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“Territories for Mental Health”: An empowerment process through peer collaboration among community district stakeholders

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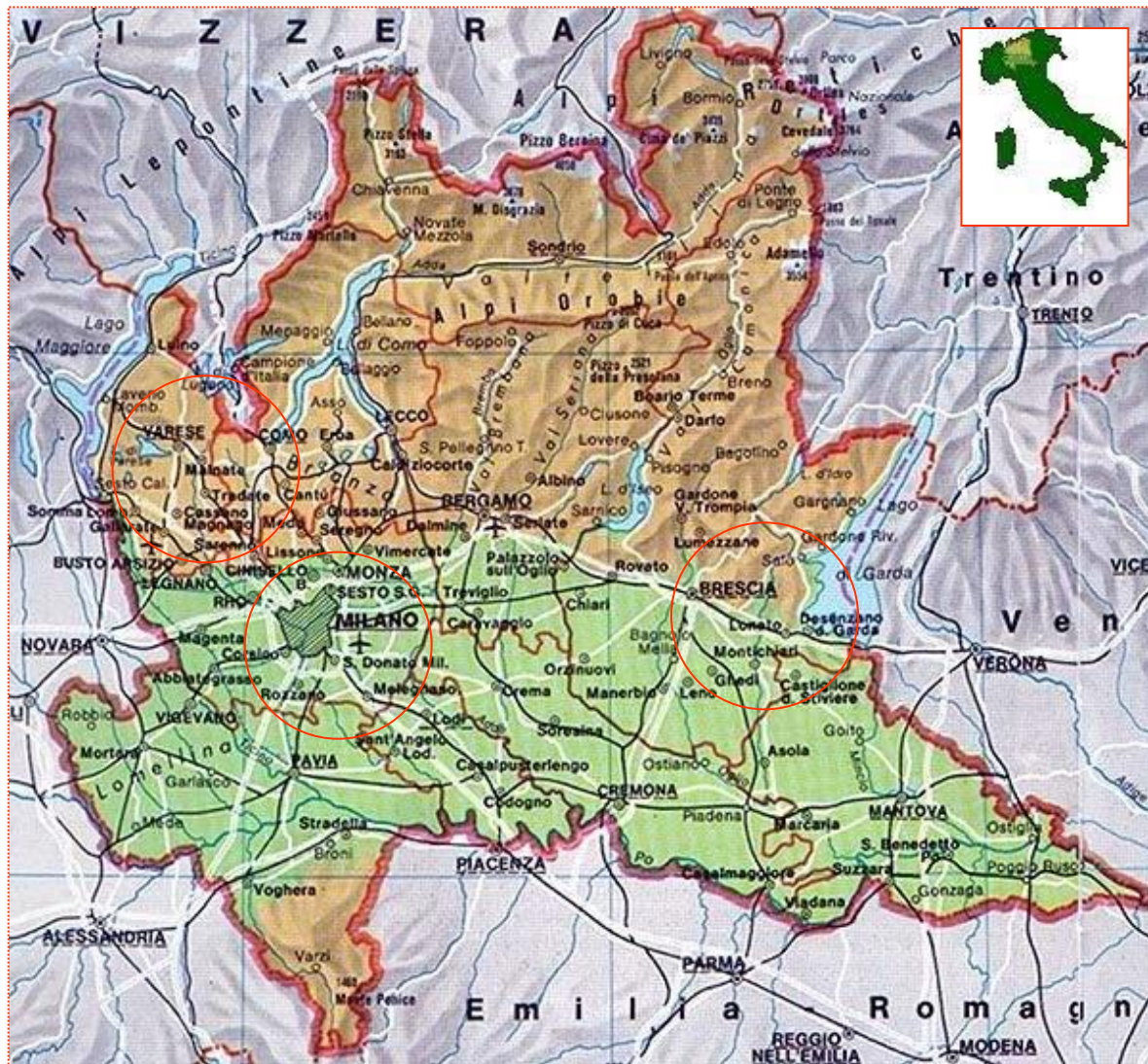


