



PROMOTING MENTAL HEALTH AND HUMAN RIGHTS



GLOBAL INITIATIVE ON PSYCHIATRY

Foundation for the promotion of humane, ethical and effective mental health care throughout the world

Report for the year 2013



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Foreword

Global Initiative on Psychiatry-Hilversum (GIP-H) is a Netherlands-based not-for profit organization that seeks to promote humane, ethical and effective mental health care throughout the world and to support a global network of individuals and organizations to develop, advocate for, and carry out the necessary reforms.

GIP-H is part of the Federation Global Initiative on Psychiatry, which was originally founded in 1980 in Paris as a confederation of several national committees and groups in Europe, with the name International Association on Political Use of Psychiatry. Its main focus was the fight against the political abuse of psychiatry in countries such as the USSR and Romania and in 1988 the association had established itself as a legal entity at the Chamber of Commerce in Amsterdam. In 1993 the organization was re-registered as a foundation with the name Geneva Initiative on Psychiatry. At the occasion of its 25th anniversary, on February 1, 2005 the name changed from Geneva initiative on Psychiatry to Global Initiative on Psychiatry.

Starting in 2000, a number of daughter organizations were set up that gradually took over part of the work from the Hilversum office. The ultimate goal was to establish independent legal entities, which was achieved in 2005. From that year onwards, GIP was comprised of a network of independent foundations located in The Netherlands (GIP-Hilversum), Bulgaria (GIP-Sofia), Georgia (GIP-Tbilisi), Lithuania (GIP-Vilnius) and the United States (GIP-USA). The foundations were independent, yet were linked together in a federative structure overseen by GIP's General Board. Each foundation generated its own annual financial report including an auditor's report.

Until the fall of 2011, GIP-Hilversum functioned as the headquarters of the organization and the board of GIP-Hilversum was identical to that of the Federation Council. In November 2011, the Federation Council decided to disconnect the Federation GIP from GIP-Hilversum. A new board for GIP-Hilversum was formed, the chairman of which became a member of the Federation Council (just like the chairpersons of the other federation members). By doing so, GIP-Hilversum was equalized with the other GIP offices and is now a member of the Federation Global Initiative on Psychiatry (since March 1, 2014, renamed as Human Rights in Mental Health-FGIP).

The year 2013

In the course of 2012 and 2013 the focus of GIP-H was broadened with the "new" perspective on mental health care development in The Netherlands itself. In 2013, the first projects in this field were developed and funding was sought from foundations that hitherto



did not fund GIP work because of its focus on activities outside The Netherlands. Also, the board of GIP-H was extended and now consists of six Dutch members.

In 2013 the global economic crisis continued to affect the functioning of GIP. In the course of the year the size of the office was brought more in line with the size of its core funding, mainly consisting of a five-year grant from the Dutch Ministry of Development Aid (2011-2015) and a five-year project in Sierra Leone financed by the European Commission. Several additional smaller projects helped to keep the office sustainable.

Activities

The above-mentioned five-year project funded by the Dutch Ministry of Development Aid (MFS budget line), which is implemented in a consortium with World Granny and led by the Medical Committee Netherlands-Vietnam, was continued in all five countries concerned (Georgia, Laos, Sri Lanka, Tajikistan and Vietnam). The MFS project not only enhanced our presence and efficacy in these countries, but also allows us to implement projects that have a longer start-up period and need more time to result in sustainability, thanks to the five-year time-frame of the program. In other countries our work continued as well, in spite of the difficult financial situation. In addition we continued several projects on the African continent and, as mentioned before, worked on the activity package focusing on The Netherlands.

Future outlooks

In the year 2014, the global economic crisis will continue to be an impediment, yet at the same time we feel that the financial stability we achieved will help us to look for alternative funding sources and funding strategies, and prepare us for the next period. All in all, we remain optimistic and committed to the goals as worded in the mission and vision of our organization.

Robert van Voren,
Director
March 2014



INTRODUCTION

Global Initiative on Psychiatry (GIP) is an international not-for profit organization that seeks to promote humane, ethical and effective mental health care throughout the world and to support a global network of individuals and organizations to develop, advocate for, and carry out the necessary reforms.

Global Initiative on Psychiatry in Hilversum (GIP-Hilversum) supports the development of mental health care services in developing countries. GIP strives to ensure that every person can participate in society as fully as possible, irrespective of the fact whether he/she is a hospitalized psychiatric patient in Sri Lanka, a person with an intellectual disability in Georgia or an AIDS-orphan in South Africa. In order to bring about structural reforms in mental health, GIP works at grass root level together with local partners and at governmental level with politicians and policy makers. In our work cultural-specific issues have a prime focus.

The mission and vision of Global Initiative on Psychiatry was formulated during the second half of the 1990s and has remained unaltered ever since.

Every person in the world should have the opportunity to realize his or her full potential as a human being, notwithstanding personal vulnerabilities or life circumstances. Every society, accordingly, has a special obligation to establish a comprehensive, integrated system for providing ethical, humane and individualized treatment, care, and rehabilitation, and to counteract stigmatization of, and discrimination against, people with mental disorders or histories of mental health treatment. An enlightened services system promotes mutually respectful partnerships between persons who receive services and those who deliver them, protects the human rights of users and the ethical autonomy of service providers, and facilitates the engagement of users, families, and all other stakeholders in advocating for and achieving improvements in the quality of care.

