Fondation d'Harcourt

2020 ANNUAL REPORT

Message from the Managing Director

When we started planning activities and field visits at the beginning of 2020, we never imagined that this would be one the most challenging years we could ever face. The coronavirus pandemic spread across the world wreaking havoc on health systems as well as the entire socio-economic underpinnings of countries. Each person, regardless of age, race, or class, was affected. Quarantine measures and lockdowns in nearly every society caused a general sense of uncertainty to pervade and social distancing forced us to change our entire lives.

Consequently, the impact on mental health has been devastating. The pandemic created a host of new barriers for people already suffering from mental illness as well as for those who did not previously struggle. Widespread loneliness and coping with traumatic events in isolation increased anxiety, depression and post-traumatic stress disorders for many. Health workers also risked their mental well-being while working day in and day out in what became an emergency context.

Leading with our compassion and in line with our mission, we felt compelled to act. We decided to take a two-fold approach; we would continue supporting our existing partners for an additional year and launch the COVID-19 Emergency Fund.

Maintaining a high level of flexibility, regularly meeting with our partners, and re-strategizing were key actions to overcoming the new challenges. Across all projects, some adjustments were common; the provision of personal protective equipment, training, community sensitizations on how to face the pandemic, and the use of technology to continue providing psychosocial support remotely in cases where it was not possible in-person.

Concurrently, our Covid-19 Emergency Fund took root. The Fund placed a special focus on addressing the mental health impacts of the pandemic and continues to offer much needed support to projects implemented in Italy and Switzerland, two of the most affected countries at the time we opened the call. As a result, new partnerships were initiated with Soleterre Onlus, CBM Italia Onlus, and AVSI.

Throughout this year we were impressed by the strong resilience of our partners and by their capacity to find effective and concrete solutions to problems they were facing.
We are tremendously thankful to: Fondazione Internazionale don Luigi di Liegro, Fundatia Inocenti, Mission Bambini, Fracarita Belgium, World Health Organization, the Center for Victims of Torture, Fondation les réfugiés d'hier accueillent les réfugiés d'aujourd'hui, Fondation Recherche Perinatalité, Children Action, AVSI Foundation, CBM Italia Onlus, and Soleterre ONLUS without whom this work would not be possible.

This year, once again, Fondation d'Harcourt is grateful to have been able to play a role in alleviating some of the suffering and hardship faced by people suffering from mental illness, their families, and communities. Together with our partners, we are as motivated as ever to keep this effort throughout the years to come.

© Fondation d'Harcourt

Gaia Montauti

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 strengthen prevention efforts by providing psychosocial support to those who are most vulnerable.

© Joost Van Heesvelde

Our approach

Fondation d'Harcourt establishes partnerships with organizations specializing in mental health or psychosocial support to implement projects on the ground. We see our partnerships as evolving relationships and we aim to discover, learn, and improve together. We also actively seek out valuable technical input from researchers, psychiatrists, psychologists, social workers, educators, and other relevant stakeholders to enhance the impact of project activities. This collective and multi-disciplinary collaboration facilitates open and critical dialogue as well as joint reflection on innovative approaches to improve our work and the one of our partners.

Our partners' projects fall within at least one of our three key sectors of intervention. [1]

Ensuring access to psychiatric mental health care

- By supporting mental health facilities
- By training primary mental health care staff
- Through community outreach programs
- Through better referral systems

Empowering people suffering from mental illnesses and their families

- By raising awareness about mental health issues
- By establishing specific support groups
- By facilitating education and vocational training
- Through targeted recreational activities that promote social reintegration

Promoting the psychosocial wellbeing of vulnerable groups

- Through individual support by qualified social workers and psychologists
- By promoting psycho-social and sensitization activities for individuals, families and communities

1. The list for each access of intervention is not exhaustive.

Focus

Perinatal, Children, and Youth Mental Health

As we grow, our mental health (MH) is influenced by a variety of social, physical, and economic determinants. However, some factors have a stronger correlation with the likelihood of developing a MH disorder than others. For example, stressors experienced during early childhood (as early as in utero) have the potential to negatively influence neural responses in the brain setting the stage for later life MH outcomes. The degree to which the effects of these stressors can be alleviated is largely dependent on the social support systems available, most importantly loving and stable relationships with caring adult figures. Relationships like these create secure bonds between a child and their caregiver, aiding in healthy development, coping mechanisms, and helping to buffer against anxiety.

Moreover, substantial research has demonstrated the importance of maternal education and well-being for positive childhood development. Specifically, cases in which a lack of maternal mental health exists are often correlated to emotional problems in children. Taking action to improve maternal well-being, even before birth, can drastically alter later life outcomes for children. Given this significant relationship between a caregiver's mental well-being and early childhood development, we find it essential to support projects that address perinatal and maternal mental health.

Through informative programs geared toward mothers and families, our partners educate caregivers on the importance of early childhood experiences as well as the importance of looking after their own mental health.

Children and youth themselves must also be provided with the necessary support to thrive, as compelling evidence demonstrates that early intervention can reduce the risk of mental disorders and lead to lasting positive outcomes[2]. Indeed, adolescence is a period for self-discovery, for failures and triumphs, and a time to learn to manage emotions to achieve a fulfilling adulthood. While it can be a time of immense growth, it can also come with a variety of challenges that can feel truly insurmountable. The pressures of external life, the influence of social media, unstable home lives, past traumatic experiences, and psychological conditions are hardships that no child should have to face alone. Currently, 10-20% of adolescents experience mental disorders and half of all mental illnesses begin by the age of 14. Even more alarming, suicide is the third leading cause of death in 15-19-year-olds [3]. When mental health issues are left untreated, the consequences can extend to adulthood, impairing both physical and mental health. These circumstances coupled with inadequate coping skills, can lead to a lifetime of unnecessary struggle.

Our partners with programs focused on prevention and awareness raising efforts, work hard to help youth reach their full potential.

