# REPORT 2006 - 2007

## Promoting Mental Health for All

Published by Global Initiative on Psychiatry
PO Box 1282
1200 BG Hilversum
The Netherlands

WWW.GIP-GLOBAL.ORG

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## Promoting Mental Health for All

GLOBAL INITIATIVE ON PSYCHIATRY

Global Initiative on Psychiatry aims to promote humane, ethical and effective mental health care throughout the world.
It also campaigns against political abuse wherever it occurs.

Published by Global Initiative on Psychiatry
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CBF
VERKLARING VAN GEEN BEZWAAR
VOOR GOEDE DOELEN

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# FOREWORD

**It is an extremely agreeable task to introduce this report on GIP's activities in 2006 and 2007. This is because we have led or been involved in quite a number of projects, many of which are highlighted in the following pages, in our original regions of Central & Eastern Europe, the Caucasus and Central Asia. During this period, we have also broadened our engagement beyond these regions to new parts of the world where increased attention to mental health issues and psychosocial care is greatly needed.**

GIP's regional centers in Sofia, Vilnius and Tbilisi, its country office in Tajikistan and other collaborating organizations have played an enormous part in the success of projects in Central & Eastern Europe and the Caucasus and Central Asia. Together we have introduced new approaches in various areas of mental health care and helped to build a stronger role for users and relatives groups in mental health policy and practice. However, much more still needs to be done to ensure an improved quality of life for people with mental health difficulties, their families and other carers. Given diminishing interest in these regions among some funders and the lack of available local resources, we are concerned about a slowing in activities in many countries and are actively seeking to counter this trend.

These two years have also been a remarkable time of new explorations for GIP. In response to interest from other regions of the world, we initiated projects in forensic psychiatry and prison mental health on the Caribbean island of Curaçao, began a partnership with a Kenyan NGO to work in the field of substance abuse rehabilitation and reintegration, and became involved in a longer-term effort to improve mental health services in Sri Lanka.

The expansion of our work to new regions – making the "global" in our name truly come alive – has likewise encouraged us to engage in renewed discussions about our role, the growth of the organization, and how we communicate our values and activities to new audiences. Most notably, discussions with staff and colleagues around the world during this period resulted in preparation of a strategy paper that will help guide GIP in the years ahead *(for copies of this document, please contact GIP-Hilversum)*.

We look forward to continuing to learn from our colleagues worldwide and to bringing our ideas, experiences, expertise and energy to activities in our program areas.

Thank you for your interest in our work!

Robert van Voren
Chief Executive

Robin Jacoby
Chair of GIP General Board

**WESTERN & CENTRAL EUROPE**
6 Czech Republic
14 The Netherlands
15 Poland
19 Slovakia

**SOUTHEASTERN EUROPE**
1 Albania
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**EASTERN EUROPE**
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**CENTRAL ASIA & CAUCASUS**
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23 Sri Lanka
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26 Kenya
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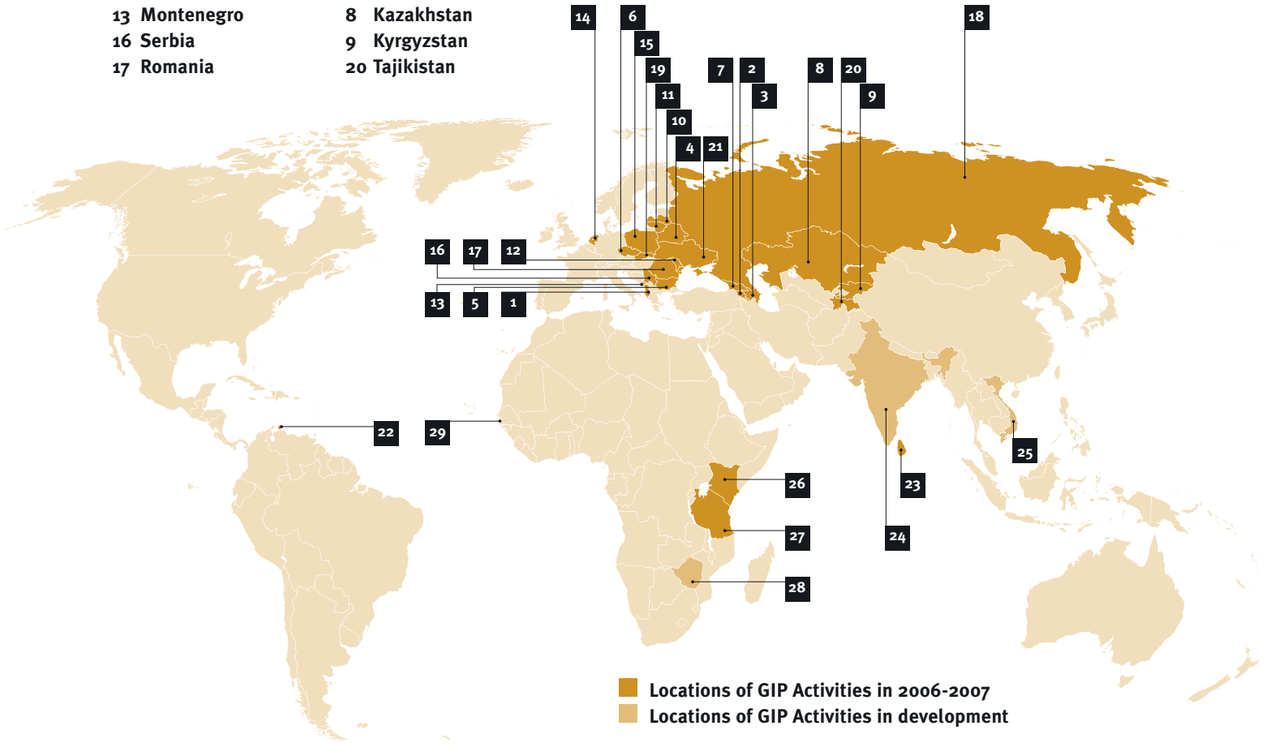


