



embrace

EMBRACE MENTAL HEALTH CENTER

SEMI ANNUAL REPORT

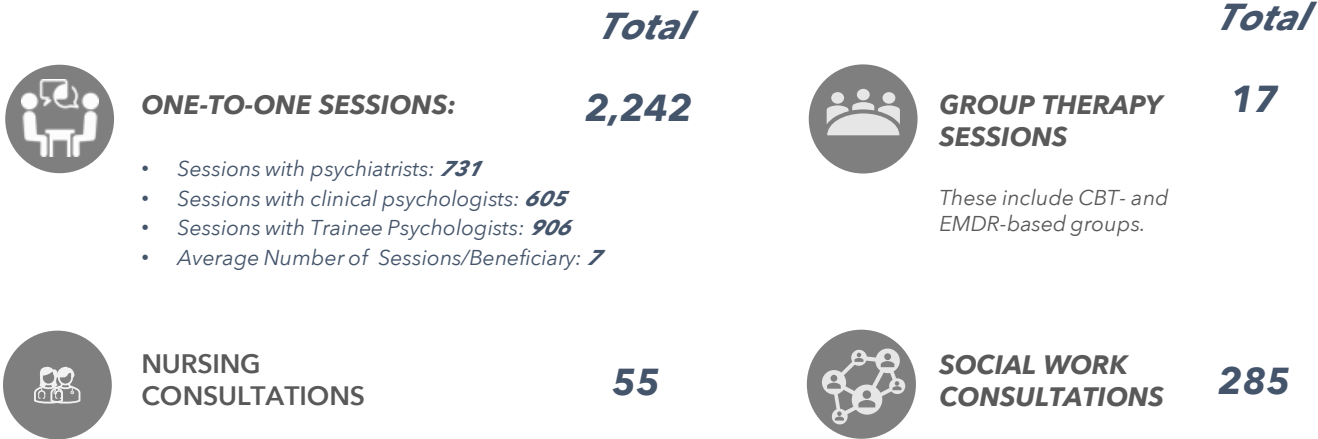
REPORTING PERIOD:

OCTOBER 2020 - APRIL 2021

Disclaimer: The below numbers are meant to offer a snapshot of the activities hosted and beneficiaries served at the Embrace Mental Health Center. While information is recorded as accurately as possible, not all information is available at all times.

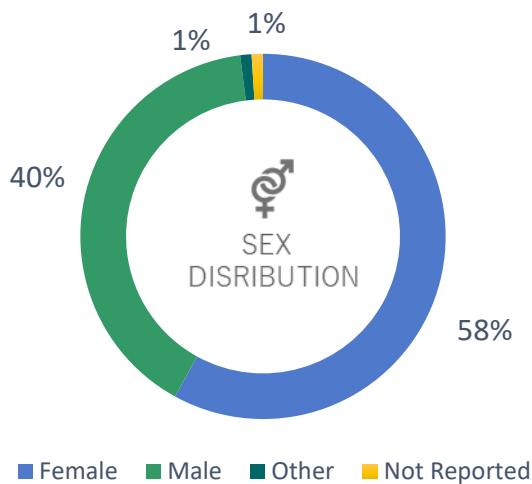
I. SUMMARY OF ACTIVITIES

MENTAL HEALTH SERVICES PROVIDED



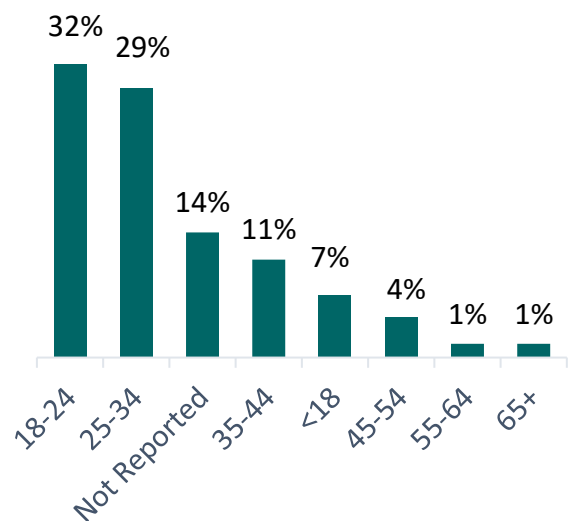
BENEFICIARY INFORMATION

TOTAL NUMBER OF BENEFICIARIES SEEN 337

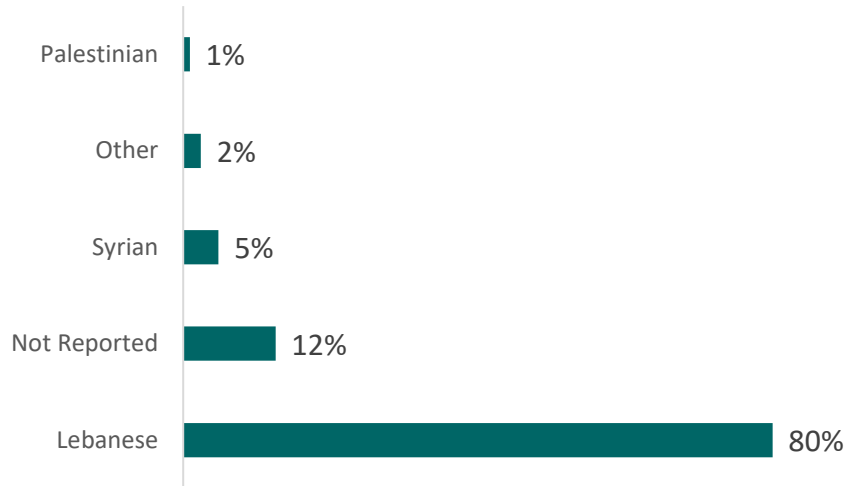


**Other includes "Prefer not to say" and "Transgender"*

 **AGE GROUPS**

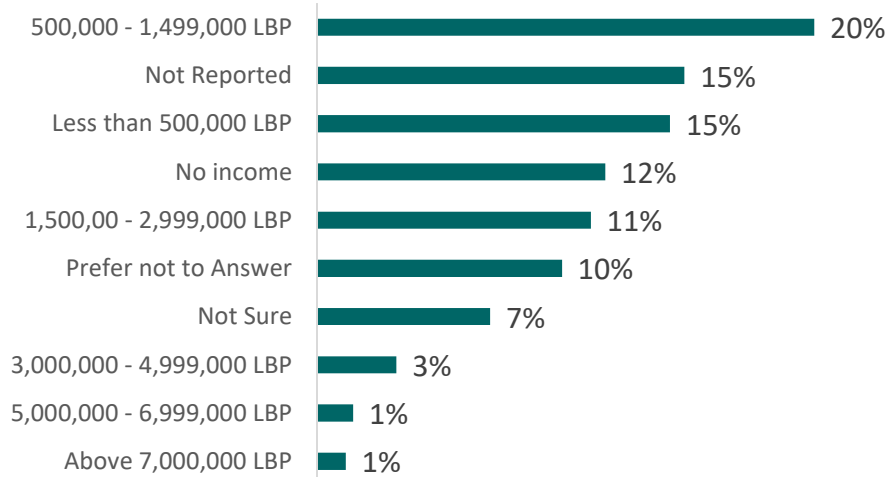


NATIONALITY

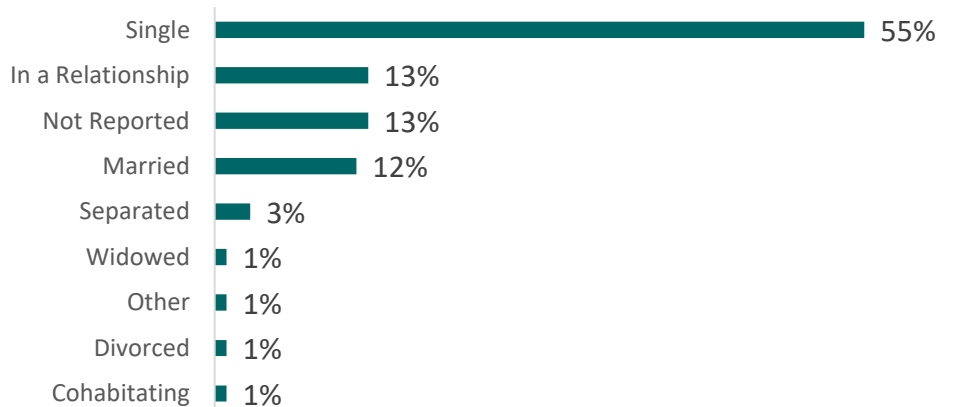


*Other includes Pakistani, Yemeni, US, and German.

INCOME STATUS



RELATIONSHIP STATUS



MEDICAL REFERRALS

Starting January 2021, the Embrace Mental Health Center began funding the cost of in-patient psychiatric care, in order to complete the continuum of care for people who require intensive treatment. From January to April 2021, a total of **7 beneficiaries** who were experiencing impairing depression and/or were in imminent harm of suicide were referred to acute inpatient care, and their stay was fully funded.

AVERAGE AGE BENEFICIARIES REFERRED TO IN-PATIENT CARE:

27 YEARS OLD

SEX DISTRIBUTION:

43% MALE | **57%**
FEMALE

AVERAGE LENGTH OF STAY:

10 DAYS

PHARMACOLOGICAL TREATMENT

Starting December 2021, the Embrace Mental Health Center began funding the cost of pharmacological treatment prescribed by our psychiatrists. From December to April 2021, we funded the medications of **103** beneficiaries who required it for their mental illness or symptoms.

AVERAGE NUMBER OF PRESCRIPTION MEDICATIONS ACQUIRED PER BENEFICIARY:

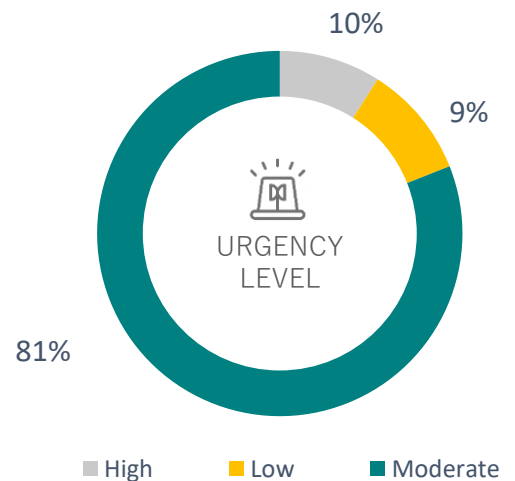
3 MEDICATIONS

ZOOM IN ON SOCIAL WORK

TOTAL NUMBER OF CASES SEEN

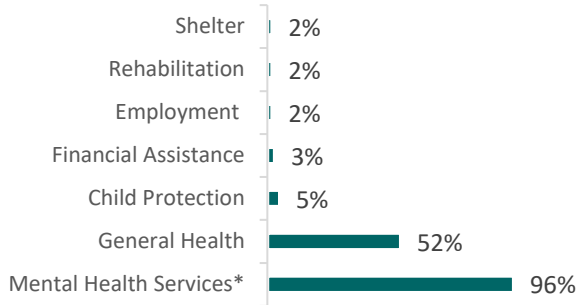
78

The mental health social worker at the Embrace Mental Health Center (EMHC) is part of the multidisciplinary clinical approach which aims to provide holistic mental health care by offering psycho-social assistance. The social worker, working closely with the team of team of psychiatrists, psychologists, and mental health nurse, assesses beneficiaries and implements a psychosocial intervention plan. The social worker helps beneficiaries connect with the various Embrace services such as the Lifeline, medication management, inpatient care, and other services. Additionally, by leveraging a comprehensive referral network of governmental and non-governmental organizations, we help beneficiaries obtain external services such as medical treatment, shelter, financial assistance, child protection, vocational training and others. We also help vulnerable groups such as refugees, LGBTQ community members, and persons affected by gender-based violence, by liaising them with the relevant institutions.





TYPES OF REFERRALS PROVIDED TO BENEFICIARIES

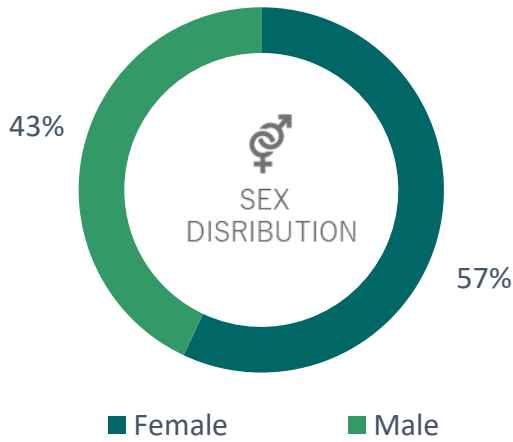


Embrace referred to a wide network of around **10** NGOs and community initiatives.

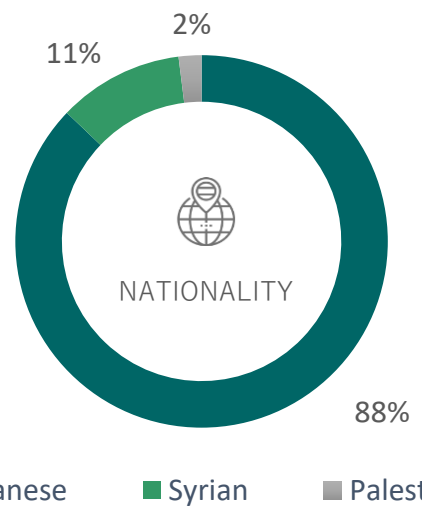
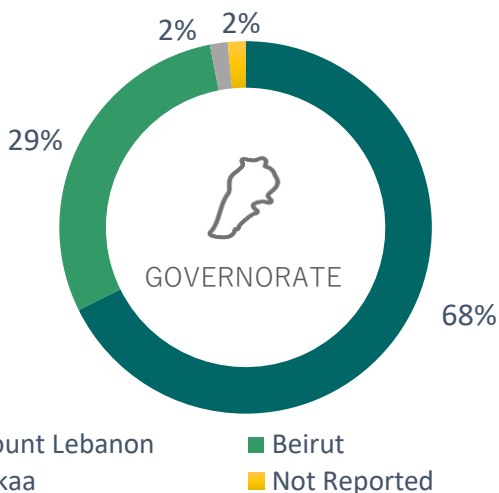
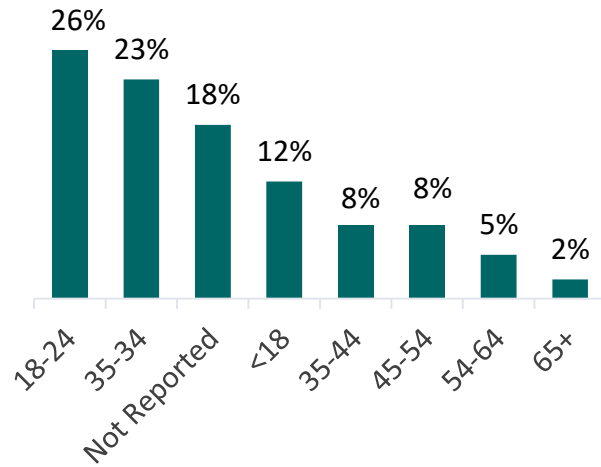
* Mental Health services includes internal referrals to EMHC services such as medication dispensing, inpatient care, psychiatry and psychology sessions, as well as external referrals to mental health services offered by other NGOs, community initiatives and private professionals.

Note that percentages for may add up to more than 100% because multiple types of referrals can be provided.

SOCIODEMOGRAPHICS



AGE GROUPS



II. MONITORING BENEFICIARY PROGRESS

The improvement in symptoms is measured through questionnaires completed by the beneficiaries. During their first visit, the beneficiaries are asked about common symptoms of depression, anxiety and trauma. As they progress through treatment, beneficiaries are asked to take the same surveys again every few months.

The questionnaires are:

1. **PHQ-9**: a validated instrument for measuring the severity of depression.
2. **GAD-7**: a validated instrument for measuring the severity of anxiety.
3. **TSQ**: a brief trauma questionnaire used to predict a PTSD diagnosis.

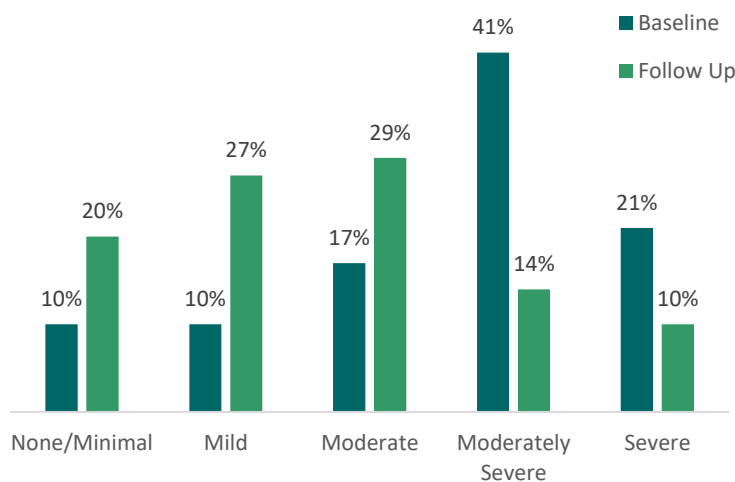
The analysis below tracks the improvement of symptoms for patients who completed at least two questionnaires within the 6-month period. Their first questionnaire is referred to as "Baseline" and the second as "Follow-up". On average, baseline and follow-up sessions were 3 months apart.

CHANGES IN SYMPTOMS OF DEPRESSION

Overall, **71** beneficiaries provided complete data on the PHQ-9. Around **66%** of beneficiaries reported a substantial drop in symptoms, which indicates improvement. About **11%** reported no change in feelings of depression.

As noted in the graph, mental health services does not eliminate symptoms, but helps people improve by shifting the severity of symptoms from severe to moderate, and moderate to mild/none.

CHANGE IN DEPRESSIVE SYMPTOM SEVERITY

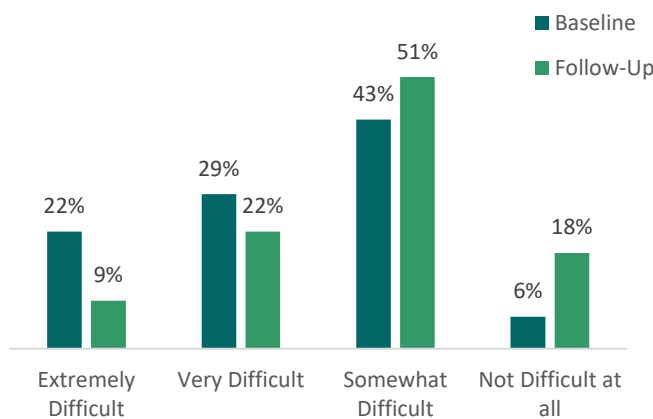


CHANGES IN FEELINGS OF DEPRESSION CONT'D

In addition to improvement of symptoms, beneficiaries also reported that their mental health status is not impacting their lives as much as it did before treatment.

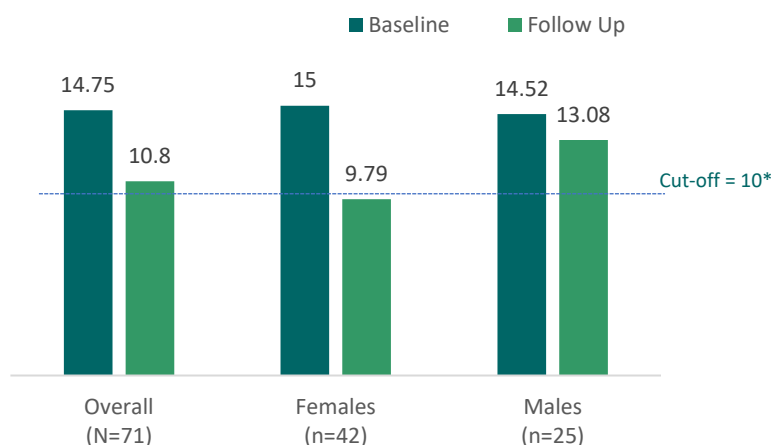
Overall, **68** beneficiaries completed baseline and follow-up data, and the **majority showed improvements** in their subjective assessment of how much their symptoms impact their daily functioning.

LEVEL OF DIFFICULTY ASSOCIATED WITH DEPRESSIVE SYMPTOMS



The PHQ asks beneficiaries how difficult it is for them to do their work, take care of things at home, or get along with other people. Responses include “Extremely Difficult”, “Very Difficult”, “Somewhat Difficult”, “Not Difficult at all”.

ZOOM IN: CHANGE IN DEPRESSIVE SYMPTOMS x SEX



On average, beneficiaries reported a **27% improvement** on self-reported severity of depressive symptoms. This improvement was more pronounced amongst female beneficiaries.

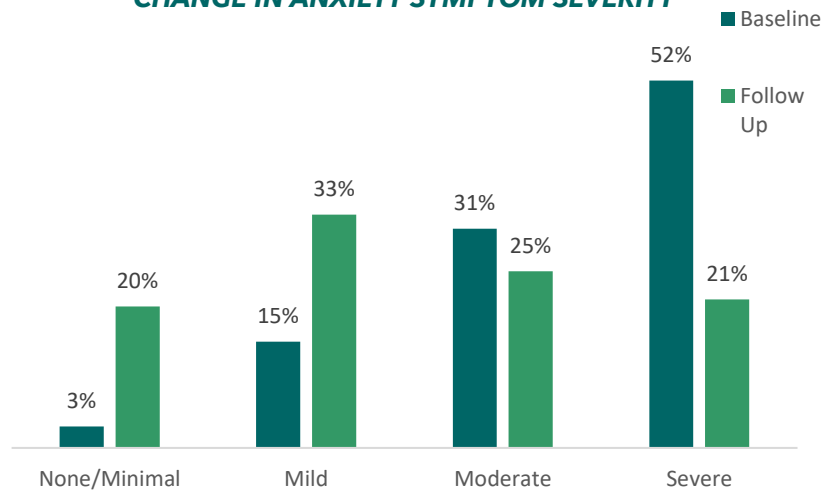
**Note that the selected cut-off score has been shown to have 89% sensitivity in detecting current depression (Manea et al., 2012)*

CHANGES IN FEELINGS OF ANXIETY

Overall, **76** beneficiaries provided complete data on the GAD-7. Around **68%** of them reported substantial **improvements** in symptoms of anxiety and **11%** reported no changes in feelings of anxiety.

As noted in the graph, mental health services does not eliminate symptoms, but helps people improve by shifting the severity of symptoms from severe to moderate, and moderate to mild/none.

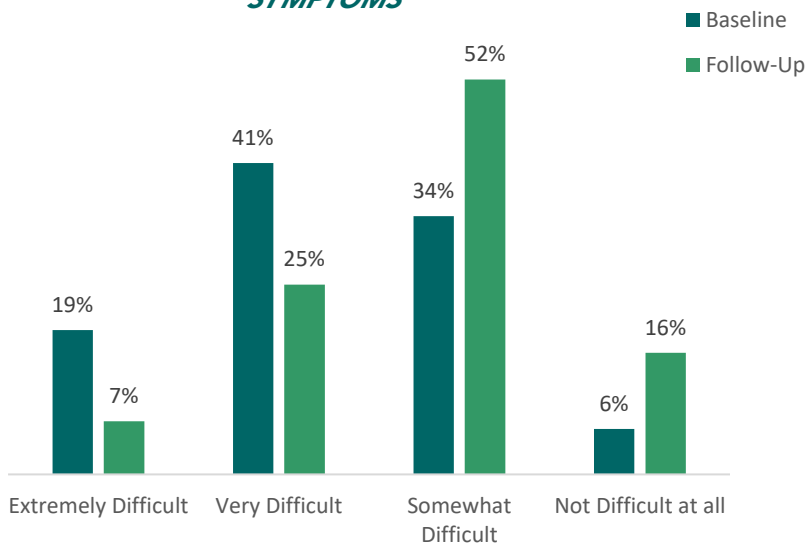
CHANGE IN ANXIETY SYMPTOM SEVERITY



In addition to improvement of symptoms, beneficiaries also reported that their mental health status is not impacting their lives as much as it did before treatment.

Overall, **68** beneficiaries completed baseline and follow-up data on the difficulty item of the GAD-7, and the **majority** reported **improvements** in their subjective perception of the difficulty posed by anxiety symptoms on daily functioning.

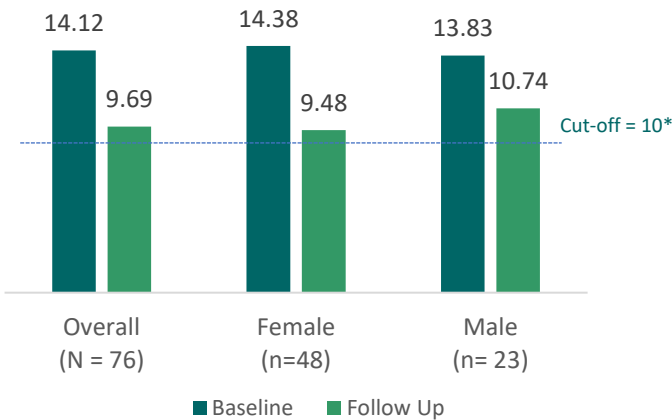
LEVEL OF DIFFICULTY CAUSED BY ANXIETY SYMPTOMS



The GAD asks beneficiaries how difficult it is for them to do their work, take care of things at home, or get along with other people. Responses include “Extremely Difficult”, “Very Difficult”, “Somewhat Difficult”, “Not Difficult at all”.

CHANGES IN FEELINGS OF ANXIETY CONT'D

ZOOM IN: CHANGE IN ANXIETY SYMPTOMS x SEX



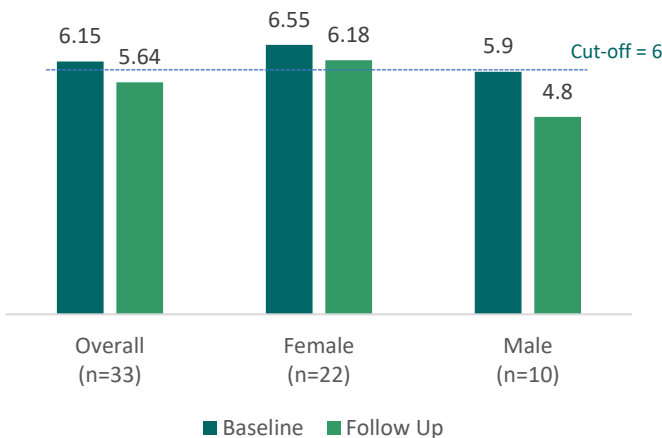
In fact, scores on the GAD-7 **decreased** by around **27%** on average at follow up compared to baseline indicating a decrease in the severity of symptoms. This improvement was more pronounced amongst female beneficiaries.

**Note that the selected cut-off score has been shown to have 89% sensitivity in detecting current depression (Spitzer et al., 2006)*

CHANGES IN SYMPTOMS OF POST TRAUMATIC STRESS

The TSQ consists of 10 Yes (scored 1)/No (scored 0) items. Item scores are added to generate a final score. A score of 6 or more is predictive of post traumatic stress disorder (PTSD).

ZOOM IN: CHANGE IN POST TRAUMATIC STRESS SYMPTOMS x SEX



Overall, **33** beneficiaries had complete data on the TSQ. Around **40%** of them reported substantial **improvements** in trauma symptomatology and **30%** reported no changes in feelings of anxiety. On average, scores on the TSQ dropped by around **8%**.

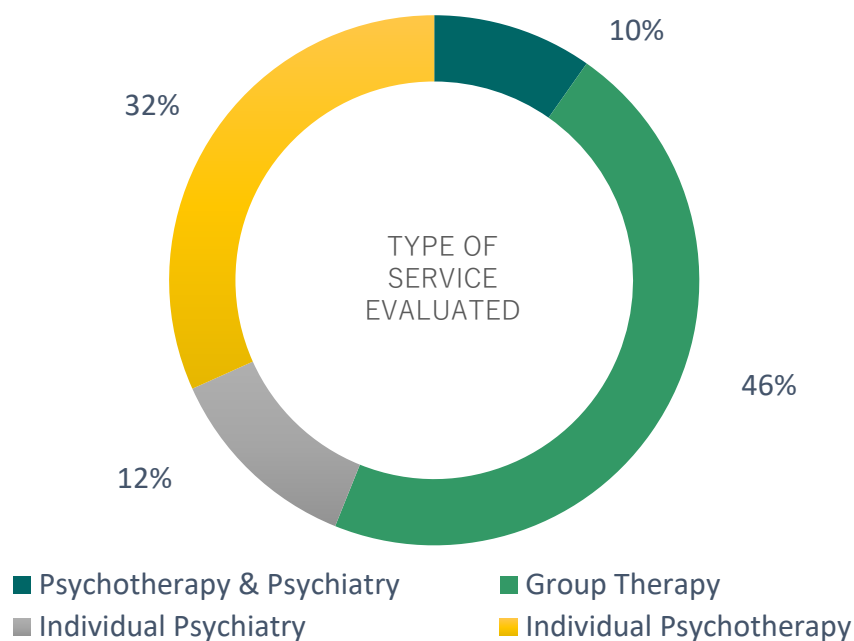
III. BENEFICIARY SATISFACTION

The priority of Embrace Mental Health Center (EMHC) is beneficiaries and their wellbeing. In order to assess different aspects of their experiences at the EMHC, beneficiaries are invited to anonymously complete a satisfaction survey. The survey prompts beneficiaries to rate a set of statements on a scale of 1 (Poor) to 5 (Excellent). The statements evaluate beneficiaries' overall satisfaction with EMHC services along with their satisfaction with experiences such as booking sessions and visiting their mental health providers.

The below charts present a summary of responses to satisfaction surveys completed in the 6 months since the launch of the Embrace Mental Health Center.

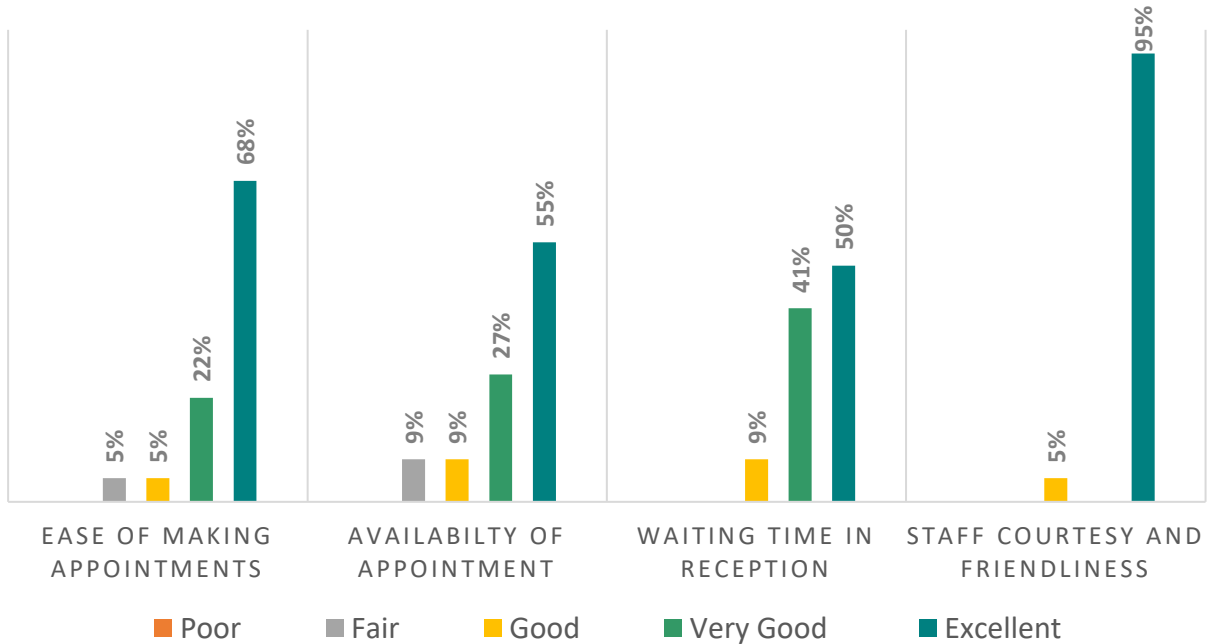
SERVICES EVALUATED BY BENEFICIARIES

A total of **41** satisfaction surveys were completed between **October 2020 and April 2021**.

