NPOwer Mental Health Support Programs: Survey Findings

A partnership between the South African Depression and Anxiety Group (SADAG) and Tshikululu Social Investments

Andrew Wooyoung Kim, PhD
Developmental Pathways for Health Research Unit, Faculty of Health Sciences, University of the Witwatersrand; Center for Global Health & Chester M. Pierce Division of Global Psychiatry, Massachusetts General Hospital & Harvard Medical School

Executive Summary

The global 2019 coronavirus disease (COVID-19) pandemic has systematically upended South African society since its first detection in the country in early March 2020. While the institution of national risk mitigation policies, including the onset of a strict quarantine order and travel ban, successfully limited the spread and infection of COVID-19, the implementation and adherence to such policies came at unfortunate costs. **Among the most notable was, and continues to be, the mental health and well-being of South African residents**. Growing evidence in South Africa and across the world highlights the dramatic psychological consequences of living under the new and sudden conditions of the COVID-19 pandemic and lockdown, which have included elevated rates of depression, anxiety, psychosis, and suicidality.

The exacerbation of already difficult psychological and socioeconomic conditions for many families prompted non-governmental organisations (NGOs) to quickly mobilise and provide immediate support during such highly unprecedented conditions. However, the sustained nature of the pandemic has not only continued to threaten the livelihoods of families, but also **placed massive burdens on services offered by NGOs, and importantly, the people working tirelessly to sustain these vital programmes**. NGO workers continue to provide crucial services for those deeply affected by COVID-19 while maintaining their own needs - all within a context of limited resources, sustained exposure to social suffering, and novel pandemic conditions. **But at what cost? And what can be done to support these NGOs now and in the future?** To assess the impacts of the COVID-19 pandemic on NGOs and staff psychological well-being, the South African Depression and Anxiety Group in partnership with Tshikululu Social Investments launched the **NPOwer Mental Health Support Programs Survey** to assess the needs and impacts of the lockdown.

In this survey of almost 200 NGOs, **two-thirds of NGO professionals exhibited moderate to severe psychological morbidity** between October 2020 to March 2021 during the coronavirus disease pandemic. Two-thirds of respondents also faced elevated risk for developing a psychiatric disorder, with over one-third of all NGO professionals exhibiting a high likelihood of having a severe psychiatric disorder at the time of survey completion. Significant risk factors for elevated psychological morbidity included **social stress, being male, and fewer workplace mental health resources**. NGO workers faced considerable stress at work and home and consequently, exhibited a range of symptoms of psychological distress, including **insomnia, helplessness, excessive worrying, a disconnect from their work and family, cynicism, and burnout.** Nearly half of NGOs offered some form of psychosocial support to their staff, yet many NGO workers did not seek professional psychological assistance. Callers expressed extreme gratitude for te program given the dire lack of psychological resources in the sector.

Overall, this survey finds that NGO professionals experienced alarming rates of psychological distress and mental illness risk between October 2020-March 2021 of the COVID-19 pandemic. NGO staff likely do not have the necessary resources to successfully cope and maintain their mental health. **The NPOwer Mental Health Support Program successfully provided essential psychosocial support to NGO workers and will serve as a vital resource in the long-term.**

Context and Rationale of NPOwer

In early March 2020, South Africa saw its first case of the 2019 coronavirus disease hit its shores. Consequently, the South African government imposed a strict 'national lockdown' policy on 26 March 2020, which prohibited citizens from leaving quarantine except for food, medicine, and essential labor. Worldwide, numerous aspects of life under forced confinement, including limited physical mobility, emotional distress, and for some, extreme threats to survival, are understood to pose major risks for mental distress and illness. Studies on the mental health consequences of quarantine worldwide, as well as in South Africa, have reported marked increases in risk for a range of psychological diseases, including depression, anxiety, post-traumatic stress disorder, and suicide.

For millions of South Africans, vulnerability to COVID-19 infection is amplified by other pre-existing adversities, such as hunger and violence, an overburdened healthcare system, a high prevalence of chronic and infectious disease, and alarming rates of poverty (55.5%) and unemployment (29%). Amidst the abrupt demands of a rapidly shifting social environment and the exacerbation of existing psychosocial and economic problems, non-governmental organisations (NGOs) rose to the challenge and quickly mobilised to carry the burden of the social, economic, and community impacts of the pandemic. NGOs in South Africa provided essential emergency relief and life-saving resources for thousands of families across the country. Yet the heavy workplace and personal burdens of the pandemic on NGO staff, especially among an already strained and psychological burdened workforce, have posed alarming risks for direct psychological damage, secondary trauma, and future mental illness risk across individuals the sector.

"While many corporates have Employee Assistance Programmes in place for their employees, and relief funding has been provided for specific responses such as food relief and health system strengthening, the wellbeing of NPOs, who are at the front-line in serving communities throughout lockdown has largely been forgotten. The need for this type of integrated psychological support programme is very clear," says Dipalesa Mpye, a social investment specialist at Tshikululu Social Investments.

"Many NPO's have been left in the dark. Teams are overworked, they are facing trauma and lack of resources every day. With so many pandemic-related issues, some NPO's have been forced to close their doors and stop the valuable work they have been providing when communities need it the most. NPO's have always provided help, resources and support to others, but never before has the mental health of our NPOs been prioritised," says Operations Director at SADAG, Cassey Chambers.

To understand the lived experience, burden, and needs of NGO professionals in South Africa, the South African Depression and Anxiety Group (SADAG) and the Tshikululu Social Investments partnered to launch the NPOwer Mental Health Support Programs Survey. This report presents the findings of the study, which took place between October 2020-March 2021 during the COVID-19 pandemic.

Methodology

Demographics. A total of 194 individuals from separate non-government organisations completed the survey between October 2020 and March 2021. NGOs from the Western Cape and Gauteng were overrepresented in the sample, the average staff size of NGOs ranged between 20 to 50 individuals, and most NGOs came from the Community Strengthening and Care (including Prevention, Statutory Intervention and Welfare), Education, and Health sectors. Respondents were more likely to be women, identify as Black or White, be between the ages of 31-40, and serve as Directors/Managers and Founders of NGOs. A full demographic profile of the sample is provided below. Note that not all respondents answered all questions, thus data are not available on all demographic questions.

