

Q2 APR
MAY
JUN

2025 REPORT

STRONGMINDS®



Image by Karin Schermbrucker.

**PEOPLE TREATED FOR
DEPRESSION SINCE 2014**

1,114,237

**CURRENT COST TO TREAT
ONE PERSON (YTD)**

USD \$23

QUARTER HIGHLIGHTS

- StrongMinds reached a major milestone, surpassing 1 million people treated for depression! The next million is in sight for 2026, thanks to the staff, supporters, and partners who have made our therapy model cost-effective, accessible, and scalable.
- In May, Uganda Country Director Vincent Mujune addressed the UN Multistakeholder Hearing on NCDs and Mental Health, urging stronger action on mental health in advance of the UN General Assembly's High-Level Meeting in September.
- We launched a pilot for our planned 2026 randomized controlled trial to test the efficacy of 6-week Group Interpersonal Therapy (IPT-G). The pilot, currently underway in Uganda, will validate screening tool and field protocols, and build the infrastructure for a full trial in 2026.

StrongMinds democratizes access to mental health care for people with depression globally.

METRICS

⊗ Did not meet target

🕒 In progress

✅ Met target



1,114,378

People treated for depression since 2014

482,112

People psychoeducated in 2025 (YTD)

1.91m

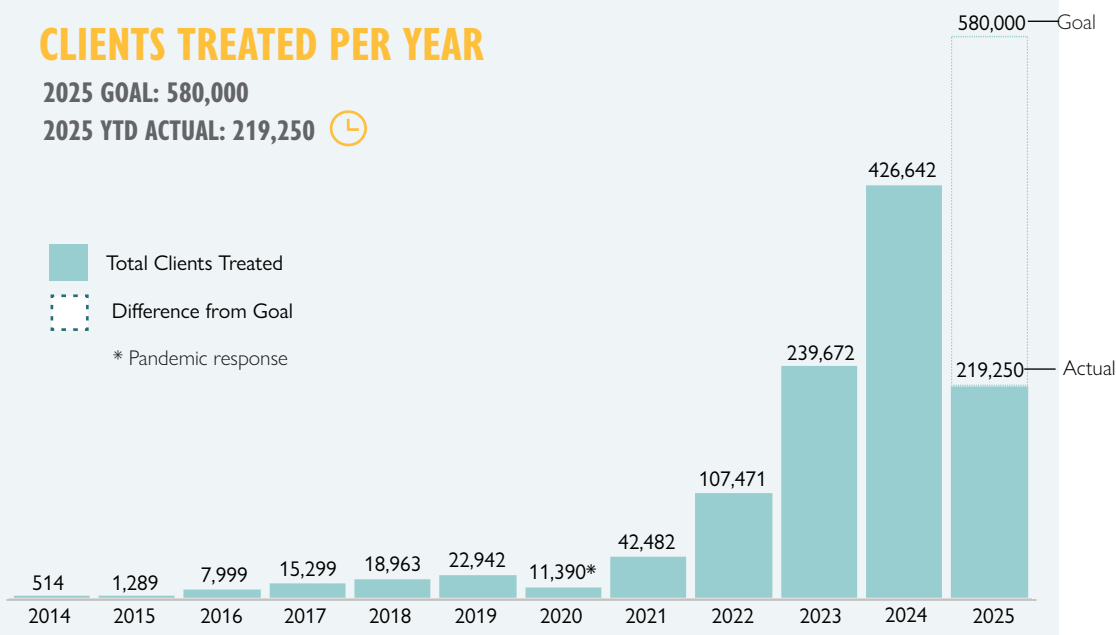
People psychoeducated since 2014

CLIENTS TREATED PER YEAR

2025 GOAL: 580,000

2025 YTD ACTUAL: 219,250 🕒

■ Total Clients Treated
 □ Difference from Goal
 * Pandemic response



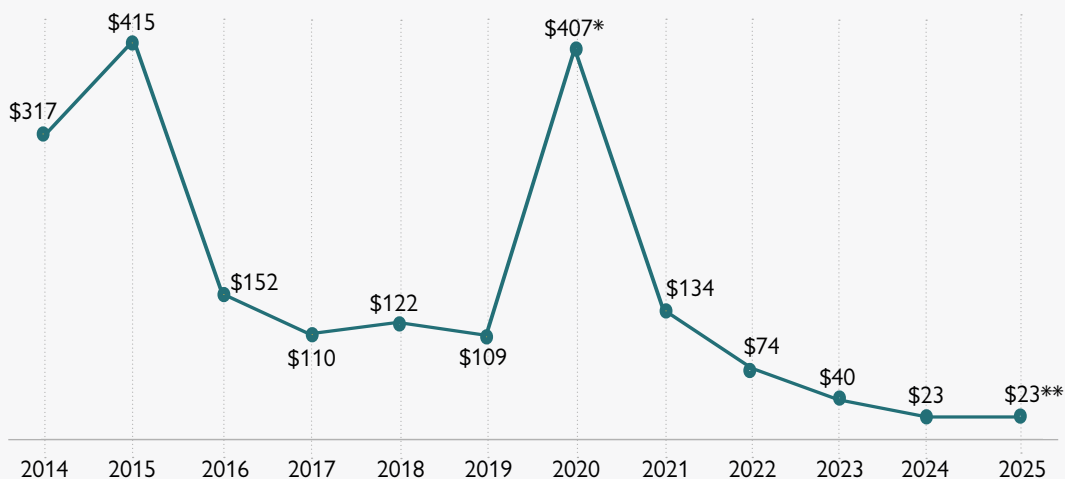
COST-PER-PERSON

GOAL: \$20

ACTUAL: \$23 🕒

* Pandemic response

** Cost-per-person will decrease as more therapy cycles are completed this year.



IMPACT DATA*

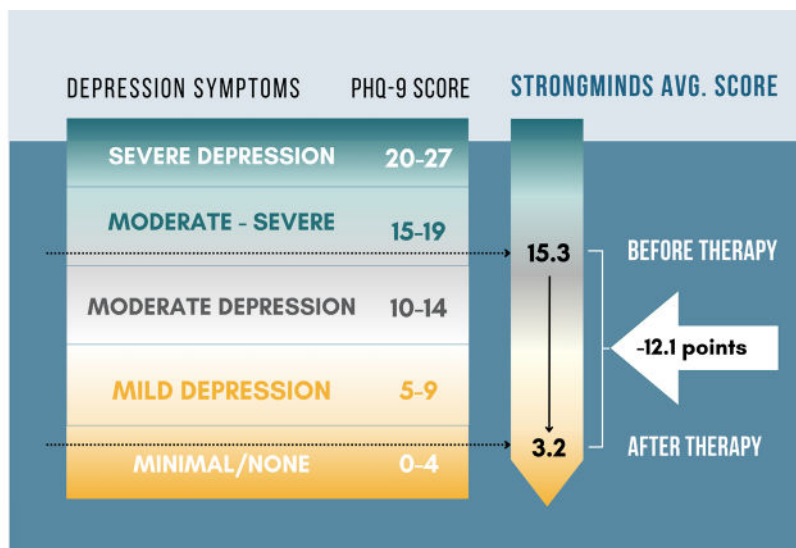
Change in depression symptoms, as measured by the PHQ-9 Depression Screening Tool.

GOAL: 8 point decrease

ACTUAL: 12.1 point decrease ✅

The PHQ-9 rates depression symptoms on a scale of 0-27. A 4-point drop on the PHQ-9 is considered a clinically significant reduction in depression score in the US.

*All data updated in Q4 2024 and externally validated 2-weeks post-therapy.



METRICS

IMPACT DATA*

ADULT WOMEN



FOOD SECURITY

85% increase in clients who report that they and their children consumed three meals in the past 24 hours.



SCHOOL ABSENTEEISM

29% increase in women who report their children not missing school over the past week.