Locations of GIP Activities in 2006-2007
Locations of GIP Activities in development

# THE GLOBALIZATION OF OUR WORK

**Attention to mental health is ever more acknowledged as a critical factor for public health and the quality of human societies. It is also increasingly recognized as being key to the success of development strategies, well beyond the immediate recovery process in societies that have experienced conflict or natural disasters. Lastly, the ability of societies to care for and integrate those with mental health problems says a great deal about how these societies cope with difference and respect human rights.**

The impact of living in poverty or otherwise highly insecure situations, persistent lack of good healthcare, and marginalization and stigmatization on the mental health of people cannot be denied. It has been documented, for example, that common mental disorders are more prevalent among people experiencing hunger, facing debts or living in poor or overcrowded housing[1]. Those already facing mental health difficulties are, in turn, particularly vulnerable. As simply put by the WHO: "poverty increases the risk of mental disorders and having a mental disorder increases the likelihood of descending into poverty"[2]. Equally importantly, mental health difficulties, such as depression and substance abuse and pre-existing problems such as intellectual disability, also negatively impact the ability of people to pull themselves out of poverty. In other instances, poor mental health can result in a diminished ability to protect oneself against or respond well to other health threats such as HIV/AIDS.

Consequently, it is for the benefit of mental health, but also poverty-reduction, empowerment of marginalized groups and global health, that it is essential to foster effective and humane approaches to mental health care and support practical improvements led by local individuals around the world. This has already resulted in the initiation of new GIP activities, together with local colleagues, in the Caribbean, Africa and Asia and we look forward to more to come.

[1] Patel V.,Araya R, de Lima M, Ludermir A, Todd C. Women, poverty and common mental disorders in four restructuring societies. Social Science and Medicine, 1999, 49: 1461-1471. The onset of common medical disorders in primary care attenders in Harare, Zimbabwe, Psychological Medicine, 1999, 29:97-104 AND Araya R, Lewis G, Rojas G, Fritsch R. Education and income: which is more important for mental health?
[2] The Who MIND Project. Breaking the vicious cycle between mental ill-health and poverty. WHO Geneva.

# OUR PROGRAM AREAS AND CROSS-CUTTING THEMES

**In the context of all of its programs and activities, GIP pays particular attention to a number of cross-cutting themes, such as:**

- Human rights in mental health systems and practices
- Political abuse of psychiatry
- User and family involvement in mental health services
- Community involvement in mental health care
- Professionalization of mental health care
- Economics of mental health care
- Improving long-term institutional care
- Improving the interface between general health care and mental health care
- Social integration and reduction of stigma

The following are some examples of key GIP program areas. Many of them are described in greater detail in the following pages.

| *Global Initiatives on...* |
|---|
| Forensic Psychiatry and Prison Mental Health |
| Child and Adolescent Mental Health |
| Substance Abuse and Dependence |
| Mental Health and HIV/AIDS |
| Community Mental Health |
| Support for People with Intellectual Disability |
| Psychosocial Care for Populations in Post-Conflict, Post-Disaster Situations |
| Psychogeriatrics |
| Mental Health and Development Assistance |
| Maternal and Perinatal Mental Health |
| Eating Disorders |

In each of these program areas, GIP works in one or more of the following areas of need:


The programs areas and projects described in the following pages reflect the work of all GIP offices.
We hope you enjoy reading about them!

# CHILD AND ADOLESCENT MENTAL HEALTH

**Child and adolescent mental health denotes the type of care and support provided to children and adolescents with various mental health difficulties: from those present at birth such as autism to those acquired through emotional or physical trauma. Unfortunately, everywhere in the world children and youth with serious problems of this nature are often relegated to poor-quality institutional care, often in the same facilities as adults, and are excluded from education and social interactions. Wherever possible, institutional care should be substituted by care in family contexts.**

The health care, education, social welfare and legal systems in many places lack policies and practices to assist these young people. Especially important to the process of change is the involvement of children and youth and their relatives in designing improved care and support programs.

We continued to improve child and adolescent mental health during the period covered in this report, with projects taking place in Albania, Curaçao, Georgia, Lithuania, and Moldova. Due to the generally poor state of policy and practice in the area of child and adolescent mental health, our efforts focused on improving knowledge of this field and the capacity of selected NGOs to lobby for policy change, and the development of new services that could demonstrate the feasibility and benefits of improved care and prevention. We likewise promoted the fact that the mental health of children and adolescents should be deemed a public health issue and invested considerable effort into preventive projects such as anti-bullying programs.

Over the next few years we hope to help our local partners in Curaçao to improve and expand their child and adolescent mental health services. In Georgia, we are seeking to establish a department dedicated to children and adolescents in a children's clinic as well as vocational training programs for juvenile delinquents. Additionally, possibilities for joint work are being discussed with colleagues in Sri Lanka.

**GEORGIA** In late 2005, a new child and adolescent mental health project began in Georgia. In 2006, Lithuanian experts conducted the first ever post-graduate training in this field consisting of 3 interlinked modules with 2 sessions in each module. The first module involved a general introduction to child and adolescent physiological development, the second dealt with child and adolescent mental health (pathologies, diseases, symptoms, psychological assessment and treatment) and the third module addressed crisis intervention, child abuse and neglect. All 25 trainees evaluated the training program as highly useful. In parallel, GIP-Tbilisi continued to work closely with government ministries and the media to improve the rights of children and adolescents with mental health difficulties.

