

**LEONARDO DA VINCI  
PROGRAMME – II PHASE  
2000-2006**



**Leonardo da Vinci**

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# Psycho



## RES.C.U.E.

RESidential Care structures:  
Upgrading and Enhancing  
professional qualification for  
PSYCHIatric operators and  
improving organisational  
settings

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## Introduction

The aim of this first newsletter is to introduce the project, its context and objectives, and the main outcomes that we have achieved so far, as well as to introduce the partners involved in the project.

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## What is the “Leonardo da Vinci” programme?



[http://ec.europa.eu/education/programmes/leonardo/leonardo\\_en.html](http://ec.europa.eu/education/programmes/leonardo/leonardo_en.html)

“Leonardo da Vinci” is a European Union programme which supports the improvement and development of vocational training in Europe.

Its aims are the realisation and implementation of a vocational training policy in the European Union through integration of the working practices of member states and promoting a new approach in vocational training policies through the acquisition of lifelong skills and competencies. The Leonardo da Vinci programme pursues 3 General Objectives:

- a. To promote competencies and skills within vocational training, namely of young people and within their initial education;

- b. To improve continuous vocational training quality as well as the acquisition of lifelong competencies and skills;
- c. To promote and improve the contribution of vocational training to innovative processes, in order to enhance competitiveness and entrepreneurship.

The last Call for Proposals identified, in accordance with strategic objectives of the EU Lisbon Strategies and Copenhagen Declaration, the following Thematic Priorities which contribute to the transformation and adaptation of the systems that support the establishment of a European labour market:

1. “Promoting transparency of qualifications” which directly contribute to the first strategic priority (... labour market);
2. “Developing the Quality of VET (Vocational Education & Training) systems and practices”;
3. “Developing relevant and innovative e-learning content”
4. and “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”



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## What about our Project?



Within the objectives and the priorities of the LEONARDO DA VINCI PROGRAMME - (EAC/11/04), the Psycho-RESCUE Project falls within:

### **Procedure B - PILOT PROJECTS -**

**Objectives:** a) to promote competencies and skills within vocational training, namely of young people; b) to improve lifelong learning and vocational training quality and the lifelong acquisition of competencies and skills.

**Priority 1** “Promoting transparency of qualifications in order to contribute to labour market related strategies”.

**Psycho-RESCUE aims to use action-research to define and validate a specific professional profile and the relevant qualification, namely “the Community-based Psychiatric Worker”.** It is important to note that the [WHO European Ministerial Conference on Mental Health \(Helsinki, 12-15, January, 2005\)](#) gave high priority to Mental Health issues and policy for EU countries.

This objective will be fulfilled by carrying out true participation, sharing and collaboration of institutional stakeholders and the key players involved in the organisation and management of psychiatric residential care facilities and services (particularly the community-based ones, also named NHRF – Non Hospital Residential Facilities – but, unfortunately, known by many other varied terms) within the European Union, with particular reference to the partner countries involved in the project. The projects aims are focused on the definition and development of vocational training opportunities which should specifically take

into account the transparency and transferability of their results and outcomes towards vocational training systems and labour market needs.

In this way the project proposal agreed to make an initial comparative analysis and further systematisation of this information (organisation, management and the types and characteristics of care provided) regarding the different kinds of residential facilities and/or other services dealing with the care, recovery and rehabilitation of people with mental health problems.

From our initial data and analysis, it has been found that in most of the EU countries there has occurred a big change in psychiatric care models, as most of the mental health systems have moved from long-term-hospitalisation towards a new approach based on different level of residential structures or communities rather than semi-residential or day centres,

As a consequence of this process, the general organisational framework of professional profiles operating within the various types of services seems to be fragmented and to consist of various sub-profiles, which are often not well defined and qualified (nurse, psychologist, psychiatrist, sociologist, health operators, educators, rehabilitation technical operators, therapist, etc.). This is reflected in a lack of transparency within the labour market and reduced mobility of human resources.

These factors contribute to produce confused and heterogeneous organisational settings, with a lack of clarity regarding roles along with a lack of professional skills and competencies of the different staff involved, which are able to respond much more to administrative needs, rather than to an improvement of the rehabilitation and therapeutic mission of the structures themselves.

For these reasons we believe that it is necessary:

- to define precisely the area of intervention and activities of the Community-based Psychiatric Worker;
- to redefine and formalise the vocational training pathways of workers, through a transnational exchange and comparison of

praxis, curricula and experiences put into practice in the different European contexts;

- to agree upon a common transferable language and methodology (as evidence based as possible), consistent with the different services and settings;
- to promote qualification transparency through shared systems of formal, informal and non-formal education and training and of their validation ;
- To propose methodologies and tools for the organisation, management, planning and continuous control of the outcomes and qualitative standards of the vocational education, training and updating.

The expected results and outcomes are: some combined and joint validation of pathways, tools and devices, as well as the validation of the professional profile. Such actions should be realised by institutional subjects and the key players involved in the organisation and management of community-based psychiatric services, within the EU Country partners.

