Rwanda Biomedical Centre
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Interpeace
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Bridging gaps in mental health care systems using resilience-oriented therapy:
A multi-site randomised controlled trial in Rwanda

EXECUTIVE SUMMARY

HAGURUKA
Defending the rights of women and children

PRISON FELLOWSHIP
RWANDA

Organization DiDe
Dignity in Detention

EXECUTIVE SUMMARY

This report outlines the findings of a randomised controlled trial (RCT) that assessed how effectively resilience-oriented therapy (ROT) enhances emotional resilience and recovery from trauma. ROT is a programme protocol launched by Interpeace in collaboration with Prison Fellowship Rwanda, Haguruka, and Dignity in Detention. The programme was implemented with the support of the Rwandan government and financed by the Swedish International Development Agency (Sida). The RCT tested and measured ROT's impact.

BACKGROUND

The 1994 genocide against the Tutsi in Rwanda left the country grappling with profound social and psychological trauma. Over one million lives were lost, and the destruction of Rwanda's social fabric and institutions created a generational impact on mental health. Research has shown high rates of post-traumatic stress disorder (PTSD), depression, and anxiety among survivors and their descendants, which are compounded by substance abuse, interpersonal violence and other socio-economic problems.

To address these challenges, the Rwandan government and its partners integrated mental health services in the country's healthcare system. However, a persistent gap remains because most available therapies and treatments do not take account of the unique cultural and community-based needs of Rwanda's population. Resilience-oriented therapy (ROT) was developed to bridge this gap. ROT takes a holistic approach, aligns with Rwanda's collectivistic values, and addresses trauma through scalable, community-based interventions that emphasise resilience and social cohesion.

1.1 Understanding resilience-oriented therapy

Implemented across the five Rwandan districts of Musanze, Nyabihu, Nyagatare, Ngoma, and Nyamagabe, ROT is a trauma-informed, modular group therapy designed to address psychological and social challenges that stem from the genocide. It leverages Rwanda's collectivist culture to provide culturally appropriate, scalable interventions that promote resilience and healing. Developed as part of the country's efforts to address multi-systemic mental health issues, ROT departs from conventional Western therapeutic models in focusing on community cohesion and personal agency rather than individual pathology. ROT was specifically tailored to target three transdiagnostic symptom clusters prevalent in Rwanda. Each variant of ROT aligns with these symptom clusters and serves distinct therapeutic purposes:

I. **Emotion regulation.** This variant assists individuals who experience depression or anxiety and find it difficult to manage their emotions. The treatment seeks to reduce rumination and improve emotional control and psychological stability.

II. **Identity development.** This variant assists individuals who struggle with borderline symptoms, loss of identity, or feelings of emptiness due to trauma. It helps participants to rebuild their sense of self, tolerate emotional distress, and build stronger interpersonal relationships.

III. **Behavioral self-management**. This variant addresses externalising behaviours, such as aggression, impulsivity and substance abuse. It equips participants to improve their self-control and their planning and goal-setting abilities and helps them to manage impulses and adopt positive behaviours.

ROT has six phases: taking ownership of personal change; understanding trauma and psychological distress; understanding resilience; strengthening resilience (two phases); and encouraging ongoing transformation.

2. THE AIM AND METHODOLOGY OF THE STUDY

The primary aim of the trial was to evaluate the effectiveness of ROT in reducing mental health symptoms and enhancing psychosocial resilience. Secondary aims were to evaluate improvements in personal agency, social cohesion, forgiveness, and community belonging. The study also sought to address broader gaps in Rwanda's mental health infrastructure. By evaluating the scalability and cultural adaptability of ROT, the trial hoped to provide evidence to justify ROT's integration in national mental health programmes. Recognising that stigma and resource limitations hinder access to traditional therapies, the research team also aimed to show that group-based, community-led interventions have the potential to address the long-term psychosocial effects of the 1994 genocide against the Tutsi.