Recognizing that these aspirations remain everywhere unfulfilled, and that the rights and needs of persons with mental disorders are particularly vulnerable to infringement and neglect, the **mission of Global Initiative on Psychiatry** is to promote humane, ethical, and effective mental health care throughout the world and to support a global network of individuals and organizations to develop, advocate for, and carry out the necessary reforms.



The **main target groups** of GIP-Hilversum are:

- Persons with a mental illness
- Persons with an intellectual disability
- Persons who have developed mental health problems as a result of external factors, such as HIV/AIDS, acts of war or natural disasters

In carrying out our work we focus particularly on the **following themes**:

- Community mental health care
- Support for persons with an intellectual disability
- HIV/AIDS and mental health
- Forensic psychiatry and prison mental health
- Mental health and human rights

International focus

GIP-Hilversum works currently in The Netherlands, Georgia, Tajikistan, Serbia, Sri Lanka, Laos, Vietnam, Zimbabwe and Sierra Leone. In the course of 2013 also the Dutch mental health field has been approached with innovative mental health project ideas. In November 2013 an agreement on collaboration was signed, which has strengthened the collaboration with the Dutch Association of Mental Health and Addiction Care. This agreement focuses on cooperation in international development support in mental health: Dutch mental health organizations and Global Initiative on Psychiatry will work more closely together in this field.

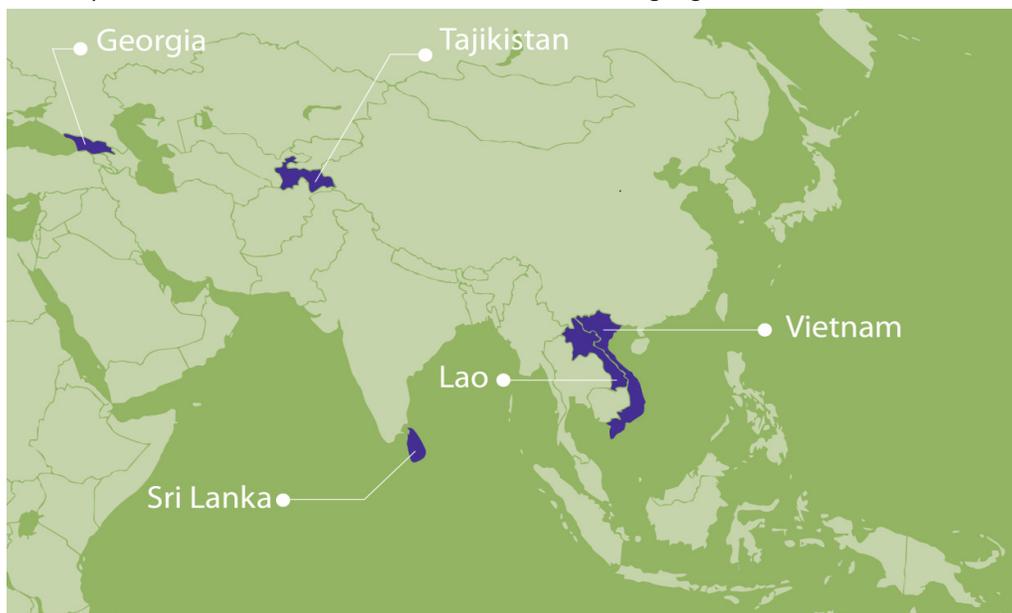
The **board** of GIP-Hilversum consisted in 2013 of six members; Drs. Jos A. Poelmann is the Chairman of the board. Mr. Jan Schaart continued to function as Treasurer of the organization, Dr. Dick Raes is secretary and board members are Mr. Clemens Huitink, Mr. Rob Keukens and Mrs. Lidy Zaat.

GIP's projects in 2013

TEA PROGRAM

The **Transition in the East Alliance (TEA)** is an Alliance of three Dutch Civil Society Organizations: GIP, MCNV and WorldGranny. These three organizations joined forces to implement together a program funded by the Dutch government, in five countries: **Georgia, Laos, Sri Lanka, Tajikistan and Vietnam**. The TEA Program started in 2011, and will last until 2015. In that period, TEA has implemented, and will implement, a multitude of smaller projects that aim to reduce poverty by (1) increasing capacity of local civil society actors, (2) increasing access to finance for all and (3) increasing access to health services for all.

This map shows the 5 countries in which the TEA works; highlighted in blue.



Although GIP takes part in implementation activities in all three project areas, the strongest presence is in the domain of Equal Access to Health Care.

In 2013 GIP's activities within the TEA-program continued to focus on three key issues: improving **inclusiveness** and accessibility of the healthcare for marginalized groups in the targeted countries, setting up **comprehensive health care** in those countries and **sustainability** of the conducted interventions.

TEA Program

LAOS

Lao PDR is a country of 6.5 million people with 49 officially recognizes ethnic groups, each with different cultures, traditions and livelihood systems. The health care system and delivery including mental health service is centralized. In 2012 there were only 2 mental health treatment facilities that provide both inpatient and outpatient services: both in the capital Vientiane.