**MOLDOVA** Through a small grant to the Moldovan NGO Woman and Child – Protection and Support, we supported a public awareness campaign to sensitize society to the segregation and stigmatization of children and adolescents with disabilities in the Criuleni region. Of the 680 children with intellectual disabilities in the 44 rural localities of the Criuleni region, only 0.5% benefit from alternative services, and 1% make use of services offered by special institutes. The rest live with their families and are placed in schools without any kind of educational support or assistance in interacting with their peers. The campaign's many activities included a roundtable entitled "Acceptance is an Opportunity for Us All", public debates on the integration of children with special educational needs into public schools and the training of facilitators of these debates. At its conclusion, those taking part in project activities agreed to work towards the structural changes that would be necessary to better integrate children with special needs into schools, such as the instruction of teachers and the adaptation of curricula and physical space for increased accessibility. Funding for further activities of this nature has now been committed by the Regional Council.

**ALBANIA** In 2007 we supported a project of the Albanian Help for Children Focus Center to improve the understanding and responses of teachers and relatives and sensitize the community of Pogradec to children with behavioral problems. The project derived from statistical and survey-based evidence that the maltreatment of children with these sorts of difficulties is very common in Albania. Training for teachers and parents, as well as a media campaign organized for the community, increased their ability to identify cases of children at risk and to work collaboratively to address behavioral problems. Those trained were also prepared to train others in this field in order to expand the project's impact.

**MULTI-COUNTRY**
**(Caucasus and Central Asia)**
In October 2006 GIP-Vilnius and GIP-Tbilisi held a Young Generations Seminar on "Perspectives for the development of children and adolescent mental health in the Caucasus and Central Asia". Young generations seminars are meetings of younger professionals that build upon interest in implementing new methods and approaches within particular fields of mental health care and encourage contact at the regional level between these professionals.

This seminar took place in Georgia and involved participants from different countries of the former Soviet Union: Georgia, Armenia, Azerbaijan, Kyrgyzstan and Tajikistan. In addition to achieving the goals set out for all Young Generation seminars, participants assessed the situation and needs in the field of child and adolescent mental health in both of these regions and identified plans for the future. Subsequent activities in Georgia have included deepening cooperation around policies and legislation with local authorities and the Ministry of Education and Sciences and the Ministry of Labor, Health and Social Affairs.

# MENTAL HEALTH AND HIV/AIDS

**The years 2006 and 2007 were important years for this area of work due to the start of our innovative Mental Health and HIV/AIDS (MAIDS) program in the Caucasus, Central Asia and Southeastern Europe. During this period Expert Centers focusing on the relations between mental health difficulties and HIV/AIDS were established in 9 countries (Armenia, Azerbaijan, Bulgaria, Georgia, Kazakhstan, Kyrgyzstan, Moldova, Serbia and Tajikistan). The centers conduct research and training and engage in advocacy and awareness-building around this theme to increase understanding among health professionals and others and decrease social stigma.**

Mental health problems are linked to HIV/AIDS in a complex and often not fully understood manner. In some instances, mental health problems can pose an additional risk in becoming infected with the HIV virus. In other cases, mental health difficulties follow from infection. Good mental health care and support for people living with HIV/AIDS is therefore key to both improving the lives of people living with HIV and preventing further spread of the virus. Yet the interconnections between these two fields are often not recognized or acted upon by medical professionals, social workers and carers or people living with HIV (PLHIV) themselves.

Through our involvement in mental health and HIV/AIDS projects of various types we hope to promote the emergence of improved systems of assistance to people affected by HIV/AIDS or at higher risk from HIV/AIDS due to mental health problems.

**ARMENIA** The inter-relations between HIV/AIDS and mental health was not addressed in the Armenian National Program on HIV/AIDS Prevention of 2002-2006. Through the work of the MAIDS project in Armenia, ANAF, the NGO that hosts the Armenian Expert Center on Mental Health and HIV/AIDS, recommended that HIV/AIDS prevention and testing activities among people with mental disorders be incorporated into the National Program for 2007-2011. The inter-linkages between mental health and HIV/AIDS were likewise successfully included as a priority issue in the country's National Strategic Plan. Further activities are in the process of being agreed, but will almost certainly include trainings for health care professionals, people living with HIV and NGOs, as well as information materials and campaigns.



**SERBIA** The Serbian Expert Center on Mental Health and HIV/AIDS has built close cooperation with two associations of people living with HIV, AID+ and Q-club in order to have a strong understanding of their mental health needs, raise awareness within this community and work jointly in the field of advocacy. The Expert Center and its parent organization, the International Aid Network (IAN), supported capacity building for AID+ through computer and English lessons and organizational development consultations. Persons living with HIV/AIDS were also invited to participate (and did so in large numbers) in training events that the Expert Center organized as part of MAIDS training activities. Some were also engaged as trainers. The participation of people living with HIV helped bring about changes in attitudes among other participants, thereby giving a special quality to the learning process. The involvement of people living with HIV, in turn, provided them with an opportunity to network with professionals from the mental health and HIV fields.