Online survey. An online survey was designed based on input from two NGO executive directors in South Africa, the Operations Director of SADAG, Cassey Chambers, and the author of this report, Dr. Andrew Wooyoung Kim. Representatives from Tshikululu Social Investments reviewed and revised the survey, which was used as the final draft. SADAG and Tshikululu disseminated the survey on diverse online platforms in October 2020 and ran data collection until the middle of March 2021. The online survey included a series of demographic, organisational, and psychological questions in order to characterise the respondents' personal characteristics, size and capacity of the organisation, stress levels, and mental health status. A copy of the survey, including all measures assessed, is included in the Appendix section below.

Mental health status. Mental health status was assessed using the Kessler Psychological Distress Scale (K10), a widely utilised and locally validated measure of psychological distress among adults used effectively in diverse South African samples.

Containment-based psychological counselling. NGO staff respondents were contacted for containment-based psychological counselling only if requested through the online survey. SADAG counsellors provided telephonic counselling with consenting respondents and gathered additional demographic information (e.g. age group, gender, race), reasons for counselling, and a summary of the conversation. Qualitative data were gathered from open-ended questions in the survey as well as the summary of telephonic counselling to examine needs, experiences, effective coping strategies and resources. Additionally, NPOwer call centre counsellors working both the day and night time shifts were interviewed to understand experiences of NGO professionals.

Results

I. Demographics of survey respondents

The below graphs describe the demographic characteristics of the survey respondents. A total of 194 individuals participated in the survey. Among respondents who provided demographic data, the average age range was 31-40, a majority of individuals identified as female, and the largest representation based on race came from Black then White individuals. A summary table and graphs are presented below.

Demographic	Number	Proportion
Age Group		
31-40	71	37%
41-50	33	17%
No response	90	46%
Gender		
Female	74	38%
Male	33	17%
No response	86	44%
Race		
Black	44	23%
Coloured	13	7%
Indian	7	4%
White	43	22%
No response	86	44%

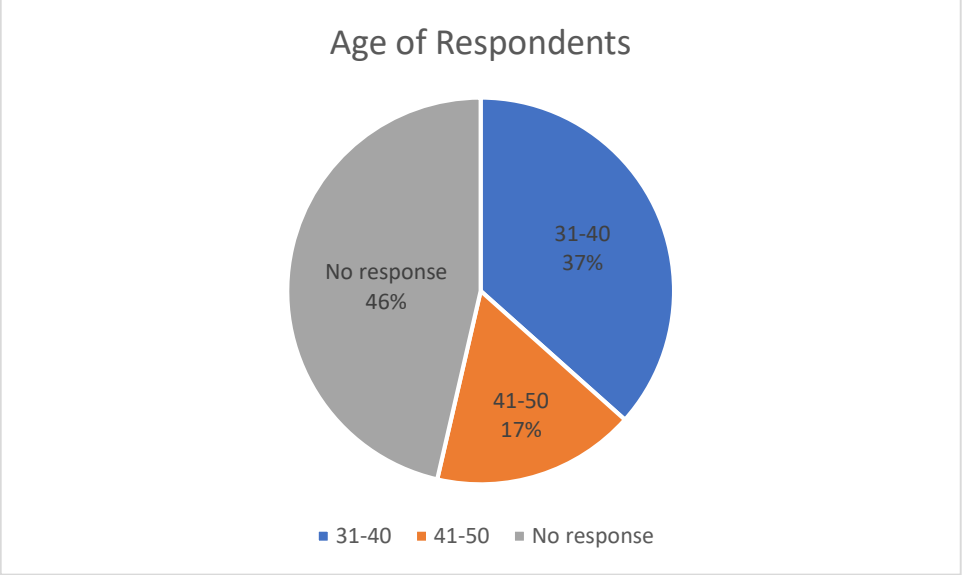

Figure 1. Age of Respondents. While a large portion of respondents did not report their age, 37% of survey respondents were between 31-40 years old, and 17% were between 41-50 years old.

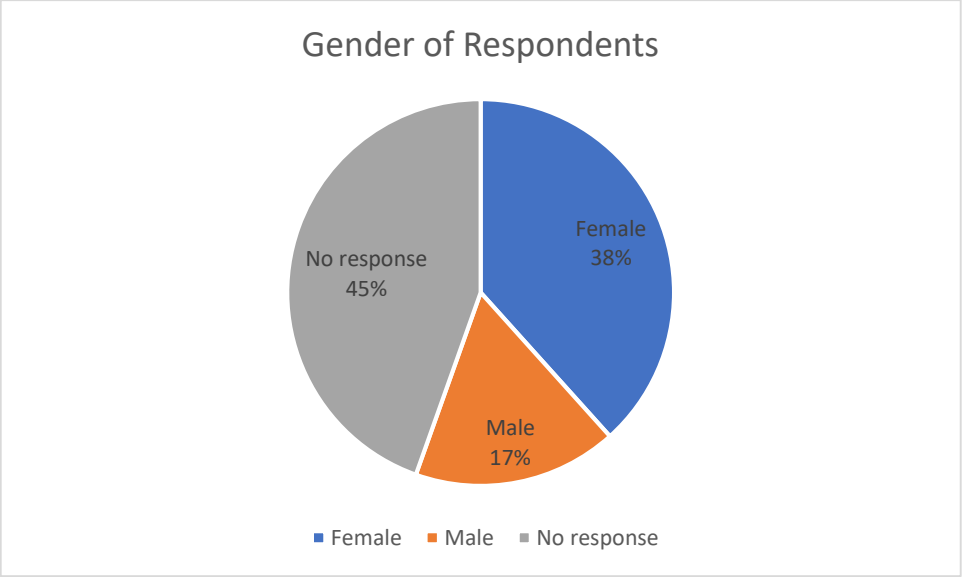

Figure 2. Gender of respondents. While a large portion of respondents did not report their gender, 38% of survey respondents identified as female, and 17% identified as male.