- Mental health conditions account for 16% of the global burden of disease and injury in people aged 10-19 years. (WHO)

- Half of all mental health conditions start by 14 years of age but most cases are undetected and untreated. (WHO)

- Globally, depression is one of the leading causes of illness and disability among adolescents. (WHO)

2. M.M. Barry, A.M. Clarke, and I. Petersen, Promotion of mental health and prevention of mental disorders: priorities for implementation.

3. Statistics acquired from the World Health Organization.

Pas seul dans ma quête
Seule dans ma tête
Coincée à l'hôpital
Mais pas seule dans ma quête…
Pour surmonter ma guerre
Seule dans ma tête
Mais pas seule dans ma quête
Moi je voudrais pas grandir
Ca me fait trop souffrir
Là j'en ai vraiment marre
Je me mets à l'écart
En fait j'y arrive pas
Je me réfugie dans tes bras
J'en ai plus envie
Donc je me lance un défi
Seule dans ma tête
Mais pas seule dans ma quête
Même dans ma tristesse
Jamais tu me rabaisses
Pour moi c'est la fin
Mais je compte sur tes câlins

L'impression de me noyer dans la mer
Mais on peut toujours compter
sur une mère
Je crois que j'ai une mala-die
Shootée aux médicaments
Je n'ai plus de vie
J'écris mon testament
J'ai perdu des kilos
Maman s'inquiète
Sur mes yeux un bandeau
C'est plus l'heure de la fête
Seule dans ma tête
Coincée à l'hôpital…
Je cherche l'espoir
Mais pas seule dans ma quête…
Pour pas que ça devienne mortel
Seule dans ma tête
Mais pas seule dans ma quête

Song written by adolescents during a music workshop

Artopie project, Switzerland

© HUG

© FReP

Supporting mothers in the perinatal period

Fondation recherche périnatalité

Geneva, Switzerland

Project Period: 2020-2021

One of the most delicate periods in the life of women is the "perinatal period"[4]. This project, set up by the Fondation Recherche Périnatalité, aims to support mothers during this time which is often accompanied by feelings of vulnerability. Mothers and fathers are welcomed at CAP Association, a soothing environment where they can spend time with their children alongside a multidisciplinary team consisting of a midwife and a psychologist or child psychiatrist. These welcoming times (or "cocooning") serve as an opportunity for mothers to open up about their concerns and needs while finding answers ranging from breastfeeding and diet to behaviors and development. They also allow women requiring support with their emotional health to receive individual counselling while their child evolves in a suitable space under the gaze of the CAP team.

- **24 mothers and children supported**
- **1 multi-disciplinary team**
- **16 welcoming times held**

4. Time during a woman's pregnancy, delivery and the first 12 months after a delivery.

Suicide prevention for adolescents- Artopie

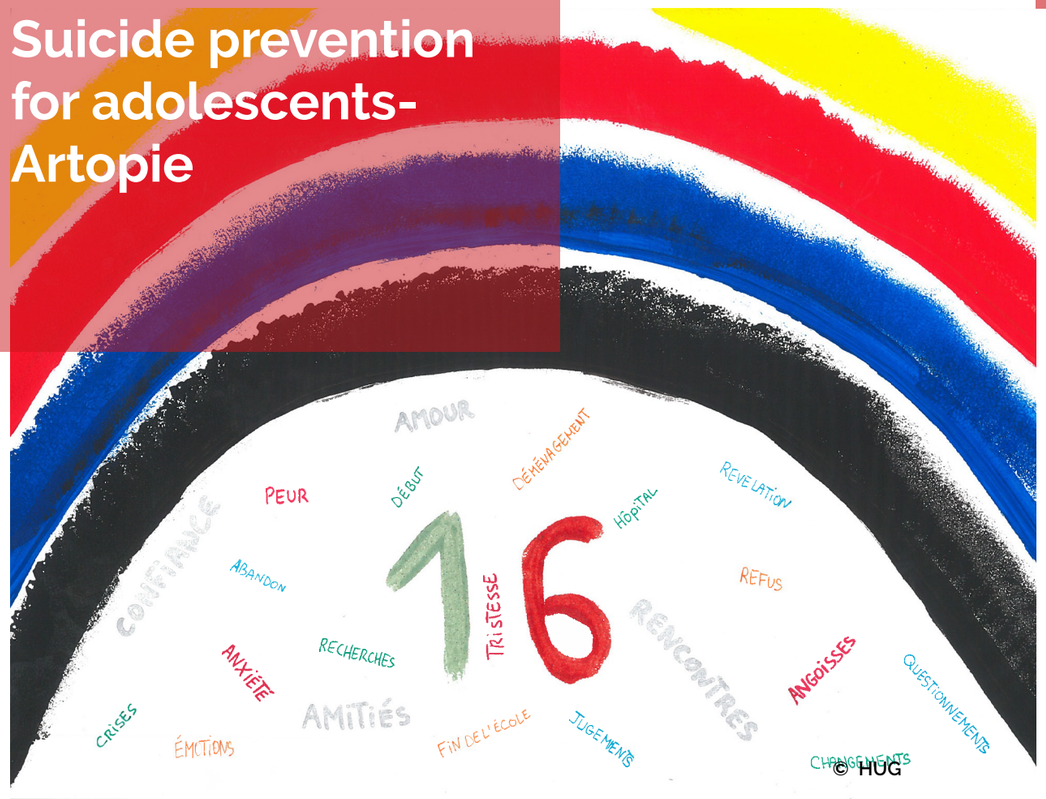
Children Action

Geneva, Switzerland

Project Period: 2018 - 2021

To prevent the devastating impact of teen suicide in Switzerland, the Artopie project implemented by our partner Children Action in collaboration with Hôpitaux Universitaires de Genève (HUG), intends to support youth ages 13 to 25 at risk of suicide. Combining art and healthcare inside and outside the hospital, this innovative project aims to create a close relationship between youth at risk of suicide, society, and health professionals. Cultural and social activities such as music workshops, yoga, theatre and art therapy workshops are organized to give youth an opportunity to experiment with their creativity. This allows them to re-discover themselves and their potential while hospitalized, which in turn, improves adherence to treatment and care. The project also creates awareness about suicide and suicide prevention within the community.

