



Tom Osborn

# Shamiri Helps Depression & Anxiety

## Effect of Shamiri Layperson-Provided Intervention vs Study Skills Control Intervention for Depression and Anxiety Symptoms in Adolescents in Kenya: A Randomized Clinical Trial



### Principle

Researched programs taught by regular people can decrease anxiety and depression.

### Quote

“The positive findings suggest the testable possibility that interventions that are simple in design, low in cost, focused on positive human attributes and character strengths, and delivered by laypersons may contribute usefully to global mental health.”

### So What - Application

If a brief class on growth mindset, gratitude, and values can decrease depression and anxiety in Kenyan youth, we can use brief interventions as we coach our families.

We can take a few minutes to teach our families how the brain grows with effort, how gratitude can make us feel better, and how identifying values we hold can encourage us.

It seems worth the effort to seek out simple research-based interventions like these to both reduce depression and anxiety and to encourage thriving.

The Shamiri intervention can be found at <https://www.shamiri.institute>

### The Research Story

Fourteen researchers from Massachusetts, Nairobi, Vienna, Pennsylvania, and New York studied whether a program led by ordinary people could reduce anxiety and depression in high-school age youth in Kenya.

They recruited Kenyan young adults (18-26) who were taught how to lead an intervention called Shamiri, which teaches growth mindset, gratitude, and values as well as a control study habits class. They randomly assigned 413 high school students (13-18) who had elevated scores for depression and anxiety to either the Shamiri or study class. Classes met for an hour once a week for 4 weeks. It's interesting to note they gave the assessment to students from 4 schools and had more depressed and anxious students than they could include in the study.

They surveyed the youth at baseline, 2, 4, and 6 weeks, and 7 months later. They had to adjust the 9-question Patient Health Questionnaire to remove the suicidal ideation question because it might upset students.

At the end of the 4 week classes, both groups had lower depression and anxiety symptoms, but the Shamiri group had greater declines.

Both of the interventions met the threshold for being “clinically significant” in producing a reliable change in depression and anxiety, although the results for the Shamiri group lasted longer. It makes you wonder if just having the extra attention of a positive class led by young adult peers just ahead of you made some of the difference.

Overall, while both interventions made a difference, the Shamiri class led to greater reduction in symptoms of depression and anxiety than the control study group.

Students liked both interventions, thought they helped, and would recommend them to a friend.

Osborn, T. L., Venturo-Conerly, K. E., Arango G., S., Roe, E., Rodriguez, M., Alemu, R. G., Gan, J., Wasil, A. R., Otieno, B. H., Rusch, T., Ndeti, D. M., Wasanga, C., Schleider, J. L., & Weisz, J. R. (2021). Effect of Shamiri Layperson-Provided Intervention vs Study Skills Control Intervention for Depression and Anxiety Symptoms in Adolescents in Kenya: A Randomized Clinical Trial. *JAMA Psychiatry*, 78(8), 829. <https://doi.org/10.1001/jamapsychiatry.2021.1129>

