



## ENTER Conference 2022

*“The experiences of the transition from mental health inpatient settings to community care in Europe.”*

**Book of Abstracts**



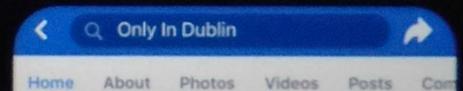
### Only In Dublin

35K people like this, including Wade Russell and 31 friends

Media

8 APR, 21:18

Hi the video you put up the other day of the guy dancing outside centra old Bawn is actually my brother. He has Schizophrenia and is currently very unwell. Would you please consider taking it down in respect for him and his illness as well as his family and friends. Thanks



**Cover Image:** *“Not a Show” - People forget that’s there’s a real life and a family at the end of social media. If we could change people’s perception on schizophrenia, they might be able to see the vulnerability and those affected and support them rather than making a joke of their condition.*

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# Welcome to the ENTER Mental Health Conference 2022



Dear Friends,

It is my great pleasure to wish you warmly welcome to this annual conference of European Network for Training, Evaluation, and Research in Mental Health (ENTER) Conference 2022. The objective of ENTER was that the conference would be face to face, but the uncertain climate surrounding the Russian invasion of Ukraine, has forced us to make alternative plans and the third time have the conference online.

This year's topic "***The experiences of the transition from mental health inpatient settings to community care in Europe***" seemed to be topical and we are very pleased to be able to provide you an excellent variety of presentations around the Europe. During the day, we will have three keynote presentations in addition to the presentations in concurrent sessions. I wish to extend my thanks to all those who are presenting their research, experiences, and ideas. Hopefully, we will also have a lively discussion, although I wish that next year, we will be able to meet again face to face and continue the discussion also during the breaks and in the free time.

Welcome! May your day be full of interesting knowledge and experiences!

On behalf of the conference organization,

*Marja Kaunonen*

Chair, ENTER Mental Health

# Keynote 1: A hiccup theory of deinstitutionalization.

Vito Flaker

## Introduction

The deinstitutionalisation seems to be a process of continuous starts, stops and restarts. This could be observed in many countries from the beginning of the modern deinstitutionalisation after the World War Two. It can be seen as a hurdle chase, more adequately as waves of activity and effort in a series of upheaval and decrease. Its opposite is a 'perfect storm' (Hester), a term which describes many crucial factors and moments joining in an effective combination which yields results. However, the deinstitutionalisation is not merely an event, it is a process. Prerequisite for a molar change are molecular happenings at local level – attempts to democratise an institution, series of resettlements, changes in attitudes, establishing community services, involving the community and many more. It is about a qualitative leap caused by intensification of quantities. Productive overcoming of obstacles is necessary for an achievement. In last decades, the hiccups can be attributed to a ghastly feature of 'projectomania', the staging of change through project funding and management. The logic of projects does, on one hand, support eventful happening, whereas, on the other, it fragments the process and transforms the process into a thing. Projects are 'exciting objects' of governance, but a poisonous for the movements and initiatives, which are the motor of the change. Do the hiccups ever stop? Hopefully not, a total institution is an attempt to bring commotion to a stand-still, for a 'final solution', while deinstitutionalisation is an endless process of infinite solutions.

## Biography

Vito Flaker is a professor at the Faculty for Social Work at the University of Ljubljana and director of the School of Social Work Theory and Practice at Inter-University Centre in Dubrovnik. His areas of interest and expertise are social work methods and theories, taxonomy of social services, community mental health, deinstitutionalisation, long-term care, empowerment, personal planning, risk analysis, community services, action and qualitative research, styles and careers of drug use and harm reduction. On these topics he presented internationally and published numerous articles and fifteen books. As an expert, researcher and an activist, he was involved in numerous action research and development projects of establishing community-based services,

resettlement from institutions, organising personal care and direct payments, community mobilisation and of planning and implementing the community care and long-term care in Slovenia, Bosnia and Herzegovina, Albania, Ukraine and Serbia. He was the team leader in the EU project supporting the design of The Timjanik National Strategy of Deinstitutionalisation in Macedonia.

