ANNUAL REPORT 2016

Fondation d'Harcourt

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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.

AXIS OF INTERVENTION

Promoting the psychosocial wellbeing of vulnerable groups

Ensuring access to mental health care

Empowering people suffering from mental illnesses and their families

Togo
Lomé

January 2014 — December 2018

PAUL-LOUIS RENEE MENTAL HEALTH CENTER

The project

Structure and Staff

2 Psychiatric consultation rooms

1 General consultation room

4 Intensive care rooms

1 Laboratory

1 Pharmacy

12 Permanent staff

1,673 Psychiatric patients visited in a year

REGULAR Education and training for psychiatric nurses

WEEKLY supervision and follow up by a psychiatrist

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

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

SPOTLIGHT

Seeds for sustainability in Togo

Last week we paid a visit to our partner Aide Katihoé Togo (ATK) in Lomé, a city that only last year saw the improvement of many infrastructures with a new airport, roads and hotels built for an extraordinary summit of the African Union on maritime security and safety. It was the first time such an event was held in Togo.

Our visit had the objective of sharing the work Sister Marie-Vivian and her team are doing at the Paul Louis-Renée health center and discuss the next steps for the project. Since our support will end in two years, it was important to talk about the challenges of setting up a clear path for sustainability.

The center is very well kept and organized, and Sister Marie-Viviane pays close attention to any detail which may improve its effectiveness. The place's esthetics are also well kept, as new colorful curtains showed us. Sensitization activities to promote the center and to avoid stigma against mental health have been organized regularly and are helping people access the center more easily.

The strengthening of the personnel supervision, training and management have been identified as priorities. Dr. Salifou, one of the only three Togolese psychiatrists in the country and provider of clinical services and personnel supervision at the center, confirmed that there is a lack of professionals at a national level and that it is very difficult for the professionals available to fill the gaps.

Meeting with stakeholders

To pursue the coordination between the stakeholders involved in the center we attended meetings with CBM and Handicap International. CBM has supported the center in organizing Association Vie Libérée (AVL), an association of people suffering from alcohol abuse. CBM is currently drafting a proposal for a national mental health program involving our center.

Handicap International has been supporting the center by setting up the cafeteria and by providing and the clinical supervision of personnel with a psychologist. Most importantly, however, they support by carrying out ergotherapy – which has proven to be a very effective tools aiding patient recovery. Donata, a Rwandese refugee in Togo since the genocide, is the social worker in charge of supporting patients in creating beadwork that they will soon be able to sell in one of the shop in the centre of Lomé. The Paul Louis-Renée Center has had a positive and fruitful collaboration with both partners!

Gratitude and hard work

What we love the most of our field visits is the final meeting organized with all of the center's personnel. It is always refreshing to meet face to face with the people who really make the projects we support work. This time the meeting was very inspirational because of the stories some of the AVL patients told us. This enthusiastic group of mental health patients expressed their gratitude for the center and the people who supported them in their reintegration paths. Particularly touching was a young boy's struggle with depression and how thankful he was for the support he received.

We are really pleased with Sister-Marie Viviane and all the personnel of the Paul Louis-Renée Center for their committed and tireless work that helps support people affected by mental illnesses to recover and return to their community with a new positive perspective. Keep up the good work!

Switzerland
Lausanne

THERAPEUTIC GROUPS FOR TORTURE AND WAR SURVIVORS

January 2016 — December 2017

The project

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

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

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

Team

1 Psychiatrist

3 Psychologists

1 Social worker

2 Physiotherapists

3 Community Interpreters

Activities and Beneficiaries

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

120 Group sessions held

8 Therapeutic groups including: Mothers and children group, Yoga group, Body group for migrant women, Therapeutic group for migrants with precarious status, Trans-cultural oriented treatment and Physiotherapy

526 Physiotherapy sessions carried out for **70** Patients

Appartenances

Burundi
Bujumbura

NZOKIRA KAZOZA (WE HAVE HOPE FOR THE FUTURE!)

The project

1 February 2016 — 30 June 2016

Activities

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

Beneficiaries

- **42** Children and
- **92** Parents followed up by the psychologist
- **90** Parents attended positive parental sessions
- **416** Children/ families supported

AVSI
People for development

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

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

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

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

Rwanda

December 2015 — December 2016

THESE HAMWE (ENSEMBLE) PHASE II

The project

Activities

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

Beneficiaries

27
social workers and parents received specific training

26
children followed up by the psychologist through play therapy

406
women involved in Urubuhero groups

453 children/

2,800 families supported

1,358
parents received positive parental training

4,000
people sensitized on mental health issue

47,202
indirect beneficiaries

Despite its impressive economic growth, Rwanda remains one of the world's poorest countries, especially in rural areas. Families and communities still suffer from the consequences of the 1994 genocide that left the country with virtually no infrastructure and with an impoverished, wounded and traumatized population.

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

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

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

AVSI
People for development

SPOTLIGHT

Rwanda: Strengthening resilience for the future

Kigali, 20-24 June 2016

"Our main goal is to help families identify their vulnerabilities and build upon their competences and capacities. It is very important to not substitute a person in their role, but to help them improve so that they are able to face their problems by themselves." Lorette Birara, AVSI

On the last week of June, we travelled to Kigali to meet with our partner AVSI and their HQ representatives and to visit the Urinzira community centers **we have been supporting over the past two years**. The main purpose of our field visit was identify and define the steps required to ensure the sustainability of the project after 2016, when our support will come to an end.

The community centers are located in the Gicumbi and Gasange districts and were created based on the Rwandan concept of *urinzara*, or working together. AVSI adopted urinzara as a model for integrated community development and social support. The model has successfully involved children, parents, nearby communities and local authorities in the centers' several activities. These include daycare for young children, a community library, literacy classes, tutoring and self-help groups for women.

The daycare is parent-led, so we met with the parents to discuss how they envisaged their children's futures and the daycare's future management. It was moving to see how committed parents are to creating a safe environment for their children and we were impressed by how many men were involved in managing the daycare. Parents are convinced of the center's instrumental role in providing a better future for their children. In Gasange, we came across a group of parents who have replicated the daycare in Gatsibo for their community. Their proactiveness reflects the ownership of the project by the local people, which to us is a promising sign of its sustainability.

