



Leonardo da Vinci

LEONARDO DA VINCI Programme II PHASE 2000-2006

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Project "PSYCHO RESCUE"



LEONARDO DA VINCI PROGRAMME

- II PHASE 2000-2006

- The programme mean to contribute to the realization and implementation of a vocational training policy in the European Union

General Objectives

- Leonardo da Vinci II Phase pursue 3 General Objectives:
 - A. to promote competences and skills within vocational training, in particular of young people and within initial education
 - B. to improve continuous vocational training quality as well as the acquisition of lifelong competences and skills
 - C. to promote and improve the contribution of vocational training to innovative processes, in order to enhance competitiveness and entrepreneurship

Thematic Priorities

- In this last Call for Proposals have been identified, in accordance with strategic objectives of the EU Lisbon Strategies and Copenhagen Declaration, these Thematic Priorities:
 1. “Promoting transparency of qualifications” which directly contribute to the first strategic priority (... labour market);
 2. “Developing the Quality of Vocation-Education-Training (VET) systems and practices”;
 3. “Developing relevant and innovative e-learning content”
 4. “Continuous training of teachers and trainers” which contribute to the achievement of the second strategic priority (... systems);
 5. “Credit Transfer in VET” and “Validation of non-formal and informal learning”

OBJECTIVES

A. Promote competences and skills

PRIORITY

1. Promoting transparency of qualifications

DURATION

24 months

Transnational Partnership

ITALY

- ISS - ISTITUTO SUPERIORE DI SANITA' (P1 - Contractor)
- DSM – ASL RM/A – Department for Mental Health (P2)
- C.H.I. Onlus – Cultural Human Improvement Onlus (P3)
- CONSORTIUM UNISAN (P4)

GREECE

- EPAPSY – Scientific Association for Regional Development and Mental Health (P5)

LATVIA

- KOLEDZA RRC - Social Integration Centre P6)

NETHERLANDS

- RINO Noord-Holland (P7)

UNITED KINGDOM

- GAMH - Glasgow Association for Mental Health (P8)

CZECH REPUBLIC

- CMHCD - Centre for Mental Health Care Development (P9)

EXPLANATION OF THE PROJECT

The Idea

- The idea of the project is linked to some referring data concerning the actual situation of Mental Health sector and on the typology and characteristics of sector workers within the Italian and European context*

*(*see References)*

References

- Gruppo Nazionale PROGRES “Le strutture residenziali psichiatriche in Italia: risultati della fase 1 del Progetto PROGRES”; A. Picardi, G. de Girolamo e P. Morosini; *Epidemiol Psichiatr Sociale* 2001;
- “Le strutture residenziali psichiatriche in Italia: risultati preliminari della fase 2 del Progetto PROGRES” Laboratorio di Epidemiologia e Biostatistica dell’Istituto Superiore di Sanità – ISS: Pubblicazioni: Notiziario 2003 – Vol.16 – n.2;
- De Girolamo G, Picardi A, Micciolo R, Falloon IRH, Fioritti A, Morosini P, PROGRES Group. Residential care in Italy: a national survey of non-hospital facilities. *British journal of psychiatry*. 2002;181(Sep):220-225.
- Human Resources and Training for Mental Health; European Ministerial Conference on Mental Health – Facing the challenges, Building solutions; Helsinki, Finland; 12-15 January 2005;
- WHO mental health policy and service guidance package: Organization of services for mental health. Geneva, World Health Organization, 2003
- Project Atlas: Database. Geneva, World Health Organization. Department of Mental Health and Substance Dependence 2004.

The context

- Our reference data show that the delivery of Mental Health Services is often lacking in quantity and quality:
 - shortage of treatment and rehabilitation intensive programs
 - dyshomogeneous and fragmented staff training
 - the workers are not always provided with a specific training for the treatment of severe psychiatric patients

(Project Atlas: Database. Geneva, World Health Organization. Department of Mental Health and Substance Dependence 2004)

The WHO European Ministerial Conference on Mental Health (Helsinki, 2005) pointed out some priorities:

- Offer effective care in Community-based Services for people with severe mental health problems
- Establish partnerships across sectors
- Create a sufficient and competent workforce
- Establish good mental health information
- Provide fair and adequate funding
- Evaluate effectiveness and generate new evidence

