



**PSYCHOLOGICAL INTERVENTION AND PATIENTS DEPRESSION RECOVERY IN RWANDA. A CASE OF NDERA  
NEURO-PSYCHIATRIC HOSPITAL**

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**ABSTRACT**

*The purpose of this study was to assess the effects of psychological interventions on depression recovery among patients in Rwanda using the case of Ndera Neuro-Psychiatric Hospital. The specific objectives were to examine the effects of cognitive behavioral therapy (CBT) on depression recovery, to analyze the effects of interpersonal therapy (IPT) on depression recovery, and to establish the effects of mindfulness-based cognitive therapy (MBCT) on depression recovery. A descriptive research design with a correlation regression size effect was used and a mixed method approach was adopted for both qualitative and quantitative research approaches. The sample size was determined using Slovin's formula after determining the recovered patients of depression from the annual report 2020 of Ndera Hospital. Outgoing patients were targeted because they were observed and interviewed to get information on their change behaviours. Data was collected using a questionnaire survey, interview guide, and field observation checklist from outgoing patients with depression and their counsellors. Counsellors were interviewed because they provided information on the types of therapies used to recover from depression. Qualitative data was analyzed using descriptive statistics in term of mean and standard deviation, and inferential statistics in terms of correlation, Chi-Square and regression analysis. Data entry, coding, cleaning and analysis were done with the help of SPSS software version 25. Tables, figures and textual models were used to present analyzed data. A Cronbach alpha test was also conducted to measure the internal consistency and reliability of the data collection instruments. The findings indicate that that holding Cognitive Behavioral Therapy, Interpersonal Therapy and Functional Analytic Psychotherapy to a constant zero, depression recovery among patients in Rwanda would be at 0.421. In Addition, any unit increase on Cognitive behavior therapy would increase depression recovery among patients in Rwanda by a factor of 0.224. Any unit increase in Interpersonal Therapy would increase depression recovery among patients in Rwanda by a factor of 0.222. Any unit increase in Functional Analytic Psychotherapy would increase depression recovery among patients in Rwanda by a factor of 0.359. Very good and positive linear relationships were established between psychological interventions on depression recovery among patients in Rwanda: Cognitive behavior therapy ( $r=0.690$ ,  $p= .023$ ); Interpersonal behavior therapy ( $r=0.719$ ,  $p= .005$ ) and Functional Analytic Psychotherapy ( $r=0.538$ ,  $p= .001$ ). In conclusion Psychological therapies are effective in the treatment of depression in primary care, have longer lasting effects than drugs, are preferred by the majority of patients, and can be applied flexibly with different formats and across different target groups. The study recommends that given that*

*Cognitive Behavioral Therapy (CBT) has shown significant potential in reducing symptoms of depression, it would be beneficial to promote awareness about CBT among mental health professionals in Rwanda. Offering training and workshops on CBT techniques and principles can enhance the capacity of therapists to deliver effective treatment.*

**Keywords:** *Cognitive Behavioral Therapy, Interpersonal Therapy, Functional Analytic Psychotherapy, Depression Recovery*

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### **Background of the Study**

The current powerful aggressive world, projects have been constrained to continually conform to changing business Depression is a common cause of disability worldwide (Segal *et al.*, 2018). Major depression is a leading cause of morbidity and mortality with an estimated prevalence of 3% in the general population and 15% to 25% among nursing home residents (Boswell *et al.*, 2013). At its worst, depression can lead to suicide, a tragic fatality associate with the loss of 850,000 lives every year worldwide (Cuijpers *et al.*, 2016). Depression is a prevalent mental health disorder characterized by persistent feelings of sadness, loss of interest or pleasure, and other emotional and physical symptoms (American Psychiatric Association, 2013). The World Health Organization estimates that depression affects over 264 million people worldwide (World Health Organization, 2020). Given the substantial burden of this condition on individuals and society, effective psychological interventions are crucial in supporting patients' recovery and improving their quality of life.