- 8 art therapy/cultural workshops
- 215 children and adolescents involved.



© HUG

Improving the well-being of children and adolescents

© Fundatia Inocenti

Fundatia Inocenti

Cluj-Napoca, Romania

Project Period: 2017-2021

At the Child and Adolescent Psychiatry and Addiction Clinic in Cluj-Napoca well-being is fostered through a comprehensive approach that takes into account not only medical needs but also the psychological, emotional, and social needs of each child. Through its team of psychologists, our partner, Fundatia Inocenti, contributes to this approach by supporting the Clinic's medical team and by providing individual and group counseling, art therapy, play therapy, and occupational therapy to patients. Group and one-on-one sessions allow the children a space to identify feelings related to their illness as well as develop positive coping mechanisms. Specific support to parents is also given to ensure they understand the needs of their children and learn how to address them. Fundatia also promotes mental health awareness raising efforts through its sensitization sessions in local high schools. Lastly, a collaboration with the University of Psychology of Cluj has been established to share knowledge and produce useful material for the project.

- 174 children supported at the Clinic
- 13 MH awareness sessions for 750 high school students
- 3 capacity building trainings for staff

Mission Bambini

Milan, Italy

Project Period: 2018-2021

The Omada Adolescent Neuropsychiatric Residential Community is home to 10 girls between the ages of 12 and 17 suffering from mood and personality disorders. Under the care and supervision of a multidisciplinary team Omada applies a holistic approach, involving individualized plans created for every girl according to her needs. Through collaboration with psychologists, psychotherapists, educators, and social workers, Omada incorporates clinical services into activities such as theater and music courses, physical and scholastic exercises which enable experimentation with new emotional and behavioral approaches. As a result, the girls are able to reflect on themselves as individuals and overcome personal challenges which helps facilitate their long-term recovery. Along this journey, families and competent local health authorities are involved in all phases of the rehabilitative process.

"Looking back on it today, as I write these lines, I still wonder how we managed to get through such difficult moments. The only answer I can give myself is: working together. After all, this is the meaning of the Greek word Omada."

(Omada, Staff)

- **10 girls and their families supported**
- **1 multi-disciplinary team**
- **Personal protective equipment covid related distributed**

Focus

Capacity Building and awareness raising

Two of the main barriers to the access and implementation of MH services are a lack of skilled mental health workers and widespread misunderstanding about mental disorders. In low and middle-income countries this phenomenon is particularly prevalent, leaving 85% of people with MH disorders without care. Additionally, in some contexts, mental health services fail to integrate evidence-based treatment and practices. For those suffering, this can be detrimental to the recovery process, resulting in ineffective treatment, poor recovery outcomes, and potential human rights violations.

Evidence suggests that mental health training programs can improve provider behavior, intervention fidelity, and quality of service. delivery[5]. Capacity building therefore becomes key to the provision of adequate care as well as for ensuring the sustainability of projects.

Our partners' capacity building programs operate on the ground in both hospital settings and at the community level. Through in-depth and culturally adapted trainings and regular supervision, each project helps mental health workers refine existing skills and overcome gaps in knowledge, competence, and attitudes. Trainings on the job facilitate mental health workers to improve their expertise and verify what they have learned while providing a direct service.

For capacity building, in a broader term, we also consider strengthening our partners' organization when needed to ensure sustainability in long-term perspective.
In low-middle income countries where the mental health workforce is very limited, task-sharing is promoted to fill the gap leaving non-specialists to deliver mental health interventions. At the same time, our partners work to foster communities that are receptive and prepared to support people with MH disorders. They do so by raising awareness at the community and national levels about MH disorders, their symptoms, causes, and consequences, as well as treatment options. Communities also learn about the importance of inclusion, and the need to combat stigma surrounding mental health.
In time, this will help to combat misconceptions and create favorable environments for receiving treatment and care.

- The global shortage of mental health workers is a significant barrier to the implementation and scale-up of mental health services [6].

- Stigma, discrimination, and human rights abuses experienced by people with mental and psychosocial disabilities are still widespread in high income and low-income countries.

- Stigma and discrimination attached to mental health affect well-being and make it harder to recover and reintegrate into society .

5. Becker KD, Stirman SW. The science of training in evidence-based treatments in the context of implementation programs: current status and prospects for the future. Adm Policy Ment Health Ment Health Serv Res. 2011;38(4):217–22.

6. Saraceno B, Ommeren M, Batniji R, Cohen A, Gureje O, Mahoney J, Sridhar D, Underhill C. Barriers to improvement of mental health services in low- and middle-income countries. Lancet. 2007;370:1164–74.

“Respect for human rights of every individual, including persons living with psychosocial, intellectual and cognitive disabilities is crucial. This is because there is convincing evidence for positive recovery outcomes when people are empowered to take charge of decisions concerning their lives.”

- Akosua Serwaah Bonsu
Regional Mental Health Cordinator, Eastern Region

“I will share this lesson with everyone … so I hope that everyone [can] understand about human right[s] for people with mental disability, and can change their attitude towards people with mental illness, and help them to reach recovery and [a] meaningful life in [their] community”

- Participant QualityRights Training on Mental Health, Human Rights and Recovery

© QualityRights Ghana

© Joost Van Heesvelde

Improving mental health care in the Great Lakes Region

Fracarita Belgium

Great Lakes Region

Project Period: 2017-2021

People with mental health conditions often experience severe human rights violations, discrimination, and stigma, sadly frequently at the hands of the caregivers. Fracarita Belgium seeks to improve the quality of professional mental health care services by enhancing the competencies of personnel, particularly nurses and pharmacists, in 5 psychiatric hospitals in the Great Lakes region. Fracarita carefully selects nurses from each hospital to partake in a program through which they are trained by local, national, and international mental health experts. After a period of regular supervision, they become full-time coaches and provide on-the-job-training to other nurses. The ultimate aim of the project is to offer a higher quality of treatment in the region, which will lead to improving the lives of mental health patients.

