Q4 OCT NOV DEC

2025 REPORT

STRONGMINDS®

Image by Karin Schermbrucker.

QUARTER HIGHLIGHTS

PEOPLE TREATED FOR DEPRESSION SINCE 2014
1,640,352

CURRENT COST TO TREAT ONE PERSON (YTD)
USD $15

- In a turbulent 2025 global health landscape, StrongMinds surged past our goals, reaching 754,224 people and raising $18.08 million, while developing a three-year operating plan to accelerate government adoption and integration of community-based mental health care.
- We convened the first East African Mental Health Summit, bringing together government and civil society stakeholders to identify the policies and practices needed to make community care scalable and sustainable.
- To quantify our shift toward government-led mental health programming, we analyzed government cost contributions and found that the governments of Uganda and Zambia each covered about 9% of program costs ($0.89–$3.69 per patient)

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

METRICS

Did not meet target | In progress | Met target

1,640,352

People treated for depression since 2014

1.04m

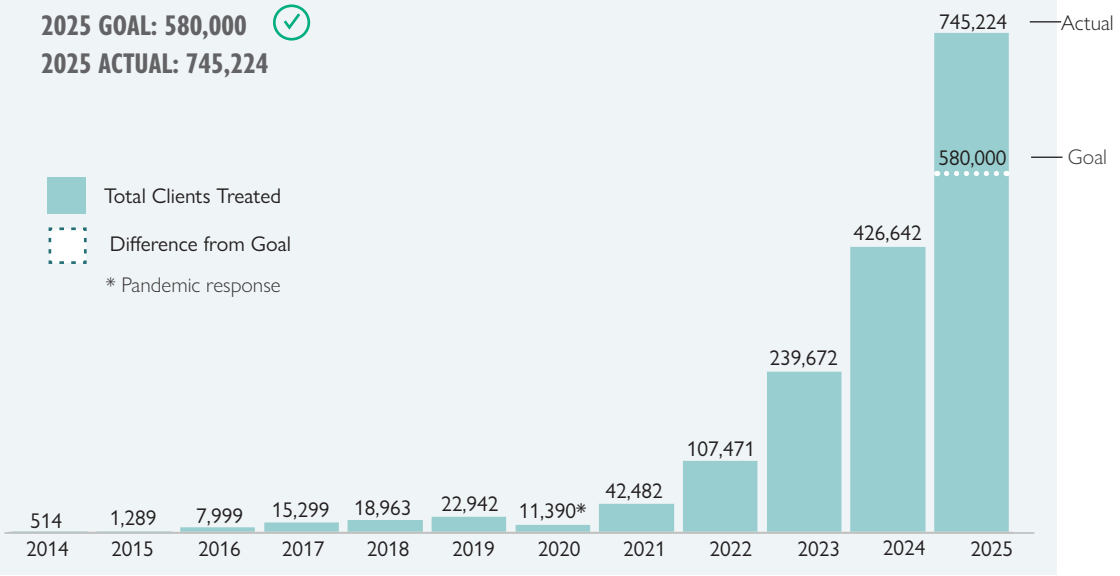
People received mental health sensitization in 2025