Depression is the most common mental health issue in the United States, 80-90% of suicide cases had depression. Research conducted in Kwazulu Natal Province South Africa shows that more than ten percent of non-natural deaths are due to suicide (Thornicroft *et al.*, 2019). Depressed people may have cognitive symptoms of recent onset, such as forgetfulness, and slowing of movements (Patel *et al.*, 2018). Depression often coexists with physical

disorders, such as stroke, cardiovascular diseases, and Parkinson's disease and chronic obstructive pulmonary diseases (World Health Organization, 2021).

Hofmann *et al.* (2019) revealed that depression can be diagnosed in primary health care. The most commonly used criteria for diagnosing depression are found in American Psychiatric Association's revised 4<sup>th</sup> edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV-TR) and the World Health Organization's International Statistical Classification of Diseases and Health Related Problems (ICD-10). The DSM-IV-TR categorize depression as the mood disorder while the ICD-10 use the name recurrent depressive disorder (World Health Organization, 2021).

The most commonly treatments of depression are medication, electroconvulsive therapy and psychotherapy (WHO, 2017). The findings felt that depressed patients are particularly prone to side effects of antidepressants, such as cardiovascular diseases (Cuijpers *et al.*, (2016). There is that a growing need to consider alternative forms of treatments for depression among patients. It was contended that effective psychological intervention would lead to the depression recovery.

Lee *et al.*, (2018) found that psychotherapies have been developed to address a broad range of depression. Psychosocial interventions are widely used in the treatment of Major Depressive Disorder (MDD) but are less routinely applied in DTTD, despite

some evidence of their efficacy (Sue *et al.*, 2016). The most commonly types are: cognitive behavioural therapy (CBT), interpersonal therapy (IPT), mindfulness based cognitive therapy (MBCT), dialectical behavioural therapy (DBT), and functional analytic psychotherapy (FAP) (Ruiz, 2017).

The significance of Cognitive Behavioural Therapy for depression was outlined in the work of Walters *et al.*, (2019). The underlying assumption behind CBT is that individuals can positively influence their symptoms by changing their behaviour and thought processes. CBT approaches are based on three fundamental propositions that cognitive activity affects behaviour, that cognitive activity can be monitored and altered and that desired behaviour change may be affected through cognitive change (van der Vaart *et al.*, (2021). In CBT, therapists aim to work collaboratively with clients to understand the link between thoughts, feelings and behaviour and, to identify and modify unhelpful thinking patterns, underlying assumptions and idiosyncratic cognitive schema (Kuyken *et al.*, 2016). CBT can provide depressed individuals with the skills with which to manage their own illness.

The Interpersonal psychotherapy (IPT) was initially developed as a time-limited and manualized psychotherapeutic approach for the treatment of major depression in outpatients (Sartorius & Üstün, 2021). The role of Interpersonal therapy (IPT), In IPT, a reciprocal relationship between interpersonal problems and depressive symptoms is regarded as important in the onset and as a maintaining factor of depressive disorders (World Health Organization, 2020). Four interpersonal problem areas are defined, which include interpersonal role disputes, role transitions, complicated bereavement, and interpersonal deficits (Kirmayer *et al.*, 2017). Patients are helped to break the interactions between depressive symptoms and their individual interpersonal difficulties.

The significance of the functional analytic psychotherapy (FAP). Functional Analytic Psychotherapy is conceived as an intervention to

address complex clinical problems that occur in daily life. The clinical targets when conducting FAP are: to observe and elicit clinically relevant behaviours and reinforce a more adaptive behaviour in-session. The functional equivalence between what occurs inside and outside therapy is fundamental for client's improvement (Kleinman, 2020).

