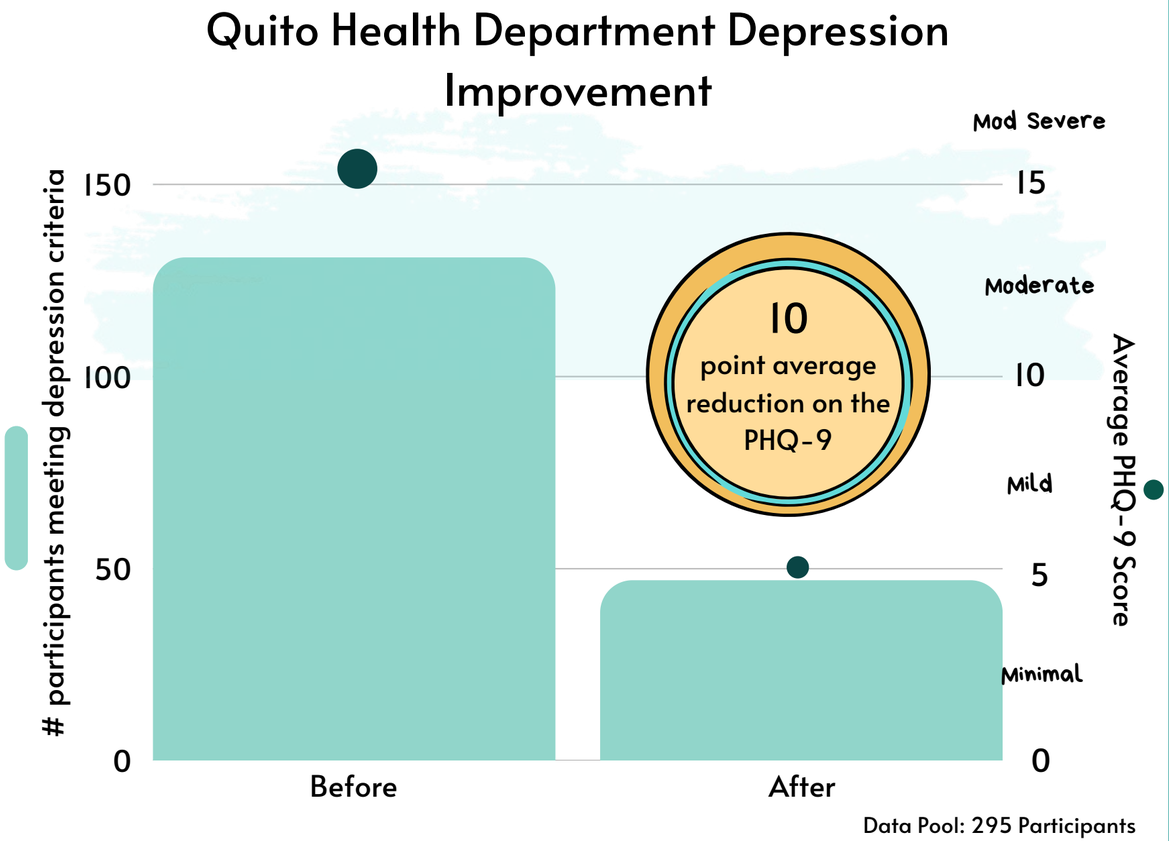
Accordingly, this section focuses on process outcomes and observed changes within the pilot context rather than direct cross-program comparisons. Overall, the experience demonstrates that, with appropriate training and ongoing supervision, government teams can deliver effective care and begin shifting from tracking activities to measuring meaningful change.

KEY FINDINGS

Depression outcomes: 44% of participants entered with depressive symptoms and on average had moderately severe depression (PHQ-9 score: 15.8), and of those, 71% showed meaningful improvement, with an average PHQ-9 reduction of about 10 points from baseline to end of the pilot.

Read the full report here in the original Spanish or English.

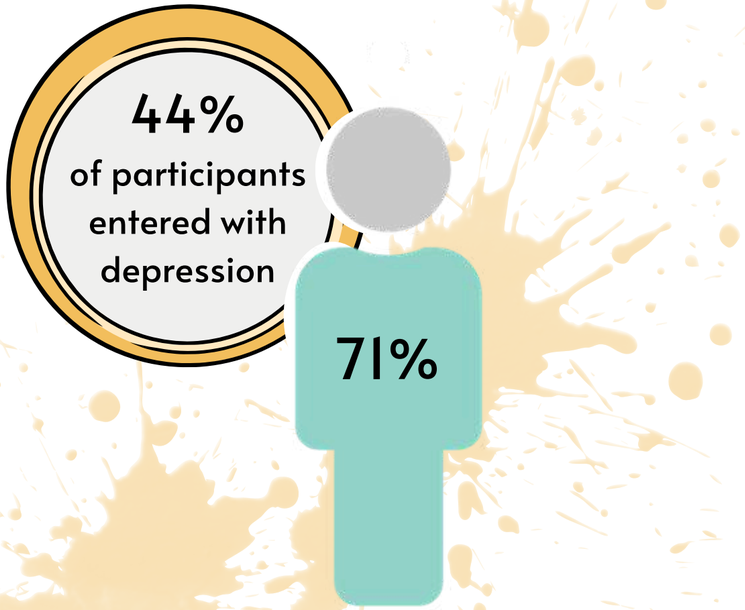
Expansion Within Governmental Agencies



Participants seeking Vida Plena's model of therapy through the Quito Health Department generally saw improvements in their depression, with an average reduction of 10.4 points in PHQ-9 score. 131 participants (44%) entered with depressive symptoms, and 47 continued to have depressive symptoms after our programming; however, their average PHQ-9 scores were greatly reduced.

● Superimposed are dark bubbles representing the average PHQ-9 score of participants still experiencing depressive symptoms at that time.

Quito Health Department Pilot



of participants who came in with elevated levels of depression saw clinical improvement

Partnership with government agencies has proven to be an effective pathway for scale. Municipal health departments are mandated to serve vulnerable and geographically remote populations, extending care well beyond Vida Plena's direct service reach.

These findings support continued expansion within Ecuador's public health system, building institutional capacity to deliver high-quality group therapy sustainably and at scale.

PARTNERSHIP CHALLENGES

Partnering with the Quito Health Department created meaningful opportunities but also structural challenges. Following a successful first phase, the second phase coincided with a major departmental reorganization. Teams previously structured by program area under mental health leadership were reconfigured into regionally integrated units led by general medical directors. This reduced mental health oversight of the outreach teams we had trained and disrupted continuity in implementation.

At the same time, a new top-down mandate required staff to prioritize specific, highly vulnerable populations, such as informal street vendors, narrowing the scope of engagement and limiting the number of groups delivered. Additional challenges came from staff being periodically reassigned to other priorities. For example, much of the third and fourth quarters were disrupted when the outreach workers were redirected to conduct a large substance-use survey in secondary schools, leaving little capacity to continue facilitating groups.

These experiences reflect the broader realities of working within public systems, where shifting structures and competing mandates are common. In response, we are focusing on proactively requesting that implementation partners provide a training plan ahead of time, strengthening written agreements where possible, and continuing to adapt our approach. Despite the challenges, we remain optimistic that this partnership model is a valuable long-term strategy.

> "I stopped isolating myself. I connected with people again."
>
> -Vida Plena participant

Expanding Culturally Responsive Outreach

IMBABURA

Since our launch in 2022, over the past four years of implementation in Quito, Vida Plena has refined its model and demonstrated consistent impact. In 2025, building on this evidence base, we began expanding northward into a more rural region of Ecuador.

Due to its proximity to Quito, existing founder relationships, and the opportunity to test our model in a distinct cultural context, Vida Plena began expanding services to Imbabura. Located approximately 50 miles north of Quito, Imbabura is known for its artisan towns, agricultural production, textile industry, volcanic lakes, and its large Kichwa-speaking Indigenous population. The province is 28% Indigenous, with some towns reaching up to 60%[1].

Kasha and Liz sharing a team building activity.

Access to mental health services in the region is limited, particularly in Kichwa, the first language for many residents[2]. Our internal data reflected similar disparities:

only 31% (77 of 248) of participants in Imbabura reported having previously received mental health support, compared to 57% (488 of 851) in Quito.

In preparation for expansion to Imbabura, Vida Plena conducted formative research in 2023 with Killkay, a nonprofit in Otavalo, to understand the Kichwa worldview and how Western therapy approaches could be appropriately adapted. This groundwork informed our current implementation. Evidence suggests that g-IPT is a flexible model that can be adapted through modest adjustments, including language of delivery[3][4]. **Accordingly, Vida Plena delivers g-IPT through facilitators drawn from the communities they serve, ensuring cultural alignment and, in Imbabura, delivery in Kichwa.**

Vida Plena began work in Imbabura in 2024 with a pilot and expanded implementation through 2025. A grant from the Fondation pour les Enfants de l'Équateur enabled further growth in the region with the hiring of four additional Kichwa-speaking facilitators, strengthening cultural alignment and expanding regional capacity. As a result, 23% of all Vida Plena participants served in 2025 were from Imbabura, and their data are included in the results reported below.

Expanding Culturally Responsive Outreach

Although national strikes in the third quarter temporarily halted therapy sessions and delayed the new facilitator training in Imbabura, overall 2025 implementation progress remained strong, supported by deliberate partnership strategies and sustained community engagement.

Implementation in Imbabura began with a focused strategy: partnering with municipal soup kitchens in Ibarra serving older adults. This provided an accessible entry point, leveraging existing trust, infrastructure, and consistent gathering spaces.

From there, efforts concentrated on community outreach and awareness-building. **Through nearly 100 outreach workshops reaching approximately 1,500 community members,** Vida Plena invested in informational sessions, relationship-building, and public engagement to address stigma and increase visibility. These activities have laid the groundwork for future expansion and broader provincial scale.

Outreach event in Imbabura lead by group facilitator, Sonia.


Outreach event in Imbabura working with senior citizens.

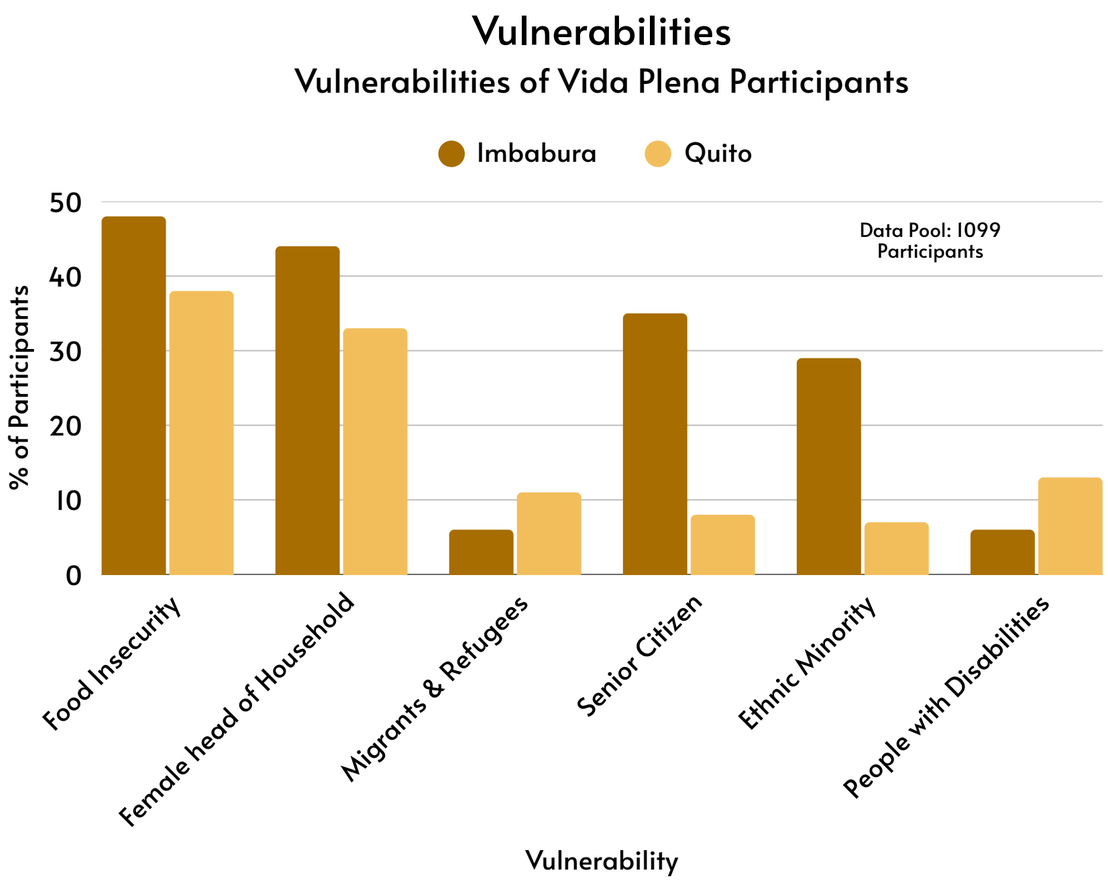
VENEZULAN MIGRANTS & REFUGEES

Not all of our expansion is geographic. As Ecuador's population changes, so too must our programming. Venezuelan migrants and refugees now comprise nearly 3% of the population, with up to 500,000 Venezuelans permanently residing in Ecuador [6]. Many face migration barriers, xenophobia, economic instability, and family separation.

In response, Vida Plena was awarded a grant from Bastion Life at the end of 2025 to deliver groups specifically for Venezuelan migrants and refugees. In early 2026, we hired four Venezuelan facilitators to lead these sessions, ensuring cultural alignment and lived understanding. While this does not expand our geographic footprint, it represents a strategic deepening of our reach to underserved communities within our existing service areas.

Who Vida Plena Serves

Vida Plena continues to reach underserved populations. **71% of participants come from a vulnerable population, and 35% meet multiple vulnerability markers.** The most common vulnerability faced by our participants is food insecurity, and secondly, many of our female participants are also the sole heads of their households.



Participants from Imbabura, despite making up only 23% of Vida Plena participants, generally make up a more vulnerable population. More are food insecure, female heads of households, senior citizens, ethnic minorities, and/or have disabilities.

Who Vida Plena Serves

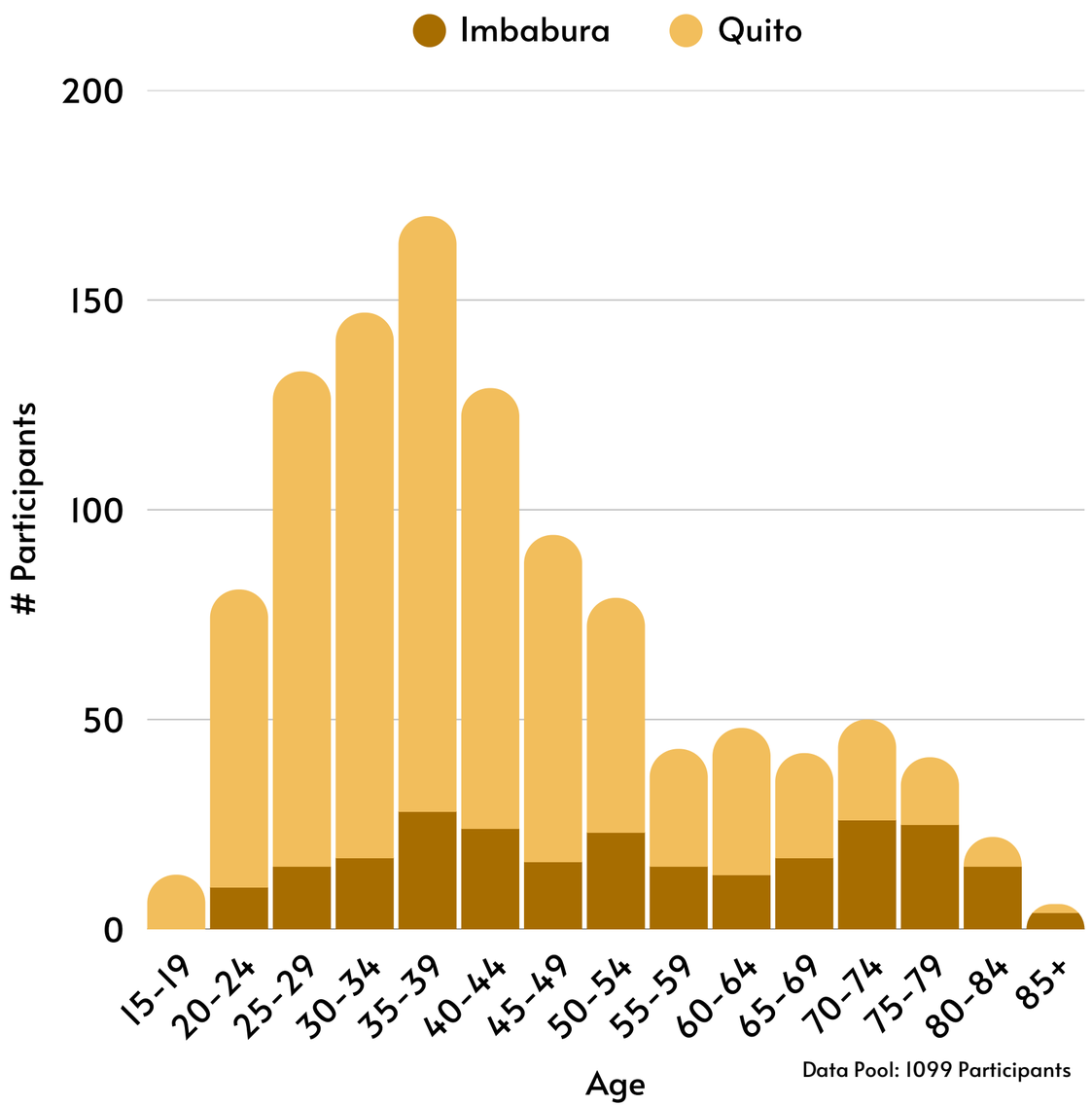
As our Direct Service Team worked with participants from Imbabura and Quito, we have a unique insight into the demographics of these two regions. There are some notable differences between participants who come from Imbabura and those who come from Quito.

As expected, a higher proportion of participants from Imbabura were Indigenous as compared to Quito. **26% of the participants coming to Vida Plena from Imbabura are indigenous, which closely reflects the national census average for this area.**

Imbabura participants are also proportionally much older and present disabilities with more frequency. This is likely because Vida Plena was generally serving an older population in Imbabura due to the specific partnerships we established with the municipal food kitchen run by the city of Ibarra, which specifically provides care to senior citizens.

Our first group with all senior citizens coming to a close.

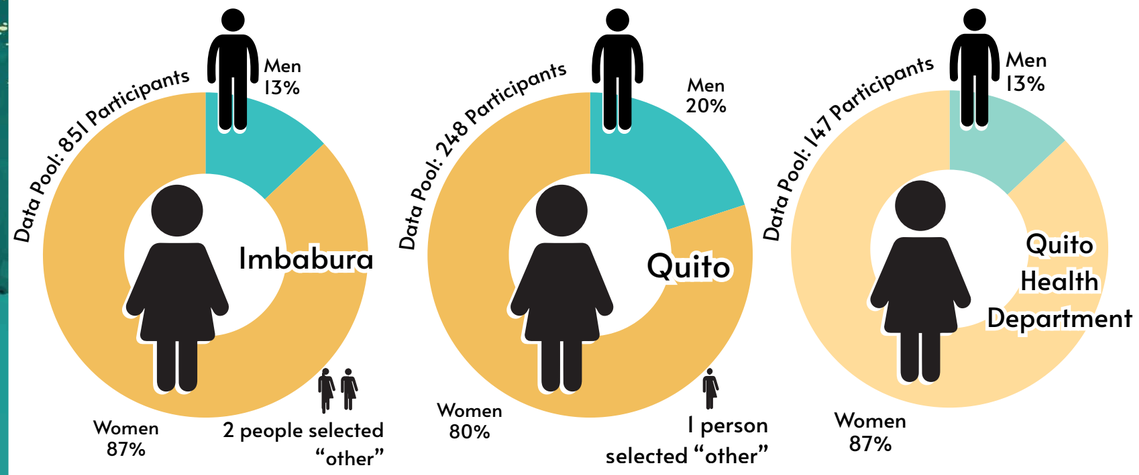
Age of Vida Plena Participants



In 2025, the majority of the participants continue to be women between the ages of 25 and 40. Proportionally, participants from Imbabura tend to be be older likely due to the populations our partner programs serve.

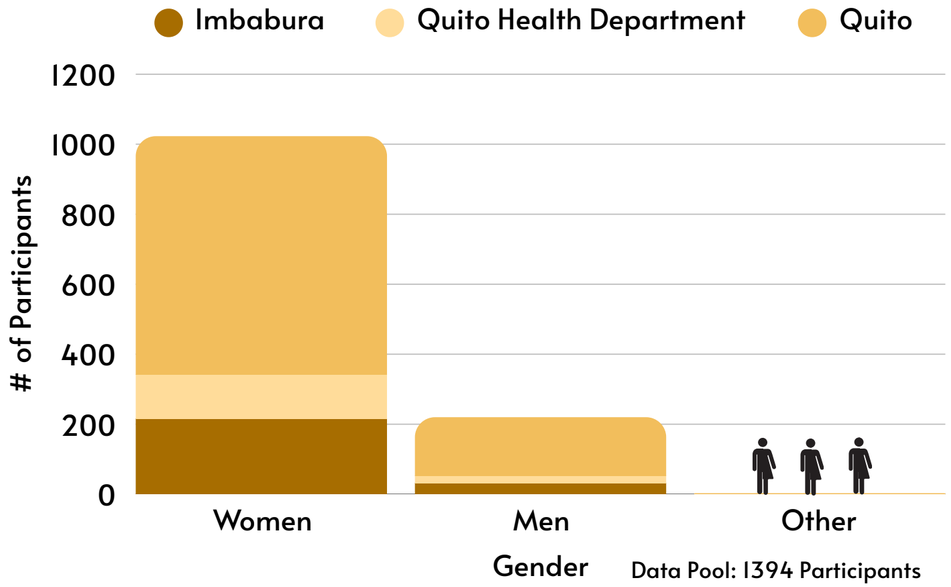
Demographics at a Glance

Gender



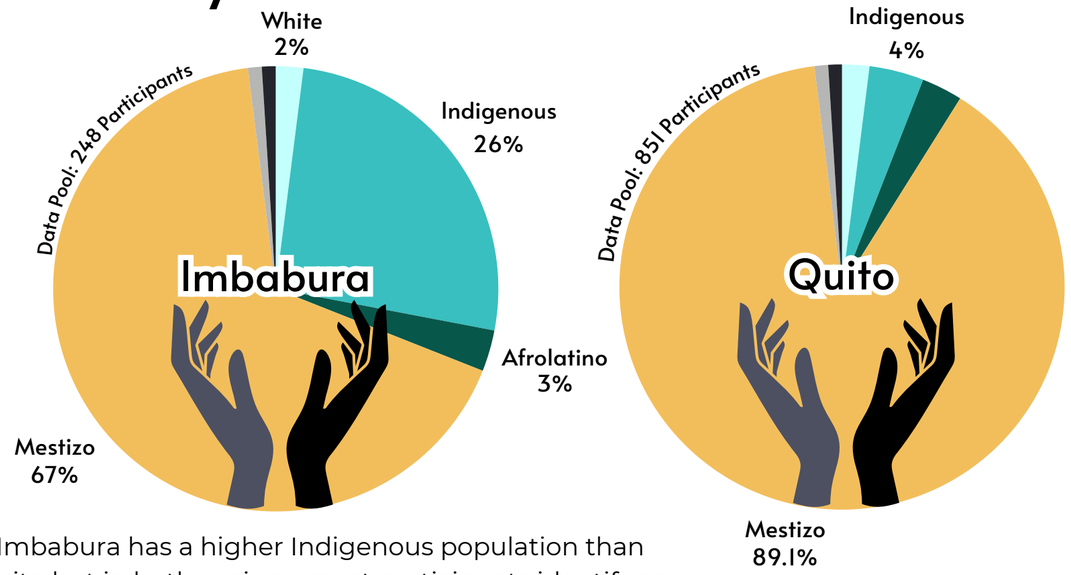
Vida Plena participants remain consistently female. Gender is the only demographic data that was taken by Quito Health Department, and thus, it is included here.

Gender of Vida Plena Participants by Region



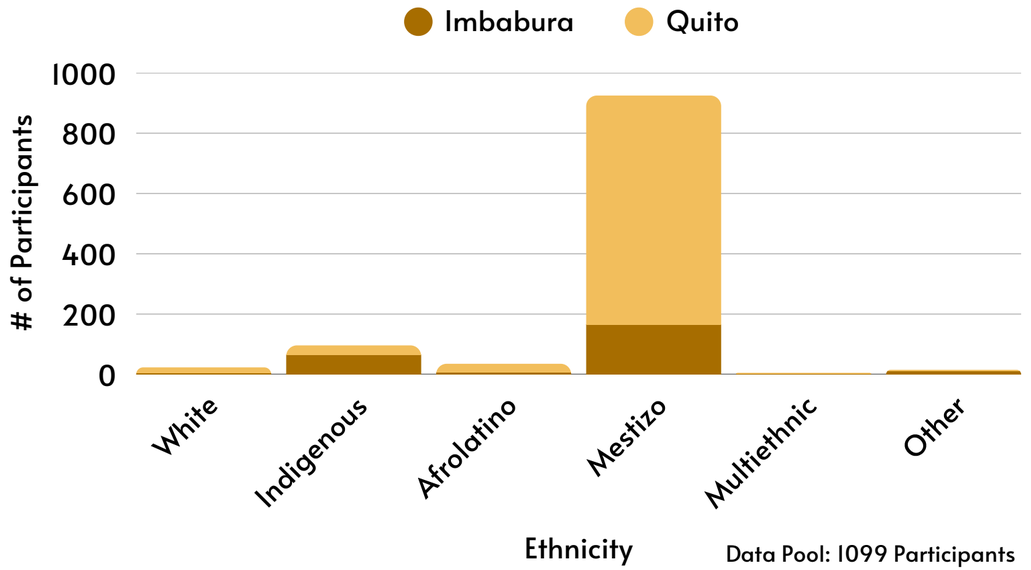
Data Pool: 1394 Participants

Ethnicity



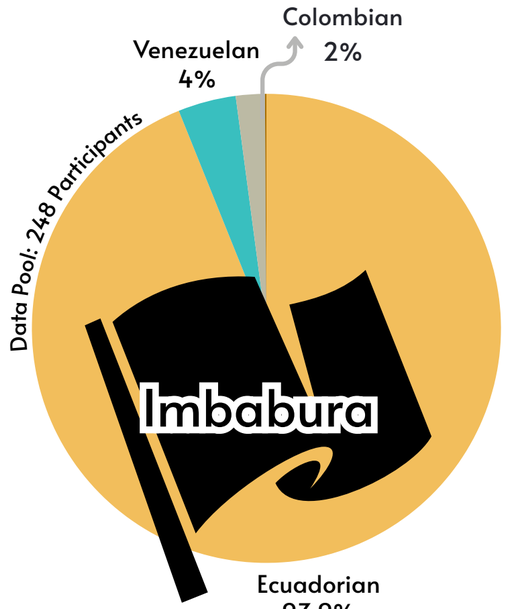
Imbabura has a higher Indigenous population than Quito but in both regions, most participants identify as Mestizo.

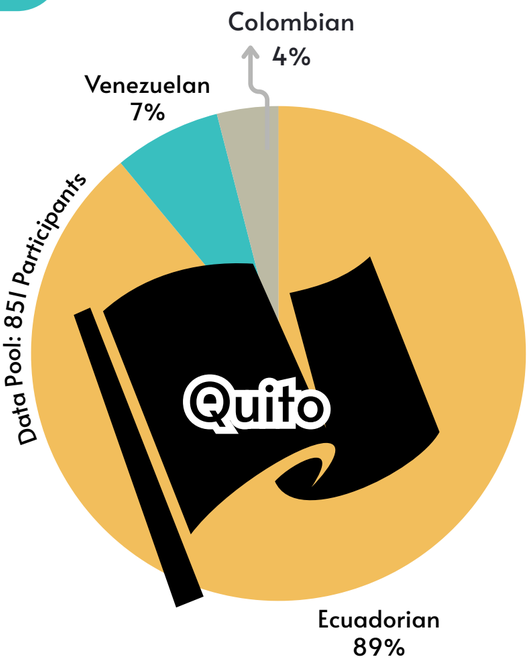
Ethnicity of Vida Plena Participants by Region



Data Pool: 1099 Participants

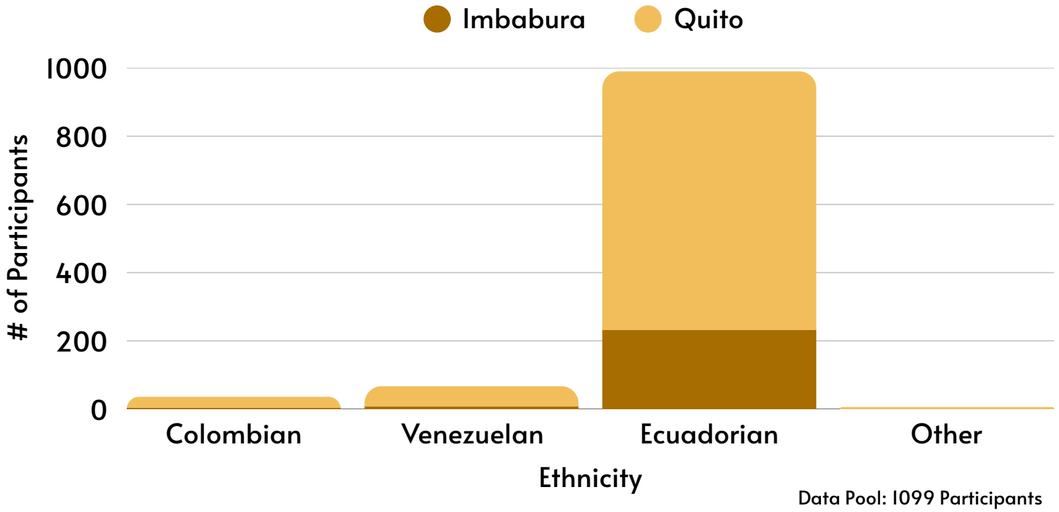
Nationality





In both Quito and Imbabura, most participants are Ecuadorian however Quito has more participants who are Venezuelan or Colombian.

Nationality of Vida Plena Participants by Region



Data Pool: 1099 Participants

Facilitator: Sisa

Maria Jose's Story
Age: 45

María Jose joined the group after years of wanting psychological support but feeling too ashamed to seek it. Invited through a senior activities space, she came hoping to ease what she described as a persistent pain in her chest she had carried for years.

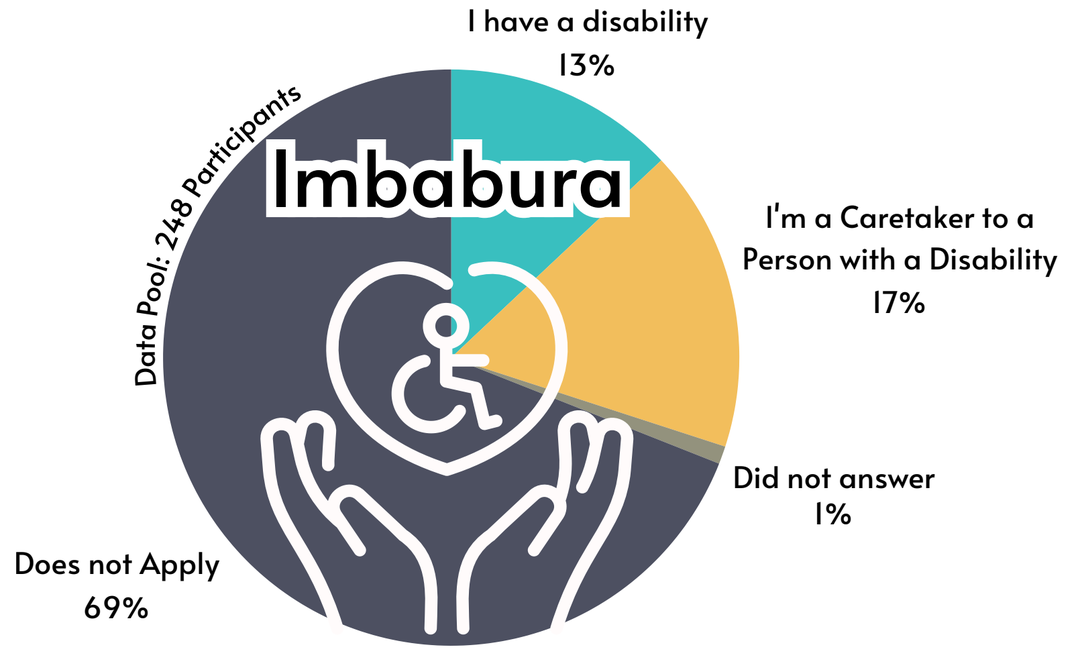
From the first sessions, she felt an unusual sense of trust, "like talking to someone I had known for a long time." Watching others share gave her the courage to speak, and she began to feel lighter. She realized she was not alone and that her struggles, though heavy, were not permanent.

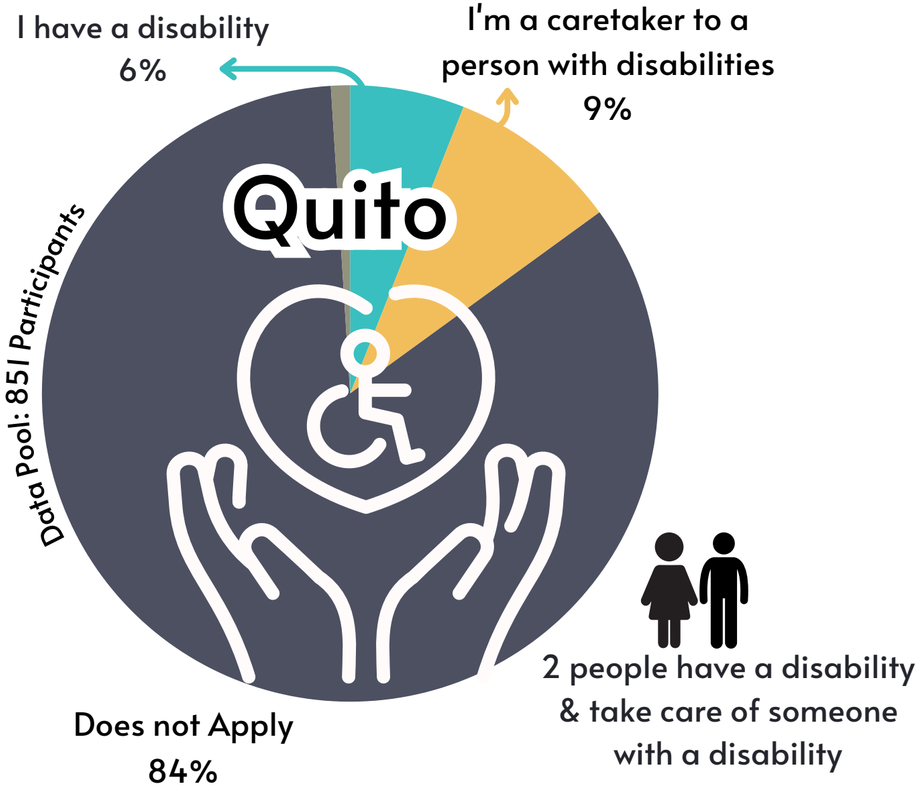
Living alone in a new city far from her home country of Colombia, María Jose had felt she would not last more than a few months in Ecuador. Today, she has been there for over a year. She sleeps better, thinks differently, and feels more connected to the people and the place around her.

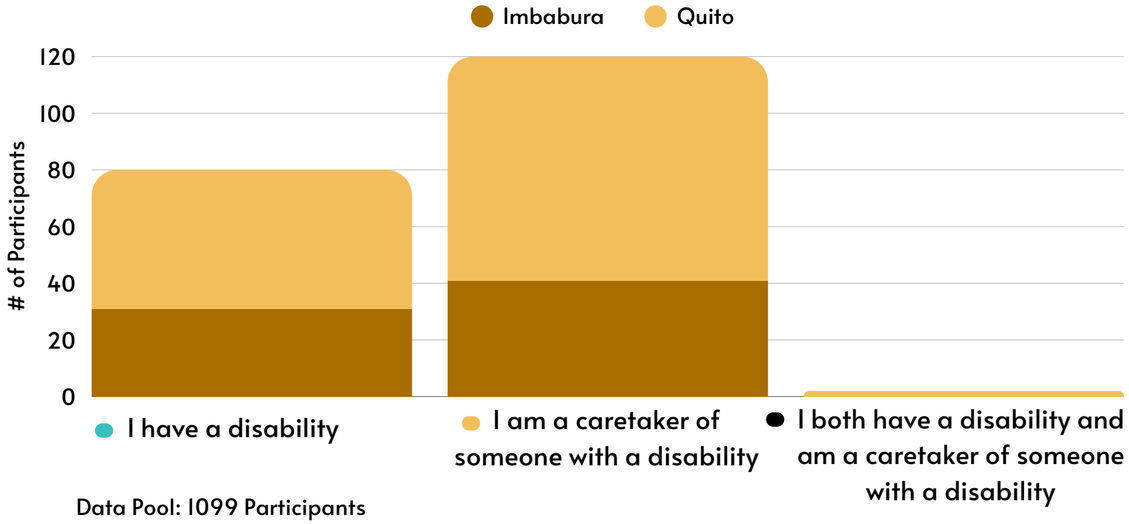
She often repeats a phrase she learned in the group: "problems are like the wind, they arrive, hit hard, and then pass."

Region: Imbabura

Disability







Data Pool: 1099 Participants

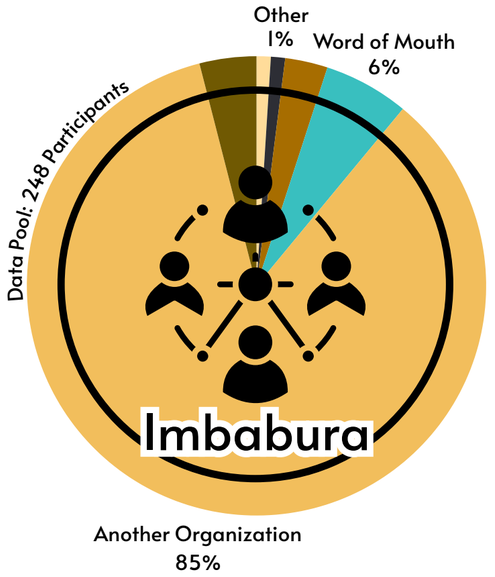
In Imbabura, a higher percentage of participants have a disability than in Quito and a higher percentage are caretakers of a disabled person.

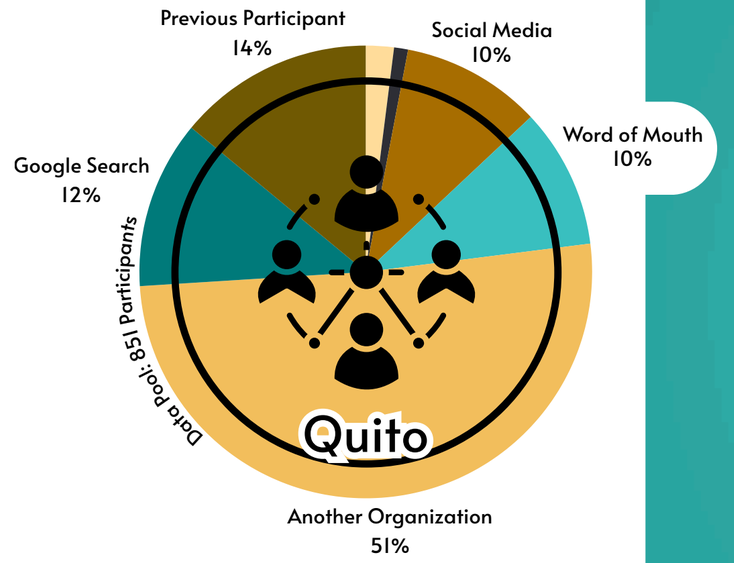
Being a caretaker of a disabled person requires personal sacrifice and in many cases intimate knowledge of medicines, routine, and the person's disability. People who are caretakers often don't get help themselves leaving them to often neglect themselves. It's vital that caretakers receive the care that they need and deserve.

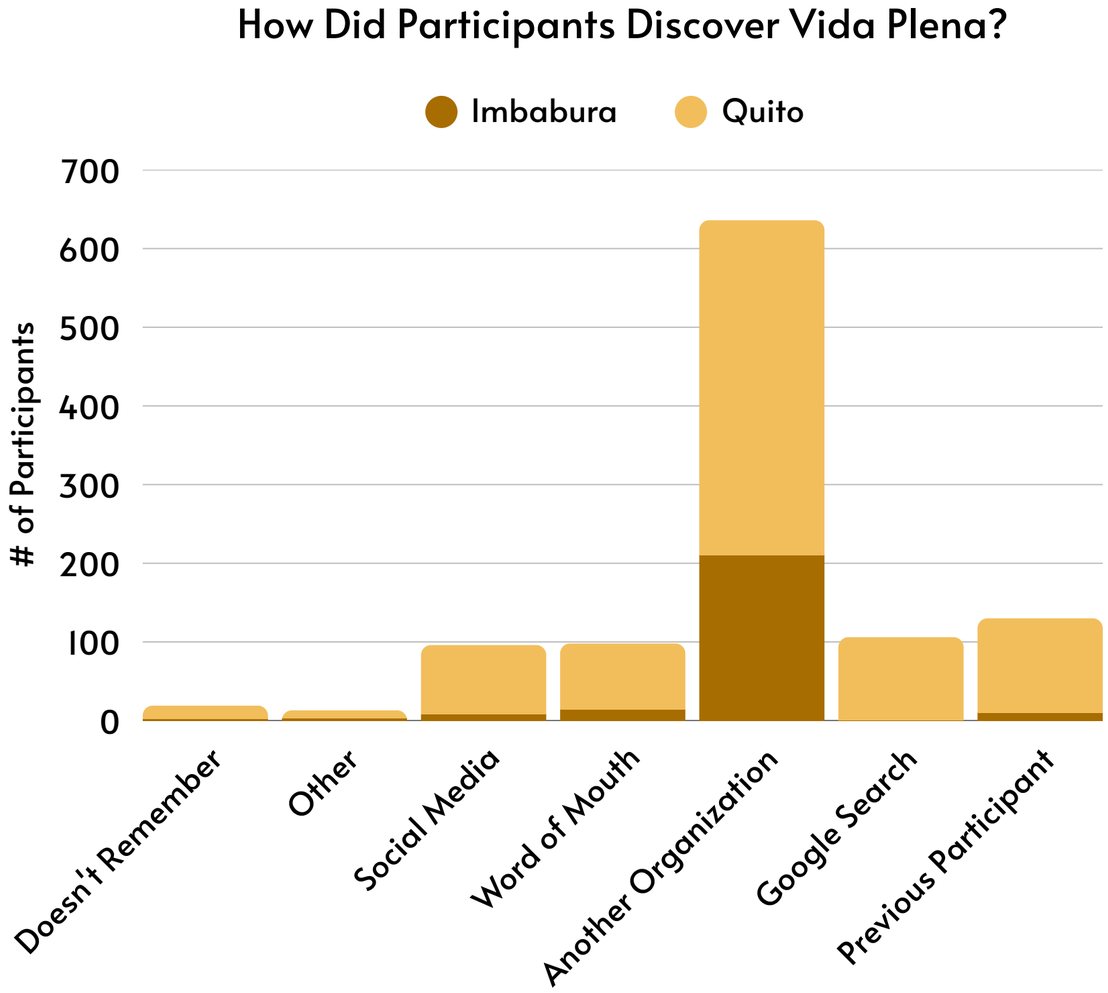
Program Function

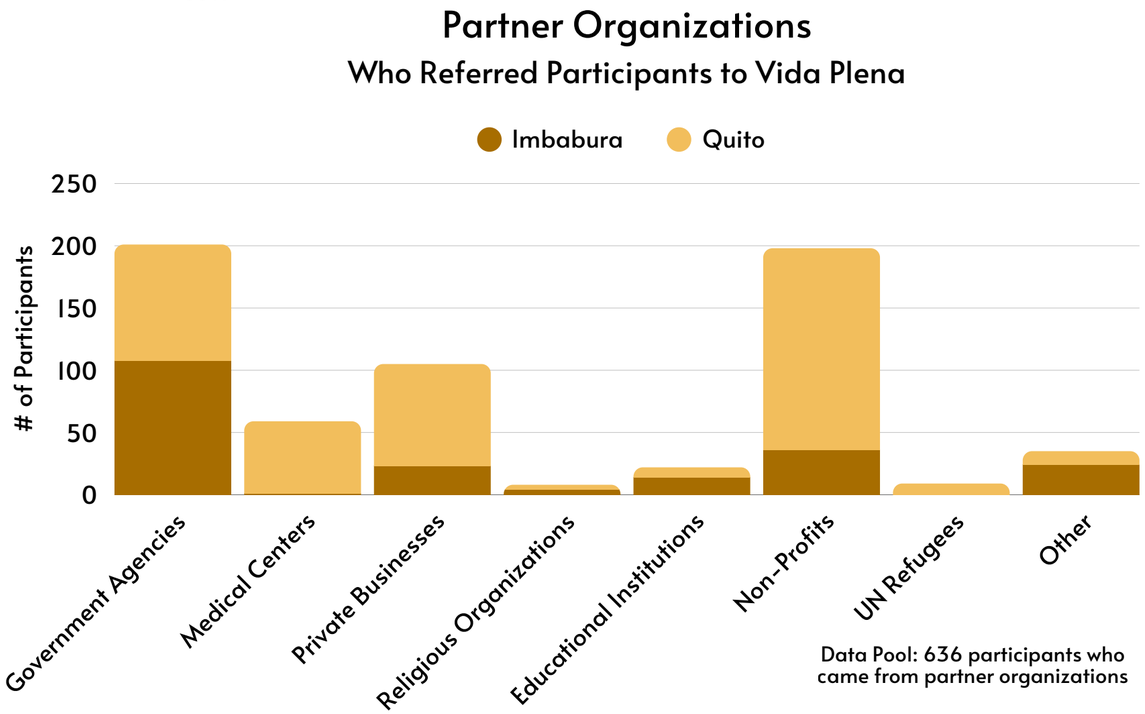
HOW DO PEOPLE FIND VIDA PLENA

People found Vida Plena through a variety of means, but in both Imbabura and Quito, most participants (58%) were recommended by partner organizations. Unexpectedly, 12% of participants in Quito found Vida Plena through Google searches.



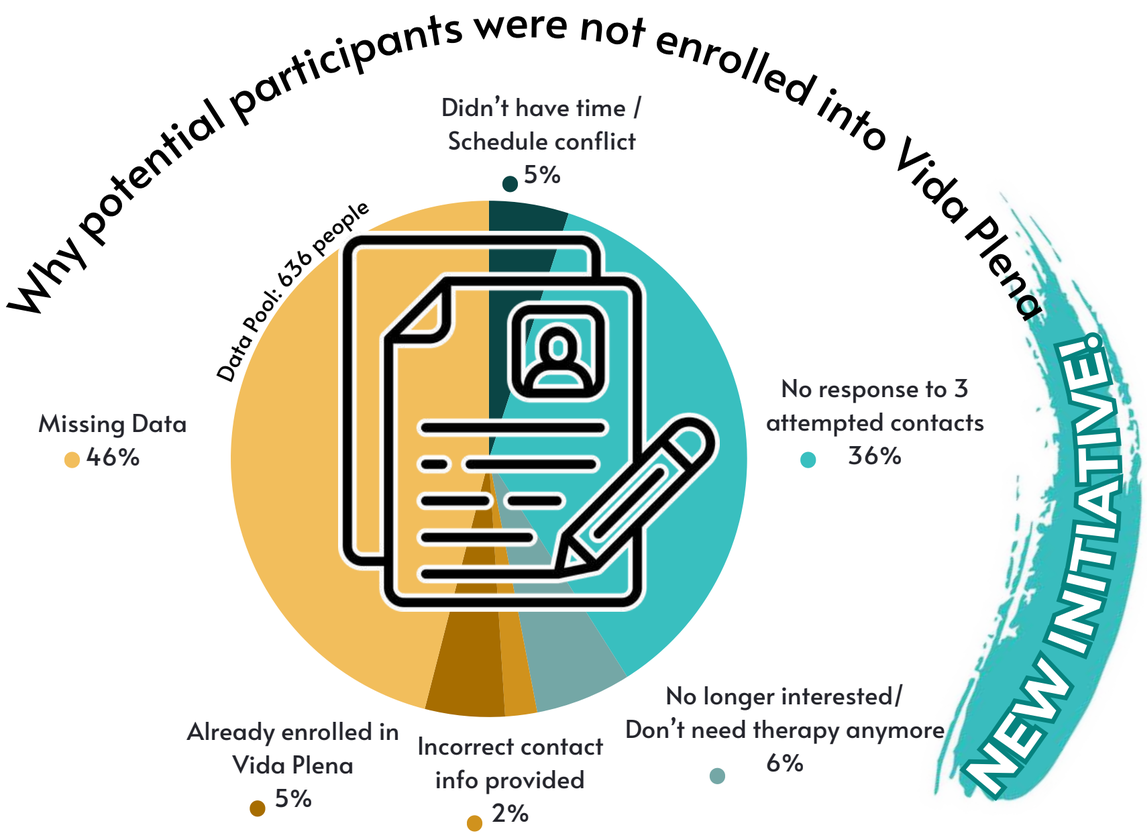






Vida Plena partners with a diversity of organizations.
Most of Vida Plena participants were referred to us through non-profits, private businesses or government agencies (504 participants).

Program Function



Potential participants submit an online intake form and are then contacted by a facilitator for a 1-hour intake and therapy session.

A substantial portion of cases are categorized as missing data, as this tracking initiative was not implemented until the second half of 2025.

ENTERANCE INTO VIDA PLENA

About 1,850 people completed our online enrollment form between November 2024 and October 2025 and applied to be in a group. Since we receive applications throughout the whole year, we use this time frame given that it takes about two months and a half to complete the program. Of those 1,850, 59% went on to become enrolled as participants taking part in group sessions. Because groups are formed on a rolling basis as cohorts fill, most participants completed treatment in 2025, while those who enrolled in late 2025 will finish in 2026. Among individuals who were not placed in a group, the majority of cases were due to unsuccessful contact (38%). This included participants who did not respond to outreach attempts (36%) and a small proportion for whom incorrect contact information was provided (2%).

Although experts indicate that a drop between initial interest and group participation is common in community-based mental health programs, we view this gap as an important area for improvement. We are committed to better understanding the barriers that prevent individuals from following through with enrollment.

We hypothesize that participant bias and stigma surrounding mental health may contribute to this gap. To test this, we were awarded a grant from The Agency Fund to collaborate with a behavioral science researcher. In partnership with Samantha Kassirer from the University of Toronto's Rotman School of Management, we are studying potential barriers, including expectations about group enjoyment, anticipated personal improvement, and attitudes toward mental health. This research began in the fall of 2025 and will continue through 2026. In parallel, we are piloting targeted interventions to reduce the enrollment gap.