# Keynote 2: *"The Great Outdoors"* - ensuring readiness for Care in the Community.

**Martin Rogan**

## **Introduction**

This presentation will cover expectations and reality of community-based services, as well as preparing the wider community for this changed model of service.

## **Biography**

Martin Rogan is CEO of Mental Health Ireland. He has over 30 years' experience of working mental health in Ireland, both in the statutory and voluntary sector. He is formerly Assistant National Director for Quality & Patient Safety in the Irish Mental Health services, working with 9,000 health professionals, over 800 locations, providing over 1 million service contacts annually, with 18,000 inpatient admissions across 50 Approved Treatment Centres. As a former Chair of the International Initiative for Mental Health Leadership ([www.iimhl.com](http://www.iimhl.com)), he has active links to international leaders in mental health and is networked into emerging and promising practice across the World. Over his career he has had the privileged of working with some extraordinary people with self-experience. Along the way he has gathered some skills in wide-scale change management, consultancy, mental health law, service design, advice, innovation, health economics, resource management, mental health promotion and advocacy.

# Keynote 3: The transition from hospital care to community care in Europe: discovering the importance of the socioeconomic determinants of mental health.

Tim Greacen

## Introduction

At the beginning of this the 21st century, European studies began revealing the enormous social and economic impact of mental health problems across the continent, with over one in four Europeans being confronted with a significant mental disorder during their lifetime. With the Mental Health Action Plan for Europe in 2005, the European health ministers acknowledged mental health as a priority area, and set out to develop, implement and evaluate policies and legislation that will deliver mental health activities capable of improving the well-being of the whole population, preventing mental health problems and enhancing the inclusion and functioning of people experiencing mental health problems. This included diminishing the role of traditional large-scale mental hospitals and promoting the development of community-based mental health services, including the integration of mental health services into primary health care, with a series of major objectives that have since been developed in the majority of European countries: recovery, prevention, empowerment and social inclusion of people with mental health problems becoming major themes, including at community levels. The number of psychiatric beds has been decreasing steadily across Europe and many traditional mental hospitals have simply been closed down. However, what has been becoming increasingly evident with the development of community mental health programmes is that the 20th century traditional biomedical model of psychiatric care is longer appropriate. Psychosocial, social and economic issues at a local community level have a huge impact on people's mental health. It is in this context that, on the 10<sup>th</sup> July 2020, the European Parliament launched a 2021-2027 EU action plan on mental health, demanding that equal attention be paid to the biomedical and psychosocial determinants of mental health, emphasising basic human rights at a

community level. A whole new world is opening up for mental health professionals.

## Biography

Dr Tim Greacen, Chairperson of the Working Group on Mental Health for the Greater Paris Area Regional Health Conference, is former Chairperson of the ENTER Mental Health European Network and Director of Research managing the Paris contribution to EU projects such as Promoting Mental Health minimising mental illness and Integrating Social Inclusion through Education (PROMISE, DG SANCO, n° 2008-216), Best Practise in Access, Quality and Appropriateness of Health Services for Immigrants in Europe (EUGATE, DG SANCO, n° 2006-129), Best Practise in Promoting Mental Health in Socially Marginalized People in Europe (PROMO, DG SANCO, n° 2006-328), Dual diagnosis patient pathways through care (ISADORA, EC FP5: QLG4-CT-2002-00911) and Empowerment of Mental Illness Service Users Through Lifelong Learning Integration and Action (EMILIA, CIT-3-2005-513435) and, at a national level, managing projects such as the Parental Skills and Attachment in Early Childhood Program (CAPEDP) or the Housing First Program Un Chez Soi d'Abord. Author and editor of seven books and numerous publications in the field of service user empowerment, mental health promotion and doctor-patient relationships, targeting both scientific and professional audiences as well as the general public, Dr Greacen is a recognised figure in France in the field of mental health promotion and prevention, user empowerment, and user participation in health services.