Depression is a widespread mental health concern in Rwanda, affecting individuals from diverse backgrounds (Jones *et al.*, 2018). The condition can lead to profound suffering, reduced quality of life, and decreased work productivity (Tuyisenge *et al.*, 2020). Psychological intervention is a critical aspect of depression recovery, as it addresses the underlying causes, symptoms, and coping mechanisms needed for patients to regain their well-being (Nsanzimana *et al.*, 2019).

In the context of Rwanda, culturally appropriate psychological interventions hold the potential for better engagement and outcomes (Munyandamutsa *et al.*, 2017). Respecting and integrating cultural values, beliefs, and traditions can enhance treatment adherence and efficacy (Nkubamugisha, 2018). Mental health professionals play a crucial role in providing psychological interventions to patients with depression in Rwanda. Their expertise and training are vital in tailoring treatments to suit individual needs (Mutesa *et al.*, 2021). In this context, this study seeks to assess effect of physiological interventions on patients' recovery at Ndera Neuro Psychiatric Hospital.

### **Statement of the Problem**

On a global scale, around 450 million individuals are afflicted by mental and behavioral disorders, and approximately one in four people will experience such a disorder during their lifetime (Uddin *et al.*, 2019). This worldwide prevalence of mental illnesses poses significant challenges to public health, with mental disorders accounting for roughly 7.4% of the global disease burden. In 2010, mental and substance use disorders ranked as the fifth leading cause of disability-adjusted life years, accounting for 183.9 million years. Notably, mental disorders led to



the loss of 17.9 million disability-adjusted life years in Africa in 2015, marking a 52% surge from 2000 (Sankoh *et al.*, 2018).

Rwanda, located in East Africa with a population of around 12 million, has made substantial progress since the tragic genocide against the Tutsi population in 1994 (Gasana *et al.*, 2019). Over a span of 100 days, more than one million people were killed, and survivors endured extreme levels of physical and psychological trauma (Kabayiza *et al.*, 2020). The healthcare system was shattered, and the aftermath of the genocide led to a high prevalence of mental health issues (Karema *et al.*, 2021). During the genocide, 37% of men and 35% of women underwent at least one traumatic event, such as rape, witnessing violent deaths, or being forcibly displaced from their homes. Subsequent studies conducted at various intervals after the genocide spotlight several mental disorders like post-traumatic stress disorder (PTSD), depressive disorders, and substance misuse disorders (Bolton *et al.*, 2002). Furthermore, an assessment of mental healthcare in post-genocide Rwanda revealed that the most frequently diagnosed disorders in the adult population encompassed psychotic disorders, substance use disorders, depression, and epilepsy (Uwamahoro *et al.*, 2020).

Uwizeye *et al.*, (2019) examined the efficacy of cognitive behavioral therapy (CBT) in mitigating depression symptoms among Rwandan patients. The findings demonstrated significant enhancements in both depressive symptoms and overall well-being subsequent to CBT sessions. The central concern addressed by this study revolves around how to alleviate depression among patients in the aftermath of violent conflicts or mass atrocities, a compelling challenge particularly relevant after the genocide. Despite Rwanda's governmental efforts to address depression, reports indicate that depression's impact persists within the post-genocide society (Rugema, 2016). However, empirical research on mental health in Rwanda primarily focused on

reporting depression prevalence rates following the 1994 genocide against the Tutsi.

Nkunda *et al.*, (2019) delved into mental and physical health in Rwanda, encompassing 368 individuals with an average age of 35.7 years. The study revealed a current depression rate of 11% in men and 17% in women. PTSD prevalence stood at 21% for women and 30% for men, with an overall sample prevalence of 26%. Lastly, a study conducted 15 years post-genocide involving 114 survivors with an average age of 47 years found that 46% suffered from PTSD, 59% from anxiety, and another 46% from current depression (Rugema, 2016). The most frequently employed therapeutic approaches include cognitive behavioral therapy (CBT), interpersonal therapy (IPT), and functional analytic psychotherapy (FAP). Given these factors, the research problem of the current study centers on assessing the effectiveness of cognitive behavioral therapy (CBT), interpersonal therapy (IPT), and functional analytic psychotherapy (FAP) in restoring mental well-being among patients with depression at Ndera Neuro Psychiatric Hospital in Rwanda.

