

ANNUAL REPORT FOR 2015

Project Name:	Recovery within community – Supporting recovery of persons with mental disorders and their full inclusion in the community
Donors:	Delegation of the European Union to the Republic of Serbia
Contact person and email:	Tijana Eror tijanaeror@gmail.com
<p>Short project description: The project was implemented from June 2014 till December 2015 in partnership with International Mental Health Collaborating Network IMHCN, Association of users of psychiatric services and their families “Dusa”; associations “Prostor” and “In the Family Circle”. Associates of the project are Provincial Secretariat for Health Care, Social Policy and Demography, psychiatric institutions from Kovin, Vrsac and Novi Knezevac and social care institutions from Curug, Novi Becej and Stari Lec. Project aim was to enhance the social inclusion of persons with mental disability and mental health disorders in Serbia, through development of the role model of available, affordable, accessible community based social services for people with mental health disorders based on the concept of recovery approach and user-s participation and supporting Government of Vojvodina and 6 institutions in Vojvodina to improve care of people with mental health disorders by applying the experience of the role model centre and policy development.</p>	
<p>Results in 2015: A range of community based social services were provided to people with mental health problems, including drop in, self-support groups, art therapy, home and community crisis interventions, family and individual counseling, education for employment, legal counseling. Overall 136 users received at least one of our services. 32 clients received support in crisis; 88 clients participated in drop in; 10 people received legal counselling; 95 users participated in self-support groups meaning that this service was most used; 65 persons received family counselling or participated in family conference; 29 people participated in art therapy workshops. This was one of best evaluated services; 51 clients participated in different educational courses or trainings. 83 users (61%) evaluated received services as accessible, affordable and efficient and graded their quality with 4.64 out of 5. In addition to the development of services for users, the project included educational trainings for professionals - service providers, users and family members. Trainings were conducted by experienced professionals, advocates of the whole life recovery approach and members of the International Mental Health Collaborating Network IMHCN. In 2015, one training took place. Learnin Set 2 - Recovery into Practice for Family Members and People with Lived Experience named Service user, family member and professional –Triologue approach, took place from 15th to 17th October 2015 in Belgrade, hotel Palace. Service users, family members and professionals participated in the training, aquired knowledge related to benefits of Service User and Family involvement in an individual’s recovery and development. Overall 29 participants were present. Training evaluation showed that participants were very satisfied with, grading the training 4.89. out of 5. Promotion of the project and the Centre was an ongoing activity throughout the whole project implementation period. It included different promotional events, press conference, media, internet and social network appearances and distribution of promotional material. Promotional events in 2015 included press conference, art exhibition with products (drawings, cups and bags) created during art therapy workshops and final conference of the Open Arms project.</p>	

Project Name:	Hate crime prevention in CEE and Western Balkan countries
Donors:	International Visegrad Fund
Contact person and email:	Tijana Eror tijanaeror@gmail.com
<p>Short project description: The project aims to improve the hate crime (HC) prevention and HC victims' support in CEE and Western Balkan region through strengthening the professional competencies of HC victims' service providers and other organizations that help people/communities exposed to HC.</p> <p>The project is based on 2 main steps:</p> <ul style="list-style-type: none"> - Choosing the experienced HC victims' service providers from Poland, Slovakia, Serbia and Bosnia and Herzegovina (for the Czech Republic it is the project applicant In IUSTITIA); strengthening their HC expert role through international good practice sharing and training trainers workshop; proceeding the assessment tool - Developing the knowledge and skills of national organizations that deal with HC victims or people/communities exposed to HC in HC victims identification, needs, protection and support through training and providing them with an assessment tool. 	
<p>Results in 2015: One workshop on Hate crimes prevention was held in Belgrade for 9 participants. Participants were representatives of IAN partner organisations Dusa and Prostor. Dusa is user run organisation that gathers users of psychiatric services and their family members. Currently they count more than 80 members. Members of Dusa are multiply vulnerable. First, based on their health condition, they are often stigmatized and discriminated. Second, many of them belong to different minority groups (ethnic, sexual minorities), that also makes them subjects to discrimination or hate crimes. We targeted them as a group that would benefit from participation in Hate crime prevention workshop, since it is very important for people who are most active in the organisation and their volunteers (students of psychology) to have all relevant information on how to target victim or potential victim and what referral to make. Prostor is organisation that provides psychosocial support to different vulnerable categories. Their president and art therapist participated in the workshop. Workshop evaluations showed that participants were very satisfied with its content and performance. They found that their knowledge and awareness about certain concepts and phenomena in society were increased. They also stated that they learned to respect the differences, that their level of humanity was increased and that they would have more understanding and tolerance for differences in future.</p>	

Project Name:	Centre for Rehabilitation of Torture Victims
Donors:	United Nations Voluntary Fund for Victims of Torture UNVFVT
Contact person and email:	Jelena Lončarević jbakalic@ian.org.rs
<p>Short project description: Provision of comprehensive assistance to torture victims and their family members on the territory of Serbia, through efficient psychotherapeutic, medical, legal and psycho-social assistance, provided by IAN CRTV staff in the centre and at the field. Moreover, activities have been organized in order to support and assist groups ill-treated and discriminated against, whose human rights are threatened on ethnic, religious, gender or any other socially depriving factors (e.g. psychiatric patients, drug</p>	

users, people living with HIV/AIDS, etc.).