# The Wish Well Intervention - always room for improvement in Mental Health Organizations.

**Lisbeth Hybholt, Gitte Lykke Andreasen, Mette Hjorth Hansen, Finn Egtved Jørgensen, Janet Baumann Nielsen, Karin Plaep, Jan Geert Reichenbach, Susanne Winkel & Lene Lauge Berring.**

## Introduction

Innovative co-created and non-pharmacological interventions are needed to support a recovery-oriented environment in acute psychiatric wards. Psychiatric acute wards are often described as dominated by organisational decision-making processes, where staff and patients experience a lack of influence. As a part of recovery-oriented psychiatry, we wanted to co-produce an intervention that allows patients to influence domains in an acute psychiatric ward such as the physical environment, the patient community, and the mutual understanding between in-patients and staff. We presume this will empower not only the in-patient but also create new insight in how mental health care settings/ Staff can support personal and social recovery processes.

A co-operative inquiry group involving four staff members, four individuals with lived experiences as in-patients at the ward, one specialist nurse, and a researcher has in a joint venture prepared the intervention "The Wish Well". It is a formal meeting for patients and staff conducted every fortnight. At the Wish Well, in-patients can suggest wishes that, in their view, can improve the ward in general. A working group of both in-patients and staff is settled for every adopted request. The working group are responsible for executing the planned actions. The idea was inspired by the three safeguards interventions: mutual expectations, positive words and knowing each other, and a Kaizen board to ensure structure, transparency and obligation to pursue the wishes.

## Research

Aim To contribute with new knowledge on how to co-create a sustainable recovery-oriented intervention on an acute psychiatric ward and how the

interventions influence the practice towards a recovery-based approach seen from the perspective of the staff and the hospitalised individuals.

Methods: The project is designed as a co-operative inquiry following the four steps; Preparation, orientation, intervention and evaluation. Data is generated through audio-recorded evaluations and minutes from the meetings in the inquiry group. The analysis focus on the collaboration, decision-making processes and factors that support and hinder the co-creation. Data is also generated through observation of the Wish Well meeting regarding the numbers of participants, the kinds of suggestions and how they are processed. Further, data about the patients' experiences of partaking in the meeting are collected through a survey exact with five questions inspired by the elements in CHIME: Connectedness, hope and optimism, identity, meaning and empowerment. The analysis focuses on a description of changes in the conduct of the meeting and a description of obstacles and possibilities related to conducting the intervention.

## Conclusion

The findings will focus on how to conduct the Wish Well intervention in accordance with a recovery-oriented practice, including descriptions of obstacles and possibilities. The findings will also reveal how the participants experienced the intervention regarding connectedness, hope and optimism, identity, meaning and empowerment. We will conclude if and how it makes sense to implement the intervention in other acute psychiatric wards

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## Biography

Dr. Lisbeth Hybholt is a senior researcher at Psychiatric Research Unit and at the Mental Health Services East, Psychiatry Region Zealand, Denmark. Her research areas are learning processes, everyday life, postvention, psychosocial rehabilitation and mental health

Dr. Lene Berring is head of the Psychiatric research unit, Psychiatry, Region Zealand, Denmark and associate professor at University of Southern Denmark. Her research is focused alleviation on mental pain by prevention of physical and psychological violence (and reduction of coercive measures). Dr. Berring is a specialist in utilizing participatory research methods that involve experts by experience and clinicians as partners.

# The barriers and enablers for community-based interventions: Lessons from the implementation of a co-produced psycho-education programme for psychosis.

**Mark Monahan, Carmel Downes, Rebecca Murphy, Jennifer Barry, Louise Doyle, Patrick Gibbons and Agnes Higgins.**

## Introduction

Since the 1980s, Ireland has transitioned from an institutionally based mental health service to community-based care. Largely driven by policy change, these services are underpinned by a philosophy of recovery-based care with the principles of co-production at its core. The transition has proved difficult at times, with resistance to change encountered at varying levels. This paper explores the lessons from the implementation of a co-produced psychoeducation programme for service users and family members where psychosis is diagnosed.

## Research

The study used qualitative descriptive method. Data collection comprised focus groups (8) and individual interviews (42). The participants (n=75) were comprised of multiple stakeholders in the process (co-ordinators, peer and clinical facilitators, programme participants, senior health service managers, and project workers who had responsibility for coordinating the national roll out of the programme). Thematic analysis was conducted using NVivo12 and the CFIR Framework for advancing implementation (Damschroder et al. 2009).