PROJECT TERRITORIAL AREA

REGIONE LOMBARDIA

Surface: 23.859 Km²

Population: 9.065.440



INVOLVED TERRITORIES

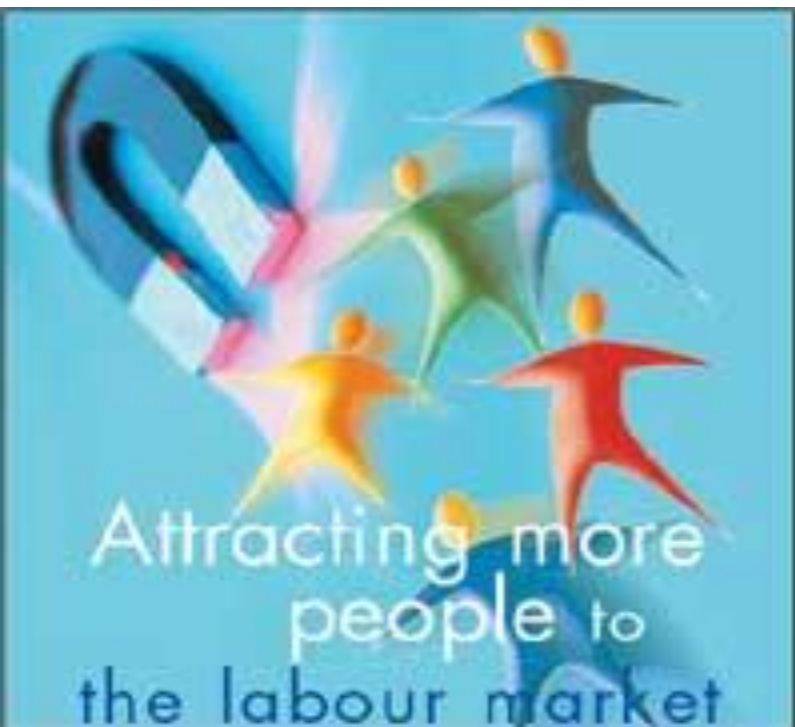
Province of Brescia

Province of Milano

Province of Varese

THE DEVOLPMENT PARTNERSHIP

<p>Private organisations</p> <p>(Federation of co-operatives; co-operatives and social cooperatives, consortia of social cooperatives, associations)</p>	<p>Public organisations</p> <p>(General Hospitals, Local Mental Health Departments, Social Care Department; Local Authorities)</p> <p><i>Azienda Ospedaliera = General Hospital</i></p>
ASSOCOOP (Association of Co-operatives)	Azienda Ospedaliera GALLARATE
Associazione per la Qualità e l'Accreditamento	Azienda Ospedaliera DESENZANO
Associazione Lavoro e Integrazione	Azienda Ospedaliera VIMERCATE
Centro di Iniziativa Europea (CdIE) soc. coop.	Azienda Ospedaliera MELLINI, Chiari
Confcooperative Brescia	Azienda Ospedaliera NIGUARDA, Milano
Consorzio Cooperative Sociali, Cardano al Campo	Azienda Ospedaliera S. CARLO, Milano
Consorzio CS&L	Azienda Ospedaliera. S. GERARDO, Monza
Cooperativa Sociale "La fabbrica di Olinda"	Azienda Ospedaliera VARESE
Solco Camunia	ASL Vallecamonica
URASAM (Ass. of families for the mental health)	Provincia di Brescia



What is Equal

The essence of the Equal Initiative (European Social Fund)

- A testing ground for the development of new ways of delivering labor market policies.
- The laboratory of the European Employment Strategy.
- A program of experimental solutions to the persistent problems faced by the European labour market.

Background of EQUAL



- **Origin** **Developed from previous Community Initiatives Adapt and Employment**
 - **Purpose** **To find solutions to problems of discrimination and exclusion on the labourmarket in all 25 Member States.**
 - **Scope** **Deals with all discrimination and exclusion based on gender, ethnic origin, religion, age, disability or sexual orientation.**
 - **Objective** **To feed innovative solutions to combat exclusion on the labourmarket into general practice and policy.**
 - **Budget 2001-2008** **3.169 Billion € for 2001-2008**
 - **2001-2004** **≈ 1.400 partnerships across 15 Member States and 2 Candidate Countries. (Round 1)**
 - **2005-2008** **≈ 2000 partnerships across 25 Member States (Round 2)**
-



