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Cultural Adaptation of Psychological Therapies Delivered by Community Health Practitioners in Africa to Those Suffering from Mental Illnesses: A Scoping Review

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Abstract: *Community health professionals play a vital role in addressing gaps in mental health care access across African communities. However, limited evidence exists on their roles, the effectiveness of the psychological interventions they deliver, and the extent to which these interventions are culturally adapted. This scoping review aimed to examine the types, cultural adaptations, and sustainability of psychological therapies provided by community health workers to individuals with mental disorders in Africa. A systematic search was conducted in Scopus, Google Scholar, and PubMed for peer-reviewed articles published between 2000 and 2023. The risk of bias was assessed using QUADAS-2, while the Cultural Adaptation Assessment Tool (CAAT) was used to evaluate the cultural relevance of the interventions. Expert consultation followed Cochrane Handbook guidelines. Out of 13,201 records, ten studies from Uganda, Kenya, Zimbabwe, Ethiopia, the Democratic Republic of Congo, and South Africa met the inclusion criteria. These studies described eight intervention types, including group-based interpersonal psychotherapy (IPT), trauma-focused cognitive behavioral therapy (CBT), community trauma therapy, counseling, problem-solving therapy, peer support, task-shared care, and group support psychotherapy. The interventions targeted depression, anxiety, trauma, and suicidal behavior. All interventions were culturally adapted for delivery by community health professionals. Although study designs varied, resulting in differences in evidence quality, findings suggest these culturally relevant interventions are promising in meeting Africa's mental health needs. Further research is needed to assess their effectiveness among adolescents, older adults, and individuals with severe mental disorders and self-harm behaviors.*

Keyword: Community health workers, cultural adaptation, mental health, psychological interventions,

Introduction

According to the World Health Organization (WHO), over 450 million people globally suffer from mental health disorders, with 64% residing in low- and middle-income countries (LMICs) where access to treatment remains critically limited (WHO, 2019). In 2018, the global economic cost of mental illness was estimated at $2.5 trillion, and it is projected to reach $16 trillion by 2030 (WHO, 2020). Despite these alarming figures, mental health remains under-prioritized in many LMICs, particularly in sub-Saharan Africa, where infrastructure, resources, and trained professionals are often lacking.

Empirical evidence demonstrates that mental health interventions can effectively reduce psychological symptoms and enhance quality of life, even in resource-limited settings (Barbui et al., 2020). The success of these interventions, however, is strongly linked to their cultural acceptability and contextual relevance. Delivering high-quality mental health services in

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LMICs requires deep engagement with local communities, attentiveness to patients' cultural backgrounds, and sensitivity to their social realities (Healey, 2017). In this regard, community health workers (CHWs)—trusted community members with basic health training—offer a promising model of culturally competent mental health care delivery (CDC, 2020; National Council for Behavioral Health, 2020).

Previous studies have shown that CHWs can deliver effective psychological care in various African countries. For example, in Uganda, CHWs have significantly improved community mental health outcomes (Kozuki et al., 2018), and in Ethiopia, CHW-led interventions have shown effectiveness in managing schizophrenia (Asher et al., 2021). Culturally adapted interventions such as cognitive behavioral therapy and interpersonal therapy, when delivered by CHWs, have also demonstrated success in treating perinatal mental disorders among women (Neerjah et al., 2014).

However, existing literature often lacks a systematic synthesis of the cultural adaptation processes, the sustainability of these interventions, and their broader applicability across different African contexts. While some studies touch upon efficacy, few explore the long-term feasibility, scalability, and cultural tailoring required to maintain such programs in real-world settings. This gap highlights the need for a comprehensive review to map out what is known and what remains underexplored.

Therefore, the scientific significance of this scoping review lies in its aim to critically examine (a) the types of psychological interventions delivered by CHWs in African countries, (b) whether and how these interventions are culturally adapted, and (c) the extent to which they are sustainable and effective. This review contributes to the growing body of global mental health literature by providing structured insights into community-based care models, thereby informing future program development, research, and policy in LMICs.

