

Mental Health by Africa for Africa

Accra, Republic of Ghana / Thursday, 5 March 2026

The Columbia-WHO Center for Global Mental Health (CCGMH) was honored to host Health by Africa for Africa”, an invitational convening that brought together over 40 of the continent’s leading mental health experts, innovators, and policymakers together with members of the Center’s International Advisory Board for a day of meaningful dialogue and collaboration. The convening was co-sponsored by [Ashesi University](#), the [Department of Psychiatry at the University of Ghana](#), and [One Mind](#).

CCGMH advances global mental health through large-scale and community-based research projects, the development of measurement tools, and the management of global mental health data.

The Center is equally committed to providing meaningful opportunities for education and capacity-building, and building strong relationships with collaborators globally. In the spirit of that commitment, the convening brought together researchers, clinicians, people with lived experience, philanthropists, students, and policymakers to explore how locally led initiatives are shaping the landscape of mental health in numerous African countries. Participants spent the day discussing promising mental health initiatives, forming new partnerships, and identifying common challenges. Their collective contributions underscored the importance of Mental Health by Africa for Africa and the necessity of creative collaboration in building sustainable solutions to the world’s most pressing challenges.

Welcome and Setting Intentions

Geoffrey M. Reed

Director

Ohemaa Poku

Director of Education and Training Initiatives
Columbia-WHO Center for Global Mental Health



Dr. Reed welcomed the convening participants on behalf of the Columbia-WHO Center for Global Mental Health. Dr. Reed expressed the center’s belief that Africa’s mental health transformation must be led from within, with locally rooted, globally informed strategies and a commitment to creating partnerships that make this vision a reality. Dr. Reed highlighted the presence of colleagues from the WHO Regional Office for Africa, the WHO Country Office in Ghana, the three Africa-based WHO Collaborating Centers in mental health, and distinguished participants from across Africa.

Dr. Poku also extended a personal welcome to all participants and reflected on how meaningful it has been for her to bring her training and expertise back to Ghana, her family’s home. She emphasized the core tenants of the convening: centering public health leadership and developing future leaders, community engagement mechanisms, and exploration of funding partnerships and opportunities.

Keynote Speakers



Oye Gureje

Emeritus Professor of Psychiatry and Director of the WHO Collaborating Center for Research and Training in Mental Health, Neuroscience, and Substance Abuse, Department of Psychiatry, University of Ibadan.

Dr. Gureje is internationally recognized as a leading global mental health researcher who has made major contributions to psychiatric nosology, mental-physical comorbidity, cross-cultural epidemiology of mental disorders, aging in sub-Saharan Africa, and the development of integrated services for people with mental health conditions.

In his keynote speech, “Mental health by Africa for Africa: where we’ve been and where we are going”, Dr. Gureje made the argument that mental health by Africa for Africa is essential not only to combat numerous harmful myths about Africans common in early literature of psychopathology but also to address the many challenges facing the field of global mental health today. Major challenges include a high burden of mental disorders, poor resource allocation and availability, inadequate policy attention, and weak mental health systems. Dr. Gureje highlighted the need for robust evidence and strong leadership to translate evidence into action.

Chido Rwafa-Madzvamutse

Regional Advisor for Mental Health, WHO Regional Office for Africa (AFRO)

Dr. Rwafa-Madzvamutse is a consultant psychiatrist and public mental health specialist. She is currently the World Health Organization Regional Advisor for Mental Health for the African Region, supporting African countries in strengthening their mental health systems. Dr. Rwafa-Madzvamutse is a keen advocate for mental health, actively promoting greater awareness of mental health and well-being at the individual, family, community, organizational, and policymaker levels.

Dr. Rwafa-Madzvamutse’s keynote speech, “Mental, Neurological and Substance Use priorities in the African Region”, highlighted regional priorities, including strengthening mental health systems, addressing brain health across the lifespan, and expanding substance use services. As part of the Comprehensive Mental Health Action Plan 2013 to 2030 in the African Region, countries are working to strengthen effective leadership, increase coverage of mental health services, increase the mental health workforce, improve surveillance, and promote prevention activities.

Working Sessions

African Innovations In Mental Health Interventions

In this session, presenters shared examples of mental health innovations responding to pressing challenges across the African continent. Four innovations were described that make creative use of existing infrastructure and technology to reach people where they are. Delivering care outside of traditional mental health settings greatly improves reach, reduces the stigma associated with mental health care, and circumvents challenges related to workforce shortages. Importantly, these initiatives build sustainable local capacity in communities, supporting the intervention's longevity and potential scalability.



Dzifa Attah

Ghana

Context:

In Ghana, people seeking mental healthcare often turn to traditional and faith healers before or instead of biomedical providers. For them, faith healers represent an accessible and less stigmatizing option for mental healthcare. Faith healers rely on a diverse array of methods, ranging from herbal remedies and rituals to potentially harmful practices such as shackling and prolonged fasting.

Challenge:

Finding ways to collaborate with traditional and faith healers using a combination of mental health skills and traditional methods to promote positive mental health outcomes and reach everyone who needs care.

Innovation:

To respond to this challenge, researchers at the University of Ghana and the University of Washington developed **M-Healer**, an app that equips faith healers with basic mental health skills and can be used in settings without internet. The app provides faith healers with de-escalation, relaxation, and social skills that protect the rights of those receiving care.

Outcomes:

Faith healers found the app's teachings immensely helpful, both professionally and personally. They believe caregivers of people living with mental illness would also benefit from the app.

African Innovations In Mental Health Interventions (Continued)



Kebope Kealeboga

Botswana

Context:

Botswana has a limited number of mental health specialists. Task-shifting initiatives have been successful, especially those utilizing trained near-peer youth counselors.

Challenge:

Training more near-peer youth counselors to combat the shortage of mental health specialists and addressing mental health challenges in school settings.

Innovation:

Safe Haven is a task-shifting initiative in which near-peer youth counselors are trained to address the needs of youths experiencing symptoms of common mental disorders, using Problem Solving Therapy to provide support, and refer them to mental health specialists for treatment when necessary.

Outcomes:

Trained near-peer youth counselors have reached more adolescents, and treatment referrals have increased. Safe Haven is also collecting data about youth experiences and has developed a database to track mental health outcomes. The program is planning to expand to incorporate a parent component and to more specifically address the mental health challenges of youths living with HIV.



Isaac Olufadewa

Nigeria and Sierra Leone

Context:

Slum and Rural Health Initiative (SRHI) is among the largest youth-led organizations in Africa. SRHI uses community-based advocacy, digital innovation, and human-centered research design to improve access to mental health services in underserved communities.

Challenge: Ensuring that youth in vulnerable settings can access mental health services and referrals requires a new model of task-shifting and youth involvement. **Innovation:** SRHI developed Project BraveHeart, a program that recruits and trains youth leaders to address basic mental health needs, equipping them with the skills to support adolescents living in migrant camps. Recruits are provided with a tablet for basic mental health needs, which can be used offline and for data collection.

Outcomes:

SRHI collects and analyzes data from these interactions to evaluate and refine Project BraveHeart, working directly with ministries and governing bodies to scale the program.

African Innovations In Mental Health Interventions (Continued)



Emmanuel Mwesiga

Uganda

Context:

Early intervention after a first episode of psychosis significantly improves recovery outcomes, but treatment is often deferred due to a variety of social, economic, and familial considerations.

Challenge:

Addressing the 10-year delay in seeking care after the first episode of psychosis and ensuring that people living with psychosis are included in the decision-making process of their own care.

Innovation:

Intervention for Early Psychosis is a project led by Dr. Mwesiga at Makerere University that shifts assessment and services from psychiatric hospitals to general hospitals, enabling them occur in a more familiar setting, which removes a major barrier to accessing care. As part of this process, family members also learn how to appropriately support someone living with psychosis.

Outcomes:

One important outcome of this intervention was the realization that the study team wasn't collecting data on factors that influence treatment-seeking behaviors, such as the patient's environment, employment, and the time of year they seek treatment.

Engaging Communities And Integrating Lived Experience

Equitable research and program implementation are contingent on meaningful community engagement and inclusion of people with lived experience (PWLE). The field of global mental health faces a persistent and critical challenge in ensuring that the inclusion of PWLE and communities in research is not merely symbolic or perfunctory. In this session, presenters showcased initiatives that have successfully addressed this challenge and shared important lessons learned.



Miracle Adesina

Nigeria

Approach:

Slum and Rural Health Initiative (SHRI) includes PWLE in each project's entire lifecycle, from initial research design to implementation to evaluation, ensuring that all projects are truly collaborative and community-owned. As part of the BraveHeart Program, SRHI hosts mental health sessions inside "Friendship Tents", refurbished cargo containers decorated with graffiti-style murals about mental health. These murals are co-created with community members and feature supportive messages that show solidarity and destigmatize mental illness.

Impact:

The health messaging decorating the Friendship Tents helps normalize important conversations around mental health, stigma reduction, and preventive care. The co-creation of these murals with community members promotes a sense of community ownership and ensures that the resulting health messaging is relevant, sensitive, and contextually appropriate.



Dorcas Efe Mensah

Ghana

Approach:

MindFreedom Ghana, a rights-based organization that strives to improve the health and lives of people living with mental illness, emphasizes the role of community support in promoting recovery. MindFreedom takes a multifaceted approach to its mission, including hosting community-based trainings to combat stigma, strengthening local peer support groups, and advocating for policy reform. MindFreedom also directly addresses economic factors influencing recovery by helping people living with mental illness build sustainable livelihood pathways and become financially literate.

Impact:

MindFreedom's multipronged approach to mental health combines community education, peer leadership, economic empowerment, and advocacy efforts to ensure people living with mental illness are fully supported in recovery.

Engaging Communities And Integrating Lived Experience (Continued)



Xanthe Hunt

South Africa

Approach:

Researchers at the [Africa Health Research Institute \(AHRI\)](#) make concerted efforts to ensure people with lived experience have opportunities to meaningfully contribute to the research process. This is especially critical for young people navigating mental health challenges within a larger context of poverty and structural inequity. AHRI currently works with 11 young people aged 18-21 who are actively engaged in the research process and contribute insights into structural determinants of health shaping adolescent mental health outcomes in their context.

Impact:

Non-tokenistic inclusion of PWLE often requires longer research timelines, additional funding, and careful consideration around ethical remuneration. The effort is well worth it: sustained involvement of PWLE in research yields intervention designs that are more culturally and socially responsive, improved participant engagement, and findings relevant to policy and community needs.



Sehwah Sonkarlay

Liberia

Approach:

At the [Liberia Center for Outcomes Research in Mental Health \(LiCORMH\)](#), substantial efforts are devoted towards changing narratives around severe mental illness (SMI) by partnering directly with communities to reduce stigma. In Liberia, a diagnosis of SMI is frequently viewed as a “death sentence”. LiCORMH presents alternate narratives of recovery by highlighting stories of individuals who rebuild their lives, work, raise families, and contribute meaningfully following a diagnosis. LiCORMH also provides community-based education to dispel myths and stereotypes about SMI.

Impact:

By showing that recovery is possible, mental illness is seen as a treatable and manageable condition, rather than a moral or personal failing. Engaging directly with communities increases awareness, reduces stigma, and facilitates attitude change.

Building The Next Generation

The field of global mental health faces numerous uncertainties, including a diminished workforce following the COVID-19 pandemic, significant funding constraints, and global political and economic instability. In the face of these challenges, ensuring the next generation of practitioners has the training and resources necessary to drive systemic change is more critical than ever. In this session, presenters share pragmatic approaches to capacity-building and training.



Lucky Onofa

The Gambia

Challenge:

The Gambia has one of the lowest psychiatrist-to-population ratios in West Africa and very few social workers and psychologists. The majority of mental health services are concentrated in a single psychiatric hospital, located in the country's capital. Capacity-building and task-shifting efforts are major priorities for improving access to mental health care and addressing the treatment gap.

Approach:

In the Gambia, **task-shifting efforts** have been successful in addressing the lack of mental health specialists. Existing mental health specialists train other doctors and general health providers to identify mental health challenges and appropriate treatment options. Shifting mental health services to primary care and community settings makes care more accessible and affordable while addressing workforce shortages and service-delivery constraints.



Angela Owusu Ansah

Ghana

Challenge:

Effectively translating research findings to real-world practice remains one of the most pressing issues facing the field of global mental health. Professional development and capacity-building efforts must prepare the next generation of practitioners to lead effectively and work across sectors to drive change.

Approach:

In partnership with the World Health Organization's Regional Office for Africa, the Executive Education Center at Ashesi University hosts **Leadership for Health Transformation in Africa**, a knowledge-transfer and capacity-building program designed to support health professionals in becoming leaders in their field. The program equips leaders with the skills needed to navigate the challenges of implementing national health plans and their country's Universal Health Care roadmap.

Building The Next Generation (Continued)



Kathy Pike

United States

Challenge:

Historically, mental health services and programming have faced substantial funding limits, a phenomenon that has only been exacerbated by recent funding cuts. Securing funding is particularly difficult for early-stage investigators and startups who may not yet have established an extensive track record.

Approach:

The **One Mind Accelerator Program** assists start-up companies and entrepreneurs in creating scalable value-based systems that deliver long-term solutions for mental health services. The program selects a cohort of 10-15 startups annually and provides them with extensive programming, mentoring, and networking opportunities. The program supports the next generation of mental health leaders in creating impactful, scalable, and sustainable solutions.



Jesse Blakor

Ghana

Challenge:

Ghana's treatment gap is estimated at 95-98%, meaning only a small percentage of people who need mental health services are able to access them. Vast disparities in access to care, stigma, workforce shortages, geographic maldistribution, lack of training, and supervision all contribute to the treatment gap.

Approach:

PsychCorps Ghana strategically addresses the treatment gap by recruiting psychology undergraduates for training as lay counselors and placing them in communities. Placements may include collaborating with psychiatric nurses, teaching psychoeducation in schools, and working on suicide prevention efforts. Participation in the program also allows trainees to fulfill the mandatory year of service required by Ghana's National Service Scheme.

The Art Of The Ask

This session explored strategies to secure funding in a competitive landscape where traditional resources are increasingly limited. The five presentations in this session offer crucial insights into crafting proposals to which non-governmental funders will be more likely to respond. The presenters provided perspectives on tailoring proposals to different types of funders and highlighted the major components of a successful ask.



Benedict Dossen

The Carter Center, Liberia

Focus: NGOs and Foundations

Shaping the pitch:

1. Priorities

Ensure that the project aligns with the funder's mission and maps well to their values and priorities.

2. Scalability & Sustainability

Emphasize the project's potential for scalability and replication across diverse settings. Build sustainability plans into the proposal so it is clear that the project can continue to make an impact after the funding

3. Impact

Demonstrate that the project has measurable, realistic, and time-bound outcomes.

4. Leadership

Highlight an established track record and proven credibility. Reputation, risk mitigation capabilities, and fiduciary integrity matter.



Anne DeLaney

United States

Focus: Private philanthropy

Shaping the pitch:

1. People give to people

Find ways to get in front of the funder.

2. People give to projects

Help funders understand the project so they can be confident it will have an impact.

3. Reach

Funders want to know that their donation will make a meaningful impact. For example, \$50k will go further in some regions of Africa than it will in the US

4. Make it meaningful

Connect people to the numbers. Identify measurable outcomes and provide regular updates to maintain donor engagement.

The Art Of The Ask (Continued)



Katharina Koenig

United Kingdom

Focus: Corporate Social Responsibility

Shaping the pitch:

1. Research the giving focus and funding structures

Conduct background research on the funder's annual and sustainability reports, to better understand their Environmental, Social and Governance (ESG) and geographic priorities. Differentiate between formal corporate foundation grants and employee matching schemes.

2. Alignment and amplification

Ensure that the pitch is aligned with the funder's culture of giving to move beyond one-time donations to sustainable funding. Identify ways the project can leverage and amplify the foundation's existing work.

3. Consider the corporate ecosystem

Determine ways the organization can benefit the funder's broader network, including employees, clients, and other important stakeholders.



Mawuko Afadzinu

Ghana

Focus: Corporate Social Responsibility

Shaping the pitch:

1. Share values

Make a strong case for what you believe in and position mental health as a primary investment opportunity, not merely a supplement to physical health.

2. Consider the company ecosystem

Find a way to showcase how the project connects to the needs of employees.

3. Center community

Emphasize the importance of the community in shaping business outcomes. The community's mental health is inextricably linked to the business's health. Investing in the community pays dividends.

The Art Of The Ask (Continued)



Elton Mukonda

University of Cape Town, South Africa

Focus: Health Economics

Shaping the pitch:

1. Re-frame thinking

Shift from thinking about the cost of the intervention to the potential returns on an investment. Emphasize the macroeconomic implications of not pursuing the project, or the “cost of doing nothing”.

2. Provide evidence

Highlight plans for including a cost-effectiveness study and selected economic indicators within the larger project. Tie the impact to sustainability beyond the grant period.

3. Include economic outcomes

Emphasize the measurable economic value of fewer people getting sick, including fewer sick days and reduced healthcare costs.

Spotlight:

The Global Mental Health Scholars Program

The Global Mental Health Scholars Program at CCGMH offers researchers at various stages of professional development the opportunity to advance their research globally. Scholars leverage their expertise to provide leadership and support for research on the development and implementation of key interventions and policy changes. Scholars are actively leading global research to assess the adaptation and dissemination of evidence-based treatments in resource-limited settings. Since 2016, CCGMH has supported 20 individuals from 9 countries, four of whom attended the convening.



Current and past CCGMH Global Mental Health Scholars **Lucky Onofa** (Nigeria), **Karen Mare** (South Africa), **Sehwah Sonkarlay** (Liberia), **Kebope Kealeboga** (Botswana)

Columbia-WHO Center for Global Mental Health International Advisory Board

The International Advisory Board (IAB) is the philanthropic force behind the CCGMH, whose generous contributions made the convening possible. The IAB knew that to truly understand global mental health we had to experience it together, learning from mental health changemakers across Africa, engaging with public health leaders, and listening to the community at the heart of this work.



Anne DeLaney, Chair



Ann Sacher, Vice Chair



Scientific collaboration meeting

On 6 March 2026, a smaller group of scientific collaborators assembled to discuss major priorities identified during the Convening and decide on actionable next steps. The group identified eight priority areas that warrant significant attention and investment to improve mental health outcomes across the African continent.

1. Adolescent mental health:

A primary focus of the meeting was adolescent mental health, especially given Africa's young population. Several speakers noted that the Slum and Rural Health Initiative offers a potential template for replicating adolescent mental health interventions for underserved populations. Speakers also emphasized the importance of evidence-based initiatives for suicide prevention and ensuring that youth and adolescents have appropriate linkages to mental health services. This includes integrating mental health interventions across settings, such as migrant camps and schools.

2. Problematic gambling:

Gambling disorder and online betting, particularly in youth, are an emerging threat to mental health. Several speakers emphasized the need for developing culturally appropriate resources and digital interventions, along with integrating conversations about problematic gambling and gambling disorder into existing youth mental health programming.

3. Regional collaboration and knowledge exchange:

There is a strong desire for an Inter-African community of practice to facilitate knowledge exchange, prevent duplication of efforts, share resources, eliminate silos, and promote collaboration.

4. Workforce development and building capacity:

Speakers also highlighted the importance of mental health training opportunities for the next generation of clinicians, particularly in preventing brain drain and facilitating effective task-sharing. Several speakers called for better funding and widespread implementation of mhGAP.

5. Inclusion of People with Lived Experience:

It is necessary to find ways to meaningfully include PWLE in research, while also valuing the lived experiences and contributions of researchers and clinicians. One of the field's major challenges is finding ways to ensure co-ownership of the research and intervention design process. There is a need for capacity building among PWLE to consult meaningfully in the development of research, treatment programs, and policy.

6. Identifying data gaps:

Speakers emphasized the need for epidemiological data to accurately establish the country-level prevalence of mental disorders, to understand the magnitude of the problem, and to present evidence to policymakers. They also stressed the necessity of data harmonization at national and regional levels.

7. Role of health economics in mental health:

There is a great need for greater attention to economic analysis by health economists in mental health research. Potential areas of involvement include helping researchers develop cost-effectiveness models, creating investment cases, and understanding the economic impact of adverse mental health outcomes (example: the cost of doing nothing for suicide).

8. Mental health across the lifespan:

In addition to the focus on adolescent and youth mental health, it is important to consider what happens to a young population as they age. This includes health prevention and promotion activities to protect mental health throughout the life course and reduce dementia risk.



Next steps

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Assemble a “By Africa, For Africa” working group that meets monthly to develop a work plan that addresses these priority areas and breaks them into smaller projects.

2

Identify opportunities to partner on existing projects, identify relevant funding opportunities for regional collaborations, and share resources, such as tools and technical capacity.

3

Host annual in-person meetings to monitor progress on priority areas, make decisions related to ongoing projects, and develop long-term relationships.

Mental Health by Africa for Africa

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Slum and Rural Health Initiative, Nigeria

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