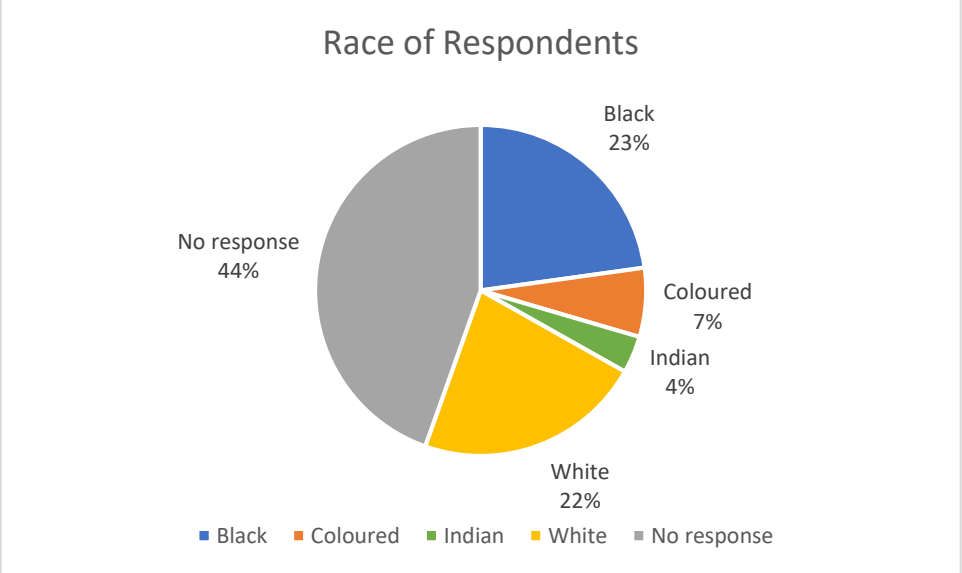

Figure 3. Race of respondents. While a large portion of respondents did not report their racial group membership, the greatest representation of respondents came from those identifying as Black and White.

II. Characteristics of NGO respondents

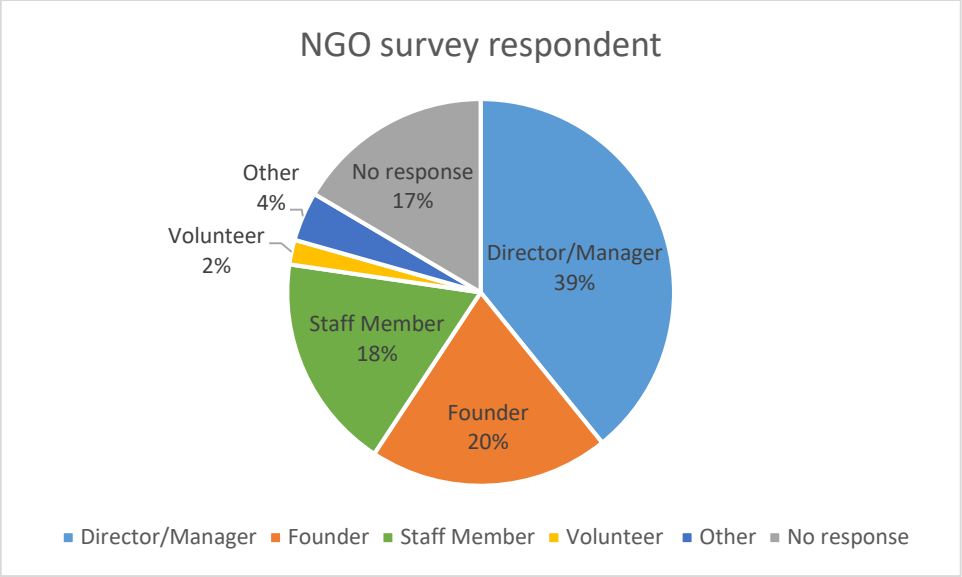

Figure 4. NGO survey respondent. Directors and managers responded to the survey at highest rates, followed by founders. Directors, managers, and founders comprised of the majority of respondents in this survey.

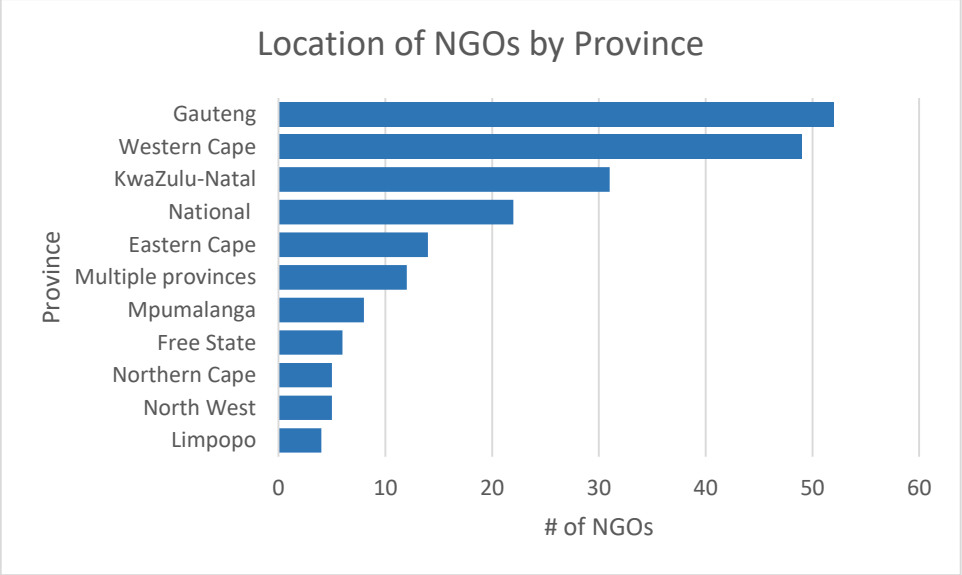

Figure 5. Location of NGOs by Province. Most NGOs were located in Gauteng and the Western Cape or had at least one office in one of these two provinces.

