Every school-age student in Uganda now has access to mental health services, thanks to a new policy adopted by Uganda’s Ministry of Education and Sport, in collaboration with StrongMinds. This victory follows an advocacy campaign by StrongMinds’ adolescent clients, culminating in a presentation to Ministry and Parliament officials.

Climate-related disasters and disease outbreaks are increasingly taking a toll on the mental health of people in Africa. StrongMinds is meeting the need, delivering high-quality mental health treatment to those impacted by catastrophe.

StrongMinds America is finalizing two exciting new partnerships with New Jersey-based organizations that will help us reach thousands of young people with depression across the state.

StrongMinds treats depression using Group Interpersonal Psychotherapy (IPT-G), a simple, proven and cost-efficient community-based model that focuses on interpersonal communication as the root of—and source of recovery from—depression. IPT-G was first tested in Uganda by Johns Hopkins University in a randomized controlled trial in 2002 using lay community workers with only a high school education; it was found to be successful.
**METRICS**

**CLIENTS TREATED PER YEAR**

*2022 GOAL: 80,000*

2022 ACTUAL: 66,852 ✔

*Revised upward from 65,400

- Clients treated directly by StrongMinds
- Clients treated through partners

**COST-PER-PATIENT**

*2022 GOAL: $105*

2022 ACTUAL: $80 ✔

*Our pivot to teletherapy in response to COVID-19 resulted in start-up expenses that increased our per-patient delivery costs.

**REDUCTION IN DEPRESSION SYMPTOMS**

*(Average across all programs)*

**PHQ-9 SCALE**

- Severe Depression
- Moderate-Severe Depression
- Moderate Depression
- Mild Depression
- Minimal Depression

<table>
<thead>
<tr>
<th>Depression Score</th>
<th>Pre-Therapy</th>
<th>Post-Therapy</th>
</tr>
</thead>
<tbody>
<tr>
<td>20-27</td>
<td>44%</td>
<td>20%</td>
</tr>
<tr>
<td>15-19</td>
<td>42%</td>
<td>77%</td>
</tr>
<tr>
<td>10-14</td>
<td>13%</td>
<td></td>
</tr>
<tr>
<td>5-9</td>
<td>1%</td>
<td></td>
</tr>
<tr>
<td>0-4</td>
<td>1%</td>
<td></td>
</tr>
</tbody>
</table>

**Therapy delivery method**

<table>
<thead>
<tr>
<th></th>
<th>Goal***</th>
<th>Actual</th>
<th>% Depression-Free****</th>
</tr>
</thead>
<tbody>
<tr>
<td>StrongMinds-led</td>
<td>-12 points</td>
<td>-13 points</td>
<td>84%</td>
</tr>
<tr>
<td>Peer-led (Zambia)</td>
<td>-8 points</td>
<td>-11 points</td>
<td>71%</td>
</tr>
<tr>
<td>Gov’t Partner-led (Uganda)</td>
<td>-8 points</td>
<td>-12 points</td>
<td>76%</td>
</tr>
<tr>
<td>NGO Partner-led</td>
<td>-8 points</td>
<td>-11 points</td>
<td>77%</td>
</tr>
</tbody>
</table>

*Results based on most recent therapy cycle
**In Uganda, our Peer-led results are included under “government partner-led” as part of our partnership with the Ministry of Health
***A 4-point drop on the PHQ-9 is considered a clinically significant reduction in depression score in the US
****Depression-free is defined as achieving minimal depression on the PHQ-9
When 16-year-old Gabriele first entered Uganda as a South Sudanese refugee, he never imagined he’d soon be traveling to Kampala to lobby Parliament and Ministry officials for new mental health policies.

Gabriele, who attends school in Uganda’s Palabek refugee settlement, is one of nearly 12,000 adolescents in Africa who have received depression treatment from StrongMinds since 2019. Our school-based therapy model involves training teachers to run therapy groups for their learners, reducing depression rates, and creating a more positive learning environment for all.

