

PSYCHO RESCUE

“PSYCHO RESCUE - Psychiatric RESidential care Communities: Upgrading and Enhancing skills and competences for member of staff professional qualification”

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WP 4 – Testing

WORKING PAPER 4

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**4th Transnational Workshop,
Prague, May, 24th and 25th, 2007**

Dear Partners,

as you all know, Rino, Unisan and ASL RM A in the persons of Marieke, Silvia and Antonio, have met a consultant for an advice on the project's next steps. The consultant -suggested by Antonio- is Dr. Priebe from the Unit for Social & Community Psychiatry, Newham Centre for Mental Health in London. The meeting has been very useful both for us and for the project in general.

Hereby we'll try to illustrate you -in an as clear as possible way- the matters and solutions we've shared with Dr. Priebe.

It is necessary to inform you all that, in order to achieve an acceptable result, from now on a bigger effort is required to each one of us.

What Dr. Priebe suggested is to focus project aims in:

- a) defining essential skills/areas of knowledge of a psychiatric community worker
- b) collecting existing curricula which are supposed to reflect the evidence-base
- c) executing a Delphi process for the final definition of skills/areas of knowledge and an agreement on how they should be covered.

The final product should be a proposal of a European wide applicable requirement for courses for community mental health professionals.

These courses could be used across professional groups and probably be implemented on a part-time basis for one to two years.

The requirements might form the basis for a European wide accreditation of such courses.

In order to achieve such goals it is necessary to proceed through 4 steps:

1. The already existing lists of core skills and knowledge required to work in community mental health care should be put together and sufficiently specified. If in doubt of what skills and areas of knowledge should be included, be rather over inclusive.

Timing & Partners involved: We should be able to put together the document in Prague. Each partner should define the non-guilbert modules they've already worked on in terms of competencies and learning objectives. (e.g **Function:** Assessement, **Competency:** Collaborating to the assessment of the "patient" **Learning objectives:**I. Identify components essential to assessment of the individual person; II. Assess on the individual level, ecc.....)

2. Existing curricula on courses for mental health professionals working in the community will be collected. The courses may or may not be specific for one professional group, but preference will be given to courses that are provided across professional groups. The step is likely to require translation of curricula into English. It is assumed that there will be a major overlap between different curricula. If possible, additional information on experiences will be recorded for each curriculum, including how many participants have undergone the training, over how many years it has been provided, and whether the course has been modified over time.

Timing & Partners involved: Each partner should find at least 3/4 Curricula per country, in order that we could work on the matching in Prague

3. In the challenging difficult step a proposal will be summarised for each skills/areas of knowledge based on existing curricula as to how it may be covered in a training course. The definition must be sufficiently specific to be measureable, but still applicable across different systems and countries. In case no proposal has been found in the literature for a given skill/area of knowledge, a proposal will be defined based on ideas of the group and common clinical sense. At the end of step 3, there will be a proposal for what skills/areas of knowledge are to be covered, and how they should be covered including an approximate range of the length of the training.

Timing & Partners involved: This is the difficult step, it is advisable to find a full time person working it out. The work could start in Prague and shouldn't take more than three weeks. In the last step the proposal will be amended and finalised in a Delphi process. For this, the proposal will be sent to at least five experts in each participating country. The feedback will be centrally collected, and the process will be repeated until a sufficient agreement has been reached.

Timing & Partners involved: This is the final step that involves each partner. We should be able to discuss the results within our meeting in Riga.

Hoping and certain that all this work will be useful in order to achieve better result, see you all soon in Prague.