



Benefits of Group Counseling for Conflict-Affected Populations in Ethiopia: Evidence from Tigray, Amhara, and Gambella Regions

Program Description

Protracted conflict across Ethiopia has resulted in worsening mental health, especially for those directly impacted by the conflict (1). Access to mental health and psychosocial support (MHPSS) services is limited, particularly for displaced and rural populations, while the demand for care has sharply increased (2). Effective, scalable MHPSS interventions are critically needed to address the psychological impacts of conflict-related traumatic stress and improve well-being among communities throughout Ethiopia.

In Ethiopia, CVT provides mental health services to address conflict-related challenges. This includes a 10-week group counseling model emphasizing, among other topics: 1) safety and stabilization, 2) remembrance and mourning, and 3) reconnection to self and others. The program primarily aims to reduce mental health symptoms (PTSD, anxiety, and depression). Below, we highlight its potential clinical benefits.

Evidence Collected

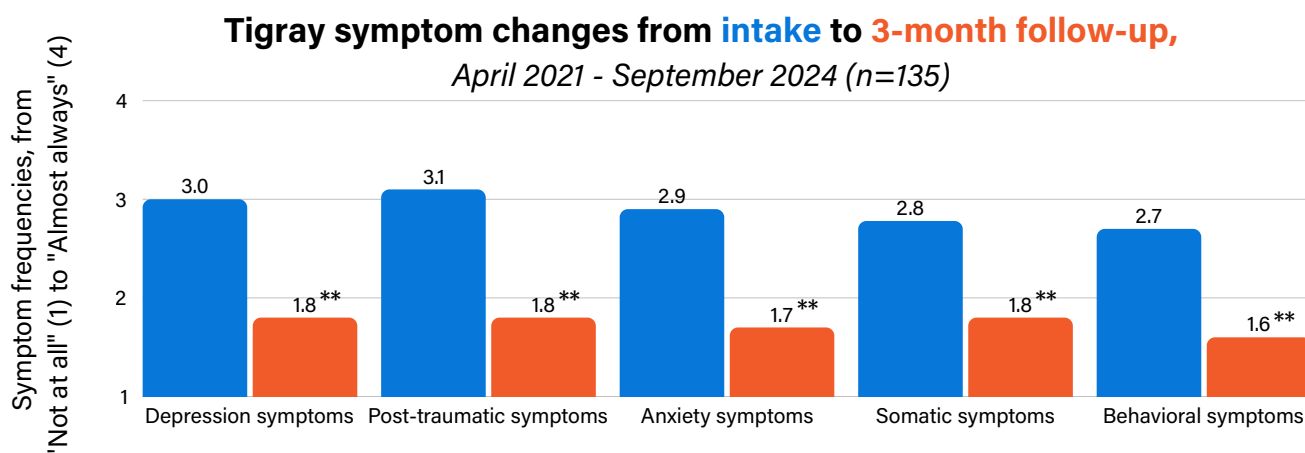
Data were collected through pre- and post-intervention assessments using standardized psychological measures such as the Posttraumatic Stress Diagnostic Scale (PDS) and the Hopkins Symptom Checklist-25 (HSCL-25), in addition to measures to examine somatic and behavioral symptoms. Data reported here focus on the '6-month follow-up time point from start of services' (collected 3 months after completion of services, hereafter referred to as '3-month follow-up').