Create a sufficient and competent workforce

challenge and action to consider

- Recognize the need and responsibilities across the specialist and non generic workforce
- Include experience in community settings and multidisciplinary teamwork in the training
- Plan and fund programmes that address the education and training needs



- Encourage the recruitment of new mental health workers and enhance the retention of existing workers
- Educate and train mental health staff about the interface between promotion, prevention and treatment
- Create an expert workforce by designing and implementing adequate specialist mental health training
- Develop specialist training streams for areas requiring high levels of expertise

Human resources and training for mental health

Traditional roles of mental health workers are often inefficient, focusing on high-cost treatments for small numbers of patients. In most countries, the majority of mental health workers are employed in psychiatric hospitals that provide institutionally focused care for a small number of people with mental health problems. Training and support to reorient the roles of mental health workers is an essential component of the redevelopment of mental health services. professional development are all effective strategies for improving the retention of staff.

Justification

The definition of professional workers involved in Psychiatric Residential Communities appears still unclear and fragmented in various profiles not well defined and qualified

Such organizational framework:

1. doesn't stand out the professional workers' profiles
2. doesn't allow for a positive and effective impact of the member of staff in his/her working environment
3. causes lack of communication among different working teams and failure/overlapping of methods
4. makes it impossible to compare clinical outcomes

- A need arises of **renovating, adjusting and extending** curricula across all the intervention areas
- Namely, as far as profiles personalization, flexibility and development of Lifelong Training opportunities are concerned

Identified problems

Most of the pointed out problems can be traced back to three key-factors:

THE 3 LACKS

- 1. *clarity*** of roles, duties and competences required and expected (transparency of qualification);
- 2. *flexible formative tools and paths*** for training and professional updating (Lifelong Learning)
- 3. *specific and well defined professional profile*** (psychoeducative and connecting role among the members of staff in the same facility)

The project proposal

aims to realize an action-research aimed
to re-define and validate a specific
professional profile and the connected
qualification

the

**COMMUNITY-BASED PSICHIATRIC
FACILITY WORKER**

AIMS

- A. To redefine and formalize the ***training methodology***
 - exchange of praxis, curricula and developed experiences at transnational level

- B. To better define the ***intervention areas*** of workers
 - establishing and strengthening his/er competences

- C. To define flexible methods and training instruments
 - useful to workers training and, above all, updating for a ***Lifelong Learning***



AIMS

- D. To agree on a common language and method
 - comparable and transferable among various psychiatric services

- E. To promote qualification transparency through:
 - shared systems of formal education
 - identification of formal and non-formal learning and their respective certifications

- F. To propose a method
 - of setting, planning and monitoring the results and the qualitative standard

DIRECT TARGET AND RECEIVERS

- Young unemployed people and employed and unemployed adults who need an initial and updated training
- Psychologists, social and health workers of the National Health Systems
- Psychologists and members of the socially-oriented, no profit area (social cooperatives, NGO's, private entrepreneurial)

INDIRECT AND FINAL TARGET AND RECEIVERS

- Psychiatric Residential Facility and/or other community-based Services (Semiresidential Facilities and Daily Centres);
- National and Local Health Systems (Departments for Mental Health);
- Socially-oriented Area (Cooperatives, NGO's, Private Entrepreneurial).
- Training/updating Facilities
- Final Users (disadvantaged people with a mental disorder, utilizing the services)

EXPECTED RESULTS

- An updated definition of the Professional Profile of Psychiatric Community Worker
- The re-definition - in terms of Lifelong Learning - of flexible paths and methodologies of training
- The definition of models and educational tools to meet workers formative requirements
- The definition of common and shared:
 - language
 - methods
 - instruments

Intermediate products

- Tools of survey and feedback: national research reports (for each partner country) and comparative analysis report on contexts and needs.
- Shared definition of:
 - Prototypes of flexible formative paths useful to workers initial training and subsequent updating
 - Educational models and instruments
 - Model Prototypes to programme, organize, support human resources and check therapeutic results

FINAL PRODUCTS

- A **Brochure** and a **Handbook** about the community-based psychiatric worker
- **Flexible and dynamic learning models and instruments**, on paper and CD ROM - to be distributed to the various key actors
- **Guidelines** containing good practices, methodologies and tools
- **Workshops and Final Conference**
 - Presentation and Dissemination of Project's results
 - Sensibilization of key-actors in the field of Mental Health