## LITERATURE REVIEW

### Cognitive Theories of Depression

Cognitive theories developed in response to the early behaviourists' failure to take thoughts and feelings seriously. However, the cognitive group did not reject behavioural principles; Cognitive Behavioural theories (sometimes called "cognitive theories") are considered to be cognitive because they address mental events such as thinking and feeling. They are called "cognitive behavioural" because they address those mental events in the context of the learning theory that was the basis for the pure behavioural theory. It forms the basis of the most dominant and well-researched form of psychotherapy available today: Cognitive behavioural therapy or CBT (Lewinsohn, 2014).

Different cognitive behavioral theorists have developed their own unique twist on the cognitive way of thinking. According to Aaron Beck, negative

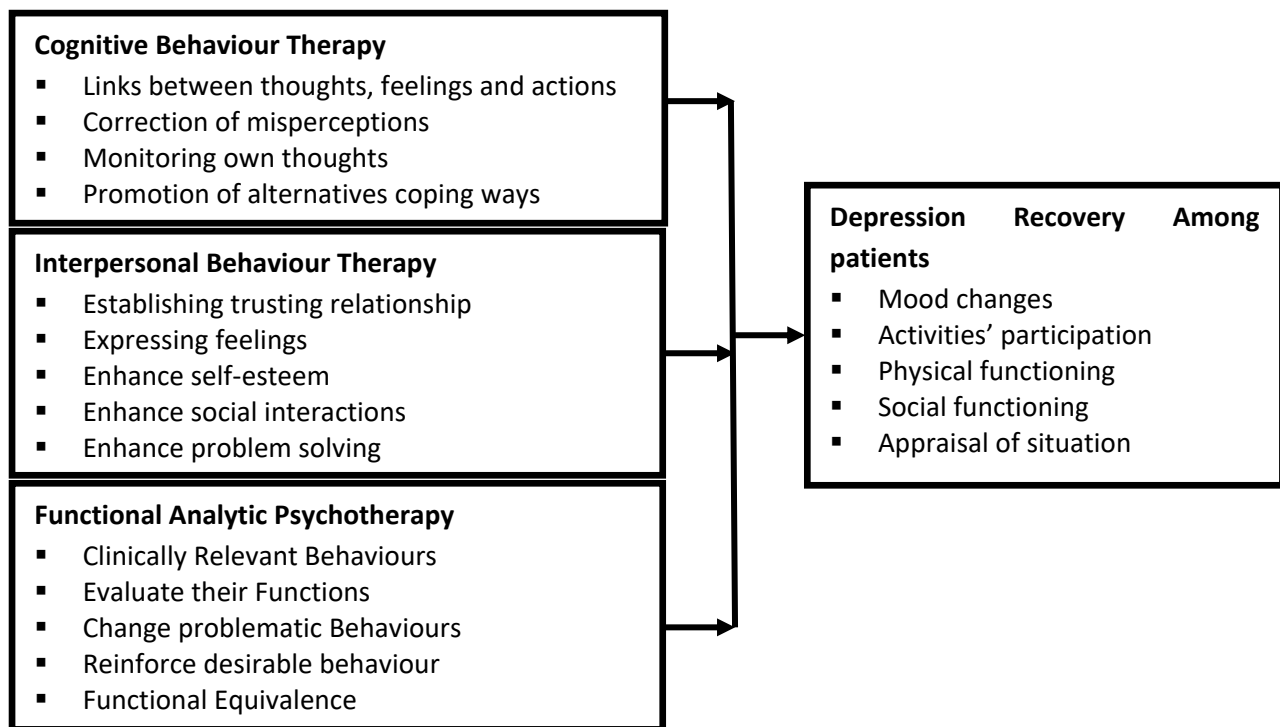
thoughts, generated by dysfunctional beliefs, are typically the primary cause of depressive symptoms (Teater, 2010). A direct relationship occurs between the amount and severity of someone's negative thoughts and the severity of their depressive symptoms. In other words, the more negative thoughts you experience, the more depressed they become.