As it was considered to be important to improve mental health services, one of the issues is to create more mental health services in the country. Therefore, GIP-H collaborated with the National Task Force on Mental Health in a workshop together with the Ministry of Health to decide upon the new location. It was decided that a new mental health center would be build up in the South of the country: in Savannakhet, the second city in Laos PDR. GIP worked together with the provincial health authorities and the Savannakhet provincial hospital management to create the possibility of developing a new mental health facility. The Mental Health Center would become a ward of the Provincial Savannakhet Hospital. The development was part of the TEA program and supported by the Dutch Ministry of Foreign Affairs.



Already in 2012 the renovation of the building started, which was completed in the first quarter of 2013 and some small basic equipment was purchased and supplied to the center.

The center was open since April 2013 and clients started coming – it will take a little while before it is known in the region that there is such a center.

This is good, as it give

some time for the staff to be trained and get experience.

Furthermore 3 health staff members from the hospital were appointed to work in the mental health center. They received a tailor-made training of 3 months in the Vientiane

mental health center (one of the two existing mental health centers in the country). This training was completed by the end of 2013.



The mental health referral system in the region has improved due to the development of this center. It is expected to further improve when the mental health center will be better known in the South of Lao. In 2014 also primary health care staff will be trained in mental health both to recognize mental health symptoms better, and to get understanding of the possibilities of the mental health center in the Savannakhet Provincial Hospital.

Strengthening the capacity of health providers and health management

A survey has been conducted to assess the mental health situation in sample areas within Savannakhet provincial. In September 2013, an external consultant from Vientiane was invited to lead the assessment. The objective was to identify the mental health situation, seeking behavior for treatment, existing service facilities and gaps. The assessment was performed together with students of the Savannakhet Health Science College. The outcomes were put in a report that has been shared with the TEA steering committee, the Provincial Health Department, the Mental Health Center in the Savannakhet Provincial Hospital and the Savannakhet Health Science College in order to contribute and give direction to the improvements to the mental health curriculum.

As the general mental health knowledge in Lao PDR is very basic, it was decided in 2012 to work with Thai experts on improving the curricula on mental health for two reasons: firstly, the Thai experts have more knowledge on mental health but are still closer to Lao knowledge and culture than European experts and secondly, as the language of both



countries is very similar they can work together in their own language, which has an additional value as the mental health jargon is not yet well developed in Lao.

In February 2013, a group of 8 representing MCNV TEA Lao, GIP-H and the Health Science College Savannakhet, visited the Boromarajonani College of Nursing, in Ubon Ratchathani, Thailand to look at the possibility to get their support on mental health curriculum improvement for Health Science College Savannakhet. It found that the Boromarajonani College of Nursing is (one of the biggest regional school in the north eastern of Thailand and has advanced and comprehensive curricular and suitable for the Lao condition. The Boromarajonani College of Nursing agreed to provide their support and their team worked together from August till December 2013.

Furthermore experts from GIP-H in collaboration with GGZ-Noord-Brabant have provided a training on mental health and teaching skills in September 2013, which was provided to 29 teachers of the Savannakhet Health Science College and professionals (doctors, nurses, management) from the hospital who also provide training to students. They were very eager about the mental health issues and through this training they experienced diverse teaching methods, such as group work, role-plays, team discussions, reflection and feedback.

The improvement of teaching skills was a specific request of the director of the College, which both through this training as the ones from the Thai trainers showed various possible ways of participatory teaching skills which can be used alternatingly.

In 2013 the improvements in the mental health curricula of the Savannakhet Health Science College were completed, which will be used to teach the students from Savannakhet and other provinces throughout the country. The graduated students will be sent to different health centers/hospitals and people all around the country will benefit from the improvement.



TEA Program

SRI LANKA

Setting up Services for children with learning disability in Killinochi District

The government policy of integrated education is present in the country, but not implemented very well yet in most areas. Parents of children with learning disabilities (CWLD) have no support and/or lack the knowledge and skills to support their children. No other support mechanisms are in place. In the war-struck area of Killinochi, the population is eager to rebuild communities and the educational authorities welcome the TEA program. When developing this program GIP careful considered with stakeholders that this would be in line with the district development plan. In this project, the existing centers in schools are being upgraded and new centers are set up in schools.

In 2013 the collaboration with the education department was formalized and renovation plans were made after which implementation could start. A survey has been conducted to map the families with Children with special needs (CWSN) and the problems they encounter. The development of school programs started in 2013, including training of teachers, volunteers training (volunteers from the community are trained as care workers in the school centers), awareness raising for the other school staff, setting up and support to parent groups (for parents of children with special needs for mutual support, to support in delivering education and advocacy for better educational services) and CBO training (who will continue to support the activities after the project ends).

Individual School Development Plans

In 2013 the three selected schools in the Killinochchi district implemented the individual school development plans for the construction and equipping of a dedicated special needs education unit classroom with attached wheel chair access toilet and wash area.

The construction of the Special Needs Unit classrooms in the 3 schools in the Killinochchi District - Kanagapuram MV, Akkarayan MV and Mullankavil MV is completed. The formal opening at Kangapuram was held, and the formal opening ceremonies for Akkarayan MV and Mullankavil MV are planned for 2014. In the meantime, the schools are using all the classrooms for the academic year that started in January 2014.

In the Kangapuram school more than 20 children were registered for entry into the Special Needs Unit classroom in 2014 – before the construction, the number of students who were registered, for the classroom “under the tree” in 2013, were only 6. In Mullankavil, a village in the interior and where access is very difficult, it has been reported that there are many children waiting to come to school as soon as the classroom is functioning.