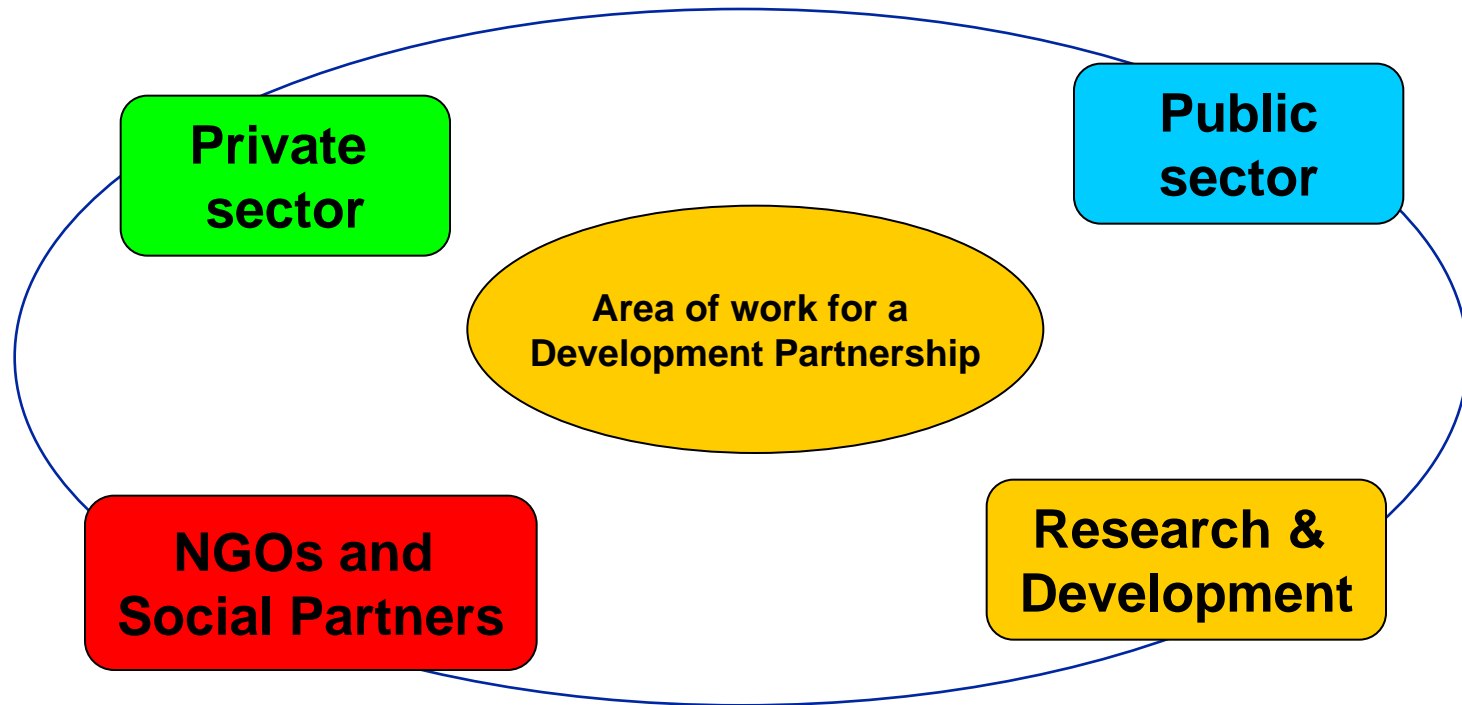
Principles of EQUAL

- **Partnership** **Broad collaboration between concerned partners**
 User driven process through Empowerment
 - **Thematic approach** **Oriented towards delivery of solutions in identified areas connected to the European Employment Strategy and the Lisbon process.**
 - **Transnationality** **European dimension through multinational collaboration with two or more countries in every Transnational Partnership.**
 - **Empowerment** **Actively involved all stakeholders.**
 - **Innovation** **By creation, by transfer or by adoption.**
 - **Mainstreaming** **Main objective is to feed results into common practice and policies.**
-

