

**Final Project Report**  
**March – November 2023**

**A. Basic Data Sheet**

<b>Name of Organization:</b>	Aliance center duševního zdraví / Alliance of community Mental Health Centres / ACDZ
<b>Name of Project:</b>	Strengthening the capacity of community mental health services in Czechia by providing MHPSS to UA refugees and host population
<b>Sub-Agreement #:</b>	
<b>Time Period of Agreement:</b>	March 2023 – November 2023
<b>Country:</b>	Czechia
<b>Site(s)/Location(s):</b>	Prague, Plzeň, Liberec, Karlovy Vary, Beroun, Písek

## B. Narrative Report

### 1. Progress on Objectives and Indicators:

**4<sup>th</sup> Deliverable: Final report of the 2023 project together with September – November progress report: This final report includes overall summary of activities, indicators and outcomes of the project together with progress on indicators in third trimester of the project as well as description of main activities reported by CDZ – community mental health centers in 7 Czech regions. Table with indicators as per point C and also enclosed in 5WS Tracker.<sup>1</sup>**

From 2022, together with WHO, members of the Alliance of Community Mental Health Centres (referred as "ACDZ") are helping to address the Ukrainian refugee crisis in Czechia by providing MHPSS support.

In November 2022 the Alliance launched pilot MHPSS operation in 3 regions and carried out a mapping of the readiness of community Mental Health Centres (hereinafter referred as "CDZs") to provide MHPSS services capacities for Ukrainian refugees in 9 regions across Czechia. Based on mapping and pilot operations, 7 regions were identified with a significant need for MHPSS services and supportive activities for refugees.<sup>2</sup>

The project continued in 2023 to its second phase - building CDZ capacity to provide the MHPSS to Ukrainian refugees. We have introduced multidisciplinary teams in 7 regions through 7 CDZs operating in different regions in the country.

Our mental health centres throughout 2023 exceeded the plan in terms of the number of MHPSS consultations provided mainly due to significantly higher need for MHPSS for Ukrainian refugees than expected in the beginning of the second phase of the project in early 2023.

In the period from March to November 2023, 7 CDZs teams totalling 24 mental health professionals with 30% of Ukrainians psychiatrists or psychologists provided a total of 2439 consultations, which is 220% above the target<sup>3</sup>. We supported over 350 individuals and their families. 157 children's MHPSS activities were carried out. The mental health professionals helped kids and youth to adapt to new environment, new schools, classmates, to deal with bullying, to overcome the fears and things they saw or lived, or challenges caused by parental substance abuse. We provided 404 specialized service consultations (psychological, psychotherapeutic, and psychiatric) and 616 of consultations focused on non-specialized psychosocial support. These helped refugees deal with their mental health problems that are connected to the anxiety, fears, psychological stress and distress, substance abuse or MH illnesses diagnosed in Ukraine. Through 520 social services assistance interventions, the team members helped refugees to adapt into new environment, deal with difficult financial and job situation.

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<sup>1</sup> ACDZ. 5WS Tracker – March\_November 2023 ACDZ. December 2023

<sup>2</sup> ACDZ. Study – mapping the preparedness of mental health centers to promote mental health for Ukrainian refugees. December 2022

<sup>3</sup> ACDZ. 5WS Tracker – March\_November 2023 ACDZ. December 2023

The regional teams through field screening & potential client search activity monitored the most actual needs of refugees and established the first contact with them. To those, that needs mental health support offers services at local CDZ. The centres have a multidisciplinary team of various mental health professionals (e.g. psychiatrists, general / psychiatric nurses, psychologists, social workers, intercultural workers, etc.) that operate through case management system. Each patient has its case manager that provides direct care, coordinates the recovery plan and involves other team members according to specific needs of the client.

The project provides psychosocial support and therapeutic services that help refugees cope with psychological stress and distress, reduce anxiety and depression, strengthen their self-confidence, and thereby support participation in integration programs, community activities, or, for example, strengthen their skills for successful employment, but also e.g., to improve positive coping skills in dealing with psychological difficulties. CDZs can provide intensive support to those refugees from Ukraine who develop serious mental illness. In cases of refugees hospitalized in the regional psychiatric hospital, CDZs are cooperating with the hospital and promoting recovery-oriented approach, meaning that after hospitalization they continue providing community-based MHPSS. Especially Ukrainian psychologists employed by CDZ teams enables support in their returning to the normal environment after the critical hospitalization phase and provide subsequent social and health support.