**In my view, deinstitutionalization makes sense for most – not all – but only if the community has the service capacity; if society has been informed in an appropriate public education policy; if safe and affordable housing exists; and if enhanced employment opportunities exist. Can you imagine a time-sensitive institutionalized consumer is suddenly discharged to find employment in a stigmatized society where a "not-in-my neighbourhood" housing policy exists?**

**[Michael J. Grass (17:44)]**

## The context



The idea for the project is linked to a preliminary analysis of some referring data about the current situation of mental health care services and on the type and characteristics of the workers who operate in this sector, within an Italian and European context.

From this first analysis it emerged that the shift from psychiatric hospitals to a different care model focused on community-oriented services (in Italy these are coordinated by the National Health System, through the Mental Health Departments) which brought a radical modification of the psychiatric framework, and, consequently, of its structure and workforce.

At the same time, there has been a broadening of employment opportunities open both to young people and people wishing to re-enter the labour market..

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/er working environment
3. causes lack of communication among different working teams and failure/overlapping of methods
4. makes it impossible to compare clinical outcomes

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

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

In all EU Countries the need of renovating curricula arises to fill the gaps caused by lacks of legislative and vocational training standards.

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## The objectives



The project aims, in the short to medium term, to support the creation of a vocational training transnational open network. This will facilitate the implementation and exchange of methodologies and innovative tools and devices to create transparency regarding qualifications and facilitate the mobility of human resources.

In this way, the project should provide acceptable answers to different needs expressed by:

- improved qualifications for mental health workers, greater recognition of these by the labour market, and increased transparency in relation to the activities undertaken;
- supporting improvement in organisational structures within mental health services;

- greater involvement of users, to create better services and greater opportunities for recovery and rehabilitation, to improve the transition from residential to community based support, and independent living and to improve the overall quality of services

Within this scenario the project will research, identify and systematise elements of vocational training and updating of workers along with the general aims mentioned above.

### The main objectives of the project:

- a. Analysis, comparison and systematisation of the contexts (in the partners countries) where mental health workers carry out their activities;
- b. Acknowledgment and comparison of national and EU frameworks which regulate the mental health services;
- c. Sharing and development of the practical elements for the realisation of vocational training pathways to support the qualifications of the workers;
- d. Construction of a framework of the constraints (threats and weaknesses) and the opportunities and strengths in order to produce guidelines for basic education, vocational training and updating (VET&U) as well as for competencies and skills validation;

#### *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.

*WHO European Ministerial Conference on Mental Health (Helsinki, 2005)*

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## The products



In relation to the research the initial phases concerning the professional profile, and the related vocational training frameworks, the partnership have so far produced:

- Research and Comparative analysis Reports;
- Transnational workshops and seminars for the first dissemination of outcomes.

In order to transfer the outcomes and methodologies in an operational context, the partnership will develop and test a learning prototype for vocational training pathways suitable for the qualification and upgrading.

The final product, related to the identification, building up and validation of guidelines for vocational sector-related training, will lead to the production of a handbook, shared by all the partner countries, containing the identified guidelines supporting the idea of professional qualification validation.

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## The target



### Direct receivers:

- young unemployed people as well as employed and unemployed adults which need an initial and updated training;
- psychologists, nurses and other social and health workers of the National Health System
- members of the socially-oriented and no profit area (social firms, NGO's, private entrepreneurial)

### Indirect and final receivers:

- Psychiatric residential facilities and/or other mental health services;
- National and Local Health System (Departments for Mental Health);
- Socially-oriented Area (social firms, NGOs, private entrepreneurial);
- Vocational Training and Updating sector;

Final Consumers (disadvantaged people with mental disease)

## The partnership



The project involves 9 agencies working in the field of Mental Health in 6 EU countries:

### ITALY



**ISS** - Istituto Superiore di Sanità  
[www.iss.it](http://www.iss.it)



**DSM ASL RM A** - Dipartimento Salute Mentale  
ASL Roma/A  
<http://www.asl-rma.rm.it>



**C.H.I. Onlus** - Cultural Human Improvement onlus  
<http://www.chionlus.org>



**UNISAN** – Consorzio di società cooperative  
sanitarie  
<http://www.unisan.it>

### GREECE



**E.P.A.P.S.Y** - Scientific Association for Regional  
Development and Mental Health  
<http://www.epapsy.gr/>

### LATVIA



**SIC** - The State Agency Social Integration Centre  
<http://www.sic.gov.lv/>

### SCOTLAND



**GAMH** - Glasgow Association for Mental Health  
[www.gamh.org.uk](http://www.gamh.org.uk)

### THE NETHERLANDS



**The RINO** Noord-Holland  
<http://www.rino.nl/>

### THE CZECH REPUBLIC



**CMHCD** - Centre for Mental Health Care  
Development of Prague  
<http://www.cmhcd.cz>