## Conclusion

Recommendations are made under the five CFIR domains (outer setting, inner

setting, intervention, provider and implementation process). Particular aspects of policy, peer involvement and payment mechanisms, organizational culture and readiness, implementation climate and programme competition, intervention design, provider knowledge and beliefs, and participant beliefs as to sustainability of interventions and the building of trust are highlighted.

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## Biography

Mark Monahan (PhD) is a lecturer in mental health nursing at the School of Nursing and Midwifery in Trinity College Dublin. He is registered in the General, Mental Health and Tutor divisions of the nursing register in Ireland. After working as a clinician for over 20 years, predominately in the mental health field, Mark moved into nurse education in 2004. His research work centres upon working with people given a medical diagnosis of schizophrenia/psychosis and working with families where a diagnosis of schizophrenia/psychosis is present. He is a co-founder of the Hearing Voices Network in Ireland and has developed the Psychosocial Interventions Strand of the MSc in Mental Health at TCD.

# Not in My Backyard.

Brigita Obreza, Martina Čiković, Tjaša Franko.

## Introduction

Mental health promotion focuses on improving well-being and quality of life, on highlighting positive attributes and abilities of individuals, as well as on reducing the prevalence of mental health problems. In addition to the systemic measures, the media, relatives and user associations, local communities play an important role in inclusion and participation, on formal and informal levels. The very involvement of people with disabilities in community activities and decision-making processes improves their sense of well-being and can increase their knowledge and skills to cope with challenges. However, different communities respond differently to people with disabilities living in community in Slovenia. People and their loved ones often experience discrimination, exclusion and violations of their fundamental human rights. In this paper, we will present an example of actions in the local community of the municipality of Divača, which, shortly before the relocation of residents from institutional care to housing groups in the community, formed a civic initiative, which opposes the relocation of residents. As we are part of the project team that is responsible for the resettlement of institutionalized residents to the community, we took action to tackle the difficult situation. We will present our activities concerning service users, community, staff and media. We will also present destigmatisation measures and our community-based approach, involving different stakeholders in the local environment.

## Biography

Tjaša Franko, Brigita Obreza and Martina Čiković are co-workers on the Doma na Krasu project. The main objectives of the project are deinstitutionalisation and transformation of the institution.

# Obstacles and accelerators of the deinstitutionalization process.

**Andraž Kapus, Andreja Rafaelič, Kaja Zoran, Urška Sorta Kovač.**

Urška Sorta Kovač – deinstitutionalisation project team leader, social worker, pioneer in community mental health in Slovenia.

## Introduction

The Republic of Slovenia has committed itself to following European trends in the field of deinstitutionalisation and, with the financial support of the EU, has restarted the process of deinstitutionalisation. Since 2020, a pilot project for the transformation of a large residential institution for people with psychosocial disabilities "Dom na Krasu" has been underway. The purpose of the project is to promote the human rights of people with psychosocial disabilities, resettle people to the community, establish community services and finally close the institution. The project takes place in partnership between the institution being transformed, the Social Protection Institute of the Republic of Slovenia and the Ministry of Labour, Family, Social Affairs and Equal Opportunities. We will present the paper from the point of view of the institute's researchers, who monitor the process and provide professional support and from the point of view of the project team leading the transformation. In this paper, we will present the obstacles and accelerators of the deinstitutionalization process. We will present the process of transformation of the institution and the many obstacles that stopped the process and the search for possible solutions. We will look at the complex relations between the management of the institution, the employees of the institution, researchers, the representatives of the ministry and the lack of real political will for deinstitutionalisation. We will pay special attention to the issues of the possibility of including the user perspective, professional principles and the promotion of human rights.

## Biography

The researchers are members of the Social Protection Institute of the Republic of Slovenia:

Andraž Kapus, PhD – researcher, deinstitutionalisation, community care and theory of social work.

Andreja Rafaelič, PhD – researcher, deinstitutionalisation expert, field of disability and social care.

Kaja Zoran – researcher, deinstitutionalisation and management in social work.

# Information and Communication in Slovenia: Cornerstones of justice for victims of crime with disability.

Andreja Rafaelič, Andraž Kapus, Kaja Zoran

## Introduction

Access to information and communication are essential for persons with disabilities as victims of crime to participate effectively in criminal justice processes. Directive 2012/29/EU guarantees victims the rights, among others, to information, to understand and be understood, to be heard. The two-year project, co-funded by the European Commission is taking place in seven EU countries (Czechia, Slovakia, Romania, Bulgaria, Slovenia, Lithuania and Croatia). The project aims to improve access to people with disabilities victims of crime to their rights under the Directive, develop tools and guidelines for victims of crime with disability. The aim of research that was implemented, was to explore and analyse the access to justice of victims with disabilities and to enter in a dialogue with the relevant stakeholders and to promote the implementation of the right to understand and be understood from the Victims' Rights Directive. In this paper, we will present the findings of the research on the exercise of human rights of crime victim with disabilities living in institutions in Slovenia and proposed recommendations for necessary changes.

## Biography

Andreja Rafaelič, PhD is a researcher, deinstitutionalisation expert, field of disability and social care.

Andraž Kapus, PhD is a researcher, and expert in deinstitutionalisation, community care and theory of social work.

Kaja Zoran is a researcher, and expert in deinstitutionalisation and management in social work.

# Peer support, associations, and community health

Aurélien Troisoeufs

## Introduction

Since the 1980s, social science researchers have been reporting on the place and role played by user associations in the transformation of the health care landscape, and particularly in that of mental health. Several generations of associations have succeeded one another, each time proposing different approaches to mental health and care. Until now, the focus has been on the way in which collectives have taken over places of care or decision-making. However, the community care approach forces us to think differently about the relationship between associations and health institutions. In this presentation, we will identify the roles played by associations in a community care perspective, such as peer support, prevention and information. It will show that patient associations play an essential support role for health care teams that are gradually investing in the community. Attention will be paid to peer support practices which can appear, among others, as complementary interventions to health services, promoting inclusion, empowerment and destigmatization. This presentation will be based on several anthropological fields carried out over the last ten years in the French context on associations and peer support in psychiatry.

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## Biography

Aurélien Troisoeufs is a health anthropologist. His work focuses on the participation of users in health care. From this perspective, he is interested in the transformations linked to collective mobilizations and the emergence of new roles, functions, and professions for people who have direct or indirect experience of an illness. After completing a thesis in anthropology (Paris Descartes) on mental health/psychiatry user associations, he is now looking at the participation of users/relatives in other spaces: the Internet, the hospital (DAIP, a calming space), housing (**neighbourhood**) and in different forms: professional/volunteer peer helper, peer health mediator, patient intervener, patient partner, "patient-researcher". For the past 5 years, he has been working on Patient Therapeutic Education (PTE) in neurology (Parkinson's disease) and psychiatry. The objective is to study the place and role of users/relatives in this practice and the relationships produced with health professionals.

# How the Partners in Care Approach Promotes Mental Health in the community and vice-versa: the example of the Health Partnership project at GHU Paris.

Emmanuelle Jouet

## Introduction

In recent years, the health partnership approach has been developing rapidly in psychiatric and mental health services. In its global approach, it appears to be innovative and allows the implementation of partnership practices between professionals and patients, relatives, users and citizens. In France, this growth has been favoured by the implementation of the sector policy (since the 1960s), as well as by the emergence of community mental health practices. Through the example of the Health Partnership project, for users who are actors in the hospital, at the Paris Psychiatry and Neurosciences GHU, it is proposed here to study the points of resemblance and divergence between these different models, both in terms of their epistemological and ethical foundations and in terms of their current implementation in the French psychiatric **landscape**. The history of the deployment of the Montreal Model's adapted health partnership will be presented, as well as the practical developments and initial results observed among the various players. Through this presentation, the links with community mental health will be established in a critical approach.

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## Biography

Dr Emmanuelle Jouet, PhD in Educational Science, is Director at the Social sciences and Mental Health Research Laboratory of the GHU-Paris psychiatry & neurosciences since January 2021 where she is co-piloting the development of the partnership with patients and families at the GHU-Paris psychiatry & neurosciences. For more than 15 years, she has been working on destigmatising mental health, mental health promotion, developing new training methods involving people living with mental health illnesses as both trainers and trainees, and evaluating continuous learning training programmes for mental health professionals. During 2020-2021, she was responsible for the coordination of the ERICA project funded by the European Union's Rights, Equality and Citizenship Programme (2014-2020) for the French site (Paris). ERICA Project will create Training Program and Risk Assessment Mobile Application on child maltreatment risk for multi-professional use. These are useful for all professionals dealing with children and families, also for families themselves. Her recent research work has taken place within a French national mental health programme, Housing First, and two EU supported projects: Promoting Mental Health minimising mental illness and Integrating Social Inclusion through Education, (PROMISE, DG SANCO, n° 2008-216) and Empowerment of Mental Illness Service Users Through Lifelong Learning Integration and Action (EMILIA, CIT-3-2005-513435). She has also developed the first French training programs for all stakeholders on promoting recovery for mental health service users in France, using innovative training approaches based on participative ongoing implementation evaluation techniques. She worked on two research on the field of addiction: the first one is about the drug users pathways during and after a six weeks educational program in an addiction **centre**; and the second one is about the notion of "participation" in an addiction **centre**, a multiple perspective.

# Task-shifting for refugee mental health and psychosocial support in Greece: The case of the Community Psychosocial Workforce.

Chrysovalantis Papathanasiou, Stella Pantelidou, Pepi Belekou, Angeliki Menediatou, Anastasia Mantzari, Stelios Stylianidis

## Introduction

An increasingly popular response to the challenges faced by refugees and asylum seekers has been the development of so-called “task-shifting” methods, in which trained paraprofessionals implement therapeutic interventions in refugee communities (Cohen & Yaeger, 2021; Miller & Rasmussen, 2016). Such a programme, titled “Community Psychosocial Workforce - CPW” is implemented in Greece since 2019 by the Association for Regional Development and Mental Health (EPAPSY) in collaboration with UNHCR. CPW is consisted of refugees and asylum seekers who are trained in various skills and tools including Psychosocial First Aid (PFA), Problem Management Plus (PM+) and Peer Support Work (PSW). Their aim is to provide basic psychosocial support to other asylum seekers and refugees, in their native language: Arabic, Farsi and French. They are supervised by trained mental health professionals and they are a bridge between the refugee communities and the professional mental health service providers. From the beginning of the covid-19 pandemic, a helpline is run by the CPW, in order to provide immediate psychosocial assistance and to guarantee the access of refugees and asylum seekers on public and private services. Provided services are the following: psychosocial support, information about covid-19 (limitations, protection measures, testing, vaccination etc.), liaison with existing protection services in Attica, emergency referrals to specialists or public authorities, and links to supportive communities and NGO networks. During 2019-2021, 604 refugees and asylum seekers were included in the CPW programme, and 1.704 persons of the refugee communities called the helpline. The majority of the beneficiaries are Arabic-speaking, followed by Farsi-speaking, and French-speaking. Regarding the country of origin, the top five countries the

beneficiaries come from are the following: Afghanistan, Syria, Iran, the Democratic Republic of the Congo, and Iraq. As part of the participatory assessment of the programme by UNHCR, two focus group discussions have been conducted with beneficiaries, who were characterized by high levels of vulnerability. Participants reported that discussing their problems with someone who has similar experiences to them helps them emotionally and gives them hope for the future. The emotional bond that develops between the community psychosocial worker and the beneficiary contributes to the formation of a “family” feeling of closeness, trust and security. According to the beneficiaries, the psychosocial support services they receive also help alleviate the physical symptoms of anxiety. Additionally, the possibility of immediate psychosocial support through the helpline seems to be particularly important. This intervention seems to be effective in improving mental health and preventing psychological distress among refugees/asylum seekers. Ideally, it will contribute to the future development of task-shifting intervention implementation for refugees in other countries which experience a high refugee flow.