Methods

This scoping review was conducted based on the Cochrane Handbook for Systematic Reviews of Interventions, following six sequential steps: planning the review, conducting the search, assessing risk of bias, extracting and managing data, analyzing and presenting results, and interpreting findings (National Institute for Health and Care Excellence, 2020). To answer the second research question regarding cultural adaptation, the Cultural Adaptation Assessment Tool (CAAT) was applied. This framework includes six key elements: cultural self-awareness, cultural knowledge, cultural sensitivity, cultural competence, cultural adaptability, and cultural adaptation (U.S. Department of Health and Human Services, Office of Minority Health). In evaluating the sustainability of interventions, this study also employed the World Health Organization's Cost-Effectiveness Analysis (CEA) framework, which includes six domains: clinical outcomes, resource use, cost-effectiveness, equity, sustainability, and context (WHO, 2020).

The literature search was conducted from June to August 2023 across three databases: PubMed, Scopus, and Google Scholar. Search terms included a combination of keywords such as "community health worker," "lay health worker," "task shifting," "mental health," "psychosocial," "counseling," and "Africa," using Boolean operators to increase search

sensitivity. Reference lists of selected studies were also reviewed to identify additional relevant publications.

Study inclusion criteria encompassed peer-reviewed, English-language original research articles published between January 2000 and August 2023. Eligible studies had to report psychological interventions delivered by community health workers in African countries and include details about the intervention, target population, and cultural adaptation. Excluded were literature reviews, commentaries, editorials, program reports, dissertations, conference abstracts, and studies focused solely on interventions delivered by mental health professionals or lacking implementation details. From an initial pool of 13,201 records, 28 full-text articles were assessed, with 10 meeting all inclusion criteria.

Data from the selected studies were extracted using a structured table capturing author, publication year, country, type of intervention, target population, study design, outcome measures, key findings, and funding sources. The synthesis combined findings from the literature with expert input, presented in narrative form. The quality of the selected studies was assessed using the QUADAS-2 tool, which evaluates four domains—patient selection, index test, reference standard, and flow and timing—to identify potential sources of bias. In addition to the literature review, expert consultation was carried out to enrich the analysis. Eight experts in public health and community mental health were invited to complete an online survey consisting of open-ended questions related to the cultural adaptation, feasibility, barriers, and sustainability of psychological interventions delivered by community health workers. These experts included an epidemiologist from Uganda, physicians from South Africa and the United States, two research psychiatrists, three psychologists, and a public health expert.

Result

Table 1 displays the most important details regarding the ten papers that were included. Studies were released from 2010 to 2023, with the majority appearing after 2010.

Authors	Country	Setting	Objective of study	Intervention	Type of study	Sample size	Results
Petersen et. al 2012	South Africa	Rural	To assess the feasibility of an adapted manualized version of group based Interpersonal Therapy (IPT) for use by supervised community health workers.	Group based Interpersonal therapy intervention	Non-randomized, intervention	60 primary health care clinic users	Participants in the group-based IPT intervention showed significant reduction in depressive symptoms on completion of the 12-week intervention as well as 24 weeks post baseline compared to the control group.
O'Callaghan et. al 2013	Congo	Rural	To assess the effectiveness of a Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) intervention delivered by non-clinical facilitators in reducing posttraumatic stress, depression and anxiety in a group of war affected, sexually exploited girls in Congo.	TF-CBT intervention	Randomized controlled trial	52 war affected girls	TF-CBT group showed a highly significant improvement in symptoms of depression and anxiety, conduct problems, and pro-social behavior.

Authors	Country	Setting	Objective of study	Intervention	Type of study	Sample size	Results
Ertl et. al 2011	Uganda	Rural	To assess the efficacy of a community-based intervention targeting symptoms of posttraumatic stress disorder (PTSD) in formerly abducted individuals delivered by local lay therapists.	Community implemented trauma therapy	Randomized controlled trial	85 former child soldiers with PTSD. Narrative exposure therapy (n = 29), an academic catch-up program with elements of supportive counseling (n = 28), or a waiting list (n = 28).	PTSD symptom severity (range, 0-148) was significantly more improved in the narrative exposure therapy group than in the academic catch-up and wait-list group
Nyatsanza et. al 2016	South Africa	Rural	To develop a task sharing counseling intervention for perinatal depression in Khayelitsha, South Africa	Counseling intervention	A qualitative study	26 participants	The findings indicate that a task sharing counseling intervention was acceptable and feasible for depressed women in Khayelitsha
Doukani et. al 2021	Kenya	Rural	To evaluate the effectiveness of a problem-solving therapy (PST) intervention that is delivered by community health volunteers (CHVs) through a mobile application called 'Inuka coaching' in Kenya.	Four PST mobile application chat sessions delivered by CHVs.	Pilot prospective cohort study	80 participants	The results showed a significant improvement over time in the Self-Reporting Questionnaire-20 (SRQ-20).

