

Czech-UNDP Challenge Fund

Milestone Reporting



Project Title: Support of peer work in Georgia – First step

Milestone number	4	
Innovator	Centre for Mental Health Care Development (CMHCD)	
Local Partner	Partnership for Equal Rights (PER)	
Project Locations	Georgia	
Start date – End Date	10/2022 – 9/2023	
Funding (total USD)	UNDP Award	Co-Funding
\$56 430,30	\$40 000,00	\$16 430,30

I. SUMMARY

The executive summary is a concise brief on the progress towards the expected results during the reporting period. The section should include context and key developments of the project; progress against expected results; key challenges and risks faced in the implementation (and what has been done to mitigate them); lessons learned as appropriate; utilization update - mention the total project budget (as proposed in the application); report on cumulative utilization (indicating the % utilization in brackets) on utilization during the reporting period; key recommendations. Suggested length – 1 page maximum

The project achieved its main objectives.

The training for peer workers was carried out by experienced Czech trainers – two experts by experience, psychiatrist, psychologist, and psychotherapist. It was organized in blended format with 7 days online and 6 days in person. The preparation of peer workers included a ten-day internship which took place in MH services in Georgia (Center for Mental Health and Prevention of Addiction, Tbilisi Psychosocial Rehabilitation Center, Tbilisi Assertive Mental Health Service and Rustavi Mental Health Center). As a result, 12 peer workers completed the training and received certificates. The training curriculum that was delivered to the project partner includes a total of 100 training hours. Service providers with whom peer workers have been on study visits reported good acceptance by service recipients and general benefit of their involvement.

To frame the functioning of peer workers in mental health care system in Georgia a Standard of peer work was developed by implementing partners, consulted with Georgian mental health experts and forwarded to the Ministry responsible for health. The content of the Standard was based on WHO recommendations and the experience in the Czech Republic but was also contextualized for the conditions in Georgia based on the experience of the project.

The peer workers were trained and are motivated to start peer work as a regular job. Currently they are in contact with Georgian partner of the project (PER) and continue to practice peer work thanks to support of Georgian UNDP.

During the project, possibilities of securing resources to further develop and scale up peer work in Georgia were assessed. Project partners together with Tbilisi office of Global Initiative on Psychiatry (GIP) elaborated a Concept note focused on capacity building of MH professionals, scale up of peer work and strengthening human rights perspective in mental health. This Concept note was approved by Georgian Ministry responsible for health as relevant and with support of the Czech Embassy in Tbilisi submitted to Czech Development Agency (CDA).

Total budget - \$56 430,30, cumulative utilization during the reporting period of Milestone II., Milestone III. And Milestone 4 - \$56 430,30 (100%).

II. BACKGROUND

This section should provide a short introductory of the project, including an overview of the situation analysis, objectives and changes in the context/situation. It should be kept brief, expand only on key changes that might affect implementation. This part should include brief background of project and its rationale; context including linkage to other ongoing projects/programs; Project Approach, including Project Set up and management and coordination arrangements; listing of the main responsible parties. Suggested length - half a page maximum

Peer support is an underdeveloped intervention in Georgia, also missing psychosocial interventions of other sorts. Public Defender of Georgia has been several years criticizing such approach where care is primarily based on pills and overseeing how the patients take them. The need to introduce peer support is reflected in Mental Health Strategy 2022 – 2030. In Georgia there are currently several pioneering peer workers, with insufficient training and their roles are rather experimental. Centre for Mental Health Care Development has many years of experience in introducing of peer work in community and hospitals, which has been dedicated to since 2013. To this CMHCD has accredited training for peer workers, produced a Manual for the Involvement of Peer Workers and contributed to the promotion of the peer worker as part of the emerging multidisciplinary teams in the context of mental health care reform in the Czech Republic. CMHCD also has experience in training peer workers abroad (Moldova). PER is active in the field of mental health related advocacy and support. The majority of members of PER are persons with lived experience of mental health issue. PER advocated for the inclusion of peer support service in the strategy, which resulted in success, so with it's involvement is possible to develop peer support in Georgia.

III. MAIN ACTIVITIES AND KEY RESULTS

This section should focus on results backed by evidence of achievements. Give an overall and clear sense of the 'before-and-after' of the project intervention. Describe and analyse activities but emphasis on linking them more solidly to expected results by also including references and evidencing how the total number of activities helped to reach the results within reporting period. Suggested length – 1-3 pages.

1. Peer work training

In the monitored period, 2 teaching days were held online, 2 days face-to-face and 1 day of methodical support in teams where an internship for peer workers took place.

- 12 peer workers completed the training and received certificates

-2 days online (18., 19.7.)

- 2 days in present (4., 5.9.)

