

Neuroarts for Depression Management in Older Adults with Neuropsychiatric Conditions in Cameroon

Paul Animbom Ngong, PhD^{1,2,3}, Helen Kimbi, PhD², Alfred K. Njamshi MD³, James G. Kahn, MD, MPH¹

¹ Global Brain Health Institute (GBHI), University of California, San Francisco, USA, ² The University of Bamenda, Cameroon, ³ Brain Research Africa Initiative (BRAIN), Cameroon

By investing in culturally grounded neuroarts, we can expand low-cost, non-pharmacological care for older adults with depression, strengthen brain health promotion, and support a more inclusive mental health system in Cameroon.

Primary Aim

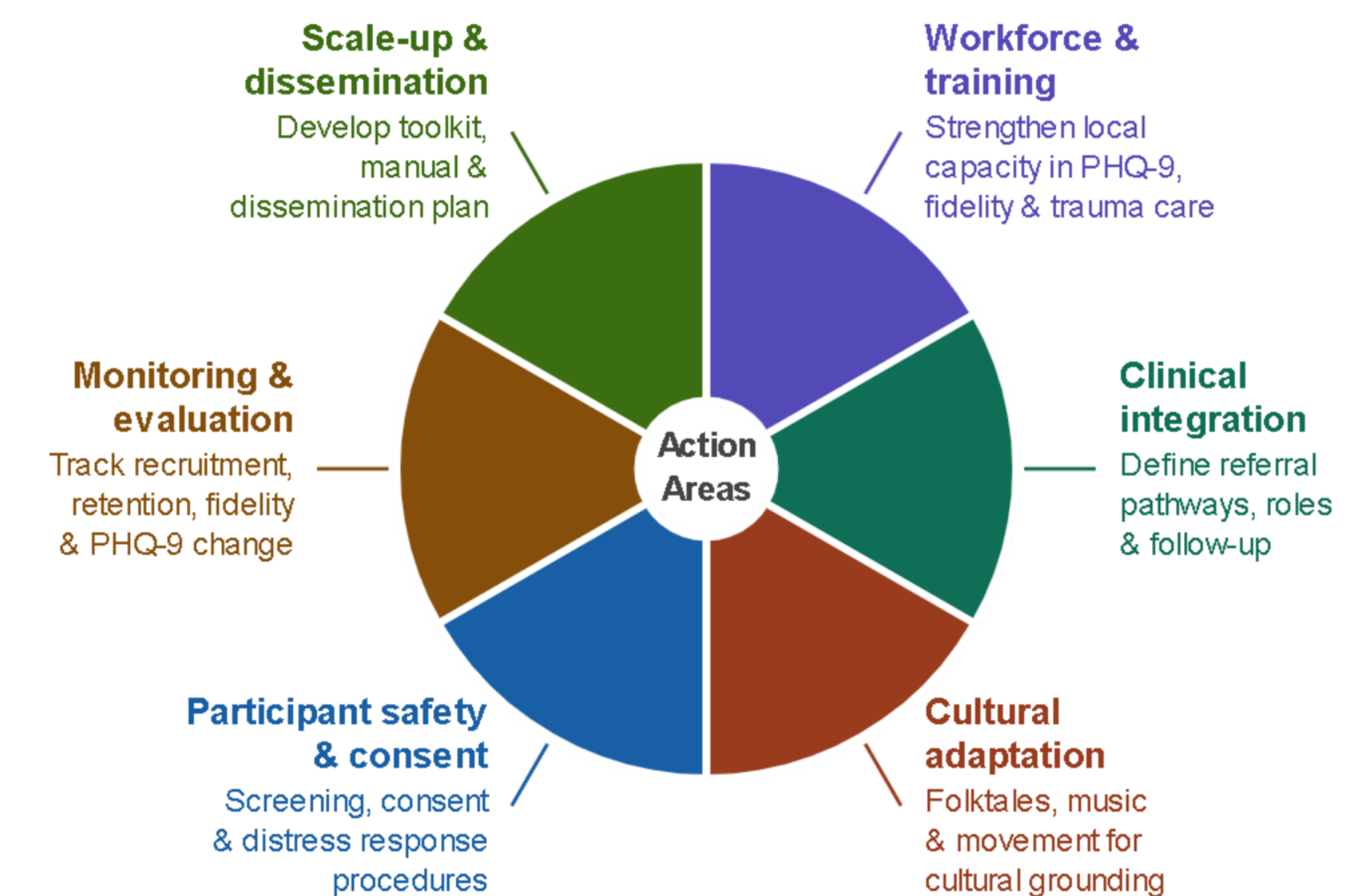
Test feasibility, acceptability, and fidelity of a culturally adapted neuroarts intervention in routine psychiatric care.

