

Q2 APR
MAY
JUN

2022 REPORT

STRONGMINDS[®]

Ending the depression epidemic in Africa



Women listening to their group facilitator during a therapy session in Uganda.

QUARTER HIGHLIGHTS

- This year, we are poised to exceed our goal for the number of women and adolescents we will treat for depression by nearly 15,000. Innovations and partnerships are driving this growth, in line with our scaling strategy.
- StrongMinds was prominently featured in the World Health Organization's new World Mental Health Report as an exemplar of innovation in the global mental health space.
- StrongMinds has expanded services to Kenya. In partnership with the NGO Triggerise, we are integrating mental health into their sexual and reproductive health programming for adolescent girls and young women in Mombasa. This is our first partnership-led entry into a new African country.
- Our new mental health initiative in Newark, New Jersey, is now called StrongMinds America. Therapy groups will begin running in the third quarter of 2022.

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.

TOTAL CLIENTS TREATED TO DATE: 161,859

✔ Met target
 🕒 In progress
 ✘ Did not meet target

METRICS

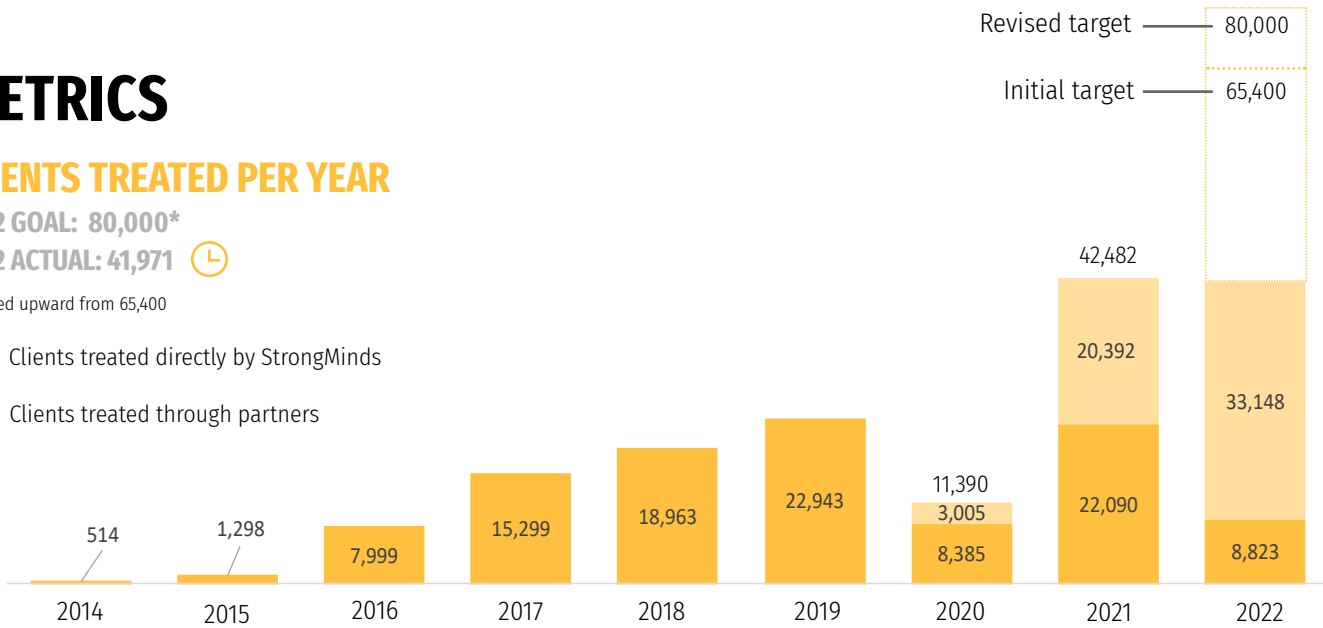
CLIENTS TREATED PER YEAR

2022 GOAL: 80,000*

2022 ACTUAL: 41,971 🕒

