ALAS
PRO SALUD MENTAL
VISION AND MISSION
WHAT WE BELIEVE
WHAT WE WANT TO ACHIEVE
INTRODUCTION

A new initiative

World Situation

The World Health Organization (WHO) demonstrated that mental and neuropsychiatric illnesses and disorders due to drug abuse are a reality in every region of the world. This contribute to early morbidity and mortality, especially as physical disorders (caused by mental illnesses) are not properly treated. Suicide is also highly represented, as it's the second cause of mortality among young people in the world. Psychiatric disorders are shown by consideration of disability years to have a huge impact on populations (14% of global mortality).

The impact of mental disorders on people's lives, their families and their community is huge. People who develop a mental disorder are confronted with a severe loss of their functional capacity and this leads them and their families into an impoverished state.

In most countries, mental disorders are not seriously attended; 40% of countries do not have mental health laws. Lack of a proper living situation and imprisonment are common situations for people with mental disorders, which aggravate their marginalization and vulnerability.

Due to negative perception and hostile attitude of general population, the mentally ill people see their basic rights usually violated. Most of them cannot assert their juridical rights and suffer from labor and educational discrimination. They can also be victims of unhealthy and inhuman living conditions, physical and/or sexual abuses, abandonment, and sometimes aggressive and humiliating treatments from health service providers.

It is true, however, that awareness of these diseases is rising, but global response is still insufficient.
WHO estimates that more than 25% of Guatemala’s population (3 250 000 inhabitants) will suffer some kind of mental disorder in their life. It is estimated that the amount of mental illnesses and epilepsy is 1.5 times greater than the amount of parasitic or infectious diseases. The proportion of mental health specialists in Guatemala is very low, with 0.54 psychiatrists per 100,000 inhabitants and only five psychiatrists working outside of Guatemala City.

There are no facilities for primary mental health care available in the community level. More importantly, people’s lack of knowledge and false beliefs around mental diseases (witchcraft, curses, distrust, fear of contagion, craziness) dissuade most of them to seek for clinical attention.

Clinical personnel OF primary care level lack of training in psychiatry (mental health training is less than 1% of the medical school curriculum), and there are no resources for primary health providers to give psychosocial help. Furthermore, the current drug supply system does not provide sustainable acquisition systems or adequate distribution routes.

Sololá has been severely affected during the last 25 years by natural disasters, civil war and domestic violence. These factors have also influenced the onset of multiple psychosocial disorders.

The Project’s interest was born as a result of this situation. Considering that the number of private initiatives (Non-profit organizations, Foundations or International organizations) attending exclusively Mental Health problems is very small, Alas pro Salud Mental intends to be a model and to improve both local and national situation in the near future.
WHAT IS MENTAL HEALTH?
Mental health is not just the absence of mental disorder. It is defined as a state of well-being in which the individual is aware of his or her own capacities, can deal with normal stress in life, can work in a fruitful and productive way and is capable of contributing to his or her community.

WHAT WE NEED TO REMEMBER:

• Around 450 million people currently suffer from such conditions, placing mental disorders among the leading causes of ill-health and disability worldwide.

• Mental health is an integral part of health; in fact, there is no health without mental health.

• Mental health is more than the absence of mental disorder.

• Mental health is determined by socioeconomic, biologic and environmental factors.
THE MOST COMMON MENTAL DISORDERS

**SCHIZOPHRENIA:**

Schizophrenia is a change in the brain’s functions which interrupts the thought process as well as the sensory perception, judgment and the ability to interpret and react to situations in what we would consider an adequate manner. Schizophrenia is not a multiple personality issue. It is an alteration of brain function, where nobody is to blame. Approximately one percent of the adult population suffers schizophrenia. The first symptoms usually appear between the ages of 17 and 24. Typical symptoms may be “positive” (hallucinations, difficulty in communicating, delirious, strange or disorganized ideas or behavior) or “negative” (inability of feeling pleasure, lack of emotion, antisocial behavior, lack of interest and apathy).