Also, the reality of everyday life of the community of 360,000+ Ukrainian refugees has been changing because of changes in legislation. E.g. From 1<sup>st</sup> of July, the free housing in emergency accommodation is only available for 150 days. Further on, only a specific vulnerable group (children aged under 18; students aged under 26; carers of a child aged under 6; pregnant women; people aged over 65; disabled people; carers of disabled people) that might not cover all people in need can receive housing support to cover the accommodation. That is why lots of people lost their temporary homes (again) and needed to search for other options that are above their financial possibilities. People needed to adapt to new changes and accept that they need assistance to better socialize and integrate into Czechia. The refugees need to be incorporated into the Czechia social structures, that is why the topic of integration resonates more and more.

**CDZ CEPSYMED** – Centre of Psychosomatic Medicine is modern non-governmental health facility focused on providing a range of mental health and health services for all persons equally. It is based in Prague, the region with the highest density of UA refugees in Czechia - one fourth of UA population (25%) - helps refugees, especially women and children.

In the beginning of the project, CDZ successfully established the team of psychiatrist, substance abuse specialist, social worker, project coordinator, and special educator for kids and teenagers. Team is building up on the successful pilot operations in November and December 2022 and extends their services in specialized psychiatric, psychotherapeutic support and psychosocial counselling. CDZ started services at very early stage in March 2022 and during the 1 year the facility already gained the extensive experience in supporting the target group.

Most of these refugees have access to the Centre's services through the initial / start-up accommodation in Měšice that is managed by CEPSYMED team. As of March 2022, about two-thirds of the accommodation capacity has been reserved specifically for Ukrainian refugees who have fled the conflict in their country. This has provided safe and stable accommodation for many vulnerable families.

During the project period, the center provided routine health services and psychotherapy which do not differ from the services provided to Czech patients. We focused more on complementary programs.

A routine health service provided by a psychiatrist is defined as:

- taking a medical history
- targeted psychiatric examination
- psychiatric follow-up examination
- prescribing medications
- psychiatric consultation with the multidisciplinary team
- psychiatric rehabilitation by a nurse beyond the scope of the project (i.e. the nurse is not formally employed on the project but she is part of the multi-disciplinary team working on refugees recovery plan, the nurse is funded from other resources)

In the case of an addiction therapist, this includes:

- initial addictology examination
- individual therapy
- group therapy
- family therapy

The social worker is responsible for coordinating housing at the initial accommodation in Měšice, assisting with common social difficulties (benefits, allowances, food bank). At the same time, she/he is the contact person between the starter housing and CEPSYMED (collecting requests, ordering patients, contacts with other institutions - social services, health care facilities, municipal districts, school authorities, sanitary authorities, labor offices, police, etc.).

Due to the needs of teenage refugees who have difficulty adjusting to their new environment and often display behavioral difficulties, a special educator is needed in the team. The educator deals with specific needs of children and young people up to 18 years of age (educational problems, communication with school, special care facilities, special education needs, specialized schools). Most of the problems are connected with school attendance, e.g. conflicts with classmates, negative behavior during classes. These are related to a change in environment, integration into collectives, poor social conditions, excessive alcohol consumption by parents. Early experiments with an addictive substance by youth and adolescents are very common. The educator helps them to overcome their challenges and helps to support their personal growth, skills development, and gradual integration into their new environment.

The project coordinator coordinates the whole project, ensures the connection and continuity of different services, is informed and aware of the overall health and social status of the clients/patients.

It turned out that the indisputable advantage of this project is a complex and multi-disciplinary approach to needs of UA refugees of the team of the Centre for Psychosomatic Medicine. These patients usually have combination of psycho-somatic difficulties with severe traumas caused by war and social

difficulties often combined with psychological consequences of the war and multiple daily stressors. Very often these traumas are hidden behind the need, gratitude for help.

Specific health and social programs in our concept are mainly leisure time activities. These programs were much used during the summer months. Leisure time activities are carried out according to timetables, mostly in groups. There are both Czech patients/ clients of the center and Ukrainians together in these groups. It turns out that dividing the Ukrainian refugees into regular groups helps them overcome the feeling of loneliness, sadness, hopelessness, being different as well as facilitates better integration into society. On the other hand, it is an opportunity for Czech members of these groups to understand the needs of Ukrainians and sympathize with their situation. Some mothers use our pre-school facilities when needed in cooperation with the Order of St. Lazarus of Jerusalem, which the CEPSYMED's director and substant abuse specialist a member of.

**CDZ Pro Zdraví 21** is based in Beroun, Central Bohemia with one of the highest densities of UA refugees (14% UA refugees in Czechia). This center is focused on children and youth. The team continues to provide MHPSS services and is carrying a great deal of both individual consultations and meaningful leisure time activities for children, youth, and their families. A social services worker from UA with psychological background and training greatly contributes to communication with children and adolescents.

