Cognitive Behavioral Group Therapy for Depression & Anxiety in the Maldives – A Pilot Exercise

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THE BEGINNING; WHY DID WE START?

- The increase in demand for services, especially after the COVID-19 pandemic
- Lack of professionals to cater for the demand, to reduce the waiting time for patients, quicker service
- Great percentage of patients, lack of financial capacity to afford services at private mental health services
- Our MDT's dedication towards exploring and offering different evidence-based treatment options – improving quality of services offered by NCMH

Center	Target population	Area	Staff
Center for Mental Health at Indira Gandhi Memorial Hospital	General population	Male'	4 psychiatrists 3 psychologists 2 psychotherapists 1 assistant psychologist 2 social workers 3 counselors 1 occupational therapist
Child Development Center (CDC) at Hulhumale Hospital (newly established)	Children	Hulhumale'	1 Developmental Paediatrician 1 Clinical supervisor (clinical psychologist) 1 Psychologist 1 Assistant Psychologist 1 Orthotist 1 Speech Language Therapist 1 Occupational Therapist 1 Physiotherapist 1 Therapy Assistant
Addu Equatorial Hospital	General population	Seenu	2 psychiatrists 1 speech therapist
Kulhudhufushi Regional Hospital	General population	HDH	2 psychiatrists 1 speech therapist
Raa Ungoofaaru Regional Hospital	General population	Raah	2 psychiatrists
Dr Abul Samad Memorial Hospital	General population	GDH	2 psychiatrists
L Gan Regional Hospital	General population	Laam	2 psychiatrists
Senahiya	General population	Kaaf	1 psychiatrist 1 counselor

Source: National Mental Health Program, HPA

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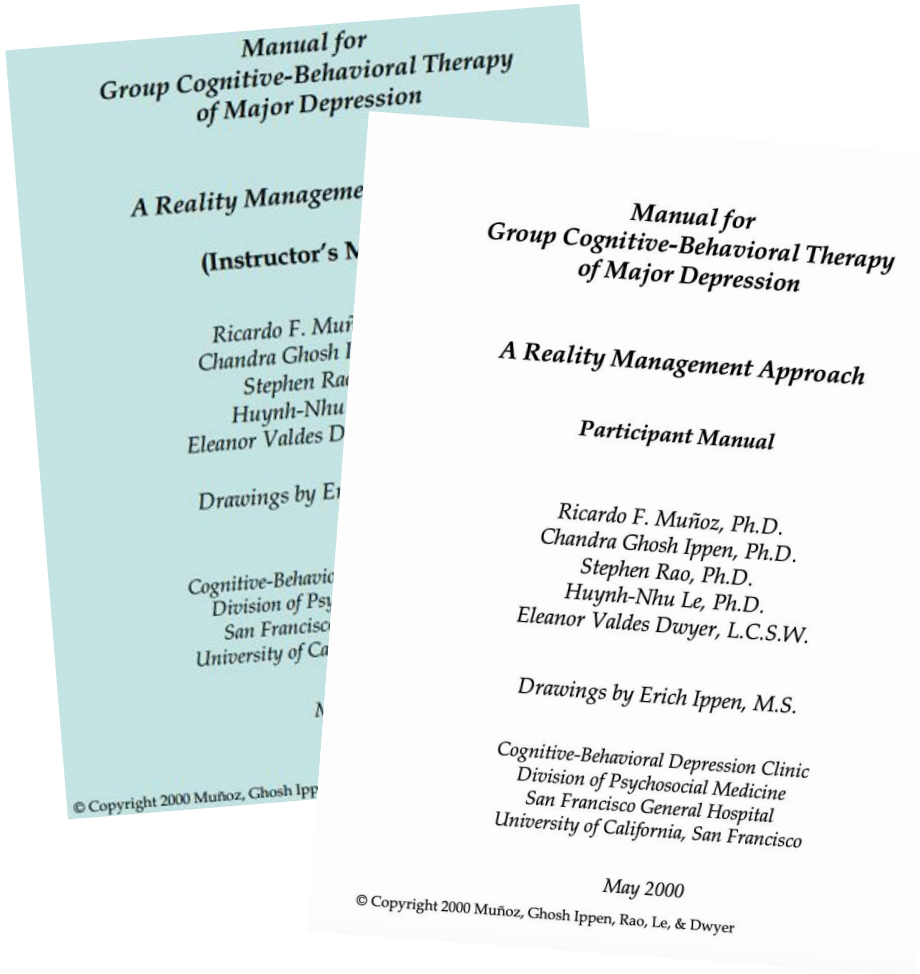
OBJECTIVE

