Since 2005 we have been promoting the mental health and wellbeing of communities, ensuring that individuals and families are supported and their intangible needs are valued and fulfilled.

We have made a difference, improving the lives of many, while building our expertise through partnerships with experienced organizations, learning how to overcome challenges and growing as an organization.

Today, Fondation d’Harcourt is still the only private foundation solely focusing on mental health. In fact, although global mental health is the silent crisis of the 21st century, countries and donors are still not allocating funding in proportion to its burden.

As anticipated last year, in 2017 we focused more on projects that facilitated access to mental health care (see areas of intervention, p. 4) and in promising models that could be scaled up and replicated. We also paid particular attention to the role that technology can play in providing mental health care by supporting innovative projects.

This report shows our impact in 2017.
MISSION

Our mission is to improve the lives of people struggling with mental illness and their families. Our holistic approach helps them unlock their full potential, function in society and give something back to their communities. Given that certain social conditions increase the risk of mental illness, we also work towards prevention by providing psychosocial support to those who are most vulnerable.
AREAS OF INTERVENTION

Ensuring access to mental health care

Promoting the psychosocial wellbeing of vulnerable groups

Empowering people suffering from mental illnesses and their families
Budget distribution by area of intervention

- Ensuring access to mental health care (40%)
- Promoting the psychosocial well-being of vulnerable groups (40%)
- Empowering people suffering from mental health illnesses and their families (20%)
Budget distribution by country

- **Togo**: 8%
- **Italy**: 30%
- **Romania**: 5%
- **Burundi**: 8%
- **Uganda**: 9%
- **Lebanon**: 12%
- **Bolivia**: 6%
- **Greece**: 4%
- **Rwanda**: 3%
- **Switzerland**: 15%
PROJECTS

Ensuring access to mental health care

Togo (p. 8)
Lebanon (p. 10)
Burundi (p. 12)
Uganda (p. 14)
Rwanda (p. 16)
Uganda (p. 18)
Italy (p. 20)
Objective: To provide mentally ill people with access to specialized treatment at the Paul Louis-Renée Center in Lomé.

Major achievements:

- **2661** patients with psychiatric disorders screened and treated
- **283** people with psychological issues screened and treated
- **52** patients involved in social reintegration activities
- **60** patients with psychiatric disorders hospitalized at the center
- **Training** on emergency treatment of aggressive patients held by British psychiatrist Dr. Eaton
Since the Foundation’s support for this project will end in 2018, in 2017 we set up a clear sustainability plan for the center. We consulted Dr. Eaton who, knowing the context and the Sisters who are running the clinic, identified the challenges the center faces and proposed suitable solutions. It was agreed to expand the health center’s structure to increase short hospitalization periods and to invest in capacity building of the health personnel. We also tried to facilitate the collaboration between AKT and the Sisters; although they continue to have difficult and irregular communication.
WHO: E-mental health, Lebanon

2015-2019

Objective: To improve the mental health and function of adults in Lebanon by using a digital self-help cognitive behavioral therapy program

Major achievements:

- 5 public/private mental health clinics involved
- 200 patients treated (pilot phase)
- 500 indirect beneficiaries
- 1 software created
Step-by-Step, “Khoutweh Khoutweh” in Lebanese, is a computerized mental health intervention with weekly 15-minute phone- or SMS-guidance by a trained non-specialist “e-helper”. Designing content relevant to the diverse communities of Lebanon was a major challenge. To overcome this diversity issue we suggested to test content and to work more closely with the target populations across the country. During the feasibility study we managed to involve 200 participants from different communities. In 2017 we approved the second phase of the project, which included a randomized controlled trial (RCT) of the intervention (2018-2019). The possibility to scale up and cater to larger populations is being worked on. If the intervention proves to be effective in two other fully-powered trials, WHO will make Step-by-Step widely available to different countries. In addition, Lebanon hopes to integrate the software into the government-run mental health care system and disseminate it for use within the general public.
PCAF: Building capacity and implementing mental health services in Burundi 2016-2018