-1 day – methodological support in the teams (7.9.)

On the first online day, future Georgian peers had the opportunity to share their experiences of internships in healthcare facilities for people with mental illness experience. During the first online day, the trainers reminded active listening techniques as an important element in communication, when some of the participants reflected that they managed to use communication techniques in practice. In terms of theory, the trainers presented the concept of recovery in terms of its phases and together they searched in which phases they met clients in their practices.

On the second online day, the training was devoted to an essential part of the peer work, namely psychohygiene. The graduates of the training perceived the importance of self-reflection, interviews and supervision as tools in psychohygiene. After the internship, they already knew better how to keep boundaries with the client and their own time limits, they were aware of and inspired by techniques aimed at relaxation and gaining energy outside of work.

During the two days of training in Tbilisi the participants addressed the topics of working with a group, stigma and self-stigma, and leisure activities. Peers gained awareness of group work and the opportunities for more peer projects and employment, as well as significance of meaningful leisure time in the healing process.

As part of the training, they strengthened their ability to deal with stigma and self-stigma in others and in society. At the same time, however, professionals and peers still feel the social stigmatization of the mentally ill, including their families, as a major issue.

The Czech experts also methodologically supported the teams where peers completed internships and discussed the topics such as how to adequately involve a peer in the team and what the peer's duties and competencies could be.

Overall, it was visible that to most of the participants, have understood the role of a peer worker as a complete new helping profession fully equal with others that work in the field.

Reflection of peer workers:

- the vision and purpose of peer work got much clearer to me, that using our own experiences not only from the past but also present, can be helpful to the other aside
- I realized that through listening, the other person can find and realize what they really want - the meaningfulness of peer work

- I realized that a peer can be a support in understanding the disease
- I understood the importance of psychohygiene for the prevention of another attack of the disease
- I discovered my strengths in the organization of leisure activities, where mutual support between clients was shown
- I became aware of the difficulties when establishing initial contact with a client, but through finding creative activities according to the clients' interests and subsequent creation, it became easier to share one's own experience with each other
- I realized the importance of clarifying the peer's role in the team and for clients
- I had a very good experience that communication about topics other than the disease, focused on finding ways for people to fulfill their dreams, is very energizing for both parties

2. Curriculum of the training for Peer specialists in Mental Health Care in Georgia

Peer worker position is one of the important component of teams supporting recovery from serious mental illness, as it provides a unique opportunity to share one's own experience of recovery. This brings hope not only to people accessing the service, but also to staff in the team and to the families of people struggling with the more acute stages of mental illness. The peer worker should also be a fully qualified member of the team and therefore it is important that he undertake an adequate qualification training. Curriculum of qualification training is based on experience in the Czech Republic and the pilot training that was implemented in Georgia.

Through the qualification training, participants will gradually develop an understanding of recovery concepts, communication skills, practice working with their own story and gain an awareness of how a peer worker / specialist is involved in a team. As part of the implementation of the position into the teams, methodological support will be given not only to the training participants themselves, but also to their current or future teammates.

The training is divided into 14 days and set up each day for 7 lessons with a traditional time allotment of 45 minutes. As standard, it should take place in 4 blocks of 60 minutes and one block of 75 minutes, but can of course be adapted to the actual situation, conditions and attention of the participants of the training.

The total duration of the training is 98 lessons (taught hours), 2 taught hours are planned for independent work in the development of the recovery story and reflection on the internship and 50 taught hours for the internship, so the total duration of the training will be 150 taught hours.

The trainers adapted the training for peer specialists to the Georgian conditions and environment.

- in the adapted qualification training, more attention is now paid to stigmatization, self-stigmatization and work with trauma. Such topics was brought by the participants of the pilot training.

- the adapted qualification training includes preparation for the internship in the form of methodological advice in the organizations where the participants will complete internships. Local trainers will be much more flexible in terms of time, and there will be space for preparatory methodical meetings to take place directly in teams/organizations as opposed to meetings within the teaching. Methodological meetings are a proven part of the entry of new peers into the team in the Czech Republic. Thus, methodical meetings

to prepare a peer to join the team do not take up training time, but take place in the hours designated for the internship, thanks to which there is more space to pay more attention to certain topics.

- small adjustments to the training blocks so that they better suit the possibilities of the participants and do not depend on the time and technical capabilities of the Czech trainers - the pilot training took place in person and online, the adapted qualification training will take place with the Georgian trainers in person.

3. Final mini-conference in Georgia (6.9.in Tbilisi)

The aim of the Final conference was to introduce a new concept of a peer work work within mental health services. The outputs of the project qualification training curriculum for peer workers and the peer work draft standard were also presented. At the conference, professionals discussed about shared topics.

