

Q2 APR
MAY
JUN

2021 REPORT

STRONGMINDS[®]

Ending the depression epidemic in Africa



Our staff and clients continue to demonstrate resilience during these difficult times.

QUARTER HIGHLIGHTS

- Despite ongoing pandemic conditions, we have treated depression in nearly 16,000 individuals in Africa in the first half of the year, putting us on track to reach our goal of 38,5000 people treated in 2021.
- For the first time in our history, StrongMinds has treated depression in a third African country, piloting remote teletherapy services in Malawi.
- A new qualitative report based on in-depth interviews with former clients gives us fresh new insights into their experiences of our therapy programs, in their own words.

**StrongMinds uses Group Interpersonal Psychotherapy (IPT-G), a simple, proven and cost-efficient community-based model to treat depression that focuses on relationships among group members. IPT-G was first tested in Uganda by Johns Hopkins University (JHU) in a randomized controlled trial in 2002 using lay community workers with only a high school education; it was found to be successful.*

METRICS TO DATE

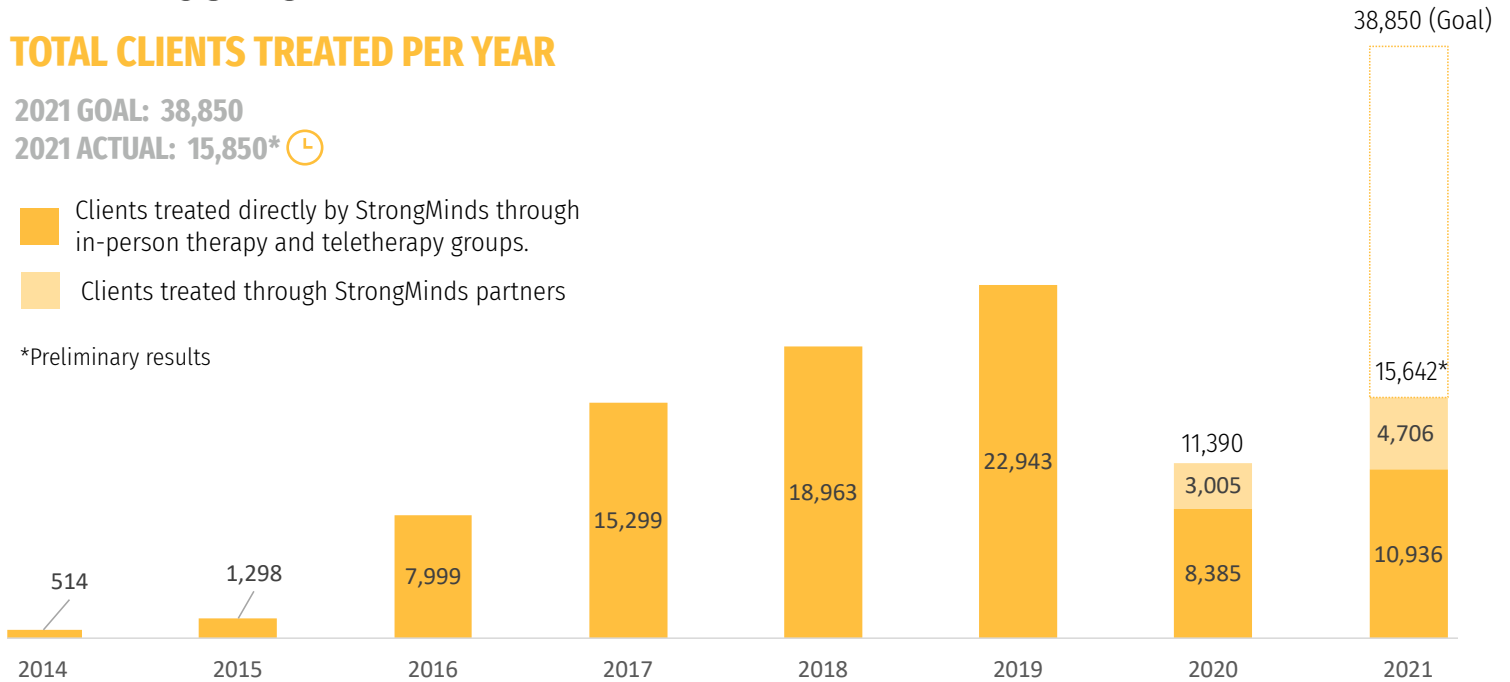
✔ Met target
 ⌚ In progress
 ✘ Did not meet target

