

# IMPACT REPORT 2020

In Partnership with the  
Rotary Club of Denver  
Mile High

March - June 2020  
Agago District, Uganda



# ABOUT

Finemind supports community mental health through a peer-to-peer support system that recruits, trains, and empowers community members, including clinical and non-clinical, to provide people with what they need to recover from common mental disorders. Finemind offers a collaborative stepped-care intervention.

Specifically, community mental health workers provide case management and all non-drug psychosocial interventions with the aid of primary care physicians and mental health specialists (MHS). Primary care physicians encourage patients to see the community mental health workers, while the MHS will offer supervision and quality assurance. Stepped care includes psychoeducation, Interpersonal Counseling (IPC), and if necessary, referral to the MHS.

# OBJECTIVES

Thanks to the generosity of Rotary clubs in Colorado, the Finemind team was active in Agago District, northern Uganda from March through June 2020.

For this project, Finemind accomplished four major things.

1. We facilitated regular counseling check-ins between our training staff and the community mental health workers to ensure counseling provision was first-rate.
2. We expanded in-person counseling supports, offered telephone counseling, and provided home visits, as appropriate.
3. We deployed radio messages to educate, sensitize, and raise awareness for mental health.
4. We monitored and evaluated process indicators to assess project impact.



# RESULTS

1

***We facilitated regular counseling check-ins between our training staff and the community mental health workers to ensure counseling provision was first-rate.***

Before starting counseling in late March, Lead Trainer Patrick Sengendo and Clinical Psychologist Maurice Osire completed calls with each community mental health worker to go over salient counseling principles, discuss strategies, and clarify questions or possible challenges. Similar calls continued semi-regularly throughout the grant's operations for sustained supervision, oversight, and guidance.

Finemind's executive team reviewed data regularly to ensure project fidelity and effectiveness. Feedback was delivered to field staff by means of phone calls and in-person reviews.

## IN PATRICK'S WORDS

"... I managed to call some counselors individually to discuss the progress of counseling, and I'm pleased to report to you that the results were positive.

The counselors' art and skills of engaging with patients have vibrantly improved; they are no longer shy and in a nut-shell, they now skillfully own the session and see to it that they probe the patients using open-ended questions, such as "Tell me more about...", "How does talking with your husband make you feel?", which enable patients to freely give more information about whatever is bothering them without feeling forced, coerced or interrogated."



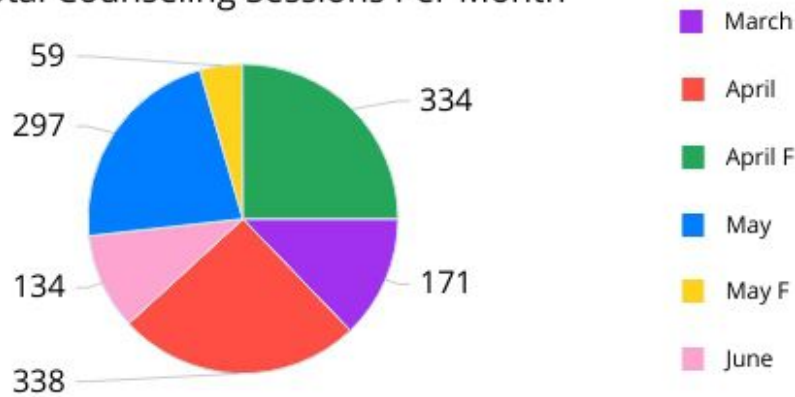
# 2

## We expanded in-person counseling supports, offered telephone counseling, and provided home visits, as appropriate.

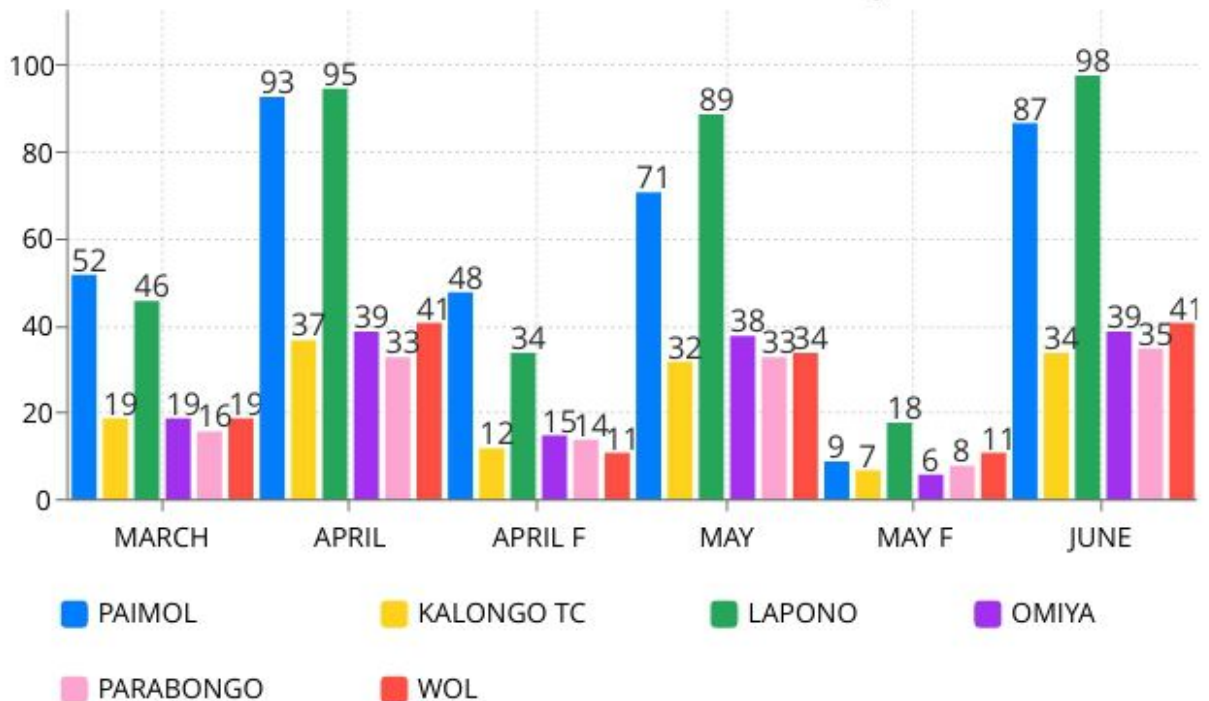
- 1333 total counseling sessions offered for individuals spanning six sub-counties, specifically Paimol, Kalongo Town Council, Lapono, Omiya, Parabongo, and Wol