Composition of Partnerships in EQUAL



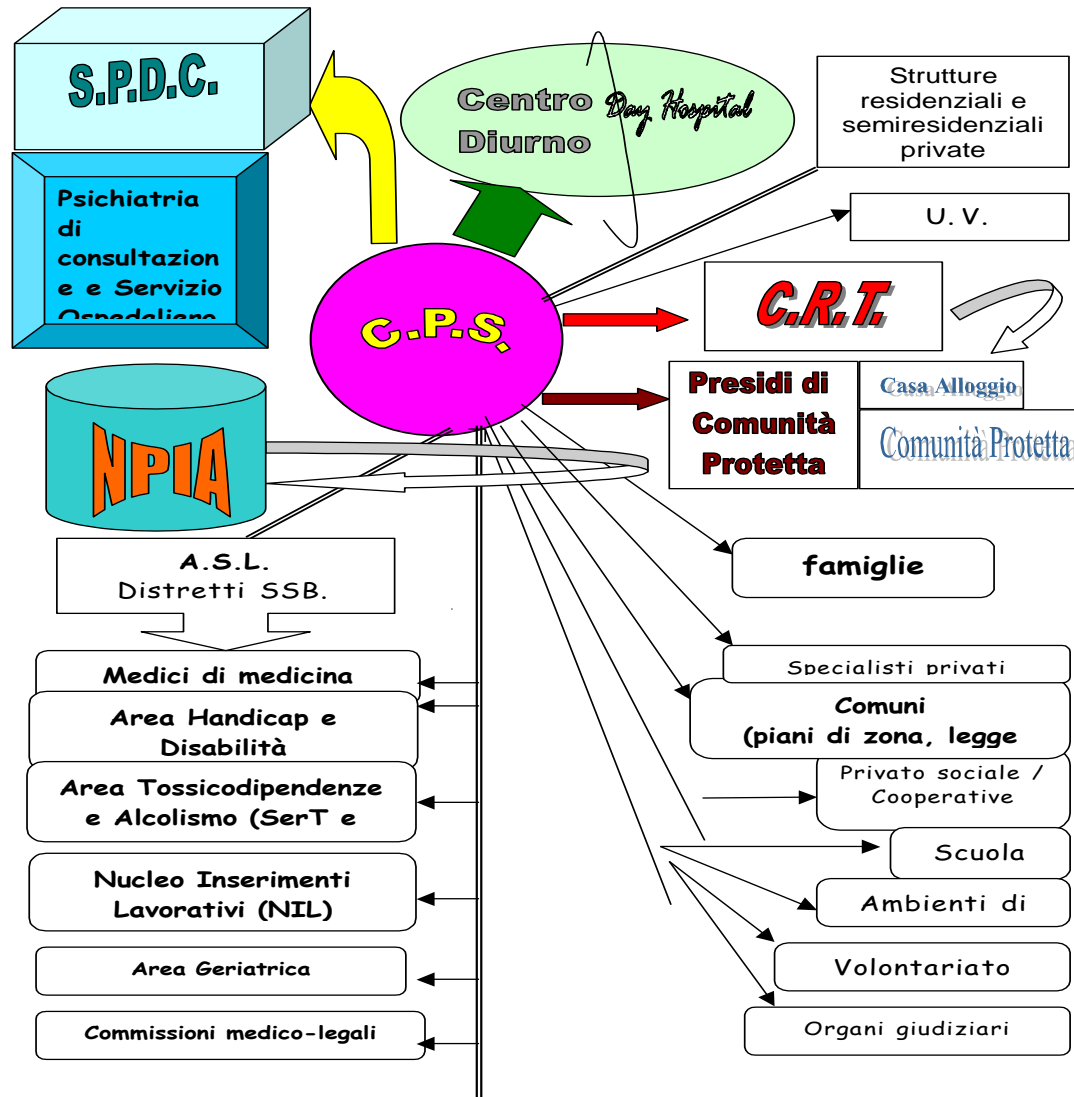
Activities in Equal are carried out by development partnerships with broad participation including involvement of beneficiaries





From Equal “Assist”
to “Territories for Mental
Health”

The mental health system of services: a very complex map...



ROOM AT THE TOP



A GAME OF HAZARD, LUCK & SKILL (WITH THE DICE LOADED AGAINST YOU)

The idea of this game (loosely based on the fabulous game of snakes and ladders) is to turn your personal tragedy of becoming homeless into the glory of becoming a successful home owner! Pit your wits against council officials / muggers / government policy. **There's not much room at the top but there's plenty at the bottom!** Move your counters (not included) around the streets of life doing as your told. To complete, you must land on no.49. **No extra** goes if you throw a 6. Good luck. You'll need t...

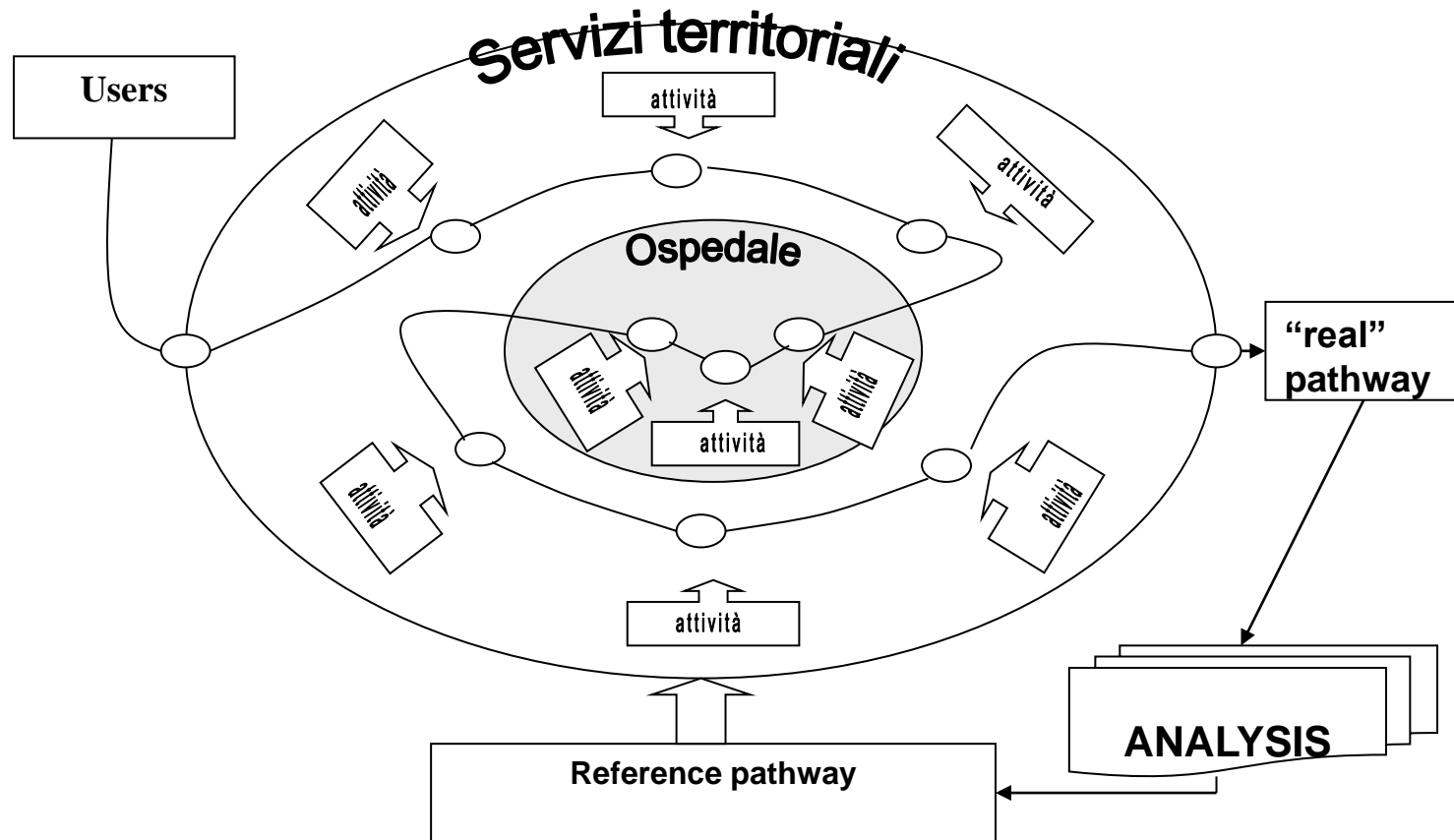
rent doubled. financial crisis go back to no. 31	lose job. lose mortgage	crack under pressure! go back to no. 7			
you get a job!	miss 4 goes on council house waiting list	late housing benefit cheque. landlord chucks you out go back 8 spaces			
scared of neighbourhood	no d.s.s!	no cash for deposit throw a six to continue			
	get a room at a supported lodging scheme	not in special need! go back 9 spaces			
too young to claim benefit throw a 2 to continue	escapism...				
beaten up on the street miss 2 goes in hospital	council give you a temp. hostel place	stay at friends, on sofa throw again			
you leave care	run from abuse at home	thrown out on your ear!	care in the community...	unsafe housing	adventure