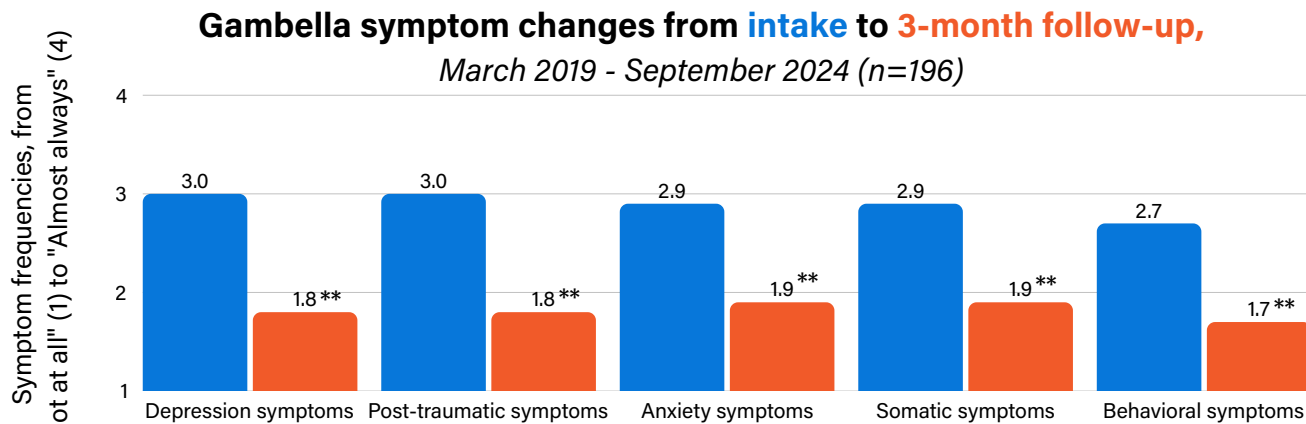
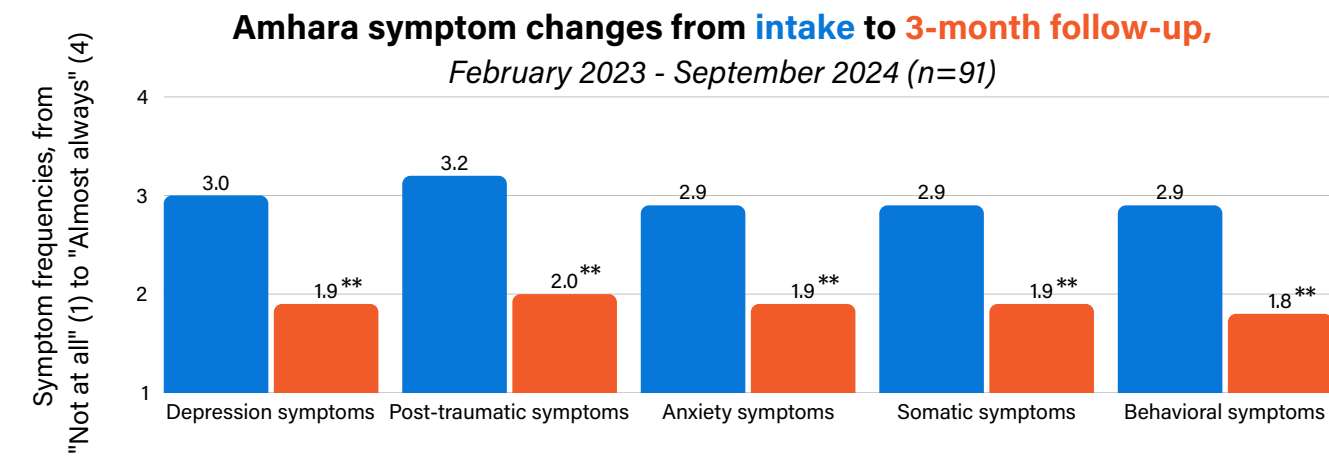
Interpretation of Evidence

• Key Findings:

- Across each site, clients reported a statistically significant decrease in mental health symptoms in the period prior to starting services and 3 months after group counseling services concluded.
- Nearly all (99%) follow-up respondents reported significant improvement in at least one of the symptom domains analyzed (depression, PTSD, anxiety, somatic and behavioral symptoms).

Data tables below represent each location separately as context and client population differ. For example, the mobility of Nuer in Gambella affects the consistency of mental health service delivery in this region. In Northern Ethiopia, beneficiaries in the Tigray and Amhara regions were directly impacted by the Tigray War.





Note: For all graphs, * $p \leq .05$; ** $p \leq .01$; '3-month' refers to follow-up visits 3 months after service completion

Conclusion

Based on pre-post data, follow-up respondents report significant reduction in mental health symptoms 3 months after CVT's group mental health counseling intervention. Specifically, significant reductions are reported in symptoms of depression, post-traumatic stress, anxiety, somatic and behavioral areas.

The evidence suggests that group mental health interventions may play a role in long-term recovery in post-conflict regions.

Statement about Interpreting Evidence

While results are promising, without a control comparison group it is difficult to determine the role CVT services played in reducing symptoms relative to other factors. Additionally, analysis is based on a small subsample (9-17%) of those who completed services and were able to be reached during follow ups conducted 3 months after service completion.

A bias analysis of Tigray clients who received follow up assessments vs. those who did not revealed that clients who got at least one follow-up assessment were slightly older than those who did not (43 vs. 39), were more likely to be a primary and/or secondary torture survivor than those who did not (54% vs. 44%), were more likely to have no social support, and had greater medical/health problems causing trouble with daily functioning. Notwithstanding these differences, we believe that results would be similar for the whole group of participants, as the outcomes of interest show consistent patterns across various demographic and clinical profiles between the three subsamples.

The low follow-up rates are likely attributable to the transient nature of the populations across each site. Many individuals are forced to relocate frequently due to ongoing insecurity, shifting conflict dynamics, access to aid, and/or in search of livelihood opportunities, which makes it difficult to maintain contact over time.

References

1. Tinsae, T., Shumet, S., Tadesse, G., Takelle, G. M., Rtbey, G., Melkam, M., ... & Alemu, W. G. (2024). Post-traumatic stress disorder in the Ethiopian population dwelling in war-affected communities: a systematic review and meta-analysis. *Frontiers in psychiatry*, 15, 1399013. <https://doi.org/10.3389/fpsy.2024.1399013>
2. Scaling up mental health and psychosocial support in conflict settings (2023, August 17). WHO | Regional Office for Africa. <https://www.afro.who.int/countries/ethiopia/news/scaling-mental-health-and-psychosocial-support-conflict-settings>

Suggested citation: Loso, T.N. (2025). "Benefits of Group Counseling for Conflict-Affected Populations in Ethiopia: Evidence from Tigray, Amhara, and Gambella Regions." CVT Evidence Brief, January 2025.

For questions, contact: CVT's Evaluation and Research Director, ResearchDirector@CVT.org