PAUL-LOUIS RENEE MENTAL HEALTH CENTER

**Partner:** AKT (Aide Katihoé Togo)
**Location:** Lomé, TOGO
**Duration:** January 2014 - December 2018

The project

Togo is one of the smallest and poorest countries in Africa. It ranked 162 of 188 countries in the 2015 Human Development Index. Mental health in Togo is sorely neglected by health authorities and the population’s attitude towards mental illness remains rooted in traditional beliefs and superstition. As a result, people suffering from mental illness receive inadequate or even harmful care and suffer from stigma.

The project is designed to improve mental health care in Togo, to train mental health staff and to develop an awareness campaign to eradicate stigma and traditional beliefs associated with mental illnesses. It provides management support for the Paul Louis-Renée Centre in Lomé. The centre is run by the Institut des Sœurs Hospitalières de Notre Dame de Compassion (ISHNDC), which AKT supports. The centre offers psychiatric patients holistic treatment that helps reduce stigma. The clinic
has a general consulting room, two psychiatric consulting rooms, four intensive care rooms, a laboratory and a pharmacy. The professional team of 12 includes a social worker, a psychologist and assistant psychologist, a neurologist, two psychiatric nurses, two health workers and two medical assistants.

**Structure and Staff**

<table>
<thead>
<tr>
<th>Room Type</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 psychiatric consultation rooms</td>
<td>2</td>
</tr>
<tr>
<td>1 general consultation room</td>
<td>1</td>
</tr>
<tr>
<td>4 intensive care rooms</td>
<td>4</td>
</tr>
<tr>
<td>1 laboratory</td>
<td>1</td>
</tr>
<tr>
<td>1 pharmacy</td>
<td>1</td>
</tr>
<tr>
<td>12 permanent staff</td>
<td>12</td>
</tr>
</tbody>
</table>
1,673
psychiatric patients visited in a year

REGULAR
education and training for psychiatric nurses

WEEKLY
supervision and follow up by a psychiatrist
THERAPEUTIC GROUPS FOR TORTURE AND WAR SURVIVORS

**Partner:** Appartenances  
**Location:** Lausanne, SWITZERLAND  
**Duration:** January 2016 - December 2017

The project

Over the past few decades, Switzerland has become home to a large Balkan, Asian and African population. Most of these migrants are survivors of physical and psychological trauma and are fragile, both personally and socially. Social integration is difficult for them; recovering from traumatic experiences takes time and requires on-going specialized treatment.

This project targets mainly migrant women, whose isolation tends to make them suffer the most. It creates a safe space or community where victims of war and torture can share their experiences and feelings. Groups of 5-20 patients are organized into different therapeutic sessions managed by a multi-disciplinary team that includes a psychiatrist, a psychologist and a physiotherapist. These group sessions help patients establish interpersonal relationships and regain confidence in others. Physiotherapy is also provided to help them rebuild their mind-body connection.

The essence of the project is to build on each individual's skills and reconstruct their damaged sense of self, helping them regain their dignity and their hopes for the future. While the project focuses on the individual's social, cultural and health issues, it also stresses the importance of family and community.
Team

1 Psychiatrist  3 Psychologists  1 Social worker  2 Physiotherapists  3 Community Interpreters

Activities and Beneficiaries

- **86 men, women and children**
  - attending therapeutic groups (5-15 people each)

- **120 group sessions held**

- **526 physiotherapy sessions carried out for 70 patients**

- **8 therapeutic groups** including:
  - Mothers and children group, Yoga group, Body group for migrant women, Therapeutic group for migrants with precarious status, Trans-cultural oriented treatment and Physiotherapy.
NZOKIRA KAZOZA (WE HAVE HOPE FOR THE FUTURE!)

Partner: AVSI Foundation
Location: Bujumbura, Burundi
Duration: 1 February 2016 - 30 June 2016

The project

Burundi is a small, landlocked and densely populated country in the African Great Lakes region that has faced years of civil war and ethnic violence. Cibitoke was severely affected during Burundi’s civil war and today remains one of the capital’s poorest neighborhoods.