Objective: To provide services for mental health promotion, prevention, treatment and follow up by setting up and training a mental health team in Kigutu

Major achievements:

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td><strong>3</strong></td>
<td>in-depth clinical trainings held for mental health professionals</td>
</tr>
<tr>
<td><strong>255</strong></td>
<td>patients received for in-depth individual psychotherapy</td>
</tr>
<tr>
<td><strong>477</strong></td>
<td>patients hospitalized</td>
</tr>
<tr>
<td><strong>1288</strong></td>
<td>people attended 3 mass awareness campaigns on mental health</td>
</tr>
<tr>
<td><strong>15</strong></td>
<td>therapy groups run for 196 patients and their families</td>
</tr>
<tr>
<td><strong>690</strong></td>
<td>patients participated in 14 mental health sensitizations on common mental health issues</td>
</tr>
<tr>
<td><strong>53</strong></td>
<td>community health workers received specific skills training on identification, follow up and referrals</td>
</tr>
</tbody>
</table>
The strategy of this intervention is to adapt PCAF’s unique mental health support model, as successfully applied in Uganda, to set up a mental health team to treat Burundi’s conflict-affected people. One of the major challenges faced by the Ugandan training team was the Burundian team’s low proficiency in English. On the other hand, the partnership with the well-structured and organized grassroots non-governmental organization Village Health Works, based in Kigutu, has been essential for ensuring the project’s positive outcomes. VHW did a great job at supporting the setup team and the community felt wholly engaged by the sensitizations campaign on mental health.
Objective: To strengthen mental health among pregnant women and young mothers through an innovative stepped care model that prevents and reduces the rate of maternal mental illness, especially maternal depression

Major achievements:

<table>
<thead>
<tr>
<th>4002</th>
<th>women screened by the maternal mental health team</th>
</tr>
</thead>
<tbody>
<tr>
<td>1008</td>
<td>depressed women were provided with psychoeducation</td>
</tr>
<tr>
<td>802</td>
<td>women attended follow-up after receiving psychoeducation</td>
</tr>
<tr>
<td>165</td>
<td>women who are still symptomatic involved in 14 interpersonal therapy groups</td>
</tr>
<tr>
<td>180</td>
<td>women with severe depression referred for specialized care</td>
</tr>
<tr>
<td>80%</td>
<td>of women enrolled decreased their symptoms of depression</td>
</tr>
</tbody>
</table>
This intervention is based on a stepped care model that starts with screening at antenatal care visits and utilizes community health care workers to deliver psychoeducation — an evidence-based low-intensity intervention that has been shown effective in reducing depression symptoms in up to 75% of women. Following this, only those women who do not improve with psychoeducation are referred to specialized professionals for interpersonal group therapy. This method of task-shifting attempts to provide services in a sustainable and effective way while reducing the burden on scarce and overworked primary health care workers and mental health specialists. During its implementation, it was noticed that women did not return for follow ups after the first antenatal care visit. PCAF suggested to carry out home visits more regularly and to involve spouses in the intervention, something which has proven to be successful. In 2017 we approved the extension of the project for two additional years and its scaling up to two additional Ugandan districts. PCAF, building on its current work and lessons learned, will develop systemized strategies for handing over the program to the government.
Fracarita: Improving mental health care in the Great Lakes Region

2017-2020

Objective: To establish a regional network of good quality mental health referral hospitals by strengthening capacity building of mental health care professionals

Predicted achievements:

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>regional mental health hospitals will be involved</td>
<td>188 nurses will be trained on the job</td>
</tr>
<tr>
<td>5</td>
<td>nurses (regional coaches) and 5 pharmacists will be trained</td>
<td>193 hospital personnel will increase their competencies</td>
</tr>
<tr>
<td>6</td>
<td>training sessions (10 days per session) carried out</td>
<td>5736 people with mental health illness will improve their quality of life</td>
</tr>
</tbody>
</table>
The Ndera Neuro-Psychiatric Hospital in Kigali, Rwanda, can be seen as a useful learning model for the whole Great Lake region. Burundi, DRC and Tanzania face similar mental health challenges to the ones of Rwanda but, mainly due to the shortage of well-trained mental health providers, lack accessibility to good quality mental health services. This project aims to improve quality mental health care in the region by achieving a competency-oriented development of nurses in mental health settings on different levels: knowledge, skills and attitudes. Because of this multi-level approach, the project proposes on-the-job training for general nurses by a specialized mental health nurse acting as a full-time coach. In addition, coaches will be supervised on-the-job by international mental health experts that will also organize regional networking and training. Five pharmacists will be trained in stock management and the elaboration of psychotropic medicines. Finally, a regional instrument monitoring the quality of life of mental health patients, mental health care and nurse performance will be developed and improved.
CVT: Mental Health Trauma Rehabilitation for Ugandan Victims of War Crimes 2018-2020

While approved in 2017, this project only started in 2018. It is therefore not found in the 2017 financial report.

Objective: To provide mental health services for victims of torture and capacity-building in mental health delivery for service providers in Uganda

Predicted achievements:

<table>
<thead>
<tr>
<th>Number</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>875</td>
<td>Survivors of torture and war trauma will receive individual and group counseling</td>
</tr>
<tr>
<td>8</td>
<td>Partner organizations will benefit from formal training and mentoring</td>
</tr>
<tr>
<td>2100</td>
<td>Community members will participate in sensitizations on mental health</td>
</tr>
<tr>
<td>3-6</td>
<td>Psychologists of Makerere University will participate in clinical internships</td>
</tr>
</tbody>
</table>
Despite everything that victims of war crimes have endured, survivors of torture are able to recover. CVT’s work will provide the added value of specialized mental health trauma rehabilitation for survivors of torture and war trauma through group counseling and individual therapy as necessary. Its approach is based on the three-stage Trauma Therapy Model developed by Dr. Judith Herman of Harvard University Medical School. Counseling sessions focus initially on emotional stabilization, followed by the exploration of traumatic memories, and concludes by reclaiming personal dignity and reconnecting with the community. This therapy model will help individuals suffering from the effects of torture and trauma to rebuild their lives with dignity and enable them to once again contribute effectively to their families and communities.

CVT will also provide training and supervision to mental health care providers to strengthen their capacity to better understand, identify, support and treat these survivors. The project includes a very detailed monitoring and evaluation process with regular assessments and follow-ups.
Mission Bambini: Omada Adolescent Neuropsychiatric Residential Community

While approved in 2017, this project only started in 2018. It is therefore not found in the 2017 financial report.

Objective: To improve the quality of life of adolescents living in the Omada residential community by integrating clinical services with psychosocial needs

Predicted achievements:

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>10</td>
<td>adolescents will have access to integrated mental health care</td>
</tr>
<tr>
<td>10</td>
<td>families and their communities will be supported</td>
</tr>
<tr>
<td>5</td>
<td>public territorial services will be involved</td>
</tr>
<tr>
<td>1</td>
<td>multi-disciplinary team will be involved, trained and supervised by an experienced psychiatrist</td>
</tr>
</tbody>
</table>
It is well known that adolescence is a long and delicate process which marks the change from childhood to adulthood. During adolescence, a number of physical and mental changes occur that bring about sudden and striking effects. Educators, social workers, psychologists, psychotherapists, neuropsychiatrists and psychiatrists collaborate with families and public territorial services to provide all the necessary psychological, emotional, scholastic and nutritional support an adolescent living in Omada requires. An individual plan for each girl is designed by the multidisciplinary team to accompany and monitor her in the transition from childhood-specific neuropsychiatric services to services for adults. This ensures therapeutic consistency and improves its long-term results in youth affected by psychotic disorders. In case hospitalization is required, health professionals ensure their presence and supervision so that possible trauma is prevented and therapy is properly followed up.
PROJECTS

Promoting the Psychosocial Wellbeing of Vulnerable Groups

Italy (p. 23)  Romania (p. 25)
Ghana (p. 27)  Switzerland (p. 29)
Fondazione di Liegro: Volunteers and family network for mental health 2014-2018

Objective: To offer proper support for people with mental illness by setting up a community network for them, their families and volunteers

Major achievements:

<table>
<thead>
<tr>
<th>Number</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>82</td>
<td>people attended the annual training on mental health issues opened to the general public</td>
</tr>
<tr>
<td>3</td>
<td>specific seminars on mental health issues held by technical experts</td>
</tr>
<tr>
<td>61</td>
<td>trained volunteers involved in public health services and workshops</td>
</tr>
<tr>
<td>2</td>
<td>bi-weekly self-help groups for patients’ families</td>
</tr>
<tr>
<td>105</td>
<td>people with mental health illnesses involved in 6 different art therapy workshops (theatre, photography, music, sewing, fitwalking, cooking) and social activities</td>
</tr>
</tbody>
</table>
Our partnership with Fondazione di Liegro has been very fruitful over the years and several steps have been made to improve the quality of services they offer in Rome. In 2017 two major innovative activities were carried out: a comprehensive research and a peer education program. The research was presented at the conference on recovery held at the beginning of the year and it provides an overview of the situation of mental health care services in the municipality of Rome. It highlights, among other things, the need for human resources in the psychiatric sector. The conference stressed the existing need to de-psychiatrize the recovery process and promote the emancipation and empowerment of people affected by mental illnesses.

Based on the fact that some messages are more easily perceived and understood when promoted by peers, peer education activities were organized in two public secondary schools in Rome to sensitize adolescents on the importance of mental health and disseminate the message that mental conditions are indeed real illnesses and that cure is available.
Fundatia Inocenti and Anouk Foundation: Improving quality of life and wellbeing at the Clinic of Pediatric Psychiatry and Addiction in Romania 2017-2019

Objective: To ensure proper mental health care for children and teenagers hospitalized at the Child and Adolescent Psychiatry and Addiction Clinic in Cluj-Napoca

Predicted achievements:

<table>
<thead>
<tr>
<th>300</th>
<th>hospitalized children and 100 family members will receive support</th>
</tr>
</thead>
<tbody>
<tr>
<td>250</td>
<td>hospitalized children will improve their condition and gain coping mechanisms</td>
</tr>
<tr>
<td>2</td>
<td>highly experienced artists will be involved</td>
</tr>
<tr>
<td>8</td>
<td>murals within the Clinic painted to promote calm and healing</td>
</tr>
<tr>
<td>2000+</td>
<td>people in the community will raise their awareness on children’s mental health disorders, prevention and care</td>
</tr>
</tbody>
</table>
In Romania, where mental health facilities continue to follow a purely medical approach, children and teenagers hospitalized for mental health illnesses face many challenges and go through a deeply personal and stressful experience of failure. Through this project patients’ needs are considered from a holistic perspective, taking into account the medical, psychological, emotional and social components. To facilitate a more promising recovery of patients between 4 and 18 years old individual and group counseling, art therapy, play therapy, occupational therapy and sensitizations are promoted. Next year, families will also be supported in understanding the prescribed treatment and the needs of their children. The community of Cluj-Napoca will also be sensitized through mental health awareness and prevention campaigns.

To create a calming environment which nurtures and supports patients, families and caregivers, two highly experienced artists trained in the Anouk methodology have created therapeutic murals in the Clinic of Pediatric Psychiatry and Addiction, increasing the overall wellbeing of the hospital’s residents. We suggested the partnership between Fundatia Inocenti and Anouk Foundation because we believe that the two foundations share the same vision and are able to collaborate together and provide an added value to the project.
WHO: Promoting human rights and recovery for people with mental health conditions and psychosocial disabilities

While approved in 2017, this project only started in 2018. It is therefore not found in the 2017 financial report.

Objective: To increase access to human rights and recovery-oriented services and support for people with mental health conditions and psychosocial disabilities through an e-training course

Predicted achievements:

1. e-training course will be set up

10000 people with mental health conditions and psychosocial disabilities will improve their lives

Service delivery at Pantang Hospital will be assessed and evaluated using the WHO QualityRights Assessment Toolkit
This project aims to build capacity and change attitudes through an e-training course on mental health, human rights and recovery with online coaching. The training, launched and strategically rolled out to target populations throughout the country, promotes attitudes and practices that respect the dignity and rights of patients, as well as holistic, person-centered and recovery-oriented care and support. To evaluate its impact on service delivery, an assessment of quality care and human rights will be carried out in Pantang Hospital, one of the three public psychiatric hospitals in Ghana. A key feature of this project is that it harnesses new and innovative technologies to strengthen knowledge and skills in the areas of human rights and recovery to reach more people.
Children Action: Artopie - Suicide prevention and treatment for adolescents and young adults in Geneva, Switzerland

2018-2020

While approved in 2017, this project only started in 2018. It is therefore not found in the 2017 financial report.

Objective: To facilitate adherence to treatment and care among hospitalized adolescents and young adults at risk of suicide and to sensitize their communities on suicide prevention

Predicted achievements:

- Adolescents and young adults aged 13-25 at risk of suicide will be treated and cared for
- Adolescents and young adults will attend creative therapy workshops (music, theater, dance, mosaics, photography, cinema, radio, web design, sewing, poetry, etc.)
Suicide is the second leading cause of death among 15–29-year-olds worldwide and Swiss teenagers exhibit one of the highest rates in Europe. This project aims to design a prevention program that strengthens the personal and social resources of adolescents and young adults at risk of committing suicide. Adolescents who have attempted suicide and are hospitalized will be involved in different psychosocial and recreational activities, this will facilitate their adherence to treatment and care. This intervention proposes to facilitate community engagement to raise awareness on suicide prevention, since the stigma associated remains a major obstacle and communities can play a critical role. Cultural activities will be organized within the hospital and around the city of Geneva to break barriers and to create a space of dialogue that will support the adolescents at risk and the community. The program includes a very well-established partnership between Children Action and Malatavie (Unité de crise - HUG).
PROJECTS

Switzerland (p. 32)
Switzerland (p. 35)

Italy (p. 33)

Greece (p. 37)

Bolivia (p. 39)

Promoting the psychosocial wellbeing of vulnerable groups
Objective: To promote psychosocial wellbeing for the homeless at the Hameaux des Chemineaux in Geneva

Major achievements:

<table>
<thead>
<tr>
<th>5-15</th>
<th>homeless people supported per week</th>
</tr>
</thead>
<tbody>
<tr>
<td>30-50</td>
<td>people attended psychosocial activities per day</td>
</tr>
<tr>
<td>25</td>
<td>volunteers involved in psychosocial activities each week</td>
</tr>
</tbody>
</table>

We have been partners with Carrefour-Rue for more than 8 fruitful years. To avoid endless support without a clear vision, we decided to conclude our partnership at the end of 2017. Carrefour-Rue is very well known in the Geneva area and, compared to other organizations, is supported by several private/public donors. We remain open to fund Carrefour-Rue in the future on a different and more specific psychosocial intervention.
Terre des Hommes Italia: FARO - Providing psychosocial support to unaccompanied migrant minors

Objective: To provide psychological and psychosocial support to unaccompanied migrant minors in three primary aid centers in Sicily

Major achievements:

| 3  | primary aid reception centers involved and supported |
| 2740 | unaccompanied minors involved in psychosocial activities |
| 97 | minors with psychological disorders received individual support |
| 235 | psychological interviews held |
| 14 | vulnerable cases referred for specialized care |
All the best practices and lessons learned throughout the years have been included in the FARO Model Handbook that has become a paradigm model of psychosocial support for unaccompanied minors. Since its publication in May 2017 it has been disseminated on a large scale throughout Sicily. The team, composed of a psychologist, a sociologist and a cultural mediator and regularly supervised by a psychiatrist, has gained all the competencies to work in a hostile context characterized by its volatility and low collaboration from the directors of the receptions centers. Following our suggestion, TdH also set up an internal evaluation process to measure the impact of the project.
Appartenances: Psycho-corporal therapy groups for survivors of torture and war 2015-2017

Objective: To provide specialized treatment for survivors of torture and war through psycho corporal therapy groups in Lausanne

Major achievements:

71 people involved in group therapies: mother and children group, yoga, body group for migrant women, mindfulness, transcultural psychiatric intervention

1 workshop organized on ethnopsychiatry and transcultural psychiatry

618 physiotherapy sessions conducted for 61 patients

1 quantitative and qualitative evaluation carried out
As the figures clearly show, many survivors of torture and war were able to benefit from the activities of the project. However, over the years Appartenances has gone through an important internal restructuring that has significantly affected the outcome and impact of the project. High turnover of personnel, lack of regular participation of patients in group therapy sessions, lack of a follow-up and referral pathway and difficulty in identifying criteria to attend group therapy were among the challenges the project faced. Seeing this, we constantly suggested different activities and procedures in order to improve the quality of services offered. In particular, we recommended that an evaluation of their intervention be carried out with the support of evaluation experts. We still need to receive the final version of the evaluation report, but the first draft already shows several weaknesses. Our financial support ended in 2017 but we have met twice with Appartenances in 2018 to help them identify a better way forward for the project.
ERCI: Promoting the psychosocial wellbeing of refugee children in Greece 2017-2018

Objective: To improve the lives of child asylum-seekers in two centers for refugees and migrants in the island of Lesbos

Predicted achievements:

| 1200 | Refugee children will be involved in psychosocial activities |
| 3000+ | children, families and communities will be supported |
| 20 | volunteers of the core team will be trained in child protection and first psychological aid |
| 1 | mental health and psychosocial specialist will train and supervise a multidisciplinary team |
| 90 | non-formal weekly educational and recreational activities will be carried out |
The small island of Lesbos can be considered Europe’s front door and epicenter of the migrant crisis in Greece. More than 40% of refugees are children mainly coming from Syria, Iraq and Afghanistan. Trapped in a political and bureaucratic limbo, they are left in refugee camps with very limited resources for an indefinite period of time. This stressful situation of uncertainty only adds to an already traumatizing experience of conflict, displacement, potential loss of family and the perilous journey to Greece. This project targets children aged 4 to 11 in two refugee camps, providing supportive and relevant non-formal education and recreational activities such as expressive arts and design, literacy and life skills. A mental health and psychosocial expert will train and supervise the team of psychologists, social workers, protection officers and educators that will implement the project and interpreters will be involved to aid their planning and implementation.
Objective: To provide support to pregnant women and mothers at risk of developing psychosocial and psychiatric disorders and prevention of mental health disorders in children with psychosocial vulnerabilities.

Major achievements:

| 40 | community promoters and 28 health professionals trained on maternal mental health issues |
| 92 | pregnant women and young mothers involved in cognitive behavioral training (mother-child bonding) and counseled by community promoters |
| 35 | children diagnosed with psychosocial disorders received psychotherapeutic interventions |
| 106 | children involved in play therapy and recreational activities |
CBM, an international NGO with a specific expertise in mental health, supports this community mental health project run by two well-structured local organizations. In particular, CBM provides a national mental health advisor and a regional technical expert to train and supervise the local teams. The project is located in two different areas of Bolivia, which allows for sharing learning and experiences. By building the capacity of community promoters and health professionals on maternal mental health the intervention offers specific training and group/individual counseling for pregnant women at risk of developing a psychiatric disorder. It also develops adequate awareness on mental health issues for community members through sensitization campaigns disseminated by community 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/group therapy by building the capacity of teachers and families.

151 teachers trained on identification and referral of children with psychosocial disorders

627 parents empowered with positive parenting skills
EVENTS ATTENDED

ON MENTAL HEALTH

Recovery- determining factors in mental health (Sara and Gaia) 27-28 of January 2017 (p. 42)

mhGAP forum: mental health capacity building within countries (Sara and Gaia) 9-10 October 2017 (p. 44)

ON PHILANTROPY

UBS Global Philanthropy Forum 2017 (Gaia)
7-10 December 2017 (p. 46)
Over the last three years we have worked with our partner Fondazione di Liegro (FdL) promoting community support services for the wellbeing of people with mental illnesses in Rome, Italy. Within this framework we decided to organize a conference on recovery, duly titled Recovery – Determining factors in mental health (Recovery – I fattori determinanti della salute mentale). The event took place in Rome on the 27th and 28th of January 2017 and was fruit of our collaboration with FdL and the National Institute for Health, Migration and Poverty. More than a hundred people attended the meeting, mainly service users, family members, psychiatrists, psychologists, social workers, nurses and volunteers interested in the field of mental health. The high-level panelists came from all around the world and included Pat Bracken, consultant psychiatrist and clinical director from Ireland; Roberto Mezzina, psychiatrist at the WHO Collaborating Center in Italy; Michelle Funk, Coordinator of Mental Health Policy and Service Development at WHO HQ in Geneva; Corrado Barbui, psychiatrist from Italy; Paul Lysaker, clinical psychologist from the USA and Fabrizio Starace, President of the Italian Society of Psychiatrist Epidemiology.
The conference served as an important opportunity to focus on both the effectiveness and the limits of the current biomedical approach to mental health. It also highlighted the importance of personal and social factors in promoting quality of life of people with mental illness and their families beyond the clinical approach. These factors include the patient’s social context, the experiential knowledge of patients and their families, and the capacity of mental health services to respond to often complex needs of their patients. Integrating such factors encourages a holistic approach to patients’ personal needs, and takes into account their potentialities beyond the illness. Such an approach underlines the existing need to de-psychiatrize recovery and promote the emancipation and empowerment of people affected by mental illnesses.

Among the most touching interventions was Dutch social scientist Wilma Boevink’s panel on psychiatric care. As a schizophrenic patient herself, she shared her personal experience in dealing with psychiatric institutions. Expressing her deepest emotions and feelings, Ms. Boevink vividly described her long and complex journey towards recovery.

Ms. Antonella Cammarota, social worker and mother of a person with mental disorders, underlined how important it was for her to participate in family groups that were supported by an expert. Family members are key in the recovery process, but they too need to be supported along their long journey.

A very interesting and innovative panel was presented by British psychiatrist Ms. Joanna Moncrief, who promotes a more transparent, patient-centered approach to drugs. She reminded us that psychoactive drugs exert mind-altering effects in everyone, regardless of whether or not they have a psychiatric diagnosis. “Drugs cannot cure an illness because we do not actually know how the biological mechanism of the illness works”, she said, which leads to the concept that a patient’s reaction to psychoactive drugs should dictate doctors’ decisions, making overall treatment of mental disorders less prescriptive and more collaborative. (More on her website)

The agenda also included the presentation of the first results of the “Research on the quality of mental health services provided in the Rome Metropolitan Area” carried out by Professor Frisanco. The final results will be shared in a public event that will take place in the upcoming months.

In her opening speech, Fondation d’Harcourt’s Managing Director Gaia Montauti d’Harcourt recalled something Patricia E. Degan, a psychologist who was affected by mental illness, said: “The goal of recovery is to become the unique, awesome, never-to-be-repeated human being that we were called to be”. This should always lie at the heart of our efforts.

We thank our partner Fondazione di Liegro for their extraordinary fight to promote recovery and we will continue working together to ensure the wellbeing of people with mental illness!
More than 200 professionals, experts, government and civil society representatives from around the world gathered in Geneva to take part in the mhGAP forum, WHO’s annual partnership event on mental health.

This year, the forum’s theme was mental health capacity building within countries as part of the implementation of the WHO Mental Action Plan 2013-2020.

The plenary session marked the launch of the mhGAP IG 2.0 Mobile App. mhGAP is a tool designed for non-specialized health care providers to manage mental, neurological and substance use disorders such as depression which has been used to scale up mental health services in over 90 countries worldwide.

E-mhGAP was born out of the ever-increasing access to internet and the need to innovate the decision support system and further spread the implementation of mhGAP strategies by making them more accessible.
At Fondation d’Harcourt we strongly believe in the importance of scaling up mental health services, which is why we collaborated with the WHO in the implementation of the mhGAP pilot in Ethiopia from 2010 to 2013. mhGAP enables a comprehensive response, especially in places where there is a weak peripheral care system and a lack of resources.

To document the effectiveness of such a program, Julian Eaton, CBM Global Mental Health Advisor and Rabih El Chammay, Ministry of Public Health Lebanon, shared their experiences on the implementation of mhGAP in poor and middle-income countries.

The Forum was also an occasion to talk about the different work that is being carried out by WHO’s mental health department. Dr. Mark Van Ommeren, WHO’s mental health department, introduced some of the self-help interventions promoted by WHO and its partners. Self-help interventions are a valid resource due to the great need for innovative and low-cost solutions. They also represent the first step within a stepped care approach and have been proven to be highly effective, especially when guided.

One of those intervention is Step-by-Step intervention: a pilot that Fondation d’Harcourt is supporting in Lebanon. We were excited to see that the project we have been part of is taking shape and is reaching its objectives.

In a different panel, Michelle Funk (WHO), gave an insightful presentation of the QualityRights training and guidance tools. WHO QualityRights’ purpose is to improve the quality and human rights conditions in mental health and social care facilities and empower organization to advocate for the rights of people with mental and psychosocial disabilities. At the beginning of 2017, 15 key training and guidance materials were published to help build capacity among stakeholders and change attitudes and practices in services and communities. Fondation d’Harcourt participated in the testing of an e-version of said training. We encourage everyone interested in changing the way we see people with mental illness to take part in this global initiative.

A side event was specifically organized to celebrate World Mental Health Day, this year dedicated to mental health in the workplace. Creating and keeping a healthy workplace environment is essential for the health, safety and well-being of all employees. The Bank of England presented a touching video to reduce the stigma surrounding mental health.

We are pleased to have attended this inspiring forum where we met truly committed organizations and individuals that are willing to work hard to make a difference in mental health and we look forward to next year’s mhGAP forum.
Gaia was invited to attend the annual UBS global philanthropy forum held in St. Moritz at the end of 2017.

An array of speakers ranging from Sir Richard Branson and Graça Machel Mandela to Clive Calder, Staffan de Mistura and Jacqueline Novogratz shared their personal experiences of exploring new pathways to impact. Gaia had the opportunity to participate in several interesting sessions, specifically on partnership and impact, whose content may prove strategic for the management of the Foundation.

The “Harnessing the power of partnership” session highlighted that the need to enhance partnerships with people that share the same vision is vital for achieving sustainable, scalable social change. Evidence should guide every partnership and an evaluation should be carried out to understand if the impact is worth the investment.

The “Effective social impact measurement” session stressed the importance of the role of philanthropists in supporting NGOs to achieve their impact. Indeed, allocating resources to measure a project’s impact and discover what works best in a given context is an invaluable tool for the partner. New technologies are unlocking pathways to gather high-quality impact data quickly and inexpensively so as to make impact measurement easier and more efficient.
“The moral imperative for mental health and sustainable development is to leave no one behind by simultaneously acting on the early life social determinants of poor mental health and implementing evidence-based community-delivered interventions for mental disorders.”

- Professor Vikram Patel, Harvard University