- 5 psychiatric nurses trained and supervised as coaches
- 230 psychiatric nurses trained and supervised by coaches
- 7’344 patients with mental illness supported

WHO

Ghana

Project Period: 2018-2021

The WHO QualityRights Initiative in Ghana improves access to quality mental health and social services for people with psychosocial disabilities by changing attitudes toward mental health, both within the health community itself and throughout society as whole. The project uses an e-training course consisting of 16 hours of interactive modules which illustrate the importance of understanding and promoting human rights and creating services mental health services free from violence and abuse. By involving stakeholders at all levels this dissemination of knowledge ensures that people with MH conditions are able to exercise their human rights.

- **17,470 registered for the QualityRights e-training**
- **8,900 completed the course and received certificate**
- **Qualityrights assessment of Pantang psychiatric hospital completed.**

Focus

Treatment and Recovery

Almost a billion people worldwide currently experience a mental health problem[7]. Depression, and anxiety are ranked among the top ten causes of years lived with disability worldwide[8] and each year, almost 800,000 individuals across the globe die from suicide[9]. Yet despite such a high global disease burden, there is a disproportionately weak response to mental illness, characterized by a lack of prioritization of resources and policies. Mental health services continue to remain underfunded and mental health policies and legislations remain inadequate in many countries which perpetuates the stigma, discrimination and human rights violations of people suffering from mental illness.

Today, there is a strong evidence demonstrating that many mental health conditions can be effectively treated through the use of in-person or virtual support interventions that are cost-effective. However, the treatment gap between people needing care and those with access to care remains substantial.

Addressing the needs of persons with existing MH disorders through the provision and enhancement of treatment and promotion of recovery is one of the main goals of our partners working in direct care services. Some of them have been working to increase access to mental health care by developing and testing innovative, technological, and evidence-based psychological interventions with features that will likely make them more scalable. Others have supported projects integrating mental health care into primary care through the WHO mhGAP Programme for non-specialists to enable them to better identify and manage a range of priority mental health conditions. Some partners provide care for specific population such as trauma's survivors or refugees and migrants. We also strongly support the recovery process that some of our partners are promoting to help people with mental illness reintegrate into their communities.

- Mental, neurological, and substance use disorders are common in all regions of the world, affecting every community and age group.
- Many mental health conditions can be effectively treated at relatively low cost, yet the gap between people needing care and those with access to care remains substantial (WHO).
- While 14% of the global burden of disease is attributed to these disorders, most of the people affected - 85% in many low-income countries - do not have access to the treatment they need (WHO).

7. Institute of Health Metrics (2020) "GBD compare"

8. WHO, 2018 Findings from the global burden of disease study 2017

9. WHO, 2014, Preventing suicide: a global imperative

Amahoro's recovery

Orphaned by both her parents, Amahoro grew up with her maternal grandmother and several other cousins. When she was 17, an older married man manipulated her and assaulted her. After a month, Amahoro found herself pregnant and felt immensely ashamed and marginalized. She felt that she was becoming a burden to her grandmother and began having suicidal thoughts. After few months, she had to drop out of school and had very few options. Her older sister and mother did not accept her situation and her other family members looked down on her. Amahoro's grandmother tried to console her by telling her that this situation was not uncommon, but when she gave birth, she remained ashamed and did not want to tend to her child.

Through active listening and counselling, AVIS CARE Community Health Workers (CHWs) found that the sexual violence Amahoro experienced immediately led to psychological problems. They focused their attention on her feelings and expressions, both verbal or non-verbal, to understand every detail of her story. By establishing a climate of trust and by being fully available to her, the project helped Amahoro regain a taste for life and start to smile again. She now accepts her child and carries him in her arms or on her back. She is also president of a savings and loan group and has already taken out a loan to buy a small field in which she grows vegetables. This has allowed her to start a small tomatoe business and contribute to the family income. Amahoro no longer has suicidal thoughts and she hopes that with the support of CHWs follow-up eventually her family will grow to be more understanding.

© AVSI Rwanda

FONDAZIONE INTERNAZIONALE DON LUIGI DI LIEGRO ONLUS

Fondation d'Harcourt

VOLONTARI E FAMIGLIE IN RETE PER LA SALUTE MENTALE
fondazionediliegro.com

Empowering people with mental illness

Fondazione Internazionale Don Luigi di Liegro Onlus

Rome, Italy

Project Period: 2020-2021

Through a whole of society approach, Fondazione di Liegro (FdL) has created a solid community-based network to support people suffering from mental illness and their families, collaborating with local health authorities, volunteers, and universities.
Working to raise awareness about the challenges of living with a mental health condition, FdL facilitated its annual mental health training. This year, a special focus was given to isolation and resilience to help people facing the challenges of the pandemic.
FdL uses recreational and socialization workshops, such as fitwalking, photography, theater and music and painting to bridge the gap of social isolation and help each person rediscover their potential, improve their self-esteem, and reintegrate into society. Self-help groups for caregivers, allow families to dispel loneliness and reduce stigma by sharing their experience with others facing similar difficulties.

- 70 people attended the annual course on mental health
- 42 people with MH participated into art therapy workshops
- 39 volunteers involved

"It is not until there is an aspect of our lives missing that we realize how very important it is."

