A conversation with StrongMinds, May 23, 2019

Participants

- Sean Mayberry – Founder and Executive Director, StrongMinds
- Rasa Dawson – Director Of Development, StrongMinds
- Isabel Arjmand – Research Analyst, GiveWell
- James Snowden – Senior Research Analyst, GiveWell

Note: These notes were compiled by GiveWell and give an overview of the major points made by Mr. Mayberry and Ms. Dawson.

Summary

GiveWell spoke with Mr. Mayberry and Ms. Dawson of StrongMinds to get an update on its progress and future plans. Conversation topics included an overview of StrongMinds, programmatic updates, organizational updates, and research updates.

Overview of StrongMinds

StrongMinds was founded in 2013 to provide group interpersonal psychotherapy (IPT-G) to women in Africa suffering from depression, which it estimates at 66 million women. The World Health Organization (WHO) estimates that 85% of these women have no access to mental health services, although StrongMinds believes this percentage is likely higher.

StrongMinds officially initiated operations in Uganda in 2014 and has treated approximately 50,000 women in the country to date.

Programmatic updates

NGO partnerships

StrongMinds is in the early stages of a number of new partnerships with international NGOs, including Save the Children, Mercy Corps, and AVSI Foundation. It estimates that each of these partnerships will result in treatment of a few hundred to a few thousand additional patients. For 2019, it has calculated that an additional 2,000 to 3,000 patients will be treated through these partnerships.

Pilot study with BRAC

StrongMinds and BRAC signed a partnership agreement in 2015 for a pilot study treating 1,000 adolescents in Uganda. The pilot was delayed due to changes in BRAC staff, although StrongMinds is now conducting field screenings to identify participants for the study.

Government partnerships

Partnership with Uganda's Ministry of Education and Sports

In its five years of work in Uganda, StrongMinds has been unable to partner with the nation's Ministry of Health—which is highly supportive of StrongMinds' program

but does not have the necessary political power or financial resources to establish a partnership. However, StrongMinds recently signed a memorandum of understanding with the nation's Ministry of Education and Sports to begin implementing its program in Ugandan schools.

Partnership with Zambia's Ministry of Health

Significant need for mental health services continues to exist in Uganda (approximately 3-5 million women in Uganda suffer from depression). However, StrongMinds expanded operations to Zambia in early 2019 because it found that the mental health department within Zambia's Ministry of Health demonstrated particularly high political will and interest in a partnership. Furthermore, the President of Zambia has independently expressed a commitment to increasing access to mental health care.

Targeting of new beneficiaries

StrongMinds beneficiaries are typically adult women in their 30s, with 4-5 children and living on approximately $1 per day. However, StrongMinds has begun expanding its targeted population to adolescents and refugees, both to maximize its impact and to attract additional NGO and government partnerships.

Treatment of adolescents

Globally, first onset of depression among women typically occurs in adolescence or in a woman's early 20s. StrongMinds believes that targeting women at this younger age, compared to its currently targeted demographic, will enable significant additional years of successful mental illness management.

Several years ago, StrongMinds partnered with BRAC to conduct a pilot of its program with 200 adolescents, which found that these younger individuals were highly different from adults in group settings (e.g. lower attention spans and attendance rates). It is currently working with a number of focus groups (including both in-school and out-of-school children) to adapt its program model for adolescents.

Treatment of refugees

Uganda hosts approximately 1.2 million refugees (largely from South Sudan and the Democratic Republic of the Congo) as well as 1 million internally displaced people. Refugees typically exhibit high rates of depression, often comorbid with post-traumatic stress disorder (PTSD) or another form of trauma. StrongMinds does not treat PTSD but is currently determining how to adapt its model to treat depression among refugees suffering from trauma.

Organizational updates

Development of scaling strategy with Spring Impact

In addition to scaling its impact through new NGO and government partnerships and by targeting new types of beneficiaries, StrongMinds has also been working on a

formal scale-up plan with Spring Impact (formerly the International Centre for Social Franchising) since late 2018. Spring Impact's final report will be submitted to StrongMinds in June of 2019.

Improved monitoring and evaluation

Standardized collection of secondary impact indicator data

StrongMinds has always collected data on secondary indicators of program impact (e.g. income, school attendance, consumption), but without any standardized system of tracking and reporting. To ensure consistency and accuracy in impact assessment, StrongMinds recently began narrowing this data collection to four key indicators of well-being:

1. **Number of hours worked** – StrongMinds measures hours worked in order to understand whether beneficiaries feel mentally able to return to work.
2. **Presence of support structure** – In order to track social isolation, which can be detrimental to remaining depression-free over the long term, StrongMinds' surveys include questions about whether beneficiaries have people in their lives that can serve as a support structure.
3. **Meals consumed per day**
4. **Children's school attendance**

These four indicators are relatively straightforward to track and are strong proxies for impact on beneficiaries. StrongMinds decided not to track beneficiary income, for example, because of difficulties in data collection and lack of reliability.

