



STRONGMINDS UGANDA

ADOLESCENT MENTAL HEALTH



DECEMBER 2019



WE ARE STRONGMINDS

StrongMinds is a social enterprise that provides life-changing mental health services to impoverished African women.

Since many African women cannot even begin to tackle issues like poverty and economic development until they overcome depression, StrongMinds has initially focused on treating women who suffer from this pervasive and debilitating mental illness.

By adapting a proven therapeutic model, StrongMinds is the only organization scaling a cost-effective solution to the depression epidemic in Africa.

Mission: To improve the mental health of impoverished African women.

Goal: Treat two million African women with depression by 2025.

Vision: Ending the Depression epidemic in Africa.

OUR VALUES



We are people-focused



We are data-driven



We believe in collaboration, not competition



We do what we say and say what we do



Think big and act fast



WHAT IS MENTAL HEALTH?

Mental health is a state of well-being in which every individual:

- Realizes his or her own potential
- Copes with the normal stresses of life
- Works productively and fruitfully
- Can make a contributions to her or his community
- Can live a meaningful and satisfying life

FIVE DOMAINS OF MENTAL HEALTH

1. FEELINGS & EMOTIONS
2. SOCIAL-RELATIONSHIPS
3. SPIRITUAL BELIEFS
4. PHYSICAL-BODILY HEALTH
5. PSYCHOLOGICAL & INTELLECTUAL COGNITION

DEPRESSION

Depression is a common mental disorder, characterized by persistent sadness and a loss of interest in activities that you normally enjoy, accompanied by an inability to carry out daily activities, for at least two weeks.

DID YOU KNOW?

- Depression is one of leading causes of disability and deaths in the world
- Women are more prone to depression
- Over 800,000 people die due to suicide every year
- Suicide is the second leading cause of death in 15-29-year-olds
- Talk therapy can be effective in treatment of depression
- In severe conditions, medications are prescribed



ADOLESCENT PROJECT OVERVIEW

StrongMinds has treated over 70,000 people of all ages for depression using group interpersonal psychotherapy (IPT-G).

Now the successful model is being adapted to specifically target adolescents aged 12-16 years old.

The innovation took StrongMinds' proven IPT-G model and asked adolescents to help us create a new youth-friendly version of the therapeutic model.

Using a technique called 'human-centered design, kids asked StrongMinds to add components to the approach, like emoticon cards, surprise grab-bags, audio vignettes and written case stories that help teens feel like mental health is more approachable and less stigmatized for the average adolescent.

As a result of this early research, the project results have exceeded expectations. The project's overall goal was to treat 4,500 adolescents.

Of those, a small portion (about 10 percent) were anticipated to be students who were actively receiving services within the school environment.

The remaining youth would be found, educated, recruited and ultimately served outside of the structured public school environment.

As of November 2019, the data has been externally compiled only for the 422 students that received IPT-G therapy from StrongMinds within the school environment, of the total 3,500 served.

While waiting on the rest of the quantitative data to be collected and compiled, we undertook a qualitative data collection that revealed the following interesting results.

Adolescents independently reported that after receiving services from StrongMinds, they began experiencing impact in other areas of their lives, including improved school performance, behaviour and social engagement.



THE INTERVENTION

StrongMinds piloted a 10-week programme designed to provide saturated mental health education and depression services to all 25 primary schools in the Gombe sub-county of Wakiso District

To kick off the project, StrongMinds assessed students, in partnership with emergency personnel from a local referral hospital, to treat adolescents with depression in the Gombe sub-county of Uganda.

OUR APPROACH

1. Conduct Stakeholder Meetings with sharing of information and feedback
2. Introduced emoticon cards, surprise grab bags and audio and written stories to make mental health more approachable
3. Psycho-education on Depression for teachers, parents and children
4. IPTG Interpersonal Psychotherapy For Groups of adolescents
5. Establish Pre-Group Baselines and carry out further assessments at 5th and 10th sessions

The purpose of the pilot programme was to identify whether StrongMinds successful treatment of women with depression, using interpersonal psychotherapy (IPT-G), could be adapted to treat adolescents in school.

The project was delivered in partnership with CIFF, GCC, Save The Children and the Ministry of Education.