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## Biography

Chrysovalantis Papathanasiou holds a **master’s** degree in Sociology from the École des Hautes Études en Sciences Sociales of Paris and a PhD in Social Psychology from the Aix-Marseille University. He used to be a Postdoctoral Researcher in Social Psychiatry/Community Psychology in the Department of Psychology of the Panteion University for Social and Political Sciences, where he currently works as a Fellow in the Laboratory of Clinical Psychology and Psychopathology, Community Psychiatry and Developmental Psychology. He has worked as a Lecturer in many Universities and his studies have been published in peer-review journals and have been presented in international conferences. He is a member of several Greek and European scientific associations in the field of Sociology and Psychology. He held high positions in Public Administration, such as President of the National Centre for Social Solidarity (EKKA) and Deputy Manager of the General University Hospital of Patras. He has also worked as consultant for the Ministry of Health and Social Solidarity, responsible for the social

care reform in Greece. Currently, he is the Project Manager of the programme “Community Psychosocial Workforce”, implemented by the Association of Regional Development and Mental health (EPAPSY) in collaboration with UNHCR. Additionally, he is the founder and head of the Social Solidarity NGO “Social Voices”.

# Abolishing coercion as a means of deinstitutionalization: first steps of action research in Slovenia.

Juš Škraban

## Introduction

Coercion and seclusion are cornerstones of the mental health system in Slovenia. Involuntary placements in secure wards in long-term social care homes represent one of the major aspects of legally defined form of coercion. The research dwells on international contributions which understand coercion and seclusion as violation of rights and international commitments, such as the Convention on the Rights of Persons with Disabilities. This theoretic and ethic standpoint represents a test for the everyday practice. The author conducts action research on abolishing coercion in two long-term social care homes which are currently in the process of deinstitutionalisation in Slovenia. This paper will present and critically reflect first findings of the action research project. Based on existent experiences of action research, the paper will offer a heuristic model of abolishing coercion and seclusion.

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## Biography

Juš Škraban is teaching assistant on the Chair of community mental health at the Faculty of Social Work, University of Ljubljana. Formerly, he worked at the National institute of public health and an NGO working with the homeless. He has been active in the community mental health initiatives such as hearing voices network in Slovenia and in Portugal.

# Housing groups: are the long arm of the institution or a home?

Rene Vremec, Katra Zajc, Urša Medved

## Introduction

Dom na Krasu is a large Slovenian residential institution for people with psychosocial disabilities in the process of deinstitutionalisation, transforming from institutional to community care. One of the main objectives of the project is the establishment of new housing groups. Currently, Dom na Krasu already has 8 housing groups established, and as a part of the transformation project, another 70 residents are expected to move to the community. The danger of projects like this and the hardest part of the process is preventing trans-institutionalisation, as deinstitutionalisation is not only about the resettlement of people into community, it is also about the change of perspective and ideology of the support and organisation of work. There is a real danger that smaller and more beautiful institutions will be built instead of providing individualized support. Housing groups often become merely an extended arm of the institution and the institutional culture is maintained. Through action research of existing housing groups, we are trying to understand how much of institutional culture is present in existing housing groups and how to organize a new model of care that would strengthen the user's perspective and change institutional culture. We will present the results of the research and the process of introducing changes.

## Biography

Rene Vremec, Katra Zajc and Urša Medved are social workers, working on a project of transformation.

# Interventions encouraging public self-advocacy as means of empowerment of persons with disabilities or mental health problems outside the psychiatric care system.

Iwona Nowakowska

## Introduction

Self-advocacy is a competence to be learned by every person and means a skill to stand for oneself and own rights in everyday life. Learning this skill might be difficult, especially for people with disabilities or mental health problems, who might, especially in the formal care systems, be prone to greater control from the environment, as well as the limited (compared to other people) opportunities for independence in decision making and for exercising self-determination. The paper, building on the self-advocacy model by Anderson and Bigby (2017) and the classification of self-advocacy types by Ryan and Griffiths (2015), reviews ideas for interventions based on public self-advocacy initiatives that have been taken up to date in Poland, such as public self-advocacy projects promoting anti-discrimination by engaging people with disabilities/mental health problems as educators talking about their health-related experiences. It will also present results of original research assessing the efficacy of one of such interventions. It will comprise interview data from the educators (with a particular focus on how the self-advocacy program enabled them to empower themselves and exercise their human rights) and evaluation survey data, which made it possible to find out how the youth forms impressions about people with disability after participating in workshops led by self-advocates. The results will enable us to identify both the strengths and weaknesses of public self-advocacy-based anti-discrimination programs for the patients and the community to which the awareness-raising programs are addressed