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Kanagapuram M.V.

Before



After



Mulankavil M.V.

Before



After



Building Plans for the special needs unit classrooms with attached toilet, were designed, drawn and submitted for approval to the building works engineers and technical officers of the Department of Education. The specifications for the buildings are in conformity with the guidelines given by the Ministry of Education. The classrooms have been donated to the schools by the project.

The project has received Certificates of Appreciation from the Department of Education, Northern Province and the Zonal Education Department of the Killinochchi District.

In 2013, a start has been made with the training program of primary school special teachers, other support staff, and volunteers on inclusive education for children with special needs and on awareness raising.

Development of forensic psychiatric services in Sri Lanka

The project on forensic psychiatry is implemented in the National Mental Health Institute (NMHI), formerly known as the Angoda Hospital. Located in Colombo, the NMHI is the main psychiatric hospital in the country.

This project has led to knowledge and skills improvement of both support and medical staff in the forensic ward. Training sessions were provided to various staff member groups on a range of themes such as support mechanisms, forensic assessments, re-socialization programs, crisis and conflict management, team and staff management within closed institutions, etc.

Renovations to the forensic ward have led to improved facilities for patients. Patients now have more space and good bathroom facilities. A fence has been erected around a walkway



and nearby garden. Patients can now go outside and use the garden to grow vegetables, play badminton or to just use it as a place to sit and talk to each other. Rehabilitation activities are now also on offer.

During the implementation of TEA the forensic department of the Angoda psychiatric hospital in Colombo is further transformed from an archaic service with gross human rights violations into a more humane and therapeutic environment focusing on rehabilitating and resocializing patients.

In 2013 on-the-job supervision and training of the department staff in rehabilitation, therapeutic programs and general care/support in forensic psychiatry (FP) have been carried out.

Prison Mental Health program in Sri Lanka

From February 08 till 16, 2013, a clinical forensic psychologist and a manager, both from the Penitentiary Psychiatric Centre Amsterdam The Netherlands, carried out a follow up visit to Sri Lanka. They have been accompanied by Senior Registrar Dr. Lushan Hettiarachchi of the forensic ward NIHM with the assistance of Mr. Saman Kumara prison program manager and Angeline Jeyarajah both of Survivors Associated.

The main purpose of this visit was to establish a connection and create sustainability between community work, the prison and the (forensic ward of) NIMH.



TEA Program

GEORGIA

Treating torture victims, preventing new cases in Georgian prisons

In strongly politicized and controlled societies, working on mental health is working on human rights. The work of TEA following the so-called Prison Scandal is an example of this. In 2012, videos broadcasted on national TV showed that torturing people was a common practice in Georgian prisons. This sparked such public outrage that it even facilitated a change of government. The new government eventually released the tortured prisoners. TEA has helped these people with treatment. We helped start up a multidisciplinary team consisting of medical doctors, psychologists, social workers and psychiatrists, to provide them comprehensive psycho-social care, and to help them reintegrate into society.

However, GIP's work did not stop there. We also wanted to prevent any more excesses in the Georgian prison system. To do that, we had to create a much better understanding of mental health issues within the prisons themselves. Mental health issues are very important in prisons. Being imprisoned has significant impact on the human psyche and human beings need to adjust to this. In addition, life in prison often contains many additional stress factors that threaten mental health conditions, such as controlled routines, power differences, and violence. There was only scant attention to mental health in prisons before the TEA program, and no services at all for women inmates. To start to change this, TEA helped to found the NGO 'Prison Aid', which has a team of psychologists, social workers and psychiatrist to provide services to the prisoners. Prison Aid provides regular mental health care to women prisoners to help them adjust to prison life – and help them integrate back into society after leaving prison. Working as an independent NGO, Prison Aid has also had a profound impact in the way that the prison staff looks at the mental health of their inmates. TEA values this independent role of Prison Aid, and does not seek to integrate them into the regular prison system at this stage. To help them become sustainable as independent entity, TEA has helped to do organizational assessments and corresponding developmental work to assure strengthening of Prison Aid as an organization.

Juvenile Delinquency Prevention

Another group that required special attention within the judicial sector were young people that were exhibiting behavioral problems that may land them in prison. Before our intervention, there was no institutional mechanism to address juveniles in need. Through a mix of interrelated interventions in the areas of health and civil society strengthening, TEA is developing an innovative and coherent system to prevent youth (and further) delinquency:

- A new institutional unit – the Family and Child Care Centre (FCCC)– was founded in Tbilisi, to provide psychosocial care for children and adolescents with behavioral problems;
- A multidisciplinary team of several psychologists, a social worker and a psychiatrist was recruited and trained, with a working methodology elaborated and put in place;
- The center helped marginalized children and adolescents to become included again into regular society, via provision of comprehensive care.

The FCCC was incorporated into the Ministry of Education Psychological Service in April 2013, which assures its sustainability. It is the first unit of its kind.

Getting war-affected people the care they deserve

After the 2008 war with Russia, the border area surrounding Gori became a very problematic region. Many people were displaced as Russian forces occupied the South Ossetian region. Many of these people repopulated around Gori in Internally Displaced People (IDP) camps, straining the resources of the region and creating tension with local villages. Many of the inhabitants, both IDPs and locals, were severely traumatized as a result of the war, but there was no institution that could help address those mental health needs.