Following on these activities, in March 2007 Expert Center staff initiated a new "Comprehensive support program for PLHIV, associations, carers and family members", supported by Catholic Agency for Overseas Development (CAFOD) to further strengthen the role of PLHIV in the response to HIV through additional support and education for activists. The project has resulted in new grants for some of the 7 participating associations of people living with HIV and increased attention to resolving their organizational challenges. Recognized among NGOs and international organizations as a significant resource in this field, the Expert Center is now increasingly asked to deliver additional training for diverse groups, including social workers, HIV volunteers, NGOs and the Ministry of Health (for projects of The Global Fund for HIV/AIDS, TB and Malaria).

**KYRGYZSTAN** In 2007, the Mental Health and HIV/AIDS Expert Center in Kyrgyzstan began producing a quarterly magazine entitled "*Mental Health and HIV/AIDS*" to promote mental health in light of the growing HIV/AIDS epidemic in Kyrgyzstan. The magazine is the first ever in Kyrgyzstan to cover mental health questions. The magazine increases the available information on mental health and further investigates its relationship to HIV/AIDS. It provides a platform for discussion of these topics as well as presentation of the results of relevant studies conducted in Kyrgyzstan and internationally.

The first issue was devoted to the topic of stigma and discrimination, one of the main obstacles for people living with HIV to obtain access to existing, albeit poor-quality, mental health care services. The second issue is devoted to young people and prophylactic programs and the third covers how mental health and the HIV epidemic intersect. The fourth issue explores the issue of mental health and HIV in prisons, and includes the results of an assessment of mental health among prisoners (who also face high levels of HIV infection) conducted by the Expert Center in 2006.

The magazine's editorial board consists of representatives of the Ministry of Health responsible for HIV prevention and control and mental health care, international experts and representatives of the non-governmental sector who support people living with HIV. The magazine has drawn attention to the difficulties of mental health care in the context of an increasing HIV epidemic. This, in turn, has resulted in dissemination of a program for reform of the national approach to mental health care that was published for discussion in the third issue of the magazine. The magazine is published in 500 copies and distributed to all specialists working in the area of mental health care and HIV/AIDS.

# FORENSIC PSYCHIATRY AND PRISON MENTAL HEALTH

**In the course of 2006-2007, GIP consolidated its involvement in the fields of forensic psychiatry and prison mental health. Not only did we spread our involvement to quite a few new countries, but much consideration was also given to our desire to deal with the issue in a comprehensive and coordinated manner. A task force was established at GIP involving a number of key experts in the fields of forensic psychiatric assessment, forensic psychiatric treatment and prison mental health delivery. This group met frequently to discuss the various projects in progress, the development of new ones and the interaction between the various initiatives.**

## RUSSIA

In Russia our project to bring better prison mental health care to the Kresti pre-trial prison in St. Petersburg continued, with significant successes.

In the beginning of 2007 a new, fully reconstructed prison mental health department was opened, with a day activity program previously unheard of in the Russian penitentiary system. However, administrative obstacles remained a problem throughout the years.

In 2007 a similar project started in Kaliningrad region, with very hopeful initial results. Forensic psychiatric treatment will also be a focal point of this project.

The task force elaborated a model of consecutive forensic psychiatric and prison mental health services that assisted us in placing all the initiatives in a logical framework. Our goal was to make the link between the various projects more visible and to help determine what next steps would be the most appropriate.

Although in a number of cases our involvement concerns only part of the spectrum of forensic psychiatric and prison mental health services, our aim is to focus as much as possible on the whole chain of interventions, starting with prevention (e.g. of juvenile delinquency), crisis services and forensic psychiatric assessment, forensic psychiatric treatment of prison mental health services in places of detention, rehabilitation and resocialization of forensic psychiatric patients and, last but not least, all aspects related to social integration. In addition, in most of the countries where we were active we became increasingly involved in policy development. A concern with respect for human rights strongly underpins our work in this program area as abuses are unfortunately all too common.

In Bulgaria we started at the end of 2007 with a first assessment, which will hopefully lead to a long-term, comprehensive involvement in the future. A similar assessment was carried out in Serbia, leading to the first plans being drawn up for implementation in 2008 and beyond.

## GEORGIA

We initiated a comprehensive, highly-integrated project in Georgia in 2004, involving all aspects of forensic psychiatry and prison mental health care delivery. In 2006-2007, staff of the Forensic Expertise Center of the National Forensics Bureau participated in extensive training and work began on the reconstruction of a building in Tbilisi where the expertise center will be housed beginning in 2008. The building was designed by Dutch and Georgian architects and will result in a center that is unmatched by any other forensic expertise center in the former Soviet Union. Training was also provided to personnel of the Forensic Psychiatric Hospital in Qutiri.

In the course of 2007, the foundations were laid for a training program in prison mental health delivery for the entire Georgian penitentiary system. In parallel, we assisted the Georgian government in policy development and became involved in issues related to juvenile delinquency.

## LITHUANIA

In Lithuania our involvement focused mainly on improving forensic psychiatric treatment, with the development of a modern forensic psychiatric hospital in Rokiskis as our main activity. This 4-year project began in 2004 and ran until the end of 2007.

In the course of the project, staff of Rokiskis hospital were trained in modern forensic psychiatric treatment and, with support from Dutch colleagues, developed a vision for the hospital. A very fruitful link was developed with the Pompe Forensic Psychiatric Clinic in Nijmegen (The Netherlands), which continued the training after the project ended.

Less successful were attempts to create a national plan for the resocialization of forensic psychiatric patients and to develop a modern training program in forensic psychiatry at Vilnius University. Unfortunately, resistance to modern concepts of forensic psychiatry proved too strong and the shadow of Soviet forensic psychiatry remained an obstacle to further development.

