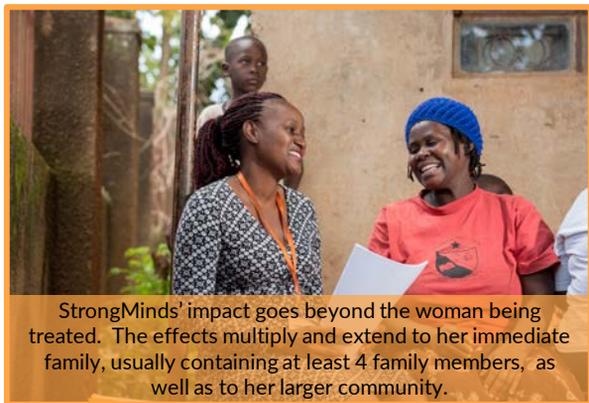




STRONGMINDS MENTAL
HEALTH
AFRICA

Annual Report 2016

Focused on scale. Powered by our patients' hope.



StrongMinds' impact goes beyond the woman being treated. The effects multiply and extend to her immediate family, usually containing at least 4 family members, as well as to her larger community.

Our mission is to improve the mental health of women in Africa.

Our goal is to treat and improve the lives of two million African women with depression by the year 2025.



Community information sessions, known as mobilizations in the field, assist in educating the public on the importance of mental health and reducing the stigma of depression. This allows more women to seek the treatment they need.



StrongMinds continues to expand its program reach in Uganda with our successful launch in Iganga - the third site in the country. Over the next three years, 2017-2019, our team aims to take a 10-fold step forward and treat 100,000 women in Uganda and a new African country.

Our vision is for every African woman suffering from depression to have access to mental health treatment, which enables her and her family to lead healthy, productive and satisfying lives.

Since 2014,
StrongMinds has
treated close to
10,000
women
surpassing
our goal.

After 12 weeks of
group talk therapy,
over 82%
are
depression-
free.

Six months later,
and even 2 years
after treatment,
nearly 80%
are still
depression-
free.

STRONGMINDS MENTAL HEALTH AFRICA



In January, StrongMinds released its first informative video narrated by actor/activist Ashley Judd. The **3-minute video** shares the stories of women with depression and their triggers which began their recent depressive episode and their recovery through a StrongMinds Therapy Group.



StrongMinds Uganda collaborated with International Rescue Committee (IRC) Uganda to treat 69 IRC refugee clients settled in the slums of Kampala. In 2017, SMU plans to partner with BRAC Uganda, an international nongovernmental organization dedicated to alleviating poverty by empowering the poor, on a pilot program to treat adolescent girls in their clubs.



In late 2016, StrongMinds engaged an external team of data collectors to follow up with the very first patients treated by the organization. Our goal in revisiting these patients was to understand how they are faring 18 and 24 months after StrongMinds' therapy ended, both in terms of their mental health/depression status, and their overall well-being and the well-being of their families.

[Click here](#) for the detailed report.

Board Brief: Scaling Our Proven Model

Over the first three years 2014-2016, StrongMinds Uganda has not only established strong organizational structures but also provided invaluable mental health services to nearly 10,000 women with depression in Uganda.

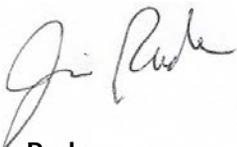
The first three years of fieldwork have set the ball rolling towards our 2025 goal of **treating two million women suffering from depression in Africa**. This is such a challenge, but we hope that we will be celebrating the milestone earlier than **2025**.

To realize the goal, we need to continue growing both internally as an organization and externally in terms of the geographical coverage, the populations and numbers of people served, and the partnerships and synergies formalized. Over the next three years, 2017-2019, our targets are even more ambitious. We want to treat over 100,000 women with depression and we want to expand beyond Uganda.

To achieve these goals, we will need more financial, human and other resources. We will need more program, administrative and field staff; and stronger budgetary commitments towards facilitating all the work.

We are currently testing and implementing two scalable pathways. We are working on building partnerships with international nongovernmental organizations, which we believe will enable us to leverage existing relationships and footprints in local communities. We hope that this will enhance quick and efficient services to women with depression but also provide complementary support to our patients who are in need of other services that we don't specialize in. We want to strengthen the model of depression talk therapy groups as both self-perpetuating and self-replicating by building the capacities of the leadership of these groups.