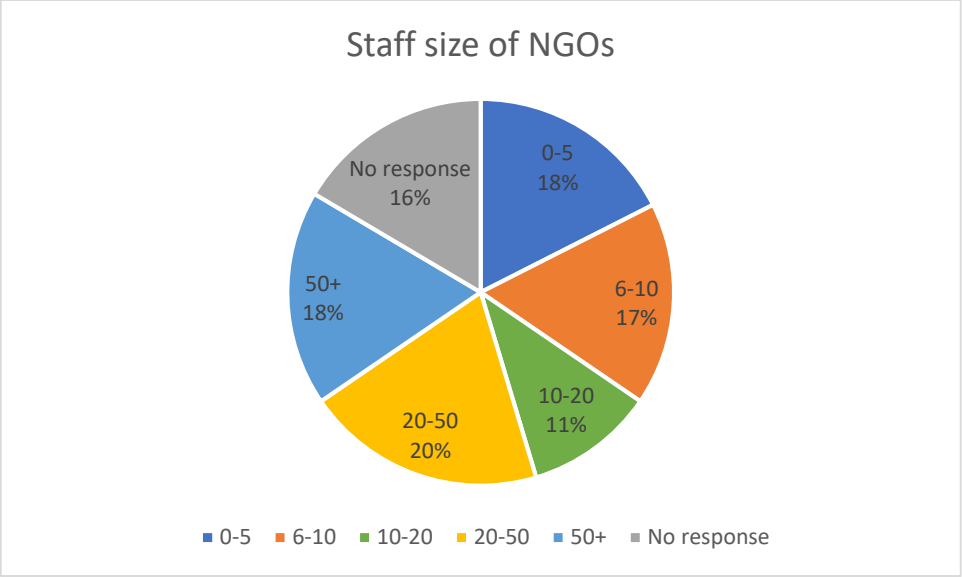

Figure 6. Staff size of NGOs. The survey sample comprised of a range of sizes based on staff count among participating NGOs and the distribution was close to even across all five categories. The average staff size was 10-20 individuals.

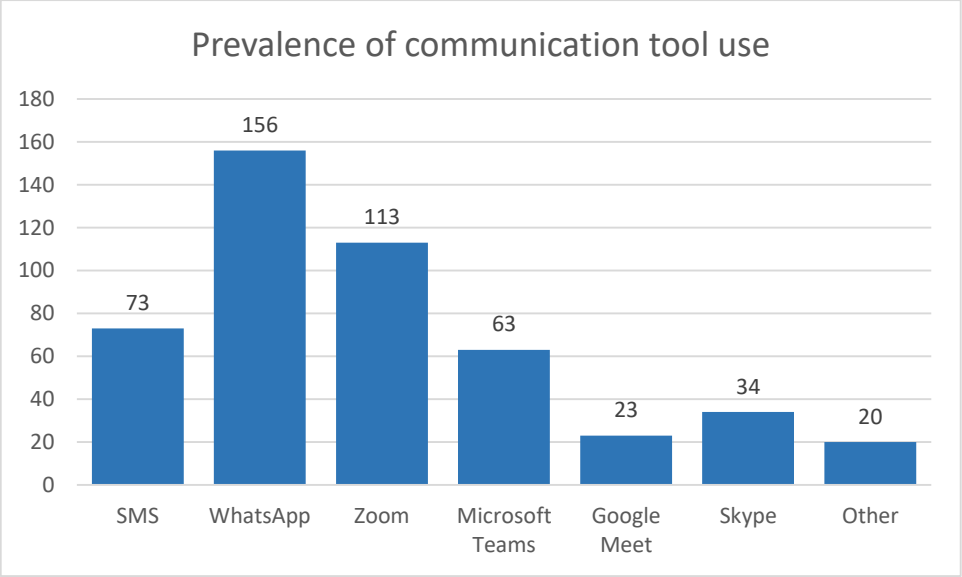

Figure 7. Prevalence of communication tool use. WhatsApp was the most commonly utilised means of the communication among staff. Zoom was the second most used tool followed by SMS and Microsoft teams.

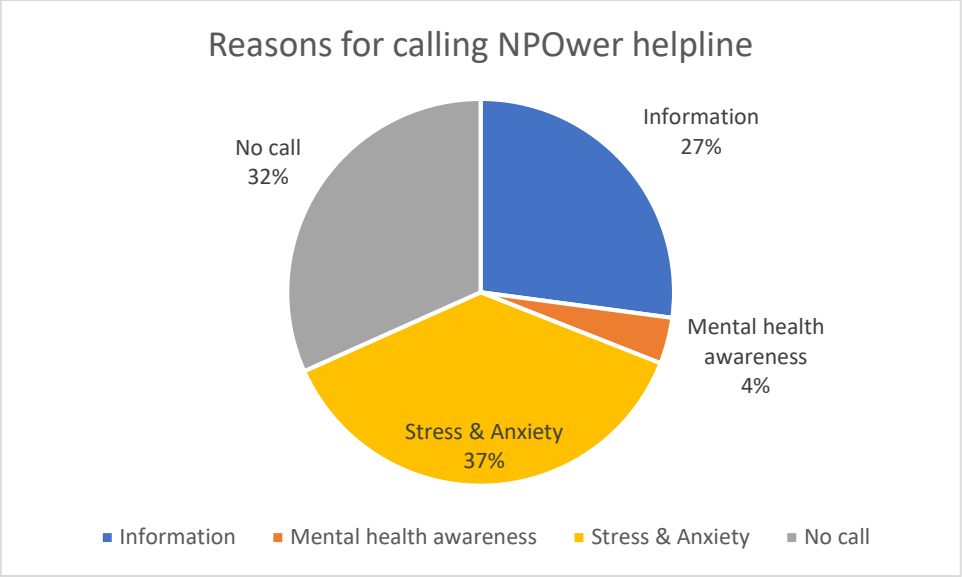

Figure 8. Reasons for calling NPOwer helpline. The primary content of NPOwer calls among NGO respondents was issues related to stress and anxiety, followed by interest in receiving information on NPOwer and mental health resources. About a third of respondents could not be contacted or declined to speak with counsellors.