ACHIEVEMENTS

- 1,523 parents benefited from psycho-education
- 425 adolescents completed therapy
- 100% involved in design process would join StrongMinds group if offered to them
- 20% increase in retention rate, compared with adult programming
- 25 schools took part, with 21 in Cycle One and a further 4 in Cycle Two
- 2 meetings with teachers and Education Department
- 25 team members recruited, including 4 supervisors and 21 facilitators
- 6-week training program for new team

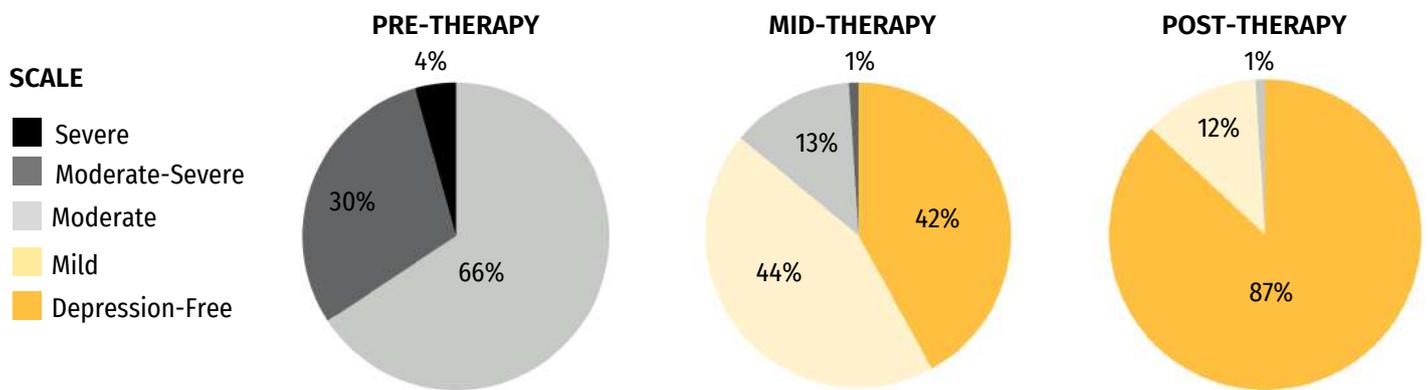
TREATMENT EFFECTS

In all, 1,957 students across 25 schools in Gombe were pre-screened for depression. This is relatively high and it was identified that the timing of the screening had an impact on scores.

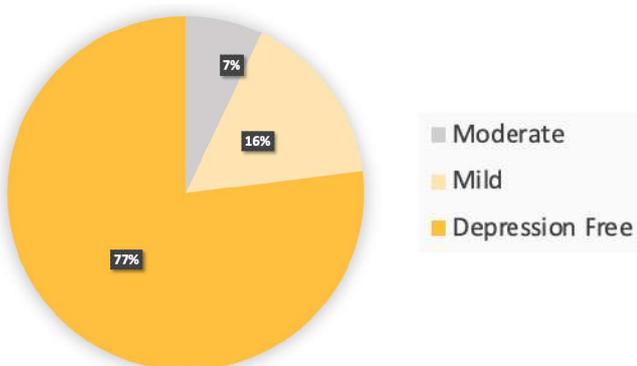
The screening at the end of term one was seen to have biased the numbers of depressed students due to predisposing factors like exam stress.

In the end, a total of 472 students were enrolled to participate, of which 422 completed the programme. This represents an increased retention rate by 20% compared with StrongMinds wider programming. This increase has been credited to the youth-friendly approach developed by the Human-Centred Design process.

PRELIMINARY DEPRESSION SCORES

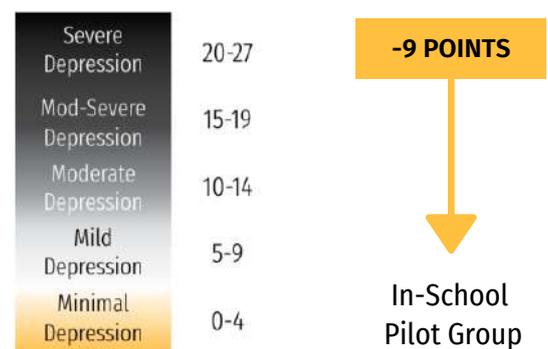


EXTERNAL FOLLOW UP



*Follow up undertaken by external evaluators and took place one month after the therapy was completed

AVERAGE REDUCTION IN DEPRESSION SCORE



*Based on the PHQ-9 Depression Screening Tool

* -4points is considered a clinically significant reduction in the USA

INDIRECT TREATMENT EFFECTS

Adolescence is often the time when signs of mental illness or depression begin to show. Research in Uganda has linked depression in adolescents with the onset of other risk taking behaviours like drug or alcohol use and unprotected sex which then can lead to other negative health outcomes like HIV, teenage

pregnancies and malnutrition.