Gianluca (Fondazione di Liegro - beneficiary)

E-mental health intervention for depression- Step by Step

WHO

Lebanon

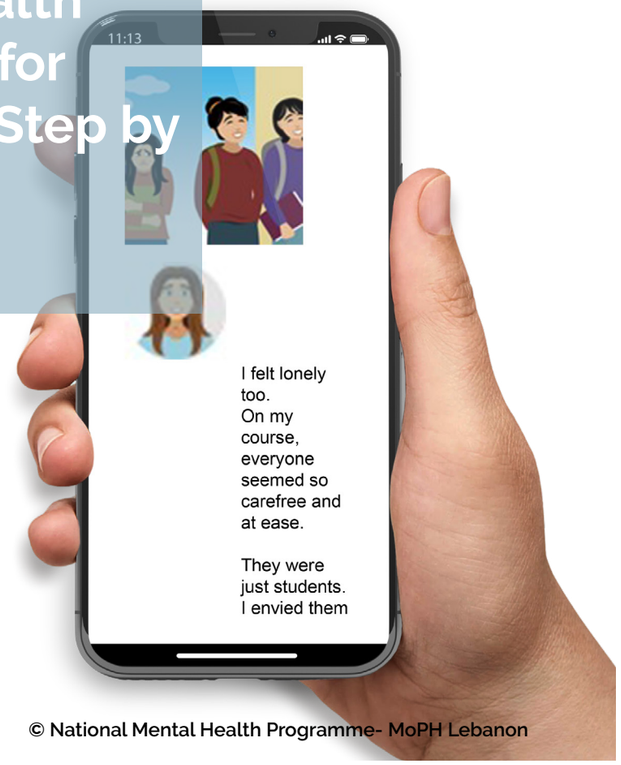
Project Period: 2015 – 2024

To address the significant mental health needs of the Lebanese population and refugees living in Lebanon, WHO has developed a computerized psychological self-help therapy. The E-mental health intervention applies both WHO's face-to-face cognitive behavioral therapy (CBT), and a storytelling approach that provides relatable and engaging narratives. Users learn how to apply key therapeutic technique such as stress management and relapse prevention all while guided by "e-helpers" who are overseen by a clinical psychologist. The roll-out of the project takes the form of a multi-phase process, of which 2 out of 3 have been completed. After its effectiveness is confirmed, a scale up will be planned in Lebanon. In its entirety, the project will also serve as a guide for other initiatives requiring a sustainable implementation model.

"Breathing exercises were very beneficial to me, especially with COVID and quarantine."

(Syr, Male, intervention)

- **1 definitive RCT carried out**
- **1247 people recruited**



© National Mental Health Programme- MoPH Lebanon

© CVT

Trauma rehabilitation for victims of war crimes

The Center of Victims of Torture

Uganda

Project Period: 2018 - 2021

The psychological effects of torture, war, and sexual slavery can last well beyond the end of a conflict. This is the case in Northern Uganda where the mental state of trauma survivors remains largely unaddressed due to a lack of adequate and accessible mental health services. By providing direct mental health services, such as group and individual counseling, and conducting awareness raising activities, CVT is able to treat individuals showing signs of depression, stress, or PTSD, while also working to sensitize the community on the psychological consequences of trauma. Concurrently, CVT offers extensive capacity building opportunities for its mental health staff and service providers in the area.

- **146 individual and 87 group supervision session for CVT staff**
- **289 people screened and 169 clients received individual counseling**
- **80 supervision sessions for mental health service providers**

Mental health support for refugees and migrants

Centre de la Roseraie

Geneva, Switzerland

Project Period: 2019-20201

For migrants and refugees, integration into a new society comes with a plethora of hurdles. From securing work permits and gaining access to health and social services, to hoping for acceptance within a new community, this vulnerable population still has a significant journey ahead upon arrival. Based in Geneva, the Roseraie Centre seeks to make these obstacles surmountable for newcomers while addressing any underlying psychosocial or mental health issues. The project actively promotes the destigmatization of mental disorders through group therapy, seminars, and workshops on health. For those in need of additional mental health support, individual psychological support is offered for free, and for the most vulnerable cases, referrals to specialized hospitals and institutions are available. By establishing public and private partnerships, the project also creates referral pathways for recovery with organizations specialized in the sector.

- 93 people received individual psychological support
- 152 people involved in group therapy
- 16 works health and mental health for 110 participants

© Centre de la Roseraie

Increasing access and promoting recovery- CARE


© AVSI Rwanda

AVSI Foundation

Rwanda

Project Period: 2020-2023

Through a community-based approach, this project aims to restore the resilience of individuals and their families by addressing underlying mental health issues. AVSI, along with other partners, translates mhGAP into kinyrwanda and trains both Community Health Workers (CHWs) as well as existing community providers using an innovative training system (IVR). The training curriculum prepares this network to dispel myths about mental disorders, to break down barriers, and identify needs in order to assist communities in facilitating access to care and treatment. The strong workforce created at the community level will also promote the recovery of people with MNS disorders by helping them to develop new skills and strengthen their capabilities and potential to reintegrate into society.

- 31 people trained on mhGAP IG by 10 ToT
- 1780 people have been trained on mhGAP IG via IVR ystem
- 1035 people have been sensitized on mental health issues

Focus

Addressing mental health during Covid-19

At beginning of 2020, many of our partners were forced to reduce activities in order to mitigate any immediate health related consequences of the virus. Across all projects, this meant a temporary discontinuation of in-person services which, for everyone involved, represented a disruption in routine and an even greater disruption to their sense of stability.

In order to support our existing partners as well as to address the effects of the pandemic, we identified two primary objectives; we would continue supporting current projects for an additional year and launch the Covid-19 Emergency Fund.

We began by holding meetings with each of our partners to gauge any urgent needs and to help re-strategize. We ensured that those who needed personal protective equipment had it and that those who were going to keep their doors open did so in a safe manner.

Early on in the pandemic, Italy and Switzerland were among the hardest hit countries with each imposing nationwide lockdowns and internal travel restrictions. The Covid-19 Emergency fund was officially launched in April 2020 and targeted projects in both countries aimed at alleviating social isolation, building personal resilience, and improving mental well-being. We welcomed partnerships with CBM, AVSI, and Soleterre Onlus to reach Covid-19 patients and their families, front line workers, and particularly vulnerable families.