We also had an encouraging meeting with the director of the College of Medicine and the head of the Mental Health Department of the University of Rwanda regarding the psychosocial support we provide the most vulnerable children at the daycare. A Memorandum of Understanding is soon to be signed among both parties and AVSI to ensure that the clinical psychologists of the College of Medicine support Jean de Dieu, the AVSI psychologist, and provide community outreaches to follow up visits.

Back in Gatsibo, the women self-help group, *urubuhero*, continues to be a success. Urubuhero is a traditional Rwandan practice in which women get together and teach girls how to manage their household, care for their families and manufacture useful goods such as bags, soap and *agaseke*, traditional Rwandan colored baskets. During the course of the project this group evolved into a real cooperative currently generating income which not only sells, but exports their handcrafts! This was possible thanks to the collaboration of the Ministry of Commerce of Rwanda.

The fact that the national government became involved in the project is an important sign of where the project will be heading. The active participation of the authorities, whose representatives have supported AVSI since the beginning, and who accompanied us on our visit, show that all of the hard work will continue in the foreseeable future.

We therefore want to thank everyone at AVSI Rwanda who, over the past couple of years, has worked hard, involving all the main stakeholders, identifying the community's needs and gaps and overcoming challenges. We encourage you all to continue working using this holistic approach to encourage real development within the communities.

HAMEAU DES CHEMINEAUX, A HOLIDAY FOR THE HOMELESS

Switzerland
Geneva

January 2017 — December 2017

The project

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

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

Some 15-30 day visitors take advantage of the Hameau's activities, which are managed by volunteers and social workers and other professional staff. Visitors can enjoy an open-air cinema, cycling, soccer matches, concerts and poetry readings. Each week, especially in summer, guests can participate in the now traditional campfire guitar nights.

A new renewable energy heating system has made embroidery, painting and other creative indoor workshops available all year round. Guests help care for facilities and gardens and take part in preparing the food. Together they meet, talk, share their experiences and enjoy a relaxed atmosphere that promotes social relationships, builds resilience and restores guests' trust in people.

Activities

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

Beneficiaries

8-10
Homeless people supported per week

250
People attended psychosocial activities each month

5,000
Lunches and

1,400
Breakfasts prepared for the homeless

25
Volunteers participate in the activities each week

CARREFOUR-RUE
ASSOCIATION PRIVÉE D'ACTION SOCIALE AUPRÈS DE PERSONNES SANS ABRI OU DÉMUNIES

SPOTLIGHT

Geneva: Fostering positive social relationships

Geneva, 10 June 2016

This summer we visited our partner in Geneva, Carrefour-Rue, who supports the Hameau des Chemineaux "holiday village". The Hameau is located in a green area close to the center of Genev and it provides homeless people, or people living in disadvantageous socioeconomic conditions, with a place to rest and recover for a short period. It is based on the idea that a person's wellbeing includes the right to a moment of rest, an idea that we share at Fondation d'Harcourt.

The village comprises several cozy caravans and communal areas where guests, currently ten, can interact. Guests are assisted by various social workers and volunteers who organize social and recreational activities throughout the year.

Summer is a particularly busy period for the Hameau, as it hosts many activities and events, such as an outdoor cinema, poetry readings, very popular gardening activities and concerts. During our visit Pascal Jenny, in charge of the activities at Carrefour-Rue, updated us on the major events organized at the Hameau des Chemineaux. Pascal reminded us just how important it is for every guest to become involved in the village's management, taking up responsibilities which allow him or her to share their individual expertise. This is a way for everyone at the Hameau to experience positive social relationships, building on their guests' resilience and restoring trust in others.

We had the pleasure of staying for lunch, which provided us with a prime example of what Pascal meant. The Hameau's "chef", Jacques*, worked for many years in various restaurants before losing everything he had. At the Hameau, he is able to put his experience at into practice: under his guidance, everyone at the village worked together to prepare lunch. Every dish was made with care, paying attention to how it was presented on the table. Needless to say, Jacques was excited to have provided everyone with such a pleasurable lunch, and we were delighted to have been invited.

It is experiences such as this one which prove to us that helping the individual is essential to a groups' wellbeing. In the words of one of the Hameau's guests, *"a place like this makes me want to get up the morning and try to change my life"*.

We are proud to continue collaborating with Carrefour-Rue and we look forward to our next visit!

Some pictures from our visit.

For more pictures **visit Carrefour-Rue's gallery**.

* His real name has been changed for privacy protection reasons.

Bolivia
La Paz and Chuquisaca

MATERNAL AND CHILD MENTAL HEALTH- EL TAYPI

January 2017 — December 2019

The project

Activities and Beneficiaries

30 community promoters trained

25 professionals trained on prevention of mental disorders in mothers during and after pregnancy

56 women started behavioral training (mother-child bond)

16 pregnant women received individual psychological counseling

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

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

Evidence suggests that mental health disorders are common in Bolivia. There is a lack of appropriate mental health services mainly due to the limited number of trained health professionals and the lack of community awareness and family sensitization on mental health issues.

The project is located in La Paz and Chuquisaca, where Caritas Arquidiocesana has developed a community-based approach to take care of pregnant women and children at risk or affected by psychiatric disorders and psychosocial problems. The intervention offers specific training and group or individual counselling for pregnant women at risk of developing a psychiatric disorder. It also develops adequate awareness on mental health issues for community members through to sensitization campaign disseminated by social promoters and health professionals.

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

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

Italy
Rome

VOLUNTEERS AND FAMILY NETWORK FOR MENTAL HEALTH

The project

February 2016 → January 2017

Activities

Theatre

Music

Photography

Cooking

Sailing

Beneficiaries

300
People participating to the mental health annual training course

62
Volunteers involved in all activities

32
Family members involved in self-help groups

44
Patients attending art-therapy workshops

Partnership with 4/5 local health authorities

FONDAZIONE INTERNAZIONALE DON LUIGI DI LIEGRO

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

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

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

Self-help groups, a key component of this project, allow families to dispel loneliness and reduce stigma by sharing their experiences with others facing similar difficulties. Family members and volunteers interested in mental health are also encouraged to take part in a one-year course that raises their awareness and teaches them how to face the difficulties linked to their caregiver's role.