Through a mix of interrelated interventions in areas of health and civil society strengthening, TEA helped develop an innovative system on dealing with trauma in IDP communities:

- TEA helped found the Gori Trauma Center, to address the mental health needs of war-affected traumatized people;



- The center was staffed with psychologists, social workers, and a neurologist to assure comprehensive psycho-social care;
- The center was equipped with an appropriate methodology of work tailored for work with marginalized IDPs and other war-affected people;

The center started to provide psycho-social care to the marginalized traumatized people on a regular base, aiming for their inclusion into society.

- The center was eventually incorporated into the work of the Gori Patriarchy, which ensured its sustainability.

TEA Program

TAJIKISTAN



The main achievement of GIP in 2013 was related to signing a Memorandum of Understanding with the Ministry of Health. The MoU pushed forward all our planned activities within the TEA Program. In collaboration with the Ministry of Health GIP opened 5 gerontology rooms in the targeted regions. GIP's implementing partner was actively lobbying for opening of gerontology rooms all over the country and the major achievement in this direction is the decision of the Minister of Health to support this idea and to use TEA pilot as a model for expansion of gerontology services all over the country. This achievement shows that health services started to cooperate more intensively with our partner organization and old people benefiting a lot from this cooperation.



In order to increase awareness about comprehensive care and to provide high quality psychosocial support to people in need GIP developed curricula on provision of psychosocial support inclusive for marginalized people. Before this intervention there were no curricula at all inclusive for marginalized. The curricula were introduced and distributed among medical and social staff as well as our partner organizations and students. GIP also trained partner NGOs on use of curricula and currently our partners are able to sustainably provide more health care and social services to our targeted groups. The students and teachers of the Tajik National University also improved their knowledge on provision of services inclusive for marginalized.



Our next achievement was provision of high quality socio-rehabilitation services to people with mental health problems, these people are the most marginalized and stigmatized group of people in the Tajik society. TEA is the only donor organization that supports activities of mental health users. Self-Help groups, computer classes, provision of home care services such as medical and social diagnosis of living conditions of mental users, counselling services to users themselves and their close relatives significantly improved well-being of our beneficiaries as well as their psychological conditions. The Ministry of Health supported GIP's activity and agreed to introduce this balance care model to psychiatrists working in local medical facilities in Dushanbe and B. Gafurov District in 2014. While working with people with mental health problems we used an appreciative approach, we expressed our willingness to support their personal growth, and we directed our efforts on making their self-esteem stronger, thus giving them an equal access to services.

Our last but not least achievement in 2013 was the training on Autism that involved participation of decision makers from the Ministry of Health in the field of Autism and resulted in getting to know each other's culture, visions, working styles and needs. Moreover, GIP raised awareness of the autism diagnosis, from early detection to diagnostics and treatments in different ages.

Both in Georgia and Tajikistan GIP has been lobbying for more inclusive governmental policies. As a result in Georgia, for example, two Mental Health guidelines were elaborated, the National Action Plan on Mental Health is being prepared, small grants projects assuring that marginalized groups who are lacking proper access to mental health care (i.e. elderly) were provided with the opportunity to receive professional assistance. Advocacy and lobbying efforts of GIP in Tajikistan succeeded in institutionalization of gerontology services in health policy and health care in Tajikistan, development and promotion of approach of balanced care for PMHP and recognition of autism as a separate diagnosis.

TEA Program

VIETNAM

The mental health system in Vietnam is structured according to the administrative division of the country. There are 2 national mental health hospitals; one in the suburbs of Hanoi and one near HCMC (Bien Hoa) and there is a national institute for mental health. In each of the 64 provinces there is a hospital with either a ward for psychiatry or a special center for mental health. At district level there is no specialized mental health care and patients are usually referred to the provincial hospital. At commune level there are health stations, which have no special mental health care, but they provide medications for people with schizophrenia and epilepsy. There is no national child- and adolescent mental health care (CAMH).

GIP-H works together with MCNV-Vietnam within the TEA program supported by the Dutch Ministry of Foreign Affairs on community mental health (anti-stigma campaigns, program on supporting families, improving the referral chain from community to provincial level), CAMH, lobby for governmental acknowledgement for more mental health illness and depot medication, and improvement of mental health training and curricula.

The TEA team has been working with the Village Health Workers Association (VHWA) and Disabled People's Organizations (DPO) in Quang Tri province to provide health education and communication events interacting with the target groups up till villages – even in remote mountainous regions. Besides common health issues now also mental health is included. The workers applied innovative methods such as drama, folk music, participatory video, puppets and photo-voice to get people at the communities involved in those health promotion activities. Due to these innovative methods much more community people joined in these events. As the team in Quang Tri has already experience with these methods, they also gave trainings e.g. on puppet making to two other VHWA from Cao Bang and Phu Yen.



Training on puppet making and performing for VHWs of Cao Bang and Phu Yen in Quang Tri



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Besides the health communication events with the community people in general, the VHWA also collaborated closely with small community based organizations (CBO) to organize specific events, on e.g. raising the community people's awareness about the roles of disadvantaged groups in the society.

Various trainings were provided also on e.g. drama. A research in 2013 affirmed that groups of trained VHWs really like innovative health communication methods and be more and more skillful, confident and active in applying these methods in their work. Participants to the communication events, including villagers, CBO members and representatives of local authorities and health organizations, also enjoy more and learn better from the events. This explains why there has been a huge increase in the numbers and types of services (meetings, events and festivities with innovative communication methods), as well as an increase in the number of beneficiaries.