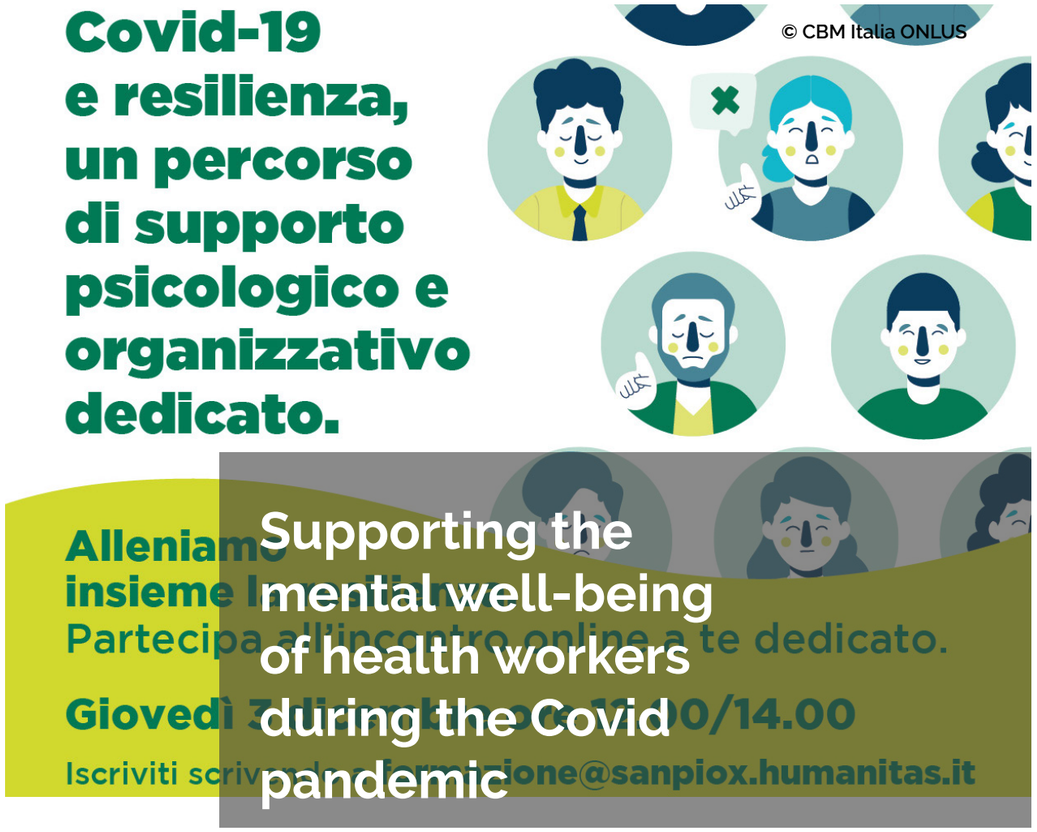
- Over 60% of people reported disruptions to mental health services for vulnerable people, including children and adolescents (72%), older adults (70%), and women requiring antenatal or postnatal services (61%) (WHO)

- 67% saw disruptions to counseling and psychotherapy; 65% to critical harm reduction services; and 45% to opioid agonist maintenance treatment for opioid dependence (WHO)

Ivan helps frontline workers cope with the pandemic

The Covid-19 pandemic wreaked havoc on health infrastructures and severely tested the resilience of frontline workers. As the virus spread, hospitals faced an overflow of patients and in some cases were unable to meet the demand for care. Under these conditions the world of psychology also had to pivot. Ivan, psychologist for Soleterre Onlus, shared with us his experience with Celeste, one of several trainees hired to meet the urgent need for medical personnel at the Policlinico S.Matteo Hospital in Pavia. Celeste was only 27 years old and was very new to life working in a hospital when the pandemic hit. The sudden change from a typical hospital work environment to that of an emergency context was not an easy transition to make. She was working long hours, tending to an extreme increase in patients and dealing with the unknowns surrounding the virus itself. But, managing the resulting stress and personal sense of responsibility borne by those in the healthcare field can often be a task too great to face alone

Thanks to Ivan's support and dedication, Celeste has overcome her inner conflict. Through frequent one on one in-person meetings, Ivan helped her change her perspective. She learned how to focus on the care she was able to give and those she saved during the crisis. Celeste knows now that, using the tools available to her, she did everything possible in her control. Above all, she understands that in the complex health system of today and under the exceptional circumstances of the pandemic, she has done her part.



Supporting the mental well-being of health workers during the Covid pandemic

CBM Italia Onlus

Milan, Italy

Project Period: 2020-2021

Throughout the whole of the Covid-19 emergency, doctors, nurses, and hospital administrators have worked tirelessly to treat an extreme influx of patients as well as to keep entire health systems afloat. This project, based within Milan's Humanitas S.Pio X Hospital, aims to build the resilience of those on the front lines of the emergency. Working together with CBM and the hospital, MultiVersa, an organization whose mission is to develop a sustainable model for work-life balance, has put forth a 3-tiered intervention; psycho-education groups to help health personnel cope with stress and activate their potential resources, individual therapeutic sessions for those who may need them the most, and training for those in managerial roles to provide them with tools to manage teamwork under pressure. Every role within the hospital was considered in the design of this project and health personnel are provided layer of confidentiality allowing them to genuinely open up and address the challenges they face.