*revised upward from 65,400

- Clients treated directly by StrongMinds
- Clients treated through partners

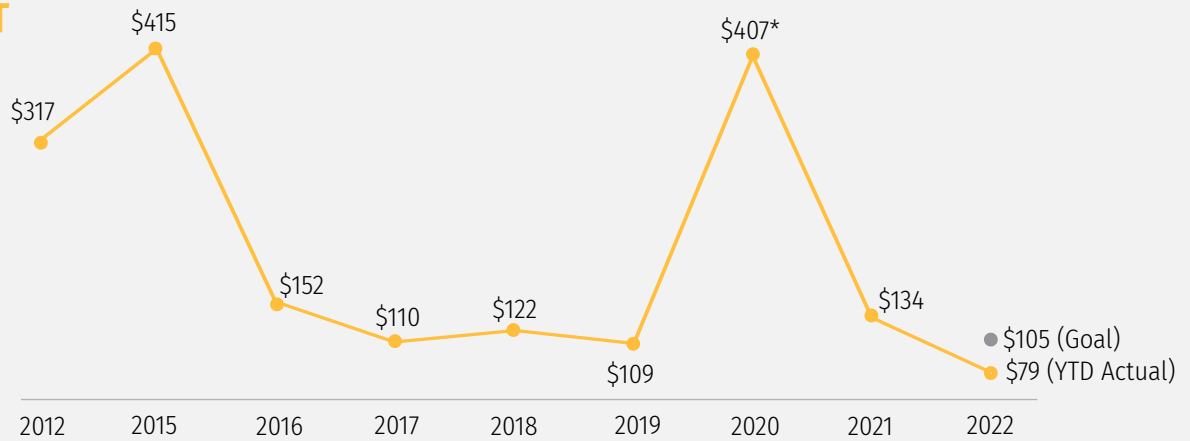


COST-PER-PATIENT

2022 GOAL: \$105

2022 ACTUAL: \$79 ✔

*Our COVID-19 response resulted in expenses that increased our per-patient delivery costs.

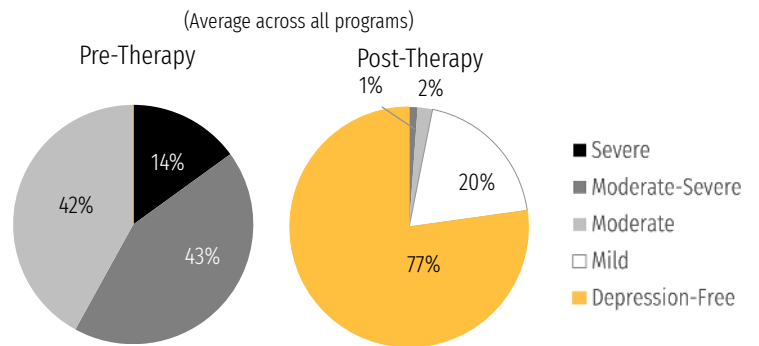


REDUCTION IN DEPRESSION SYMPTOMS* ✔

PHQ-9 SCALE



Depression Score



Therapy delivery method	Goal**	Actual	% Depression-Free***
StrongMinds-led	-12 points	-13 points	87%
Peer-led	-8 points	-12 points	75%
Partner-led	-8 points	-13 points	82%

*Results based on most recent therapy cycle

**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



IMPACT & DELIVERY

We are exceeding our patient targets for 2022, thanks to our hard-working teams of community-based therapy group facilitators.

Exceeding our Annual Goal for Patients Treated

We are on track to exceed our initial goal of treating 65,400 people with depression this year, prompting us to revise our annual target up to 80,000. By the end of Q2, we had already served 41,971 clients, 79% of whom were treated through government partnerships and volunteer Peer Facilitators, two innovations proving overwhelmingly successful in helping us achieve sustainability and scale.