TOTAL CLIENTS TREATED PER YEAR

2021 GOAL: 38,850
2021 ACTUAL: 15,850* ⌚

- Clients treated directly by StrongMinds through in-person therapy and teletherapy groups.
- Clients treated through StrongMinds partners

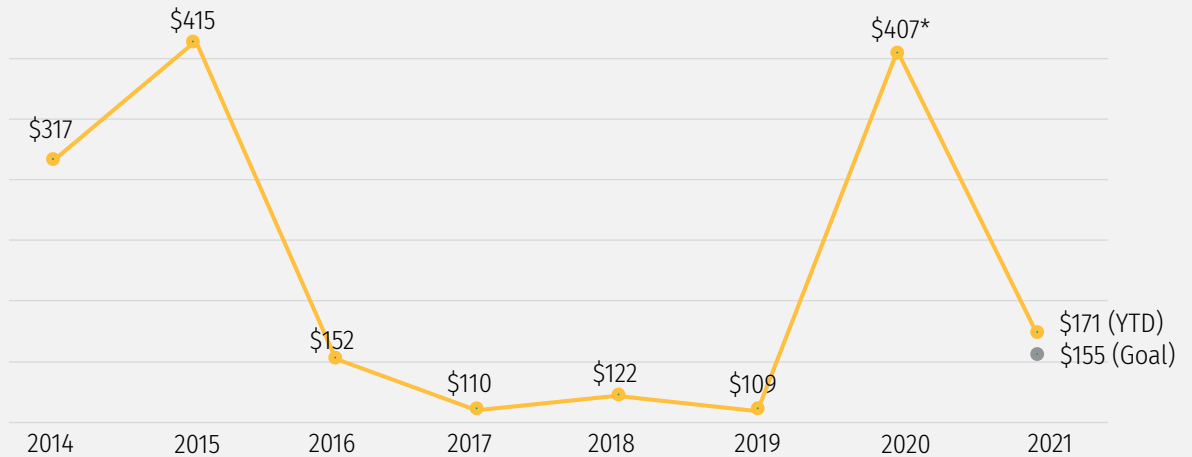
*Preliminary results



COST-PER-PATIENT

2021 GOAL: \$155
2021 ACTUAL: \$171 ⌚

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

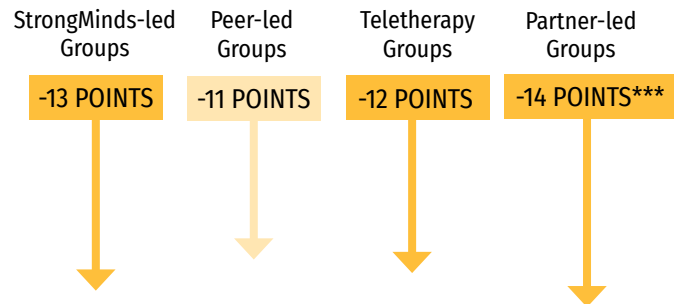
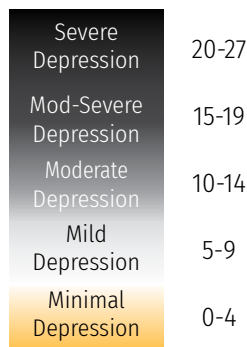


AVERAGE REDUCTION IN DEPRESSION SCORE*

2021 GOALS:**

- StrongMinds-led therapy groups: -12 points ✔
- Peer-led therapy groups: -10 points ✔
- Teletherapy groups: -5 points ✔
- Partner-led therapy groups: -12 points ✔

PHQ-9 SCALE



* 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 US

*** Preliminary results

Our pilot teletherapy groups in Malawi mark our expansion into a third country of operation.



IMPACT & DELIVERY

EXPANDING TELETHERAPY INTO MALAWI

For the first time in our history, StrongMinds has treated depression in a third African country. We piloted our teletherapy services in Malawi, running two therapy groups remotely from Zambia.

We selected Malawi to test cross-border teletherapy because it borders Zambia and the two countries share a common history, culture, and language (English and Nyanja/Chichewa). Our Zambian Mental Health Facilitators (MHFs) felt confident they could establish trust and rapport with Malawian groups.