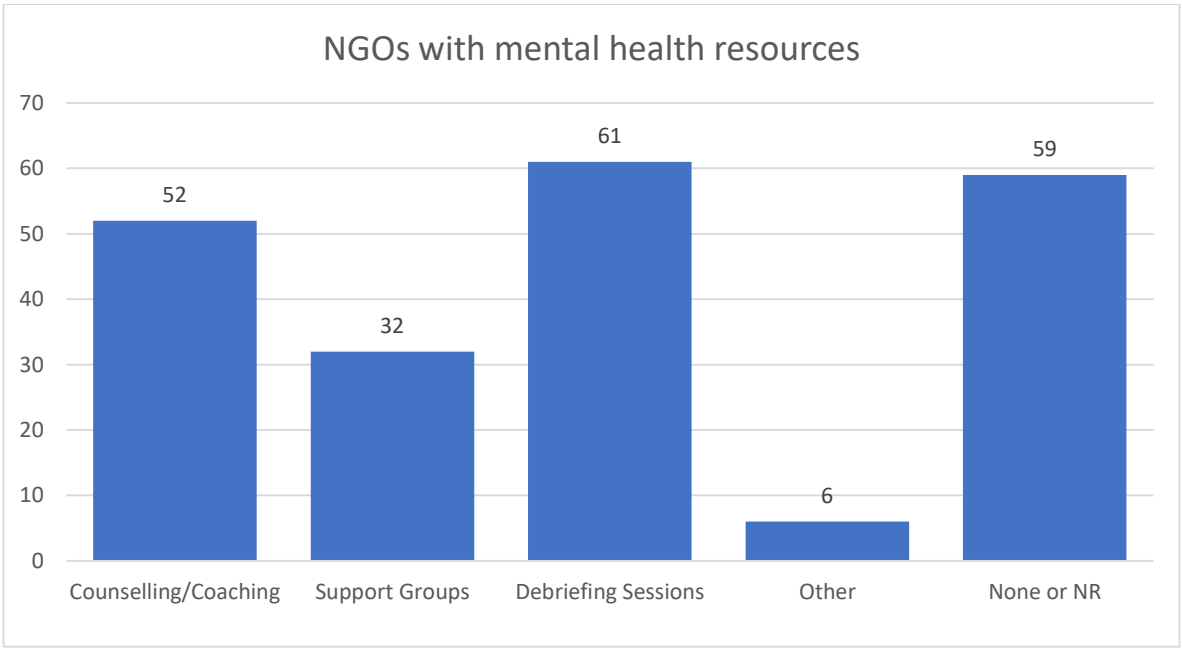

Figure 9. NGOs with mental health resources. Debriefing and counselling/coaching sessions were the most frequently offered mental health resources. Note that the "None or NR (no response)" category represents NGOs that either did not offer mental health resources to their staff or did not respond this question.

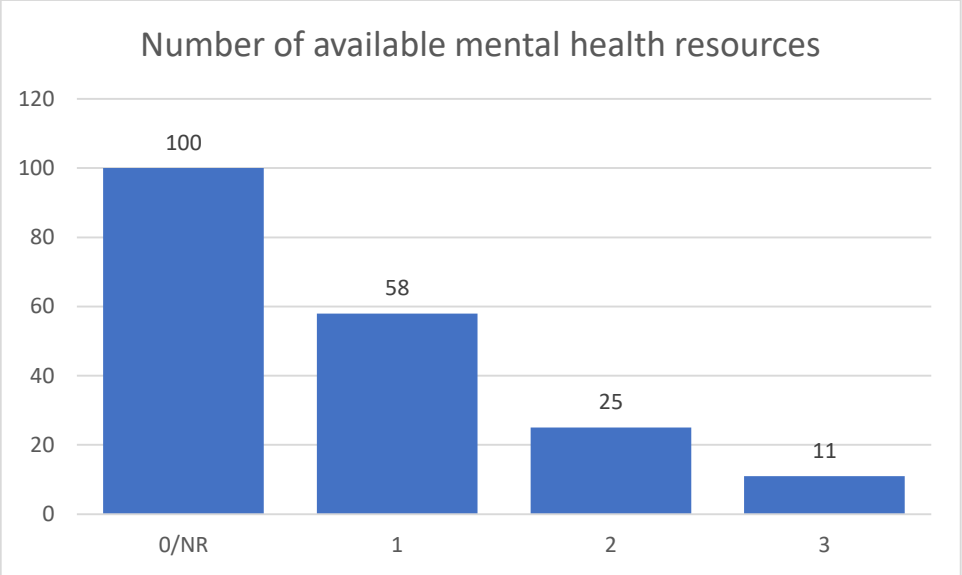

Figure 10. Number of available mental health resources. Nearly half of NGOs (n=94) provided at least one mental health resources to their staff during the COVID-19 pandemic. Note that the "None or NR" category represents NGOs that either did not offer mental health resources to their staff or did not answer this question.