Beck also believes that there are three main dysfunctional belief themes that dominate a person with depression's thinking: I am defective or

inadequate, all of my experiences result in defeats or failures, and the future is hopeless (Teater, 2010). Together, these three themes are described as the negative cognitive triad. When these beliefs are present in someone's thoughts, depression is very likely to occur. According to the model, for those who have previously experienced relapses, small negative mood shifts may produce recurrence, because they can activate patterns of depressive thinking that are similar to the thoughts experienced in previous depressive episodes (Segal *et al.*, 2013).

### Conceptual Framework

The conceptual framework demonstrates how different variables of this study interact as follow illustrated.



### Independent Variables

Figure 1: Conceptual Framework

Source: Researcher's Compilation, 2023

The Figure 1 indicate the conceptual framework establishing the relationship between variables. The psychological intervention (independent variable) were indicated by cognitive behaviour therapy, interpersonal personnel behaviour therapy and dialectic behaviour therapy.

In fact, cognitive behaviour therapy was measured by the intervention involved recipients establishing

### Dependent Variable

links between thoughts, feelings and action with respect to the target symptom; correction of recipients misperceptions, irrational beliefs and reasoning biases was related to the target symptoms; the recipient monitoring his/her own thoughts, feelings and behaviours with respect to the target symptom; and the promotion of alternative ways of coping with the target symptom.

The interpersonal behaviour therapy were measured by establishing trusting relationship, expressing feelings, enhance self-esteem, enhance social interaction, and enhance problem solving.

The Functional Analytic Psychotherapy were measured using clinically relevant behaviours, evaluate their functions, change problematic behaviours, reinforce desirable behaviour, and functional Equivalence.

Depression recovery (dependent variable) was indicated and measured by positive changes in daily life experiences, mood changes, activities participation, high concentration and high energy(physical functioning), high interest or pleasure, not feeling of guilt or high self-worth(social functioning) organized sleep and appetite and appraisal of situation

## METHODOLOGY

The study utilized a methodology known as triangulation, which combines qualitative research design with descriptive quantitative research design. In its most basic form, it provides a framework that could be helpful in the process of precisely and methodically determining answers to questions posed in an examination. Both the quantitative and the qualitative information were gathered from the participants using the instruments at the same time. It required collecting data simultaneously, but the numerical and qualitative aspects of the data was collected and examined separately. This allowed the researcher to gain a deeper comprehension of the issue at hand. A transparent overview was used because it was suggested that the scientist to be provided with accurate facts regarding various aspects of control.

The population is a group of individuals, that have one or more characteristics in common and which are of the interest to the researcher (Creswell, 2014). The target population for this study comprised of all outgoing patient with depression, and their counsellors. According to Ndera Hospital annual report 2020, 73,675 outgoing patients from Ndera Hospital. Outgoing patients were targeted because

they were observed and interviewed to get information on their change behaviours. Counsellors were targeted because they provided information on the types of therapies used to recover from depression.

Bryman and Bell (2018) defined a sample as a subset of elements that make up a study population. In this study, the sample size was determined using Slovin's formula and after consulting Rwanda Health Sector Performance Report 2019-2020, reports of 2019-2020 of Ndera Hospital.

$$n = \frac{N}{1 + N (e)^2}$$

Where

**n** = sample size

**N** = population size (Target population are the outgoing patients of depression recovery from Ndera Hospital)

**e** = sampling error / margin of error (1-2 $\alpha$ ), due to the limited budget , the researcher decided to use 5% as margin of error which provides good estimates with 95% confidence levels.