Mobilization

Mobilization consisted of a short-run Facebook ad directed at adult women living in Malawi. Within three days, 31 people signed up through an online form to receive a call-back for a screening. Of those, 14 people completed the official screening, and nine enrolled teletherapy.

Group Dynamics

The participants were divided into two groups, both led by our Senior MHF, Michael Manda. The first group of women resembled a typical teletherapy group in Zambia in terms of demographics, language, and depression triggers.

The second group consisted of Congolese men* who had fled extreme violence and were now living in a refugee camp in Malawi. All were severely depressed, struggling to come to terms with the past while facing an uncertain future. None spoke English or Chichewa/Nyanja.

Michael, who speaks six languages, was able to adapt, running sessions in French and Swahili. He worked diligently to create a safe and welcoming space. “We had to go slowly,” he says. “It is heavy for people to talk about what happened. Each was carrying their own baggage in their hearts. They each had come from the same territory, had the same experiences, and yet did not know what the other person was feeling.”

Bonding over shared experience is one of the most therapeutic aspects of our group therapy model. “Everything happens naturally when you’re in the group,” Michael explains, “It is a game-changer when one person is courageous enough to say, ‘I left home and I don’t know if my family is still alive.’ It helps others say, ‘I’m not alone here!’”

Technical Considerations

Cross-border teletherapy did not present any significant technical challenges. Most participants had Android phones, but data was an issue. Initial calls took place through an international data bundle purchased by StrongMinds, but the groups ultimately switched to WhatsApp for the sessions. The refugee camp had a dependable mobile network, but some participants had to gather around a shared phone for sessions.

While results are forthcoming, this pilot has revealed a need and appetite for depression treatment in Malawi, along with cost-efficient delivery solutions.

**StrongMindss treats depression in some men as as a means of strengthening our presence in new communities in order to serve more women.*



We have implemented new verification systems to ensure the integrity of our data.

ORGANIZATIONAL DEVELOPMENT

ENSURING THE INTEGRITY OF OUR DATA

In several instances in early 2021, our management teams in Uganda and Zambia discovered some anomalies in our client data. Further investigation revealed that 14 of our Mental Health Facilitators across both countries had deliberately misrepresented some of their client data during the previous teletherapy cycle. Fortunately, the data manipulation was discovered early enough that all patient data shared externally this year remains accurate.

This is disappointing behavior by an admittedly significant number of our employees. While their good judgment may have been a casualty of the very stressful past pandemic year, our core values of honest communication and zero tolerance for “funny business” nonetheless have guided our response. We have therefore ended employment for each of these individuals and are working to implement a variety of measures:

1. Increase staffing and supervision for data entry and validation and work to ensure validation exercises are robust, mindful of striking a balance between resources expended and data accuracy.
2. Retrain all staff on teletherapy guidelines, including a) how we define attendance, b) when and how to terminate a group with consistently poor attendance, and c) how to back up their client records.

3. Retrain supervisors on proper oversight of teams, and institute disciplinary action for those supervisors who do not adhere to their duties.
4. Recruit and onboard new Mental Health Facilitators and redistribute teams to rebuild a positive team culture.
5. Ensure that our country Monitoring and Evaluation teams flag inconsistencies and delays in staff data in real-time.
6. Update all staff on the matters that transpired, our response, and emphasize our zero-tolerance policy for data fraud.
7. Continue with the planned development of StrongMinds’ DataHub as reported last quarter.
8. Implement MTEJA, a new call center platform for teletherapy that provides increased transparency into teletherapy sessions by generating call attendance lists, recording all sessions, and enabling supervisors to monitor sessions in real-time.

While remote work has allowed us to continue reaching many thousands of women with depression even as the pandemic ravages their communities, this incident has clearly illustrated the need for StrongMinds to continue to develop systems and procedures that reflect this new remote work reality.

Collective problem solving is consistently cited by clients as one of the most therapeutic aspects of our depression treatment.

KEY LEARNINGS



QUALITATIVE FINDINGS FROM OUR THERAPY PROGRAMS

StrongMinds recently completed a qualitative study of our teletherapy program. The goal was to identify factors that facilitated or obstructed clients' ability to access therapy and achieve satisfying outcomes. Interview participants had received teletherapy only, or a combination of in-person and teletherapy, enabling us to compare these two delivery methods.

All clients consistently cited the sharing of life experiences among group members as the most significant benefit of group talk therapy. This was true regardless of the delivery method. Participants recalled the practical solutions shared by group members more clearly than the individual topics covered by their Mental Health Facilitator. Several participants appreciated that teletherapy connected them with people from across the country, citing the benefits of gaining outside perspective.