III. Stressors and psychological distress levels

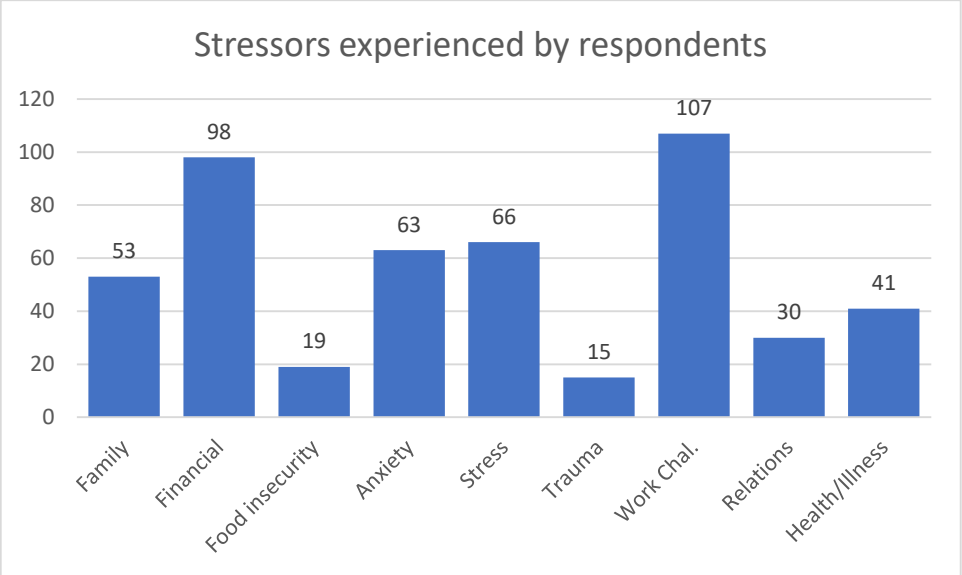

Figure 11. Stressors experienced by respondents. The most of frequent stressors among respondents included workplace challenges, financial challenges, general stress, anxiety, and family-related concerns.

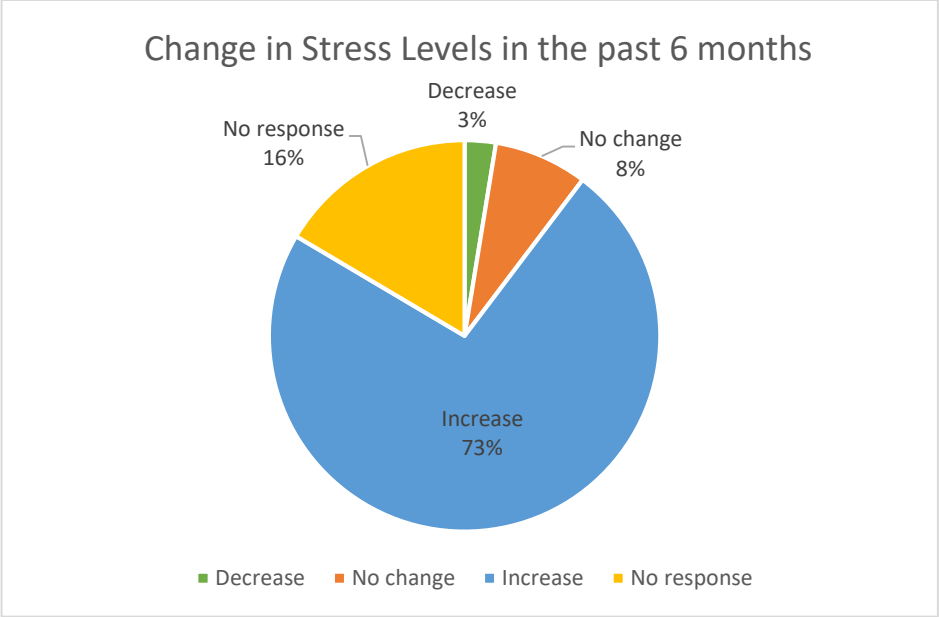

Figure 12. Change in stress levels in the past 6 months. A large majority of NGO respondents reported an increase in stress levels among their staff and volunteers over the past 6 months. Note that survey participants could have completed the survey anytime between October 2020 to March 2021, so the conditions of NGOs relative to the course of pandemic are time specific.

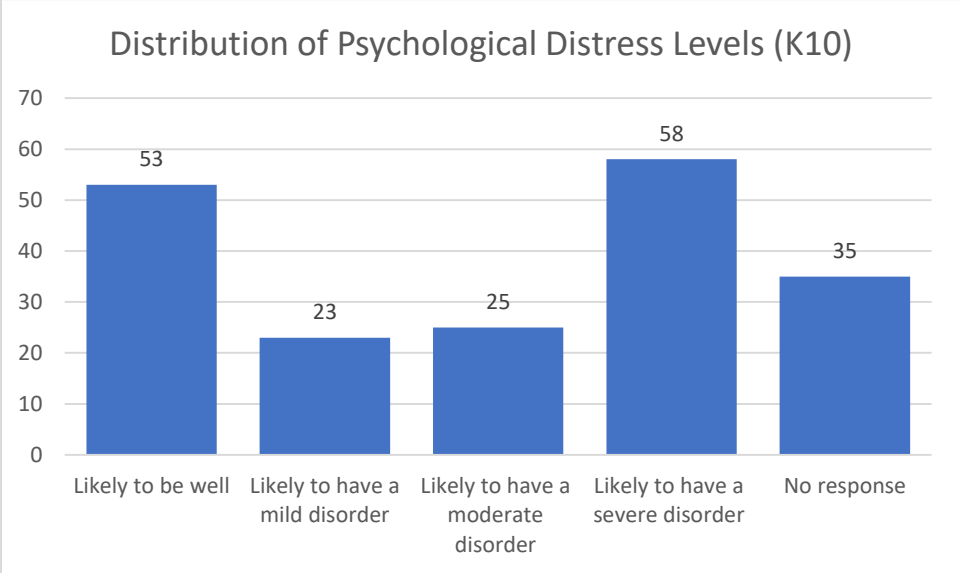

Figure 13. Distribution of Psychological Distress Levels. Rates of psychological distress were quite elevated. Among survey respondents who completed the Kessler Psychological Distress Scale (K10) (n=159), 66% of respondents reported moderate psychological morbidity and were at risk of developing or already experiencing a psychological disorder. Specifically, 23 respondents (15%) were "likely to have a mild disorder," 25 respondents (16%) were "likely to have a moderate disorder," and 58 respondents (36%) were "likely to have a severe disorder." The overall incidence of psychological distress was particularly alarming in this sample.