- 6 psychoeducation group held
- 44 health personnel attended psychoeducation groups

"Taking the time to listen its own suffering and understanding that the struggles we face are part of our human experience can help to build resilience and overcome difficulties"

(Multiversa psychologist)

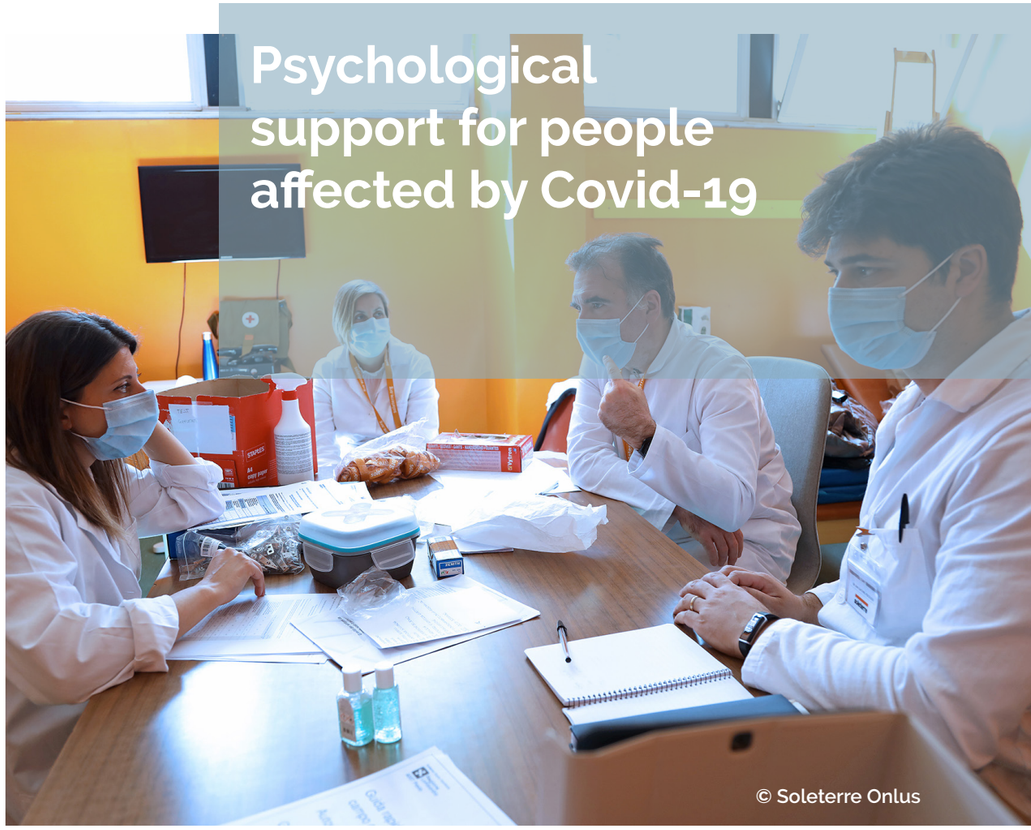
Soleterre Onlus

Milan, Pavia, and Bergamo, Italy

Project Period: 2020-2021

This project aims to improve the psychological well-being of Covid-19 patients and families who may have lost a loved one, people in particular situations of psycho-social fragility worsened by the Covid-19 emergency, and health personnel. At the Hospital S. Matteo, in Pavia, intensive psychological support has been provided in person to medical staff using Soleterre's therapeutic model, a complex measurement system able to trace PTSD and other psychological issues in Covid-affected people. At the national level Soleterre identified psychologists for each region and trained them to manage the potential Covid-19 trauma. Patients and families making a direct request for help by calling a free number are put in contact with a Soleterre psychologist for a first triage. A maximum of 5 sessions, conducted as much as possible in person, are then guaranteed for each person and eventually referral is available. Soleterre has also signed collaboration agreements with organizations, cooperatives, and associations, all of whom had recorded an increase in requests for the provision of psychological support.

- 246 people received individual psychological support during a total of 589 sessions
- 1.053 people involved in group therapy sessions
- 78 psychologists involved



Cultivate relationship at a distance- CURE

AVSI Foundation

Milan, Italy

Project Period: 2020-201

This project aims to guarantee psychosocial support for vulnerable families affected by the pandemic by strengthening a network of aid organizations coordinated by AVSI. Resilience Onlus, composed of a multidisciplinary team, provided operators of the network with training on resilience building, positive parenting, trauma, and psychological issues as a consequence of the pandemic. With these new tools the operators have been able to enhance and promote the psychological and social resources of each family and to provide effective techniques to parents and caregivers to manage the emotions of their children. Most importantly, through regular supervision, operators have a space to share their challenges and ask for support to deal with the most difficult cases. Educational materials, tablets, and laptops to access psychological support and continue remote school activities were delivered to children while direct economic aid was provided to support the most vulnerable families.

- **186 families supported**
- **206 children and adolescents accompanied**
- **30 educators and health worker trained**

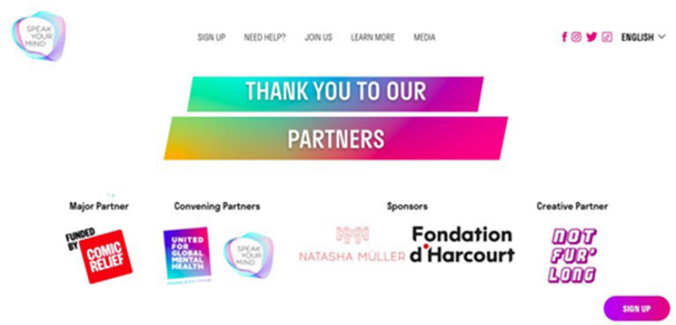
Crises often push you to react instinctively, the course has taught us to stop and reflect on our solutions, even in the most intense moments.

(AVSI CURE – staff)

World mental health day 2020

World Mental Health Day, celebrated on the 10th of October of each year, has always been a great opportunity to raise awareness on mental health. More than ever this year, challenges faced due to the COVID 19 pandemic have highlighted the importance to mobilize efforts to prioritize mental health at global level.
For the first time, the World Health Organization (WHO), the World Federation for Mental Health (WFMH), and United for Global Mental Health (UnitedGMH) joined forces calling for a massive scale-up investment in mental health. To turn words into action, engaging events such as a global campaign titled "MoveForMentalHealth - Let's Invest", a March for Mental Health and a global online advocacy event on mental health were organized.