There was no way we could have reached close to 10,000 patients in our first three years without support from StrongMinds partners. We will rely on this support even more as we continue to scale our solution to the depression epidemic in Africa. We appreciate your support.



Jim Rude
Incoming Board Chairperson
US Board of Trustees



Medi Ssenooba
Board Chairperson
Uganda Board of Directors



The Need

In Africa, approximately 100 million people suffer from depression. For African women, who are afflicted at twice the rate of men, depression is the number one cause of disability. Due to the lack of investment in mental health services in Africa, 90% of Africans with depression—including 66 million women—have no access to effective treatment.

Depression is not a simple feeling of sadness, which diminishes after a few days. It is an illness which endures for weeks or months, and in some cases years. Symptoms include extreme fatigue, inability to concentrate or make decisions, feelings of guilt or anxiety, and a general loss of interest in life.

An African woman with depression, compared to her healthy peer, suffers greatly: she is less productive, has a lower income, and has poorer physical health. If she is a mother, the negative impact extends to her entire family. Research shows that children of depressed mothers are more likely to have poor health, struggle in or miss school, and suffer from depression themselves.



Depression affects women at twice the rate of men.



Depression affects 1 in 4 African women



85% have no access to effective treatment



Our Model

StrongMinds implements an innovative, simple, and cost efficient approach to treat impoverished Africans who suffer from depression. Our model is based on group interpersonal psychotherapy (IPT-G) and is facilitated by lay community workers.

IPT-G is a proven technique, supported by clinical trial success in Africa, which focuses on improving the interpersonal relationships of depressed group members. StrongMinds Therapy Groups utilize our unique structured model over several months to help group members identify and manage their interpersonal difficulties, ultimately reducing their symptoms of depression without the use of neuropsychiatric medications.

Members of StrongMinds Therapy Groups forge strong social bonds with their fellow depressed women. This continuation permits members to reinforce the skills they have learned and enables them to manage and prevent future depressive episodes.

In addition, some women who have successfully completed a StrongMinds Therapy Group are selected and trained in an adapted StrongMinds curriculum to lead their own volunteer Peer Therapy Groups for depression within their communities.



82%

Depression-Free

at the conclusion of therapy

672

talk therapy groups facilitated by 23 Mental Health Facilitators and 30 Peer Facilitators



\$98

Cost Per Patient
(field/program expenses)



\$152 Cost Per Patient

(total operating expenses)



Our Groups

Our talk therapy groups end the isolation of depression and equip the women to overcome their depression by recognizing their triggers and gaining skills to alleviate their depressive symptoms and prevent future episodes.

“As long as I’m breathing, I’ll be meeting with this group.”

***-Susan
StrongMinds Therapy Group member***

81% of groups continue to meet and support each other without StrongMinds assistance.



StrongMinds is proud to be a founding member of [mhNOW](#), a network of global and community leaders across sectors committed to action for “mental health now,” which is now called citiesRISE. The Commitment to Action was announced at the Clinton Global Initiative (CGI) Annual Meeting.



Our 3 Year Plan

Over the next three years, from 2017 through 2019, our team aims to take a 10-fold step forward and treat over 100,000 women in Uganda and an additional African country. We will expand patient reach and impact, while achieving a depression-free rate of at least 75% by continuing to invest in the organization.



Treat over
100,000
African women
with depression



Expanding within
Uganda and to
an additional
**African
country**



Partnering and
replicating with
3-5 international
nongovernmental
organizations



Increase from
23 to 100
staff Mental Health
Facilitators and from
30 to 1,100
volunteer
Peer Facilitators



Drive down **Cost Per
Patient** from **\$152**
to **\$66** while
maintaining **75%**
**depression-free
rate.**



Raise
\$8.4 Million
to meet the
operating needs over
the next 3 years



Meet Goreth, From StrongMinds Patient to Mental Health Facilitator

Learning About Depression

Goreth has worked as a Mental Health Facilitator for StrongMinds Uganda since July 2016, however, her story begins two years earlier when she first learned about StrongMinds Uganda, and depression, at a community meeting. That is when Goreth discovered that she was suffering from depression. She explained,

“I did not know that I was sick. I kept thinking that I was just unlucky. I thought God hated me and that is why he had abandoned me.”

