



Excerpts from StrongMinds' Volunteer Quality Management Guide

Below are excerpts from our Volunteer Quality Management Guide (to be published in December 2024). These sections provide an introduction to our volunteer selection, training, and supervision processes, as well as our client mobilization and screening processes.

Introduction

Globally, task-shifting has been increasingly used to address human resource shortages affecting health services, including mental health care in low- and middle-income countries. By transferring basic tasks from highly trained staff to community-level workers, such as Community Health Workers (CHWs), task-shifting can reduce costs, enhance community outreach, and enable the efficient scaling of essential treatments.

At StrongMinds, community volunteers are a key part of our strategy to expand mental health care access. Since 2016, our volunteer base has grown from just 12 Peer Facilitators to a robust 3,147 volunteers, with 1,875 in Uganda, 690 in Zambia, and 582 through our Global Partnerships by 2024. This growth allows us to reach more individuals in need of depression treatment with fewer resources. However, with this rapid expansion comes a responsibility to maintain high standards in volunteer management and support. This policy is designed to streamline the oversight of volunteer operations and engagement as we scale.

As we continue expanding our volunteer-led programs, which differ from our staff-led approach (where full-time staff report directly to StrongMinds, we recognize potential risks in working with volunteers not directly employed by StrongMinds. This policy seeks to ensure that all volunteers are equipped with the skills, support, and oversight they need to advance StrongMinds' mission while feeling valued and fairly treated.

This policy establishes organizational standards for volunteer recruitment, training, operating procedures, supervision, performance management, motivation, safeguarding, health and safety, and monitoring and evaluation. It also provides a framework for ensuring compliance with these standards, supporting a sustainable, high-quality volunteer program.

Categories of Volunteers

StrongMinds therapy is delivered by trained, non-specialized Community Mental Health volunteers across various roles, including (but not limited to) Peer Facilitators (or Expert

Clients), Village Health Teams (or Community Health Workers), Volunteer Facilitators in prisons, Teacher Facilitators, Para-social Workers, and other volunteer classifications as identified by StrongMinds partners.

Each volunteer is responsible for providing talk therapy to individuals with depression within their community under the supervision of dedicated StrongMinds staff or partners.

1. **Peer Facilitators (PFs) or Expert Clients:** These volunteers are former clients with lived experience of depression who have fully recovered after receiving therapy through StrongMinds or its partners.
2. **Village Health Teams (VHTs) or Community Health Workers (CHWs):** Community volunteers selected from the government health system to provide group talk therapy as a first-line service for individuals with depression in their local areas.
3. **Teacher Facilitators (TFs):** Teachers trained to offer group talk therapy to adolescents experiencing depression within the school setting.
4. **Partner Volunteers:** Volunteers identified and trained by StrongMinds partners to provide group talk therapy to specific populations served by those partners. For example, in prison settings, trained inmates facilitate group therapy sessions for fellow inmates.

Volunteer Selection

The volunteer recruitment process shall seek to establish fair and effective identification, selection, and onboarding procedures. The recruitment process shall be aligned with StrongMinds' equal opportunities policy and procedures. The volunteer recruitment shall follow a three-step process lasting proximately three weeks, that includes dissemination of adverts, written applications, and interviews with candidates. Finalists must also undergo three reference checks.

Volunteer Selection Criteria

- Able to read and write and must be fluent in the local language.
- Must be an active member of the Village Health Team or a recognized volunteer by community development committee or other district departments with no record or accusation of any forms of sexual and or gender-based violence.
- Should be honest, trustworthy, and respected.
- Must be available and committed to meet the targets.
- Evidence of commitment based on other volunteer services provided/past and present volunteer work experience.
- Passion for volunteerism.
- Must be a good listener.
- Must be 18 years and above.
- Must be a good communicator.
- Must be a resident of the parish/ village.

- all applicants should know that Strong Minds will contact their references for child protection and safeguarding issues.
- Basic training in counselling is an added advantage.
- Basic training in safeguarding and child protection is an added advantage.
- Must understand that participating in this task is purely voluntary as part of SMU's partnership agreement with the district. Community Facilitators are NOT SMU employees in any form.

Volunteer Training and Supervision

A five-day start training for volunteers

Once Community Volunteers have been identified, they are provided a starter practical training for five days in which they learn about depression, symptoms, triggers, and the use of the Patient Health Questionnaire Nine (PHQ-9) to assess for depression using roleplays. The volunteers are trained in basic counselling skills to guide the delivery of therapy such as effective communication, listening skills, probing, empathy, questioning, building rapport, ethical considerations among other skills. The training also introduces the volunteers to the SM model called interpersonal psychotherapy for groups (IPT-G) with specific focus on the main actions and strategies employed at the four stages of care namely, pre-group, initial, middle and termination phases (exploring the client journey during therapy).