By using the formula, the target population is 73,675 patients, hence the sample size was determined as follows:

$$n = \frac{73675}{1 + 73675 (0.05)^2} = 398$$

The sample size of 398 were sampled as the outgoing patients of depression recovery from Ndera Hospital during the year 2020. In this study, purposive sampling was used in this study; Purposive sampling refers to a group of non-probability sampling techniques in which units are selected because they have characteristics that you need in your sample. In other words, units are selected "on purpose" in purposive sampling, therefore the outgoing patients from Ndera Hospital were purposively sampled,

## FINDINGS

The study employed statistical techniques both descriptive and inferential statistics to examine the relationship between psychological intervention and

depression recovery among patients in Rwanda. A total of three hundred and seventy-nine (398) questionnaires were distributed to the respondents targeted for the study. From the study, 295 questionnaires were duly filled and returned, thus a response rate of 74.1%.

### Correlation Analysis

Correlation analysis was carried out between the variables of the study using Pearson correlation coefficient. The correlation coefficient was used to test whether there existed interdependency between independent variables and also whether the independent variables (psychological interventions) were related to the dependent variable depression recovery. Pearson's correlation

coefficients were found to be appropriate for the variables. Pearson correlation coefficient was computed to assess the relationship between each independent variable with the dependent variable. Pearson's correlation coefficient ( $r$ ) is a measure of the strength of the association between two variables (Sahu, Pal, & Das, 2015). The Pearson correlation coefficient,  $r$ , can take a range of values from +1 to -1. A value of 0 indicates that there is no association between the two variables. A -1 means there is a strong negative correlation and +1 means that there is a strong positive correlation. The nearer to zero a value is, the weaker the relationship between the two variables. The outcomes are presented in Table 1.

**Table 1: Correlation and the coefficient of determination**

	Depression Recovery	Cognitive behavior therapy	Interpersonal behavior therapy	Functional Analytic Psychotherapy
<b>Depression Recovery (r)</b> (p) Sig. (2 tailed)	1.000			
<b>Cognitive behavior therapy (r)</b> (p) (2 tailed)	0.696**	1.000		
<b>Interpersonal behavior therapy (r)</b> (p) Sig. (2 tailed)	0.493**	0.719**	1.000	
<b>Functional Analytic Psychotherapy (r)</b> (p) Sig. (2 tailed)	0.661**	0.163	0.538**	1.000

Source: **Primary data**, (2023).

Table 1 presents the significant correlation coefficients observed in the study conducted at Ndera Neuro Psychiatric Hospital in Rwanda, examining the impact of psychological interventions on depression recovery among patients. The results revealed strong and positive linear relationships between psychological interventions and depression recovery in Rwanda, with Cognitive Behavior Therapy ( $r=0.690$ ,  $p= .023$ ), Interpersonal Behavior Therapy ( $r=0.719$ ,  $p= .005$ ), and Functional Analytic Psychotherapy ( $r=0.538$ ,  $p= .001$ ) showing notable associations. These findings align with previous research, which suggests that brief psychological

interventions for individuals with subthreshold depression can potentially prevent the onset of major depression at follow-up (Osei & Abubakar, 2023).

### Regression analysis

To determine the joint causal link between the independent and dependent variables, a multiple regression analysis was used. In order to investigate the effect of psychological interventions on depression recovery among patients in Rwanda multiple regression analysis was conducted.



**Table 2: Combined Model Summary**

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.942 <sup>a</sup>	.887	.868	.130

a. Predictors: (Constant), Cognitive Behavioral Therapy, Interpersonal Therapy and Functional Analytic Psychotherapy

Source: **Primary data**, (2023).