The final conference, that took place on September 6, was opened by the Ambassador of the Czech Republic in Georgia Petr Kubernat, who greeted participants, congratulated the implementing partners for carrying out a successful project and noted the importance of quality mental health services, considering the fact that more than 80 000 persons are currently registered in the psycho neurological dispensaries in Georgia.

Conference was attended by representatives of implementing partners from both Czech Republic and Georgia, peer workers, psychiatrists, psychotherapists, representatives of WHO and other professionals working in the field.

The welcome words were also said by the representatives of UNDP, by Katerina Linhartova, who addressed the public via Zoom and Khatuna Sandroshvili.

Pavel Říčan, director of Centre for Mental Health Care Development, explained why the peer work topic was selected as a theme of the project. Mr. Říčan said that the Center for Mental Health Care Development is Czech NGO, which is interested in innovation in mental health, and peer work service represents such an innovation. Peer work services has been functioning in Czech Republic for approximately 10 years, so the Czech team was honored to be able to share their experience with running the service with Georgian professionals, NGOs and peers.

The program was continued by the presentation of Zdeněk Císař, peer worker, peer lecturer, on the topic "Living recovery, how it works". Mr. Císař was sharing his personal experience. His presentation also was followed by questions from the audience and discussed about how peer workers recognize that they themselves may need support and recommendations and experience on how this support can be provided to peers who work in the service.

After Zdeněk Císař, 3 peer workers from Georgian side took the floor, describing their experience and vision with regard to peer support. Tinatin Shalamberidze mentioned that the training experience was long enough, approximately half a year, and quite intensive for her, and it was not only about acquisition of knowledge, but also it appeared to have therapeutic effect too, because she reconsidered her own

situation and started planning actions regarding better management of mental health and looking for more options to support her recovery.

Datuna Chakvetadze spoke about his experience of mental health problems and recovery, and the experience he gained during the project. “Our profession (of peer work) is so important that when I sat with the client, without presence of a doctor nearby, I learned that there is so much resource in the people. We do not fight medicine, medicine is essential, but, it is so much about people that can be helpful, they have so many strong features”.

The third peer worker from the Georgian side was Paata Skhirtladze, who mentioned the importance of the training for his job. He has been employed as a so called peer-educator in the hospital, but hasn't had any professional training, and the current training helped him understand his role in the service much better.

The conference program was continued by Zuzana Foitová, outpatient psychiatrist and psychotherapist, who made a presentation “How I met peer workers: my journey with people in recovery from mental health difficulties”. Zuzana highlighted the initial fears professionals tend to have in the teams with regard to peer workers, but also addressed the incredibly positive dynamics once the peer supporter integrates into the team.

The next presentation was made by Lali Tsuleiskiri, Head of the Rehabilitation Department at the Center for Mental Health and Prevention of Addiction, who spoke about the history of mental health patient organizations in Georgia, the barriers patients faced, the experience of Partnership for Equal Rights with advocacy, challenging stigma, with peers doing the work of social workers in the psychiatric institution in Asatiani.

The next presenter was Archil Begiashvili, psychiatrist, representative of Psychosocial Rehabilitation Center, who spoke about the importance of peer support service from the professional point of view.

Next was the presentation of peer work draft standard, by Pavel Řičan and Olga Kalina, after which the discussion carried on.

Topics for discussion

There were highlighted the points in the standard that required some further work:

- the issue of peer support in the services for children,
- the issue of peer support in forensic services, in narcological (addiction) services
- the issue of supervision of the service from the patients' organizations.

Whether or not it is necessary for peer supporters to have addiction experience, be a child, or a young person, be a person with experience of forensic service?

Another topic of importance, which is the issue of the salary of the peer supporter.

WHO recommends that peer supporters be given a fee on an equal basis with the other members of the multidisciplinary team, but it may be a challenge if the team members receive very different fees.

4. Peer work draft standard

To frame the functioning of peer workers in mental health care system in Georgia a Standard of peer work was developed by implementing partners, consulted with Georgian mental health experts and forwarded to the Ministry responsible for health. The content of the Standard was based on WHO

recommendations and the experience in the Czech Republic but was also contextualized for the conditions in Georgia based on the experience of the project.

The local partner (PER) became a member of the newly created committee on Healthcare at the Ministry, and will continue to oversee the process of review and adoption of the Standard through this Committee. The next meeting of the Committee will be devoted to presentations on the projects related to Health care, and PER will use this opportunity to make a presentation about the project and peer support service.

5. Second webinar for public (10.10.)

The webinar “Mobile Mental Health Community Teams in Czech Republic and in Georgia” was held on October 10, the World Mental Health Day as a way to celebrate it.