2.5m

People psychoeducated/sensitized since 2014

CLIENTS TREATED PER YEAR

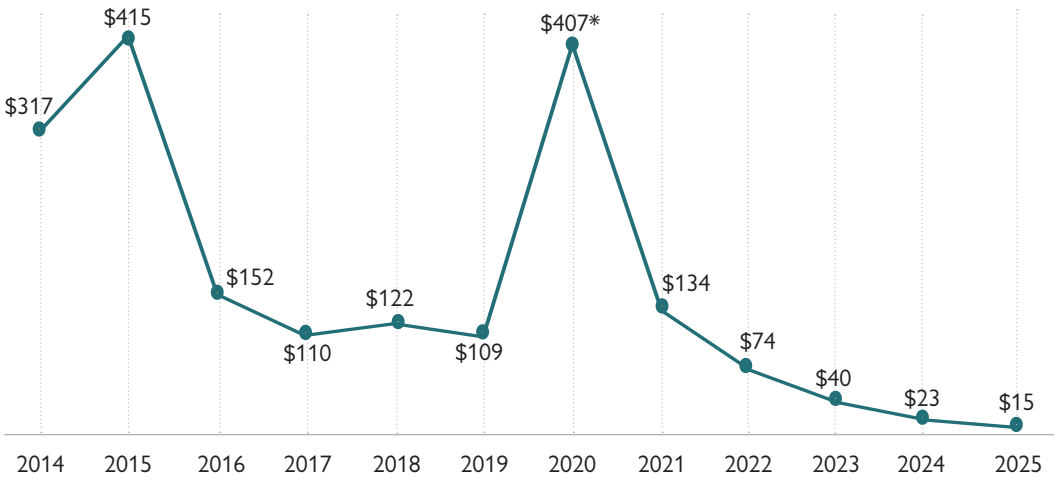
2025 GOAL: 580,000
2025 ACTUAL: 745,224



COST-PER-PERSON

GOAL: $20
ACTUAL: $15

* Pandemic response



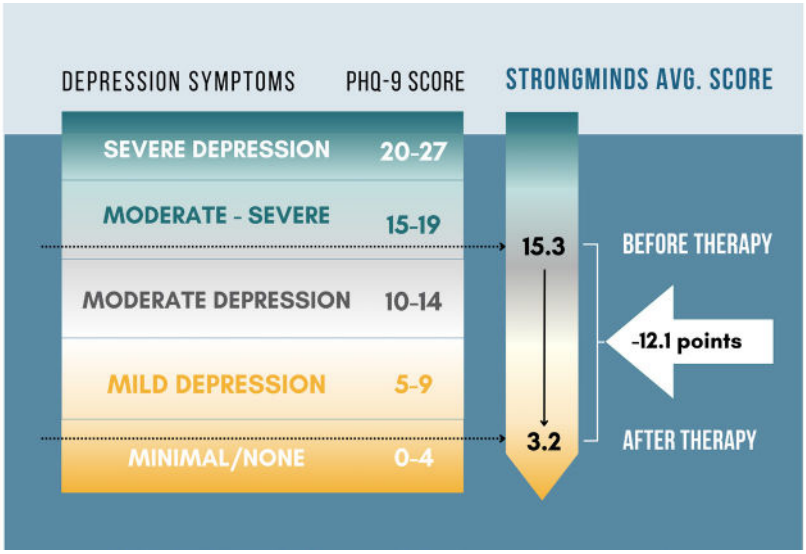
IMPACT DATA*

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

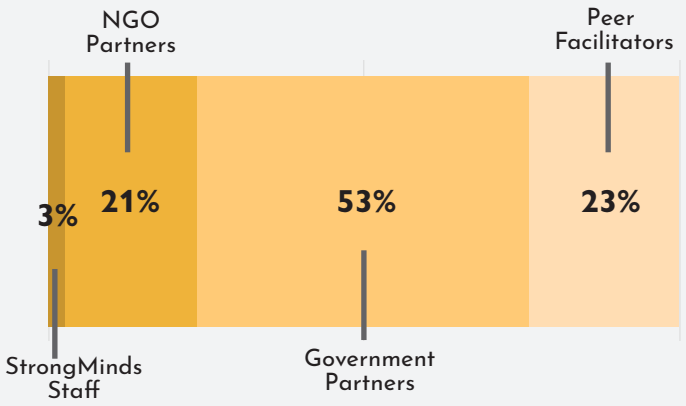
FOOD SECURITY
85% increase in clients who report that they and their children consumed three meals in the past 24 hours.

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.