Based on the findings presented in Table 2, it can be observed that the determinant value is 0.887, indicating statistical significance at a 0.05 level. This suggests that approximately 88.7% of the variations in the dependent variable, which is the depression

recovery among patients at Ndera Neuro Psychiatric Hospital, can be explained by the independent variables considered in the study, namely Cognitive Behavioral Therapy, Interpersonal Therapy and Functional Analytic Psychotherapy.

**Table 3: Combined ANOVA<sup>a</sup>**

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	.575 <sup>a</sup>	5	.192	11.388	.000 <sup>b</sup>
	Residual	1.379	191	.017		
	Total	1.953	196			

a. Dependent Variable: Depression recovery

b. Predictors: (Constant), Cognitive Behavioral Therapy, Interpersonal Therapy and Functional Analytic Psychotherapy

Source: **Primary data**, (2023).

To ascertain the model's significance, an analysis of variance was carried out. In Table 3, the results of the ANOVA test were shown. Results showed that the whole model was significant, indicating that the independent variables were effective collective predictors of competitiveness (F= 11.388, P value = 0.000). The low residual mean square shows that the

model's variability is due to the variables in the regression model rather than random variation. As a result, this supports the existence of a distinct and significant positive association between psychological interventions and depression recovery among patients in Rwanda.

**Table 4: Coefficient Results**

Model		Unstandardized Coefficients		Standardized Coefficients	T	Sig.
		B	Std. Error	Beta		
1	(Constant)	.421	.386		1.091	.278
	Cognitive behavior therapy	.224	.009	.444	1.815	.009
	Interpersonal behavior therapy	.222	.050	1.231	3.616	.036
	Functional Analytic Psychotherapy	.359	.240	.230	3.689	.000

Source: **Primary data**, (2023).

The regression coefficient results were presented in Table 4. The results indicated that the goodness of fit for the regression of independent variables and depression recovery among patients in Rwanda is

satisfactory. The overall regression model is thus given as:

$$Y = 0.421 + 0.224 X_1 + 0.222 X_2 + 0.359 X_3$$

According to the study, maintaining Cognitive Behavioral Therapy, Interpersonal Therapy, and

Functional Analytic Psychotherapy at a baseline level of zero would result in a depression recovery rate of 0.421 among patients in Rwanda. Moreover, each incremental increase of one unit in Cognitive Behavioral Therapy would lead to a 0.224-fold increase in depression recovery. Similarly, a one-unit increase in Interpersonal Therapy would result in a 0.222-fold increase in depression recovery, while a one-unit increase in Functional Analytic Psychotherapy would lead to a 0.359-fold increase in depression recovery among patients in Rwanda. This is in line with (Cuijpers et al., 2016) who found out that after the intervention, the level of depressive symptoms was significantly lower in the treatment group compared with the enhanced care-as-usual control group (Cohen's  $d = 0.69$ ). More importantly, however, at 1-year follow-up, the number of patients who developed a major depressive disorder was significantly lower in the treatment group (27%) compared with the control group (41%), with a hazard ratio of 0.59 (95% CI 0.42~0.82;  $p = 0.002$ ) and a number-needed-to-be-treated of 5.9.

## CONCLUSION

In conclusion, the study underscores the essential role of psychological interventions in facilitating the recovery of depression among patients in Rwanda. The outcomes demonstrate that tailored support provided significant enhancements in both the alleviation of depressive symptoms and the development of effective stress management and coping strategies. Particularly noteworthy were the positive outcomes achieved through group therapy sessions and counseling, which not only facilitated a sense of belonging but also diminished feelings of isolation among patients.

During the study, participants were probed about the interconnectedness of thoughts, feelings, and actions in combatting depression. A substantial portion of respondents acknowledged the pivotal link between these elements, underscoring that the integration of thoughts, feelings, and actions plays a critical role in reducing depression. Moreover, the research findings revealed that dispelling prevalent misconceptions about depression contributed to a

noteworthy reduction in its severity. Additionally, the practice of actively monitoring one's thoughts emerged as a self-empowering method for mitigating depressive symptoms.