To conduct a pilot exercise of Group Therapy conducted using Cognitive Behavioral Therapy (CBT) for patients with depression and anxiety, in a clinical setting in the Maldives.

WHAT DID WE DO – CBT GROUP THERAPY

- Manual for Group Cognitive Behavioral Therapy of Major Depression, A reality Management Approach was developed by Munoz, Ghosh Ippen, Rao, Le, & Dwyer in 2000 – 23 years ago, at San Francisco General Hospital

- Has been tested with randomized controlled trial with Spanish-and English -speaking patients



WHAT DID WE DO – CBT GROUP THERAPY

- 16 weeks – 4 modules
- **Objective**: fostering the change of patient's internal and external reality through training in practical skills to change mood-related thoughts or behaviors

MODULES:

THOUGHTS

awareness of thoughts and how they impact mood in positive and negative ways

ACTIVITY

importance of behavioral activation in improving depressive symptomatology

PEOPLE

impact of positive and negative social relationships on one's mood and depressive symptoms

HEALTH

Address comorbid health problems.

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HOW DID WE DO IT – THE MULTIDISCIPLINARY TEAM

Supervisor

Dr. Afiya Ali
PRINCIPAL PSYCHOLOGIST

Psychiatry

Dr. Fathimath Lubaina Rasheed
MEDICAL OFFICER

Psychology

Fathimath Rishtha Abdul Majeed
PSYCHOTHERAPIST

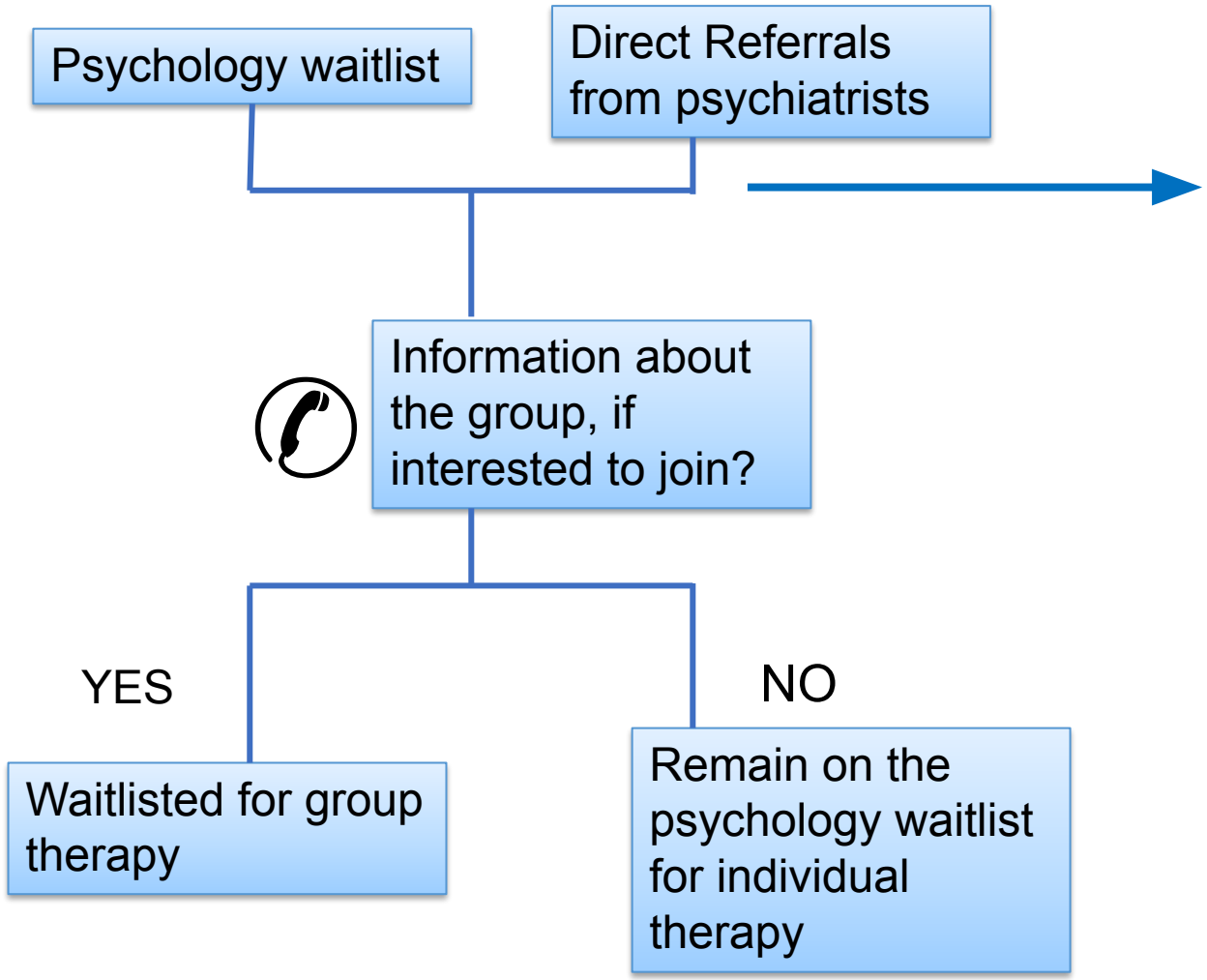
Sidra Abdulla
COUNSELER

Ali Mikhail Mahmood Razee
ASSISTANT PSYCHOLOGIST

Social Work

Fathimath Sofiya Rasheed
SOCIAL WORKER

HOW DID WE DO IT? - PARTICIPANT RECRUITMENT PROCESS



Inclusion Criteria

Age Above 18

Diagnosed with Depression / Anxiety

Exclusion Criteria

Features of Psychosis

Severe Risk

Severe Past Trauma