Background

- **Depression prevalence:** 20–30% among older sub-Saharan African adults.
- **Cameroon mental health context:** Fragmented psychiatric/geriatric services, **limited specialist personnel**, weak diagnostics, and constrained pharmacology access.
 - Culturally grounded, non-pharmacological options are needed to salvage the situation.
 - Depression is a modifiable risk factor for later cognitive decline.
- **Dementia projection:** Global cases to exceed **139 million by 2050**, sub-Saharan Africa disproportionately affected.

Methods

- **24-month single-arm longitudinal pilot.**
- **30-40 adults aged ≥50 years with PHQ-9 ≥10.**
- **Culturally adapted, manualized group intervention** delivered over 8 months.
- **16 bi-monthly sessions**, each lasting **120 minutes**.
- **Co-facilitated** by a trained neuroarts practitioner and a mental health professional.
- **Session flow:** grounding, storytelling, drama/role-play, movement, music, reflective discussion, and closure.
- **Cultural content** drawn from local folktales, proverbs, and familiar social themes.
- **Flexible participation** for verbal and non-verbal expression.
- **Designed to support** emotional expression, social connection, and engagement.



Summary Targets

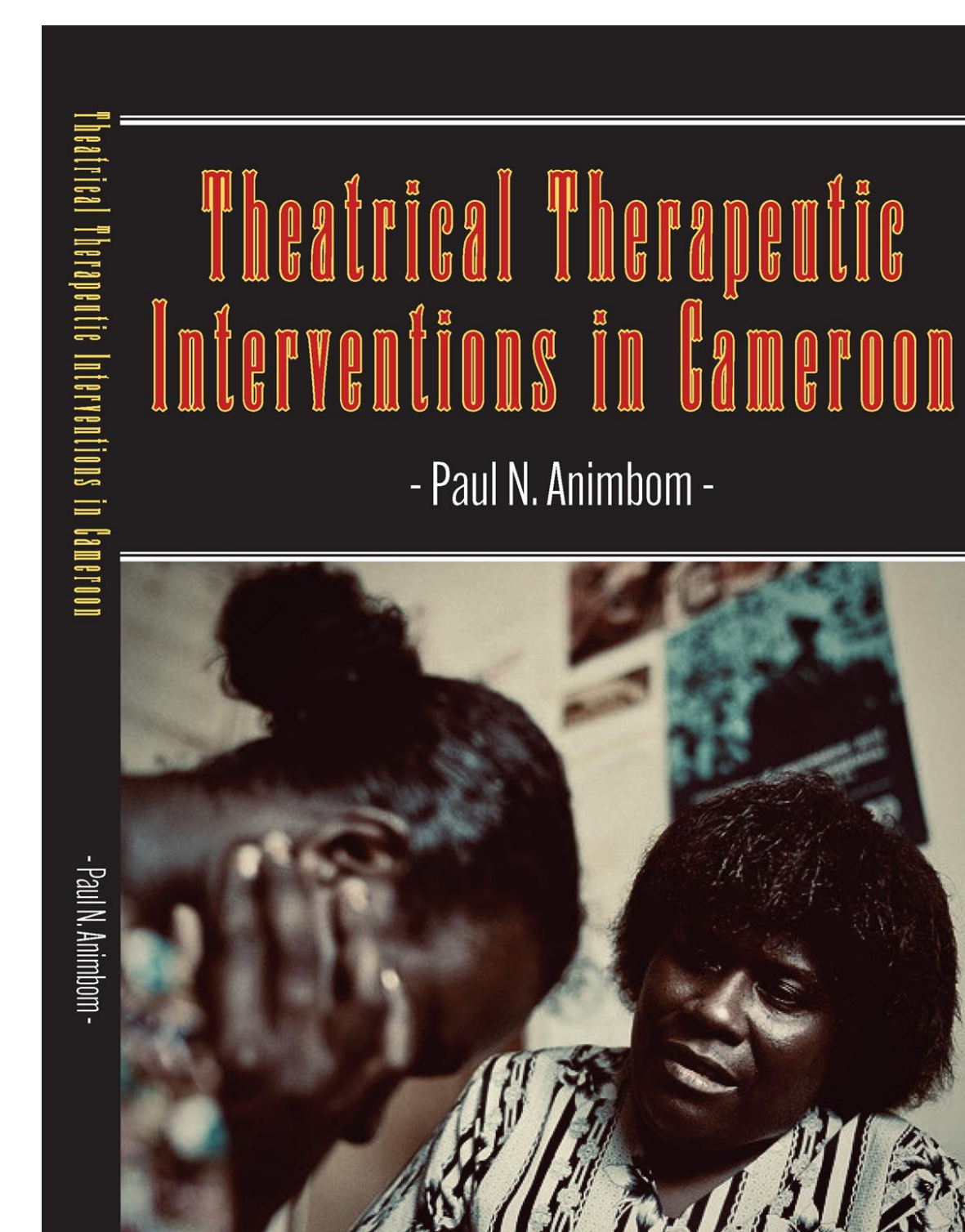
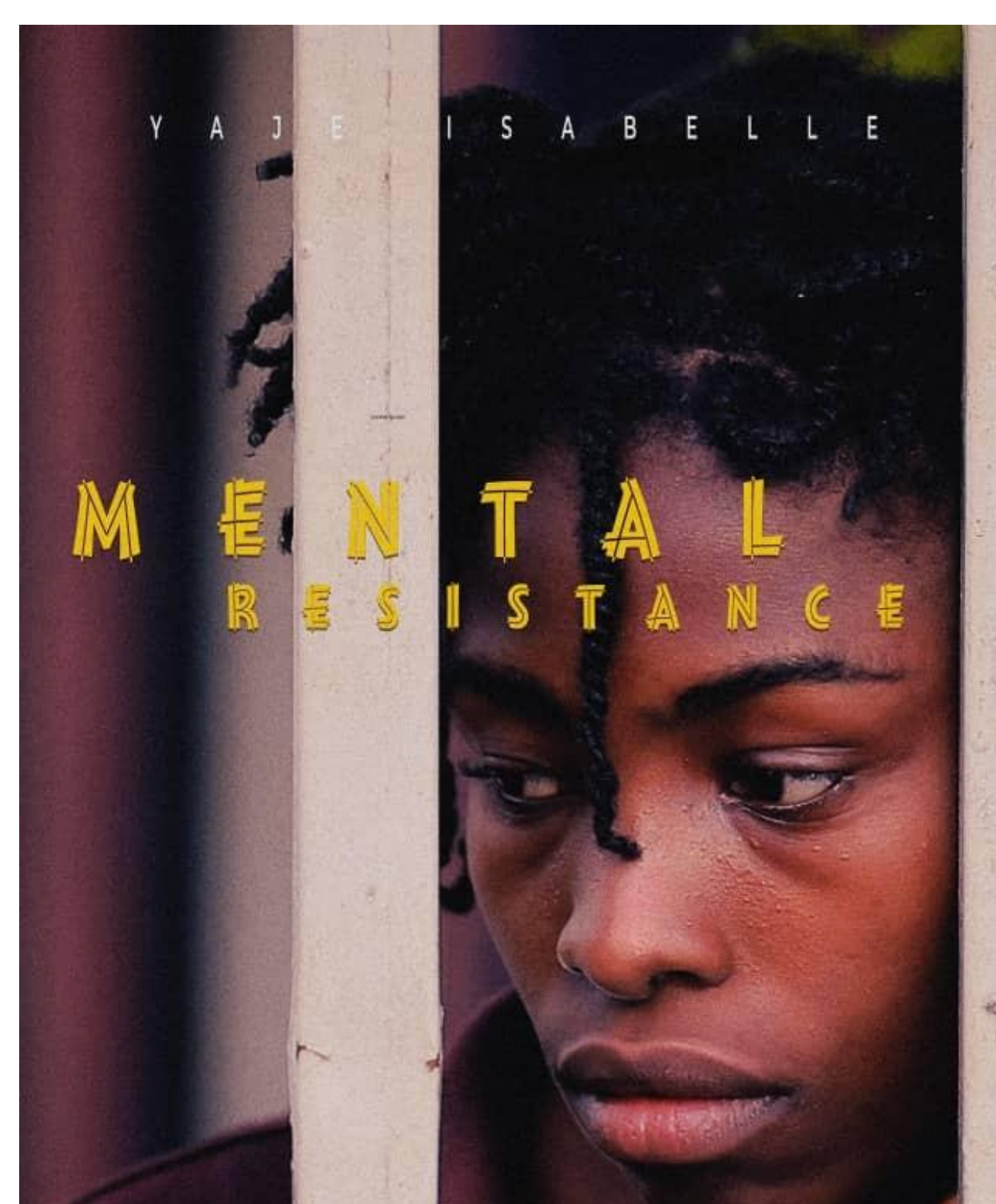
- **Feasibility:** ≥75% attendance and retention.
- **Acceptability:** ≥70% satisfaction.
- **Fidelity:** ≥80% protocol adherence.
- **Toolkit/Dissemination:** validated manual and implementation outputs

Assessment

PHQ-9, satisfaction surveys, attendance logs, fidelity checklists, and field notes at baseline, midline, and endline.

Expected Outcomes

- Feasibility, acceptability, and fidelity are demonstrated.
- Preliminary PHQ-9 symptom improvement is observed.
- A local toolkit supports future scale-up and policy use.



panimbom@gmail.com