The most vulnerable children, their mothers and families needed a safe place where they could address their psycho-social, health care, nutritional and educational needs. That need was partially met in 2001 when AVSI set up the MEO Lino Lava Community Centre for Children, Mothers and War Orphans.

Today, the centre has become a point of reference for the entire Cibitoke community. It boasts a psychologist and several social workers who support children and their parents with regular home visits and therapy sessions. The centre also provides emergency medical care and helps pay for transport and supplies for children and families who need immediate attention. Recreational and educational activities include a library, play therapy and music and dance lessons. While health care
and educational support are aimed mainly at children, the centre has become a hub for the entire community, helping strengthen the capacity of families to respond to their children’s needs.

Mothers are trained in child-caring and take part in activities that reinforce their dignity: they volunteer at the centre by preparing food for the children, but also take courses in literacy and credit and savings, empowering them to start small income-generating activities.

**Activities**

- Positive parenting sessions
- Psycho-social activities
- After-school classes
- Alphabetization and money-saving groups

**Beneficiaries**

<table>
<thead>
<tr>
<th></th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children</td>
<td>42</td>
</tr>
<tr>
<td>Parents</td>
<td>92</td>
</tr>
<tr>
<td>Parents followed up by the psychologist</td>
<td>90</td>
</tr>
<tr>
<td>Children/families supported</td>
<td>416</td>
</tr>
</tbody>
</table>
Despite its impressive economic growth, Rwanda remains one of the world’s poorest countries, especially in rural areas. Families and communities still suffer from the consequences of the 1994 genocide that left the country with virtually no infrastructure and with an impoverished, wounded and traumatized population.

This project set up three socio-educational centers as safe places for children and their families. Children at the centers take part in recreational and educational activities as well as in individual and group counselling to assess and improve their psycho-emotional wellbeing. The most vulnerable children attend play therapy sessions led by a psychologist, helping them express their emotions.

Younger children, once left alone all day while their parents worked the fields, are now able to attend day-care in the centers, where they interact with other children in a protected environment and are looked after while they play, draw and learn to count. Mothers, quick to sense the
importance of these day-care centers, volunteer their services and have taken over the centers' management.

The centers provide activities for the entire family, such as positive parenting, nutrition and literacy courses, applying a holistic approach to psycho-social support.

**Activities**

- Play therapy
- Remedial classes
- Nursery
- Psychosocial activities
- Positive Parenting
- Alphabetization courses
- Library
- Traditional group therapy

**Beneficiaries**

- **27** social workers and parents received specific training
- **26** children followed up by the psychologist through play therapy
<table>
<thead>
<tr>
<th>Category</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Women involved in Urubuhero groups</td>
<td>406</td>
</tr>
<tr>
<td>Children / Families supported</td>
<td>453 / 2,800</td>
</tr>
<tr>
<td>Parents received positive parental training</td>
<td>1,358</td>
</tr>
<tr>
<td>People sensitized on mental health issues</td>
<td>4,000</td>
</tr>
<tr>
<td>Indirect beneficiaries</td>
<td>47,202</td>
</tr>
</tbody>
</table>
HAMEAU DES CHEMINEAUX, A HOLIDAY FOR THE HOMELESS

Partner: Carrefour-rue
Location: Geneva, SWITZERLAND
Duration: January 2017 - December 2017

The project

The Hameau is a holiday village on the outskirts of Geneva, Switzerland, and operates on the principle that everyone – however socially or economically disadvantaged – has the right and need to a vacation and the mental well-being it provides. It is designed to welcome the homeless and provides them with an opportunity to take a break from their daily routine, pressures, shortages and frustrations.

The village, which can accommodate ten overnight guests, is made up of brightly decorated caravans transformed into workshops and entertainment areas.

Some 15-30 day visitors take advantage of the Hameau’s activities, which are managed by volunteers and social workers and other professional staff. Visitors can enjoy an open-air cinema, cycling, soccer matches, concerts and poetry readings. Each week, especially in summer, guests can participate in the now traditional campfire guitar nights.
A new renewable energy heating system has made embroidery, painting and other creative indoor workshops available all year round. Guests help care for facilities and gardens and take part in preparing the food. Together they meet, talk, share their experiences and enjoy a relaxed atmosphere that promotes social relationships, builds resilience and restores guests’ trust in people.

**Activities**

- Cinema
- Gardening
- Card and ball games
- Pizza night
- Artistic workshops

**Beneficiaries**

- **8-10** Homeless people supported per week
- **250** people attended psychosocial activities each month
- **5,000 lunches** and **1,400 breakfasts** prepared for the homeless
- **25** volunteers participate in the activities each week
MATERNAL AND CHILD MENTAL HEALTH- EL TAYPI

**Partner:** CBM Italia ONLUS  
**Location:** La Paz and Chuquisaca, Bolivia  
**Duration:** January 2017 - December 2019

The Project

Bolivia, the highest and most isolated country in South America, remains one of the poorest nations in the American continent with more than one million people living below the poverty line, particularly in rural areas.

Tough living conditions and extreme poverty severely affect children and young women. In the country almost one in two women (47%) have experienced some form of violence, and 80% of children are victims of violence. These issues pose significant problems to children and women’s wellbeing, putting them at risk of developing some form of psychiatric or psychological disorder.

Evidence suggests that mental health disorders are common in Bolivia. There is a lack of appropriate mental health services mainly due to the limited number of trained health professionals and the lack of community awareness and family sensitization on mental health issues.
The project is located in La Paz and Chuquisaca, where Caritas Arquidiocesana has developed a community-based approach to take care of pregnant women and children at risk or affected by psychiatric disorders and psychosocial problems. The intervention offers specific training and group or individual counselling for pregnant women at risk of developing a psychiatric disorder. It also develops adequate awareness on mental health issues for community members through to sensitization campaign disseminated by social promoters and health professionals.

Furthermore, the project aims at contributing to the prevention of mental disorders in children through processes of early detection, diagnosis and individual or group therapy carried out by qualified technical project staff.

Schools are the main entry point to assess if children live in conditions of abuse, for this reason teachers receive training to identify vulnerable cases as well as appropriate referral pathways and community programs for children in need. In schools, children, their parents and relatives participate in awareness workshops to promote protective factors in favor of good mental health and resistance.

Activities and Beneficiaries

| 30 | community promoters trained |
| 25 | professionals trained on prevention of mental disorders in mothers during and after pregnancy |
| 56 | women started behavioral training (mother-child bond) |
| 16 | pregnant women received individual psychological counseling |
Empowering people suffering from mental illness and their families

VOLUNTEERS AND FAMILY NETWORK FOR MENTAL HEALTH

**Partner:** Fondazione di Liegro  
**Location:** Rome, ITALY  
**Duration:** February 2016 – January 2017

The project

Italy closed down its mental asylums in 1978 and since then, the lack and complexity of alternative solutions for the families of mentally ill patients has posed significant problems for caretakers and their own mental wellbeing.

In an effort to raise awareness about mental health and create a proper community or network for these patients, activities are also geared towards family members and towards the volunteers who act as a bridge to local health structures.

Patients take part in art therapy workshops. Art therapy enhances individual autonomy and helps each patient rediscover his or her skills and potential, eventually easing their reintegration into society.

Self-help groups, a key component of this project, allow families to dispel loneliness and reduce stigma by sharing their experiences with others facing similar difficulties. Family members and volunteers interested in mental health are also encouraged to take part in a one-year course that raises their awareness and teaches them how to face the difficulties linked to their caregiver’s role.
Volunteers who have finished the training course are then able to lead the art therapy workshops. They may also work in local mental health services to help rehabilitate patients or on telephone support lines that provide guidance and orientation in mental health.

Because adolescence is a particularly sensitive time and is often the point at which mental health issues arise, peer education sessions in schools are essential. These help young people understand the various issues surrounding mental health and provide information on the kinds of support available for different mental illnesses.

Part of the project involves conducting research on the quality of mental health services in the Rome Metropolitan Area. This research will help inform interventions in the social and health sectors. A seminar on recovery is planned and will focus on the effectiveness and limits of a biomedical approach to mental health. It will also highlight the importance of personal, socio-economic and environmental factors in promoting the quality of life of people with mental illnesses and their families.

Activities

![Theatre](image)
![Music](image)
![Photography](image)
![Cooking](image)
![Sailing](image)

Beneficiaries

- **300**
  people participating to the mental health annual training course

- **62**
  volunteers involved in all activities

- **32**
  family members involved in self-help groups
44 patients attending art-therapy workshops

Partnership with 4/5 local health authorities
Promoting the psychosocial wellbeing of vulnerable groups

PSYCHOSOCIAL SUPPORT CENTER FOR GLINA

Partner: Fundatia Inocenti
Location: Bucharest, ROMANIA
Duration: January 2016 - December 2016

The project

Romania has developed considerably over the past 25 years, yet almost a third of the population still lives in poverty. In Glina, an extremely disadvantaged suburb of Bucharest, difficult living conditions and unemployment often have psychological consequences. Families, especially children, are in dire need of support if they are to live up to their potential and improve their wellbeing.

The project provides children of the Educational Support Centre a safe place to study and play, as well as specialized guidance by a social worker and a psychologist. The project uses a comprehensive approach that focuses on the child, the child’s family and the broader community.

Parents and relatives take part in activities to improve their parenting skills and create a healthier and more balanced environment in which their children can develop. Moreover, volunteers are recruited from within the families and trained to serve as tutors and mentors. This helps support children through school and beyond, generating long-term positive change.
Activities

- Psychosocial activities
- Individual and group psychological counseling
- School support/after school classes

Beneficiaries

- **25 children** received psychological counseling
- **4 parents** working as volunteers at the centre and **20 parents** involved in project activities
- **110 indirect beneficiaries**
- **10 permanent volunteers**
Building capacity and implementing mental health services in Burundi

**Partner:** Peter C. Alderman Foundation

**Location:** Kigutu (Bururi), BURUNDI

**Duration:** January 2016 - December 2017

The Project

Burundi is a small, landlocked and densely populated country in the African Great Lakes region that has faced years of civil war and ethnic violence. In 2015, Burundi slid back into violence, forcing many people to seek safety in neighboring countries.

Like in other post-conflict nations, mental disorders are common. Burundi has one psychiatric hospital, one practicing psychiatrist and a small number of other mental health professionals. Fewer than 5% of those requiring mental health services have access to them, leaving a treatment gap of 95%.

The project is located in Kigutu, where PCAF, an organization we already worked with in Uganda, has partnered with Village Health Works (VHW), a grassroots non-profit organization, to create a sustainable system that provides mental health and psycho-social services to the community.

A VHW clinic delivers health services to 200,000 people. PCAF built on existing facilities by pulling together a multidisciplinary team and supervising mental health services. A Ugandan team of mental
health professionals trained local practitioners during the project’s first year. After training, the lead Ugandan psychiatrist will stay on and continue to supervise the local team’s patient treatment work.

The project’s second year will train local staff and undertake community outreach. This will increase patient screening and recruitment, promote treatment adherence, offer home visits and ensure patients and their families are adequately monitored.

Each year, the partnership will serve 1,000 people who have mental, neurological and substance abuse disorders, while improving the quality of life of an additional 5,000 people.

**Activities and Beneficiaries**

<table>
<thead>
<tr>
<th>1</th>
<th>mass campaign carried out</th>
</tr>
</thead>
<tbody>
<tr>
<td>Weekly</td>
<td>supervision by a psychiatrist</td>
</tr>
<tr>
<td>91</td>
<td>patients visited at home</td>
</tr>
<tr>
<td>194</td>
<td>Patients recruited</td>
</tr>
<tr>
<td>Regular</td>
<td>technical training for professional</td>
</tr>
</tbody>
</table>
The Project

In post-conflict settings like the Soroti District in Eastern Uganda, as many as one in four women will develop perinatal depression. This will put them at risk for obstetric complications, preterm labor and suicide. It will also put their babies at risk for premature birth, low birth weight, malnutrition, higher rates of childhood disease and missed immunizations.

The proposed intervention begins with antenatal services. Pregnant women will be screened during their prenatal visits and will receive care if they show signs of depression. Psychoeducation classes will teach women about the causes of depression, its symptoms and simple self-care techniques to help alleviate them. Patients whose symptoms persist after psychoeducation will attend group therapy (e.g. group interpersonal therapy IPT-G or group support psychotherapy). For the most vulnerable cases, when IPT-G fails, women will be referred to PCAF clinicians for specialized management.

The intervention’s strategy is to reduce maternal depression through a cost-effective stepped care model that is adapted to the situation and that uses evidence-based, context-appropriate therapies consistent with mental health guidelines (mhGAP and NICE).
This project, carried out in partnership with the Ugandan Ministry of Health and Johns Hopkins University, will develop a sustainable intervention that integrates mental health into existing maternal health services. The intervention could then be scaled up in other settings.

Activities and Beneficiaries

- **3,236** perinatal women screened at antenatal care visits
- **1000** perinatal women receive psychoeducation
- **80%** women enrolled with decreased depression symptoms
- **65%** of women enrolled have increased their functioning scores
SUPPORT COMMUNITY OUTREACH PROGRAMS
AND GROUP THERAPY

**Partner:** Peter C. Alderman Foundation
**Location:** Northern Uganda - Arua, Gulu, Soroti, Kitgum
**Duration:** January 2016 - December 2016

**The Project**

Recent studies estimate the prevalence of PTSD symptoms at 54%-74% and depression symptoms at 45%-67% in Uganda, a country that has weathered a 20-year civil conflict, considered one of the world’s worst.

More than 1.8 million people were displaced internally and exposed to extreme traumatic experiences including rape, torture, mutilation, abduction and destruction of property. Today, long after the conflict has ended, many Ugandans with PTSD and depression face challenges in returning to normal life, caring for their families or living productively. Yet psychiatric care is limited to cities, so the most vulnerable, who often live in northern rural areas, lack access to treatment.

The Peter C. Alderman Foundation has developed a public-private partnership with the government to establish four mental health teams in the district level hospitals of Gulu, Arua, Kitgum and Soroti. Because many traumatized individuals in remote areas are unable to reach these clinics, Fondation d’Harcourt supports regular outreaches by a multidisciplinary team and trusted community mobilizers who help identify, contact and treat patients at home. Group and individual therapy are available, depending on specific circumstances.
PCAF’s Group Support Psychotherapy intervention was developed locally through formative research and are evaluated using randomized controlled trials (in press, findings published in The Lancet, 2015).

**Activities and Beneficiaries**

<table>
<thead>
<tr>
<th>Activity</th>
<th>Number</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public mental health clinics involved</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>Outreach visits</td>
<td>192</td>
<td></td>
</tr>
<tr>
<td>Patients received treatment</td>
<td>1,934</td>
<td></td>
</tr>
<tr>
<td>People attended group therapy sessions</td>
<td>2,005</td>
<td></td>
</tr>
<tr>
<td>People attended health talks</td>
<td>18,805</td>
<td></td>
</tr>
</tbody>
</table>
FARO – Providing Psychosocial and Psychological Support to Unaccompanied Migrant Minors and Children with Families

**Partner:** Terre des Hommes Italia ONLUS  
**Location:** Sicily, ITALY  
**Duration:** February 2015 - January 2018

**The Project**

The number of migrants headed for Italy – and Greece – is growing faster than anywhere else in the European Union. Some 14% of migrants arriving in Italy by boat are unaccompanied minors, the most vulnerable migrants. Under Italian law, minors should be temporarily housed in emergency shelters and later moved to foster homes and placed in integration and education programs. This does not always happen in Sicily, where the sheer influx of migrants means children are often left in overcrowded and decaying primary aid centers for months with little protection.

The project provides psycho-social and psychological support to unaccompanied migrant minors and children in two primary aid centers in the province of Syracuse, Sicily: Casa Freedom in Priolo and Villa Montevago in Caltagirone. Each child receives individual and tailored psychological support and the most vulnerable cases are referred to public health services.

Children who are pulled from their familiar surroundings and who may have undergone the trauma of migration require a sense of safety and the possibility of speaking about their traumatic experience. These are provided by psycho-social integration and orientation activities. The children are taught Italian in small groups organized by mother tongue – English, French or Arabic. When needed, one-to-one sessions with a psychologist are organized. Finally, the most suitable school or training program is identified for each child.
Two internationally recognized psychiatrists supervise the TdH team: Dr. Roberto Beneduce and Dr. Simona Taliani.

To ensure Syracuse’s public health services also benefit from the project, FARO provides training on its psychological and psycho-social approach throughout the year.

At the request of the national public authorities, in June 2016 TdH began delivering Psychological First Aid training to the most vulnerable migrants arriving at Syracuse’s Augusta docks.

**Team**

1 Psychologist

1 Arab-speaking linguistic and cultural mediator

1 Sociologist

**Activities and Beneficiaries**

- **320** sessions of psychosocial activities
- **101** unaccompanied minors received ad hoc psychological support
- **343** unaccompanied minors received psychological assessment
- **1581** unaccompanied minors supported in the identified centers
E-MENTAL HEALTH

**Partner:** World Health Organization  
**Location:** Beirut, LEBANON  
**Duration:** October 2015 - October 2018

**The Project**

Lebanon is a small middle-income country with 18 acknowledged religious groups, a diversity that causes regular political turmoil, internal conflict and border tensions. Lebanon hosts more than a million Syrian refugees, the second-highest number in the world. This greatly affects its political, economic and social stability.

Lebanese and Syrian refugees have significant mental health needs but the country lacks the specialized personnel needed to deal with their problems.

By using computerized psychological self-help therapy, or E-mental health, this project addresses diseases associated with anxiety and depression. Due to its digital nature, the intervention is cost-effective and scalable, and in line with the Lebanese mental health strategy 2015-2020. The therapy is also evidence-based and low intensity – meaning that it doesn’t need to be delivered by a specialized mental health professional – and therefore requires fewer resources. The delivery method is also ideal for Lebanon, a country with widespread access to internet and smart phones.

The E-mental health intervention adapts WHO’s face-to-face cognitive behavioral therapy (CBT) program, known as PM+ (Problem Management Plus). Storytelling helps patients relate to the issue at hand and tackle depression or anxiety. Sessions are based on therapeutic principles: cognitive-behavioral elements, stress management (through a breathing exercise) and some cognitive coping.
The first phase of the project, undertaken with the support of the University of Zurich, is to develop a generic computer-based CBT (c-CBT) intervention in English that will then be adapted for Lebanon (in Arabic). The software will be tested in a few health service settings in Beirut and assess Lebanese, Palestinian and Syrian refugees suffering from anxiety or depression. WHO is in charge of coordination and works closely with Lebanon’s Ministry of Health. The generic version will be used as the starting point for future adaptations in different contexts around the world.

In the second phase, the Lebanese c-CBT intervention will undergo randomized control trials (RCT) throughout Lebanon to scientifically confirm its effectiveness. This will provide rigorous evidence of the efficacy of an e-mental health approach in a middle-income country. Outcome evaluation is central to this project, and a mixed method (qualitative and quantitative) approach will be used.

More than 5,000 people are expected to benefit from the project within a few years of its completion.

Team

1 psychiatrist

Professional personnel (psychologist, psychiatric nurses)

Activities and Beneficiaries

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Mental health clinics involved</td>
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</tr>
<tr>
<td>Patients receiving treatment</td>
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<td>Indirect beneficiaries</td>
<td>5,000</td>
</tr>
<tr>
<td>Software created</td>
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