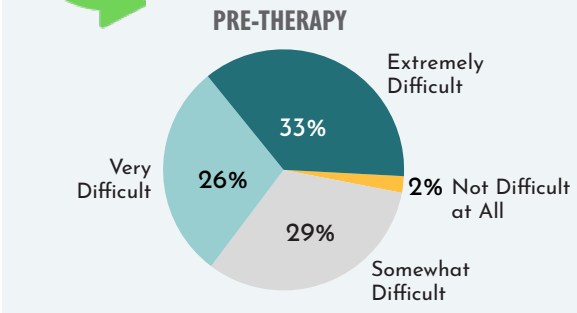
CLIENTS TREATED BY THERAPY DELIVERY METHOD

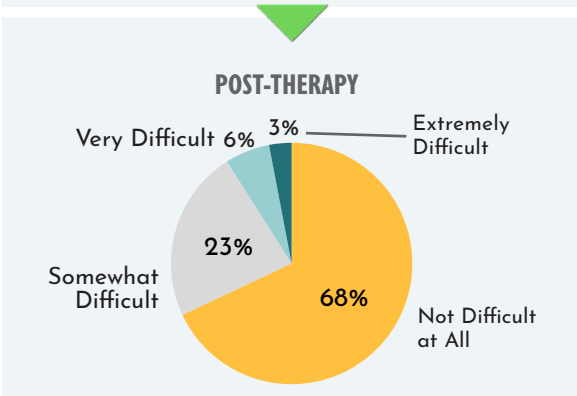


FUNCTIONAL IMPAIRMENT

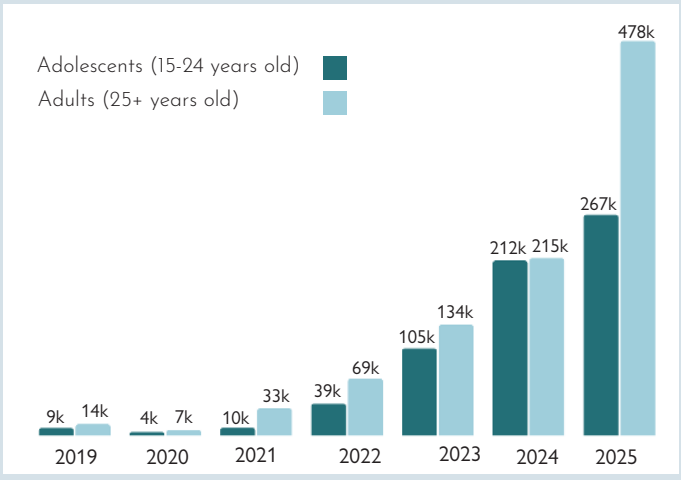
PHQ-9 follow-up question on the impact of depression symptoms on overall functioning.

"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



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.

IMPACT AND DELIVERY

2025 YEAR IN REVIEW

Dear friends,

The year 2025 was a breakthrough year for StrongMinds in our quest to democratize access to mental health care. We surged past our goals for both people reached and funds raised. And we did it in a year that required every organization working in global health to recalibrate and make hard choices quickly.

In January, the abrupt collapse of USAID sent shockwaves through the sector. While the direct financial impact on StrongMinds was limited, the wider disruption profoundly reshaped the global health funding landscape just as we were preparing to make a historic shift—from direct service delivery toward government-led mental health systems, with StrongMinds increasingly serving as a technical partner rather than a direct implementor of mental health care.

As governments and funders reshuffled priorities, we worried mental health would be pushed to the margins, despite its foundational role in health, education, and wellbeing. We saw early warning signs as: several partner NGOs reduced or paused mental health programming under budget pressure.

Instead of waiting for global systems to stabilize, we tightened our focus and increased our learning speed to fuel our most ambitious agenda yet: developing an ultra-low-cost mental health support model that can be readily embedded and scaled within any government program, irrespective of other resource constraints. Our Innovations Lab, led by Dr. Jana Alagarajah, is advancing protocols and studies to identify the "key ingredients" of our group therapy that drive depression recovery so that we can preserve what works, streamline what doesn't, and build an evidence-driven pathway to a lower-cost model.