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HOW DID WE DO IT? - PARTICIPANT RECRUITMENT PROCESS

FAQ : GROUP THERAPY FOR DEPRESSION AND ANXIETY

1. Who is eligible for group therapy?

Any patient diagnosed with Depression and Anxiety that the doctor finds would benefit from group therapy.

2. What is the duration of the group therapy?

The duration of group therapy is 8 weeks. Weekly 2 sessions of 2-hour duration. Total 16 sessions.

3. When and where will group therapy be held?

Face-to-face sessions will be held at the Centre. Sessions are conducted every Tuesday and Saturday 10:00am to 12:00pm.

4. Who will be facilitating the sessions?

Sessions will be conducted by Centre's clinical team: includes medical officers, social workers, psychotherapist, counselors, and assistant psychologists.

5. How many participants will be there in the group?

We target for 10-12 members for every group.

6. How will sessions be conducted?

The group therapy is based on an international manual. It is based on Cognitive Behavioral Therapy (CBT). The 16 sessions are divided into the following 4 modules.

- Thoughts: awareness of thoughts and pleasant activities. Addressing roadblocks to doing pleasant activities.
- People: impact of positive and negative social relationships on one's mood. How to improve relationship with other people.
- Health: relationship between mood and health, sleep and managing emotions.

7. How is group therapy different from individual therapy?

Group therapy provides an opportunity to learn and receive support from people who have similar experiences. Research studies have shown that group participants are equally if not more satisfied than people who participate in individual therapy.

