As StrongMinds celebrates its tenth year of treating depression in Africa, we are growing more rapidly than ever. We will meet or exceed our projection of 165,000 clients treated in 2023.

In Uganda, StrongMinds has expanded to Kanungu district. In partnership with the NGO InPact, we are providing depression treatment in communities and schools, reaching members of the Batwa tribe, a historically marginalized and underserved indigenous group.

Innovative new financial tools are dramatically improving our cost efficiency, providing granular insights into cost drivers associated with different therapy delivery models.

To address persistent stigma around mental health concerns, StrongMinds America is launching a new mentorship program to provide peer-based psychoeducation in schools and youth community spaces.

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.
**METRICS**

- Met target
- In progress
- Did not meet target

**TOTAL CLIENTS TREATED TO DATE:** 300,714

**CLIENTS TREATED PER YEAR**

- **2023 GOAL:** 165,000
- **2023 ACTUAL:** 72,355

Clients treated by StrongMinds staff and peer facilitators

- **2014:** 514
- **2015:** 1,298
- **2016:** 7,999
- **2017:** 15,299
- **2018:** 18,963
- **2019:** 22,943
- **2020:** 11,390
- **2021:** 8,385
- **2022:** 22,090
- **2023:** 12,629

Clients treated through NGO and gov’t partners

- **2014:** 42
- **2015:** 105
- **2016:** 1,162
- **2017:** 2,574
- **2018:** 3,005
- **2019:** 20,392
- **2020:** 94,842
- **2021:** 53,462
- **2022:** 72,355
- **2023:** 165,000

**COST-PER-PATIENT**

- **2023 GOAL:** $64
- **2023 ACTUAL:** $59

*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**

PRE- THERAPY DEPRESSION SCORES

- 39% Moderate
- 12% Severe
- 49% Moderate - Severe

ESTIMATED POST- THERAPY DEPRESSION SCORES

- 76% Depression-free
- 24% Other

**PHQ-9 SCALE**

- **Severe Depression:** 20-27
- **Moderate-Severe:** 15-19
- **Moderate Depression:** 10-14
- **Mild Depression:** 5-9
- **Minimal Depression:** 0-4

**THERAPY DELIVERY METHOD**

<table>
<thead>
<tr>
<th><strong>THERAPY DELIVERY METHOD</strong></th>
<th><strong>DEPRESSION SCORE CHANGE</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><strong>TARGET</strong></td>
</tr>
<tr>
<td>StrongMinds Staff</td>
<td>-12 points</td>
</tr>
<tr>
<td>NGO Partners</td>
<td>- 8 points</td>
</tr>
<tr>
<td>Government Partners</td>
<td>- 8 points</td>
</tr>
<tr>
<td>Peer Facilitators</td>
<td>- 8 points</td>
</tr>
</tbody>
</table>

*Pending verification

**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**
INDIGENOUS MENTAL HEALTH
Reaching members of Uganda’s Batwa Tribe

Indigenous peoples can experience disproportionately high rates of mental health disorders resulting from historical trauma and oppression.

In Uganda, StrongMinds is now working in Kanungu, a district in western Uganda that borders the Democratic Republic of Congo. The region is home to members of the Batwa tribe, one of Africa’s oldest surviving indigenous groups. Displaced from their ancestral lands, the Batwa now live on the margins of agricultural communities, facing persistent stigma and discrimination. StrongMinds and its partner, InPact, are working in communities and schools across the district to provide depression treatment to adults and adolescents, including members of the Batwa tribe.

Jean (16) fell into depression after the deaths of his parents and older brother. Left as the sole provider for his five younger siblings and grandmother, Jean often skipped school to hunt and forage for food. At night, he was haunted by nightmares and insomnia. On days he attended school, he was isolated and withdrawn.

A teacher noticed Jean’s struggles and referred him to StrongMinds. He was soon diagnosed with severe depression and enrolled in one of our therapy groups.

As he moved through the stages of group therapy, Jean learned how to process his grief and identify strategies to cope with his challenges. His nightmares ceased, and he began sleeping better. With the encouragement of his therapy group, Jean reached out to his fellow Batwa community members, who offered support to him and his siblings. Today, thanks to his experience with group therapy, Jean feels less isolated and can focus on his future, knowing he has a network of peers to turn to for support.

StrongMinds is proud to have a network of partnerships that extends our depression treatment program to some of Uganda’s most underserved communities.

FRONTLINE HEALTHCARE
Scaling through Zambia’s Ministry of Health

Our pilot with Zambia’s Ministry of Health (MoH) launched successfully in early 2023, and volunteer frontline health workers known as Community Health Workers (CHWs) are now leading therapy groups in health centers in the Central Province of Zambia.

A team of 26 CHWs have completed two therapy cycles at our three initial project sites, treating 1,808 individuals to date. These pilot groups were notable for their strong levels of engagement and high attendance rates.

To build a sustainable support structure within the MoH we provided supervisors of the CHW program with IPT-G supervisor training, equipping them with the skills to support and oversee CHWs leading therapy groups on a day-to-day basis.