Volunteers who have finished the training course are then able to lead the art therapy workshops. They may also work in local mental health services to help rehabilitate patients or on telephone support lines that provide guidance and orientation in mental health.

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

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

SPOTLIGHT

Italy: Peer education on mental health Rome, 11-13 May 2016

Following our trip to Sicily a couple of weeks ago, we had the opportunity to visit Fondazione di Liegro (FdL), our partner in Rome. FdL's objective is to build a volunteer and family network for mental health in the Italian capital in order to provide support and improve the lives of the mentally ill.

Carla, the executive director, and Annamaria, a psychologist, gave us a detailed update on the project's activities and informed us of the structure and complexity of the mental health system in Rome.

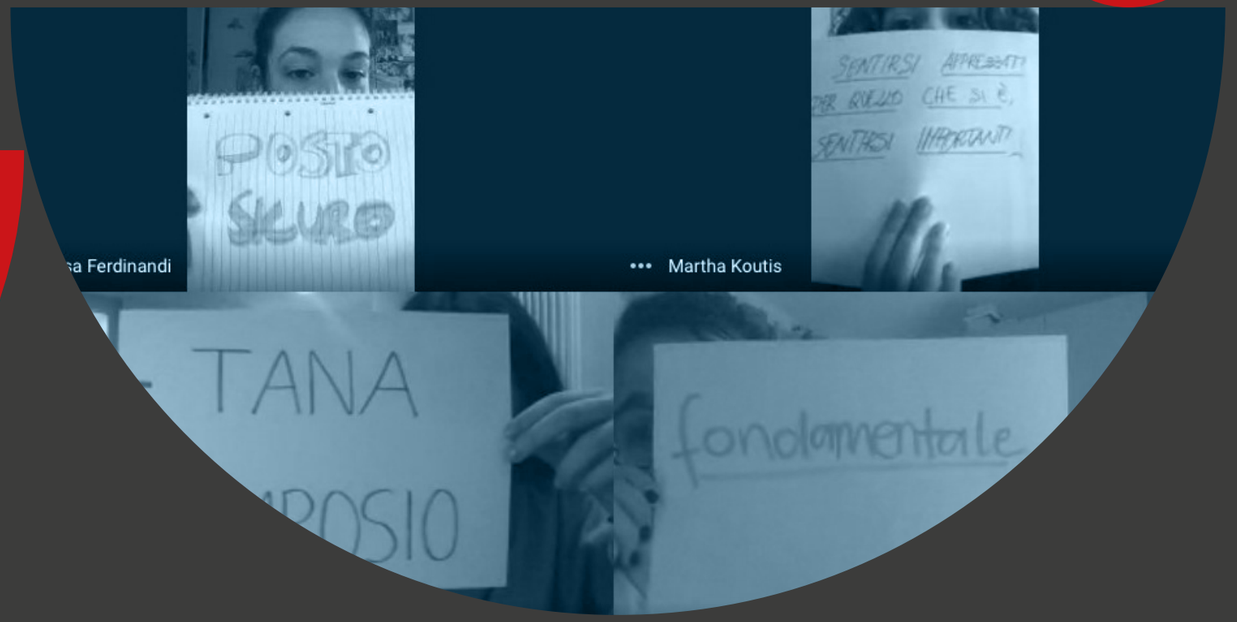
Italy experienced a significant change in its mental health sector in 1987, with a radical shift from old mental health institutions to new community-based psychiatric services. This approach was at the forefront of the de-institutionalization movement that is still spreading to other countries.

In addition to all the prevention work that FdL is currently doing, Carla and Annamaria presented the new "peer education on mental health" activity they are carrying out in secondary schools. This new activity was developed for adolescents at the request of the public health authorities after realizing the importance of sensitizing young people to mental health. The information that is passed onto the teenagers includes the symptoms of various mental illnesses and, very importantly, where to access help if needed.

Peer education is an approach based on the fact that some messages are more easily perceived and understood when they are spread (shared) by peers. In the case of mental health, one of the key messages FdL and the health authorities want to disseminate is that **mental conditions are indeed real illnesses and that a cure is needed and available**.

Another interesting update we received while on site regards the mental health observatory that Fondazione di Liegro is carrying out for the city of Rome. The observatory seeks to identify and compare the mental health needs of the Roman population with the services that are currently available in order to identify potential gaps. It is a complicated initiative and we are happy to know that it is moving in the right direction. The results of this observatory will be presented in January 2017 at the international conference on recovery (more information to come).

Our visit to Rome was very fruitful and we are extremely happy to see that our partner is not only working hard on their projects but that they are seeing results. Keep up the good work!



Romania

January 2016 — December 2016

PSYCHOSOCIAL SUPPORT CENTER FOR GLINA

The project

Activities

Psychosocial activities

Individual and group psychological counseling

School support/after school classes

Beneficiaries

25
Children received psychological counseling

4
Parents working as volunteers at the centre and 20 parents involved in project activities

110
Indirect beneficiaries

10
Permanent volunteer

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

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

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

Fundația Inocenți
Romanian Children's Relief

Burundi
Kigutu (Bururi)

BUILDING CAPACITY AND IMPLEMENTING MENTAL HEALTH SERVICES IN BURUNDI

January 2016 — December 2016

The project

Activities and Beneficiaries

1
Mass campaign carried out

WEEKLY
Supervision by a psychiatrist

91
Patients visited at home

194
Patients recruited

REGULAR
Technical training for professional

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

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

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

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

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

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

Rebuild. Recover. Thrive.
Peter C. Alderman FOUNDATION

Eastern Uganda
Soroti

January — December 2017

MATERNAL MENTAL HEALTH

The project

Activities and Beneficiaries

3,236
Perinatal women screened at antenatal care visits

1000
Perinatal women receive psychoeducation

80%
Women enrolled with decreased depression symptoms

65%
Of women enrolled have increased their functioning scores

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

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

The intervention's strategy is to reduce maternal depression through a cost-effective stepped care model that is adapted to the situation and that uses evidence-based, context-appropriate therapies consistent with mental health guidelines (mhGAP and NICE).

This project, carried out in partnership with the Ugandan Ministry of Health and Johns Hopkins University, will develop a sustainable intervention that integrates mental health into existing maternal health services. The intervention could then be scaled up in other settings.

Rebuild. Recover. Thrive.
Peter C. Alderman FOUNDATION

Northern Uganda
Arua, Gulu, Soroti, Kitgum

SUPPORT COMMUNITY OUTREACH PROGRAMS AND GROUP THERAPY

January 2016 — December 2016

The project

By the numbers

4
Public mental health clinics involved

192
Outreach visits were carried out

1,934
Patients received treatmen

2,005
People attended group therapy sessions

18,805
People attended health talks

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

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

The Peter C. Alderman Foundation has developed a public-private partnership with the government to establish four mental health teams in the district level hospitals of Gulu, Arua, Kitgum and Soroti. Because many traumatized individuals in remote areas are unable to reach these clinics, Fondation d'Harcourt supports regular outreaches by a multidisciplinary team and trusted community mobilizers who help identify, contact and treat patients at home. Group and individual therapy are available, depending on specific circumstances.

PCAF's Group Support Psychotherapy intervention was developed locally through formative research and are evaluated using randomized controlled trials (in press, findings published in The Lancet, 2015).

Rebuild. Recover. Thrive.
Peter C. Alderman FOUNDATION

SPOTLIGHT

Shifting to community-based mental health and psychosocial services in Uganda

Just before Christmas went to visit our partner PACF in Uganda. Upon our arrival, Dorothy, Ray, Wietse, Bree and Liz, all members of the PCAF team, gave us all a very warm welcome.

Fondation d'Harcourt has been collaborating with PCAF for two years to provide high quality mental health care and services to victims of traumatic events. One of the project's main activities has been to lead community outreach programs to remote areas within four districts of Northern Uganda.

Recent research, in line with WHO's guidelines, shows that individuals with no background in mental health can deliver mental health care effectively when properly trained. With this in mind, PCAF started delivering cost-effective solutions at community level relying primary on healthcare staff and community mobilizers. This has allowed them to reach more people in need and to handle a larger variety of illnesses than previously.

Over the last year PCAF has identified and treated 8,600 patients at clinics and outreach sites. More community sensitization sessions were organized and new community mobilizers were trained, under the supervision of mental health specialists, to identify and refer patients for appropriate treatment. PCAF has considerably increased its staff's skills and knowledge, effectively delivering evidence-based mental health and psychosocial support. Moreover, they have also improved their monitoring and evaluation system.

Ugandan Psychiatrist and Deputy Coordinator for PCAF Ray Odokonyero facilitated our encounter with the local community of Obalanga, a village in the Soroti district, one of most affected by the 20-year conflict.

Almost a hundred people gathered around a large tree to meet us and share their stories. We were thrilled to discover that some of them, after attending the individual and group counseling sessions, had created a drama group. They then began sharing their experiences with others through reenactments of their traumatic experiences. These plays have truly helped them to overcome their fears and traumas.

We watched their performance in awe, surprised to see how everyone is beginning to regain confidence and even laugh and joke about what they lived through. We were particularly impressed by Alexis, a former patient and current leader of the drama group, and her ability to speak to and engage with the audience.

Travelling to Uganda was also an opportunity for us to meet Cathy, the Ugandan psychiatrist who supervises the project we are supporting in Burundi, where the political situation is still very tense. Our project there is part of a collaboration between PCAF and Village Health Works, a local grassroots non-governmental organization.

The first year of the project in Kigutu, Southwestern Burundi, focused on setting up and developing the capacities of the local mental health team under Cathy's supervision. Regular training sessions have been carried out and the team has already begun to identify and treat patients. The project replicates PCAF's intervention in Uganda and seeks to mitigate the overwhelming need for mental health services in Burundi. According to Cathy, work in Burundi is on its way to being as fruitful as in Uganda.

We value PCAF's partnership and admire their commitment. It is a long journey that they have undertaken with the thousands of survivors of violence and war who struggle daily to regain their lives. The resilience Alexis and her drama group are showing is encouraging, and inspires us to continue walking side by side with them.

Italy
Sicily

FARO – Providing Psychosocial and Psychological Support to Unaccompanied Migrant Minors and Children with Families

February 2015 → January 2018

The project

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

The project provides psycho-social and psychological support to unaccompanied migrant minors and children in two primary aid centers in the province of Syracuse, Sicily: Casa Freedom in Priolo and Villa Montevago in Caltagirone.

Each child receives individual and tailored psychological support and the most vulnerable cases are referred to public health services.

Team

1 Psychologist

1 Arab-speaking linguistic and cultural mediato

1 Sociologist

Activities and Beneficiaries

320 Sessions of psychosocial activities

101 Unaccompanied minors received ad hoc psychological support

343 Unaccompanied minors received psychological assessment

1581 Unaccompanied minors supported in the identified centers

Terre des hommes
Proteggiamo i bambini insieme

SPOTLIGHT

TdH: Sowing good in Sicily

Siracusa, 10-11 May 2016

According to UNHCR, approximately 22,372 migrants have arrived in Sicily by boat since the beginning of 2016. It is estimated that 14% of them are unaccompanied minors.

Two weeks ago we traveled to Sicily to visit one of the primary aid (also known as first reception) centers for minors. The center, *Casa Freedom*, is located in Priolo, province of Syracuse. Terre des Homes (TdH) Italy, our partner in this project, provides the children and adolescents at the center with psychosocial support. The center currently houses 60 minors, some of whom have been there since June 2015; considerably longer than what the law foresees.

Helping minors overcome their traumas

During our visit we met once again with Lorena and Sukeina, who work with the children at the center. Lorena is a sociologist and Sukeina is a cultural mediator. They are rebuilding the minors' confidence and trust through support, activities and Italian language lessons. At the center we also met Ganda, a psychologist, who follows the most vulnerable cases and is always available for individual consultations or for helping Lorena and Sukeina when needed.

Lorena, Ganda and Sukeina provide each of the minors with personal attention. Their work focuses on using each person's resilience and strengths to help them overcome their individual difficulties and traumatic experiences.

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

Two internationally recognized psychiatrists supervise the TdH team: Dr. Roberto Beneduce and Dr. Simona Taliani.

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

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

Throughout our day at the center we were lucky to meet most of the youths, who shared their personal stories with us. They were all truly inspiring. Omar, for example, is a young Somali who contracted tuberculosis while captive in Libya. Omar was imprisoned for more than a year for trying to cross the country. Upon reaching the Italian coast, Omar weighed 38 kg and was urgently hospitalized. He spent two months in hospital in Catania, and TdH staff have been the only human contact Omar has had apart from doctors and nurses.

It was humbling to see Omar laughing and working with the others with an obvious eagerness to start his new life in Italy. Seeing these young children and adolescents so committed to learning and improving themselves is nothing short of impressive.

Psychological first aid at the port of Augusta

Another important stop on our trip was meeting with Armando Gradone, Prefect of Syracuse. He shared with us some of the challenges Italy is facing welcoming migrants, especially minors. The lack of legislation and the lack of adequate infrastructure make it hard for local authorities to properly respond to migrant's needs.

We are therefore very happy to announce that TdH has received the prefecture's approval to deliver psychological first aid at the port of Augusta. During our trip we had the opportunity to visit this then-deserted port, a week before 342 migrants saved by the Italian coastguard vessel *Peluso* were taken there.

Starting in June 2016, TdH's team will be able to identify the most vulnerable migrants upon their arrival and provide them with much-needed psychological aid. We are confident that this additional intervention will make a big difference because it will target people in need of psychological support in the earliest stages of their arrival.

We want to take this opportunity thank our partner for the immense work done in such a difficult emergency context. TdH staff's dedication and passion for what they are doing is reflected both in the local authority's trust and in the children and teenagers' improvement and willingness to study hard and build a better future.

Finally, we would like to leave you with something 17-year-old Mahmoud Ciko, an Egyptian who TdH helped get his legal document to remain in Italy, said to us: "***He who sows good, reaps it; and you have sown good for us***."

E-MENTAL HEALTH

The project

October 2015 — October 2018

Team

1
Psychiatrist

Professional personnel (psychologist, psychiatric nurses)

Activities and Beneficiaries

5
Mental health clinics involved

200
Patients receiving treatment

5,000
Indirect beneficiaries

1
Software created

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

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

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

The E-mental health intervention adapts WHO's face-to-face cognitive behavioral therapy (CBT) program, known as PM+ (Problem Management Plus). Storytelling helps patients relate to the issue at hand and tackle depression or anxiety. Sessions are based on therapeutic principles: cognitive-behavioral elements, stress management (through a breathing exercise) and some cognitive coping.

World Health Organization

SPOTLIGHT

E-Mental Health in Lebanon

A cost-effective and scalable intervention for anxiety and depression

Last week FdH traveled to Beirut for a three-day planning meeting for our new e-mental health project. All of the partners involved in the project were present: the mental health department WHO Geneva, WHO Lebanon, the Mental Health Department for the Lebanese Ministry of Health, the International Medical Corps Coordinator for Lebanon and the Department of Psychology of the University of Zurich.

The afternoons were open to different stakeholders, including public health experts, clinicians, IT specialists, NGOs and IGOs. Everyone participated actively in the meeting, giving useful and insightful input on the Lebanese context and on the population's needs. The three-day meeting was set up to gather the information that the University of Zurich needed to elaborate the mental health software.

E-mental health refers to the use of technology to diagnose or treat mental health issues. As with everything in recent years, medicine has been moving towards technology and it was only a matter of time before it was mental health's turn.

The first phase of the project, undertaken with the support of the University of Zurich, is to develop a generic computer-based CBT (c-CBT) intervention in English that will then be adapted for Lebanon (in Arabic). The software will be tested in a few health service settings in Beirut and assess Lebanese, Palestinian and Syrian refugees suffering from anxiety or depression. WHO is in charge of coordination and works closely with Lebanon's Ministry of Health. The generic version will be used as the starting point for future adaptations in different contexts around the world.

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

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

Research has shown that therapeutic computer programs are associated with consistent clinical improvements, particularly in people suffering from mild to moderate depression and generalized anxiety disorder. Moreover, these interactive alternatives seem to be as beneficial as conventional face-to-face therapy.

These are extremely exciting findings, because the high prevalence and burden of depression are major reasons for the current gap we are fighting to close. **The high prevalence and burden of depression is a major driver of the existing treatment gap and care provision will not attain a nearly acceptance level of coverage in less resource countries. A computerized intervention may therefore be part of the solution**.

If our culturally-sensitive mental health software yields the expected result, it could be taken to other countries by simply adapting the English-language generic version currently in development.

We have high hopes in this project, as it may represent a viable, cost-effective way to scale up mental health in many countries.

EVENTS

Georgia: FdH supports Promotion of Rights of children and Adults with Psychosocial disabilities

Two weeks ago we were invited as partners to a workshop in Tbilisi, Georgia to promote the rights of children and adults with mental illnesses. The workshop was organized by the Gulbenkian Foundation Global Mental Health Platform.

These were three intense days working alongside the Georgian Ministry of Labour Health and Social Affairs, the Global Initiative on Psychiatry and numerous local stakeholders. The workshop's goal was to **draft a road map for a three-year plan to deinstitutionalize Georgia's mental health system**. High-level international experts such as Graham Thornicroft (King's College, UK), Helen Killapsy (UCL), Michelle Funk (WHO) and Angelo Barbato (Mario Negri Institute, Italy) also attended the meeting, bringing to the table their own experience and input.

Round tables were set up to discuss how to improve their conditions through deinstitutionalization, recalling the thematic paper coproduced by the WHO and the Gulbenkian Foundation Global Mental Health Platform, "Promoting Rights and Community living for children with psychosocial disabilities".

Fondation d'Harcourt's managing director Gaia Montauti and the Associazione Cittadinanza Onlus were invited to share their own experiences in promoting rights of persons with mental illnesses. In her presentation, Gaia highlighted the strategy and outcomes of two of Fondation d'Harcourt's projects: the MEO Center in Cibitoke, ran by our partner AVSI, and the support network for mentally ill patients and their families in Rome, ran by the Don Luigi di Liegro foundation. These two projects provided concrete examples of successful strategies that could also be applied to community-based services in Georgia.

We are extremely pleased to have helped in drafting Georgia's future steps toward deinstitutionalization. As everyone involved in the workshop, Fondation d'Harcourt strongly believes that persons affected by a mental disorder should be treated with the same humanity and offered the same opportunities as any other individual. Many closed mental institutions have indeed proven to be counterproductive in treating patients with the respect and care that they deserve and should therefore be closed. This will allow us to move towards a community-based mental health system which is more in line with the rights and needs of people suffering from a mental illness.

To read more about the Gulbenkian Foundation and WHO's papers on global mental health, please visit: http://www.gulbenkianmhplatform.com/technical

A photo from the workshop:

Out of the Shadows: Making Mental Health a Development Priority

Earlier this month we attended a two-day event on mental health hosted by the World Bank and World Health Organization. For the first time finance ministers, international and intergovernmental agencies, the business community, civil society and technology innovators gathered with the aim of moving mental health into the mainstream of the global development agenda. The event discussed the expected economic, health and social returns of investing in mental health.

A high level keynote panel featuring WB president Jim Yong Kim, WHO director-general Margaret Chan and Canadian Minister of Finance Bill Morneau reaffirmed the central importance of mental health as a health and development priority and the need for collective, intersectoral action.

The event kicked off with the Innovation Fair, showcasing new effective, replicable and sustainable approaches and policies in countries of all income levels. We found the programs being implemented in Brazil and Lebanon to be perfect examples of the attempt to bridge the gap between economic development and the population's wellbeing.

Mental health issues impose a tremendous disease burden on societies across the world and countries are not investing sufficient resources to tackle them. While developed countries assign just 5% of their budget to mental health, developing countries destine only 0.5%. The human and financial costs of failing to address mental health are enormous, estimated at 1 trillion USD.

On this regard, Dr. Dan Chisholm (WHO) discussed a new study on the global return of investing in mental health funded by Grand Challenges Canada. **Results show a 5 to 1 return on investment for global treatment of depression. This means that every US dollar invested in treating depression and anxiety yields 4 USD in better health and the ability to work**.

These numbers prove that investing in mental health makes sense both socially and economically. Low-cost, cost-effective solutions are currently available and more are being developed and tested through pilot programs in different countries.

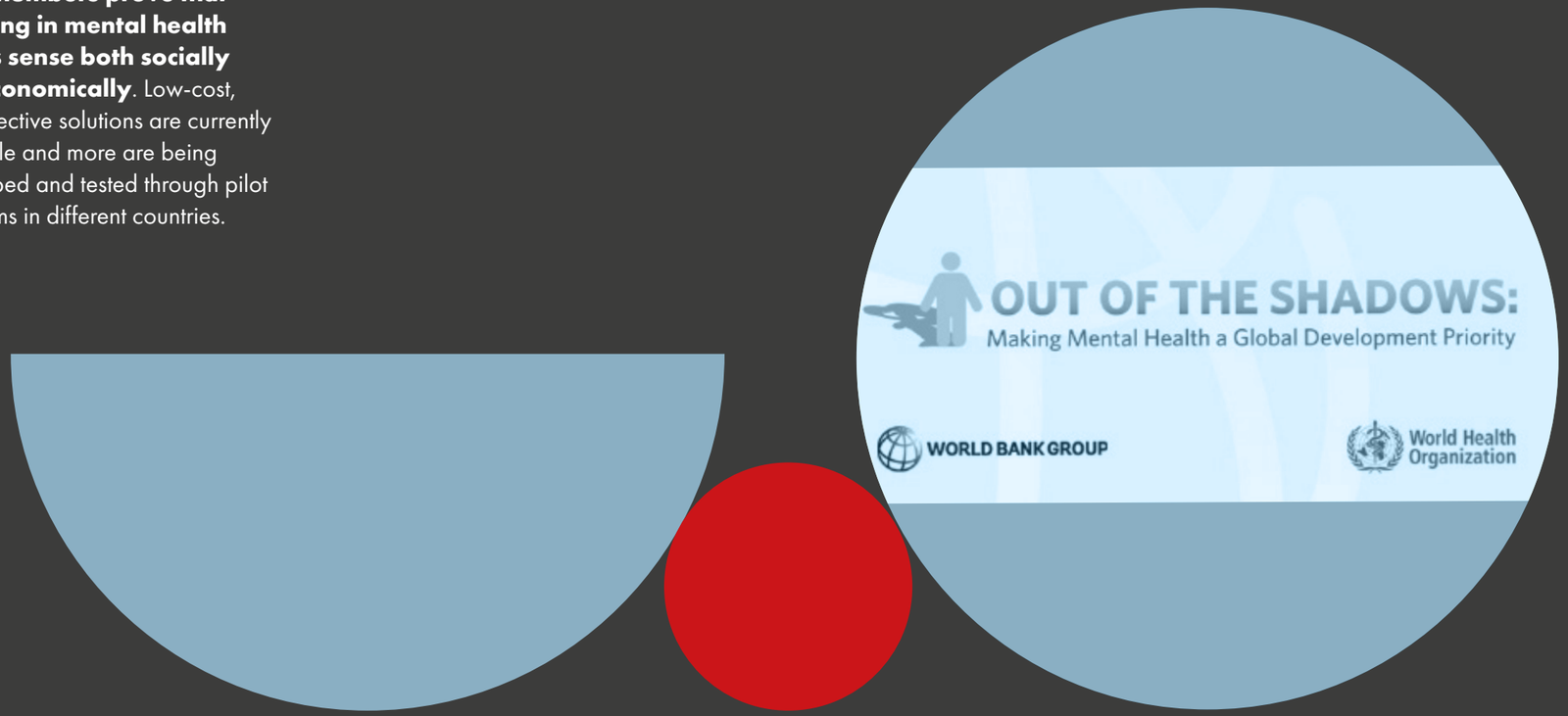
One of the highlights of the event was when former United States Congressman Patrick Kennedy shared his personal struggle with mental health disorders and made a potent speech on mental health parity as a human right and the necessity to fight and end the stigma. Mr. Kennedy is the lead sponsor of the Mental Health Parity and Addiction Equity Act of the United States.

A voice was also given to service users at the reception, when representatives of adolescent and youth groups inspired the audience with their powerful personal stories. They shared their struggles with different mental illnesses and explained how they decided to become advocates for mental health to overcome the stigma.

On April 15 we also attended a side-event organized by Grand Challenge Canada and the National Institute of Mental Health (US). The event explored policy, funding and research opportunities for sustaining momentum in advancing mental health care globally.

We are confident that this global event raised awareness on the importance of investing in mental health. Our foundation is looking forward to continuing its work and making a solid impact. We hope that other stakeholders will join us in implementing a global, multisectoral effort to scale up mental health services.

Here is a link to the video created by the World Bank and WHO for the "Out of the Shadows: Making Mental Health a Development Priority" event. You can visit the source



European Foundation Center Conference 2016

"Imagining and investing in our future"

The EFC is the platform for and champion of institutional philanthropy – with a focus on Europe, but also with an eye to the global philanthropic landscape. Established in 1989 by 7 foundations, the EFC now represents more than 200 philanthropic organizations, including foundations and corporate funders.

http://www.efc.be/news/world-philanthropy-urged-join-forces-support-refugees-migrants/

Almost 700 representatives from the world of philanthropy gathered at the European Foundation Centre's Annual Conference on 26-28 May in Amsterdam. Entitled "**Imagining and Investing in our Future", the conference reflects that philanthropic institutions are well positioned to take a long-term and strategic approach to the ongoing and evolving situation of displaced people and to shift the paradigm on how we deal with migration globally**. Philanthropic institutions have a critical role to play in shifting public opinion and attitudes on migration by addressing language of hate and fear, as well as unlocking the potential and power of displaced people. Philanthropic institutions can also harness the enormous outpouring of goodwill and solidarity of citizens.

World Mental Health Day 2016

Every 10th of October the World Health Organization celebrates World Mental Health Day in order to raise awareness on mental health issues around the world and mobilize initiatives in support of mental health. This particular day allows us, as a foundation, to recognize the importance of our efforts to improve the conditions of people suffering from mental illnesses.

Psychological First Aid is this year's theme for World Mental Health day, and is indeed an increasingly important need for the thousands of people affected by crises worldwide. In fact, when terrible things happen it is important to reach out a helping hand to those who have been affected, not only by providing material goods, but also through humane and supportive psychological care.

On this specific topic, we would like to share a story we recently received from our partner Terre des Hommes Italia (TdH), who is currently providing psychological and psychosocial support to unaccompanied migrant minors and families with children in Sicily. As you can read on our blog, the local government has granted TdH permission to provide psychological first aid right at the port of Augusta (Syracuse).

Last week three Kurdish women, Shazam (6), her mother Nagaret (27) and her grandmother Sara (61), arrived on a sail boat in Syracuse. They travelled from Turkey with other 40 Kurds, most of whom were families and children. After disembarking, Nagaret had to be taken to the hospital due to cardiac problems. Shazam and Sara remained at the port, lost and confused, while everybody was transferred elsewhere. This is when TdH approached them with the aim of providing psychological first aid.

Sara was doing her best to hide her dejection and appear serene in front of her granddaughter. With simple and empathic words, the TdH team persuaded them to move to a protected and more comfortable place where they could wait for Nagaret.

Once there, the team gave Shazam some crayons and paper for her to draw. Sara, on the other hand, finally felt safe enough to let go of her emotions and started to cry. She tried to express her worries for Nagaret and her confusion about the whole situation. Where was her daughter? How was she? Should they have left without her? What should they do? Why was nobody giving them instructions? These were some of the questions which Sara managed to communicate in her helplessness and distress.

As she gained trust in TdH's psycologist, Sara began to tell her family's story. She mentioned how the men, their husbands and brothers, had died fighting Daesh, and how this had forced all the women to flee their country regardless of age or illness.

After carefully listening to Sara without pressuring her to talk, Tdh's staff managed to start comforting her and make her feel calm through practical care and support. In such a situation, it was essential to help Sara and Shazam out of their isolation and keep them informed and in contact with social support and services. This initially meant to arrange for them to be transferred to a reception center close to the hospital where Nagaret was being treated. It also implied to gather trusted information on Nagaret's condition by liaising with the doctors of the cardiology ward. Finally, Tdh ensured daily phone contact between the ladies until Nagaret was discharged.

All of the individual actions comprised in this intervention are an excellent example of how psychological first aid can attenuate the sense of helplessness and loss of a person and reactivate his/her own resources. This was particularly important for Sara to regain her ability to protect and take care of her granddaughter.

Mental Health Gap Action Program Forum

The WHO Mental Health Gap Action Programme (mhGAP) Forum, "Moving forward with the Global Mental Health Agenda", took place on October 10 and 11 in Geneva.

Fondation d'Harcourt attended this two-day workshop, which was presented by Dr. Saxena, Director of the Department of Mental Health and Substance Abuse (MSD). This year's mhGAP Forum provided an opportunity for different stakeholders to discuss a variety of ideas regarding the implementation of WHO's Mental Health Action Plan 2013-2020 and related topics.

The forum marked the launch of the new-and-improved mhGAP Intervention Guide (mhGAP-IG) version 2.0. This technical tool for non-specialist clinicians whose pilot implementation **we supported a few year back in Ethiopia** has been revised by multi-disciplinary experts. It is evidence-based, and the new version aims to increase usability on the ground.