During the webinar Pavel Říčan, director of Centre for Mental Health Care Development, spoke about the structure and functioning of Mobile Mental Health Community services in Czech Republic and participated in the brief discussion with participants. After that, Jiří Štefl, Centre for Mental Health Care Development, spoke about the role of peer worker in the mental health team in Czech Republic and answered questions from participants. The third presentation was made by Jan Beneš, psychiatrist, working in the Czech MH Community services, who addressed the functioning of the mobile community teams and the experience with peer supporters from the perspective of a psychiatrist. The final presentation was made by Guram Cheishvili, member of the Tbilisi Assertive Team, who spoke about work and challenges of the Mobile Mental Health Community services in Georgia.

Participants of the webinar mostly were professionals from different mental health services in Georgia, and activists working in the disability movement, for whom peer support represents an interesting service as they often conduct similar work informally among different groups of persons with disabilities. People from public also had a chance to attend, because the information about the webinar was published on Facebook.

IV. PARTNERSHIP AND SUSTAINABILITY

Briefly describe all partnerships, including new ones built in the course of the reporting period. Report on the major impact that these partnerships have on results. How stakeholders, counterparts and/or local communities are/were engaged in implementation of the project to ensure sustainability of the project.

Suggested length – half a page

The Georgian implementing partner (PER) proved to be committed to the idea of developing peer work and came out of the project as more respected and influential stakeholder in the field of mental health care.

In the monitoring period, partnerships with organizations where trained peer workers completed an internship were deepened. Methodological support meetings were held in these organizations/teams on the topics of how to integrate peer workers into the team, what their competencies and job content might be, and other issues that arose during the internship were discussed. Professionals from these teams can see the peer worker position as important component of teams supporting recovery from serious mental illness, as it provides a unique opportunity to share one's own experience of recovery.

During the personal visit in Tbilisi, representatives of such teams were interested in the topic on how Mobile Mental Health Community Teams in the Czech Republic work and the peer involvement in these teams, and we jointly organized a second webinar on this topic.

The project partners have established a cooperation which they would like to continue.

V. KEY CHALLENGES LESSONS LEARNED AND RECOMENDATIONS

Mention key challenges encountered during implementation period and lessons learned as well as the way forward. For each of them, describe successful approaches taken to address challenges and highlight recommendations for future consideration in implementing the Project. This should include any modifications that needed or need to be made to proposed targets as well data collection and monitoring to track progress. Suggested length –1 page

For the wider implementation of peer work, it would be helpful if MH professionals in the country would have opportunity to further develop in knowledge and practical skills in human rights based and recovery oriented mental health care.

Project partners together with Tbilisi office of Global Initiative on Psychiatry (GIP) elaborated a Concept note focused on capacity building of MH professionals, scale up of peer work and strengthening human rights perspective in mental health. This Concept note was approved by Georgian Ministry responsible for health as relevant and with support of the Czech Embassy in Tbilisi submitted to Czech Development Agency (CDA). If CDA launches a call for projects on the basis of this Concept, it will allow to develop and strengthen peer work in Georgia.

In the meantime, until it is certain in which area the CDA will issue the call, local UNDP offered financial support to the partner organisation, Partnership for Equal Rights, in the coming months to continue peer work services and conduct a research on the needs and barriers faced by persons with mental health problems who use mobile mental health services both within the capital and in the Kvemo Kartli region. Thanks to this interim support, 3 peer workers trained within the project entered mobile teams working in Kvemo Kartli (Bolnisi, Gardabani, Rustavi), while the rest of the trained peer workers will have an opportunity to conduct peer work service in the capital of Georgia

VI. MEDIA COVERAGE AND PUBLIC OUTREACH

(Please summarize the media coverage and public outreach; include links to relevant articles and media)

The information was published on the Facebook of the partner organization www.facebook.com/union.per (20+) Facebook and on the personal Facebook page of the Georgian coordinator (20+) Facebook

<https://www.facebook.com/union.per/videos/299056819575694>

The information was also published on Facebook of the Innovator (2) Facebook

VII. PROJECT'S FINANCIAL PERFORMANCE

Please attach original budget sheet and add report current utilization of budget to the email.

VIII. DELIVERABLES AND ANNEXES

Please include (attach to the email or share via online storage) deliverables listed in the Contract.

Please include any additional information such as articles, leaflets, publications, reports and drafts of studies developed during the project implementation.

Please include up to 3 photos relevant to the project implementation relevant for the current milestone.

IX. CHECKLIST

- Deliverables described in the Contract included/attached*
- Photos attached*
- Budget sheet attached*
- Invoice attached*

PREPARED BY:

Date: 30.10.2023

Name of the responsible person: Markéta Hulmáková

Signature: