

The Impact of Group-based Therapy and Cash Transfers on Adolescent Girls' Mental Health and Economic Outcomes in Uganda

Researchers:

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Sector(s): Gender, Health, Labor Markets

J-PAL office: J-PAL Global

Fieldwork: BRAC

Location: Kampala, Uganda

Sample: 1914 adolescent girls

Target group: Women and girls Youth

Outcome of interest: Employment Empowerment Gender attitudes and norms Mental health Soft skills

Intervention type: Cash transfers Unconditional cash transfers Psychosocial support

AEA RCT registration number: AEARCTR-0004208

Partner organization(s): BRAC, StrongMinds, Bill & Melinda Gates Foundation, Wellspring Philanthropic Fund

Adolescent girls in low- and middle-income countries face higher risk of mental health disorders, which can have negative impacts on their future work readiness and employment. Researchers are conducting a randomized evaluation to test the impacts of group-based therapy with and without a one-time lump sum cash transfers on the mental health and employment outcomes of adolescent girls in Uganda.

Policy issue

Adolescence is an especially vulnerable time for the onset of mental health disorders. Girls in low- and middle-income countries face particularly heightened risks of mental health issues due to additional stress related to poverty and financial uncertainty. Besides being an intrinsically important issue itself, mental health disorders can also have negative long-run consequences on decision-making, future physical and mental health, and educational achievement, all of which likely impact women's future labor market participation and work readiness.¹ As poverty can also precipitate poor mental health, there may exist a vicious circle of poor mental health and low socioeconomic status.²

Yet, there is a lack of evidence on cost-effective interventions to improve the mental health of young people in LMICs, and limited research on of the relationship between mental health and economic well-being. Interpersonal group-based therapy (IPT-G) has shown promising impacts on mental health and economic outcomes among adults. Can interpersonal group-based therapy improve mental health and economic outcomes among adolescent girls? Furthermore, can cash transfers enhance the effectiveness of group-based therapy by providing a buffer from economic stress?

Context of the evaluation

Among young women in Sub-Saharan Africa, poor mental health is one of the top three contributors to years lost to disability. Rates of psychological distress are often higher in urban areas. This evaluation targeted 13–19-year-old adolescent girls with moderate to severe depression that resided in urban and semi-urban Kampala, Uganda. The girls in this study were transitioning from schooling into a labor market that is marked by low youth participation, high youth unemployment, and high levels of informal employment.

StrongMinds (SM), a non-profit social enterprise in Uganda, recruits and trains community workers to lead interpersonal group-based therapy (IPT-G) sessions for women and young girls. SM's model consists of group psychotherapy focusing on interpersonal relationships and is led by a facilitator, who uses a structured model over a period of 14 weeks to help group members identify and understand the root causes and triggers of their depression, and then to formulate strategies to overcome those triggers. To deliver the trainings to adolescent girls in a scalable manner, StrongMinds partnered with BRAC Uganda to train mentors in one of BRAC's programs, the Empowerment and Livelihoods for Adolescents (ELA) program, to lead IPT-G sessions. For this evaluation, SM trained ELA mentors to lead the 14-week therapy sessions in addition to the regular ELA programming, with SM staff providing supervision and support.

Details of the intervention

Researchers partnered with StrongMinds and BRAC Uganda to conduct a randomized evaluation studying the impact of group-based therapy (with and without cash transfers) on adolescent girls' mental health and economic outcomes.

Researchers selected communities surrounding 106 ELA clubs to participate in the evaluation, resulting in a sample of 1,914 girls who demonstrated a risk of moderate to severe depression. They then randomly assigned the ELA clubs to one of three intervention types:

IPT-G: Adolescents in communities surrounding 35 ELA clubs were offered the 14-week group therapy sessions.

IPT-G + cash transfer: To measure the effects of receiving financial support on the success of the group-based therapy, adolescents in communities surrounding 35 ELA clubs received a one-time cash transfer in addition to the therapy sessions. The cash transfer of UGX 250,000 (US\$69) was announced and delivered after the therapy sessions ended.

Comparison group: Adolescents in communities surrounding 36 ELA clubs received neither group therapy nor a cash transfer.

The intervention began in September 2019 and ran for 14 weeks. Researchers collected information on study participants' mental well-being one and two years after the intervention. In the second follow-up, two years after the intervention, the researchers also collected data on work, skills, gender norms and attitudes around work, economic empowerment, and executive functioning.

Results and policy lessons

Research ongoing; results forthcoming.

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2. Dercon, S. & Krishnan, P. 2009. "Poverty and Psycho-Social Competencies of Children: Evidence from the Young Lives Sample in Four Developing Countries." *Children, Youth, and Environments*, Vol. 19(2): 138-63.; Lund, C., de Silva, M., Plagerson, S., Cooper, S., Chisholm, D., Das, J., Knapp, M., & Patel, V. 2011. "Poverty and Mental Disorders: Breaking the Cycle in Low-Income and Middle-Income Countries." *The Lancet*, Vol. 378: 1502-14.; Patel, V., Fisher, A.J., Hetrick, S. & McGory, P. 2007. "Mental Health of Young People: a Global Public Health Challenge." *The Lancet*, Vol. 369(9569):1302-13.; Patel, V., and Kleinman, A. 2003. "Poverty and Common Mental Disorders in Developing Countries." *Bulletin of the World Health Organization*, Vol. 81(8):609-15.