# PSYCHOGERIATRICS

**Psychogeriatrics, or mental health care of the elderly, is a field that has historically received limited attention by societies and even within the medical profession. However, the incidence of mental health difficulties such as depression, dementia, substance dependency, anxiety disorders and emotional distress manifested as symptoms of physical illness, greatly reduce the quality of life of many older people. These problems can be compounded in some countries by a shift away from family-based care for the elderly in favor of institutional forms of care. Also, the number of older people living alone is increasing due to the geographical dispersion of family members and other factors.**

**LITHUANIA** We began investing in improving psychogeriatric services at the Vasaros psychiatric hospital in Vilnius in 2003. As part of this initiative, in 2006-2007 we worked to modernize nursing care on the wards and upgrade the facilities for older patients, change attitudes to the care of older patients, add new forms of care to complement nursing and the provision of medication, and establish a home-care/outreach service. As a consequence, care for the elderly at Vasaros has improved greatly. The two wards for the elderly are now light, airy and clean and the quality of care has improved dramatically. The latter development is especially remarkable given the low salaries and morale among nurses.

Plans were also drawn up during this period for the construction of a new building for psychogeriatric services at Vasaros. However, for the moment, these plans have stalled. Over the longer term, we hope to use successes at Vasaros as a basis for establishing a broader chain of psychogeriatric services for Vilnius that will include improved day care services and nursing homes.

The governments of Central & Eastern Europe and the New Independent States are, for example, ever more aware that the problem of large numbers of the elderly with dementia requires their attention. As the average age rises in many of these countries, so too does the number of patients who need specialized care. We promote the development of care programs that keep the patient for as long as possible in his/her social environment but, at the same time, alleviate the heavy burden placed on relatives and carers.

Our projects in 2006 and 2007 focused on improving understanding of this field through the translation and dissemination of key publications, establishing community-based services such as home care or day care for elderly people facing mental health problems and improving inpatient care for this same group. The latter was accomplished through the training of medical professionals and the establishment of multidisciplinary teams in a number of care institutions. These activities built upon seminars for NGO leaders, mental health professionals and decision makers organized in earlier years in Russia (Kaliningrad) and Lithuania that resulted in increased concern for the mental health needs of older people in these countries.



**GEORGIA** In Georgia, the quality of life and psychological condition of the elderly population has decreased significantly in recent years due heavily to low pension payments and the lack of formal psychosocial support opportunities for the elderly. Depressive disorders and other serious mental problems have therefore been on the rise. Through support to the Georgian NGO Union AMAGI we facilitated a series of trainings on gerontopsychology for professionals working with the elderly. A club was also established to provide a space for elderly people with shared interests to gather, participate in music therapy and other activities. Moreover, when a participant was no longer able to travel to attend the club facilities, small group activities were arranged at the person's flat. The opportunity to learn to use a computer provided by the club helped a number of the elderly participants to improve their relationships with younger family members. In the context of the project, a psychologist also offered individual psychological support.

**RUSSIA** (Kaliningrad) In a project modeled on the Vasaros project in Lithuania, GIP-Vilnius and GIP-Hilversum have been working to establish the first-ever consecutive chain of psychogeriatric services in the Kaliningrad region. Activities to date have focused on modernizing nursing care to include the provision of rehabilitation activities, developing a day hospital on the site of the Kaliningrad Psychiatric Hospital and establishing a home-care service for older patients. During 2006 and 2007, the project provided seminars and trainings on themes in psychogeriatrics, arranged a number of useful study visits for key staff to Lithuanian and UK psychogeriatric facilities, and made plans to reconstruct premises at the Kaliningrad Psychiatric Hospital that were provided by the Administration of Kaliningrad district, the de facto Ministry of Health. Some of the projects most important achievements to date have been changes in attitudes towards elderly clients and the setting aside of a pleasant room for occupational activities and patient involvement in such activities. The latter represents a significant change in approach as, previously, patients were simply washed and dressed and then sat around all day with no activities to occupy their time.

# SUPPORT FOR PEOPLE WITH INTELLECTUAL DISABILITY

**Intellectual disability is a lifelong condition, usually present from birth, that is characterized by lower than average intellectual ability and impaired skills in areas such as cognition, language, motor skills and social abilities. However, many people with intellectual disability can live full and quite independent lives given appropriate support.**

Improving approaches to care for the intellectually disabled and empowering them was a central element of our efforts in 2006 and 2007 because it is rare that this group of people receive the assistance or rehabilitation to which they are entitled. Institutionalization in poorly functioning facilities or shutting them away at home due to fear of stigma continue to be widespread practices in many countries.

Some of the key elements of our approach in this area is support for the involvement of people with intellectual disability in education and employment, steps that necessitate that they (and their families) be empowered to take decisions about their own lives. During this period we have been involved in projects in Ukraine, Kyrgyzstan, Azerbaijan, Moldova, Lithuania, Georgia and other countries.

**GEORGIA** We were the first funder of the Parents of Bridge NGO and our funds permitted this group to use part of an abandoned school as an open studio to equip young people with intellectual disability with social skills and establish a day-school program to assist them to enter the regular school system in Georgia. According to its Director, Teona Kacheishvili: "Ours is a day-school, not a social care home and it offers the only possibility for children who live with their families to get a comprehensive education". In a second phase, we helped the organization to implement a project entitled "An Open Window for the Society", which sought to expand awareness of the needs of young people with intellectual disability and the capacity of many of these young people – given solid preparation – to enter the regular Georgian school system rather than be segregated into special institutions.