Results in 2015: 150 clients were assisted in 2015 through IAN CRTV services supported by UNVFVT. Clients were assisted in the centres' premises in Belgrade and during the field visits. One half of the beneficiaries was assisted in the Centre's premises, while the other half was assisted during the mobile team visit to places with refugees and asylum seekers. Most of the clients (136) were war related torture victims and victims of torture and ill treatment during the transit, or members of their families, while 14 came from vulnerable groups such as psychiatric users, PLWHIV, LGBT, Gender based violence (when police authorities do not react on violence). 70 beneficiaries received one or more psychological assistance in Centre in the form of counselling, psychotherapy or psychiatric treatment (with free of charge psycho-pharmacotherapy when it was needed), through overall 207 interventions. 80 beneficiaries received psychological assistance during the field visit of the mobile team to one stop centres in Kanjiza and Presevo, park opposite the bus station in Belgrade and Refugee shelter in Sid. Those beneficiaries were supported with single intervention in majority of cases, since they were in transit. Psychological assistance in the field differs from the one provided in the Centre. Beneficiaries received Psychological First Assistance and referral, and when conditions for deeper work are met, then beneficiaries receive psychological counselling and psycho-education. Beneficiaries are informed about consequences of torture on their psychological and physical health, how to recognise them when they appear (since majority of beneficiaries did not develop symptoms yet) and to whom to refer in the country of destination. Types of psycho-therapeutic treatments offered to the clients in the Centre were: REBT (cognitive-behavior therapy), psychoanalytically oriented psychotherapy, family therapy and SFBT (Solution Focused Brief Therapy). Psychological aid was focused on assisting beneficiaries to discover or remind of own potentials and strengths that helped them survive traumatic events (torture) and find the ways how to use these strengths in current everyday functioning. Also, therapists tried to help clients to make distinction between traumatic past and present time, to provide them with emotional corrective experience and help them feel safe again and regain trust in self as well as in other people. In the majority of cases, clients reacted very positively to the treatments provided and relationships established with the IAN staff. Treatment evaluation showed significant improvements in their psychological state (most of the PTSD symptoms are reduced, self-esteem and confidence are increased, depression and anxiety symptoms are decreased). 105 beneficiaries have been assisted in the Medical Centre in Belgrade through 366 interventions. 70 beneficiaries were medically assisted during the mobile team visit to places with refugees and asylum seekers. Beside internist medical examinations, most health endangered clients also were in position to get specialized medical examinations and to be provided with free of charge medicines. In the period covered by report, 23 clients were legally assisted by IAN attorney, through overall 76 interventions. Attorney was present at 5 trials, 6 follow-up of cases and had 32 counselling interventions in the centre. IAN attorney has been in regular phone contact with the clients whose court proceedings are in progress. Overall 20 phone interventions were provided in this project period. Phone interventions were not just in connection to torture related court processes but included also counselling and informative support associated to exercising of other rights. Lately, we have more questions coming via e-mail. In 2015 we have 8 legal interventions through e-mail correspondence.

Project Name:

Emergency assistance to torture victims among migrants and

	asylum seekers in Serbia
Donors:	United Nations Voluntary Fund for Victims of Torture UNVFVT
Contact person and email:	Jelena Lončarević jbakalic@ian.org.rs
<p>Short project description: Provision of medical assistance and psychological first aid to refugees and migrants in their transit through Serbia. Assistance was provided through medical mobile unit consisting of medical doctor, nurse, psychologist, interpreter and field coordinator. Special focus was given to identification and treatment of victims of torture and their family members among refugees. Project was implemented in Belgrade, Sid – Principovac, Adasevci, Berkasovo and Sid railway station in the period October 1st – December 31st.</p>	
<p>Results in 2015: More than 400 torture victims and their family members received psychological and medical assistance. Project supported by International Medical Corps (IMC) enabled IAN mobile unit to provide assistance to all refugees in need and to do screening of those who were tortured and ill-treated in the country of origin, during the trip, or at the both places. In total, more than 5000 refugees were supported during the period of the project implementation.</p> <p>Thanks to the project supported by UNVFVT, IAN mobile unit provided psychological and medical support to 160 refugees – torture victims and their family members.</p> <p>Mobile unit that consists of a medical doctor, a nurse, a psychologist and an interpreter was providing medical and psychosocial first aid for refugees and migrants on transit through Serbia.</p> <p>Medical first aid (MFA) includes basic primary health care interventions including: screenings, curative care, first aid, reproductive health, psychosocial support, and emergency and other medical and mental health referrals.</p> <p>Medical doctor remediate current health problems that victims suffer from and provide them with medicines and advice for treatment and behaviour in future period. Since, the most probably, doctor meets victims only one time, being in transit, it is important to provide them with first aid and give recommendation for future. Mobile team doctor prescribes medicines, in majority of cases antibiotics, vitamins and pain killers. Those beneficiaries who are in need for further, specialised treatment in the health institutions, were referred and followed up during their treatment.</p> <p>Psychosocial first aid (PFA) includes assessing the needs and concerns, basic psychosocial support (emotional comfort/helped to feel calm, empathic listening, information about stress reactions, encouraging positive coping) and linking to services through provision of information or facilitating access services and assistance e.g., shelter, food, water, clothes.</p> <p>Psychological assistance alleviates psychological long-lasting consequences of torture and possibly prevents severe mental disorders within endangered population and their families, including second generation. Purpose of the assistance was to take care of physical consequences of torture, including prevention of further complication and pain relief, as well as providing psychological support and emotional comfort in moments that followed incident of torture. Psychologist talked with victims about his/her journey and torture experience, educated them about possible consequences of such trauma, so they could ask for professional help if they experience such symptoms.</p> <p>We had cases of torture that happened by Croatian, Serbian or Bulgarian Border police. Some of the victims were supported immediately after the incident of torture occurred which helped them feel calm and safe. After psychological intervention, their fears about</p>	