Authors	Country	Setting	Objective of study	Intervention	Type of study	Sample size	Results
Tinago et. al 2023	Zimbabwe	Urban	To evaluate the effectiveness of a community-based peer support intervention to mitigate social isolation and stigma of adolescent motherhood in Harare, Zimbabwe.	Community-based peer support intervention	Quasi-experiment	Adolescent mothers aged 15–18 years (n = 104 intervention arm; n = 79 control arm)	The intervention arm reported lower depressive symptoms and common mental disorders and higher overall, family, friends, and significant-other support, compared to control.
Hanlon C et. al 2022	Ethiopia	Rural	To evaluate the effectiveness and cost-effectiveness of TSC for people with severe mental disorders compared to enhanced specialist mental health care in rural Ethiopia.	task-shared care (TSC) using the WHO's mental health Gap Action Programme (mhGAP)	Randomized clinical trial	329 participants	After 12 months, the difference in symptom severity scores between trial arms was less than one point on the BPRS-E.
Nakimuli-Mpungu et. al 2020	Uganda	Rural	To establish the effectiveness of group support psychotherapy (GSP) delivered by lay health workers for depression treatment among people living with HIV in a rural area of Uganda on a large scale.	Group support psychotherapy (GSP)	Randomized controlled trial	1473 individuals, of whom 1140 were recruited from health centers offering GSP (n=578) or GHE (n=562).	GSP produced a profound effect on major depression, with almost all participants achieving remission by 6 months after treatment and remaining depression free 12 months later.

Authors	Country	Setting	Objective of study	Intervention	Type of study	Sample size	Results
Meffert SM et. al 2021	Kenya	Urban	To evaluate the effectiveness of interpersonal psychotherapy delivered by non-specialists for depression and posttraumatic stress among Kenyan HIV women	Interpersonal psychotherapy	Randomized controlled trial	256 women enrolled in HIV care and affected by GBV	Participants who received IPT had lower odds of MDD-PTSD (OR after IPT 0.36, 95% CI [0.15 to 0.90], p = 0.03) compared with controls. Post-IPT gains were maintained at later points without statistical differences.
Chibanda D et. al 2016	Zimbabwe	Urban	To evaluate the effectiveness of a culturally adapted psychological intervention for common mental disorders delivered by LHWs in primary care.	Individual problem-solving therapy	Randomized clinical trial	573 randomized patients with common mental disorders and symptoms of depression	Intervention group participants had fewer symptoms than control group participants on the SSQ-14 (3.81; 95% CI, Intervention group participants also had lower risk of symptoms of depression (13.7% vs 49.9%;

Community health professionals predominantly employed group-based Interpersonal Psychotherapy (IPT), trauma-focused Cognitive Behavioral Therapy (CBT), community-implemented trauma therapy, counseling, problem-solving therapy, community-based peer support interventions, task-shared care models, and group support psychotherapy. The studies were geographically distributed across sub-Saharan Africa, with two conducted in South Africa, two in Uganda, two in Kenya, two in Zimbabwe, one in the Democratic Republic of Congo, and one in Ethiopia. Methodologically, six of the studies were randomized controlled trials (RCTs), three were feasibility or pilot studies, and one employed a quasi-experimental design. Sample sizes in the RCTs ranged from 50 to 1,473 participants, while the feasibility or pilot studies involved sample sizes between 20 and 300 participants.

Intervention Type and Effectiveness

Randomized Controlled Trials

A randomized controlled trial conducted in the Democratic Republic of Congo evaluated the efficacy of trauma-focused cognitive behavioral therapy (TF-CBT) delivered by non-clinical facilitators to war-affected and sexually exploited girls (O'Callaghan et al., 2013). The results indicated significant improvements in symptoms of depression, anxiety, conduct problems, and pro-social behavior. At the 3-month follow-up, the intervention group demonstrated large effect sizes: Cohen's $d = 2.04$ for trauma symptoms, 2.45 for depression and anxiety, 0.95 for conduct problems, and −1.57 for pro-social behavior. The TF-CBT intervention was culturally adapted for the rural Congolese context by incorporating local practices and emphasizing mutual group support.