WORK PRODUCTIVITY

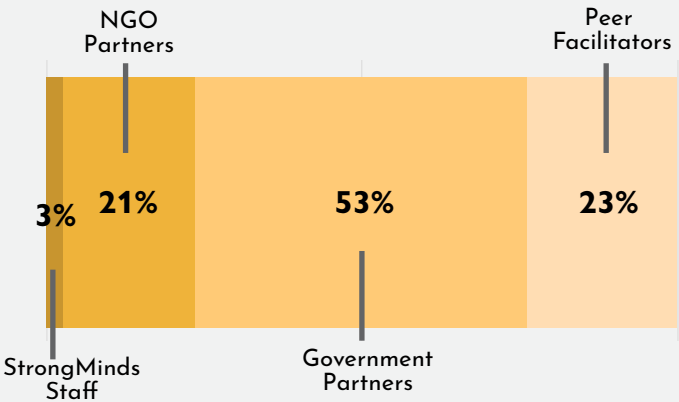
115% increase in clients who report they have not missed significant work/economic activity in the past seven days.



SOCIAL SUPPORT

18% increase in clients who report having someone to turn to for social support.

CLIENTS TREATED BY THERAPY DELIVERY METHOD



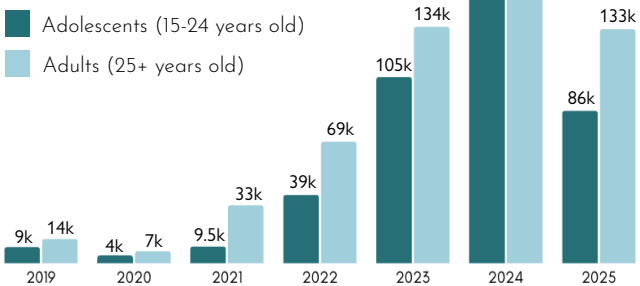
FUNCTIONAL IMPAIRMENT

PHQ-9 follow-up question on the impact of depression symptoms on overall functioning.

"If you checked off any problems [on the PHQ-9], how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?"

ADOLESCENT PROGRAM RESULTS

ADOLESCENT VS. ADULT CLIENTS Annual growth



15%

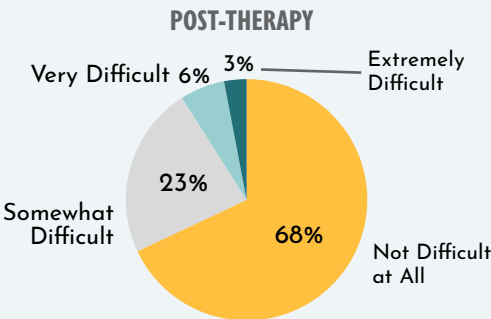
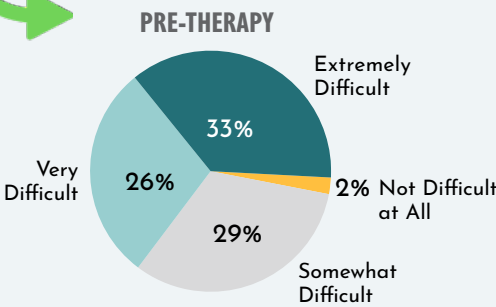
increase in adolescent clients who did not miss school in the past week.

144%

increase in adolescent clients who report grades that are "good," "very good," and "excellent"

4%

increase in adolescent clients who report "always" or "often" feeling hopeful about the future.



*All data updated in Q4 2024 and externally validated 2-weeks post-therapy. 3

IMPACT AND DELIVERY

1 MILLION PEOPLE TREATED!

A note from Sean Mayberry, Founder and CEO

We did it! StrongMinds has treated one million people for depression!

When we first invited a group of courageous women into therapy groups more than eleven years ago, we dared to imagine a future where depression treatment was available to anyone who needed it—even at the last mile.

Since then, we've trained thousands of volunteer therapy group facilitators and held sessions in communities, schools, clinics, prisons, and refugee settlements. We paired rigorous data with curiosity and determination to create a cost-effective therapy model that could be easily scaled.

We took risks, tested new ideas (sometimes failed), but always learned. In the process, we took the idea of community-based depression treatment delivered by lay workers and turned it into a model that has



A women's therapy group in Kenya wrap up a session with dancing and singing. Image by Karin Schermbrucker.

now reached one million people. We worked tirelessly to build government partnerships and are now weaving mental healthcare into every corner of the countries where we work.

But a million is only the starting line. We're already on track to treat the next million before the end of 2026. Below, you'll meet Ellen—one of the million stories that keep us going. As a StrongMinds supporter, you have helped us reach women like her. To those of you who took a chance on us, we are profoundly grateful. Without you, Ellen's outcome might have looked very different.