To evaluate ROT, the study ran three independent, multi-site randomised controlled trials (RCTs). These were conducted between April and September 2023 in the five districts of intervention. Each trial focused on one of the three ROT variants (emotion regulation, identity development, and behavioural self-management). The trial adopted a two-arm parallel design that randomly allocated participants to a treatment or to a control (waiting list) group. All members of the control group were placed on a waiting list and offered ROT after the trial ended. The enumerator-blind design minimised bias during data collection.

The selection criteria required participants to exhibit symptoms associated with the psychopathologies addressed by the three ROT variants. Those who exhibited active psychosis or acute suicidality, or suffered from severe substance abuse, were excluded because these cases required more intensive individual care. A total of 4,214 individuals were screened and 551 eligible participants were randomly assigned to 49 therapy clusters; 222 were assigned to the treatment group and 204 to the control group (204). Randomisation ensured that distribution was balanced across districts and communities. The project obtained ethical approval from the Rwandan National Ethics Committee, sought the informed consent of all participants, and implemented a safety protocol to address participant distress. For reasons of fairness, as noted, participants in the control group were offered access to ROT after the study concluded.

3. KEY FINDINGS AND TESTIMONIES

The trial found that ROT had a positive effect on individual and communal resilience. Notable findings included:

I. **ROT for emotion regulation.** This was found to be the most effective variant. There were clear and significant improvements in participants' mental health and resilience. Participants in the treatment group experienced a substantial fall in depression symptoms. Their resilience scores also improved markedly, rising from 55% to 63.5%. Participants felt that they were more able to adapt and could cope better. A female participant from Ngoma district said:

   I used to be in a constant state of shock. This programme equipped me with tools to cope with emotional pain and intrusive thoughts. Today, I approach challenges differently, and I am rebuilding my life with hope.

II. **ROT for identity development.** This variant showed promise in addressing borderline symptoms. Participants reported improvements in emotional regulation and interpersonal skills. They said they felt a renewed sense of identity and had more ability to manage distress. One male participant from Musanze commented:

   I carried the pain of rejection and loss. This group became a safe space where I learned to accept myself and rebuild my relationships with others.

3. **ROT for behavioural self-management.** This variant scored lower than the other variants. However, participants noted some personal changes. A male ex-prisoner from Musanze reported:

   After spending 18 years in prison, I was overwhelmed by loneliness and turned to alcohol. This group became my family, teaching me love and resilience. I've reduced my drinking and regained control of my life.

Overall, the RCT study concluded that the emotion regulation variant (variant I) was the most effective, achieving significant success in reducing depression and anxiety. The identity development variant (variant II) demonstrated potential for addressing borderline symptoms but requires further refinement to enhance its efficacy. The behavioural self-management variant (variant III) showed limited effectiveness in treating aggression and substance abuse; it needs to be re-designed and improved.

4. RECOMMENDATIONS

The positive results of the ROT intervention underscore its potential to support Rwanda's mental health goals and to contribute to the country's broader mental health and psychosocial support (MHPSS) framework. The report's key recommendations included:

I. **Scale up the ROT variant for emotional regulation nationally.** This variant clearly reduced levels of depression and borderline symptoms, and improved resilience and personal agency. Its significant impact on internalising disorders, particularly depression, makes it a cost-effective solution for addressing Rwanda's most common mental health challenges. The report recommends its integration in national mental health programmes, supported by deeper partnerships with community-based NGOs, as well as training and capacity building.

II. **Strengthen community integration of ROT.** Community involvement is critical to ROT's success. Leveraging Rwanda's collectivist culture can enhance the intervention's effectiveness and reduce the stigma associated with mental health care. The report recommends that Rwanda should train local and community leaders and focus on decentralised forms of delivery.

III. **Invest in research and knowledge development.** Continued research is essential to refine ROT, assess its long-term impacts, and explore new applications in other contexts. Further research is particularly necessary for the variant on behavioural self-management, but is relevant to the variant on identity development. The report recommends that Rwanda should undertake comparative research to show how ROT can bridge gaps in mental health services. Anticipated outcomes will include improvements to ROT based on additional evidence.

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