At the meeting, Goreth accepted to be screened by the PHQ-9, a series of nine questions which is used to measure the severity of depression. The results indicated that she was severely depressed. This is not surprising because at the time Goreth was planning to “*disappear from the village*” with her four children.

Meeting her Mental Health Facilitator

A few days after the initial screening, Hope, her StrongMinds Uganda Mental Health Facilitator, visited her home for the one-on-one pre-group assessment to learn more about her personal triggers and symptoms of depression. Goreth’s home was dirty and unkept. She was not washing, her hair was untidy, and all her children were miserable - dirty and hungry. There were cups and plates scattered everywhere.

When Goreth spoke to Hope in depth during the assessment, she felt like it was the first time someone understood her. Goreth recalls crying heavily. Hope discovered Goreth’s depression

was triggered by her new status as the family breadwinner. She was recently separated from her husband after facing a series of disagreements and domestic violence.

Hope explained that the majority of women in StrongMinds Therapy Group feel better and become depression-free after the 12 weeks of Group Interpersonal Psychotherapy. “*I couldn’t believe that just talking would heal my wounds and change my life. I consented to join the group and I set goals, but I doubted that I would ever change,*” Goreth shared. Her three goals for her therapy were: 1. To get a job, 2. To gain happiness, and 3. To restart her small business of raising chickens.

Starting her StrongMinds Therapy Group

Each StrongMinds Therapy Group session began by going around the circle and having each group member share their weekly burden rating, how they have been feeling on a scale on 1-5, which helped those to seek support whenever they felt low. The StrongMinds Mental Health Facilitators, Hope and Christine, led discussions on positive thinking, goal setting, and positive self-talk to help frame the sessions.

For the initial two weeks of sessions, Goreth recalls that all group members, including her, were crying, tired, and helpless. There were no constructive suggestions given and she felt

“Everyone had given up on life.”

Hope encouraged the group to share their problems, trust one another, support one another, try their homework, set new goals, and have hope for the future.

Continued on the next page.

Meet Goreth, From StrongMinds Patient to Mental Health Facilitator (continued)

By the 4th week, Goreth remembers doing her homework before the session - combing her hair. The group members even contributed food for her family. She says her group gave her the hope and courage to try harder and move on. She explained her motivation to improve her life as,

“For the first time I met people who never judged me. They understood my pain, listened, gave me hope, and above all they were genuine trusted friends.”

By the 8th week one group member connected her to a local nonprofit organization and she started volunteering as a community health worker. Her hygiene improved and the house became clean. She could now do laundry, sweep her home and bathe her children. She sent her four children back to school, and began visiting neighbors again and attending community gatherings.

Ending Formal Talk Therapy Sessions

By the 12th week, the formal end of her StrongMinds Therapy Group, she realized the importance of group sharing, mood rating, and trying new skills. She had made friends who showed her genuine care and support. Her functioning improved greatly, she stopped feeling sick, her body aches disappeared, and the shame ended. As she explained it,

“I gained my dignity and value.”

She was selected as a Village Health Educator and helped women and children who were suffering from malaria, diarrhea, fever, cough, and flu. Finally, she gained the courage to complete her third goal and she restarted her small income generating activity of poultry raising.

Goreth’s StrongMinds Therapy Group continues

to meet. The members even created a micro-finance savings scheme to assist one another and invited others to join the group. For the past two years, the members were able to split two million Ugandan shillings (just over \$500) at the end of the year from all the money collected.

Running Her Own Peer Therapy Groups

In January 2015, Goreth was selected as a Peer Facilitator to support other women in the community who had depression. She was trained in basic counseling skills, group dynamics, suicide risk signs, relationship building and Group Interpersonal Psychotherapy. In a year and a half, Goreth ran seven Peer Therapy Groups with a total of 75 group members on a volunteer basis. ***“I served with passion having understood well the impact of depression and the importance of group therapy,”*** Goreth shared.

Becoming a Mental Health Facilitator

In July of 2016, Goreth accepted a position as a Mental Health Facilitator for StrongMinds Uganda. Since then she has treated more than 400 patients.