7. Will the patient have to share personal information about them in the group?

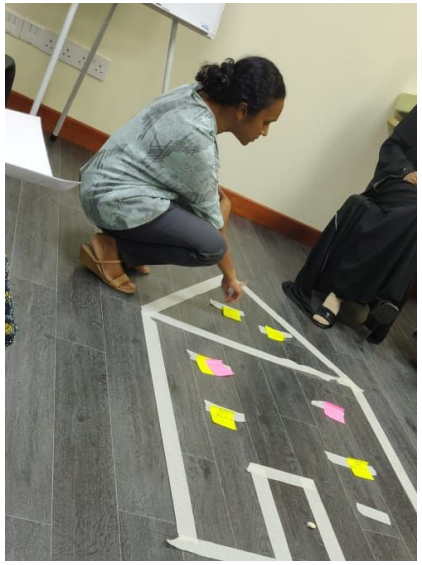
While the facilitators will encourage to share, patient will never be pushed to share beyond comfort level.

8. How does the group ensure confidentiality?

There are certain group rules which will be agreed upon at the beginning of the session.

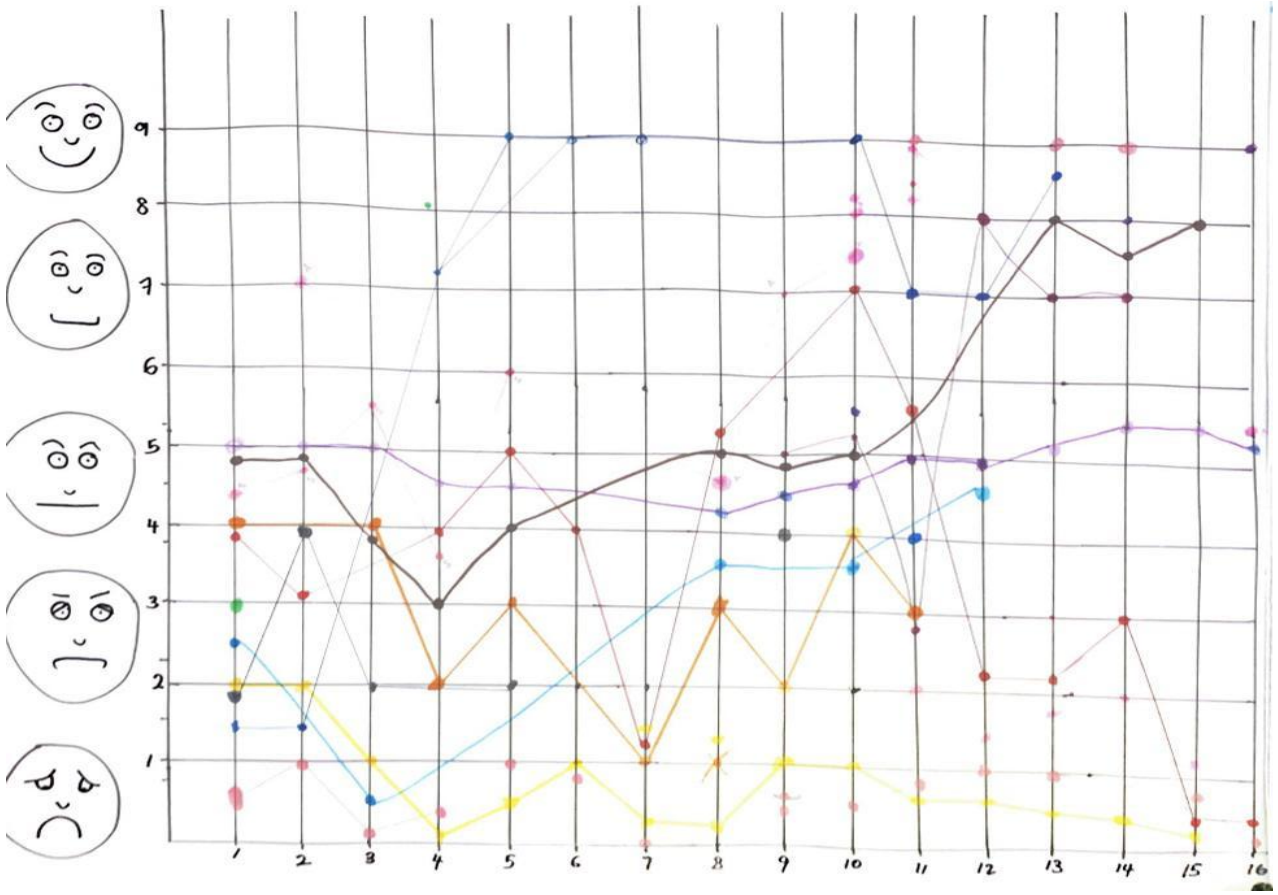
HOW DID WE DO IT? – THE MANUAL

- Translated the workbook of the manual
- Translated DASS-21/PHQ-9
- Consultants attended some meetings to provide more info and answer some of the questions members had (culturally doctors opinions…)
- Used analogies which are relevant to our context
- Used a lot of energizers, games – which participant seem to connect over, got positive feedback for
- Teatime and for members to be responsible in bringing the tea – something members connected over, and was excited for (for members to take ownership of group)