Drama play in a mountainous community in Quang Tri province



Interaction with community people

In addition, a training in writing news and short reporting articles was organized by the VHWA of Quang Tri in March 2013, aiming at enabling and encouraging the VHWs to regularly share and reflect the VHWs' activities at the grassroots level through mass media and the organization's website. Nearly 20 news and short articles have been well written and widely shared by the trained VHWs in Quang Tri.

Family support groups

In 2013, the TEA program continued supporting health services, especially the commune health centers to cooperate with the local VHWA, and community based organizations to implement the comprehensive community-based health care projects, such as the comprehensive care for people with mental health problems. For the last years, these comprehensive health care services benefitted more than 300 people who are people with disability, people with mental health problems and older people. In these projects, the TEA program provided training to commune health workers and VHWs to support caretakers who are the family members of people with mental health problems. In a support group on commune basis family members, sometimes together with their mentally ill family member, participate in at least 8 meeting lead by the village health workers.

One of the important developments in 2013 was the introduction of self-help groups of families with people with mental health problems. GIP supported a key group consisting of 8 doctors, in developing a guide on working with families with people with mental health problems. The guide is a handbook for Village Health Workers to set up a self-help group of families with people with mental health problems, and facilitate a group to learn and deal with their problems. GIP initiated the process with a training and workshop of four days with

village health workers, medical staff of commune centers and district hospitals, the doctors from both the provincial hospital and the secondary medical school of Quang Tri. When the manual and method was further developed the key group also provided training for the village health workers and commune health workers in use of the guide, and supported them to organize meetings with families with people with mental health problems. In the first meeting general information is provided and in the second meeting a psychiatrist is invited to inform the participants about diagnoses, medication and practical issues to know about hospitalization and the referral system. The other meetings zoom in on psychosocial aspects of supporting their family member, but also how to cope better themselves with the burden of having the daily care for a mentally ill family member.

In 2013, the trained VHWs and commune health workers established three self-help groups, and organized 12 meetings with 50 families with people with mental health problems in 3 communes. Each meeting was ended with a short reflection and learning meeting that helped VHWs to get lessons learnt for better planning.

Together with the Village Health Workers Association and the commune health services people are identified who need care and who can participate in the support groups.



Comprehensive care for people with mental health problems (PWMHP):

In 2013, MCNV strengthened its collaboration with Da Nang mental health hospital to Quang Tri to provide capacity development for health staffs of Quang Tri province. The program trained 52 health staffs from a village level up to a provincial level on diagnosis, assessment, medication and rehabilitation for people with mental health problems. With support of the program, the VHWs did a screening for 5,500 people from 18 to 65 years old. The village health workers identified 348 people who need further diagnosis and treatment. The program then invited psychiatrists from Danang mental hospital and provincial hospital of



Quang Tri to come to those communities to consult the village health workers, commune health workers and those 348 people. Based on prescriptions of psychiatrists, the commune health workers provided treatment for those people with mental health problems.

Setting up of a social rehabilitation center

Within the TEA program together with MCNV, GIP supported the setting up of a social rehabilitation center connected to the Secondary Medical School of Quang Tri. This center will provide counseling, training for students, and refreshing training for health workers. The center will meet physical, psychological and social rehabilitation needs of the people with disabilities, elderly and people with mental health problems in the Quang Tri province and will provide services that are now lacking in the area. Through extensive lobby activities it was achieved that the local government supported substantially in finances. In 2013 the building process started. It is expected that the social rehabilitation center will be opened in 2014.

Curricula development

Within the TEA program an assessment has been done at the Secondary Medical School (SMS) of Quang Tri on training needs with communities and graduates to identify a training gap in its mental health curricula. Based on that analysis, GIP has supported the SMS to improve the nursing curricula on mental health and trained teachers in new skills to develop new training topics and provide those training. In 2013 a total of 579 students in nursing- and assistant medical doctor have followed the new curricula in Quang Tri.

Lobby and advocacy

In 2013 the TEA program continued to lobby for better implementation of the policies and laws for more inclusion of the target groups at community level. TEA also worked on collecting evidences for influencing policy and planning/budgeting at provincial and district levels.

In Vietnam, the national mental health program covers only schizophrenia and epilepsy and supports now also depression, but it is still not in the law. However, anxiety disorders and addiction are also commonly found in communities as well and need attention and intervention. The TEA program did a survey on mental health problems in 2013 to present the evidence of needs to the health policy makers to lobby for inclusive intervention for the target group who have other kinds of mental problems beside schizophrenia and epilepsy covered now by the national mental health program.

As an integral part of the lobby activities the program engages the media in many activities for awareness raising and lobbying. The TEA program focused mainly on inclusion of the policies and plans of the local Governments.

TORTURE PREVENTION AND REHABILITATION PROGRAM

SERBIA

A three-year project in partnership with **International Aid Network IAN (Serbia)** focused its activities on torture prevention in Serbia and offering support to the victims of torture.



The project aimed at improving safety and access to human rights for the marginalized communities, provision of a comprehensive rehabilitation for torture victims and members of their families, and at contributing to the elimination of torture and abuse in Serbia and the countries in the region.