**UKRAINE** We have had a longstanding relationship with the NGO Djerela to improve the context for people with intellectual disability in Ukraine, a group that has been estimated to include 280,000 individuals. Since 1994 we have jointly worked to establish a community-based day care and resource center for professionals, users of services and families of people with intellectual disability and developed self-advocacy groups among these latter groups. Financing of the sheltered employment center that we jointly developed was assumed by the municipality.

In June 2006 the first community-based transition home in the Kiev region was established, providing living space as well as training in independent living skills over a two-month period. After this period, participants returned home and were more independent and able to participate more actively in their communities. Some of them now live in the community-based supported living facility in Kiev. To underpin these developments, we partnered with Djerela, Han University in The Netherlands and Sheffield University in the UK to upgrade curricula for special needs teachers at the Institute of Correctional Pedagogy of Dragomanov National University. Through these efforts, a professional association of special needs teachers has been established in Ukraine, which disseminates information on these new approaches to others.

In 2006 and 2007 we were involved in capacity-building activities for the All-Ukrainian Coalition of People with Intellectual Disability that we jointly established in 2004. The Coalition has not only succeeded in bringing together 72 NGOs representing 28 thousand families, and 37 institutional partners, but plays a critical role in raising awareness and advocating for more favorable policies for people with intellectual disability in the country. In 2006 and 2007, in addition to external sources of funding, the Coalition raised 65,000 Euro from the Ukrainian Government in support of its work. The Coalition, together with GIP, furthermore initiated an EU-project to develop professional standards of quality for community-based care and promote them through increased public awareness. The standards were implemented by 10 of the Coalition's member agencies as a first step towards improving care on a wider scale.

**MULTI-COUNTRY (Estonia, Latvia, Lithuania, Czech, Poland, Republic, Slovakia, Hungary and Slovenia)**
From 2004 through November 2006, we partnered with Inclusion Europe in Belgium and The Open Society Mental Health Initiative in Hungary on a mainstreaming program for people living with intellectual disability. The aim of the program was to empower and improve the lives of people with intellectual disability or mental health problems through training, advocacy and awareness-raising, but also by spreading best practice examples and practical tools in this field. The multi-country nature of the program permitted the creation of stronger national networks as well as regional and European linkages between those working on these issues in participating countries. A manual on mainstreaming was produced that will continue to be used by the trained target group, other practitioners and policymakers and powerful examples of leadership by people with intellectual disability were made visible through program activities.

# SUBSTANCE ABUSE AND DEPENDENCE

**The use of mind or body-altering substances such as alcohol and natural and synthetic drugs dates back to the earliest human societies and is found in every culture, although the nature of the substances may differ. However, since the 20th century, a consensus has emerged that vulnerability for substance dependence is fundamentally a condition of the brain that is impacted by a combination of social, socio-economic, hereditary and individual factors.**

While the right to self-determination should remain true even with regards to this type of behavior, the impacts of widespread substance use and abuse in contemporary societies around the globe also cannot be overlooked. In countries with high rates of substance abuse, it is not only a problem facing individuals, but can also be a serious public health issue. It is especially worrisome among people with children and young people due to its effects on the ability of these people and their affected families to participate in their communities. Substance abuse can be a key challenge in addressing certain types of crime and violence as well as in reversing entrenched poverty in societies. Substance abuse also causes many health problems and therefore can pose a considerable financial burden on health systems.

In 2006 and 2007, our work in this area has focused on the prevention of substance abuse among young people and initiatives that assist those who wish to address their dependence. We have therefore helped colleagues in a number of places to establish detoxification programs that also meet the psychological counseling needs of participants. In recognition of the importance of social environments of recovering substance abusers, these initiatives have also paid attention to improving the reintegration of these individuals into their communities through employment programs and ongoing counseling.

**LITHUANIA** In 2007, GIP-Vilnius initiated and participated in the preparation of a methodological report to support the work of the National Program for Control of Drugs and Prevention of Drug Addiction of the Lithuanian Government. The report was intended for use by psychologists, social workers, special pedagogues and other specialists working with children and adolescents at risk. The recommendations focused on expanding early intervention activities and improving skills in interacting with youth at risk of substance use and abuse. The recommendations drew upon work with a group of youth juveniles in the Vilnius penitentiary system but were made appropriate for use in foster care establishments, day centers and schools. This effort marks the first attempt in Lithuania to develop early intervention methodology.

**KENYA** In 2007 in Kisumu we began to help establish a therapeutic community for people with problematic substance abuse, together with the local NGO SINAM and de Witte Ruiter in The Netherlands. The goal of this effort is to establish a model drug rehabilitation facility through which professional, humane and affordable practical help will be provided to people with drug and mental health related problems. The facility will assist them to recover from their mental, physical, emotional, social and economic difficulties in order to be able to step back into society.

By setting up income-generating activities, clients will be trained in 5 different professions and they will then work at the facility for approximately 2 years for them to obtain experience in a profession of their choice and to help make the service sustainable. Ten places for adult men and ten for adult women will be available within this detox and rehabilitation service.

An additional ten places will be created for street children with drug problems (including solvent sniffing). Both male and female street children will receive assistance in stabilizing and preparing themselves for skills training and other recovery programs. The younger participants will then be encouraged to join a protected living program that builds self-reliance. Older children will be invited to join the skills training program.

**UKRAINE** Lack of prevention education skills among pedagogues has long hampered the effectiveness of prevention activities in secondary schools in Ukraine. Although during previous projects of the NGO Escape in Cherkassy, a group of secondary schools were provided with prevention education materials, the majority of pedagogical staff were unable to use them. The major challenge is the lack of inter-active teaching skills.