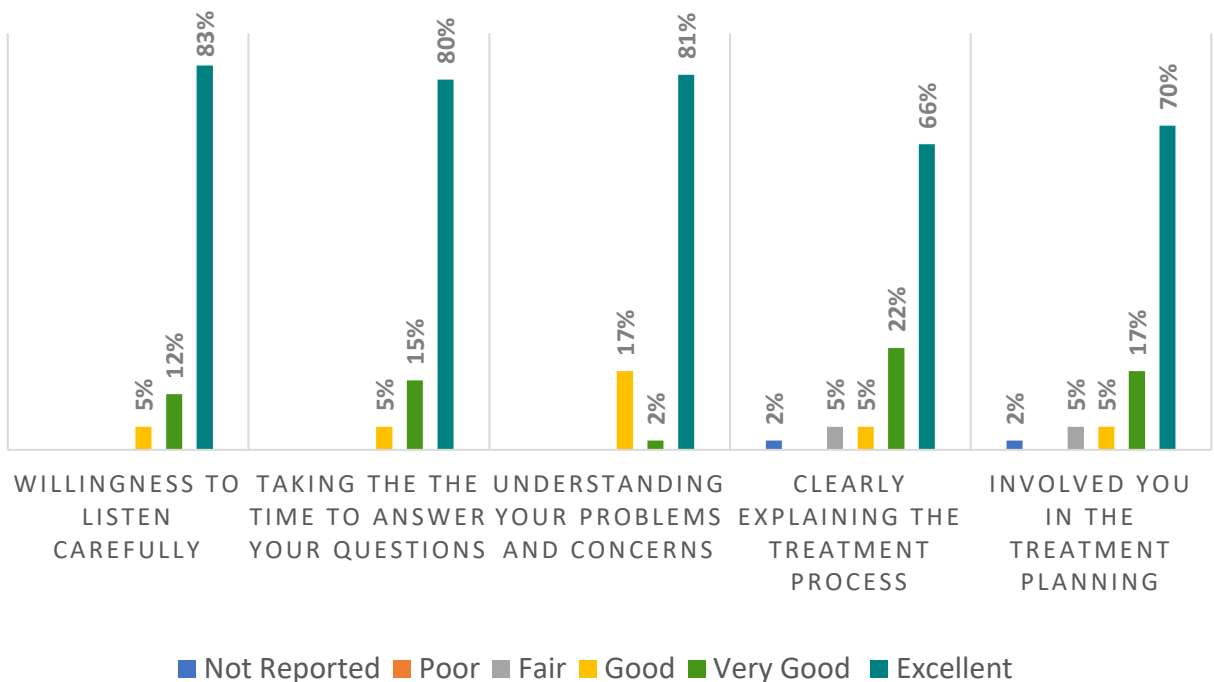


EVALUATION OF BOOKING AND RECEPTION

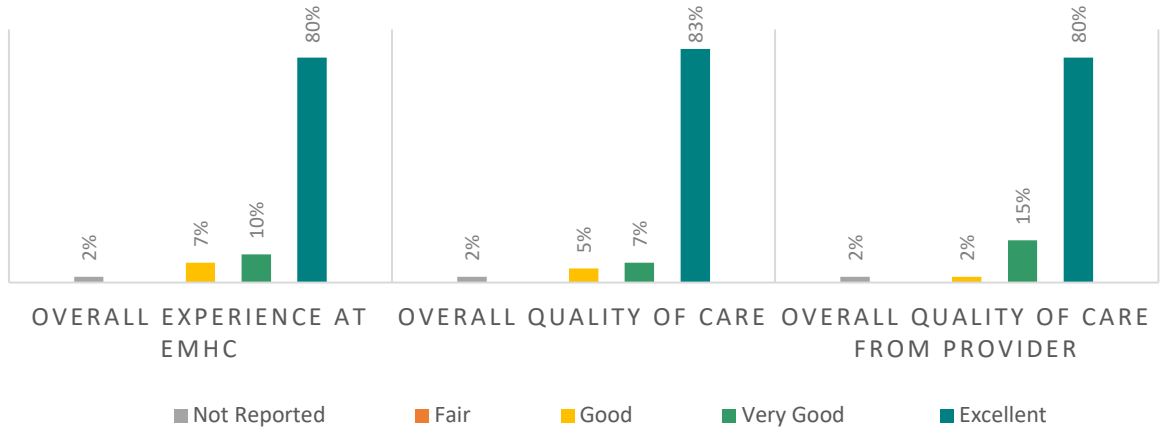
Questions on booking and reception are prompted only if the beneficiary attended an *individual, face-to-face* session at the EMHC. This corresponds to 54% of all satisfaction surveys filled.



EVALUATION OF VISIT/SESSION WITH MENTAL HEALTH PROVIDER



RATINGS OF OVERALL EXPERIENCE & CARE



BENEFICIARY TESTIMONIALS



Saying that my experience with Embrace and more specifically with Marianne was **rejuvenating would be an under statement!** I am so happy I took this step.

Anonymous Female, 26 years old



I would like to say that I am **becoming so much better and making great progress.** Thank you to each and everyone in Embrace.

Anonymous Male



Your services are perfect, **thank you for taking care of your patients.**

Anonymous Female, 33 years old



The more I get to know the team at Embrace, the more I feel how professional and passionate you all are about your cause. **The follow-up and attention you give me makes me feel very special.**

Anonymous Female, 39 years old