

The Multiple Impacts of Depression Treatment on Families Living in Extreme Poverty

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What we know from research on depression treatment in poor families globally



- Over the last 10 years there is an exponential growth of depression treatment studies in Low and Middle Income Countries (LMICs)

Bolton et al., 2003: Depressed Adults in Uganda

Bolton et al., 2006: War-affected Teens in Uganda

Arraya et al., 2003: Depressed Women in Chile

Rachman et al., 2008: Perinatal Depression in Pakistan

Patel et al., 2010: Depression in Primary Care in India

- These landmark studies informed critical questions that health, mental health, and development fields have asked for many years.

Questions



- Why label human suffering “depression”?
- Is psychotherapy a luxury in these communities? Does it help individuals and families?
- Should we use western-based psychotherapy concepts and techniques in these communities? How will family members react?
- Would rigorous clinical trials in resource-poor settings be possible and appropriate? How do we measure impact on families?
- Even if the interventions proved to be effective, would it be sustainable and scalable?

What the studies showed us about depression assessment



- Culturally relevant assessment using depression instruments validated to capture:
 - local idioms of distress (e.g., Yo'kwekyawa : **self-loathing**, Okwekubagiza **self-pity**; stress-related condition)
 - culturally specific ways of expressing and communicating this distress (“thinking too much”, somatic symptoms, etc.)
- Assessed impact of depression on functioning:
taking care of self and family (catastrophic impact of parental depression in LMIC)

Assessment of Depression and Functioning



- Assessment of Functioning: Development of a Local Measure ²
- Ethnographic methods derived gender-specific tasks viewed as essential elements of functioning (caring for self and family-community)

¹Bolton P. (2001) Cross-cultural validity and reliability testing of a standard psychiatric assessment instrument. *Nerv Ment Dis.* 189:238-242.

² Bolton P, Tang AM. (2003). An alternative approach to cross-cultural function assessment. *Soc Psychiatry Psychiatr Epidemiol.* 37:537-543.

Items Comprising the Assessment of Functioning Scale

• Males

- Personal Hygiene
- **Farming**
- **Head the Home**
- **Manual Labor**
- **Plan for the Family**
- Participate in Community Development Activities
- Attend Meetings
- Participate in Burial Ceremonies
- Socialize

• Females

- Personal Hygiene
- **Caring for Children**
- **Cooking**
- **Washing Clothes/Utensils**
- **Cleaning House/Surroundings**
- **Growing Food**
- Participate in Community Development Activities
- Attend Meetings
- Console and Assist the Bereaved

Function Assessment Graphic



Perinatal Depression in LMIC



- In LMIC, perinatal depression associated with increased infant and mother morbidity and mortality
 - Fewer antenatal/postnatal visits
 - Lower rates of skilled assistance during labor
 - Lower rates of vaccinations and poor hygiene
 - Reduced use of contraceptives (limiting optimal spacing of pregnancies)
 - Decreased breast feeding
 - Reduced food security for family

What the studies showed us about depression treatment and families



- Antidepressant psychosocial treatments needed to be adapted heavily in content and process to be culturally meaningful and acceptable to families:
 - **In Uganda:** grief work deemphasized discussing negative aspects of the relationship with the deceased; dispute resolution took into account local family structure (e.g., polygamy), and respect for familial power and intimacy codes
 - **In Pakistan:** instead of explicitly addressing perinatal depression, the lady health workers focused on wellbeing of the baby (a goal that all family members could accept).
- Therapists: Community Health Workers (task shifting)

Outcomes: significant symptom reduction and **improvement in self and family care**

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- **In Uganda:** significant improvement in family functioning after psychotherapy; ethnographic assessment 8 years after trial showed as the most frequently endorsed outcome “ensuring education for the children” (Lewandowski, et al, in preparation).
- **In Pakistan:** improvement of maternal depression improved infant medical outcomes; increased mother-infant play time (attachment); increased contraception usage

Exciting times for Global Mental Health



- NIMH has a Director of Global Mental Health office
- WHO distributed mhGAP guide for mental health assessment and treatment in primary care in LMIC
- Special session planned at the UN focusing on Mental Health