

Bosnia-Herzegovina

The experience of DUGA Association

Our mission at DUGA (*rainbow*) is to support the process of democratization of Bosnia-Herzegovina society by empowering of community members to take an active part in that process and through our contribution to educational reform, with the aim of setting up the requirements for the European Future of Bosnia-Herzegovina.

Since 1999 DUGA has been a registered NGO contributing to a civil society by taking care of children and youth in the local community. In constant discussion with members of the community as well as children and their parents, DUGA strives to fulfill the most needed mental health care services. We provide quality, friendly and community-based mental health services to “at risk” youth and children with special needs growing up in a post-war society. Through education and counseling of parents and teachers, we contribute to a healthy family structure and an improved education system.

Our beneficiaries consist of children and adolescents with psychosocial difficulties and “special needs”, their parents and school teachers.

Background

The Project has its origins in three key factors:

- Médecins du Monde and mental health professionals from Bosnia set up a psychological reception and support centre for adolescents in Sarajevo;
- The need to provide psychological support to children and adolescents of Sarajevo, traumatised by war;
- A government-inspired project to restructure mental health services with a community-based approach.

In pre-war Bosnia the healthcare system was focused on hospitals and clinics to the detriment of primary healthcare structures. Psychiatric services were well established and organized according to the following principles:

- Psychiatrists worked very closely to the primary healthcare worker, using primarily drug-based therapy and gave little importance to psychotherapy. Psychiatric care for children and adolescents was provided in the Hospital Clinic for child psychiatry. Little attention was given to preventative care or the role of the community;
- The psychiatric service in Kosovo Hospital had multidisciplinary patient therapy teams involving both mental health specialists and non-medical specialists such as social workers. Their main activity was to take care of patients' social problems and ensure their links to the external world on discharge;

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- The treatment of alcoholism and drug addiction was attached to the hospital day-care service, which was trying to develop a methadone programme;
 - Children and adolescents with special needs were treated in specialized institutions within a system of special social protection.

It became evident, especially during the war, that a new community-based approach was needed. During the war, children and adolescents came under severe stress. They were constantly confronted by their parents' anxiety for their safety; their movements were restricted; they missed school and were cut off from their friends. The educational system was seriously disrupted. Classes were interrupted or continued in incredible conditions - in dungeons, without books, and even without qualified teachers. As a result countless children suffered psychological distress. Some psychological problems are already evident, but most will be expressed at some time in the future. Diagnosis, therapy and prevention work in the post-war period has to adopt a psycho-socio-cultural model of approach to tackle the issues at question. Mental health services started to shift from the medical model to the social model of provision.

Aims and objectives

Main aim

To enable young people to find their own way and contribution to society through their strengths and capabilities

Objectives

- **Offering mental health protection** to children and adolescents in accordance with new healthcare system policy.
- **Meeting the needs of children and adolescents** for social and psychological support, and welcoming them to a readily accessible Centre.
- **Extending** that support to their families.
- **Creating awareness in the community** of the psycho-social problems and introducing preventive action in which the community can actively participate.
- **Supporting the most vulnerable children and adolescents** by offering the specific treatment methods or personalized support and mentoring.
- **Offering training opportunities** for health, education and social work to professionals working in the psycho-social aspects of adolescence.
- **Establishing and maintaining links** with institutions and partners able to contribute to the support of the target population.
- **Establishing partnerships** with local and international agencies involved with the target population.

Team

To address the wide range of difficulties experienced by children and youth, DUGA has formed a dynamic multidisciplinary team of professionals:

- Special pedagogue;
- Speech therapist;
- Psychologist;
- Psychiatrist;
- Social worker;
- Specialist in trauma psychology;
- Occupational therapist.

These specialists are all supported by DUGA's board of directors, volunteers and our professional core staff composed of the executive director, project coordinators, financial officer and logistics coordinator.

Target population

Children and adolescents from four to 24 years of age, as well as parents.

Wider beneficiaries

Teaching staff and the local community in general.

Involvement of target population

Clients are involved in various activities at all stages of this project. They are also involved in evaluation, through questionnaires completed at the beginning and end of each individual treatment and group activity.

WHAT ARE WE DOING

With an end goal of enhanced mental livelihood for children in Bosnia-Herzegovina, DUGA has chosen to work in three spheres:

- (i) **Prevention and protection of children and adolescents mental health through individual and group approach.** Direct psychosocial assistance to children and adolescents is our primary focus. DUGA provides individual and group counseling to clients (youth and their parents) who struggle with psychosocial development as well as cognitive and physiological disabilities. Other projects with youth have included HIV/AIDS prevention and awareness raising through peer education in partnership with UNICEF. We also provide support to children and adolescents with special needs to take part in all segment of life. In that regard, we have developed many good practices in inclusion of children with mental disabilities.
- (ii) **Support to the establishment of the educational system based on modern pedagogical principles that are to enable an optimum development of every child.** Educational reform is a necessity for children with special needs. Only

recently, have children with special needs been integrating into mainstream schools. In response to teachers' lack of experience in working with "special" children, DUGA performs assessments, conducts training workshops for teachers, and devised an improved classification system. This objective includes the support to the empowerment of the key actors in the area of educational reform.

- (iii) **Our focus on civil society** has prompted our involvement in NGO councils and commitment in promotion and advocacy of children's rights. With an emphasis on prevention, DUGA is an active participant in the democratic processes of the transformation in B&H societies in the field of education and health

From 1999 to 2004 DUGA has made a difference in the lives of several beneficiaries:

1999-333 Children and Adolescents

including 253 new clients

2000-390 Children and Adolescents

including 287 new clients

2001-419 Children and Adolescents

including 294 new clients

2002-905 Children and Adolescents

including 755 new clients

2003-540 Children and Adolescents

including 430 new clients

2004-634 Children and Adolescents

The success of our projects around the country has won DUGA a reputable name in the community. Increased media coverage has allowed the public to become acquainted with DUGA's mission and the issues of children in the community.