- Had some of the sessions in different locations (Villingili, Social Centre, Sultan Park)
- Incorporated religious understandings
- Follow up meetings, every three months.
- Made arrangements for follow up appointments, medication etc.
- Focused and made plans of way forward for all groups to continue the relationships built, group as a source of continued support



HOW DID WE DO IT? - ANALYSIS OF OUTCOME/ EFFECTIVENESS

- Pre and Post – DASS-21 and PHQ-9
- Recorded mood ratings every session
- Individual progress notes every session – including subjective and objective observations



HOW DID WE DO IT? – GROUPS CONDUCTED

GROUP	DATE	NUMBER OF PARTICIPANTS WHO COMPLETED
GROUP 1	12/2/2022 – 2/4/2022	8
GROUP 2	31/5/2022 – 2/7/2022	6
GROUP 3	24/9/2022 – 2211/2022	9
GROUP 4	21/1/2023 – 21/3/2023	9

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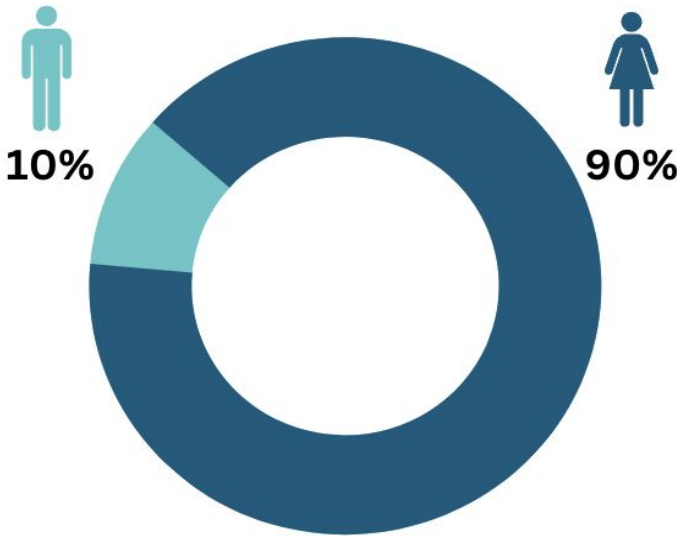
DEMOGRAPHICS