Building on this success, StrongMinds Uganda is advocating for new country-level adolescent mental healthcare policies. Between April and August of 2022, we identified and trained learners and female teachers from five districts around the country to serve as mental health advocates. All had experienced StrongMinds therapy as group members or leaders. After a period of fact-finding at their respective schools and communities, the advocates discovered that:

- Schools did not prioritize the mental health of learners and teachers, resulting in harmful coping mechanisms such as substance abuse and risky sexual behaviors.
- Institutions lacked safe spaces for children with mental health challenges.
- Persistent stigma indicated that a school-wide approach was needed.

The advocates then traveled to Kampala to submit their findings along with a petition to the Ministry of Education and Sports (MoES) and Members of Parliament calling for the prioritization of mental health in schools, inclusion of talk therapy in the national school curriculum, and increased funding for adolescent mental health. In addition to their lobbying efforts, Gabriele and his peers wrote a skit about the impact of depression on school life that they performed for Ministers on World Teacher’s Day. While the subject matter was difficult, the learners had fun. “I played the school headmaster,” Gabriele says with a mischievous smile.

Their work paid off. In September, the MoES issued a directive to all schools to prioritize learners’ mental health. The guidelines require that schools provide at least one hour of basic counseling and psychosocial support each week, allocate a minimum of 1% of their funding to mental health services, and partner with local providers (citing StrongMinds as a resource) to create a referral network.

The Parliamentary Committee on Health and Education moved to increase funding for mental healthcare. Officials also joined StrongMinds on fact-finding missions across the country to assess the mental health situation in schools. StrongMinds will continue to expand its advocacy work in Uganda in 2023, with the goal of signing an MOU with the MoES to ensure the timely roll-out and oversight of these policies.

“Mental health is a shared responsibility,” says Charlotte Oloya, Head of Advocacy for StrongMind Uganda. “We each must do our part to help raise awareness, not just for the students, but for the teachers, too.”
StrongMinds America continues to seek out and collaborate with partners in Newark, New Jersey to close the mental health treatment gap for BIPOC youth. Recently, we expanded outreach into BIPOC individuals from 16-30 years of age in Essex, Union, Bergen, Passaic, and Hudson counties.

**PARTNERSHIPS IN THE WORKS**

We are pleased to announce our collaboration with Newark Opportunity Youth Network (NOYN). NOYN works with community partners to provide education, workforce development, advocacy, and systems building to Opportunity Youth. The phrase “Opportunity Youth” refers to young people between the ages of 16 and 24 who are not in school and or participating in the labor force. For years, these young people have been defined as at-risk, dropouts, disconnected, or delinquent. There are over 100,000 Opportunity Youth in New Jersey and over 17,000 are living in Essex County. This SMA-NOYN partnership will significantly increase mental health services offered to the young adults who attend NOYN programs.

We began engaging with our first adolescents with depression at the NOYN-affiliated LEAD Charter School in September. These will be StrongMinds’ very first group therapy clients in the United States, so this is an important milestone. Our goal is to provide group talk therapy to 100 young people with depression by the end of the year, with another 200 in the pipeline (screened positive for depression) for treatment in early 2023.

New Hope Baptist Church, one of the largest faith-based organizations in Newark, has agreed to partner with SMA. We hope this partnership will provide an opportunity to bring depression treatment to a largely underserved community impacted by stigma and lack of available quality services.

**OUR TEAM IS GROWING**

Dr. Deshaunta Johnson joined StrongMinds America as a Clinical Mental Health Advisor for Crisis. Dr Johnson has been a longtime advisor to the StrongMinds program in Africa and will serve as a consultant in this role, with a particular emphasis on crisis protocol.