At the same time, our six-week group interpersonal therapy model has remained our primary engine for scale, reaching 745,224 people with depression in 2025, with a goal of 1 million in 2026. We also achieved meaningful cost efficiencies in the current model, driven in part by increasing government cost-sharing (see the next page), bringing our average cost to $15 per person.

Moving fast does not mean being reckless. We are pairing urgency with discipline: strengthening our current 6-week model through investing in an RCT, improving quality management systems, formalizing suicide prevention and referral protocols, and investing in the data and technology systems.

Our focused approach during a year of global uncertainty attracted catalytic support, including a transformational $5 million one-time grant from the Action for Women's Health Initiative, bringing our total funds raised in 2025 to more than $18 million against our goal of $10 million.

While the world has changed, the mental health need has not. We are building a future where cost is never a barrier to reaching anyone in need of mental health care.

With gratitude,

Sean Mayberry,
Founder & CEO

ORGANIZATIONAL DEVELOPMENT

EAST AFRICAN MENTAL HEALTH SUMMIT

A Regional Call to Action

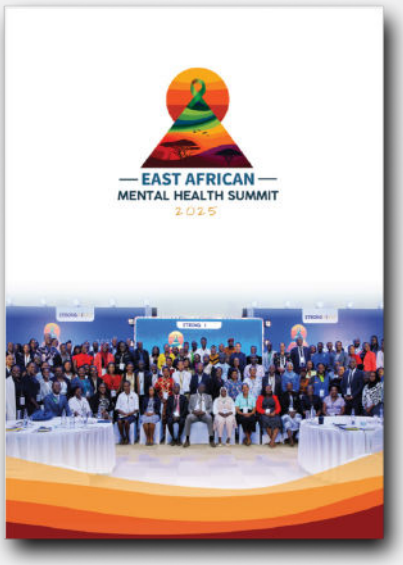
On 22–23 October 2025, StrongMinds and Uganda's Ministry of Health convened the first-ever East African Mental Health Summit in Kampala—an important milestone for the region and a clear signal that mental health is moving from the margins toward the center of public policy. The summit created a rare platform for cross-sector collaboration around one urgent question: how do we make community-based mental health care easy to deliver, affordable to sustain, and available to everyone who needs it?

Multi-sectoral Knowledge Sharing for Community-Based Solutions

Under the theme "Community Action: Scalable Innovations for Mental Health Integration Across Sectors," the summit brought together representatives of East African governments, civil society, youth networks, academic institutions, faith leaders, and people with lived experience. Participants explored mental health integration across eight areas: (1) primary care; (2) policy, financing, and governance; (3) youth and education; (4) community-led delivery; (5) crisis and humanitarian response; (6) workplace mental health; (7) digital innovation and data; and (8) culturally grounded, stigma-free programming.

The Kampala Call-to-Action

The summit concluded with the Kampala Call-to-Action: priority actions for stakeholders across East Africa to advance by 2030. It calls on governments and partners to: (1) embed mental health into primary health care by equipping frontline providers and community workers; (2) strengthen policy, governance, and domestic financing; (3) champion mental health in education and youth development through school- and community-based MHPSS; (4) mobilize and scale community-led initiatives that reduce stigma and expand support through cultural and faith leaders; (5) integrate MHPSS into crisis and humanitarian response, including climate resilience; (6) prioritize workplace mental health across formal and informal sectors; (7) harness digital health and innovation to expand access and strengthen data systems; and (8) decolonize and destigmatize mental health programming by centering local cultures, languages, and wisdom.



The East African Mental Health Summit created a first-of-its-kind platform for cross-sector collaboration

Next Steps

This summit marks the first step toward a coordinated East African approach to scaling access to mental health care through community-based solutions. In October 2026, StrongMinds and partners will convene a second summit in Kampala, aiming to secure a formal declaration committing East African Community member states to mental health-friendly policies.

KEY LEARNINGS

Teachers lead therapy groups at schools in Mombasa County, Kenya. Image by Karin Schermbrucker.