FROM "FOG" TO JOY

Ellen, 32, grew up shuttling between relatives' homes after losing her father at age three. By her teens she was homeless.

In search of stability, she married young, only to find herself trapped in an abusive marriage. She chokes up when she describes her life back then. "I looked like a mad woman," she recalls. "I walked

Ellen is a former client who now works as a mental health coach in Zambia.

around in a fog... not caring about anything—not even my three children."

In 2023, StrongMinds volunteers mobilized in her neighborhood, explaining depression and its symptoms. "Everything they described was me," she says.

Ellen joined a StrongMinds therapy group and never missed a session. With the group's support, she processed her grief, located her long-lost mother and sister, and found the courage to leave her violent husband. "My children told me, 'You've changed. You're happy now.' That meant everything to me."

After completing therapy, she volunteered to lead new groups through our partnership with the Ministry of Health in Kabwe Province in Zambia. She was soon promoted to Mental Health Coach, earning enough to leave her husband, set up a new home for herself and her children, and achieve the stability and financial independence she once dreamed about. She now mentors ten volunteer therapy group facilitators who collectively reach more than 150 women in Kabwe District each cycle.

Asked to describe herself today, she says proudly: "Clean. Beautiful. Confident. StrongMinds has changed my life. I never imagined I could help other women heal. But here I am."

ORGANIZATIONAL DEVELOPMENT

ADVOCACY

In May, StrongMinds' Uganda Country Director, Vincent Mujune, delivered a moving speech at the Multistakeholder Hearing for the High-Level Meeting on Non-communicable Diseases (NCDs) and Mental Health. StrongMinds is working with peer organizations to strengthen government commitments to mental health within the political declaration that will be presented at the High-Level Meeting of the UN General Assembly in September. Below is the transcript of Vincent's speech.



Vincent Mujune, StrongMinds' Uganda Country Director, spoke at the UN in May.

COMMUNITY-BASED MENTAL HEALTH CARE IS FOR EVERYONE, EVERYWHERE.

**Vincent Mujune, Country Director, Uganda
May 2, 2025**

StrongMinds is so excited to be in New York this week, attending the Multistakeholder Hearing for the 4th High-Level Meeting on NCDs and Mental Health. I'm thrilled to be here because this meeting represents a unique opportunity to secure global government commitments to create and implement new paradigms that place good mental health and well-being at the center of national development.

As UN member states, UN and WHO experts, and civil society organizations gather today in New York to talk about best practices and policies for promoting mental health and well-being, I want to share a couple of key lessons we at StrongMinds have learned from the last 12 years of implementing community-based mental health care for depression: (1) Moving mental health care services into the community works, and (2) Mental health programs and policies must be multisectoral.

Community-based care works:

We know community-based mental health care works because we've been doing it effectively for more than a decade by treating depression using an evidence-based six-week interpersonal group

talk therapy model (IPT-G) that is delivered by lay workers (community health workers, teachers, peers, etc.). Since 2013, we've treated almost a million people for depression, with three-quarters of them achieving depression-free status by the end of therapy. It is effective and cost-efficient to train and supervise lay workers to deliver first-line mental health care. Together with the MOH in Uganda, we have trained and supported Village Health Teams to treat 350,000 Ugandans for depression. These community health workers and their supervisors can play a vital role in mental health service delivery, and their fair remuneration must be part of national mental health plans.

Mental Health must be multisectoral:

Our clients do not lead "single-sector" lives, and our policy and programmatic approaches cannot be "single-sector" either. Mental health conditions go far beyond the health clinic. We can reach people with mental health conditions by integrating mental health care into schools, prisons, climate change adaptation, disaster response, and refugee care.

At StrongMinds, we're in the business of democratizing access to mental health care, and we hope the rest of the world will join us!

KEY LEARNINGS



Image by Karin Schermbrucker.

A large-scale randomized controlled trial is scheduled for 2026, with a pilot currently running to validate protocols.

