

Psychological treatment can improve overall mental health – but not for everyone

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In South Africa, many people living with HIV and diabetes also experience depression. Yet very few of them receive treatment for it. The South African government therefore introduced a policy which involved community health workers being trained by mental health professionals to deliver a short psychological intervention. This was rolled out to people being treated for HIV or diabetes in primary care clinics. A randomised controlled trial examined two different ways to deliver the psychological treatment and showed that both approaches significantly improved people's mental health.

However, our study found that there was socio-economic inequality in whose mental health improved. Poorer participants had significantly less improvement in their mental health than wealthier participants. This means that people who are most disadvantaged and at greatest risk for depression, are less likely to benefit from psychological interventions. We examined what factors might contribute to this outcome. We found that structural constraints such as unemployment and food insecurity were the main reasons why poorer people did not gain as much.

The unequal way in which people benefited from the treatment raises important concerns because depression causes a huge burden on society. Policymakers need to invest in psychological treatments to help address this issue. But if the treatment outcomes are worse among individuals with lower socio-economic status, then they need to take this into account when designing the interventions. In the South African context, addressing structural inequalities in employment and food insecurity would also go a long way towards reducing the inequalities in outcomes and improving the mental health of the poorest people in society.

[Read the full paper, funding sources and disclaimers in Social Science and Medicine.](#)

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