CALCULATING GOVERNMENT COST CONTRIBUTION

A new metric for measuring success in scaling through governments

StrongMinds' long-term vision is to create mental health solutions that can be readily adopted by governments and embedded in existing programs, across multiple sectors, including education and primary care settings.

That transition was already underway prior to the upheaval of the global health system in 2025, sparked by the collapse of USAID. In 2024, our Uganda programs began a deliberate shift from shared delivery of our six-week group talk therapy model to government-led implementation, followed by Zambia in early 2025. In Kenya and Malawi, our programming has been designed for government integration from the outset.

For donors, the question is not only "How many people did you reach?" but also "Is this shift in ownership happening in a way that is financially sustainable?" That's where government cost contribution comes in. While StrongMinds has consistently reduced cost-per-person(CPP) of its mental health program delivery over the years, this metric can understate the true cost of delivery when governments contribute meaningful in-kind support.

For example, Uganda treated 236,292 clients in 2024, at a reported CPP of $18. But, we knew government contributions meant the full delivery cost was higher. In 2024 we estimated government contributions at roughly 5%, but a more robust analysis was needed.

In 2025, we set out to quantify government cost contributions more rigorously across delivery channels.

Key findings from 2025
Uganda and Zambia each contributed ~9% of total program costs—about $0.89–$3.69 per patient, depending on the therapy delivery channel.

Of the above contributions, 97% came in the form of government staff time, supporting volunteer recruitment, training, supervision during therapy, and program oversight. Other contributions included transport stipends, mobilization support, meeting/training space (including workspace), and limited printing/supplies.

Uganda: 2,046 government workers contributed 198,575 hours (level of effort 0.5%–23.3%).

Zambia: 150 government workers contributed 51,723 hours (level of effort 8%–53%).

Kenya: county governments are estimated to contribute 7%–19% of total program costs.

Malawi: government contribution is estimated at ~10%, with higher early contribution enabled because delivery began through government systems.

These numbers are early, but they are a concrete signal that we are increasingly shifting toward shared ownership with government partners, leading to the long-term sustainability and accessibility of community-based mental health care.

COMMUNICATIONS, FUNDRAISING, AND FINANCIALS

A therapy group facilitator greets his former client at a settlement camp in the Bulambuli region of Uganda for people who have been affected by landslides. Image by Hannah Stein..

COMMUNICATIONS & MARKETING

Q4 MEDIA COVERAGE

Vox, December 28, 2025
How to break free of "money dysmorphia" — and 3 other tips on generosity

Devex, November 3, 2025
Opinion: The missing piece in mental health care—dignity

FINANCE

We have completed all 2024 audits without findings.

View our 990s and audited financial statements

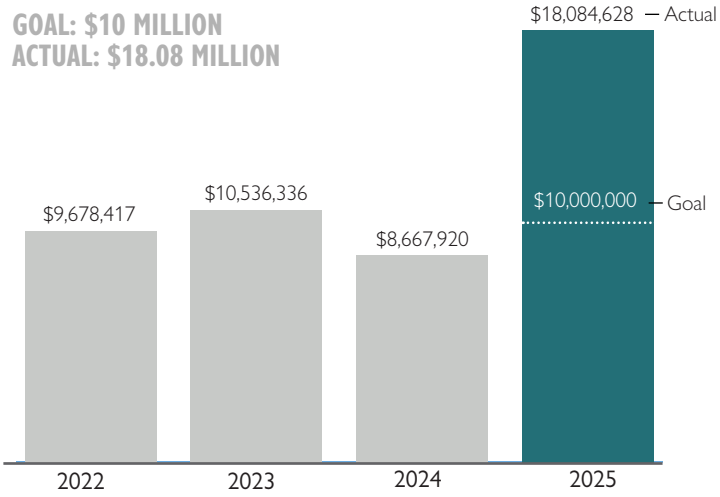
View our latest quarterly financial statements.

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: $18.08 MILLION



REVENUE & EXPENSES