In Uganda, our government partnerships center around Village Health Teams (VHT). These are groups of volunteer community health workers who liaise with the Ministry of Health, local governments, and health centers to connect their neighbors with health information and services. StrongMinds now works with over 1,000 VHTs to run therapy groups across Uganda, supervised by StrongMinds staff. Many of our former Peer Facilitators now serve as VHT staff, leveraging their experience as StrongMinds volunteers to continue serving their communities in these highly respected positions.

In the first six months of the year, we treated 9,486 clients in Zambia, nearly meeting our annual goal

of 10,000 for the country. This achievement is the result of innovations that have spurred the rapid expansion of our Peer Therapy Program. Previously, our Peer Facilitators would run therapy groups in the same communities as StrongMinds staff for several years. Now, when StrongMinds staff members enter a new compound (neighborhood) in Lusaka, they mobilize and treat clients for only 2-3 therapy cycles. As groups conclude, we identify participants to train as Peer Facilitators. Once these Peer Facilitators begin running therapy groups on their own, our staff can move on to other high-density urban areas of Lusaka, where the cycle repeats.

Over half of our clients in Zambia have been treated by Peer Facilitators, with depression-free rates that match or exceed results seen from staff-led therapy groups (as measured by clients' PHQ-9 scores). We attribute their remarkable success to the speed with which they establish trust and rapport with their clients. We continue to study and learn from our Peer Therapy model as it evolves.

We recently kicked off our partnership with Triggerise to provide mental health support to adolescent girls and young women in Mombasa, Kenya.



ORGANIZATIONAL DEVELOPMENT

A NEW PARTNERSHIP IN KENYA

StrongMinds has partnered with Triggerise, a Netherlands-based NGO, to provide mental healthcare to adolescent girls and young women in Mombasa, Kenya.

Triggerise, which operates in 10 countries in sub-Saharan Africa and India, uses technology and behavior change science to motivate young women and adolescent girls to access health products and services through personalized nudges and incentives. Working with local community-based organizations (CBO) and businesses, Triggerise creates an “ecosystem” of health-related products and services that women and girls can easily obtain. StrongMinds will help build capacity within Triggerise’s Mombasa network of CBOs to provide mental health services to constituents living with—or at risk of contracting—HIV.

The partnership kicked off in June of 2022, with one of our lead Mental Health Supervisors traveling to Kenya to conduct Group Interpersonal Psychotherapy (IPT-G) training for CBO staff. Over a period of seven months, we hope to provide the necessary training and technical support to build full capacity within Triggerise and its partners to treat depression. We expect to surpass our goal of treating 140 clients in the first therapy cycle, thanks to the enthusiasm and hard work of the CBO staff who have received our training to date.

STRONGMINDS AMERICA

Our expansion into the United States is continuing apace, with exciting new developments to report:

First, we are thrilled to announce that our presence in the US has a new name: StrongMinds America. Check out our new website at strongmindsamerica.org!

This spring, we conducted a series of focus groups among BIPOC young people in the Newark area to understand their mental health needs, perceptions, and preferences for treatment. This research yielded important findings that now inform our US strategy.

We recently onboarded two new staff members. **De’Jon Bui** serves as our mental health program manager, in charge of program development. **Terri Hunter**, a licensed professional counselor, serves as our clinician. Terri and De’Jon bring to StrongMinds extensive experience working in mental health in the greater Newark-New York area.

In June, Dr. Rosco Kasujja, StrongMinds’ Director of Innovation and a recognized IPT-G expert, traveled from Uganda to the United States to train our StrongMinds America team on IPT-G delivery. We are now positioned to offer transformative mental health support to young people in Newark, starting in the 3rd quarter of 2022.

World mental health report

Transforming mental health for all



World Health Organization

KEY LEARNINGS

StrongMinds is at the forefront of innovation in the global mental health space.

WHO Highlights StrongMinds in new World Mental Health Report

StrongMinds was featured in the World Health Organization's (WHO) newly released [World Mental Health Report: Transforming Mental Health for All](#). This 274-page report highlights StrongMinds' community-based approach to depression treatment as an example of the innovations needed to tackle the global mental health crisis.