Leisure and social activities to support adaptation for children and youth are mostly carried out in the low-threshold facility where everybody from 6 to 26 years can come to spend free time, play games, use wifi, find friends, chat, have a cup of tea. The objective is to provide safe space and field services for kids and teenagers when they have nowhere to spend their free time, are disorganized or are threatened by socially pathological phenomena. The support was focused on leisure activities for UA children, involving them in group activities and connecting them with Czech children. This low-threshold facility had always been (meaning before the war) used by the locals including a great deal of Romani community in town. As the conflict between two highly vulnerable groups in our country - Romani people and Ukrainians - are present during most of the project period, we have been dealing with similar tension in our low-threshold facility. As a result Ukrainian children have withdrawn from the facility and the attendance of our activities has dropped. As a result, we are adapting to the new situation and detecting clients more in places they live and offering psychosocial services case by case.

**CDZ Ledovec** in the region of Pilsen, the fourth most UA populated region in Czechia (9% of UA in Czechia). CDZ team includes 2 psychologist of UA nationality, one of them with significant experience from this war conflict gathered in 2022. Both psychologists were directly working with KACPU in Pilsen that is managed by People in Need organization and receive requests for psychosocial and psychological support through this channel. The psychologists provide mostly individual psychosocial support and therapeutic services, but also other activities such as children's leisure activities supporting adaptation, support groups, counselling, and other social services, which underlines the sustainability of services provided by this project because these services are carried out in the broader multi-disciplinary CDZ team and therefore are better integrating the individual refugees within the society's social structures.

Both UA psychologists work with psychiatrists and rest of CDZ team both in Pilsen and Klatovy in terms of client referral in case of serious mental health illnesses that needs comprehensive support. One of the UA psychologists speaks perfect Czech so she also provides translation. With her Czech language knowledge, she is the regional contact person for people with serious mental illness from UA population searching specialized services (psychiatrists or other

specialized MH professionals in CDZ team). That is why the CDZ team also invites her for assertive contact initiation in the field also for establishing new cooperation with refugees from Ukraine hospitalized in psychiatric hospital of Dobřany. After the critical hospitalization phase, the UA psychologist enables support in their returning to the normal environment and provide subsequent social and health support.

Their psychological and psychosocial support missions include working with clients suffering from fear, anxiety, clients suspected or indicatives of PTSD, OCD, depression, neurotic disorders, desocialization, decision-making difficulties, psychological disorientation in a new city, in a team or in crisis situations, as well as adaptation in a new environment, at work, at school, etc. The most serious cases are diagnosed by a psychiatrist.

Several times, one of the psychologists also worked with children and adolescents, their adaptation and psychological support in the transition to a new class, communication with peers, conflict situations, bullying, etc.

With an increase in the number of staff it would be possible to cover more people and their needs or offer more frequent encounters. To cover the regional need the team is thus suggesting extending funding and hiring a project coordinator, social worker and a nurse.

**CDZ Drug-Out Klub** in the region of Ústí nad Labem with moderate density (5%) of UA refugees.

The center offers psychiatric services to UA refugees including the services of an interpreter. Consultation is scheduled within one week. They focused psychosocial support and psychiatric counseling with the possibility of psychiatric medication is offered there as well. The services are provided free of charge for children, adults, and seniors within the opening hours (Mon 8-18, Tue 8-18, Wed 8-18, Thu 8-18, Fri 8-16). The headquarters is in the centre of Ústí nad Labem, but both outpatient and field services are provided.

The team focuses on MHPSS services in 3 major areas:

Monitoring the actual needs of refugees living in Ústí nad Labem. The center initiates contact with the largest accommodation facilities for refugees in Ústí nad Labem. For this type of service, it remains top critical to build trust and relationship with the assistance of UA interpreter. Services, assistance and possibility to participate in the programs if offered by the center's workers. They respond to the community needs and improve well-being of UA refugees in the Czech Republic, CDZ Drug-Out.

Urgent psychiatric support for UA people. As an example, a Ukrainian woman who had a lapse in alcohol consumption and deterioration of her health status - depressive mood, anxiety, hypertension and tremor, regularly came to psychiatric care during the project. Or a UA woman facing her partner's addiction. Generally, the team works very intensively on relapse prevention, working with craving, and regularly updating the crisis plan.

Leisure (sociotherapeutic) activities for refugee children with therapeutic guidance and translator are offered to families. The aim is to integrate them among Czech children, help to make friends, learn how to communicate. These children have an opportunity to participate in sociotherapeutic activities designed for child clients of the addiction clinic. In the reported period of September and October, the children participated at Halloween's workshop, a Guardians of the Galaxy Vol 3 film screening, hike on Erben's view point.