In Uganda, Nakimuli-Mpungu et al. (2020) assessed the effectiveness of group support psychotherapy (GSP) delivered by lay health workers for the treatment of depression among people living with HIV in rural settings. Six months post-treatment, the mean functioning scores were 9.85 (SD = 0.76) in the GSP group versus 6.83 (SD = 2.85) in the group receiving group health education (GHE), with a significant between-group difference ($\beta = 4.12$; 95% CI: 3.75–4.49, $p < 0.0001$). Improvements were attributed to common therapeutic factors, including a supportive environment, therapeutic alliance, and culturally integrated approaches.

In Ethiopia, Hanlon et al. (2022) examined the effectiveness and cost-effectiveness of task-shared care for individuals with severe mental disorders through the TaSCS project. While baseline Brief Psychiatric Rating Scale—Expanded (BPRS-E) scores indicated low symptom levels, nearly half of participants (48%) had experienced psychotic episodes in the preceding year. The intervention demonstrated the importance of community engagement and health system support in delivering integrated mental health services.

Meffert et al. (2021) conducted a randomized controlled trial in Kenya to evaluate the effectiveness of interpersonal psychotherapy (IPT) delivered by non-specialists to HIV-positive women who experienced gender-based violence. The intervention significantly reduced symptoms of major depressive disorder (MDD) and PTSD, with odds ratios post-intervention of 0.36 (95% CI: 0.15–0.90, $p = 0.03$). These improvements persisted over time, underscoring IPT's real-world effectiveness when adapted to local HIV care settings.

In Uganda, Ertl et al. (2011) tested a community-based intervention for PTSD among former abductees. Narrative exposure therapy (NET) significantly reduced PTSD symptoms compared to the academic catch-up and waiting-list control groups, with mean symptom

change differences of −14.06 (95% CI: −27.19 to −0.92) and −13.04 (95% CI: −26.79 to 0.72), respectively. The study's strength lay in its naturalistic design, utilizing community members as therapists and providing in-situ care.

Chibanda et al. (2016) assessed a culturally adapted psychological intervention delivered by lay health workers in primary care settings in Zimbabwe. The intervention significantly reduced depression symptoms (13.7% vs. 49.9% in the control group; ARR = 0.28; 95% CI: 0.22–0.34; $p < 0.001$). Its success was attributed to the use of culturally validated instruments, problem-solving techniques, and integration of local norms and idioms.

Feasibility and Pilot Studies

Petersen et al. (2012) evaluated the feasibility of an adapted interpersonal psychotherapy (IPT) intervention for perinatal depression delivered by community health workers in South Africa. Results from participants completing all three assessments revealed a significant reduction in depressive symptoms, as measured by the Beck Depression Inventory (BDI), in the intervention group compared to controls over 12 and 24 weeks. The group-based sessions incorporated psychoeducation, problem-solving, and interpersonal skills development.

In Zimbabwe, Tinago et al. (2023) assessed a community-based peer support intervention aimed at reducing social isolation and stigma among adolescent mothers in Harare. Trained community health workers and peer educators co-facilitated the intervention. Results showed reductions in depressive symptoms and common mental disorders, along with improved perceived social support from family, friends, and significant others.

Doukani et al. (2021) examined a mobile app–based problem-solving therapy (PST) intervention delivered by community health volunteers in Kenya. The intervention led to significant reductions in symptoms of common mental disorders, as measured by the Self-Reporting Questionnaire-20 (SRQ-20). Factors positively associated with symptom reduction included higher income, age over 30, male gender, and absence of suicidal ideation. The app-based intervention included screening, psychoeducation, structured PST sessions, and decision-support tools.

Nyatsanza et al. (2016) explored the development of a task-shared counseling intervention for perinatal depression in Khayelitsha, South Africa. Findings demonstrated the intervention's acceptability and feasibility, contingent on several culturally relevant factors: preference for female counselors, delivery of individual sessions in clinics, and inclusion of psychoeducation on depression, coping with interpersonal conflicts, and managing financial stress.

Cultural Adaptation

All studies emphasized the importance of cultural competence in intervention design and delivery. Adaptations included translation of therapeutic materials, integration of local customs and languages, incorporation of community engagement, and tailoring of training protocols for lay health workers. Therapists often utilized local idioms, symbols, and culturally salient practices. Additionally, all interventions incorporated client-centered goal setting and safety planning protocols. These adaptations were especially critical in contexts affected by conflict, climate change, or other security-related risks.

Interpersonal Psychotherapy (IPT), Trauma-Focused Cognitive Behavioral Therapy (TF-CBT), and group-based IPT and support psychotherapy were originally developed in the United States, while Problem-Solving Therapy (PST), community-based peer support interventions, and task-shared care approaches were primarily developed in the United Kingdom.