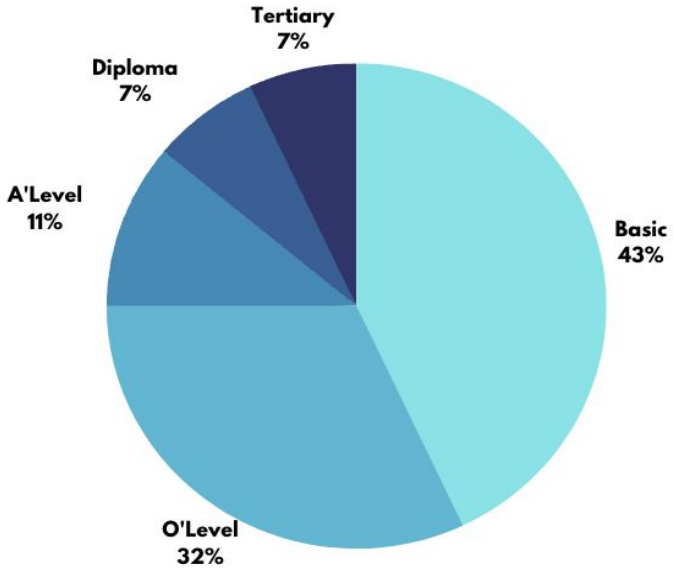
Demographic breakdown of all the patients who had been a part of the group therapy sessions

These do not include patients who had not attended any sessions or dropped out before the first module concluded