The initial phase of this pilot has shown that our group therapy model is effective and scalable through Zambian government programs.
GLOBAL ADVOCACY FOR MENTAL HEALTH

Putting Africa’s mental health crisis on the global agenda

StrongMinds is advancing global access to mental healthcare by sharing our key learnings with advocates and stakeholders at high-level meetings worldwide.

At the Global Mental Health Action Network 2023 (GMHAN) Annual Meeting in Cape Town, Charlotte Oloya, our Head of Communications, Partnerships and Advocacy in Uganda, shared her experience promoting multi-sectoral engagement with mental healthcare. Rasa Dawson, Chief Development & Communications Officer, presented on a panel on “Driving Change with Communications,” showing how data-driven storytelling can convey the full impact of depression treatment on well-being.

At the 2023 Women Deliver conference in Kigali, Charlotte led a breakout session within the Echidna Education Zone, sharing our work integrating mental healthcare into Uganda’s education system. Frank Harle, Zambia Country Director, participated in the Cartier panel entitled, “Joining the Dots: Breaking Silos for Gender Equality by 2030,” sharing the urgent need to support the mental health of women, families, and communities.

StrongMinds representatives will participate in the Global Ministerial Mental Health Summit in Buenos Aires and the UN General Assembly meetings and side events in the coming months.

STRONGMINDS AMERICA

Outreach and education to address stigma

The shortage of licensed mental healthcare providers and high service costs are prompting many young people to avoid professional care. Where services are available, stigma, distrust, and misinformation surrounding mental healthcare remain formidable barriers to access. Psychoeducation is a crucial tool that can guide young people with mental health concerns toward professional help.

To meet this need, StrongMinds America is working with partners to launch awareness-building and educational activities and campaigns on college and high school campuses and with community-based organizations. Our new program recruits and trains young people (high school juniors and seniors, or college students) to provide psychoeducation to their peers and to serve as mental health advocates in schools and community spaces.

Psychoeducation is the key to challenging the stigma and distrust that might prevent youth from seeking our group counseling services. In the mental health space, psychoeducation can be a life-saving intervention.
KEY LEARNINGS

StrongMinds continues to improve cost-efficiency, ensuring we maximize the impact of donor investments.

MAXIMIZING DONOR INVESTMENT

New financial instruments are improving cost-efficiency, helping us scale faster

Each year, StrongMinds sets aggressive targets to increase the cost-effectiveness of our depression treatment model. We use the term “cost-per-patient” (CPP) as our primary indicator of cost-efficiency. The CPP is determined by dividing our total clients treated by our total operating costs, revealing how much it costs to treat depression in one individual in Africa. In 2015, in our start-up phase, we treated about 1300 clients at $415 per client. By the end of 2023, we will have treated 165,000 individuals with depression at less than $64 per person, while maintaining consistent quality of care for our clients. Now, we have added a variety of new financial metrics to conduct a more granular analysis of cost drivers, revealing opportunities to improve cost-effectiveness.

Previously, StrongMinds had bundled expenses according to population (adolescents, adult women) and therapy delivery channel (staff, peers, government volunteers, NGO partners, teletherapy). Last year, we determined that the latter was a more accurate indicator of costs.

Further analysis revealed that the average cost-per-patient for teletherapy was three times higher than any other delivery channel. This is due to the relatively smaller group size required for teletherapy, the need to mobilize via radio ads, and expenses related to teleconferencing. In other words, for every person we mobilize, treat, and evaluate via teletherapy, we can serve three people via in-person therapy.

We have therefore decided to pause teletherapy as a StrongMinds offering, reverting the program to our Innovations Lab for further exploration and refinement.

With our new financial metrics in place, we can examine other cost drivers and categories of expenses more carefully, comparing them between districts, countries, and delivery channels and sharing best practices between departments. The goal, as ever, is to maximize the impact of each donor dollar invested, ensuring we reach as many depression sufferers as possible.
COMMUNICATIONS & MARKETING

Q2 MEDIA COVERAGE

Destigmatizing Mental Illness is Essential to Improve Mental Health in Developing Countries and Everywhere

Charity Talks Podcast, May 2023
StrongMinds

Alliance Magazine, April 7, 2023
Calibrating philanthropic and charitable giving to mental health

FINANCE

We have completed all 2022 audits without findings.

View our audited tax returns (990s).

View our latest quarterly financial statements.

GLOSSARY OF KEY TERMS

IPT-G: Group Interpersonal Psychotherapy
MOH: Ministry of Health
PHQ-9: Patient Health Questionnaire (for depression)
Peer Facilitator: Former client who is trained to lead therapy groups in their community

TOTAL FUNDS RAISED

GOAL: $10.5 MILLION
ACTUAL: $6.35 MILLION

CONTRIBUTIONS & EXPENSES

2022 YTD Q2
2023 YTD Q2

Contributions
Expenses
Contributions
Expenses

$7,500,000
$4,134,838
$7,867,260
$3,305,849

$10,500,000
$4,242,680
$10,507,000
$4,779,158

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