The WHO also calls for rapid innovation in a number of key areas in which StrongMinds is already working:

1. Creating early intervention mental health programs in schools.
2. Training lay community health workers and volunteers to provide mental health support.
3. Amplifying the voices of people who have lived experience with mental health conditions.
4. Adopting technology solutions to serve people who cannot easily access in-person care.
5. Integrating mental healthcare into other development initiatives, such as those focusing on infectious diseases, poverty alleviation, and gender-based violence.

We are thrilled to have our depression treatment model validated by the WHO in this important global report.

CASE STUDY

BOX 7.4
Lay mental health care workers treat depression in Uganda and Zambia

In Uganda and Zambia, the social enterprise StrongMinds trains lay workers and volunteers in a culturally adapted and locally validated format of interpersonal therapy, and deploys them to treat depression in women and adolescents.

The lay therapists help group participants identify their depression triggers (prolonged bereavement, disputes, loneliness or social isolation and changes in one's life) and design strategies to overcome these. Groups, typically of 12 participants, meet in their local communities for eight or more sessions. Since depression can recur, the skills acquired through therapy have both an immediate and long-term preventive impact.

The organization identifies clients through a mobilization process that includes psychoeducation and outreach in partnership with community leaders, schools, partner nongovernmental organizations, and government counterparts. The organization also runs public education campaigns via radio and social media.

Over the past eight years, the programme has treated more than 100 000 people. As assessed by the PHQ-9 depression screening tool, more than 80% of individuals treated recover, and the results are sustained six months after treatment. People who have completed therapy report a 10% increase in work attendance, a 28% increase in being socially connected, a 13% increase in families eating regular meals, and a 30% increase in school attendance among their children.

StrongMinds is now scaling up by partnering with governments and nongovernmental organizations, to integrate its mental health intervention into existing livelihood, food security, health, and education programmes.



Sources: StrongMinds, 2021 (488); Bolton et al., 2013 (460).

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See our case study on page 206.

As of June 2022, we are on track to reach our annual fundraising goal.



COMMUNICATIONS, FINANCE & FUNDRAISING

COMMUNICATIONS & MARKETING

Q2 MEDIA COVERAGE

JAMA Network, June 17, 2022
[WHO: Pandemic Sparked a Push for Global Mental Health Transformation](#)

Daily Monitor, May 30, 2022
[The Role of Counselling in Mental Health](#)

The Harvard Crimson, May 10, 2022
[Therapize Me?](#)

Velo News, April 1, 2022
[Jack 'UltraCyclist' Thompson is on a Quest to Ride 1,000,000 Vertical Meters in 2022](#)

FINANCE

We have completed all 2021 audits without findings.

View our [audited financial statements](#).

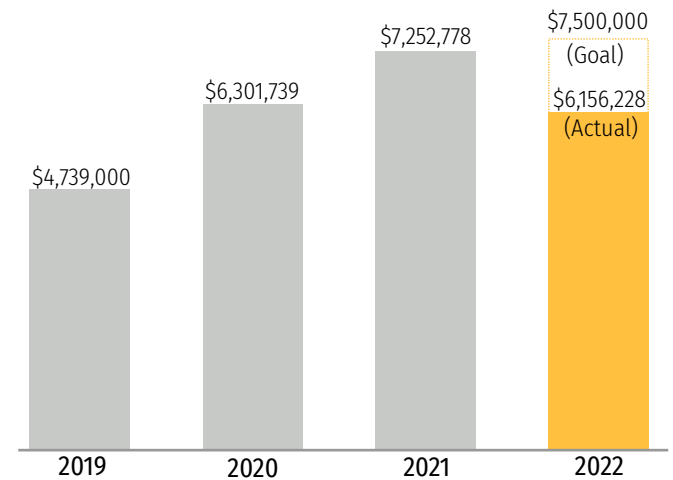
View our [latest quarterly financial statements](#).

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

TOTAL FUNDS RAISED

2022 GOAL: \$7.5 MILLION



CONTRIBUTIONS & EXPENSES