Hosanna!!! You succeeded in successfully living in your own home. The nightmare of the homelessness of the dark lonely streets is behind you! All is rosy in the garden - life is looking good. **However, beware...** Have you paid all your debts? Are those bailiffs knocking on your door? Are the foundations of your house really secure? Are those rising interest rates? Will your past catch up with you? Will you go down next "month"? Is that a





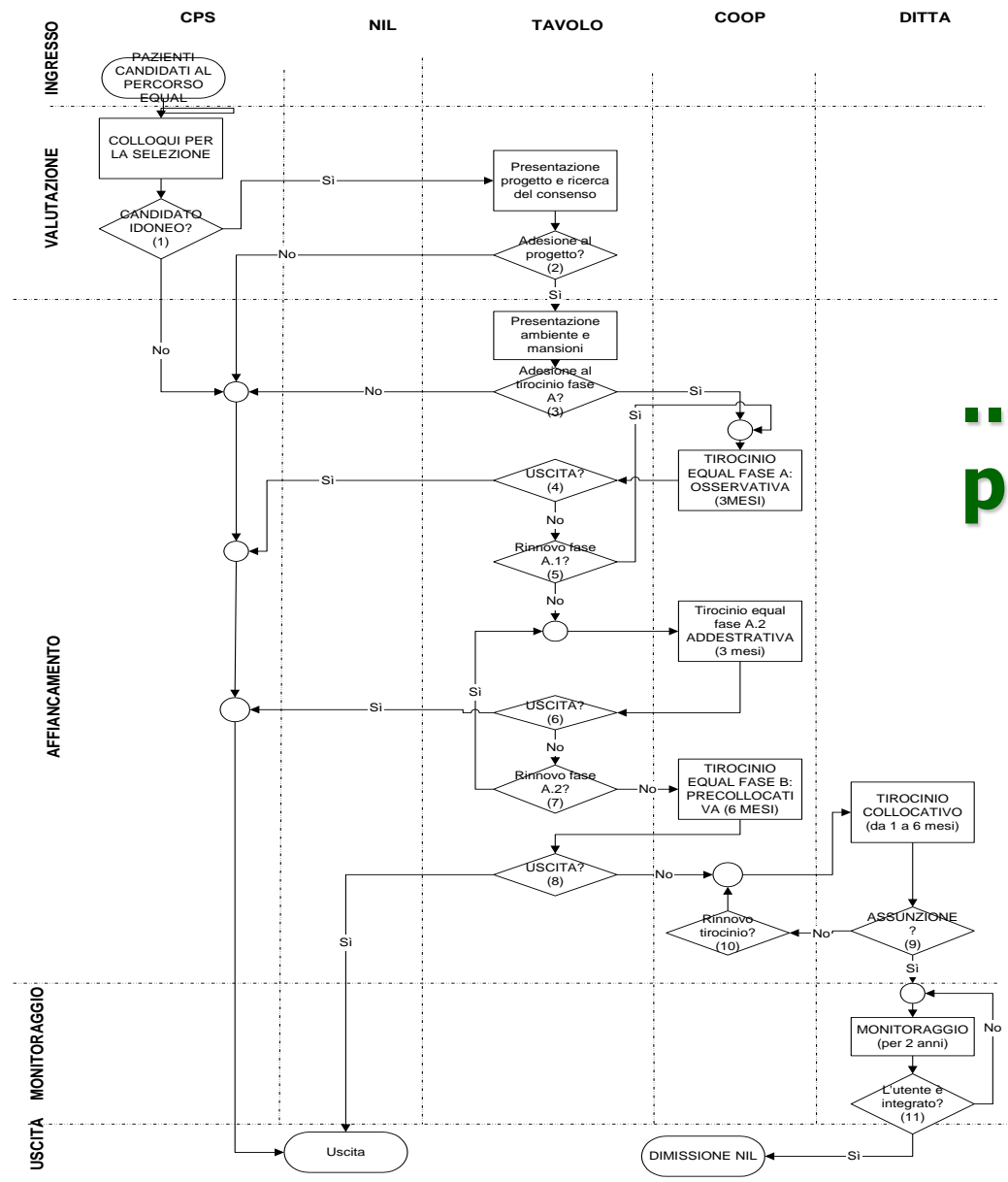
Equal Assist (2001-04) Work and rehabilitation pathways for mental health services users: many actors for a single process





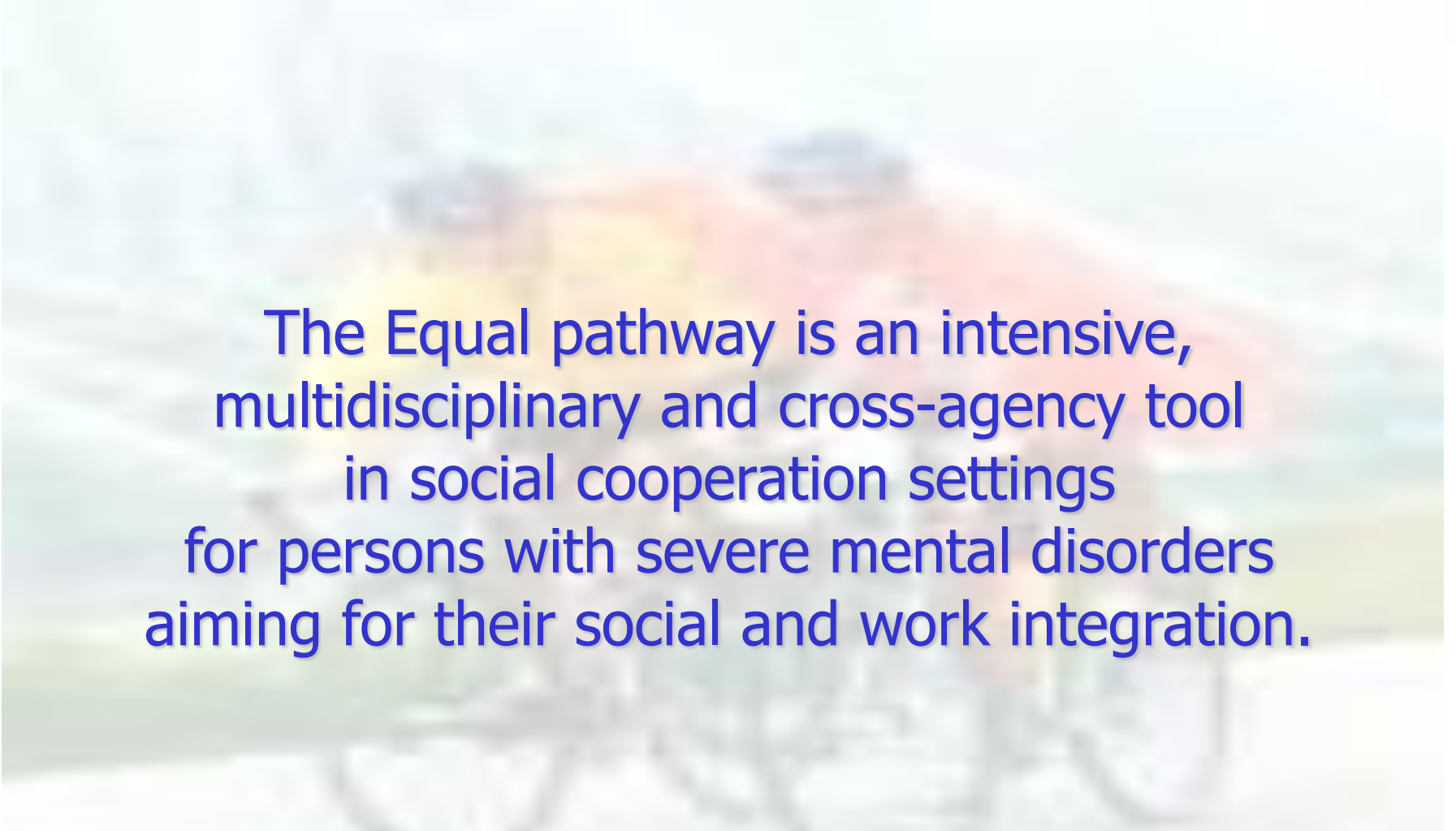
Aims of the project:

- Support integration and consensus operations among agencies involved in work-inclusion
 - Help social and health workers to work together with a shared case-management approach
 - Define local best practices and gather data for an eventual reengineering of the system
 - Design a new pathway for “hard-to-employ” users in social cooperatives
-



..a seamless pathway...



The background of the slide is a blurred photograph of a group of people riding bicycles on a path. The people are wearing colorful clothing, and the scene is bright and outdoors.