Apprenticeship phase of training

After completing the starter training, each newly trained volunteer is supported to conduct their first therapy session under the supervision of either a StrongMinds Mental Health Coach or an experienced peer (volunteer). This enables the newly trained volunteer to experience first hand the actual process of delivery in a co-paired session where they learn the practical application of all the core areas covered in the starter training. We feel that this is a fundamental part of the training process given its focus on practical work. Each StrongMinds Volunteer is supported to do this for at least two cycles of therapy before we release them to function more independently.

Continuous training and development during weekly debrief sessions

In addition to the apprenticeship phase, the volunteers involved in providing therapy have weekly debrief sessions meant for case management or case conferencing, sharing experiences, collective problem solving, and self-care. During debrief, each volunteer shares their experiences with a difficult cases and experiences in therapy with the intention of receiving thoughts, reflections, and feedback on ways to manage situations better. When done well and consistently, the weekly debriefs sessions provide a more functional and real-life learning experience for the volunteers based on the ever-changing contexts of clients and situations shared during therapy

Leveling or rating of volunteers' performance

We approach supervision through a combination of quantitative and qualitative methods. Each volunteer group leader is evaluated and assigned a proficiency score, which dictates the number

of supervisor visits within our 6-week therapy cycle. At all times, SM shall aim to achieve at least 75% level of performance for the volunteer at any given time of supervision or QA check. All volunteers whose supervisors have observed their work using the SM QA assessment tool should be leveled or categorized based on their level of performance. The performance will be rated as follows:

Levels / Rating	Performance	Categorization	Interpretation / Action required
Level One	85%- 99%	Proficient level	Excellent skills: Therapist/Facilitator/Group Leader is adhering to IPT Principles, Guidelines, and fidelity; Key counselling skills were displayed during therapy. <ul style="list-style-type: none"> • Supervise at least once a cycle • Can lead maximum of 4-5 groups per cycle • Can train and supervise peers in specific areas of care.
Level Two	70% - 84%	Technically Sound / Competent	Good skills: Facilitators can follow and implement the guidelines, key tasks for the treatment window were followed; Counseling skills were employed. <ul style="list-style-type: none"> • Supervise between 1 to 2 times a cycle • Can lead maximum of 3 groups per cycle • Can train and support peers in specific problem areas.
Level Three (a)	58% - 69%	Intermediate	Fairly knowledgeable about IPT, Facilitator tries to adhere to IPT guidelines but missed some key tasks for the stage of therapy; fairly applies critical counselling skills at different stages but needs to improve significantly. checklist followed: Some Counseling skills were displayed. <ul style="list-style-type: none"> • Should be supervised at least 3 times a cycle • Can lead between 1 to 2 groups a cycle
(b)	50% - 58 %	Basic	
Level Four	49%- Below	Unsatisfactory or Potentially Harmful	Failed to adhere, missed the session key focus areas. Lacks IPT knowledge, needs urgent training and support supervision Urgent attention is required and needs mandatory improvement. <ul style="list-style-type: none"> • Retrain or redo apprenticeship phase again with one group. • In absence of improvement, disengage

Mobilization and Screening

In Schools

Since schools have large numbers of students, mobilization is mainly done in groups according to classes

- SMU seeks permission to conduct mental health awareness
- School sets time and location for the awareness
- SMU works with trained teacher facilitators to sensitize adolescents about depression
- SMU staff and trained teacher facilitators use stories to describe the main symptoms of depression, triggers and the StrongMinds model
- Adolescents and other stakeholders ask questions and answers are provided by SMU staff of the trained teachers
- All adolescents interested in screening for depression are supported by their teacher facilitators to ascent for screening
- Adolescents are supported to complete the Patient Health Questionnaire 4 tool (PHQ4) - to screen for depression.
- Teachers use visual aids to ensure that adolescents score appropriately to each question of the screening tool
- Adolescents that score 5 and above are requested to undertake the full depression assessment using PHQ9 after a week's time.
- People who score five and higher on the PHQ-9 are invited to join a therapy group.
- Clients enrolled in therapy groups 1-2 weeks after screening.

In Communities

Mobilization of out-of-school adolescents and adults happens through door-to-door outreach, peer referrals, outreach through community-based organizations.

- SMU volunteers organize with village leadership to prepare a mental health sensitisation/psychoeducation activity.
- Community members are informed about the opportunity to learn about mental health and depression for adolescents / young people
- Community Volunteer along with other mobilisers use stories to talk through the symptoms of depression, triggers and the StrongMinds model using the local language
- All participants interested in screening for depression are supported to proceed for the screening process.
- Adolescents are supported to complete the Patient Health Questionnaire 4 tool (PHQ4) - to screen for depression.
- Adolescents and adults who score 5 and above on the PHare requested to undertake the full depression assessment using PHQ-9 after a week's time.
- People who score five and higher on the PHQ-9 are invited to join a therapy group.
- Clients are enrolled in therapy groups 1-2 weeks after screening.