**CDZ Fokus Karlovarský kraj** is in the region with 4% of UA refugees' community in Czechia, but with the number of refugees from Ukraine per 100 inhabitants of the Czech Republic the region is competing with Prague (7.46) – Karlovy Vary 6.2, Cheb 6.8, Mariánské Lázně 10.35 UA refugees per 100 Czech inhabitants<sup>4</sup>.

The organization started providing the assistance to people who fled the war conflict already in April 2022. In 2022, the assistance was supported by the state budget under the Ministry of Labour and Social Affairs' Ukraine I and Ukraine II programs. This assistance was provided by a sub-team of 4 Ukrainian colleagues, two of whom are Psychiatrists with experience in Ukraine. Considering that they could not provide medical care under the current legislation of the Czech Republic, the concept of a Ukrainian sub-team was created as part of the teams of CDZ Karlovy Vary and CDZ Cheb, where the UA experts worked closely with the psychiatrist with Czech medical license. The team also includes one colleague from Ukraine with a social worker and psychological training and another with psychological training who has been working since 2014 in the Donbas region where she was involved in providing crisis intervention. Both have been working as psychologists and case managers.

This team focuses on field screening & potential client search activity. It works closely with both CDZ teams in the Karlovy Vary Region and also within the support network with other organizations operating in the region (e.g. People in Need, Aid in an emergency, also with the Czech Police, etc.).

The team provides psychosocial support interventions and psychological assistance. Most interventions are aimed at improving mental health and mental wellbeing and providing support case management method in the area of life that the client currently need and for other specialized services cooperates with broader CDZ team. The team has already supported over 100 people. Most of them are women and teenagers, most often with problems of depression, anxiety or showing symptoms of post-traumatic stress disorder or serious mental illness (SMI). Part of the clientele uses short-term support; others are in longer-term care.

From the September till the end of the project, team supported 52 people, 48 of whom were women and 4 men. The youngest supported was 15 years old and the oldest was 76 years old. From these 50 persons, 6 were under the age of 18.

Also group activities were held in the project and were focused on supporting adaptation and coping with psychological difficulties in adolescent female clients, where the groups also formed an informal support group on Telegram where they could support each other.

**CDZ Fokus Liberec** in the region with the moderate density of UA population (4%), successfully established a team of 2 psychologists and psychiatric nurse in the beginning of the project. The team established sound cooperation with KACPU, set out rules for cooperation with Center for Support of Integration of Foreigners (CPIC), established referral system with Psychiatric Department of the Regional Hospital Liberec and the Kosmonosy Psychiatric

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<sup>4</sup> Konsorcium nevládních organizací and Statistika v souvislosti s válkou na Ukrajině - archiv," Ministerstvo vnitra České republiky, 31 10 2023. [Online]. Available: <https://www.mvcr.cz/clanek/statistika-v-souvislosti-s-vaalkou-na-ukrajine-archiv.aspx?q=Y2hudW09Mg%3d%3d>.

Hospital and distributed communication material in UA language. As a result of the adoption of Lex Ukraine 5 and legislation changes, there were more clients in need firstly to address recognition of the status of vulnerable person to be able to receive humanitarian benefits and secondly due to the existential uncertainty and mental health problems. There has been a significant increase in contacts compared to the previous period.

In the project period the organization succeeded to open a psychiatric outpatient clinic and hire full time job psychiatrist from September that also provides specialized psychiatric care to Ukrainian refugees. With this move, the lack of psychiatrists in the region problems was partially resolved.

Overall the team provides mainly MHPSS specialized services interventions for UA client and their families together with focused non-specialized psychosocial support. Among our clients we note firstly behavioral difficulties, post-traumatic stress disorder from the war conflict situation and its wider context. Anxiety and depression from the uncertainty of the future have been observed as well. Secondly, we deal with clients diagnosed in Ukraine before the war that need continuous medication, e. g. schizophrenia. Finally, our clients suffer from social problems, for instance not having the status of vulnerable person but needing one, disabled persons, people in the need of accommodation, financial help, etc.

**CDZ Fokus Písek** in South Bohemian region has moderate density of UA population (4%). In the beginning of the project, the organization established multi-disciplinary MHPSS team, also involving case manager, project manager, coordinator, lecturer of leisure activities, and translator for the Czech speaking experts. In the first month of the project implementation, CDZ started reaching out via field teams to the target group to define the actual needs. Interest in the project is slowly growing among community members. During this period, social and health services were provided to the first registered clients.

In the second monitoring period, the project has grown significantly in terms of community members interested to participate. During this period, we provided social and health services to four new registered clients resulting in a total of 33 contacts in person or by phone, through case management. The subject of the meetings was mainly stabilization of the psychological state, motivation to take medication and maintaining cooperation with psychiatric services or dealing with difficult social situations. Ten group sessions were then held with leisure activities tutor and a translator. A total of 26 adults and 10 children participated in the groups, with a significant female predominance (30:6). The groups used interview techniques, elements of art therapy, motivational or projective techniques.

In the third monitoring period of the project, the interest in the MHPSS continues to grow among UA community members, especially in the context of more successful potential client search activity (“depistáž” in Czech). During this period, social and health services were provided to 6 new registered clients, with a total of 65 contacts in person or by phone, through case management. The subject of the meeting was primarily the stabilization of the psychological state, motivation to continue using medication and maintaining cooperation with psychiatric services or solving a difficult social situation. It is evident that comprehensive care was provided to these persons.

Subsequently, nine group sessions took place with a lecturer of leisure activities and a translator. A total of 23 adults and 5 children participated in the groups, with a significant predominance of the female gender. Some come repeatedly. A significant increase in supported persons can be noted.



The interview technique, elements of art therapy, motivational or projective techniques were used within the groups. The topics of the meetings reflected the current needs of the participants and were very diverse – relationship difficulties, self-care, coping mechanisms, the area of emotions, etc. Considering the age of the children, an accompanying program was provided in the form of social games, etc.

## **2. Overall Impact of Project and Analysis of Progress:**

As per whole project 350+ refugees were in care of 7 CDZ teams, 24 mental health professionals with one third of UA staff. The teams encountered following type of needs for interventions: Firstly, they have been working with clients suffering from fear, anxiety, clients suspected or indicated PTSD, OCD, depression, neurotic disorders, desocialization, decision-making difficulties, psychological disorientation in a new city, in a team or in crisis situations, as well as adaptation in a new environment, at work, at school, etc. The most serious cases are diagnosed by a psychiatrist. Secondly, we deal with clients diagnosed in Ukraine before the war that need continuous medication, e. g. schizophrenia. Finally, our clients suffer from social problems, for instance not having the status of vulnerable person but needing one, disabled persons, people in the need of accommodation, financial help, etc

As per Beck Depression Inventory carried out at the end of recovery plan or at the end of the project, 60 – 90% of beneficiaries reported improvement in their mood which can lead to the improvement of their daily functioning because of individual consultations provided by the psychologists. The percentage varies from CDZ to CDZ, e.g. 60% DRUG OUT, 80% Ledovec, 90% Fokus Karlovarský kraj. The rest of beneficiaries (10 - 40%) need to continue the recovery plan to improve the daily functioning with further interventions by mental health professionals.

Satisfaction surveys in the CDZs reports 90 - 100% of individuals (depending on CDZ) are satisfied with case management services. Overall system of case management services provided to refugees are satisfactory and the need for continuing recovery plan proved by Beck Depression Inventory is significant so that the mental health conditions of the individuals with symptoms of mental disorders firstly does not deteriorate due to the service interruption and secondly so that they improve in long-term.

The organizations have been working with all people regardless of race, age, sexual orientation and health status. There are no restrictions on our services which are accessible to all potentially vulnerable and underserved groups.

Fokus Karlovarsky kraj: Services are provided in a team approach, ensuring that any discrimination of individual professional towards certain group is avoided. One of the methods used is CARE<sup>5</sup> method (Comprehensive Approach to Rehabilitation) which is built up on a respect towards uniqueness of an individual and focused on recovery and psychosocial rehabilitation. This method works with a person's vulnerabilities, strengths and with their environment. This method is complemented by others.

The team has regular supervision from Ms. Věra Kostlánová Roubalová, a well-known Czech dissident, Charta77 signatory and reputable psychotherapist working in refugee settings, who is professionally involved in trauma issues and its transfer across generation, e.g. for 20 year, she led psychotherapy group “Families after holocaust”, for 5 years, she supervised aid in Chechnya.<sup>6</sup>

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<sup>5</sup> Bitter et al. (2017). How effective is the comprehensive approach to rehabilitation (CARE) methodology? A cluster randomized controlled trial. *BMC Psychiatry* (2017) 17:396 DOI 10.1186/s12888-017-1565-y

<sup>6</sup> Rafael Institut 2020, Available online: <https://www.rafaelinstitut.cz/vera-roubalova/>

### **3. Collaboration/Coordination:**

All of the CDZs involved in the project are visible on the map of psychosocial support by NUDZ <https://www.nudz.cz/pomahame-ukrajine/mapa-psycho-socialni-pomoci-pro-ukr-obyvatele>

They cooperate with other institutions in the region. The situation varies region by region. CDZ tries to leverage all regional institutional resources from the following list when effective and beneficial:

- Regional Integration Centers
- Regional Assistance Centers for helping UA
- Public Employment Services
- Schools – elementary and high schools
- Counselling Centre for Integration
- Volunteer centers
- Accommodation facilities for UA
- Psychiatric Department of Regional Hospitals
- Psychiatric Hospitals
- People in Need
- Help in Need
- Czech Police

#### 4. New Developments:

In the second monitoring period increases tension between Romani and Ukrainian community, increases tension between certain groups of Czech people towards Ukrainians.

Prague region – CDZ CEPSYMED:

In the last trimester of the project, new phenomena emerged. The number of clients having concerns about returning to Ukraine increases. The refugees have signals from home that regarding the fact they left their country while those who stayed suffered and needed to bear lot of hardships, they are “not wanted to return”. In addition to the psychological stress and distress caused by war and uncertainty, there is the stress from returning home. It increases existential uncertainty and subsequently worsens mental health condition and increases the risk of substance overuse.

*At the time of the economic crisis in the Czech Republic, the political representation's interest in helping UA refugees declines, as it is not politically advantageous. The aid that is not dependent on the political representation of the Czech Republic is needed even more. In addition, attention has been distracted by the Israeli-Palestinian conflict, and the priority of helping Ukrainian refugees is gradually weakening.*

- Martin Vlček, Director of CEPSYMED

South Bohemia - CDZ Fokus Písek:

In the second monitoring period, there were problems with the availability of our service to more remote villages, as a result group meetings began to take place in their natural environment within the field trips, which led to increased support. In the third monitoring period, there were difficulties with the availability of our service to more distant municipalities and the networking of follow-up support, especially regarding employment on the labor market or housing issues. We also reflect on the *chronification*<sup>7</sup> of problems in supported persons.

Central Bohemia – Prague-West region – CDZ Pro Zdraví 21:

Increased tension between Romani and Ukrainian community are limiting number of indoor leisure activities in community center that had been used by the Romani community before the war begun. That is why Ukrainian parents are reluctant to send kids to the facility and prefer another leisure time options.

We are changing the approach and use of the center. For the near future, we will provide activities focused on counselling in life-challenging and educational situations, e.g. choosing a secondary school and the possibility of receiving an educational or school scholarship. We have already hired new UA social worker to help the team.

We are struggling with the lack of child and adolescent psychiatrists. Our CDZ's waiting time for consultation is running to 2 months. Due to this fact, we are unable to cover the demand for the specialized services from both Czech and UA community.

These changes are the reason for not allocating part of planned financial resources.

Liberec Region – CDZ Fokus Liberec:

In the project period the organization succeeded to open a psychiatric outpatient clinic and hire full time job psychiatrist from September that also provides specialized psychiatric care to Ukrainian refugees. With this move, the lack of psychiatrists in the region problems was partially resolved.

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<sup>7</sup> Chronification - situation when acute problems due to insufficient (impossible, inadequate,...) treatment pass through the development of the organism's reaction to the basic disease into the stage of adaptation to disease conditions or by gradual damage to some function of the organism.

## 5. Challenges:

### Prague region – CDZ CEPSYMED:

The care of Ukrainian refugees in the field of psychiatry, addiction, psychology, social support takes place without problems. Since March 2022, when your center was involved in providing this care, we have successfully overcome the initial difficulties that were associated with language barriers, social differences<sup>8</sup> and different care needs. We provide professional care and support to Ukrainian refugees regardless of language, social or other differences. This is important for their healing process and adaptation to the new environment.

### Pilsen region – CDZ Ledovec:

Throughout the whole project, the organization felt a lack of coordination capacity. The director of the organization took charge of coordination, but it was not in his power to devote more time to the issue. The involvement of a coordinator would certainly bring more possibilities in development and involvement in more coordination meetings within the region.

## 6. Other: Please provide any additional information about the project or other related issues that you think are important to highlight to keep us updated on current trends in the field.

### South Bohemia - CDZ Fokus Písek:

We perceive that the people involved in the cooperation are experiencing changes in the contract / need, especially in relation to the social situation - integration into the labor market, support for the adaptation of children at schools etc. We also see the continuation of the project and the provision of follow-up comprehensive care as important.

### Karlovy Vary region – CDZ Fokus Karlovarský kraj:

It can be concluded that the majority of people who use the services are struggling with depression and anxiety problems if anxiety and depression disorders have not been properly diagnosed, and a smaller proportion with psychotic illness. In the context of the changes brought by the war, the psychological state of these people is also changing. As a specific example is the worsening of depression and anxiety in situations where the relatives of the supported persons have remained in Ukraine, and there has been an escalation of the war conflict in the region, leading to worsening of psychological state.