Both the research and the preliminary results SMU's work with adolescents illustrates that if we want to help tackle some of the toughest issues facing the most vulnerable adolescents, then we have to start by treating depression.

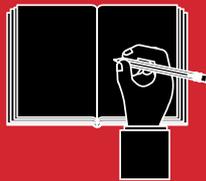
IMPROVED SCHOOL PERFORMANCE



**PUPIL
ATTENDANCE**



**CLASS
CONTRIBUTION**



**HOMEWORK
COMPLETION**



**ACADEMIC
ACHIEVEMENT**



**SPORT
PARTICIPATION**

IMPROVED ADOLESCENT BEHAVIOUR



**HOUSEHOLD
CHORES**



**CONFIDENCE &
COURAGE**



**ANGER
MANAGEMENT**



**PERSONAL
HYGIENE**



**SLEEPING
PATTERNS**

IMPROVED SOCIAL INTEGRATION



**FAMILY
BONDING**



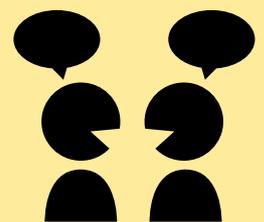
**STUDYING
TOGETHER**



**SUPPORTIVE
FRIENDS**



**REDUCED
VIOLENCE**



**OPENING UP
TO OTHERS**

For child protection reasons, the people featured in our profile have had their names, locations and images anonymised.

The people in these images are not those in the story and are for illustrative purposes only.



DOREEN & JAFFAR'S STORY

Doreen carries herself confidently, her smile as striking as the bright green dress she wears for her school uniform.

But there remains a sense of sadness in her eyes as she recalls her recent past, and the path she was heading down prior to receiving depression treatment from StrongMinds.

Doreen is 13 years old and has just switched schools in Kampala, Uganda. She lives with her father and stepmother, while her older sister lives independently but nearby.

Her mother left home when she was just two years old and now lives in a different district. Doreen's contact with her mother had been all but cut off.

The lack of contact with her mother upset Doreen. As she grew older, tensions began to rise between her and her family. She became too afraid to speak to her Dad about the situation, totally frustrated with her sister, and felt that her stepmother was treating her unfairly compared with her own children.

Doreen blamed herself for her mother's departure:

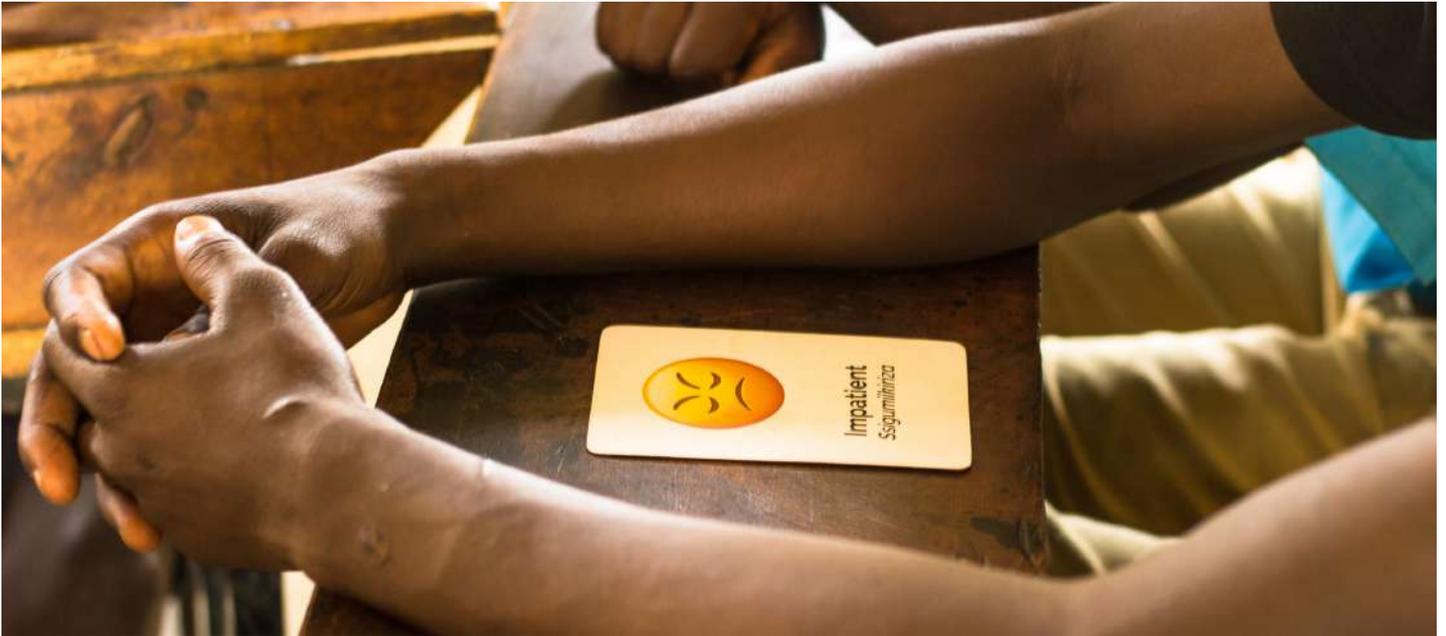
"I was crying everyday, going to bed late and asking myself, why my mum left me behind."