Overall, clients felt that phone-based therapy was more convenient than in-person because they could join from anywhere and did not need to spend time or money to travel.

Perceptions about confidentiality regarding teletherapy varied: many teletherapy clients preferred the anonymity of speaking to strangers over the phone, however, some cited discomfort in revealing personal information over the phone to strangers. Several feared their private information would be shared or used against them.

Teletherapy was greatly facilitated by owning one's phone, along with access to reliable electricity for charging and stable networks. Rural clients experienced the most challenges with unstable connections, and those with repeated technical difficulties were more likely to miss sessions or drop out entirely.

Lack of privacy at home is a concern for teletherapy, especially when addressing sensitive subjects that concern other household members. Interruptions can be common in shared spaces. However, very few clients reported this as an issue, and noted our safety procedures that allowed them to drop off and rejoin the call, or request they not be called on until the room has cleared.

The experiences shared by our clients provide valuable insights that will help us improve our depression treatment.

CLIENT EXPERIENCES IN THEIR OWN WORDS

"When I started talking to them, I thought I was the only one with problems, but afterwards I discovered that I wasn't the only one and that is how I became free."

"I learnt that challenges are not meant for one person, but everybody can experience such situations. But when I heard that even other members had challenges, I confirmed that it is possible that even other people are going through challenges that are bigger than mine."

"They connected me with other women but I still had some bit of hesitation, I was like these might trick me...they want to get information from me."

"The only problem was with finding a safe place to have the phone therapy, it was challenging to pick the calls since the people that I was to share about were always around... So I would not receive calls if it was not safe."

"What scared me most...it could be that there is someone that knows you in that group."

"Accessibility was not a problem for me since I conduct most of my businesses on phone, that means that my phone has to be fully charged and must be on all the time, switching off the phone affects my business...once it is off I will also lose business."

"For network problem I got it, because there was a time when the session ended without me hearing some of the information."

"The phone is easier. Even if you are not around, you know you can access it any time, even if you are not home, you would still have the phone."



Recent media coverage has highlighted the impact of the COVID-19 pandemic on mental health in Africa.

COMMUNICATIONS, FINANCE & FUNDRAISING

COMMUNICATIONS & MARKETING

Q2 MEDIA COVERAGE

MQ Mental Health Research, June 29, 2021
[StrongMinds' Public Education Campaign Raises Awareness of Mental Health during COVID-19](#)

Devex, June 25, 2021
[Taking the Stigma out of Mental Health Services](#)

Psychiatric News, April 27, 2021
[IPT: From Humble Origins as "High Contact Therapy" to International Adoption](#)

Thrive Global, April 16, 2021
[Mental Health Charities You Can Support](#)

FINANCE

We have completed all 2020 audits, without findings.

View our [2020 audited financial statements](#).

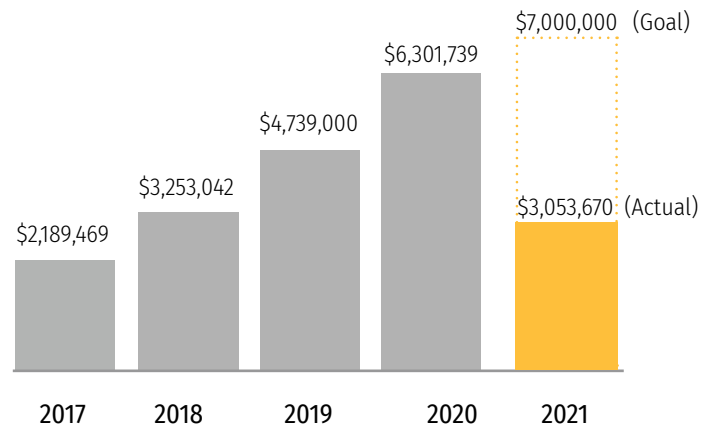
View our [latest quarterly financial statements](#).

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 Therapy
- MOH:** Ministry of Health
- PHQ-9:** Patient Health Questionnaire (for depression)
- GAD-7:** Generalized Anxiety Disorder Scale

TOTAL FUNDS RAISED 🕒

2021 GOAL: \$7 MILLION



*Funds received through Q1 against 2021 goal

CONTRIBUTIONS & EXPENSES 🕒