In sum, this research highlights the pivotal role of psychological interventions, particularly Cognitive Behavioral Therapy, in aiding the journey to recovery for individuals grappling with depression in Rwanda. The outcomes emphasize the interconnected nature of thoughts, feelings, and actions, while also highlighting the importance of dispelling misconceptions. These findings contribute to a deeper understanding of effective strategies for mitigating depression's impact and offer valuable insights for mental health practitioners and policy makers alike.

In conclusion, the research findings highlight several key factors that contribute to reducing the impact of depression. The establishment of trust within relationships emerges as a critical element, underscoring the importance of a supportive social network. Openly expressing emotions and feelings proves to be a potent strategy in alleviating depressive symptoms, emphasizing the therapeutic value of emotional communication. Moreover, the enhancement of self-esteem and self-assurance emerges as another significant avenue for mitigating depression, showcasing the positive effects of a healthy self-concept on mental well-being. Cultivating meaningful social bonds also demonstrates its potential in counteracting tendencies toward depression, illustrating the value of social connections in fostering resilience. Additionally, the research underscores the role of skill development in managing challenges effectively and finding efficient solutions. This aspect is crucial in diminishing the effects of depression, highlighting the empowering effect of problem-solving abilities.

The research demonstrates that engaging in behaviors of clinical significance contributes significantly to the reduction of depression. Furthermore, a comprehensive analysis of these behaviors' functions and impacts plays a crucial role in diminishing depressive symptoms. Approaches

like modifying maladaptive behaviors, reinforcing positive ones, and establishing functional equivalence all hold substantial importance in the quest to alleviate depression. The overwhelming consensus among participants underscores the effectiveness of clinically relevant behaviors in mitigating depression, as evidenced by their strong agreement. The proposed intervention plan garnered high praise from respondents, indicating its promising potential for aiding in depression recovery.

## RECOMMENDATIONS

The study recommended that:

The results underscore the need for implementing group therapy sessions and counseling as integral components of treatment plans. These interventions not only aid in alleviating depressive symptoms but also foster a sense of community and belonging, counteracting feelings of isolation that often accompany depression. It is essential for healthcare providers to recognize the positive impact that a supportive group environment can have on patients' mental well-being.

Furthermore, the study highlights the interconnectedness of thoughts, feelings, and actions in combating depression. This knowledge should inform the design of intervention strategies that promote cognitive restructuring and behavioral activation. Integrating these aspects into therapeutic interventions can help patients better understand the relationships between their thoughts, emotions, and behaviors, and subsequently, empower them to actively engage in their recovery process.

One crucial takeaway from this research is the necessity of dispelling misconceptions surrounding depression. By promoting accurate information and

education about the nature of depression, society can contribute significantly to reducing stigma and enhancing early intervention efforts. This can further be supplemented by public health campaigns and awareness initiatives aimed at fostering a more supportive environment for individuals experiencing depression.

The study also underscores the importance of active thought monitoring as a self-empowerment technique. Encouraging patients to engage in mindful self-reflection and self-regulation can offer them a greater sense of agency in managing their depressive symptoms. This practice aligns with the principles of Cognitive Behavioral Therapy and can be integrated into patients' daily routines to enhance their overall well-being.

To conclude, this research sheds light on the critical role psychological interventions, particularly Cognitive Behavioral Therapy, play in aiding individuals on their journey to recovery from depression in Rwanda. The study emphasizes the synergy between thoughts, emotions, and behaviors, while highlighting the need to challenge misconceptions and cultivate a supportive environment. Healthcare practitioners and policymakers can leverage these insights to design more effective and holistic approaches for tackling depression within the Rwandan context.

## Suggestions for Further Studies

Future studies can conduct qualitative research to understand the lived experiences of individuals with depression in Rwanda. By conducting longitudinal studies to assess the long-term effects of psychological interventions on depression recovery the results can be generalized along the whole country.

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