**ANXIETY DISORDERS:**

About 7 to 15% of the population suffers an anxiety disorder. In anxiety disorders, which are characterized by recurrent panic attacks, the person feels chest pains and dizziness, a choking feeling and may sweat profusely. These attacks may last from a few minutes to several hours. The fear of suffering another attack and the feeling of impotence that this produces may complicate the situation and aggravate the anxiety. There are other forms of anxiety, such as the fear of specific objects (phobias), fear of open spaces (agoraphobia), post-traumatic stress disorder, obsessive-compulsive disorder, anxiety disorder due to medical condition, etc.
DEPRESSION:

Depression is a common mental disorder which is characterized by sadness, loss in interest or pleasure, feelings of guilt and low self-esteem, sleep disturbances, loss of appetite, fatigue, and concentration issues. According to WHO, it is the leading cause of disability in the world. Major depression has a lifelong prevalence of 17%. It is multifactorial in origin, including environmental, social nutritional, psychological and biologic factors), usually triggered by a repressed loss. Diagnostic criteria for a major depressive episode include at least two weeks of: depressed mood most of the day – referred loss of interest or ability to feel pleasure – weight loss or gain and/or – insomnia or hypersomnia – psychomotor agitation or inhibition – fatigue or lack of energy – feelings of guilt or uselessness – loss of memory and concentration – suicidal thoughts or acts. Treatment includes a combination of psychotherapy and, when necessary, antidepressants, as well as family and psychosocial support.

BIPOLAR DISORDER:

Bipolar disorder (BD) is a psychiatric illness which was formerly known as manic-depressive disease. It consists of the cyclic and recurrent alteration in mood, between depression and mania (at least twice).

SUICIDE:

According to WHO, almost one million people commit suicide each year, which reflects a “global” mortality rate of 16 per 100,000, or one death every 40 seconds. In the last 45 years, suicide rates have increased by 60% worldwide. Suicide is one of the first three causes of death among people between ages 15 and 44 in some countries, and the second cause in the 10-24 age group. These numbers do not include suicide attempts, which may be up to 20 times more common than actual consummated suicides. Suicide is a complex problem, involving psychological, social, biologic, cultural and environmental factors.
ALCOHOLISM Y DRUG ADDICTION:

It is the consumption of alcoholic beverages in a way that interferes with physical or mental health, as with social, family, economic or work responsibilities. Alcoholism is a type of drug addiction, in which there is physical as well as mental dependence. According to WHO, “It is a state of change in an individual’s behavior, which includes, besides an alteration with obvious intake of alcoholic beverages, continued intake in an inappropriate way according his or her socio-cultural environment, despite the painful direct consequences, rejection from his or her family, economic damage and penal sanctions, that he or she may suffer.”

Alcohol consumption is the third among the worldwide risk factors for morbidity. The 2012 World Drug Report states that about 230 million people, that is, one in 20, have consumed illegal drugs at least once in 2010. "Heroin, cocaine, and other drugs keep killing about 200,000 people per year, destroy families and cause pain and suffering to thousands of other people, create insecurity and contribute to HIV spread” spoke Mr. Fedotov when presenting the 2012 World Drug Report. The ICD-10 (World Health Organization, 2005) states that in order to speak of dependence, there need to be three or more of the following criteria in a 12 month period:

- Strong desire to consume the substance
- Difficulty controlling the substance’s intake.
- Abstinence syndrome when reducing or suspending intake.
- Tolerance.
- Progressive withdrawal from interests other than consuming the substance
- Investing more and more time in activities related to obtaining the substance or recovering from its effects.
- Persistent substance use despite clearly perceiving its harmful effects.
THE DEPARTMENT OF SOLOLA

Sololá is located in Guatemala in region VI or South-Occidental region. It rests at 2,113.5 meters over sea level and at 140 kilometers from Guatemala City. It’s territorial extension is 1,061 square kilometers and adjoins with Totonicapán and Quiché to the north, Suchitepequez to the south, Chimaltenango to the east and Suchitepequez and Quetzaltenango to the west.