Main project activities:

- Comprehensive support to the victims of torture including psychological, psychiatric, medical, legal and psychosocial support (education in computer use, social skills, English language, entrepreneurship).
- Empowerment of associations gathering groups at risk of torture and abuse (persons suffering from mental illnesses, drug users, Roma, persons living with HIV).
- Support to the implementation of the Optional protocol to the Convention Against Torture through capacity building of the Ombudsman's office in the domain of adequate psychiatric and forensic assessment and documentation of the cases of torture, and through educative seminars for professionals who get into contact with the victims of torture.
- Awareness raising in the Balkan region about the issue of torture through implementation and promotion of the regional research related to torture and attitude of the post-conflict societies towards this issue.
- Campaigns against the culture of violence in institutions and in the wider society in the Balkan region through information distribution about the existing prevention mechanisms.

GIP provided the needed expertise and helped to build capacities of the project staff. In 2013 GIP organized study visits to the Netherlands - to Centrum 45 and to Psychotrauma Centrum Zuid , a specialized center for support to trauma survivors. The Centrum is specialized in providing support to victims of trauma, especially refugees, migrants, asylum seekers, survivors of political and war violence. The Project staff had the opportunity to meet professionals working in the Centrum, exchange information and experiences, see how they work, what kind of treatments they apply, hear about most common problems they face, to actively participate and experience some of the therapeutic methods they use. They got familiar with Family Treatment, Transference-Focused Psychotherapy (TFP), Music Therapy, EMDR, Psycho-Motor Therapy (PMT), Multi Family Therapy (MFT), working with group of African men, working with Farsi group.



IAN-staff with Boris Drozdek



Music therapy



The project was funded by the European Union through the European Instrument for Democracy and Human Rights and co-funded by UN Voluntary Fund for Victims of Torture.

ASSESSMENT OF THE SITUATION OF PRISONERS WITH MENTAL ILLNESS

ZIMBABWE

Zimbabwe has a prison population rate of 143 per 100.000 inhabitants (based on an estimated national population of 12.9 million in 2013). Detention rates in African countries vary widely from low in West African countries like Nigeria 32, to high in the southern region like South Africa 290. Worldwide the prevalence of mental disorder in prisoners is higher than in the general population. In Europe and the United States of America the prevalence of serious psychiatric disorder is 2-4 times higher than in the general population. Besides, a majority of prisoners are in need of protection for vulnerabilities like personality disorders, autism or mental retardation.

For Zimbabwe, as for other African countries, no data on mental health status of prisoners are available.

Global Initiative on Psychiatry (GIP) performed an assessment on the admission and the situation of prisoners with mental disorders in Zimbabwe. A forensic psychologist, and a forensic nurse and manager, both from the Penitentiary Psychiatric Center Amsterdam, carried out the assessment. The site visits and meetings were prepared by MSF-OCA and the office in Zimbabwe. They especially assessed on admission and discharge criteria in the Chikurubi Maximum Security Prison. They interviewed many stakeholders and used the World Health Organization (WHO) Standard for Prison Mental Healthcare. These standards formulate conditions for detection, protection and treatment of mentally disturbed detainees.

Given the need of implementation of mental health care in the Zimbabwean Prisons Service, GIP would like to support and develop a project with a gradual approach with emphasis on goals that may be accomplished in the short term, as well as to proceed by building on already existing structures.

**Fig. 1 WHO Standard Prison Mental Health*



BUILDING CAPACITY ON MENTAL HEALTH FOR PROFESSIONALS WORKING WITH PLHIV ZIMBABWE

The healthcare system in Zimbabwe is supplemented by volunteers, commonly referred to as "secondary caregivers", who act as a link between the healthcare system and the neighborhoods. They visit patients at home, offer practical support, raise awareness and educate them about medical issues. If necessary they refer to the local clinic or hospital.

In doing so, they support the healthcare system in a country where healthcare coverage is low, due to the economic hardships Zimbabwe has had to face in the past decades. In fact, a similar system with a focus on volunteers and neighborhoods is now being promoted in Dutch healthcare as well, as a solution to the ever-expanding healthcare budgets.

Other than in the Netherlands, these volunteers or "secondary caregivers" are confronted with an endemic of HIV/AIDS that affects the local population to such an extent that now the majority of the patients of secondary caregivers are "people living with HIV/AIDS" (PLHIV). And although most volunteers are now well acquainted with this particular disease, there is little awareness of its implications for mental health. This is a pity, as HIV/AIDS does not only cause emotional problems - its treatment is also affected by it; people with mental disorders like depression tend to drop out of anti-retroviral treatment more often, making PLHIV with mental problems a risk group of its own.

“Building Capacity on mental health for professionals working with people living with HIV and AIDS” project

In order to help secondary caregivers to deal with the emotional problems of their patients, and to raise awareness about mental disorders among PLHIV, Global Initiative on Psychiatry, and its Zimbabwean counterpart, the Zimbabwe Aids Network (ZAN) started the “Building Capacity on mental health for professionals working with people living with HIV and AIDS” project in 2010; the project is funded by the European Union (EU).

The project basically uses one of the main assets of the secondary caregiver system of Zimbabwe: the "cascade system", to spread knowledge and raise awareness. "Cascading" implies that medical specialists train local staff in "train-the-trainer" programs (ToT), making it possible for local staff to train secondary caregivers who can use their training in turn to approach their patients. The system is devised to minimize costs and maximize coverage. Since the inception of the project, several local community-based NGO's in the Harare and Bulawayo areas of Zimbabwe were trained in this way under supervision of two consultant psychiatrists from Zimbabwe and South Africa.