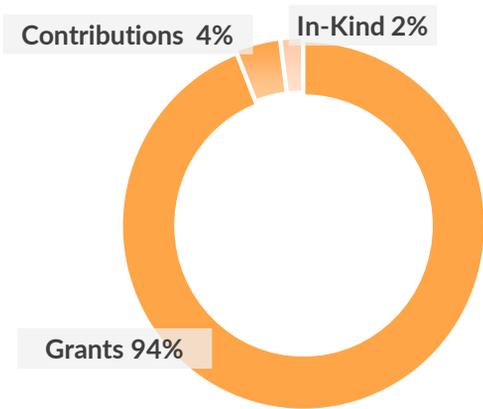
The cycle continues as Goreth trained Joyce, one of the women from her Peer Therapy Group, to become a Peer Facilitator to run her own groups. Joyce formed her own Peer Therapy Group with Goreth’s assistance in early November 2016 with 13 group members.

Goreth’s story continues and her impact is compounding. Now as a Mental Health Facilitator, she often runs community meetings to raise awareness of depression and shares these words

“Depression is treatable. I encourage women to seek support in a StrongMinds Therapy Group, and then those who feel better to treat others as a Peer Facilitator.”



Financial Reports

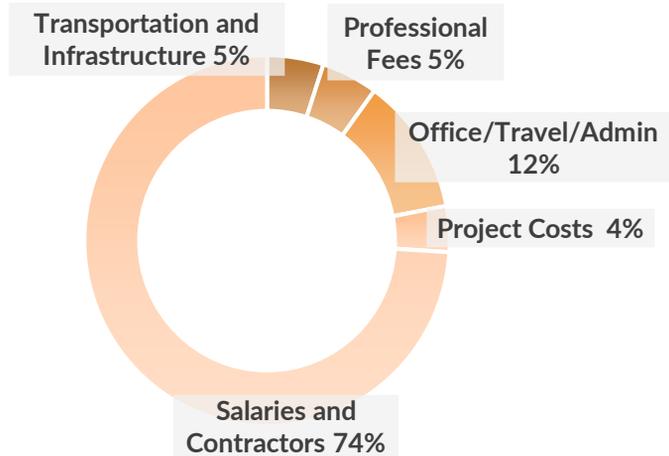


Revenue & Support

| | |
|-------------------|------------------|
| Grants | \$871,247 |
| Contributions | \$39,464 |
| In-Kind Donations | \$21,198 |
| Total | \$931,909 |

Expenses

| | |
|------------------|--------------------|
| Program | \$877,927 |
| Managerial/Admin | \$183,764 |
| Fundraising | \$110,824 |
| Total | \$1,172,515 |



Statement of Financial Position

Assets

| | |
|------------------------|------------------|
| Cash | \$510,538 |
| Prepaid Expenses | \$2,905 |
| Other Assets | \$1,050 |
| Property and Equipment | \$21,910 |
| Total Assets | \$536,403 |

Total Liabilities

\$12,840

Net Assets

| | |
|-----------------------------|------------------|
| Unrestricted Assets | \$409,230 |
| Temp. Restricted Net Assets | \$33,333 |
| Total Net Assets | \$536,403 |



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Uganda Board of Directors

- **Mr. Medi Ssenooba, Chairperson**, Program Officer for Africa (Ghana and Uganda) for the Disability Rights Fund and the Disability Rights Advocacy Fund
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- **Dr. William Kibaalya**, Executive Director, StrongMinds Uganda
- **Ms. Mariam Lutakame**, Independent Financial Management Consultant
- **Mr. Sean Mayberry**, Founder and Executive Director, StrongMinds USA
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- **Dr. Hasfa Sentongo**, Deputy Director Mental Health, Uganda Ministry of Health

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- **Ms. Molly Knight-Raskin**, Special foreign correspondent for PBS NewsHour
- **Ms. Nina Okagbue**, the Coordinator of the Pan African Masters Consortium of Interpretation and Translation (PAMCIT) at the United Nations office in Nairobi
- **Mr. Dana Ward**, Chief of Party of the Sanitation Service Delivery Program and Country Representative for Ghana with Population Services International



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Thank you to the Ugandan Ministry of Health for their continued support and partnership.



THE REPUBLIC OF UGANDA
MINISTRY OF HEALTH



Join Our Supporters

Over the next three years, as StrongMinds continues to scale its innovative group talk therapy programs from reaching close to 10,000 in the first three years to reaching over 100,000 women suffering from depression in Africa, we need your help to make this ambitious goal.

Thank you – on behalf of the women and their families for enabling these women and their families to lead healthy, productive, and satisfying lives.



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