DEMOGRAPHICS

Sololá population is approximately 361,184 people according the “Living situations National survey” (2006). In this department, there are three mayor mayan languages (Kaqchikel, Quiché y Tzutuhil) and Spanish.

The percentage of poverty in Sololá (based on unsatisfied basic needs and level of income) reaches 76.36%, and extreme poverty 32.62%. This makes Sololá one of the poorest departments in Guatemala, high above the national average of poverty (54.33%) and extreme poverty (22.77%).
In the past few years, the department of Sololá has been confronted to some natural disasters (hurricanes (Mitch, 1998), tropical storms (Stan, 2005)) which made thousands of victims. Moreover, due to its geographic location, Sololá naturally presents high risk flood and landslide areas. Because of their poor living conditions, local people are even more vulnerable to natural disasters.
Those disasters cause several factors which we need to consider, as they can affect the mental health of the population: death or disappearance of relatives, neighbours and/or friends. In the investigation, it has been discovered that the impact of those disasters can lead to Prolonged Grief Disorder (PGD), post-traumatic stress and other psychiatric disorders (or a combination of those disorders). It can also result in other issues such as violent behaviour on the social or family life.
From 1960 and for 36 years, a civil war has been raging in Guatemala, which took an end when then president Alvaro Arzú signed the peace agreement.

In the 1980's, Sololá has been extremely damaged by the war, which saw hundreds of dead people, systematic humiliations and rapes, plunders and burnings crops. As a result, women and children in rural Guatemala abandoned their homes and took refuge in towns, in the mountains or in the neighboring country of Mexico.

This war left important psychological and emotional consequences in the population, which led to the appearance of several psychiatric disorders that require specialized intervention.
“We were very sad for a year. We didn’t clean our corn fields anymore. The corn died among the weeds, it was hard to get by that year, our hearts were no longer happy. It was hard for our happiness to come back, everyone was very sad; all our relatives were very sad. A little girl survived, now she is a grown woman, and when she remembers, she cries.”

Case 553 (massacre), Chiquisis, Alta Verapaz, 1982.

“... thirty to forty people went into every hole. They couldn’t fit anymore, that’s why we had to cut their knees so they could fit inside the hole... and we would put gasoline, and the flames would rise up to two or three arms-lengths high. Inside the fire we could hear the moaning, screaming and crying.”

Case 1741 (victimizer), Izabal, 1980-83.

“... We saw how people were killed, young people, and young girls. How many sad people were left, women mourning their husbands, people who were poor because they no longer found what to do for their children. That is why we were left with sadness.”

Case 2230 (massacre) Jolomhuit, 1981
WHAT DO WE WANT TO DO?

OUR VISION

We want mental health to be considered essential on a national level, and particularly in Sololá.

We want preventive measures to be effective, and we want mentally ill patients with the lowest incomes to have access to quality care and treatment.

We want to work with people with mental disease and not only for them; we want to build an innovative answer for this problem.

We would like to transform the life of hundreds of people, we want them to have the best health possible, we want them to be integrated into their communities without being stigmatized or discriminated.

OUR PURPOSE

To provide care and rehabilitation to people with mental diseases within their community, respecting their culture and values.

OBJECTIVES

1- To provide access to therapy for the poorest patients.

2- To reduce the stigma and discrimination associated with mental health (education and communication).

3- To train personnel in public health care center.

4- To provide rehabilitation and empowerment for a sustainable lifestyle.
COMMON PRINCIPLES

Alas pro salud mental promotes:

EQUITABLE ACCESS FOR LOWEST INCOME PATIENTS. Every person with mental disorder supported by ALAS must have equitable Access to health care, regardless to age, gender, origin or sexual preference.

RESPECT FOR HUMAN RIGHTS: ALAS’ strategies to improve attention, prevention, and promotion of mental health are compatible with international human rights conventions and agreements. Human rights must be a key factor in the design, development, follow-up and evaluation of our activities. These include, among others, the rights to equality, non-discrimination, dignity, respect of privacy and autonomy, the right to information and participation.

A MULTISECTORAL AND SUSTAINABLE APPROACH: Alas pro salud Mental intends to provide global, coordinated and sustainable support to its patients and their families. This includes education, training and social support and rehabilitation. It is essential to allow ill patients a sustainable lifestyle.

EMPOWERMENT OF PEOPLE WITH MENTAL DISORDERS: Empowerment is a process of strengthening and development of abilities, structures and possibilities for sick people and their families to begin fending for themselves, reducing outside help. People with mental disorders should be as independent as possible.
OVERVIEW OF THE ACTION PLAN:

Improve access to mental health care and help those involved in mental health to express themselves and to live without discriminations and stigma.

COMMON PRINCIPLES:

<table>
<thead>
<tr>
<th>EQUITABLE ACCESS TO POOR PEOPLE</th>
<th>HUMAN RIGHTS</th>
<th>MULTISECTORIAL APPROACH</th>
<th>EMPOWERMENT OF PEOPLE WITH MENTAL DISORDERS</th>
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<td>To achieve the goals of Mental Health, an integral and coordinated approach with families, work, education and rehabilitation must be applied.</td>
<td>People with mental disorders must be empowered to aglutinate and participate in the national Mental Health politics, actions and legislation.</td>
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GOALS

1- ACCESS TO A PROPER TREATMENT FOR THE POOREST PATIENTS.
   T1.1 To treat 75 patients (50 with schizophrenia and 25 with other psychosis) during 2013.
   T1.2 To create an alliance with local communitarian drugstores to obtain medication at an affordable price.

2- REDUCE STIGMA AND DISCRIMINATION ASSOCIATED WITH MENTAL ILLNESS (EDUCATION AND COMMUNICATION).
   T2.1 A lecture about Mental Health will be organized at schools of the 19 municipalities of Sololá with educative material (cartoons, flipcharts, etc.).
   T2.2 SALUD MENTAL PARA TODOS will be broadcasted on Radio 5 Sololá, dedicated to mental health with the objective to socialize about mental health issues.
   T2.3 Distribution of posters and flyers to sensibilize 10% of Sololá population (10,000 samples).
   T2.4 Organization of activities during the mental health world day (October, 10th).

3- TRAIN PUBLIC HEALTH CENTER PERSONNEL.
   T3.1 Create an alliance with an university to offer a mental health training program to general physicians.
   T3.2 Give sensibilization lectures to public health centers personnel in the 19 municipalities.
   T3.3 Train at least one social worker in Mental health issues in every municipality.

4- REHABILITATION AND EMPOWERMENT.
   T4.1 Support and facilitate the creation of a “patient and family association”.
   T4.2 Socialize advocacy tools for patients and families to defend and exercise their rights.
   T4.3 Achieve an alliance with a micro-loans association for patients and families.
OUR SPECIFIC OBJECTIVES

1- ACCESS TO THERAPY FOR THE POOREST PATIENTS

GOAL 1.1
TREAT 75 PATIENTS (50 WITH SCHIZOPHRENIA AND 25 WITH VARIOUS PSYCOSES) DURING THE YEAR 2013.

Justification: ALAS Pro Salud Mental, from a therapeutic point of view, proposes integrated treatment to the people affected by severe mental disorders. The most important for those people is to have access to it inside their communities.

METHODOLOGY:

- Patients will be registered in an anonymous way and will provide a confidentiality agreement in an ALAS database to evaluate health improvement.

GOAL 1.2
ACHIEVE AN AGREEMENT WITH A DRUGSTORE OR PHARMACY IN THE COMMUNITY, IN ORDER TO OBTAIN MEDICATION AT AN ACCESSIBLE COST.

Justification: We believe patients should purchase their own medication for the project to be sustainable. The two main obstacles in the access to treatment are geographic access and cost.

METHODOLOGY:

- A patient is considered poor when the income level of his or her household is below Q571 per family member per month.

- Each week, the psychiatrist will perform an open session in a different community, in collaboration with the health center, the local physician and a social worker, in order to identify eligible patients.

- Between sessions, the psychiatrist will be available by phone for any support or emergency.

- Alas pro Salud Mental counts on support from a pharmaceutical company.

- The pharmaceutical company is in charge of creating an alliance in the municipality of Santiago Atitlán, where medication will be offered at an affordable cost.

- The psychiatrist identifies eligible patients for the program.

- Each patient in the program will receive an access card in order to obtain medication at the drugstore.
2- TO REDUCE THE STIGMA AND DISCRIMINATION ASSOCIATED WITH MENTAL HEALTH (EDUCATION AND COMMUNICATION).

GOAL 2.1
ORGANIZATION OF A SMALL LECTURE ABOUT MENTAL HEALTH TO BE GIVEN IN SCHOOLS IN THE 19 MUNICIPALITIES OF THE DEPARTMENT OF SOLOLÁ, WITH EDUCATIONAL MATERIAL (CARTOONS, FLIPCHARTS, ETC).

Justification: Most treatments have been traditionally destined to adult patients, but the young also suffer mental health disorders. This is why we consider highly important to communicate with them. Furthermore, these patients can also relay the message back to their families.

METHODOLOGY:

- Each week, the ALAS Pro Salud Mental psychologist will organize a lecture in a school in a different community.

- Educational material will be distributed (posters for the schools, cartoons and flipcharts about schizophrenia and epilepsy).

GOAL 2.2
EACH WEEK, ONE HOUR OF LOCAL RADIO BROADCAST (RADIO 5 SOLOLÁ) WILL BE DEDICATED TO A TOPIC ON MENTAL HEALTH, IN ORDER TO SOCIALIZE AND SENSITIZE THE

Justification: It has been shown that the radio is one of the most common broadcast media for Guatemalans

METHODOLOGY:

- Each week, one hour of local radio broadcast (Radio 5 Sololá) will be dedicated to a topic on mental health.

- The audience can ask live questions to the psychiatrist or psychologist conducting the broadcast.

GOAL 2.3
DISTRIBUTION OF POSTERS AND FLYERS IN ORDER TO SENSITIZE 10% OF THE POPULATION (10,000 COPIES).

Justification: The distribution of posters and flyers in local markets and health care centers may inform and educate people regarding mental disorders.

METHODOLOGY:

- Communication material is elaborated and validated by psychiatrists and social workers in the community.

- Topics to be divulged: Mental health in general, schizophrenia, depression, epilepsy, post-traumatic stress disorder.

- Samples of the educational material will be distributed in each visit to the municipality.
GOAL 2.4:
ORGANIZE ACTIVITIES ON WORLD MENTAL HEALTH DAY.

Justification: On World Mental Health Day (October 10th), the public is made aware of mental health issues, and open discussion regarding mental disorders is encouraged.

METHODOLOGY:

Alas pro Salud mental will take advantage of this day to organize:

- A parade in a community.
- Distribution of material.
- Drawing contests at local schools.
- Races.
- Film projections.

- The Certification will be directed to healthcare personnel working in the areas of mental health (general physicians, nursing practitioners, nurses, psychologists, social workers, etc.) who are interested in the integrated management of people with mental disease, who request health services.