future incidents of violence diminished and they got encouragement to continue the journey. Victims were informed about trauma effects on mental health and about consequences that they could feel because of traumatic experiences. They were informed about steps that they should take, once they settle down.

Project Name:	Refugee and Migrant Crisis in Europe
Donors:	International Medical Corps (IMC)
Contact person and email:	Bojana Trivunčić bzivanovic@ian.org.rs
<p>Short project description: Provision of medical assistance and psychological first aid to refugees and migrants in their transit through Serbia. Assistance was provided through medical mobile unit (MMU) consisting of medical doctor, nurse, psychologist, interpreter and field coordinator. Project was implemented in Belgrade, Sid – Principovac, Adasevci, Berkasovo and Sid railway station in the period September 28th – December 31st.</p>	
<p>Results in 2015: Medical first aid (MFA) was provided to 4191 persons. The most common health problems were related to long journey, poor hygiene, very cold weather, malnutrition, long bus rides, long walking, etc. There were also problems related to respiratory tract infections and painful conditions: toothache, headache, muscles and joints pain (information related to diagnosis can be found in the file diagnosis final). Chronical health problems like diabetes, asthma, hypertension, etc. were also diagnosed. During report period MMU examined many pregnant women. One pregnant woman was in 9th month of pregnancy, her water broke and she had delivery contractions. MMU called Ambulance; they arrived quickly and took pregnant woman to the maternity hospital in Sremska Mitrovica. She delivered her 5th child, baby girl. Her family waited for her in the shelter in Sid, and couple of days after they reunited and continued with their journey. In the reporting period, there were many mothers with young children, up to 2 years old. Babies up to 6 months mothers are usually breastfeeding. Children older than 6 months mothers are usually breastfeeding and feeding with infant formula at the same time. MMU doctor advised mothers to continue with breastfeeding of their children, especially in this critical moment when the hygiene of the food and condition of living is on very low level. Psychosocial first aid (PFA) was provided to 2021 persons. Majority of beneficiaries that were provided with PFA needed assistance related to satisfaction of basic needs (food, clothes). They usually didn't have winter cloths and the weather was very cold. They were not used to such a cold weather. Lack of basic information, like why they were not allowed to cross the border, or when the train was leaving, etc. was also their concern. They were usually very concerned about their future but at the same time very pleased that they managed to leave the country of origin. Many of them were talking about trauma they experienced in the country of origin and during the transit. Majority of them were coming from Syria, Afghanistan and Iraq. Psychological consequences of traumatic experiences were often very obvious. Sometimes they were not aware that feelings that were present were reactions on trauma they survived. Information about stress reactions and education about importance of getting professional help if psychological problems/difficulties still persisted when they settle down was important part of psychological support. Crossing the sea by the boat, from Turkey to Greece was the most traumatic experience for many of them. They were anxious about the future, frightened, but the emotional reactions were in correspondence with the traumatic situation in which they were.</p>	

People who came through Bulgaria were complaining on behavior of Bulgarian police. Based on refugee's stories, it can be said that there was systematic torture in Bulgaria. Almost all refugees, majority Afghans that came through Bulgaria said that police took their phones and money and that they used force and beat people. Some were imprisoned for certain period of time (usually around 10 days, some even up to 3 months). They were beaten in prisons, they didn't have enough food and water, and they were sleep deprived. Refugees were usually traveling in groups, with family members, siblings or with friends. Women were usually with their husbands or brothers or other relatives.

The usual psychological interventions while providing psychological support were listening and empathic understanding, as well where was appropriate "normalization" of emotions that were reactions to traumatic experiences, and education about trauma consequences, etc.