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## **Biography**

Iwona Nowakowska, MA, is a psychologist representing The Maria Grzegorzewska University in Warsaw, Poland. She obtained her MA degree in Educational Psychology in 2019. She specializes in research focusing on the applications of social psychology. She does both qualitative (interpretative phenomenological analysis) and quantitative studies. One of her most important research grants concentrated on the self-advocacy of people with intellectual disabilities and in a mental health crisis and the evaluation of anti-discriminatory workshops. She received numerous awards for this study: from the Dean of the Faculty of Psychology at the University of Warsaw, from Open Republic Association Against Antisemitism and Xenophobia, as well as the State Fund for Rehabilitation of Disabled People. In the years 2020-2021, she has been coordinating the implementation of programs supporting neurodiverse students at the University of Warsaw. She has published her research in outlets such as Personality and Individual Differences, Current Psychology, Psychological Reports, Advances in Mental Health and Intellectual Disabilities, Qualitative Research in Education, and more. Current Co-Editor of a Policy and Practice section at Voluntary Sector Review journal.

# Recovery in lieu of the civic society.

Søren Dixen, Bengt Eirik Karlsson, Nina Kilkku, Jan Kåre Hummelvoll, Anne Hertz, Lene Berring

## Introduction

The number of people seeking help due to mental health difficulties increases every year. The public services lack resources and staff, but also contain systemic and scholarly obstacles that (1) hinder them in making the patients and their Recovery the center of their interventions [1] and, (2) prohibit the professionals from working according to the humanistic base of their disciplines [2]. In this situation the group of people experiencing severe mental illness (SMI), who are hardest to reach and help, suffer the most. Established in lieu of the civic society, The Maskine Maskine Amager (MMA) is perhaps the only truly user-led community of its kind and capacity in Scandinavia. In order to counter the above-mentioned problems, we, the people experiencing SMI, would like to employ two humanistically orientated mental health care professionals to come and collaborate with us and for us. Here, within a theoretical frame best described by Relational Recovery and the humanism of Jan Kaare Hummelvoll, the mental health professionals would form relations to and serve the target audience directly while escaping the systemic and scholarly obstructions of the mental health services [3].

**Aim:** To investigate new directions and dimensions of Relational Recovery by developing practices and examples of equality in health through the collaboration of people with SMI-experiences and mental health professionals.

**Method:** Through a collaborative relationship, we have put together an action research group of internationally renowned experts in mental health care to co-create the project with us, and we hope to do some research on it and its effect.

**Perspectives:** As a result, we will create international precedence for this kind of Recovery in lieu of the civic society. Together with the humanistically orientated mental health care professionals and their disciplines, we hope to keep MMA more open, stable and secure while expanding our activities. We would offer practical help, empowerment and Recovery to more people in need of it.

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## Biography

Søren Dixen (b. 1977) has a schizophrenia diagnosis and several others. He is also the father of three, mag.art. in Nordic Literature and a prizewinning dramatist. For five years he has served as a mentor at a mental health intensive care unit, and he has also been a development consultant there. He is co-founder and chair of the board of the Maskine Maskine Amager in Copenhagen South, Denmark.

# How to provide mental health support? The example of the training for the mental health care users. The trainer's and trainee's perspective.

Lidia Zabłocka-Żytka, Iwona Wegner, Paweł Bronowski

## Introduction

The aim of the presentation is the description of a part of the training for mental care users "Doradcy ds zdrowienia". The training was a part of the 3 years project of preparing the mental care users to provide the peer support in Poland. It is a new approach in Poland and it needs changes among specialists as well as mental health care users. During the presentation the advantages and disadvantages of the training will be discussed. It will be analysed from two points' of view- the trainer's and the trainee's one.

## Biography

Lidia Zabłocka-Żytka - a clinical psychologist, psychotherapist, researcher, academic teacher.

Iwona Wegner - a teacher, a mental health care user.

**Prof. Paweł Bronowski** is a clinical psychologist, **and** The Chair of the Psychology Department, The Maria Grzegorzewska University.



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