CONTENT:

1. Epidemiology of mental disease in Guatemala and its impact on the country’s development.
2. General principles in healthcare:
   a. Communication with people seeking mental healthcare and with providers.
   b. Adequate evaluation of symptoms and diagnostic criteria.
   c. Treatment and monitoring.
3. Depression.
   a. Suicide.
   a. Anxiety disorder with/without agoraphobia
   b. Social phobia.
   c. Obsessive-compulsive disorder.
   d. Generalized anxiety disorder.
5. Psychosis.
   a. Schizophrenia.
   b. Other causes of psychosis.
7. Epilepsy.
8. Alcohol use and abuse disorders.
9. Drug use and abuse disorders.

3- TRAIN PERSONNEL AT PUBLIC HEALTH CARE CENTERS.

GOAL 3.1
CREATE AN ALLIANCE WITH AN UNIVERSITY TO OFFER A MENTAL HEALTH TRAINING PROGRAM TO GENERAL PHYSICIANS.

Justification: In existing medical, nursing and other health science programs, very few hours are dedicated to mental health topics at the undergraduate level.

METHODOLOGY:

- An alliance with an university will be concluded, within the career of clinical psychology.
GOAL 3.2
GIVE SENSITIZATION LECTURES TO PERSONNEL AT HEALTHCARE CENTERS IN ALL 19 MUNICIPALITIES.

Justification: It is very important to work with public health institutions. Governments must be able to promote essential services to their citizens. Working with them and not around them, it will be possible to build a system in which people have access to mental healthcare in their communities, on the long term.

METHODOLOGY:

- Each month, a lecture on mental health will be given in one of the 19 municipalities.

- Topics for lectures: depression, suicide, post-traumatic stress disorders, psychosis.

- The objective is to be able to identify a patient and make a referral to a primary care physician or psychiatrist.

GOAL 3.3
TRAIN AT LEAST ONE SOCIAL WORKER IN EACH MUNICIPALITY ON MENTAL HEALTH.

Justification: Social workers are the ones who know the families and speak their language. It is essential to work with them to be able to follow up treatment and give support to families when physicians are unavailable.

METHODOLOGY:

- The health district director will assign one or more social workers to continue mental health training.

- One two-hour training session will be organized with all volunteer social workers.

- The social worker will join the psychiatrist on consultations and patients' families visits.
GOAL 4.1
SUPPORT THE CREATION OF A PATIENT FAMILY ASSOCIATION.

Justification: On an individual level, empowerment is an important element in human development. It is a process of taking control and responsibility over actions with the purpose of achieving full capacities. This process consists of four dimensions which include:

- Self-confidence.
- Participation in decision-making.
- Dignity and respect.
- Belonging and contributing to a more plural society.

For the individual, the process of empowerment means overcoming a situation of impotence and gaining control over his or her own life. In this sense, it has been shown that forming a family association is very important in helping and defending patient’s rights.

METHODOLOGY:

- During consultations, family visits and lectures, the ALAS’s psychiatrist or psychologist from Alas will identify family members who are interested in being part of a patient-family association.

- Psychosocial support material will be distributed to the families.

- Monthly psychosocial and educational support meetings will be organized for the families to create an association.

GOAL 4.2
SHARING BASIC ADVOCACY TOOLS TO TEACH PATIENTS AND THEIR FAMILIES HOW TO DEFEND THEIR RIGHTS.

Justification: Promotion is an efficient way to attract attention on the importance of Mental Health and to ensure its inclusion in national health programs. Its incidence can bring about significant improvement in legislation policy and services. It is important to involve families and community leaders.

METHODOLOGY:

- 3 meetings with family members, patients, and community leaders will be organized during the year 2013.

- The first meeting will aim to teach the basic advocacy tools and define possible actions in the communities.

- The second meeting must allow follow-up to the strategy, adjusting actions.

- The third meeting will allow evaluation of the impact of advocacy actions and to define the new strategy for the following year.
GOAL 4.3
SUSTAINABILITY: ACHIEVE AN AGREEMENT WITH AN ASSOCIATION FOR MICRO-CREDITS FOR PATIENTS/FAMILY MEMBERS.