### Central Bohemia – Prague-West region – CDZ Pro Zdraví 21:

In conclusion, we list the most important problems of Ukrainian children and families in relation to mental health and integration.

- They work in low-skilled jobs despite often having a university degree. Therefore, they are unable to support their families and pay the rent.
- Insufficient knowledge of Czech (adults and children). Children experience bullying because of this.
- Lack of free time for children. Parents push them into many activities and do not perceive that they need free time.
- Ukrainian child psychiatrists who have reached the Czech Republic and who provide mental health support cannot prescribe medication due to lack of training and can only operate under supervision of an approved doctor from the Czech Republic. Thus, they cannot extend the comprehensive care of existing (and overloaded) health facilities.

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<sup>8</sup> Differences among social subjects, social groups, layers that occupy different places in society, live according to certain laws, relatively independently. Social differentiation is based on natural and social differences between people.

**7. Learning:** Now that the project has concluded, please identify the most effective aspects of this project. What objectives/components/activities were the strongest and weakest? What will the organization do the same or differently in the future?

To summarise, the ongoing war and the dynamically changing number of Ukrainian refugees in the Czech Republic are one of the important aspects of MHPSS interventions on project basis. Apart from the psychological stress and distress from the war and uncertainty, new concerns are emerging. The concerns about the idea of returning home or the impossibility of return feelings increase existential insecurities and risk of substance overuse. That is why the project continuation is needed.

During the project period, through 2439 consultations provided, it was confirmed that the assumption of the need of MHPSS support of Ukrainian refugees was correct. Also the necessity of multidisciplinary support offering is confirmed, because often refugees come with various related problems (health-social, health-social-legal, health-pedagogical) and it is often impossible to single out just one problem and not address the others.

Prague region – CDZ CEPASYMED:

*Not only that I evaluate the project being necessary, but I feel strong need to continue for several reasons: The war is not over. Refugees stay in Czechia and their number increases. With war lengthening, the mental health of some refugees worsens. Less interests of political representation in the refugee crisis brings less interest of society in this topic and might cause greater isolation of certain UA people. Fear of returning home increases existential uncertainty and subsequently also worsens mental health and increases the risk of substance abuse. Help is needed and help shall not be dependent on political will or unwillingness. Humanity and reciprocity.*

- Martin Vlček, Director and Therapist

Pilsen region – CDZ Ledovec:

*What are the most effective aspects of the project or the strongest points? Definitely the free psychological support. Refugees find themselves in complex situations of family separation, pressure from the environment and the death of loved ones, which, if left untreated, can lead to deeper psychological problems. Furthermore, the expansion of the CDZ with the possibility to work with Ukrainians thanks to the professional and language skills of the psychologists.*

- Petr Moravec, Director

Karlovy Vary region – CDZ Fokus Karlovarský kraj

*We will continue the MHPSS service provision to UA community by the current team of UA mental health professionals. We perceive individualized care as the strongest point, and group activities, which were not so interested by the clients of the service, as the weakest. And we will continue like this until the end of the war, which Ukraine will win!*

- Jaroslav Hodboř, Director

South Bohemia – CDZ Fokus Písek:

*Available personnel capacities to support the Ukrainian community are crucial and streamlining screening activities by the Center for Mental Health is essential. Among the strongest activities, we perceive support group meetings with the possibility of leisure program for children, and therefore eliminating the barriers to the use of support by mothers, who are the most numerous group of vulnerable people. Comprehensive support within specialized services without the allocation of a sub-team with interpretation support during interventions, appears to be problematic.*

Central Bohemia – Prague-West region – CDZ Pro Zdraví 21:

*As one of the biggest benefits of the project we perceive hiring UA psychologist Maryna Riabenko that is our great asset. She has a good knowledge of Czech and a university degree in psychology, obtained in Ukraine. She could use her professional knowledge in direct work with clients. The activities in which we were most confident was providing specialized and focused non-specialised MHPSS services within the CDZ. We rate direct work within community and social activities as the weakest point. The refugee community in Beroun and its surroundings is quite individualized, and all the children's free time is devoted to preparing for school or other development activities. For us, this is important knowledge for the future, when we will be within the low-threshold framework facility focusing on counselling about choosing a high school and the possibility of receiving an educational or school scholarship. In November, we hired another Ukrainian worker to work in the facility that will join Ms. Riabenko to provide psychosocial support for the UA refugee community.*

- Zdena Benešová, Director

Ústí nad Labem region – CDZ Drug-OUT klub:

*The greatest interest was recorded in socio-therapeutic activities for children - we offered children. Thanks to these activities, besides gaining new experience with Czech peers, they also improved their Czech language and we helped them to make contact with children from other cultures. The activities also worked as a prevention of risky behaviour. Integration among the children from the Czech Republic was successful. Adults used the services of an addictologist and a psychiatrist, dealing with problems related to the substances use. The main barrier for MHPSS services was shame or fear of detection of addiction. In the future we want to continue in our activities for UA, especially in offering of socio-therapeutic activities for children and teens.*

Liberec region – CDZ Fokus Liberec

*As the strongest point we perceive the cooperation with state institutions such as Public Employment Services, KACPU, Social Security Administration, health facilities, psychiatric hospitals, practitioners, etc.. We see the reluctance or lack of interest of some institutions, organizations, or social services in the issue of Ukrainian refugees as the weakest point. We definitely evaluate the project as needed to continue as the MHPSS needs of refugees continues due to changes in politics or legislation. Recently, we have launched new multi-disciplinary team of social rehabilitation for kids and teenagers so MHPSS for UA kids and teens will be also available in the next phase of the project.*

- Jana Horáková, Director

**C. Progress on indicators in the third monitoring period**

<b>Indicator Target 1110</b>		<b>Indicator type</b>	<b>How measured/documented/ collected</b>	<b>TOTAL 959 out of 2439 220% project completed</b>
1.1	#20 of children accessing MHPSS through activities for children	Output	Beneficiary files	62
1.2	# 50 of children accessing social and leisure activities to support adaptation for children	Output	Activity registration forms, Attendance lists, Photos	76
2.1	# 215 consultations of specialized services (psychological, psychotherapeutic, and psychiatric)	Output	Beneficiary files	176
2.2	# 135 consultations of focused non-specialized psychosocial support	Output	Beneficiary files	205
2.3	50% beneficiaries reporting improved daily functioning because of individual consultations provided by the psychologists <sup>9</sup>	Outcome	Social Functioning Scale	60 – 90%
3.1	# 135 of individuals supported through case management program	Output	Beneficiary files	86
3.2	50% of individuals satisfied with the case management services	Outcome	Satisfaction Survey	90 – 100%
4	# 355 of assistance within the framework of social services	Output	Beneficiary files	220
5	# 200 of individuals who participated in community based MHPSS through social and leisure activities to support adaptation		Activity registration forms, Attendance lists, Photos	177

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<sup>1</sup> psychiatrist, psychologist, nurse, psychotherapist, addictologist, and other health or social CDZ workers



#### D. Indicators total project

Indicator Target 1110		Indicator type	How measured/documented/ collected	TOTAL 2439 220% project completed
1.1	#20 of children accessing MHPSS through activities for children	Output	Beneficiary files	157
1.2	# 50 of children accessing social and leisure activities to support adaptation for children	Output	Activity registration forms, Attendance lists, Photos	162
2.1	# 215 consultations of specialized services (psychological, psychotherapeutic, and psychiatric)	Output	Beneficiary files	404
2.2	# 135 consultations of focused non-specialized psychosocial support	Output	Beneficiary files	616
2.3	50% beneficiaries reporting improved daily functioning because of individual consultations provided by the psychologists <sup>10</sup>	Outcome	Social Functioning Scale	60 – 90%
3.1	# 135 of individuals supported through case management program	Output	Beneficiary files	186
3.2	50% of individuals satisfied with the case management services	Outcome	Satisfaction Survey	90 – 100%
4	# 355 of assistance within the framework of social services	Output	Beneficiary files	520
5	# 200 of individuals who participated in community based MHPSS through social and leisure activities to support adaptation		Activity registration forms, Attendance lists, Photos	394
6	# of mental health professionals and interpreters trained to enhance the capacity to support needs of UA community		Personnel documentation	26

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<sup>1</sup> psychiatrist, psychologist, nurse, psychotherapist, addictologist, and other health or social CDZ workers

## **E. Pictures & communication**

See pages 19-23.



## Christmas concert

Organized by CEPSYMED for CZ & UA clients at Basilica of the Assumption of the Virgin Mary at Strahov 30<sup>th</sup> November 2023



## Support group

CZ&UA community @CEPSYMED 2023



## Puzzle

Leisure activities for kids  
@Fokus Písek 2023



## Joga

@CEPSYMED 2023



# Posts





## Support group

Support group for teenagers organized by Fokus Karlovarský kraj in August 2023



## Start-up apartments

UA community at Mešice by CEPSYMED 2023



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# Individual

MHPSS consultations for  
Ukrainians @Ledovec 2023



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# Olena

Ukrainian psychologists  
in team @Ledovec 2023