Benedetto Saraceno, former director of MSD, introduced the launch with several useful observations, such as the need to culturally adapt interventions always, taking the local socio-economic context into consideration. A panel discussion followed with other relevant experts, such as Professor Graham Tornicroft, Julian Eaton, Rabih El Chammay, Devora Kestel and Pamela Collins. They all shared their experiences using the mhGAP at different levels: in the field, by the Ministry of Health, in distance training and in research.

During the workshop we also had the opportunity **to celebrate World Mental Health Day**, this year dedicated to Psychological First Aid. Dr. Leslie Snider gave a very comprehensive presentation on the process of grief, adaptation and growth that strengthen a person's ability to cope with the new situation he or she is facing.

WHO also presented several scalable psychological treatments they are promoting around the world. Among them, they mentioned the computerized psychological self-help therapy to address anxiety and depression (**E-mental health intervention**) that we are supporting in Lebanon in collaboration with the Lebanese Ministry of Health.

A session was specifically allocated to the consultation on draft Global Action Plan on public health response to dementia. In the afternoons, we took part in some of the discussions that were organized around different topics, namely the community engagement toolkit for suicide prevention, WHO's parents' skill training program for developmental disorders, and adolescent mental health.

The forum closed with the launch of the campaign **Depression: Let's Talk**, organized under the banner of World Health Day 2017 (to be celebrated on April 7), which will be dedicated to depression. The campaign's objective is to spread the word and overcome the fear and stigma of depression and lend a hand to those suffering from it.

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Income and expenditures/financial data

Fondation d'Harcourt makes substantial grants every year from its endowment funds and donations. A total of 13 long-term partnerships are currently active with multi-year contracts. All operational costs are covered by the foundation's endowment.

Board members

President: Fabio Montauti d'Harcourt
Vice-President: Yves Chevrier
Members: Claude Fayolle, Luca Tenchio, Thea Montauti d'Harcourt

Management Team

Managing Director: Gaia Montauti d'Harcourt
Partnership Officer: Sara Pedersini

Financial audit

Brunner et Associes SA - Société Fiduciaire Geneva, Switzerland

Annual Report 2016

This Annual Report was prepared by Gaia Montauti d'Harcourt and Sara Pedersini
Edited and designed by www.blossom.it

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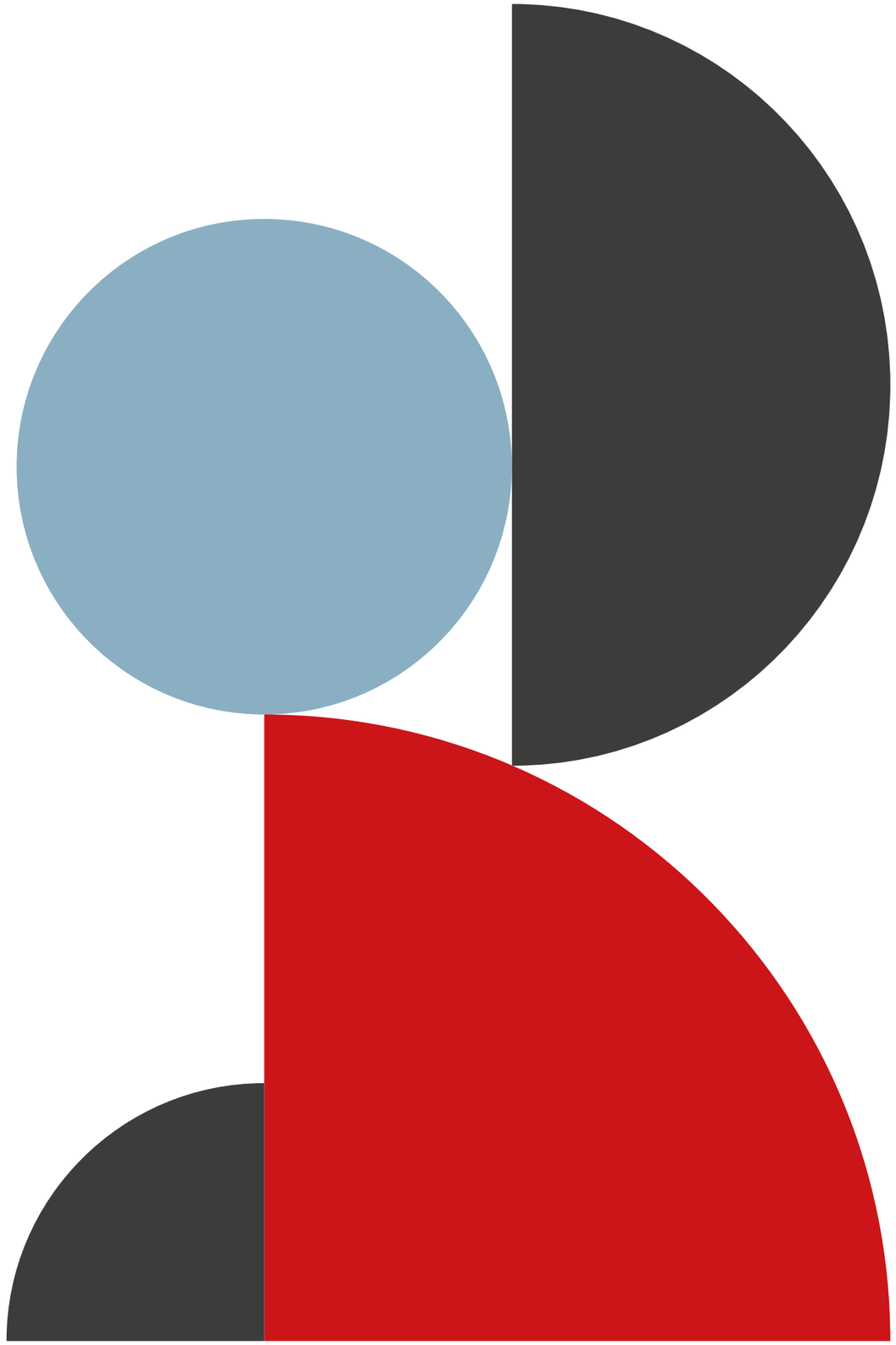

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