Besides the training of secondary caregivers project activities are the development of IEC materials on mental health and HIV and AIDS and distribute these nationally. Lobby that

mental health care becomes a natural element in working with PLHIV to governmental and NGO stakeholders in the field. To have a mental health component included in the National HIV and AIDS Policy, and to incorporate a rights based approach within the mental Health Policy and Act that includes people with HIV and AIDS.



The consultant trainer during the Mental Health training in Harare



Group photo of caregiver participants for the March 2013 training of caregivers in Harare

This project is funded by
The European Union



ENABLING ACCESS TO MENTAL HEALTH

SIERRA LEONE

GIP-H has been working in Sierra Leone since 2010 on mental health development in the country.

Mental health services in Sierra Leone are extremely limited and outdated despite the huge need for mental health care. Prevalence of mental health problems is high and requires immediate attention. A survey conducted by the WHO in 2002 found 500,000 people were affected by mental health problems; 2% of the population was suffering from psychosis, 4% had severe depression, 4% had substance misuse problems, 1% intellectual disability and 1% epilepsy. Mental health problems of the population are especially acute as a result of long lasting violence that left deep scars on the nation's psychological well-being and its social capital. Existing services are not able to satisfy even a small fraction of the needs. Untreated mental health problems lead to conflicts in families and communities. Neuropsychiatric disorders represent the most disabling conditions among non-communicable diseases (higher than cancer, cardiovascular disease, and respiratory diseases) in Sierra Leone, when measured using Disability-Adjusted Life Years. From the economic and social perspective, there is strong evidence that this has a detrimental effect on development, and is a major barrier to achievement of the Millennium Development Goals.

Together with the Christoffel Blindenmission Deutschland (CBM) GIP-H implements a 5-year project "Enabling Access to Mental Health in Sierra Leone (EAMHSL)".

This project is funded by The European Union.



We work together with local partners on capacity building of professionals together with the University of Makeni (UoM), on advocacy with City of Rest (CoR) and on public awareness together with Community Association for Psychosocial Services (CAPS)

In 2013, the project made significant progress towards meeting the program's objectives. The University of Makeni (UniMak) successfully supported the mental health nursing course at the College of Medicine and Allied Health Sciences (COMAHS). Twenty-one Nurses from throughout Sierra Leone participated in the course which they completed at the end of 2013 and UniMak facilitated quarterly trainings throughout the year to build on the knowledge base set by COMAHS. UniMak successfully hosted a curriculum review workshop for nursing and CHO training institutions. Finally, UniMak is building capacity in the Peripheral Health Units (PHUs) by facilitating short-courses on mental health for in-practice CHOs and nurses in all districts.

Focusing efforts on advocacy, City of Rest (CoR) has set up the country’s first Mental Health Coalition in the beginning of the project and now continues to support its activities. Through regular meetings and sub-committee activities, the Mental Health Coalition of Sierra Leone (MH Coalition) has successfully supported the launch of Sierra Leone’s Mental Health Policy & Strategic Plan and the inclusion of a significant mental health component within Sierra Leone’s Poverty Reduction Strategy Paper (PRSP) III: Agenda for Change.



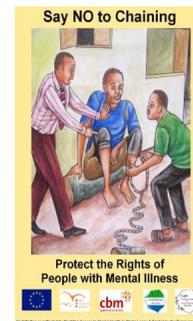
In 2013, the MH Coalition has successfully supported the revision of Sierra Leone’s Mental Health Strategic Plan and the drafting of the 2014 National Mental Health Operational Plan. In addition, moving towards sustainability, the MH Coalition has registered as an official body. The membership and sub-committees of the MH Coalition has grown and has 45 active members participating in 8 sub-committees. Highlighting two sub-committees: On the Mental Health Act, which has the goal of monitoring the mental health policy implementation and review of Mental Health Act. They have reviewed the ‘Lunacy Act’ together with the MoH. Now that the National Mental Health Policy and Strategic Plan has been launched, actions towards reviewing the Mental Health Act will proceed.

The sub-committee to implement the WHO’s Quality Rights (QR) Toolkit has also been put in place. The QR Toolkit was created by the WHO to assess if mental health service users are accessing their human rights. The implementation of the QR Toolkit will help highlight items to be addressed in the revised Mental Health Act, and demonstrate if the Mental Health Policy & Strategic Plan are being employed successfully. Members of the Mental Health Coalition have also participated in a first stage revision of the National Mental Health Strategic plan, hosted by the WHO.

Finally, the Community Association for Psychosocial Services (CAPS) has made steps towards raising public awareness of mental health. CAPS continues to actively lead the Coalition’s Awareness Raising Sub-Committee, which in 2013 printed and distributed awareness raising



pamphlets & posters on e.g. anti-chaining in 11 districts. CAPS also prepared, pre-tested and printed a mental health booklet. CAPS continues to update a database that maps mental health service providers throughout the country and shares the database with relevant stakeholders. Overall, the EAMH program has received both national and international recognition for the progress the program has made towards accomplishing its identified objective of



improving the quality of treatment for people with mental disorders in Sierra Leone and facilitating their inclusion in community life.