Individuals scoring > 5 on the Patient Health Questionnaire (indicating above mild depressive symptomology) require follow-up sessions. Persons scoring < 5 received an initial counseling session, but did not warrant additional sessions thereafter. April F & May F indicate follow-up sessions originating in that month.

Total Counseling Sessions Per Month

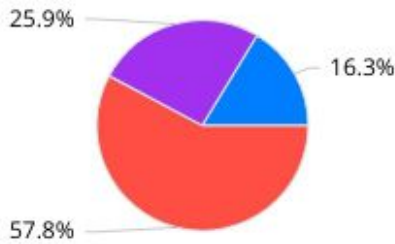


Patients Per Month Per Subcounty



■ Severe 
 ■ Moderate-Severe 
 ■ Moderate 
 ■ Mild 
 ■ No Depression

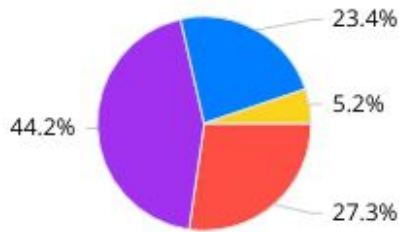
April Session 1



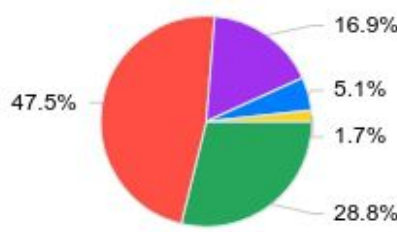
April Session 2



May Session 1



May Session 2



Average PHQ Session 1

April



Average PHQ Session 2



Average PHQ Decrease



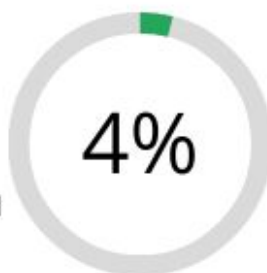
May



\*Based on the PHQ-9 Depression Screening Tool

\*\*-4 points considered clinically significant reduction in depression score in US

Finemind referred 4% of individuals to mental health specialists, community agencies, and other resources for tailored care.



94.6% of patients returned for their second session indicating counseling satisfaction, continuity, and adherence.



3

***We deployed radio messages to educate, sensitize, and raise awareness for mental health.***

Finemind hosted 12 radio talk shows to explore relevant topics within mental health to inform the community about stress, how to find crisis services and a panel of counselors that was able to answer call-in questions. The activity log indicated between 720 to 1,532 listeners every Saturday morning equaling a total range of 8,640 to 18,384 listeners. The talk show registered on average three to four active callers. Most of the callers were from Paimol, Kalongo Town Council, Lapono, and Wol. The calls were a mix of appreciation and thanks, inquiries as to Finemind's geographic working radius (with hope that we expand to other districts), curiosity regarding our working relationship with hospitals and other partners, and frequency and content of training intensives.

18,384



Educated & informed by means of radio talk shows

4

***We monitored and evaluated process indicators to assess project impact.***

Finemind hired a full-time Monitoring & Evaluation Officer to spearhead implementation of a monitoring and evaluation framework to ensure that project fidelity, accountability, and effectiveness are met.

Duties and responsibilities include

- Monitor all project activities and progress towards achieving the project output;
- Ensure monitoring and impact indicators are met for project success;
- Monitor and evaluate overall progress on achievement of results; • Provide feedback to the Program Coordinator on project strategies and activities;
- Suggest strategies to the Program Coordinator for improving the efficiency and effectiveness of the project by identifying bottlenecks in completing project activities and developing plans to minimize or eliminate such bottlenecks;

Insofar, we've implemented a data collection system, follow-up protocol, and adherence strategies.

# DISCUSSION

## ***Finemind is leading the charge in offering sustainable mental health care.***

In light of COVID-19, our team stepped in to provide effective mental health support. Uganda went on lockdown in late March and disallowed public transportation, instituted a 7pm curfew, and banned gatherings of more than 5 people. Fortunately, Finemind was granted 'essential' status by the District Health Office of Agago District to continue offering mental health support.

### ***What we did well***

- Building rapport with local government leaders
- Broaching the conversation of mental health and possible care
- Screening new patients, those with/without depressive symptomology
- Consistency and continuity via ongoing radio shows

### ***What we can improve upon***

- Ensuring patients complete their course of treatment for successful discharge
- Focusing on patients who score PHQ > 5
- Establish Standard Operating Procedures for streamlined systems and processes for greater efficiency, clearer communication, and larger impact
- Fostering relationships with granting partners for consistent funding

In closing, this project (and impact) would not have been possible without the relentless commitment and courage of the field staff in Uganda. Moreover, we're grateful for the generous contribution of Rotary Clubs in Colorado in support of an innovative model for mental health improvement. We're excited at the prospect of truly democratizing access to mental healthcare and are eager to work in partnership to achieve this ambitious goal.