Things got so bad that Doreen had ran away several times and even contemplated suicide.

But fortunately, with the arrival of StrongMinds at her school, her life started to turn around.

Doreen wasn't the only pupil at school struggling with the absence of their mother. Jaffar, also 13, is a bubbly, outgoing and positively popular young boy. But he felt that he too had been mistreated by his family ever since his mother left home.

|| I was asking myself why my mum left me behind. But now, most of the guilt is gone. ||



DOREEN & JAFFAR'S STORY

Jaffar became increasingly closed off and distant from his friends: "I didn't want to play with anyone because I always thought no one liked me."

As he became more desperate to re-establish contact with his mother, he stole his older brother's phone to obtain her number and found out where she lived. But before the situation could escalate further, Jaffar started to turn a corner too.

Both Doreen and Jaffar had the opportunity to discuss their feelings in a specially-designed group therapy session for adolescents. They learnt how to control overthinking and openly communicate with others.

In both cases, this resulted in an improvement in relations with their families and peers. Jaffar explained how he is playing with his friends again and that he has organised to see his mother. Meanwhile, Doreen says that "StrongMinds has helped me get my hope back."

As both Jaffar and Doreen improve their relationships with their families and--in turn--their

mental health, Doreen's father reflected on his initial scepticism about the counselling when called into a parents meeting:

"At first, I didn't understand so much about what was happening and honestly, hearing about what they were doing with the kids didn't seem so realistic to me. But now I can't thank StrongMinds enough that I can now have a conversation with my daughter - I will take her to visit her Mom too as I didn't understand how it made her feel before.



I can't thank
StrongMinds enough
- I can now have a
conversation with
my daughter.





CONCLUSIONS

Overall, the project was successful for treating depression and had many other indirect improvements to adolescent behaviour too.

The Human Centred Design process led to innovative ice-breaker games and supplementary exercises that were integrated into the therapy process, resulting in improved retention rates.

Wider psycho-education, including the involvement of parents, teachers and school authorities, also provided an effective boost to the project.

KEY CHALLENGES

- Drop-outs due to school transfers and dismissals, social stigma and lack of parental support
- Missed sessions due to lunch fees, illness, facilities, public holidays, family issues
- Screening at end of term one biased numbers of depressed students due to exam stress
- Using teachers as a therapy delivery mechanism is challenging due to trust issues
- Appropriate incentive structures required based on adolescent ideas and feedback

Support from both District and Municipality authorities helped deliver the project and there was generally good coordination between StrongMinds and other stakeholders.

Anecdotal reports corroborate that students, parents and teachers were satisfied with the programmes impact. In particular, the positive change in adolescents' behaviour, attitude and discipline.

MOVING FORWARD

Expand the project beyond Gombe, primary and secondary schools

Training of teachers in basic mental health

Massive psycho-education on depression and child protection

Psycho-educate pupils in general to address issues of depression and stigma

Continuous engagement with stakeholders Engage parents at initial stage of implementation

WITH THANKS TO

Save The Children, Ministry of Education, Ministry of Health, All The Schools In The Project, Parents, Children, Local leaders, Religious leaders