III. Predictors of psychological distress: risk and protective factors

Group differences in psychological distress: Statistically significant group differences in psychological distress based on K10 scores existing based on the number of available mental health resources in the NGO (i.e. more resources, less distress), gender (i.e. men reported greater psychological distress compared to women), and total number of stressors (i.e. more stressors, more distress), which was calculated by summing all number of stressors reported per individual. There were no differences by number of NGO staff, number of volunteers, sector, leadership role, age, and racial group. Differences by province could not be calculated given the lack of adequate response rates across all provinces.

Regression model (n=102)	**Coefficient**	**Standard error**	**p-value**
COVID stress	2.3	0.5	<0.001***
Age	0.6	2.0	0.784
Female	-4.8	2.0	0.020*
Racial group	-1.0	0.7	0.155
Psychosocial support resources	-3.5	1.0	0.001**
Level of leadership	-1.7	1.2	0.144
Number of staff	0.4	0.7	0.538
Change in stress	0.5	2.2	0.810
Constant	28.3	10.5	0.008***
*$p < 0.05$, **$p < 0.01$, ***$p < 0.001$, Note: The reference group for the "Female" variable was male, and the reference group for the "Racial group" variable was Black, and reference group for "Level of leadership" was volunteer.			

Figure 14. Predictors of psychological distress: risk and protective factors. The above table describes the predictors of psychological distress as determined by the K10. Importantly, this analysis is limited to individuals who completed all questions related to COVID-19 stressors, age, gender, race, and the availability of NGO-based social support resources. Greater COVID-19 related stress was a highly significant predictor of and risk factor for worse psychological distress. Being male was another risk factor for worse psychological distress. Finally, a greater number of psychosocial support services offered at NGOs was a significant protective factor against worse psychological distress. Age, racial group, level of leadership, number of staff in the NGO, and change in stress from the past 6 months were not significant predictors of psychological distress. Results come from a subset of n=102 due to missing data.

IV. Qualitative findings from NPOwer psychological containment-based counselling calls

"It becomes evident that when members of an NPO contact the helpline they have reached a phase of burnout and severe anxiety."

- Excerpt from interview with NPOwer telephonic counsellor

Gratitude. The content of call logs and open-ended responses was not substantial enough or completed at high enough rates to gather discernable trends in these qualitative data sources. One exception, however, was a set of responses provided in the last question of the survey, which queried any final thoughts. Respondents expressed an overwhelming gratitude and recognition for the NPOwer program and the survey. These include responses such as "I have called NPOwer and was debriefed telephonically by [counsellor name redacted]. It was most helpful. You are recognised and appreciated," "I am hopeful for this desperately needed service! Thank you for pursuing support to social impact organisations," "These questions have been helpful as I have been feeling like I am burning out!" and "I would like to tell our employees about this opportunity, as well as explore other options for training or group debriefing. I will check the website and/or get in touch directly. I am very, very excited about and grateful for this opportunity!" This was an overwhelming response from a majority of survey participants.

Content of NPOwer calls. These observations are based on interviews with three call centre counsellors working on the NPOwer helplines. Counsellors perceived called to be extremely significant and were treated with high importance. Many of the individuals who contacted the NPOwer helpline presented with symptoms of stress, anxiety, loss and grief (largely due to COVID-19 deaths), and burnout, which were commonly linked to the workload, ongoing family issues which in turn affected their ability to work, and the lack of financial stability. Financial concerns were also found to be a large factor in shaping anxiety in which many of the callers reporting feeling very overwhelmed and emotionally drained. Callers seemed to internalise their problems and overlook their issues. The symptoms that were displayed by the callers were: insomnia, feeling helpless, excessive worrying, a disconnect from their work and family, feeling cynical about life and being unmotivated to successfully perform work tasks.

Perceptions of the NPOwer helpline. Callers expressed relief and a desire to have a space where they can receive counselling and advice for their specific issues. Individuals showed an eagerness to find solutions for their mental health issues as well as having a safe space to discuss their problems as they often felt that they did not have access to people who truly understood their circumstances due to the nature of their work. They were also aware that NPOwer was a free service. However, not many callers were aware of the kind of help they could receive during the call. Callers stated that the assistance and the information provided by the NPOwer team were extremely beneficial to them, and that they were likely to share the resource with their teams.

Resources provided during calls. When asked if they have sought professional assistance for anxiety related issues and burnout, most callers stated they had not spoken to a professional (psychologist/counsellor) but used over-the-counter medications such as Calmettes or similar agents. When members of an NPO contact the helpline, they appear to have reached a phase of burnout and severe anxiety. The tips and advice that are given to callers were based on the individual's circumstances (i.e. how much time do they have in a day to set aside for self-care, what is their support structure and coming up with solutions to manage their stress/anxiety, financial limitations, etc.). Major recommended coping skills offered to callers included healthy

eating, light exercise, mindfulness activities, journaling, and finding a therapist that can relate to their needs as NGO professionals, in addition to resource referrals.

Vignette. Below is an example of a representative telephonic conversation with a NPOwer caller, which highlights the various stressors and needs of the NGO worker, including heavy work demands, difficulties dividing work and personal life, lack of self-care, guilt, and burnout. The counsellor provides an important space to contain the caller's emotions and experiences, and also provides psychosocial support by recognising the caller's pains and distress, normalising the caller's experience, reiterating the constant support and availability of the helpline, and offering numerous tools for coping and processing.

CONFIDENTIAL: Call summary with one NPOwer NGO worker. Do not disseminate publicly without consent from SADAG

The caller is a social worker who works for an NPO that helps elderly people in anyway necessary (finding accommodation in old age homes, food parcels, medical assistance, etc.). She said that things have been very difficult since COVID began because she gets people calling her and asking her to help with accommodation and food, and no one at the moment is helping because of the COVID restrictions. She feels stuck and helpless.