PREPARING FOR LARGE-SCALE STUDY OF 6-WEEK THERAPY

Phase One of Our Planned 2026 Randomized Control Trial Kicks Off with a Pilot

BACKGROUND

Group Interpersonal Therapy (IPT-G) is one of the few evidence-based treatments proven to work in low-resource settings, yet most studies have tested it under tightly controlled conditions and over longer cycles (8-16 weeks). StrongMinds has adapted IPT-G into a six-week, community-delivered model designed for speed, scale, and accessibility. We now seek to test its efficacy through a large-scale randomized controlled trial (RCT), beginning with a smaller pilot taking place June through August of 2025. The larger RCT will take place in 2026, pending funding.

STUDY PURPOSE

This pilot RCT will determine whether the StrongMinds six-week IPT-G model reduces depressive symptoms and improves related well-being outcomes. It will also test the feasibility of delivering a compressed intervention at scale. Results will show whether a six-week IPT-G cycle can deliver meaningful clinical improvements comparable to longer versions, while serving more people each year.

PILOT PURPOSE

The pilot will surface operational lessons: optimal group sizes, staffing requirements, survey timing, and the most sensitive instruments for tracking change. These insights will directly inform the design and power calculations of a larger-scale efficacy study.

EXTERNAL DESIGN AND OVERSIGHT

StrongMinds has hired IDinsight, a global research and analytics organization, to serve as the principal investigators for the RCT and initial pilot.

WHY IT MATTERS

As the first rigorous evaluation of a six-week IPT-G delivered programmatically, this study fills a crucial evidence gap. Its results will strengthen the case for national adoption of community-based depression care and move us closer to a world where effective mental health treatment is within reach for all.

MATCHING GIFT OPPORTUNITY TO SUPPORT THE STRONGMINDS RCT

StrongMinds estimates the 2026 RCT will cost about US\$1 million beyond the annual operating budget, requiring dedicated fundraising. John and Jeanne Esler have pledged a US\$500,000 matching grant to catalyze this effort.

StrongMinds seeks to raise US\$500,000 by November 7, 2025 to unlock the full match. Please contact Chief Development Officer Cat Lukach (cat@strongminds.org) for details or to make a gift.

COMMUNICATIONS, FUNDRAISING, AND FINANCIALS



Image by Karin Scherbrucker.

COMMUNICATIONS & MARKETING

Q2 MEDIA COVERAGE

Corriere, June 21, 2025

[Sean Mayberry: "I fight depression where it is not treated"](#)

All Africa, June 18, 2025

[Africa: The Global Mental Health Crisis Surges Amid \\$200 Billion Funding Gap](#)

Global Mental Health Action Network, June 9, 2025

[The impacts of United States and other Government Funding Cuts on Global Mental Health Services](#)

FINANCE

We have completed all 2024 audits without findings.

View our [990s and audited financial statements](#)

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

GLOSSARY OF KEY TERMS

IPT-G: Group Interpersonal Therapy

MOH: Ministry of Health

NGO: Non-Governmental Organization

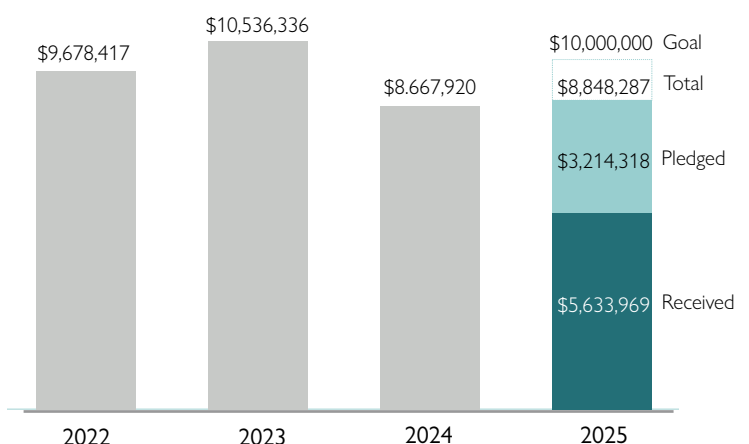
PHQ-9: Patient Health Questionnaire (for depression)

Peer Facilitator: Former client who is trained to lead therapy groups in their community

TOTAL FUNDS RAISED

GOAL: \$10 MILLION

ACTUAL: \$5.63 MILLION



REVENUE & EXPENSES