Justification: A sustainable life is an opportunity for a person with mental illness and his or her family members to get out of poverty. Because people are so sick, they are usually stigmatized, often fired from their jobs, or are unable to work, which leads to poverty.

Having a sustainable job helps people with mental disease to earn a salary, which is vital to long term recovery. It allows them to ensure their treatment, and gives them self-esteem and confidence.

Microcredit programs give people with mental disease a vital source of initial capital for their own endeavors. Giving a person the opportunity to begin a business can have an enormous impact on his life.

METHODOLOGY:

- Achieve an agreement of Alliance between Alas pro Salud Mental and an association of micro-credits.

- The association of micro credits defines criteria for candidates who are eligible for a micro-credit.

- Alas will support a minimum of ten patients or families to present a project to the association.

- Alas ensures the proper functioning of the project with monthly visits.
Alas Pro Salud Mental intends to function on a total Budget of €33,765.00. Expenses are distributed in the following way:

- **PURCHASES:** office supplies, projector, production and printing of educational and communication material.
- **EXTERNAL SERVICES:** auditing, accounting, lawyer.
- **FUNCTIONING:** transportation, psychologist’s and assistant’s salaries, rent, utilities, internet, taxes.
- **CONTINGENCIES (5% OF THE BUDGET):** inflation, change.

**DISTRIBUTION OF INCOME**

- **AUTOFINANCIATION**
- **PRIVATE FUNDS**

If you have any question regarding the association’s government or if you wish to receive a copy of audited accounts, please contact Astrid Yerlín Cardona Morán, CPA at our office.
José:

Don José was taken by the army 25 years ago, while we walked in the street. He was held for three days, threatened with torture although he was not actually tortured or killed, as others who were taken. He did witness “horrible things” (the fear and sadness are evident when he tells his story). He was then released but since that moment, he began with an intense fear of being caught again; every time he left his home he felt he was being followed.

A few months later the symptoms worsened; every time he left his house he “froze” (describing classic panic attacks), and if he saw anyone from the army he would suffer episodes of “reliving” the kidnapping and would run to hide in his home. He was also unable to sleep because he had constant dreams related to the event.

Because of this and to avoid the attacks, he isolated himself in his house, getting to the point in which it has been 20 years since he left his house at all.

Inside his home he is functional, dedicates his time to weaving and raising his children with the help of his wife, who handles activities outside the house. One of his sons recently showed severe dissociative symptoms and his elder siblings are seeking medical help and support.
JUAN, ANTONIO Y DOLORES:

Juan, Antonio and Dolores are the three schizophrenic children of Ms. .........., a single mother who told us the symptoms began when they were teenagers: isolation, hallucinations, delirium of persecution, strange behavior, etc. Gradually they lost contact with reality, living in a world where voices are constantly criticizing and mistreating them. Intense and unfounded fear and lack of will, interest and pleasure in life are the common denominator.

The Quic family survives thanks to the work of a fourth healthy brother, who works as a day laborer. The mother spends all her time taking care of them, as their illness unables them to care for their most basic needs, and during interviews she constantly repeats that her worst fear is to get old and sick, because "there would be no one left to take care of them".
ADMINISTRATIVE CONSTITUTION AND ORGANIZATION

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VOCAL III:
Ruth María Guerrero Caballeros, Psychiatrist.
RELATED WEBSITES

WHO (World Health Organization)
http://www.who.int/topics/mental_health/es/

World Association of Social Psychiatry (WASP)
http://www.waspsocialpsychiatry.com/

World Psychiatry Association
http://www.wpanet.org/

World Fellowship for Schizophrenia and Allied Disorders
http://espanol.world-schizophrenia.org/

School of Psychologists of Guatemala
http://www.colegiodepsicologos.org.gt/

Guatemalan League of Mental Hygiene

Psychiatry Association of Guatemala
http://asociacionpsiquiatricaguatelema.com/

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