> "The quality of the care was both deeply human and truly professional."
>
> -Vida Plena participant

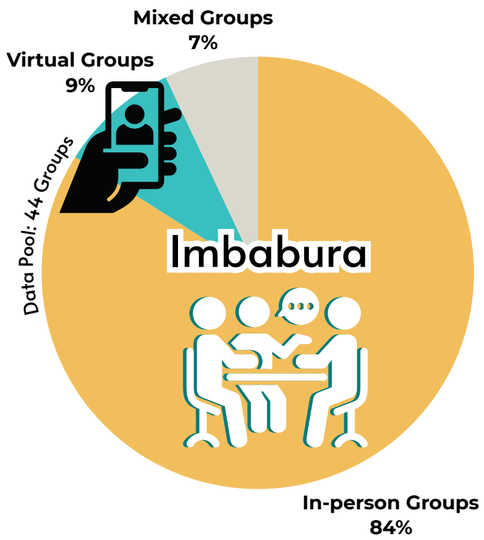
Program Function

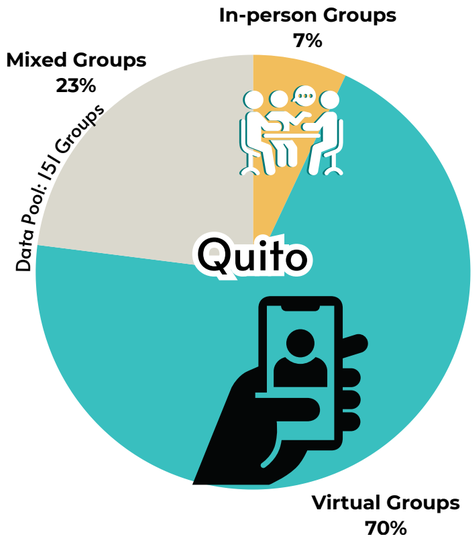
SESSION MODALITY

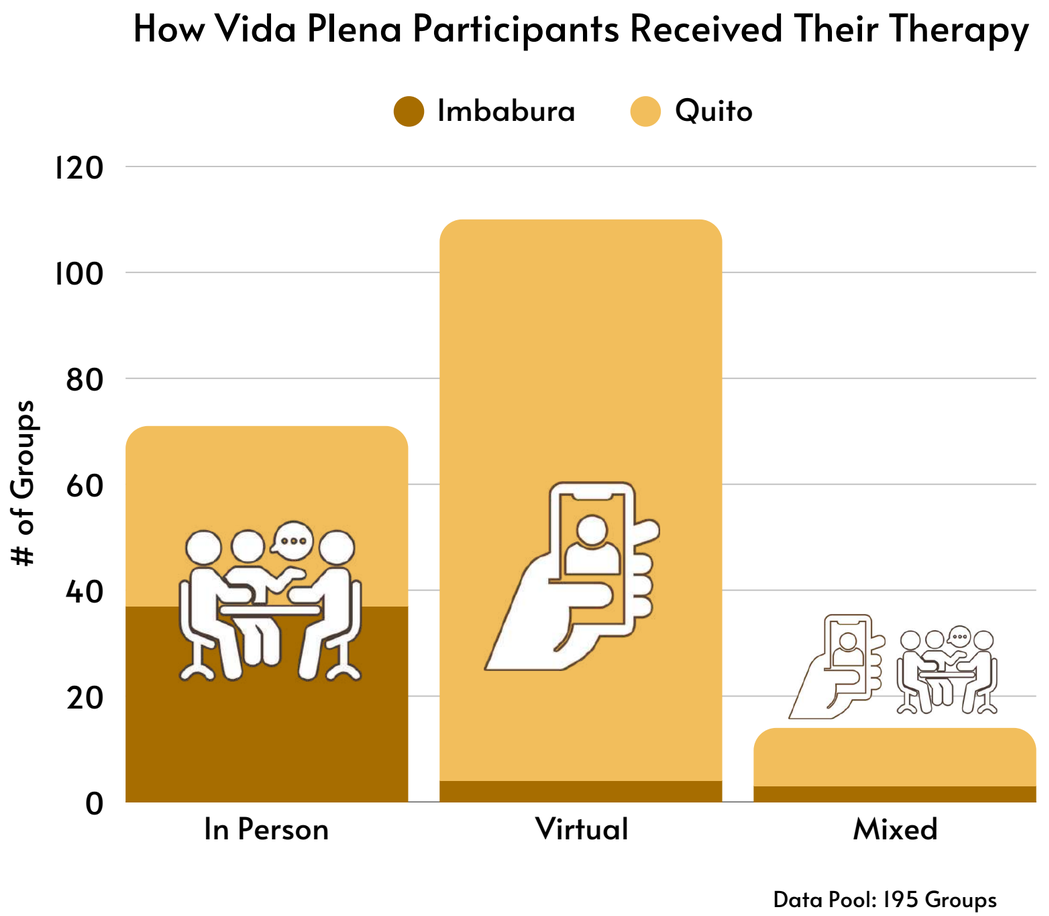
Vida Plena delivers group sessions in three modalities: virtual, in-person, and hybrid. The Quito Health Department pilot operated exclusively in person, consistent with its operational structure and mandate to serve highly vulnerable populations through localized, community-based outreach.

In contrast, modality within Vida Plena's Direct Service Team varied by region. In Quito, the majority of participants enrolled in virtual groups, likely reflecting the city's size, travel burdens, and scheduling constraints. In Imbabura, programming was conducted primarily in person, supported by smaller community settings and established local gathering spaces.

While virtual programming continues to demonstrate strong outcomes, some participants in online groups have expressed a preference for fully or partially in-person formats.







Data Pool: 195 Groups

Most of the groups in Imbabura were conducted in person.
In Quito the opposite was true. This is due to operational reasons and how participants are assigned groups based on location and partnership programs.

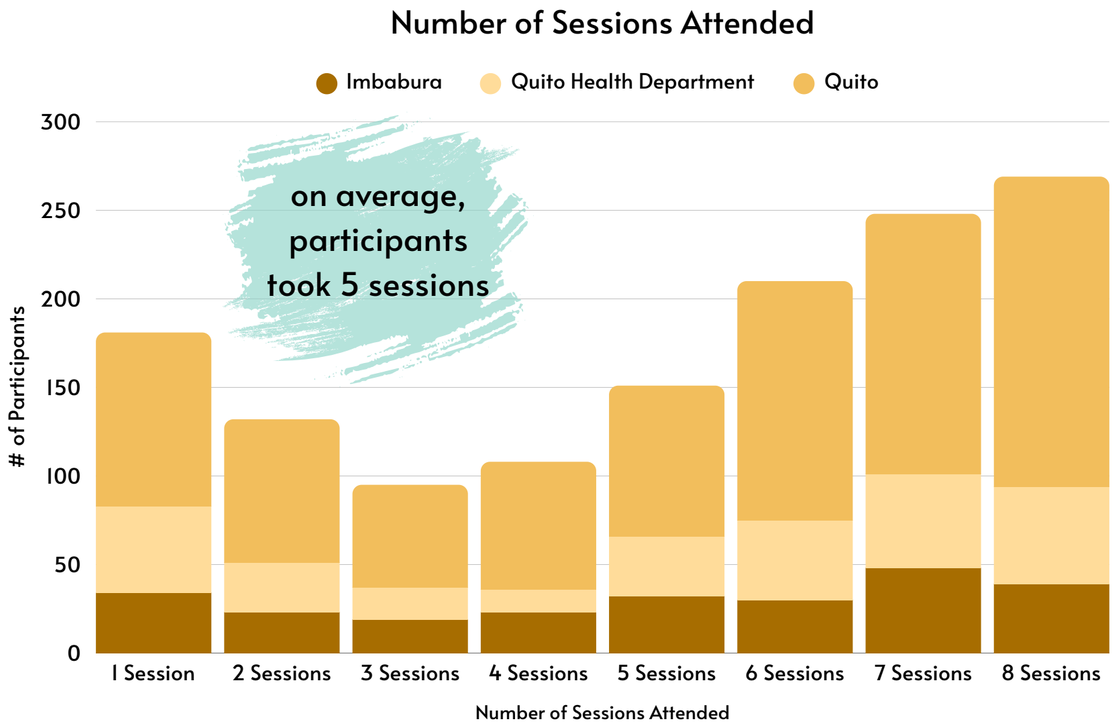
Mixed modality is only offered to a subset of our Participants coming through the IMPAQTO program. This is why so few participants take mixed modality sessions.

Program Function

ATTENDENCE

Last year, we determined that taking six group sessions is program completion, as at the 6th session, most participants either fall below the clinical threshold for depression (<10 points on the PHQ) or see a clinically significant improvement. While last year the majority of the participants did not attend six or more sessions, **we are happy to report that this year over half the participants reached at least the 6th session.**

The average number of sessions attended is five, with the Quito Health Department falling just slightly short of that at 4.5 sessions. Interestingly, the session modality in which participants attended Vida Plena sessions had no correlation to their attendance rates.



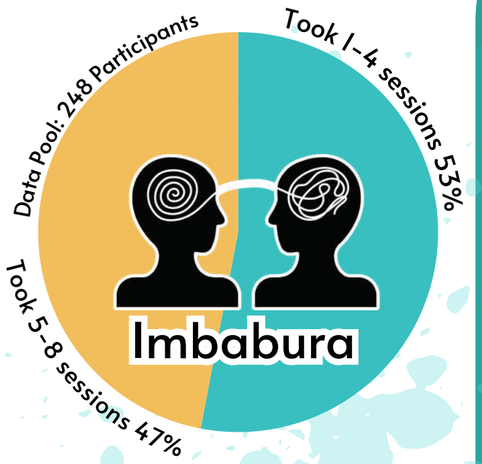
The lowest retention occurred after three or four sessions, indicating that strategies to keep participants engaged after the third session could strengthen attendance next year. Of those who filled out our post survey, many (26%) participants noted that they dropped the program because they missed 2 or more sessions in a row. This was the most common reason given, with other participants commenting that they now no longer had time for Vida Plena, they were feeling better emotionally, or the program wasn't helping them feel better.

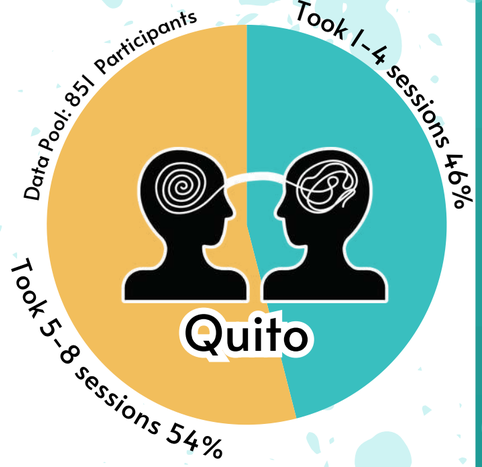
We can likely further improve attendance by reassuring those participants who missed two sessions that they're still welcome back and help diminish any shame they might be feeling around their absence. One participant specifically stated that they felt ashamed for not having gone to more sessions. Combating these kinds of feelings could be imperative to improving our attendance further.

Vida Plena considers taking 6 sessions to be program completion.

Across all participants, 52% attended 6 or more sessions.

This is significantly improved from 2024 where fewer than half of all participants took 6 sessions.





Facilitator Spotlight

Liz

Liz is a soft-spoken facilitator with a quiet strength that shows up in her work. A mom to a young son and an active member of her church music team, she plays guitar and speaks Kichwa as her native language. On weekends, she helps her mother sell traditional grilled tilapia along the shores of Lago San Pablo, not far from where she lives. She also creates beautiful embroidered floral blouses in the traditional style of her community.

Though the youngest member of the Imbabura team and once unsure of herself, Liz has grown into an exceptional facilitator, now leading groups where participants show some of the most meaningful changes.

Imbabura Team

Sonia, Diego, Gabi, Liz, Kasha, and Sisa take part in a team-building activity on the shores of Lago San Pablo in Imbabura.

Vida Plena's Direct Service Efficacy

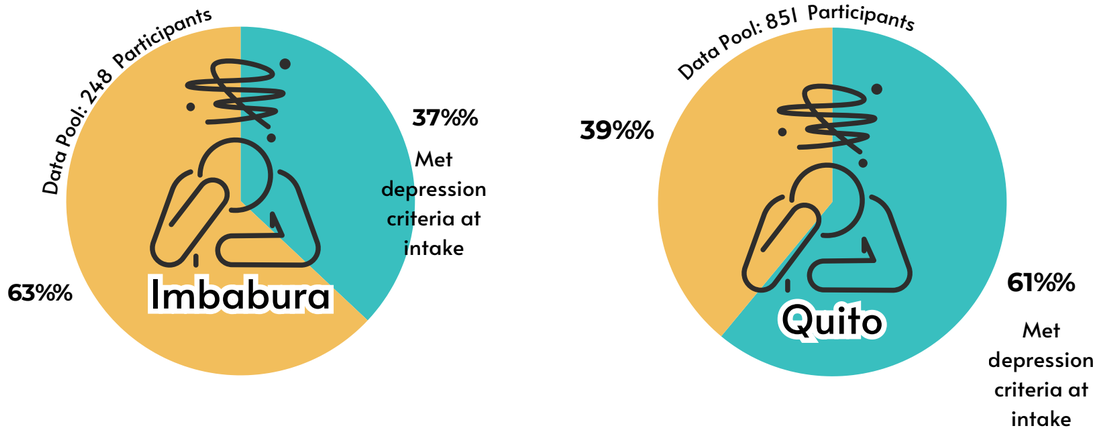
INCLUSIVE ENROLLMENT & BASELINE CHARACTERISTICS

Vida Plena does not restrict participation based on baseline PHQ-9 scores. Rather than applying symptom levels as a filter, we use an inclusive enrollment model that reflects both the broader benefits of g-IPT and our integration within community-based partner programs. In addition to reducing depressive symptoms, g-IPT supports improvements in anxiety, emotional distress, social connectedness, and interpersonal functioning.

We frequently deliver programming in partnership with local NGOs that provide complementary services, including business skills training, legal assistance for migrants, and food security programs. Evidence suggests that embedding mental health interventions within broader social services can enhance outcomes in domains such as health [7] and economic stability[8]. As a result, while many participants meet criteria for depression at intake, a substantial proportion enroll with lower baseline symptom scores. This distribution of starting scores has implications for interpreting aggregate changes on standardized depression measures.

> "I found a safe space where I could speak freely, without shame."
>
> -Vida Plena participant

% Participants Entering Vida Plena with Depression



Proportionally, people from Imbabura enter Vida Plena less depressed than those from Quito with 37% and 61% of participants respectively entering Vida Plena meeting the clinical threshold for depression. Furthermore, those from Imbabura who did meet the clinical threshold for depression, entered Vida Plena with a lower average PHQ-9 score than those coming from Quito (15 points vs 17 points respectively).

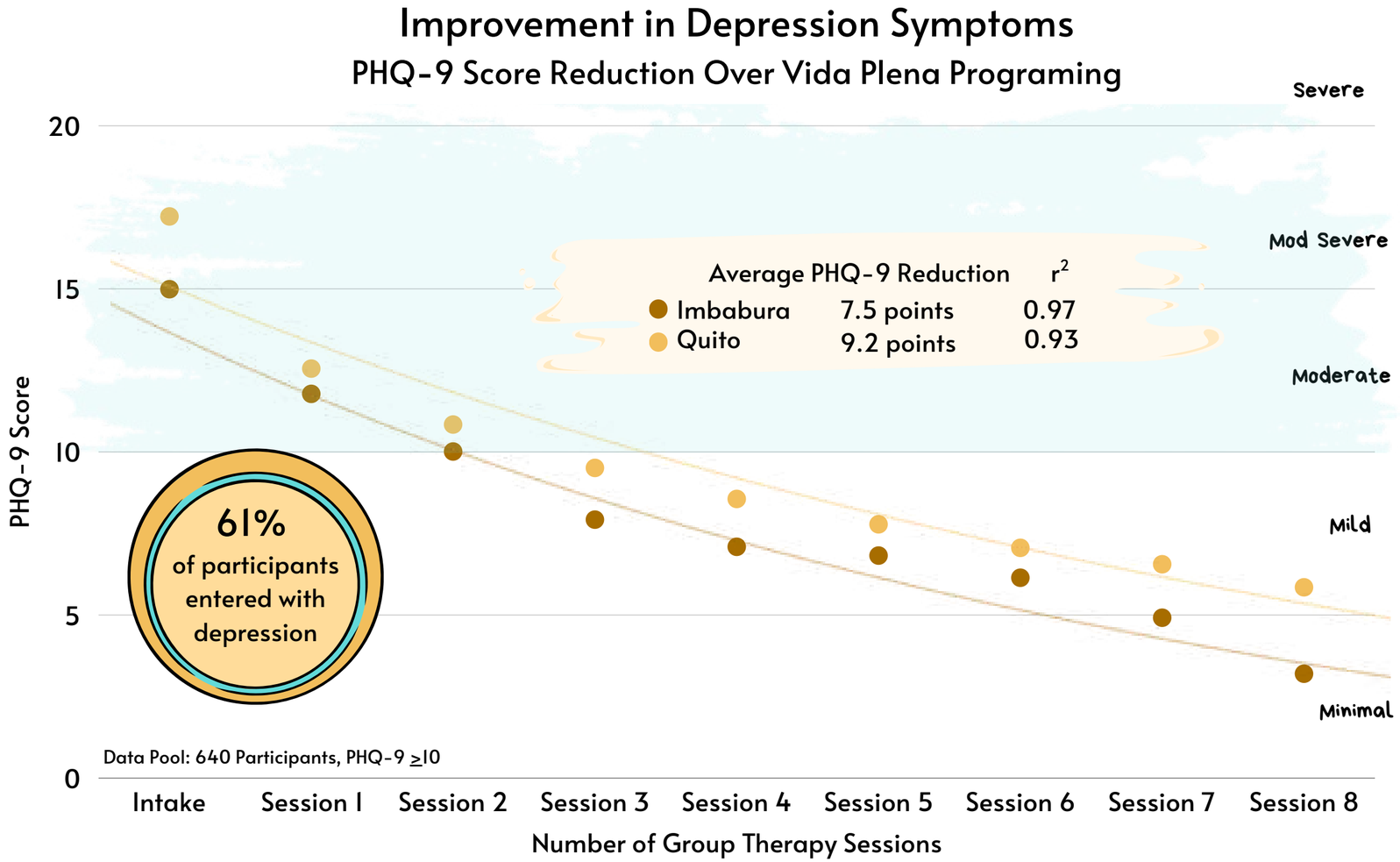
SUPPLEMENTARY SESSIONS

As part of our commitment to participant safety, Vida Plena provides an additional layer of care for higher-risk cases. In 2025, **facilitators delivered 258 supplementary sessions to support participants facing complex challenges**, including suicide risk. The majority of these were **safety planning sessions (69%) to address suicide risk**, alongside coordination with emergency contacts (3%) and other tailored interventions (28%) such as follow-up for complex cases, referrals, and emotional support. This flexible, responsive approach helps ensure that participants receive the right level of care when they need it most.

Vida Plena's Direct Service Efficacy

KEY FINDINGS: PHQ-9 IMPROVEMENT

A long-standing goal of Vida Plena has been to reduce participant depression by 9 or more PHQ-9 points, meaning that they drop two depression severity levels. This year, we have realized this goal in Quito. **The average point reduction of participants entering with depression symptoms in Quito is 9.2 points through Vida Plena and 10 points through the Quito Health Department.** Imbabura trails behind only slightly with an average PHQ-9 reduction of 7.2 points, likely due to the fact that participants from Imbabura entered Vida Plena with a lower severity of depression symptomology.



Emotion map at an outreach event.

Depression symptoms improved as participants continued with Vida Plena group therapy sessions. On average, participants had a 9 point reduction on their PHQ-9 signifying clinically significant improvement. By the third session, participants drop below the clinical threshold for depression. R^2 values indicate high correlation between Vida Plena programming and reduction of depression symptoms. Only participants meeting the clinical threshold for depression were included.

Vida Plena's Direct Service Efficacy

ENROLLMENT PATHEAYS AND BASELINE PHQ-9 SCORES

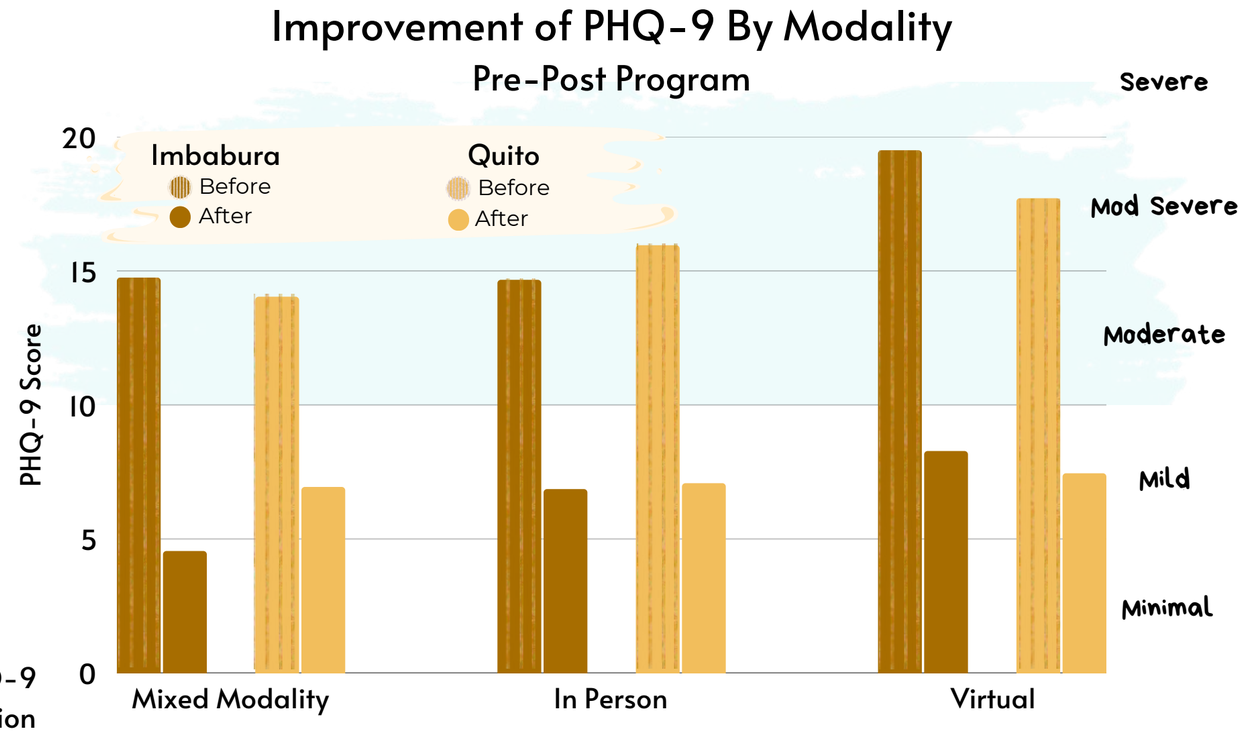
Participants entering virtual sessions generally begin with higher PHQ-9 scores than those enrolling in mixed or in-person modalities. This pattern is likely driven by operational factors, although the exact mechanisms are difficult to isolate. First, the majority of participants this year attended online groups, which may skew the overall distribution toward the most common modality rather than reflect a true modality-based difference in symptom severity.

A second, related explanation is that participants enrolling in virtual sessions may self-select based on higher depressive symptoms. In-person groups are frequently conducted through partner organizations, where enrollment includes both depressed and non-depressed participants. By contrast, individuals joining online groups often seek out Vida Plena directly for depression-related concerns. This dynamic is particularly evident in Quito, where only 37% of participants enrolled through partner organizations, compared to 85% in Imbabura.

Regardless of how participants enter Vida Plena, we find that all modalities effectively and clinically reduce depression symptoms. On average, participants in in-person groups show larger reductions in PHQ-9 scores than those in virtual sessions.

Reviewing our organizational values during the team retreat.

That said, these differences should be interpreted with care. Enrollment pathways and baseline symptom levels vary across modalities, and the majority of participants this year attended virtual groups. Notably, although participants in in-person groups begin with slightly lower average PHQ-9 scores, they still show substantial improvement over time. While this pattern may point to potential advantages of in-person delivery, the data do not allow us to isolate modality as the sole explanation.



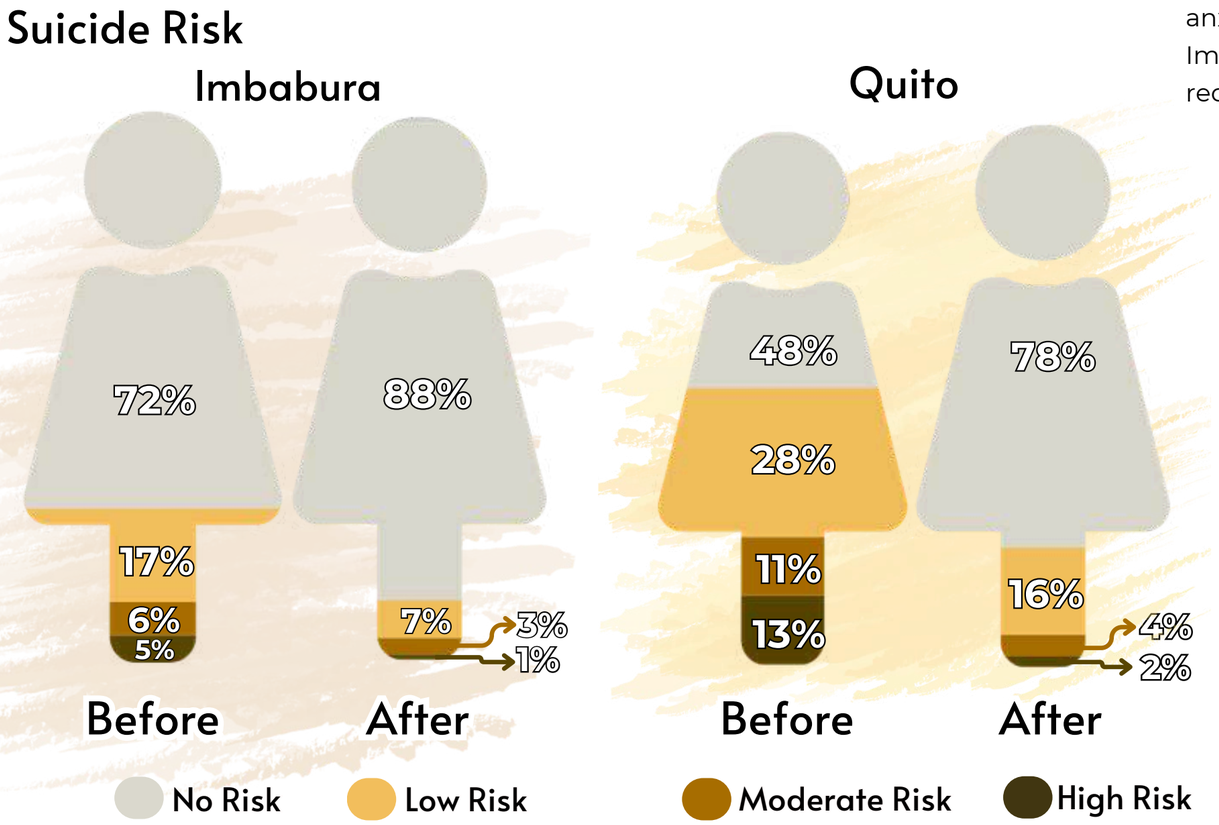
Data Pool: 644 Participants

Average PHQ-9 Score Reduction			
Imbabura	13 points	7.3 points	6.7 points
Quito	5.6 points	10.5 points	9.8 points
All Participants	6.5 points	9 points	9 points

Vida Plena's Direct Service Efficacy

ITEM 9 OF THE PHQ-9: SUICIDAL THOUGHTS

Item 9 of the PHQ-9 assesses the frequency of suicidal thoughts on a scale from 0 (not at all) to 3 (nearly every day). We use this item to evaluate suicide risk independently from overall depression severity. Scores of 0–1 are categorized as low or minimal risk, while scores of 2–3 are categorized as moderate to high risk. Notably, approximately 10% of participants report suicidal ideation at intake without meeting the overall PHQ-9 threshold for depression.

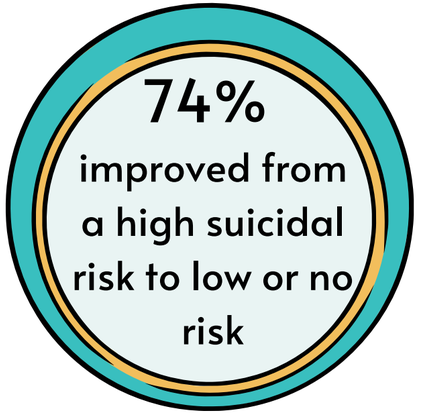


Data Pool: 1069 Participants

While some group-based interventions exclude individuals reporting suicidal ideation, Vida Plena maintains an inclusive enrollment model supported by structured safety protocols. Participants with suicidal thoughts receive additional clinical evaluation, individualized safety planning, referrals to specialized service, and, when appropriate, involvement of emergency contacts. These safeguards are designed to ensure participant safety while maintaining access to care.

KEY FINDINGS: SUICIDAL THOUGHTS

We saw meaningful reductions in suicidal ideation over the course of the program among participants in both Imbabura and Quito. As reflected in broader depression and anxiety trends, baseline levels of suicidal ideation were lower in Imbabura than in Quito. Importantly, improvements were generally sustained, with participants maintaining reduced suicidal thoughts up to six months after completing the program.



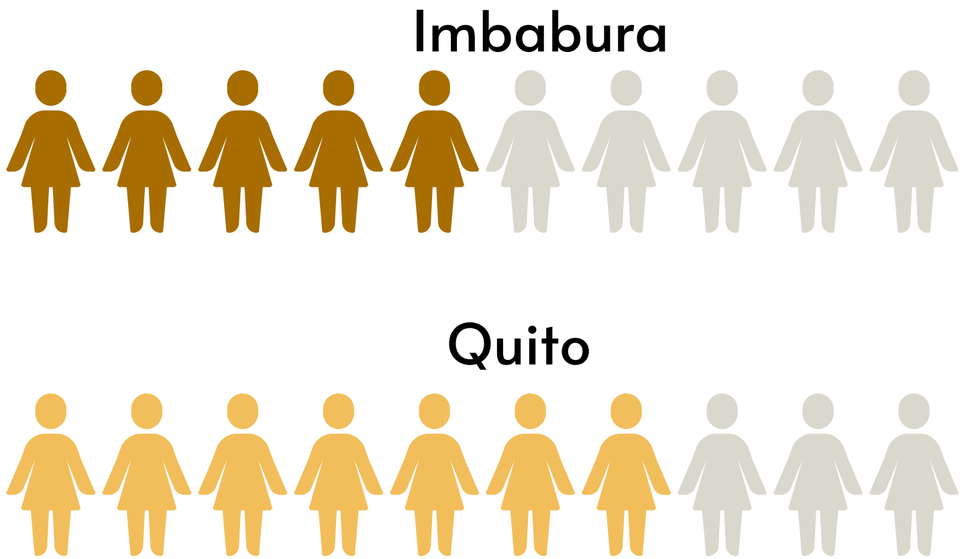
Participants in Imbabura came in with less suicide risk than that of participants coming from Quito. However, both cohorts of participants saw note able improvements in their suicidal thoughts.

Vida Plena's Direct Service Efficacy

GAD-7: ANXIETY

As one of our secondary indicators, we also measure anxiety levels of our participants, as anxiety and depression are commonly linked. Measuring anxiety also helps us understand our program in a more holistic and nuanced way, as reductions in anxiety indicate better emotional wellbeing overall. To reduce cognitive burden on our participants, we only assess GAD-7 scores upon intake and outtake.

Percent of Participants Entering with Anxiety Symptoms



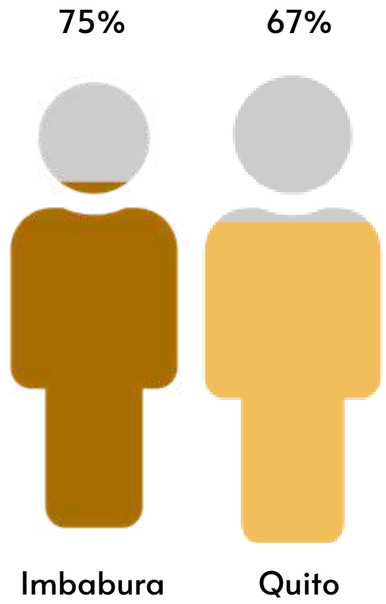
48% of participants from Imbabura entered Vida Plena with clinical threshold levels of anxiety whereas 72% of participants from Quito entered with anxiety.

KEY FINDINGS: ANXIETY

Just as with depression and suicide risk, people from Imbabura entered with less anxiety. In total, 62% of participants (of 730 Vida Plena participants in Quito and Imbabura) entered with anxiety. Only 48% (80 participants) from Imbabura entered with clinical levels of anxiety, whereas 72% from Quito did. The average GAD-7 score at intake from Imbabura was 11.4 points, and from Quito was 14. A score of 8 or above indicates clinical anxiety.

Of those entering with anxiety, 75% of those from Imbabura and 67% from Quito clinically improved. Participants from both Imbabura and Quito saw clinical improvement in their anxiety, with an average GAD-7 point reduction of 6.1 points from Imbabura and 7.5 points from Quito. A 4-point change is considered to demonstrate clinical improvement.

Percent of Participants Who Saw Clinical Anxiety Improvement



Of those entering Vida Plena with clinical levels of anxiety, 75% of participants from Imbabura and 67% from Quito saw clinical improvement.

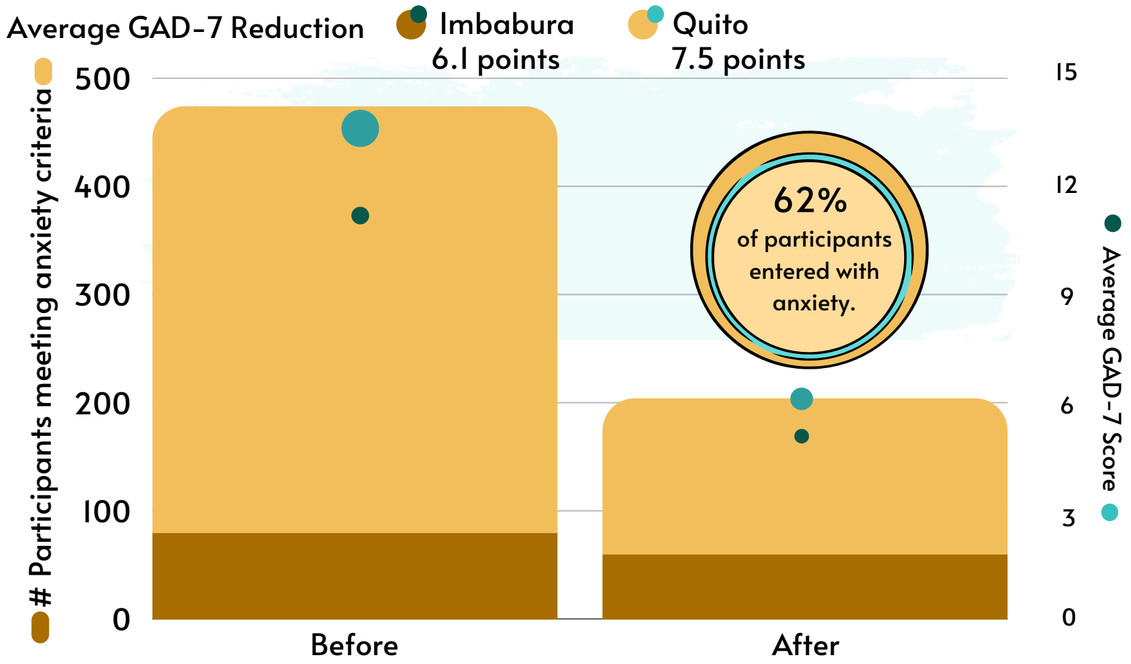
Data Pool: 454 Participants

Vida Plena's Direct Service Efficacy

Anxiety Improvement

Participants with anxiety before & after Vida Plena

Data Pool: 730 Participants



Vida Plena participants generally saw improvements in their anxiety with Vida Plena programming. A score ≥8 indicates clinical anxiety and a score reduction of ≥4 points indicates clinical improvement.

Superimposed blue bubbles represent the average GAD-7 scores for both before and after the program for Imbabura and Quito. Bubble sizes represent relative number of participants in each sample.

Facilitator: Karina

Luz's Story
Age: 45

Luz joined the group feeling, as she described it, like she was carrying a "cross" and an enormous emotional weight. She lived with constant anxiety and recurring panic attacks, especially when her children or partner were late getting home. Her mind would immediately jump to catastrophic scenarios, always "thinking the worst."

At first, she often listened more than she spoke. Yet hearing the experiences of others became an unexpected "emotional relief" for her. Gradually, she began to share and to apply the tools she was learning to calm her body and redirect her thoughts.

Over time, Luz noticed that while the challenges in her life had not disappeared, they no longer overwhelmed her in the same way. The panic attacks stopped, and she was eventually able to stop taking medication.

She says the group helped her significantly change her life and move closer to what she calls a true "Vida Plena (flourishing life)."

Region: Quito

Vida Plena's Direct Service Efficacy

POST PROGRAM

Participants were invited to complete follow-up surveys at 3 and 6 months after their group concluded. Due to the timing of this report, not all participants who completed sessions in 2025 were eligible for the 6-month follow-up. Among those eligible (n = 495), 45% (n = 224) completed post-program surveys.
Follow-up completion rates varied by region. In Imbabura, 88 participants completed the 3-month survey and 60 completed the 6-month survey, compared to 182 participants in Quito who completed both follow-ups. As a result, findings from Imbabura should be interpreted with caution given the smaller sample sizes.

KEY FINDINGS: POST PROGRAM PHQ-9

In Quito, participants generally sustained their improvements at follow-up. In Imbabura, while a portion of participants experienced a resurgence of depressive symptoms, nevertheless, only 14% continued to meet the clinical threshold for depression at the 3-month follow-up.

Furthermore, among participants in Imbabura who entered the program meeting criteria for depression, average PHQ-9 scores at follow-up were below 5. This suggests that many individuals who began the program with clinically significant symptoms experienced substantial improvement from intake, even if some symptoms re-emerged over time.

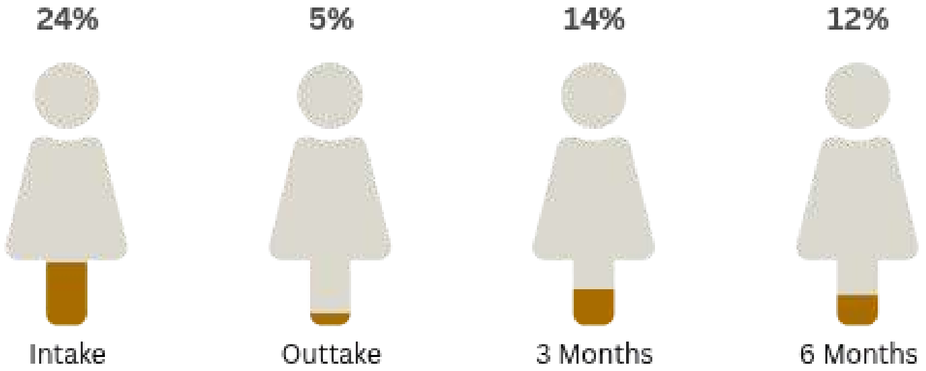
> "It was my first time seeking help, and I found hope and real solutions."
>
> -Vida Plena participant

Depression Post Program

% Participants meeting depression criteria of those who filled out our post surveys

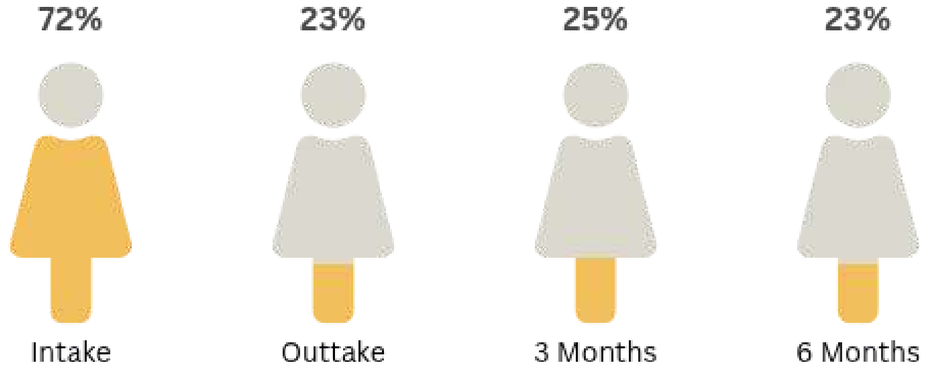
Imbabura

Data Pool: 88 Participants



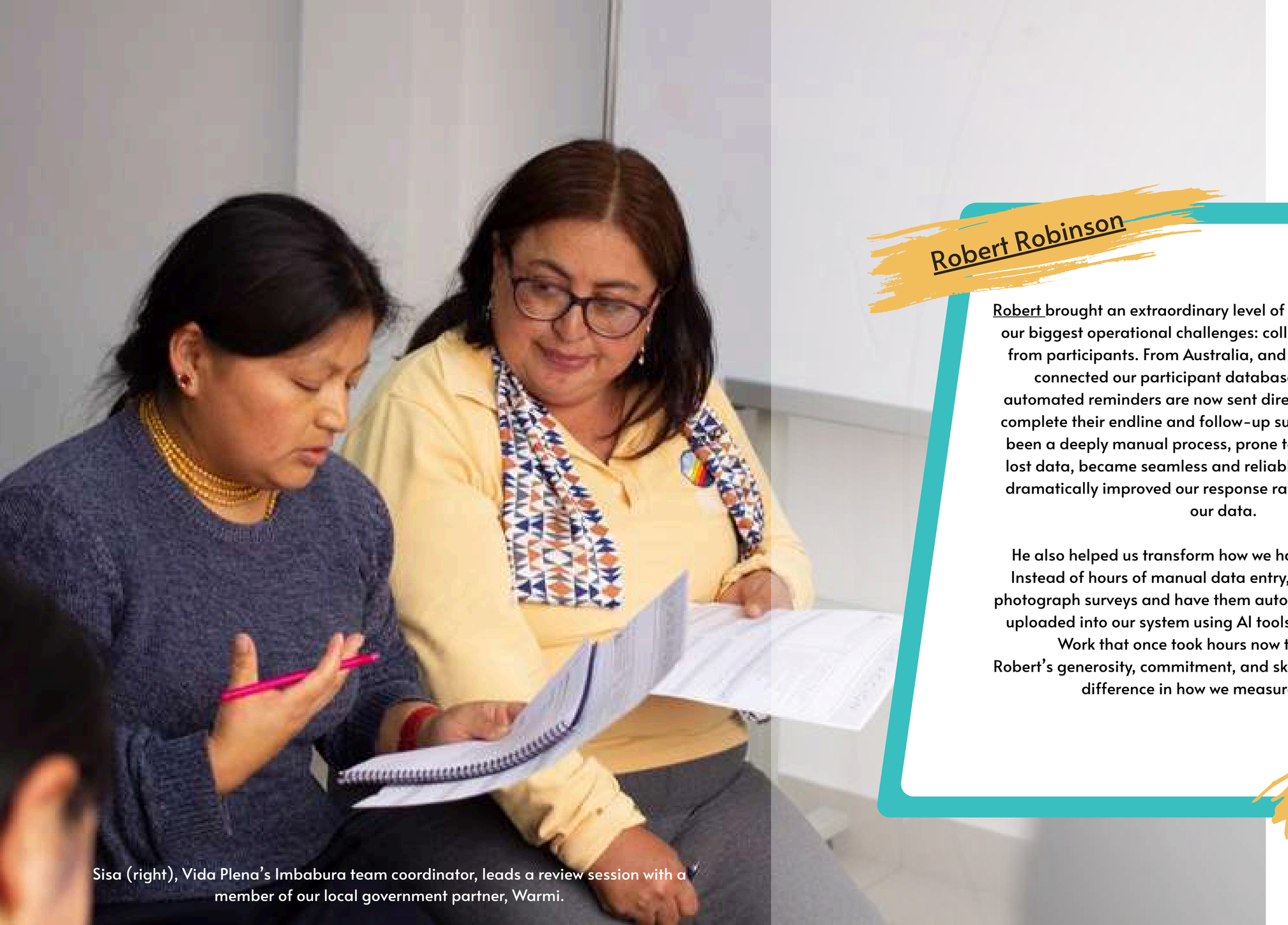
Quito

Data Pool: 182 Participants



In total, 224 participants (45% of eligible participants) filled out both our 3 and 6 month post surveys.

Generally, participants from Quito stabilize after Vida Plena programming. While some participants maintain the benefits they see from Vida Plena programing, some also see a return of their depressive symptoms.



Sisa (right), Vida Plena's Imbabura team coordinator, leads a review session with a member of our local government partner, Warmi.

Robert Robinson

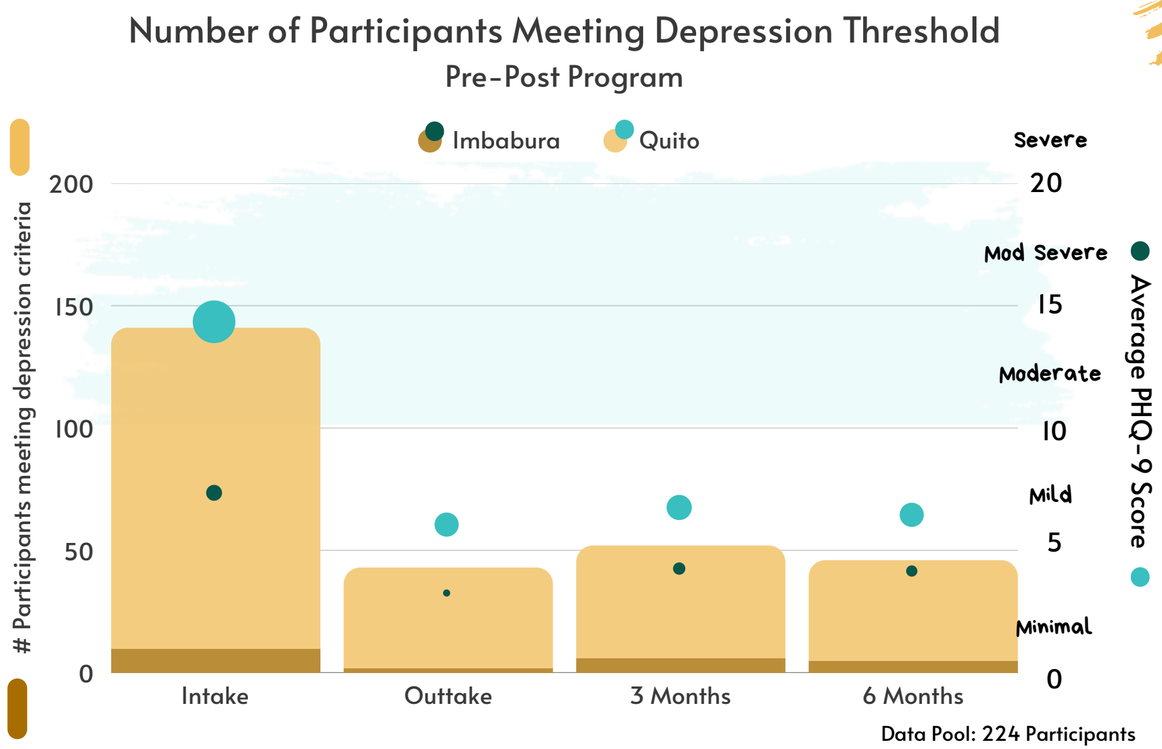
Robert brought an extraordinary level of technical skill to one of our biggest operational challenges: collecting follow-up data from participants. From Australia, and entirely pro bono, he connected our participant database to Twilio so that automated reminders are now sent directly to participants to complete their endline and follow-up surveys. What had once been a deeply manual process, prone to missed surveys and lost data, became seamless and reliable. This single change dramatically improved our response rates and the quality of our data.

He also helped us transform how we handle paper surveys. Instead of hours of manual data entry, facilitators can now photograph surveys and have them automatically scanned and uploaded into our system using AI tools he helped establish. Work that once took hours now takes minutes.
Robert's generosity, commitment, and skill have made a lasting difference in how we measure our work.

Volunteer Shoutout

Vida Plena's Direct Service Efficacy

KEY FINDINGS: POST PROGRAM PHQ-9



In Quito we find a dramatic reduction in depressive symptoms from intake and they are maintained even after 6 months post treatment. However, in Imbabura we see only a slight improvement. This is likely due to the small number of participants from Imbabura who filled out all the forms though six months, and the majority of those who did not enter the program with any depressive symptoms.

Superimposed bubbles represent the average PHQ-9 score and the relative number of participants still experiencing depressive symptoms at that time.

Facilitator: Kari

Nicole's Story
Age: 33

Nicole came to the group while experiencing gender-based violence and facing the painful decision to separate from her partner. In one session, she shared a moment of severe abuse when he broke her hand. The group held her through that story, and in the weeks that followed, several participants continued checking in on her, helping her stay firm in her decision to leave and maintain no contact.

Through the group, Nicole began to see clearly that the violence she had been living was not normal and not something she deserved. That clarity gave her strength at a moment when she felt most vulnerable.

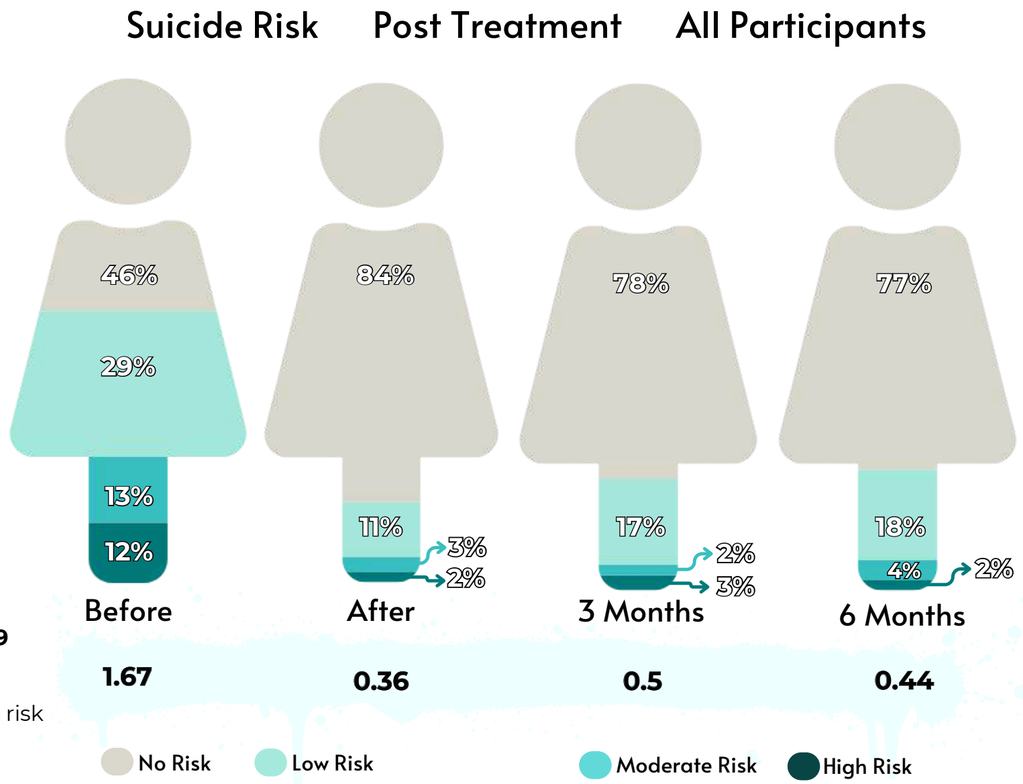
In the final sessions, she created what she calls her personal "recipe" for self-care, a plan she wrote on a bright sheet of paper and still uses today when she feels overwhelmed. The tools she learned helped her find steadier ways to manage her sadness, anger, and fear. She also remains in daily contact with another participant, a reminder that the support she found in the group did not end when the sessions did.

Region: Quito

Vida Plena's Direct Service Efficacy

KEY FINDINGS: POST PROGRAM SUICIDAL THOUGHTS

We saw meaningful reductions in suicidal ideation over the course of the program among participants in both Imbabura and Quito. As reflected in broader depression and anxiety trends, baseline levels of suicidal ideation were lower in Imbabura than in Quito. Importantly, improvements were generally sustained, with participants maintaining reduced suicidal thoughts up to six months after completing the program.



Post program, participants stabilize having fewer suicidal thoughts from when they entered. Due to the small data pool from Imbabura, this graphic represents all participants who have 3 and 6 month post survey responses.

Data Pool: 224 Participants

KEY FINDINGS: POST PROGRAM ANXIETY

Despite participants feeling better during their time at Vida Plena, post-program survey data suggest that many participants had a resurgence in their anxiety. 30% of eligible participants have GAD-7 scores for intake, outtake, 3 months, and 6 months. This is lower than the number of participants we have data for regarding the PHQ-9 because we only assess anxiety at intake and following the last group session. Therefore, while all participants have a final PHQ-9 score because we can use their last reported PHQ-9, we only have anxiety data for those who completed the endline evaluation and then also took our 3-month and 6-month surveys.

Of this sample, the vast majority entered with anxiety, and many did see improvement through Vida Plena's programming. However, the final average GAD-7 score at the end of the program for all participants was 7.3, indicating a slight rise in anxiety symptoms, but still far better than before they participated in the group. This may be because while depression and anxiety are highly correlated, g-IPT was only specifically designed to treat and manage depression symptoms. We like to have a more comprehensive approach, which is why we collect both depression and anxiety. If our program helps people with anxiety, we consider this to be an extra benefit of our program.

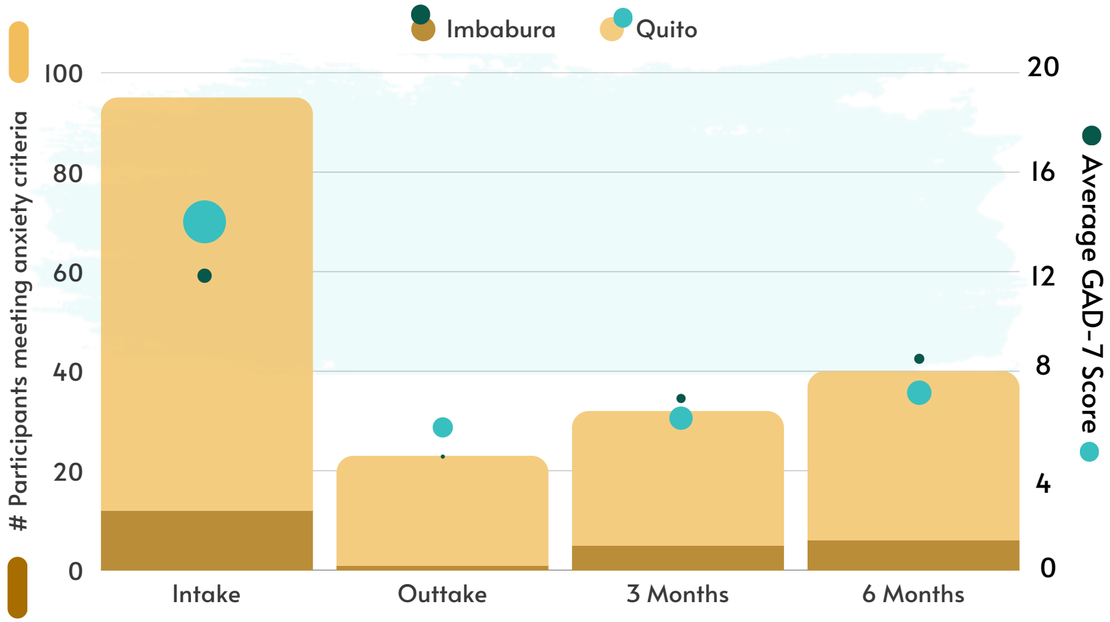
Art by Vida Plena participants hanging in a gallery at the Camilo Egas museum.

Vida Plena's Direct Service Efficacy

KEY FINDINGS: POST PROGRAM ANXIETY

Number of Participants Meeting Anxiety Threshold

Pre-Post Program



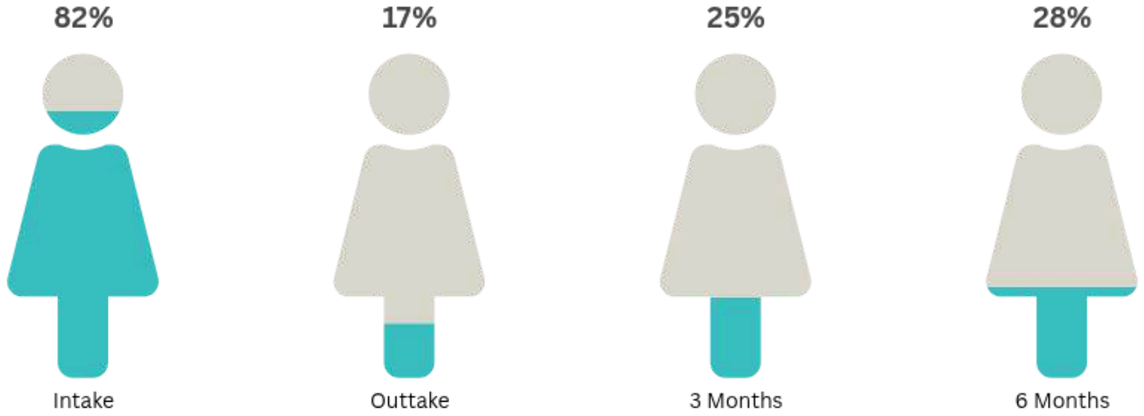
Data Pool: 147 Participants

Of those that filled out the GAD-7 form at intake, outtake, and our two post surveys the majority started with anxiety. While anxiety symptoms improved during Vida Plena programing, a significant amount of participants saw a resurgence in their symptomology with the average GAD-7 score at 6 months indicating that participants anxiety had returned.

Bubbles indicate average GAD-7 scores and relative bubble size indicates the number of participants in each cohort.

Anxiety Pre and Post Vida Plena Programing

Percent of participants that meet anxiety criteria



30% of eligible participants [147] have data pertaining to anxiety throughout the 6 month surveys. Due to the small sample size, both participants from Imbabura and Quito have been included in this graphic.

82% of participants with 3 and 6 month survey data started with clinical levels of anxiety. During Vida Plena programming, most participants saw improvement but some participants had a resurgence of anxiety symptoms after 6 months.

Sisa, Gabi, and Katy at a monthy facilitator team meeting.

Vida Plena facilitator, Jessy, during our team retreat completing a self-portrait.

New Initiatives: strengthening our team

PEER MENTORSHIP

In 2025, we introduced a **structured mentorship program pairing experienced facilitators with newer team members.** Over five months, pairs met regularly within a simple framework designed to foster trust, skill-building, and emotional support.

For newer facilitators, the program created a reliable space to ask questions, seek advice, and reach out informally between sessions. For mentors, it offered the opportunity to share hard-earned lessons and step into leadership in a meaningful way. **The result has been stronger team cohesion and increased confidence across experience levels.**

STRUCTURED PEER SUPERVISION

As our Quito-based facilitators gained experience, we introduced a structured peer supervision model. For three weeks each month, facilitators now meet as a peer group using a defined supervision framework, with one facilitator serving as a rotating coordinator. They continue to meet with a licensed clinical supervisor once per month, and coordinators maintain direct access to escalate complex or high-risk cases.

This approach supports leadership development among senior facilitators, creates a pathway toward future supervisory roles, and reduces reliance on senior clinical time without compromising quality. Research (Singla DR, Fernandes L, Savel K, et al.) and now our own program experience show that well-structured peer supervision can maintain fidelity and effectiveness. Facilitators have also reported increased trust, cohesion, and shared accountability within the team.

New Initiatives: Sleep

Vida Plena participants doing an activity about their emotional wellbeing.

INTEGRATING SLEEP HYGIENE

As part of our commitment to continuously strengthening care, **we piloted the integration of structured sleep hygiene content into g-IPT**. There is broad consensus in the research literature that sleep quality and mental health are closely linked, and in 2024, half of our participants reported experiencing frequent sleep difficulties.

In response, a small pilot was conducted with 17 participants reporting elevated sleep concerns. Facilitators developed practical materials, including infographics, videos, and guided discussions, focused on improving sleep habits. Participants valued having these tools accessible after sessions and reported actively applying techniques such as breathing exercises, journaling, reducing nighttime screen use, and creating calming bedtime routines.

Preliminary findings indicate improvements in self-reported sleep quality and related indicators across participants. Feedback was overwhelmingly positive, with participants recommending that sleep components be incorporated into future groups.

Question	Answered	# People who responded	Before	After	Change
Over the last two weeks, how often have you been bothered by any of the following symptoms? Trouble falling or staying asleep, or sleeping too much	More than half the days OR almost every day	17	71%	29%	-42 percentage points
During the past two weeks, how would you rate the quality of your sleep overall?	Bad or fairly bad	14	64%	14%	-59 percentage points
During the past two weeks, how many hours of actual sleep did you get each night?	Provided a number which was averaged	14	5.7 hours	6.0 hours	0.3 hours

New Initiatives: Sleep

Looking ahead, we will continue refining the sleep component in collaboration with sleep and behavioral health experts. In 2026, we will expand testing within Vida Plena groups to better understand its impact on mental health outcomes. This approach reflects how we grow: we innovate within our own implementation, rigorously evaluate results, and strengthen the model before scaling improvements more broadly.

If evidence continues to demonstrate meaningful benefit, sleep hygiene will be integrated across both Vida Plena and partner-led implementation groups. As we evolve, we remain committed to preserving the integrity of the g-IPT framework while thoughtfully incorporating the strongest available evidence to enhance participant wellbeing.

A sleep infographic made by one of our facilitators, Erica. It has been translated from the original Spanish.

Our facilitator Erica who created the sleep materials.

Volunteer Shoutout

Dr. Naomi Koerner

Naomi found Vida Plena on LinkedIn and, to our surprise, simply asked how she could help. What followed has been an extraordinary act of generosity. A professor of psychology at Toronto Metropolitan University with experience in program design across Latin America, she has given us hours of her time each month, patiently mentoring our team with what we can only describe as remarkable Canadian kindness and care.

She reads our draft reports in detail, offering deeply thoughtful comments and guidance. She talks us through data collection, study design, and how to think more rigorously about psychological interventions, always with patience and clarity. Her wisdom has shaped not only how we measure our work, but how we understand it.

We truly cannot believe how generous Naomi has been with her time, knowledge, and attention. Her mentorship has strengthened Vida Plena in ways that are hard to put into words, and we are profoundly grateful.

Vida Plena team members leading a training with our local government partner, Warmi Imbabura.

Meet the Team!

This year, we decided to do something different when presenting our esteemed core operations team that keeps Vida Plena succeeding. Instead of just providing short biographies of the team (which you can find on our website), we asked them three questions so you really get to see them as unique individuals who, through their diverse ideas and spirit, make Vida Plena work.

Describe Your Favorite Photo

Founder Joy Bittner

It's a sunny July day, and I'm sitting on a garden bench with my dad and my grandmother. We're surrounded by beautiful flowers in the botanical gardens, sharing one of the last afternoons she was able to get out and really enjoy the world. The sun is warm, butterflies drift past, and for a moment, all that matters is being together with these dear people I love.

Co-Founder Anita Kaslin

A photo of Luana, my newborn baby, wearing the little flowered dress we bought back when we found out she was a girl. She's ready to leave the hospital, fast asleep after feeding. It's a tender moment I'll always cherish from her very first days.

MEAL Specialist Diego Galán

A photo of the new facilitators and the operations team at the end of the training in October 2024. It's special to me because it represents the culmination of so much hard work. Most of the team who started the training completed it, and the energy and motivation in the room were incredibly high.

Clinical Supervisor Gabi Pozo

My favorite photo is from a role-play of an intake session. If you looked through the video camera, you'd see me fully focused on portraying that first therapy moment, smiling, open, and deeply empathetic. I really love being in that role.

Operations Coordinator Jouseth Moya

A photo of my parents, my brother, and me at a hotel by the beach in Manta. I treasure it because it was a summer trip I organized and paid for with the savings from my first job. I set aside money little by little to invite them as a thank you for everything they have done for me.

Imbabura Coordinator Sisa Cachiguango

My favorite photo is of my family and my furry children, all of us hugging a tree together. We were asking for good energy and hope, letting go, and giving thanks for everything in our lives. It's a joyful, slightly silly moment that means a lot to me.

How Are You A Little Crazy?

Co-Founder Anita Kaslin

People would say I'm "a little crazy" because I put up Christmas decorations two months early... and take them down promptly on December 26.

Founder Joy Bittner

People think I'm a little crazy because I'm always chasing the next adventure. I love living in Ecuador and make the most of its incredible outdoors. That often means trail running endless kilometers in thin air, hiking up icy mountain summits, and camping in the rain along the way. All in the name of "fun".

They'd say it's my attention to detail. I can talk for a long time about the context before finally landing on the main idea. I always start with the big umbrella before getting to the point because I want people to understand the full background. Sometimes, I probably just confuse them more.

Imbabura Coordinator Sisa Cachiguango

Clinical Supervisor Gabi Poso

People joke that I'm "the fit girl." When I moved to Quito, I became a bit pickier with food. My parents raised me to eat everything, but once I lived on my own, I started trying to eat lighter while still keeping things delicious. Now my siblings tease me that ever since I moved to Quito, I've become very "fit."

Operations Coordinator Jouseth Moya

If someone jokingly called me "a little crazy," it would be because I want everything to run too smoothly, and to make that happen, I make lists for absolutely everything. For example, when I plan a vacation, I create an Excel sheet with the budget, itineraries, and even a Plan B.

People might say I'm a little crazy because I love walking. I'll choose to walk no matter how long it takes, even late at night or in the cold. It's a habit from growing up in a small city, though it doesn't always work so well when I'm living in or visiting bigger cities.

MEAL Specialist Diego Galán

What Does Vida Plena Mean to You?

Founder Joy Bittner

Vida Plena exists to ensure that everyone, regardless of their economic status or location, can find a supportive group of people to walk with them through their hardest moments. I'm incredibly proud of the difference we're making in people's lives, fostering healing, helping families reconnect, and ultimately creating spaces for people to thrive.

Co-Founder Anita Kaslin

Vida Plena is a growing network that blooms from the deepest parts of the heart. What makes me most proud is being part of something that nurtures people in such a meaningful way.

At Vida Plena, you bloom. What makes me most proud is the team I get to work with.

Clinical Supervisor Gabi Poso

MEAL Specialist Diego Galán

Vida Plena helps people and organizations support those experiencing symptoms of depression through an evidence-based approach. I'm proud to contribute by working with both quantitative and qualitative data to inform thoughtful decisions that strengthen this work.

Imbabura Coordinator Sisa Cachiguango

We work for people, and we take that responsibility seriously. I'm proud to be part of a team that shows up with care and commitment every day.

Vida Plena is a supportive mental health space where, through free group programs, we walk alongside people facing emotional challenges. In my role as Operations Coordinator, I help make this work possible, and I feel incredibly fortunate to contribute to a cause I deeply believe in.

Operations Coordinator Jouseth Moya

Andy leading a workshop with the Otavalo municiple staff.

Facilitator Spotlight

Andy

Andy is a clinical psychologist who rarely sits still. A sports lover currently pursuing a master's in sports psychology, he spends his free time coaching a youth basketball team and being a devoted big brother to his younger sister. At Vida Plena, he is the person who volunteers first for new ideas, once even choosing to lead a session on tech just for the challenge. Always ready to travel to other provinces by bus without complaint, Andy brings an easygoing, energetic spirit and a genuine enthusiasm for whatever comes next.

Quito Team

Lessons Learned & Overcoming Challenges

Roasting s'mores on our team retreat bringing toggether Quito and Imbabura.

The whole team together, after writing letters to our future selves - to be read in a year.

Scaling with integrity requires more than reporting positive outcomes. It requires candid reflection, disciplined learning, and a willingness to improve in public. In that spirit, we share the following lessons from 2025, not as setbacks, but as essential steps in strengthening our model and contributing knowledge to the field.

PARTNERSHIPS REQUIRE CLEAR OWNERSHIP

A key lesson learned was the need for more consistent relationship management with the Quito Health Department. Without a dedicated Vida Plena staff member stewarding this partnership, follow-up lagged, and combined with the institutional transitions described earlier, implementation progressed more slowly than expected. Although the teams still reached more than 295 participants, the program fell short of our goals for the year. In response, we are prioritizing more structured, regular follow-up and clearer responsibility for maintaining momentum in this partnership going forward.