Gender



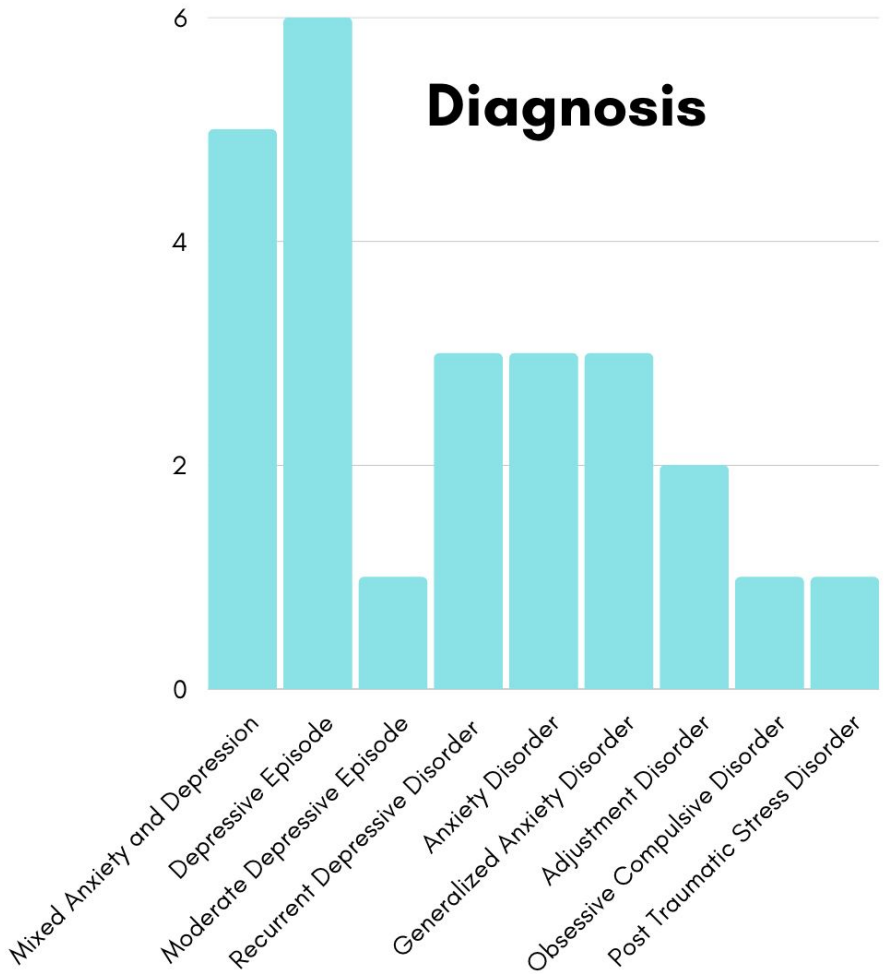
Education Level

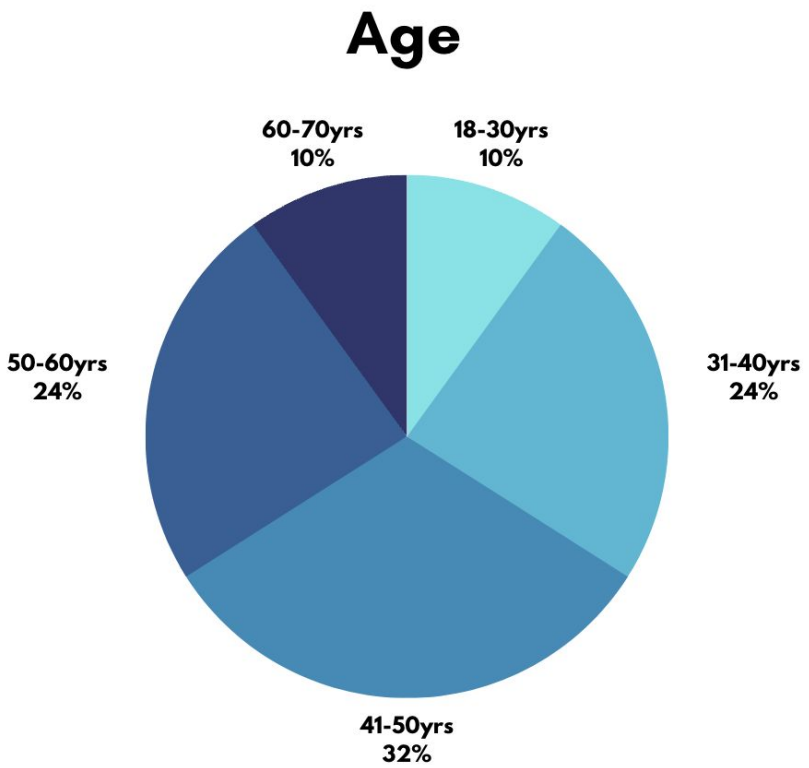


Marital Status

Employment Status

DEMOGRAPHICS





WHAT DID WE FIND? - FINDINGS

Minimal decrease in DASS scores

participants subjective well-being saw an improvement

Participants were observed to get better at recognizing faulty patterns of thinking and incorporate pleasant activities in their routine.

71% found that group made a positive lasting change to their functioning

Presence of veterans was helpful in establishing rapport

Majority of drop out reasons – timing/ out of Male'

COMMON THEMES – FEEDBACK SURVEY (1 YEAR POST PARTICIPATION)

Social Connection

Hope and Inspiration

Acquiring New Skills

WHAT DID WE FIND? - FINDINGS

PITFALLS

Homework

Unable to participate due to timing, work and other responsibilities

Young people were not too keen on participating

FEEDBACK FROM PARTICIPANTS

“when I got to meet people found out that there are other people who deal with the same kind of symptoms. it became a motivation for me to push me towards getting out of this”

“was very low when started, couldn't do basic things, self hygiene, able to keep a routine now, house chores, able to go to job, look after kids”

“Learnt the importance of communication. Got better at communicating wife and friends. Helped with saving money Learnt what to do, prevent from going down the spiral when something happens”

“ Remember the relaxation sessions and some of the lessons on thoughts. Fondly remember the time spent with other participants during tea and discussions. Occasionally still meets up with another participant from group”

“Remembers most the spiral. and the importance of doing things to not go down the spiral. Want to be able to be up the spiral. Learnt to keep thinking about certain things is not helpful”

“Felt happier and enjoyed better than individual sessions. was able to realize that there are other people who go through worse and I can if others can”

“Learnt that everyday mood wont be the same level. to think more positively”

“was happy, to come out of home, to meet people, to have something at a set time, something to look forward”

CONCLUSION

- There is space for adapting evidence-based practice to suit the local context without compromising the veracity of the original treatment

- For future groups - important for the structure and materials used to be validated. Imperative to look at ways to improve treatment adherence through creative means

‘Life does not need to be perfect to be loved,

but it has to be loved to be perfect’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Thank you