She mentioned that she can't usually do her normal self-care because of COVID restrictions like go to a spa, hang out with friends, or go to a movie. This for her is horrible because she doesn't know how to a balance being at home and working from home, she is struggling to have down time away from the stresses of work.

She also spoke about how frustrating it is to be surrounded by loss, not only in her professional life but in her personal life too. She said she went on leave last week and when I asked her if she had been for debriefing or spoken to her supervisor, she said no and that she knew this was also part of why she was feeling this way. When I suggested she may be experiencing burnout after establishing that she worked over the festive season, she agreed.

We discussed how she felt frustrated and why, and we established that she felt guilt when unable to help people due to circumstances beyond her control. I reassured her she was doing a great job and everything she can to help people. I boosted her confidence and reassured her that she always had someone to talk to because our line is always here. We discussed ways she can release that guilt. We discussed what she could do after a frustrating call like write down everything/all her frustrations out on a piece of paper, crumple it and throw it in the bin across her office. We emphasized the importance of self-care now that she's taking leave. We discussed what she could do whilst on leave to unwind like yoga or reading or a small, controlled meet up with friends of course within COVID regulations.

By the end of our call she was much calmer and expressed her gratitude by thanking me for my service as a social worker. She said she already knew all this but needed to hear it from someone else. I thanked her too for helping the elderly within her community as they are most vulnerable to this virus. She said the helpline is brilliant and gives her comfort knowing she can just reach out at any time. She said I helped her formulate what she needed to know about her emotional state so she could better discuss it with her supervisor. She thanked me for helping her find clarity, she said she'd call again if she needed anything.

IV. Limitations

A number of limitations must be noted when interpreting the results of these data. First, the survey was designed in a way that did not always allow respondents to respond “No” to certain questions, such as the presence or absence of a resource or stressor. This resulted in uncontrollable error when calculating certain statistics as null responses, skipped questions, and negative responses were amalgamated into one response. This source of bias, however, was minimal in the regression model as the analysis is only limited to individuals with complete data for all variables. Second, while the regression model included key covariates and relevant measures for analyses of stress and mental health, our measures were limited by the brevity of our survey, which was intended to be completed in 5-10 minutes as to not burden staff and increase participation. Thus, important sources of stress, social support (such as psychological resources existing outside of the workplace such as family and peer support), and socioeconomic status were not considered in the model. Third, the analysis is cross-sectional and subject to bidirectional causality and measurement error. Finally, our survey may have selected for individuals and NGOs with greater resources or socioeconomic status as data collection required access to internet, data, and an electronic device for data capturing. Despite these limitations, we believe that the data presented in this report saliently highlight the lived experiences and conditions of NGO professionals and provide important insights into an understudied and under-recognised workforce.

V. Final reflections and conclusions

In this survey of 194 survey respondents working in NGOs across South Africa during the COVID-19 pandemic, NGO professionals experienced moderate to high levels of psychological distress and faced elevated mental illness risks. These levels of psychiatric morbidity were associated with greater exposure to various stressors common during COVID-19 (e.g. anxiety, family and financial stress, workplace challenges, pre-existing health conditions) and more available mental health resources at the workplace. Notably, men reported greater psychological distress compared to women, who are typically at greater risk for poor mental health and psychiatric diseases. Participants expressed overwhelming gratitude and need for the NPOwer program, though callers struggled to understand the resources and assistance offered during NPOwer calls. Counsellors provided important spaces to contain emotions, distress, and various experiences faced by NGO professionals and offered numerous tools and referrals. Overall, the NPOwer Mental Health Support Programs proved to be an essential service in a broader ecology of resources where mental health assistance is severely lacking and in a country with high psychiatric morbidity and low mental healthcare access and usage. The program will provide immediate and longer-term acute support for NGO professionals facing stress, mental health challenges, burnout, and other major psychological challenges.

Recommendations

1. Provide immediate mental health services to staff through existing NGO resources such as SADAG's call centre or Lifeline, encouraging staff to make use of medical aid benefits or local clinics, or available lay psychosocial resources such as church groups, SADAG support group networks, etc.

2. Manage expectations and clarify roles and responsibilities of staff and clients when launching new services and delivering current services. Staff may feel compelled to provide more assistance than they are physically, emotionally, or logistically able, and given the immense amount of need that NGOs provide on a daily basis, setting clear roles and responsibilities, boundaries and expectations are important to prevent burnout and ensure sustainability of staff and programmes.

3. Simple structured touch-points with staff can identify challenges and help address them when they arise. These touch-points can take the form of weekly project team meetings and monthly or bi-monthly individual check-ins with staff. In more stressful times, such as during COVID-19, for instance, more frequent touch-points can help the team clarify their roles, set their expectations and identify possible at-risk staff. These touch-points can be quite practical and include a review of the previous week, identify anything that has changed and what effects this has on staff, and look towards the week to come. This can help with predictability for staff and may leave them feeling supported.

4. Paying extra attention to schedules, time off, and workload can help identify any staff that are overloaded. The NGO sector is made up of caring people that often put others needs in front of their own. In the workplace, this can often translate to some staff working overtime, not taking time off, or taking on too many responsibilities, which can be a recipe for burnout during stressful times. Simple changes to schedules, making sure staff do not work overtime too often, and managing workload can help management and those responsible for human resources to prevent burnout within the team.

5. Organize simple programming internally to enhance staff mental wellness. We find that even offering one psychosocial resource within an organisation predicts better mental health outcomes. This does not have to be costly and can include check ins with staff, regular staff debriefing, listening sessions, etc. Creating internal contingency plans may also be helpful when staff are not able to work at full capacity because of poor health, trauma, or life circumstances. Developing small support infrastructures can have large benefits.

6. Communicate with other NGOs, other civil society organisations, and other stakeholder groups to maximize resource allocation, share solutions, and problem solve. We find that many organisations are not talking to one another and not optimising the possible potential of mutual support, whether for programming or to speak through work-related issues, and joint problem solving and collaboration may result in increased work output and psychosocial well-being.