Fondation d'Harcourt took part to this incredible and successful adventure by supporting United for Global Mental Health, the first organization dedicated to catalyzing global mental health which was asked to design and develop this year's creative campaign.
In particular, we supported the world's first virtual livestream March for Mental Health to help increase awareness of mental health issue, break down stigma and bring policy change. Through short films, interviews and spotlight on specific themes such as mental health and youth, inclusion, and suicide prevention, more than 130 activists, experts, people with lived experience and leaders shared their stories and hopes for better mental health through greater investment. Throughout a 24 hours event, Marchers around the world were able to hear the mental health challenges - and solutions - being faced in 18 countries.
As of 16 November 2020, the March for Mental Health has had over 36.3k views and a reach of over 242k.

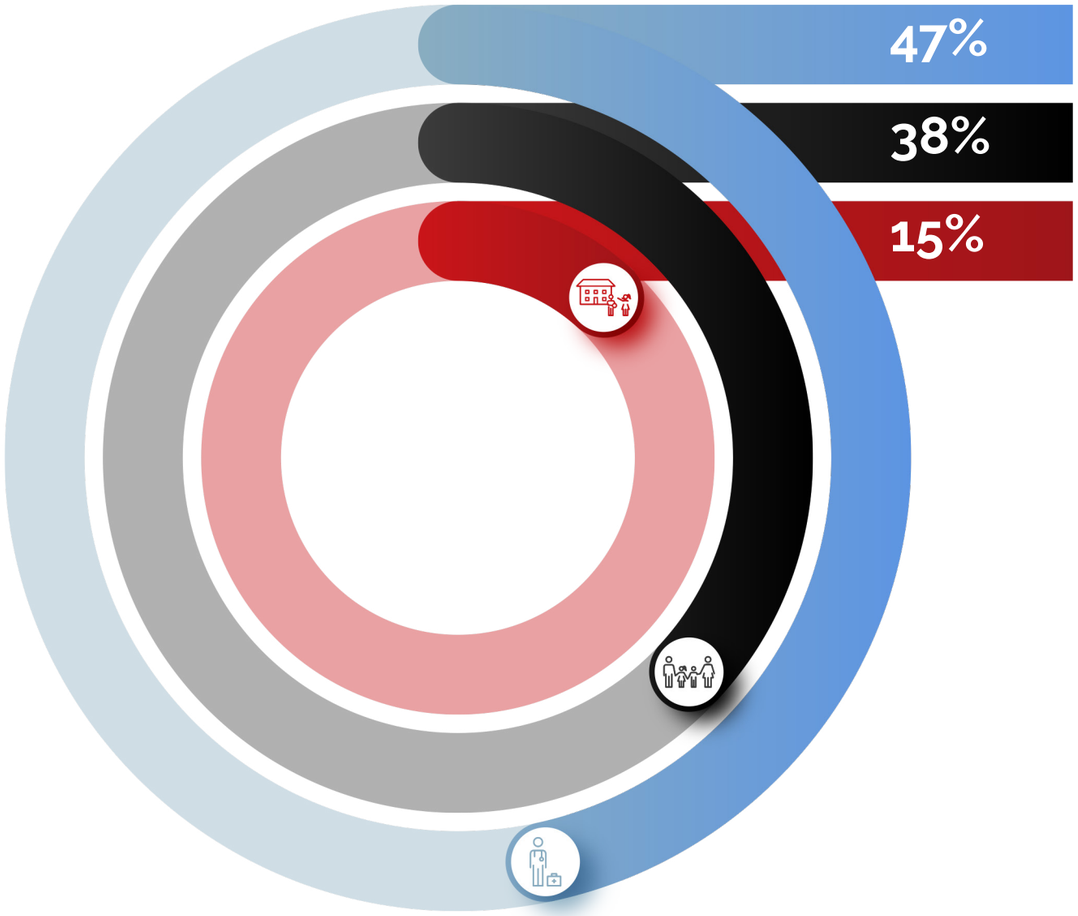


2020 at glance

14 projects supported

12 partners involved

7 countries of operation



Ensuring access to psychiatric mental health care

Empowering people suffering from mental illnesses and their families

Promoting the psychosocial wellbeing of vulnerable groups

Support distribution by area of intervention

Fondation d'Harcourt is a swiss private non-profit foundation according to art. 80 and the following of the Swiss Civil Code with its head office in Geneva.

It is supervised by the Swiss Federal Supervisory Authority for Foundations.

INCOME AND EXPENDITURES/FINANCIAL DATA

Fondation d'Harcourt makes substantial grants every year based on the revenues of its own endowment and eventual donations. A total of 12 long –term partnership is now running, with multi-year contracts. All costs of structure are covered by its endowment.

BOARD MEMBERS

President: Fabio Montauti d'Harcourt
Vice-President: Yves Chevrier
Members: Claude Fayolle, Luca Tenchio, Thea Montauti d'Harcourt
Audit: Brunner et Associes SA- Société Fiduciaire

ANNUAL REPORT 2020

This Annual Report was prepared by Shauna Marie Pratico with the coordination and support of Gaia Montauti d'Harcourt and Sara Pedersini

Graphic design and Layout: Niccolò Nardi
Editor/Editing: Shauna Marie Pratico

HEAD OFFICE

Fondation d'Harcourt, Place Ruth-BÖSIGER 6, 1201, Geneva, Switzerland
Tel: 41.71.600.23
Email: info@fondationdharcourt.ch
www.fondationdharcourt.org

TO SUPPORT US

Titulaire: Fondation d'Harcourt
Banque: UBS Genève, 1211 Genève 2
IBAN: CH8300240240289985 30H
BIC: UBSWCHZH80A

We would like to express our gratitude to our partners, without whom nothing of this would be possible. Thanks to their passion and dedication, we are impacting the lives of hundreds of thousands of people.

Fondation d'Harcourt

Giving value to intangible needs.