Updated calculation of unit costs

StrongMinds previously calculated its unit cost (cost per patient) by dividing its total expenses by the total number of patients it treats. However, in 2018, it began to realize that this calculation was not reflecting particular nuances in its work. For example, when expanding to Zambia, StrongMinds incurred high startup costs without treating any additional patients—resulting in a partially inflated 2018 unit cost of $122 per patient. Similarly, its pilot programs treating adolescents and refugees will also incur high startup costs without treating a large number of additional patients and would therefore likely inflate its 2019 unit cost.

To more accurately illustrate the nuances of its work, StrongMinds plans to produce unit costs at a more granular level (e.g. staff cost per patient, cost per adolescent treated, cost per patient in Zambia).

Improvements to program model

StrongMinds has been gradually changing its program model to improve efficiency without reducing effectiveness, including:

- **Reduction in total weeks of treatment offered –** The number of weeks of IPT-G included in StrongMinds' program was reduced from 16 weeks in 2014

to 12 weeks in 2018 and will be reduced further to 10 weeks (already occurring in Zambia and planned to occur in Uganda this year).
- **Increase in group size –** Size of groups has increased from 10-12 in 2014 to approximately 15 in 2019.
- **Promotion of staff self-care** – StrongMinds' initial program model included strict targets for the number of patients staff needed to treat. However, in order to ensure long-term sustainability, it is now focusing more strongly on self-care for the 85 group leaders that it employs.

Improvements in quality of volunteer-led groups

StrongMinds operates group therapy sessions through both full-time employees as well as trained volunteers, which are beneficiaries who have graduated from IPT-G and have remained depression-free. Approximately 10% of StrongMinds graduates are identified as potential volunteers, although these volunteers still exhibit low literacy rates and typically do not have high school degrees. In 2018, 6,000 of the 18,000 women that StrongMinds treated received volunteer-led IPT-G.

Improvements that StrongMinds has made to the volunteer component of its program include:

- **Co-mentoring** – StrongMinds aims to have at least 75% of graduates become depression free for staff-led groups and at least 65% for volunteer-led groups. In 2018, volunteer-led groups began exhibiting rates of depression-free graduates below 50%. In response, StrongMinds instituted a co-mentoring program, whereby volunteers being trained initially lead groups together with full-time employees. The rate of depression-free graduates from volunteer-led groups has since risen to 64%.
- **Effective group sizes** – Groups co-mentored by one volunteer and one full-time employee are permitted to include a maximum of 18 participants. However, through repeated testing and analysis of effectiveness, StrongMinds has instituted a maximum size of six participants for groups led by one volunteer (due to lower skill level).

Remaining challenges with program model

Prior to initiation of IPT-G, StrongMinds travels to communities to talk with women and encourage them to join group therapy. It continues to struggle with this mobilization component of its program model, with reasons including:

- **Lack of awareness** – StrongMinds has found it difficult to efficiently raise awareness of clinical depression and IPT-G among women in the communities it targets.
- **Perception of NGOs** – StrongMinds' beneficiaries must be formally diagnosed with clinical depression prior to receiving treatment, although the diagnostic tool used relies fully upon self-reported answers. People in targeted communities often incorrectly believe that StrongMinds will provide

them with cash or material goods and may therefore provide misleading responses when being diagnosed.

Research updates

Randomized controlled trial

StrongMinds has decided not pursue a randomized controlled trial (RCT) of its program in the short term, due to:

- **High costs** – Global funding for mental health interventions is highly limited, and StrongMinds estimates that a sufficiently large RCT of its program would cost $750,000 to $1 million.
- **Sufficient existing evidence** – An RCT conducted in 2002 in Uganda found that weekly IPT-G significantly reduced depression among participants in the treatment group. Additionally, in October 2018, StrongMinds initiated a study of its program in Uganda with 200 control group participants (to be compared with program beneficiaries)—which has demonstrated strong program impact. The study is scheduled to conclude in October 2019.
- **Sufficient credibility of intervention and organization** – In 2017, WHO formally recommended IPT-G as first line treatment for depression in low- and middle-income countries. Furthermore, the woman responsible for developing IPT-G and the woman who conducted the 2002 RCT on IPT-G both serve as mental health advisors on StrongMinds' advisory committee.

All GiveWell conversations are available at
http://www.givewell.org/research/conversations