MEASUREMENT TOOLS MUST BE PILOTED BEFORE SCALE

An important learning this year concerned how we measure the program's impact. Because Vida Plena intentionally welcomes participants regardless of their initial PHQ-9 scores, we recognize that meaningful benefits may not always be reflected in changes to depression and anxiety indicators alone. In an effort to better capture these broader outcomes, we piloted a self-efficacy scale validated in other Latin American contexts. However, participants found the instrument difficult to interpret, which limited our confidence in the results. This experience highlighted the importance of piloting new evaluation tools on a small scale before broader implementation and reinforced the need to continue refining how we assess the program's wider effects beyond standard clinical measures.

Lessons Learned & Overcoming Challenges

ACTIVE FOLLOW-UP SIGNIFICANTLY IMPROVES SURVEY COMPLETION

At Vida Plena, our commitment to evidence-based practice means not only delivering high-quality group therapy, but also learning from what happens after groups end. This year, our MEAL lead, Diego Galán, piloted an A/B test to see whether adding follow-up phone calls would improve response rates to our three- and six-month surveys. Only those who had attended 4 or more sessions were eligible for the follow-up surveys at first. One group received only the usual WhatsApp survey link, while another received the link plus up to three phone calls.

The results were clear: response rates increased by 63 percentage points at three months and 29 points at six months, while the time to respond decreased by several days. While unsurprising in theory, this experiment was an important step in developing more rigorous systems to ensure we can meaningfully track long-term outcomes. Based on these results, we later changed the protocol in the second half of the year so that anyone who attended at least one session was invited to participate. This is when we decided to automate the messages so that our facilitators would not be burdened with having to follow up with more people. We expect our response rate for our 3 and 6-month follow-ups to improve in 2026 based on this study.

Read the full protocol and write up here in the original Spanish or English.

Facilitator: Sonia

Norma's Story
Age: 54

Norma almost didn't attend. She had never spoken about her problems, not even with her family, and felt deeply unsure about joining. What convinced her was the promise of confidentiality and a space where she could feel safe.

In the group, she realized she was not the only one struggling. She felt respected, never judged, and noticed how carefully the facilitator protected the safety of the space.

One exercise comparing natural disasters to personal crises stayed with her. It brought her to tears and helped her connect with emotions she had long kept inside.

Over time, Norma noticed a shift. Her catastrophic thoughts began to quiet, replaced with a greater sense of hope. She also began to relate to others differently. Though she never considered herself very social, she discovered that being genuine and sharing with others mattered, and that isolating herself was not the answer.

She says the group transformed her life and only wishes it had lasted longer.

Region: Imbabura

Looking Ahead

Vida Plena is entering a new phase of growth. Building on early collaborations with the City of Quito and the Province of Imbabura, we are preparing our model for scalable delivery within public systems while continuing to expand direct services. Our long-term vision is high-quality group therapy embedded sustainably within public health systems, reaching far beyond what any single organization could deliver alone.

As this work evolves, our Direct Service Team will remain central, not only delivering services but serving as a learning and innovation hub. Through direct implementation, we refine the model, strengthen quality, and generate evidence to support broader adoption, while exploring new partnerships that could bring the model to more communities across Ecuador.

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BIG GOALS

By the end of 2026, we aim to

1. **Expand delivery through new partners:** Train three additional partner teams, equipping 30 facilitators to deliver structured group therapy to approximately 300 participants annually.

2. **Sustain direct implementation as a learning engine:** Deliver services to approximately 1,500 participants through our internal team, generating outcome data and testing innovations to improve cost-effectiveness and fidelity.

3. **Strengthen supervisory infrastructure:** Train new supervisors through internal promotion as well as supporting government agencies in developing independent supervisory capacity, reducing reliance on Vida Plena over time.

SECONDARY GOALS

1. **Integrate sleep health into the core model:** Expand structured sleep hygiene components within g-IPT to strengthen participant outcomes and overall wellbeing.

2. **Increase participation and retention:** Apply behavioral research insights to reduce barriers between sign-up and attendance, improving consistent group engagement. Building on research begun in 2025 with Samantha Kassirer through the Agency Fund grant, this work examines key barriers, such as including stigma, logistics, and motivators to attend, such as perceived value and expected enjoyment.

3. **Optimize recruitment and enrollment systems:** Streamline outreach, referral, and group formation processes to improve efficiency, increase participation, and support reliable scale.

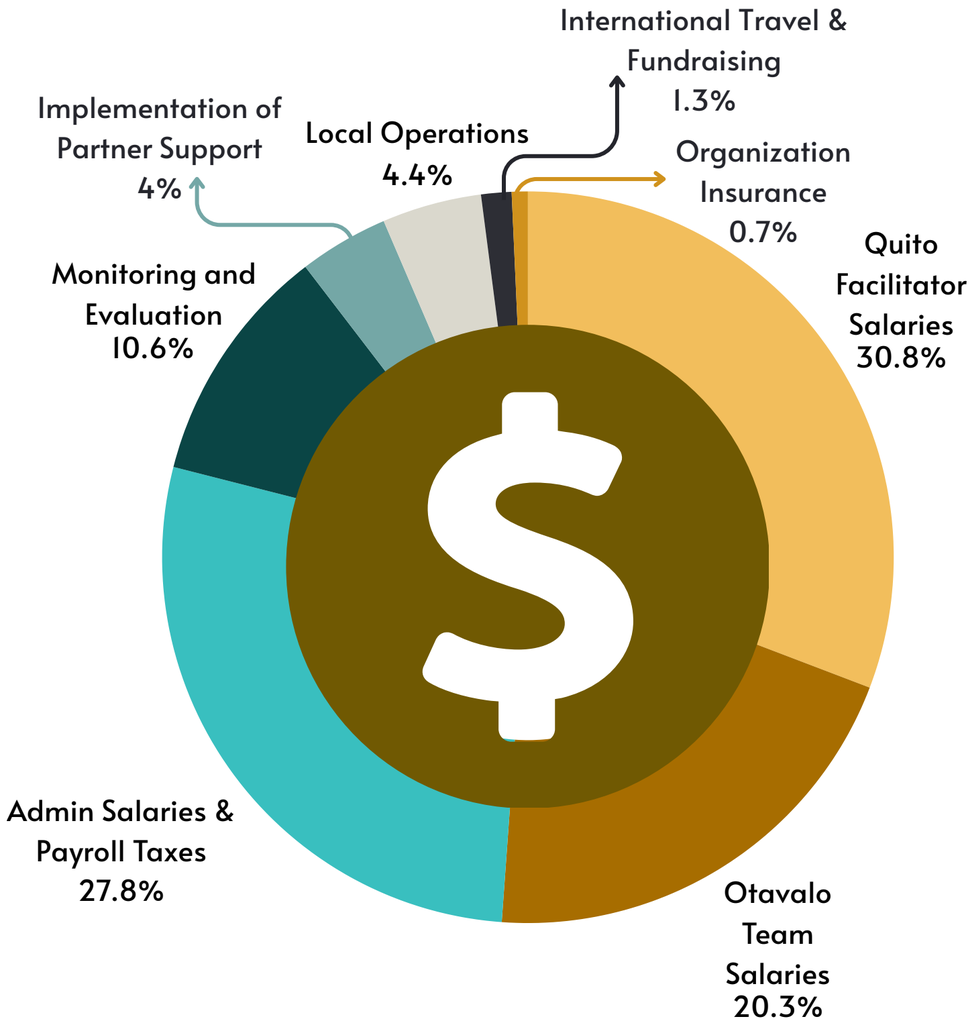
Data discussions in Quito between Diego, Nancy, and Joy

Financials

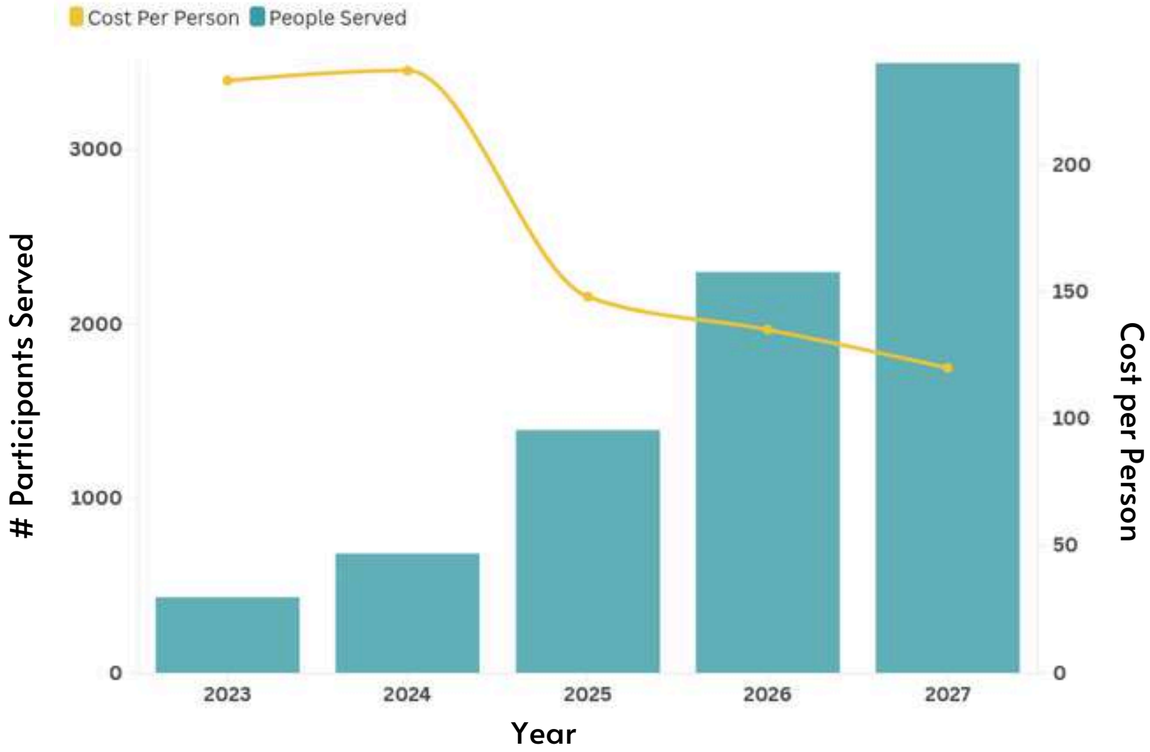
$206,492 total expenditures
$148 per participant

FISCAL YEAR 2025

We take a disciplined approach to how we use our resources, with a strong focus on cost-effectiveness. Our investments are designed to maximize impact while building a model that can scale sustainably.



Vida Plena Cost Per Person Projections



Last year, our goal for 2025 was to reduce the cost per person to $180 per participant. We're happy to report, that thanks to our scaling efforts within existing governmental frameworks that we have reduced our cost per participant to $148 this year. With our current scaling efforts we're on course to double our reach and half our initial operation costs by 2027.

"Listening gave me the strength to keep going, make decisions, and feel more grateful for life.

It helped me see that you can always move forward and improve."

-Vida Plena participant

Liz presenting memorable moments at our team retreat.

Facilitator: Liz

Fabi's Story
Age: 39

Fabi came to the group searching for psychological support she could not afford. A survivor of gender-based violence, she had spent years putting others first and setting aside her own wellbeing.

At first, she was unsure if she could speak. But week by week, the group became a place where she felt safe, heard, and understood. For the first time, she was able to say out loud what she had been carrying inside for years.
Through the sessions, Fabi rebuilt her sense of self. She learned to recognize her emotions, set boundaries, and prioritize her wellbeing. She describes the experience as transformative.

Today, she is studying naturopathy and hopes to study psychology, inspired by the support she received. She still uses the breathing exercises from the group to manage anxious thoughts.

She says the group helped her, above all, to feel "free."

Region: Imbabura

Gratitude

THANK YOU TO THESE ORGANIZATIONS & OUR PARTNERS:

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.

Flourishing Minds Fund

IMPACTO & Their Dedicated Team

Fundacion Azulado

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AFFINITY Impact

The Agency Fund

Alas de Colibri FUNDACIÓN

BASTION

GoalsWon

Fondation pour les Enfants de l'Équateur

AMBITIOUS IMPACT

Catalyst Now

Mental Health Innovators Network

Bloom Wellbeing Fund

Co-Inside consulting & coaching

Coalition for Scaling Mental Health

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MERZFOUNDATION

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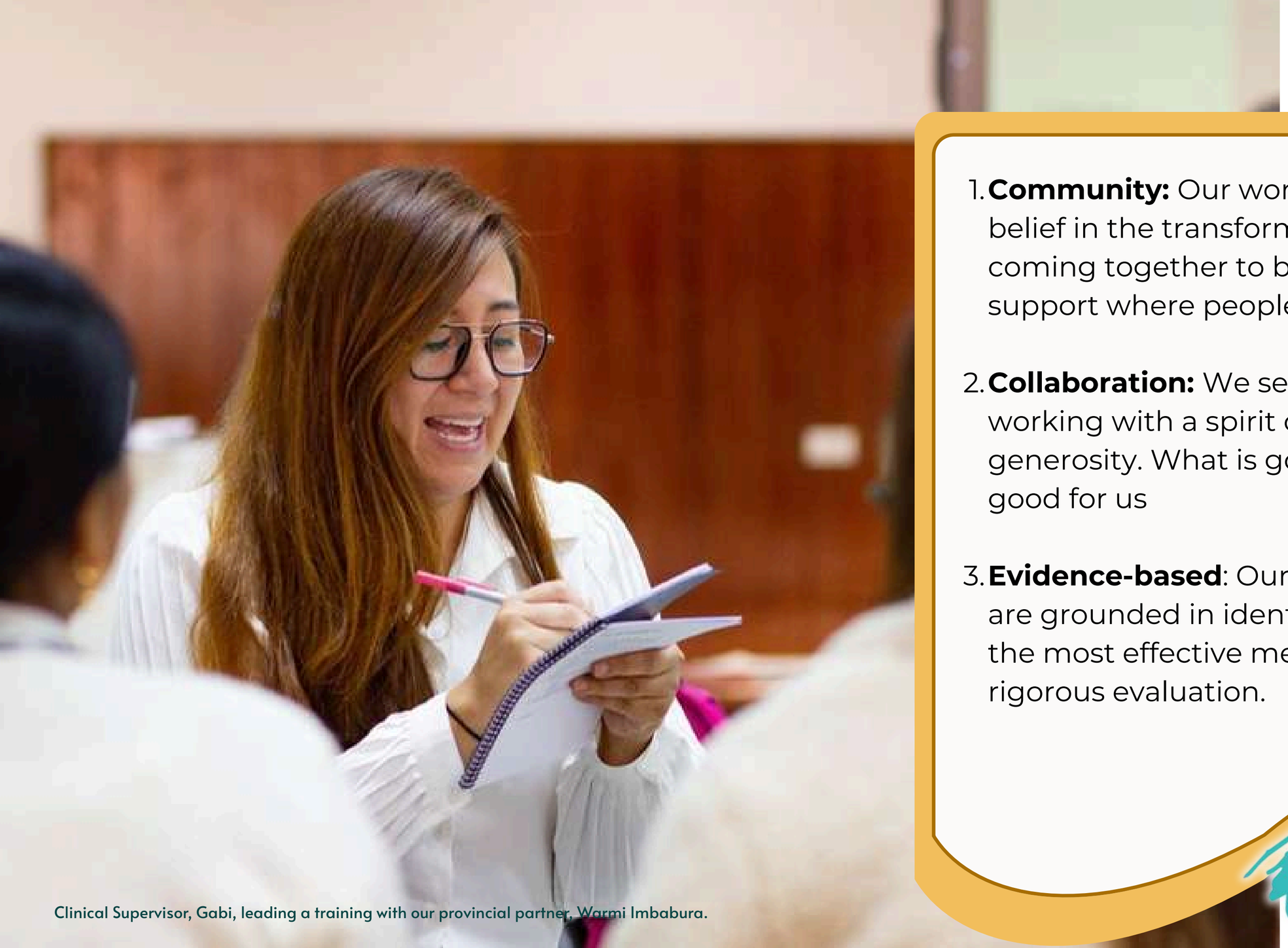

Clinical Supervisor, Gabi, leading a training with our provincial partner, Warmi Imbabura.

Core Values

1. **Community:** Our work is grounded in the belief in the transformative power of people coming together to build communities of support where people can grow and learn.

2. **Collaboration:** We seek the common good, working with a spirit of collaboration and generosity. What is good for the world is good for us

3. **Evidence-based**: Our work and approach are grounded in identifying and applying the most effective methods based on rigorous evaluation.

Jessy, Joy, Andy and Kary at the Vida Plena booth of a community outreach fair.

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Alana Murphy
Alexandra Yost
Angela Paredes-Montero
Anne Schulze
August Hochman
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Kate Coleman
Kathryn Kelly Carroll
Laura Castro
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Luis Ordonez
Marcus Gleriano
Maria Emilia González
Maria Jose Lara
Michael Morell
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Wendy Almeida
William Troy
Zezhen (Michael) Wu

Explore our previous impact reports to see our impact over time:

2022 (pilot)
2023
2024

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www.vidaplena.ec

@ VidaPlena.Global
@ VidaPlena.Latam

Joy@VidaPlena.global