As substance prevention activities are relatively new, pedagogues also lack knowledge and skills in implementing such programs in a structured way. Other factors that have hindered the effectiveness of school-based prevention are the absence of parent participation and a lack of linkages between activities. Our joint prevention activities in Ukraine have therefore focused on upgrading the qualifications of prevention educators by training seminars (with the assistance of the Trimbos Institute in The Netherlands), the implementation of prevention courses at the Institute for Post-graduate Education of Pedagogues, the introduction of systematic prevention education into schools in the Cherkassy region, introducing new approaches to psychoactive substance prevention education and the establishment of a Steering Group of stakeholders (for monitoring, evaluation and advocacy) and a website on substance prevention.

A large number of people have been involved in these activities by means of outreach work, pilot school projects, work with the mass media and cooperation with Social Services for Family and Youth. We feel that a significant impact has been made on the quantity and quality of prevention education in six regions. The prevention manuals and other materials published during the project and the participation of Ukraine's National Institute for Problems of Education and the Academy of Pedagogical Science (APS) have also resulted in stronger cooperation between Escape and local, regional and national education departments. For example, for the first time in Ukraine, prevention education has been added to the curriculum of a great number of secondary schools.

# COMMUNITY MENTAL HEALTH

**The term "community mental health" entails the provision of high-quality mental health services that are tailored to the assessed needs for treatment and care of a particular local population and are both accessible and of sufficient capacity. The right to choose one's services, the availability of individualized care-processes corresponding to needs, the development of users' and relatives' influence over services and reducing stigma and discrimination are additional central elements of the community mental health approach. A concern with decentralized, community care of this type underpins our work in all arenas of mental health.**

The mental health care systems in the Eastern Europe and the NIS regions are, to a great extent, still provided in large institutional settings. In our view, more effective and humane care is ensured by "balanced care" approaches that are heavily community-based, with hospitals playing an important backup role. This means that mental health services are provided in normal community settings close to the population served, and hospital stays are as brief as possible, arranged promptly and employed only when necessary.

Such community mental health services, whether governmental, non-governmental or private, must be well-coordinated to ensure that the interfaces between them function properly. These services must also often interact with other specialized services (such as inpatient units at hospitals, drug and alcohol services) and with broader primary care and social services. In our work we seek to establish well-linked, comprehensive systems of community mental health care.

In the years covered by this report, our work in community mental health has included introducing improvements to crisis intervention or acute services, treatment services through multidisciplinary out-patient teams case management and rehabilitation through psychiatric rehabilitation in relation to housing, work and education programs.

**BULGARIA** The years 2006 and 2007 were key years for a pioneering community mental health project in Bulgaria. Through partnerships with the Ministry of Labor and Social Policy (through the Agency for Social Assistance), the Ministry of Health (through the National Centre for Protection of Public Health), the municipality of Blagoevgrad, South West University and the Medical College in Blagoevgrad, we developed a number of new services in the city of Blagoevgrad including sheltered home and day care programs, a hotline and a comprehensive public information centre for mental health prevention and promotion. These services broadened support for mental health and facilitated the reintegration of the people with mental illness into the community, thereby decreasing their risk of institutionalization, stigmatization, marginalization, and worsened social functioning. We likewise organized trainings and piloted two new academic curricula (in psychosocial rehabilitation and in psychiatric nursing) at South West University and the Medical College, both of which have been integrated in the academic curricula. The model created in Blagoevgrad was assessed by an expert council involving international and Bulgarian experts. Plans are underway to replicate the model in other Bulgarian municipalities.



**TAJIKISTAN** The first Tajik users club was established in March 2006. The club met once a week to watch movies and discuss interesting topics to reduce the loneliness felt by members. Initially the club did not have premises. Later, however, it obtained use of a space so gatherings now take place three times a week. The group of 14 permanent members finds such frequent gatherings very helpful. A psychiatrist participated in some meetings to answer people's questions, a lawyer assisted them in preparing establishment of a user organization and the group obtained assistance from an expert in strengthening the user movement. In November 2007 the group also participated in a multidisciplinary conference on mental health issues.

Club members have likewise demonstrated numerous talents. In addition to taking part in art therapy activities themselves, the group held a concert for sick children in a child and adolescent mental health center. As a result of this small project, user participation is a reality for some in Tajikistan and representatives of state-run institutions and NGOS have come to recognize its value.

**LITHUANIA** We have been involved in establishing a chain of modern mental health services at Vilnius' Vasaros mental health Hospital from 2003. As a consequence of this long-term, multi-dimensional initiative, in 2006 the Crisis Intervention Center at the hospital started operating at its full potential. In cooperation with a number of Dutch experts, a full description of crisis intervention services was prepared and trainings were conducted for Center staff. Several meetings were also organized to introduce the new service to general practitioners, out-patient mental health centers and neurologists. Following these meetings more clients were directed to the new intervention center.

In 2006 GIP also continued to improve psychogeriatric services at Vasaros by providing addiioral training, establishing occupational therapy and creating community-based psychogeriatric services. The physical environment of the department serving the elderly was improved, the inner yard was adjusted to the needs of elderly clients and a plan for a new psychogeriatric department was prepared. Although mental health services such as those established at Vasaros are now found in other countries of Eastern and Central Europe, the complexity and well-integrated nature of the Vasaros hospital project makes it a unique and valuable model for others.