And finally, we have completed our new website! Check us out at www.strongmindsamerica.org.
RESPONDING TO CLIMATE DISASTERS AND DISEASE OUTBREAKS

Climate-related environmental disasters and infectious disease outbreaks are increasingly affecting mental health in Africa. Safety concerns and loss of life, property, or livelihoods can trigger or worsen mental health disorders in the aftermath of a catastrophe. Uganda has been particularly hard-hit recently, and StrongMinds is providing much-needed mental health support in affected regions.

In July, the district of Mbale in eastern Uganda experienced historic flooding. Downpours caused several riverbanks to burst, killing 29 people and destroying hundreds of homes. Several StrongMinds current and former clients suffered devastating losses. But, thanks to our rapidly expanding presence in Mbale, they could lean on their therapy groups for emotional support. StrongMinds’ excellent reputation as an accessible mental health resource in the region ensures that others who may yet need help can find us easily.

In the remote, semi-arid Karamoja region in northeastern Uganda, livelihoods depend on cattle herding and subsistence farming. Two seasons of drought-induced crop failures and a dramatic increase in organized cattle raids by criminal gangs have left more than half a million people facing critical food insecurity. The resulting trauma and loss of life have generated profound mental health challenges for the community. StrongMinds is working with the Ministry of Health to provide ongoing mental health support to meet this acute need.

In September, a hailstorm destroyed almost all the crops in Kihanda sub-county, a predominantly agrarian community. It was the first hailstorm to hit the region in living memory. With the harvest lost, families are struggling to eat, afford school fees, and pay off the loans they took out against their expected profits. Depression is on the rise, resulting in increased alcohol abuse and gender-based violence. StrongMinds is working through our partner InPACT (Innovation Program for Community Transformation) to provide women in the region with essential mental health support during this time of critical need.

Also in September, an ebola outbreak in Uganda caused deep concern for health and safety. Some districts went into lockdown to contain the spread of the disease, adding financial stressors to a population still recovering from two years of COVID-19 lockdowns. In response, StrongMinds worked with the Ministry of Health to produce a series of radio spots and social posts for the affected regions. The ads encouraged anyone experiencing emotional distress to reach out to StrongMinds. Nearly 2800 people called into our helpline as a result, with about 10% going on to enroll in therapy groups.

StrongMinds remains committed to meeting the mental health challenges resulting from sustained environmental stressors, extreme weather events, and disease outbreaks. Our adaptive, flexible therapy-delivery model and network of partners allows us to mobilize and offer therapy to anyone who needs it.
COMMUNICATIONS & MARKETING
Q3 MEDIA COVERAGE

World Economic Forum, September 23, 2022
Why we should invest in mental health in Africa

EARadio Exclusive, August 31, 2022
Could treating depression be a top intervention?

BBC People Fixing the World, July 12, 2022
The Power of Group Therapy

OECD Forum Network Blog, July 11, 2022
Why Does Mental Health in Africa Matter?

FINANCE
We have completed all 2021 audits without findings.
View our audited financial statements.
View our latest quarterly financial statements.

GLOSSARY OF KEY TERMS
STG: StrongMinds-led Therapy Group
PTG: Peer-led Therapy Group (led by volunteer former clients)
MHF: Mental Health Facilitator
IPT-G: Group Interpersonal Psychotherapy
MOH: Ministry of Health
PHQ-9: Patient Health Questionnaire (for depression)
GAD-7: Generalized Anxiety Disorder Scale

COMMUNICATIONS, FINANCE & FUNDRAISING

CONTRIBUTIONS & EXPENSES

TOTAL FUNDS RAISED
2022 GOAL: $7.5 MILLION

$4,739,000 $6,301,739 $7,252,778 $8,021,826
2019 2020 2021 (Actual)

2022
$7,500,000 (Goal)

$7,252,778

As of the end of Q3, we have exceeded our fundraising goal for the year!

Budgeted (annual) Actual (year-to-date)

2021 YTD Q3

2022 YTD Q3

$4,722,543

$5,724,273

$6,797,080

$7,867,260

$4,722,543

$5,724,273

$6,797,080

$7,867,260