

# ABSTRACTS

## **Hidden Scars: the Impact of Violence and the COVID-19 Pandemic on Women's Mental Health**



*Batool Fatima, World Health Organisation*

### **The Changing Landscape of Women's Mental Health: COVID-19 and its Impact**

The presentation will look at the current status of women's mental health overall, how COVID-19 has affected it and what can be done about it.

*Valeriu Sava, SDC Moldova*

### **Impact of COVID-19 Pandemic on Mental Health Services Reform in Moldova**

Switzerland is supporting Moldova in a systemic reform of the mental health (MH) care system, aimed at bringing MH services closer to users by providing treatment in a community setting. Through the MENSANA project, launched in 2014, a community-based model of care was introduced in order to reduce the number of hospitalisations in inpatient settings at national level and to increase the number of outpatient contacts, including home treatment, closely involving social workers. The project contributes to an enabling environment for MH care reform through a conducive policy and legislative framework and by capacity building of health professionals working with people suffering from mental health problems. Currently, a MH care pathway is in place, formed of community mental health centres, primary care, specialized inpatient care, so that people with mental health problems get the support they need from health professionals at different levels of the health system.

The COVID 19 pandemic negatively influences the reform pace because of travel restrictions and increased pressure on the healthcare system, exhausted workforce, and scarce financial resources. The addressability to mental health services was affected: users' visits to Community Mental Health Centres (CMHCs) dropped by 25%, while the number of home visits by CMHCs specialists decreased by 70%.

The mental health system had to respond quickly not only to the needs of the current beneficiaries, but also to the emerging mental health problems associated with the pandemic, such as anxiety, depression and burn-out of health specialists. Because of imposed restrictive measures, the situation of domestic violence victims became more acute.

In 2020, during the pandemic emergency period installed in the country, over 90.4% of victims of domestic violence were women, representing an increase of 2.4%, compared to 2019. At the same time, during this period the outreach and recovery services were restricted and focusing more on remote service delivery, using technologies for counselling and providing medicine through alternative ways. The pandemic has put more emphases on the importance of mental health and the need to develop proper mechanisms that would lead to identification and treatment of mental health problems at the early stages without making them reach the chronic levels that would put a heavy burden on the medical system.

*Marie Angele Abanga, Lawyer, Author and Psychotherapist, Cameroon Executive and African Regional Representative Global Mental Health Peer Network (GMHPN)*

### **From despair to hope – How I became a lawyer and psychotherapist for abused women and children in Cameroon**

Before the Covid-19 pandemic I had been to hell and back in my 6-year-marriage. The pandemic brought even more terror of domestic and sexual violence in my country. I attempted suicide although 5 months pregnant, after having lost my daughter the year before and caught up in an unbearable depression with no help available other than mockery from my spouse. I was lucky to have left his house and my country alive and returned 4 years later like a phoenix who had risen from being abused or silenced to no more playing small.

Sadly, many women especially during this pandemic have nowhere to go to, nor someone to trust or help them. In my culture in Cameroon there is a silence and a taboo when it comes to domestic violence and mental health. When I was diagnosed with post-traumatic stress disorder (PTSD) in 2014 I was put on medication, and slowly I am recovering step by step. Today I am a successful lawyer and psychotherapist and help women and children who got abused.

*Sinikiwe Biyela Life Line, South Africa*

### **Gender-based Violence and Femicide and Covid19 Combination in South Africa: Women's Worst Ordeal**

South Africa as a country has some resources and systems in place to protect and provide support to the survivors of GBVF. However, all these resources proved to be inadequate or not accessible at all during Covid19 pandemic followed by the national lockdown level 5. Anxiety, unemployment, isolation and the national lockdown made the soil to be extremely fertile for the GBVF to germinate and strived. While it was important for the country to flatten the curve of Covid19 through national lockdown, women and girls risks was increased. The national lockdown made lives of women and girls to be unbearable as they were lockdown in the same homes as their perpetrators for months. The closure of key service points such as Courts, Social services (Department of Social Development) etc. had a detrimental effect on women's lives. While women and girls were scared of Covid19, but their worse fear was to be tortured and die in the hands of those who supposed to love and protect them. South Africa saw a drastic increase in total number of women and girls that were raped or beaten up which did not only leave physical scars but left long term consequences as they fell

pregnant through rape, contracted sexually transmitted infections as well as emotional trauma. LifeLine team worked as essential service providers witnessed it all, and worked around the clock to provide emotional support and rescue women and girls from the abusive homes. Women lived experiences of GBVF and Covid19 revealed major gaps in service provision as far as GBVF is concerned in South Africa.



*Simone Lindorfer, independent psychosocial consultant, trauma specialist (Austria)*

### **Being a Compassionate Witness to the Impact of Violence: Self-care as Professional Obligation**

The input will deal with the most common known consequences of compassionate related caring for the well-being of the health professional as well as give an idea on self-care and organizational care as professional obligation. It will contain real-life experiences and practical hands-on ideas on self-care.

*Lumumba Mukong Mission 21 Cameroon*

### **Stories of War. Healing the Wounds of Gender based Violence**

This talk aims at sharing the stories of persons who have suffered from Gender Based Violence, within the framework of the ongoing crisis (war) in the North West and South West Regions of Cameroon. The presentation has 4 stories of violence and how victims have moved on through counselling and legal support. The stories are drawn from programmes running within the conflict area. The presentation covers the story of Anne, whose 2 daughters were sexually abused by a close relative, Jane who has been sexually and physically abused by her husband, Claris who suffers emotionally from psychological torments and James who is traumatised from abandonment by her wife and children. Within this fragile context, COVID-19 restrictions and increasing economic hardship on the population is multiplying violence on the most vulnerable.

The presentation draws from a study of 40 cases of domestic and gender based violence summarising the causes and manifestation of violence, the history of violence, how are the mental health issues manifested, and what are the different treatment protocols available for victims.

*Janneke H. van Dijk, SolidarMed Zimbabwe*

### **Mental Health in Primary Care. A Review of Abuse Reported in Rural Zimbabwe, before and during the COVID-19 Era**

To promote mental health care and relieve the strain on health facilities, SolidarMed Zimbabwe supported the roll out of the Friendship Bench initiative in one of the rural districts in Masvingo Province since 2019. The Friendship Bench is an intervention that deploys task shifting to address common mental disorders (CMDs) in Zimbabwean primary care. After screening patients for CMDs using a validated and culturally appropriate tool – the Shona Symptom Questionnaire (SSQ) - the Friendship Bench uses a mental health intervention that combines problem-solving therapy with elements of cognitive behavioural therapy, delivered by lay health workers. To understand more about the extent of the mental health burden within this rural community, with potential gender inequalities and impact of COVID-19 on the occurrence of abuse and violence, we reviewed the problem lists as presented by the clients during the lay counselling sessions. We will present data on the prevalence of emotional, socio-economic, physical and sexual abuse during the year 2019 and 2020 of patients accessing mental health care through the Friendship Bench at selected health facilities within Zaka district, Masvingo Province, Zimbabwe.

*Ayanda Makayi, MTV Shuga*

### **The Reckoning of Sol by Ayanda Makayi, MTV Shuga**

We're used to seeing the story of the victim. But we need to understand the story of the perpetrator. We need to look at a solution outside of simple condemnation. Aggressors can only be helped to change if we understand the causes of their violence and employ our empathy.