# *CROSS-CUTTING THEME:*
# IMPROVING LONG-TERM INSTITUTIONAL CARE

**Despite our emphasis on creating well-functioning systems of community-based mental health care, there are certain situations in which improvements to institutional care are critical. In some instances this is because the shift in approach towards larger-scale community care on the part of decision-makers and professionals has not yet occurred. As a result psychiatric and general hospitals remain central institutions for the provision of mental health services. Equally, in some cases, long-term institutionalization has resulted in some individuals being unable to make use of new forms of community-based care, even if made available and well-designed. Some may additionally have no family to go back to or their family does not want them. These individuals have few other options than to remain where they are. Lastly, in the specific arena of prison mental health and forensic psychiatry, the centrality of institutionally-based care is clear.**

**BELARUS** From late 2006 to 2007, we supported a project to improve the quality of life of residents of 2 social care homes in Belarus. This was pursued by training the staff of these homes and stimulating the activities of NGOs in the sphere of mental health care in Belarus. Through capacity-building activities for our partner organization Voice of Heart we helped enable it to advocate and represent intellectually disabled people and residents of social care homes. The project has had a very tangible impact. By the end of the project, occupational therapy rooms and sheltered workshops were equipped to provide occupational services for the residents of the 2 social care homes. Since then, approximately 20-25 residents per day receive the services and about 60-70 residents of each social care home (approximately 20-30% of the residents) have been involved in activities such as physiotherapy and art therapy, both of which have had a positive impact on their physical and mental health.

For these and other reasons, we have continued to engage with larger and smaller hospitals and other specialized institutions to improve their functioning in relation to mental health care. We nevertheless seek to reform these institutions so that, at the very least, the care they provide is consistent with basic standards of medical evidence and human rights. As a next step, we work with them to open them up to activities and programs that involve the wider community and, in doing so, promote inclusion and reduce stigma. Partnership and active exchange with hospital administration and staff are central elements of our approach in this arena.

**GEORGIA** Georgia inherited not only the huge closed institutions of psychiatric care from the Soviet Union, but also methods of patients treatment and care that often disregarded human dignity and isolated them from society. Psychiatric hospitals were closed to the public and this impeded change. This situation did not improved immediately with independence and a report published in 2005 highlighted that “very often discrimination and social isolation is the destiny of individuals having mental problems and mental retardation... The majority of individuals with mental disorders lives in poverty, they cannot afford qualified medical care and social services and part of them are isolated in the outdated psychiatric hospitals”.

In November 2005 the Public Defenders Office and the Ministry of Labor, Health and Social Affairs of Georgia established the public council for monitoring human rights in the psychiatric institutions at the Ombudsman's Office. Adoption of a new law on psychiatric care by the Georgian Parliament in July 2006 was also very important from the point of view of human rights protection. GIP-Tbilisi was actively involved in elaboration of the law. In 2006 and 2007 the public council, with the involvement of GIP-Tbilisi, monitored the state of care in psychiatric hospitals and found many areas in which serious problems linger, primarily with regard to the right to adequate treatment, the right to information, the right to communicate with the outside world, the right of appeal and also the right to be protected from degrading and inhuman treatment and compulsory labor. These findings, and the recommendations that ensued, are in the process of being discussed with the Georgian Parliament, the Ministry of Labor, Health and Social Affairs and the society through the media).

**LITHUANIA** GIP-Lithuania has been actively involved in a joint project with Dutch and French organizations to generate both policy change and create employment opportunities for mentally and intellectually disabled people in the country. This has been pursued using a piloting on employment methodology for institutions working with these groups, advocating for policy change with regards to employment opportunities and informing the society about mental health issues to reduce stigmatization of this group. At the start, research was conducted into existing possibilities for employment of the mentally and intellectually disabled and this information proved extremely useful in trainings 30 social workers on how to coach the intellectually disabled in helped finding a job and obtaining and maintaining employment. They have already provided this assistance successfully to 80 individuals.


The cooperation with foreign partners increased understanding of the most effective (economically as well) methods of employment of the intellectually disabled. Round tables organized with employers have offered the possibility to combat discrimination in the workforce. Public opinion surveys likewise demonstrated that Lithuanian society does not accept the mentally and intellectually disabled (only 30 percent of the population would invole the disabled in their companies). However, through a large scale public campaign involving social ads on TV and radio, press conferences and the dissemination of materials we have already seen a 10 percent improvement in attitudes toward these groups.

# MONEY TALK

**In 2006 and 2007, we worked on a wide variety of projects of differing size, themes and complexity. This report provides a sample of our widely-ranging efforts. *We are deeply grateful to all donors and partners for making such activities possible.***

The Ministry of Foreign Affairs of The Netherlands (MATRA and TMF Programs), European Commission, Open Society Institute, Cordaid, ICCO and many larger and smaller private foundations, embassies, municipalities, ministries, professional organizations and religious groups funded our work during this period. We have also benefited greatly from the growing number of Dutch mental health agencies that have participated in our projects on a voluntary basis or at reduced fees.

Our funding is primarily project-based. Securing institutional-type funding for the organization remains an important goal as it would increase our ability to respond rapidly to needs within mental health systems and among our partners and beneficiaries.

Our annual budgets in 2006 and 2007 were approximately 3 million Euro. During this period, GIP-Hilversum continued to hold the “certificate of no objection” (in Dutch “verklaring van geen bezwaar”) from the Central Bureau for Fundraising (Centrale Buro Fondsenwerving) in The Netherlands. This certificate confirms that our fundraising and provision of information are carried out in a responsible way and that sufficient guarantees are offered of further responsible fundraising and spending. The certificate deems GIP as worthy of support.

*Note: The annual audited financial statements of GIP are published separately by each office.*

# THE PEOPLE OF GIP
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Henrika Varniene – Project Manager for EQUAL project
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