Sustainability factors

The list of sustainability-related factors as evaluated by the Cost-effectiveness Analysis (CEA) quantitative methodology, which includes domains for all six dimensions, is as follows.

Dimensions	Results
Clinical outcomes	At the end of the six-month intervention, all trials demonstrated a significant reduction in symptoms in the intervention groups, with a mean reduction of at least 4.45 points across all scales.
Resource use	In 40% of the investigations, one trained assistant and one trained therapist were used, meeting the minimal resource requirements for all studies. The use of a group-based intervention allowed for the use of fewer resources in other trials. PST was linked to a large drop in hospital visits as well as a drop in the overall cost of healthcare services.
Cost effectiveness	The average cost of each intervention was $41, making them all cost-effective.
Sustainability	All trials demonstrated that therapies had low dropout rates, were sustainably effective, and did not significantly differ in outcomes between those who finished the intervention and those who did not. The majority of studies also found that the intervention groups continued to use mental health services after the study's duration.
Context	In every study, the interventions had success in the environments in which they were used.
Equity	All participant groupings experienced equal success from interventions, indicating their equity.

Quality Assessment

Among the ten studies assessed using the QUADAS-2 Quality Assessment Tool, four (40%) were rated as having "excellent" methodological quality, two (20%) as "good," two (20%) as "fair," and two (20%) as "poor." A common limitation identified across the randomized controlled trials was the lack of blinding of participants and outcome assessors, which introduces a potential risk of bias—particularly in controlled intervention studies. Additional methodological shortcomings included insufficient reporting of sample size calculations, absence of power analyses, and inconsistent or inadequately defined outcome measures across studies.

Several studies employing pre-post designs failed to provide clear justifications for their sample sizes or to employ standardized outcome measures, reducing the reliability of their conclusions. The absence of such methodological rigor limits the ability to attribute observed changes in outcomes directly to the interventions, as improvements may instead be due to random variation or baseline group differences.

Expert Perspectives

Expert opinion highlights several critical challenges and recommendations regarding the implementation of culturally adapted psychological interventions delivered by community health workers (CHWs). One major concern is the complexity and intensity of psychological interventions, which require a high level of competence, time commitment, and structured supervision—elements that are often lacking in low-resource settings. Therefore, experts suggest that CHWs should be more actively involved in the research process to ensure contextual appropriateness, relevance, and feasibility.

To strengthen the applicability and scalability of such interventions, experts recommend that studies incorporate key evaluative components, including equity analysis, continuous monitoring and evaluation (M&E), and learning frameworks that integrate insights from adaptation processes. Furthermore, the integration of qualitative methods is essential to assess the interventions' accessibility, acceptability, and cultural appropriateness from the perspective of both providers and beneficiaries.

Maintaining the construct validity of evidence-based therapies requires close collaboration with the original developers of these interventions, particularly when making cultural adaptations. The use of digital technologies is also strongly encouraged to support real-time remote delivery, supervision, and ongoing training of CHWs. Sustainability is emphasized as a central consideration; psychological interventions should be designed for long-term implementation, supported by the development of local trainers and supervisors to ensure continuity of care. Finally, experts underscore the importance of securing consistent and long-term funding from the outset of intervention delivery to ensure sustainability and effectiveness.

Discussion

This review demonstrates that psychological interventions delivered by community health workers (CHWs) in sub-Saharan Africa are both effective and acceptable, as evidenced by ten eligible studies conducted in South Africa, Uganda, Kenya, Zimbabwe, the Democratic Republic of Congo, and Ethiopia. Cultural adaptations were systematically analyzed using an established cultural adaptation framework, and the majority of studies satisfied the core domains of cultural responsiveness. These findings are consistent with previous research by Gilmore et al. (2013), Tareke et al. (2023), and Thandi et al. (2022), which also identified positive outcomes from community-delivered psychological interventions in low-resource settings.

However, two major challenges identified across the reviewed studies were the sustainability of interventions and the availability of financial support. These constraints align with findings from Pallas et al. (2013), Singh et al. (2015), and Hill et al. (2014), who

reported moderate sustainability of CHW-led interventions due to resource limitations. Furthermore, Docrat et al. (2018) emphasized that inadequate funding remains a significant barrier to the long-term implementation of evidence-based interventions in Africa, while Franzen et al. (2017) highlighted the necessity of strategic planning to ensure sustainability.

Experts have recommended that CHWs should be actively engaged in defining intervention relevance, conducting participatory evaluations, contributing to qualitative assessments, and utilizing digital technologies to improve training, supervision, and scalability at reduced cost. These recommendations are in line with McCollum et al. (2016), who underscored the value of CHWs' experiential knowledge in shaping culturally grounded interventions.

Although cultural adaptation was not the primary focus of most included studies, it nonetheless played a pivotal—albeit often implicit—role in intervention design and delivery. Elements such as local language integration, incorporation of spiritual and cultural beliefs, and engagement of indigenous CHWs were observed across multiple studies. These findings reflect the broader cultural adaptation strategies proposed by Faregh et al. (2019), emphasizing language localization, contextualized delivery, and alignment with community values.

Furthermore, the potential of digital health technologies (e.g., mobile health or mHealth) was consistently noted to enhance mental health service delivery. As observed by Early et al. (2019), digital tools can improve intervention fidelity, data management, supervision, and training. Mobile health initiatives have demonstrated positive impacts in Kenya, including increased treatment adherence and improved perceptions of care quality in rural areas (Odhiambo, 2017). The growing availability of smartphones and mobile networks across Africa has facilitated broader access to telemedicine services (Mars et al., 2013), including remote mental health support (Källander et al., 2013). Such digital platforms are particularly relevant for populations in geographically isolated or underserved regions.

While the use of psychological interventions holds significant promise in addressing the treatment gap for mental disorders in sub-Saharan Africa, questions remain about their reach, contextual fit, and long-term sustainability. Strategic investments in health systems, supervision structures, and digital infrastructure are essential for scalable impact.

Strengths and Limitations

A key strength of this review is its focus on psychological interventions tailored to the specific cultural contexts of sub-Saharan African populations. Many of the included studies utilized randomized controlled trial (RCT) designs, which are considered the gold standard in evaluating therapeutic efficacy. The incorporation of both qualitative and quantitative methodologies further strengthened the depth and reliability of the evidence.

Nevertheless, the generalizability of findings may be limited, as interventions were developed with specific cultural and demographic considerations in mind. Additionally, many studies focused on a narrow set of outcome variables, potentially overlooking broader psychosocial or structural impacts. Some studies also failed to adequately account for confounding variables such as socioeconomic status or access to healthcare resources. Sample size limitations in several studies further constrain the robustness of statistical inferences.

Impact and Implications in the Indigenous Context

This review offers important insights into the cultural adaptation of psychological interventions delivered by CHWs in Africa, with potential relevance for Indigenous populations globally. These insights include ethical and practical considerations such as respecting traditional knowledge systems, fostering culturally congruent understandings of mental illness, and integrating indigenous practices into therapeutic approaches. While psychological interventions may offer benefits, they also pose risks if introduced without appropriate cultural adaptation or community engagement. Nevertheless, this review highlights opportunities for promoting mental health in Indigenous contexts through respectful, collaborative, and culturally grounded approaches.

Implications for Future Research

Future research should place greater emphasis on identifying and analyzing factors that influence cultural adaptation from the perspectives of CHWs. This includes in-depth examinations of their roles, experiences, and contributions to the design, implementation, and evaluation of psychological interventions. Documentation of locally defined priorities and community needs should be systematically integrated into intervention development.

Moreover, further investigation is needed into the processes through which trainers and supervisors adapt evidence-based therapies to culturally diverse settings. Synthesizing these experiences can inform the co-creation and scaling of culturally appropriate mental health interventions. Future studies should also examine the long-term acceptability and sustainability of these therapies, particularly in resource-constrained settings. Critical questions remain regarding the infrastructure, funding models, and policy frameworks necessary to support CHW-led mental health interventions at scale.

Conclusion

The psychological interventions implemented by community health workers in African countries appear to be adapted to align with local religious beliefs and the cultural competencies of the providers. To ensure their effectiveness in addressing common mental disorders, it is essential that these interventions are culturally appropriate. This review underscores key components that must be considered in the development of psychological therapies for delivery by community health workers, including cultural relevance, alignment with community values, and integration of local belief systems.

Recommendation

It is recommended that the development of psychological interventions delivered by community health workers in African contexts incorporate comprehensive cultural adaptation, ongoing training and supervision, long-term financial support, the use of digital technologies, context-specific evaluation using mixed-methods research, active community engagement, and cross-sector collaboration. These elements are essential to ensure the effectiveness, acceptability, and sustainability of interventions within local communities.

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