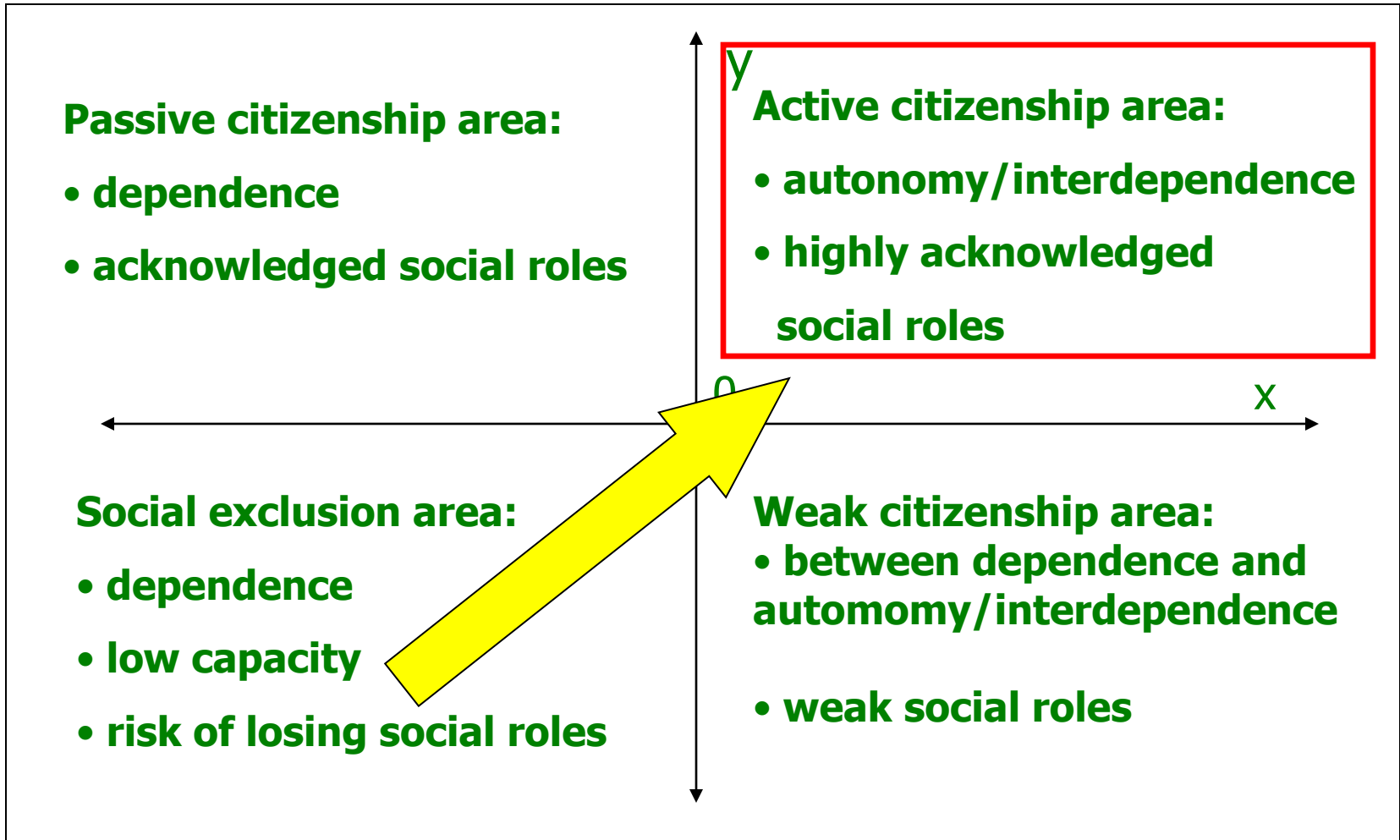
The Equal pathway is an intensive, multidisciplinary and cross-agency tool in social cooperation settings for persons with severe mental disorders aiming for their social and work integration.



Results

- Common evaluation system among the agencies involved
 - Individualized rehabilitation plans created collaboratively with users
 - Cross-agency sharing of clinical documentation
 - Definition of costs and resources for work inclusion
 - Protocols among the partners of the project: *toward a "second level" service for work integration of SMI users?*
-

From dependence to active citizenship: The role of work and social inclusion interventions



Y= employability axis, X= empowerment/citizenship axis



Equal "Assist"

(2001-04)

keywords:

vocational training, social inclusion, care pathways, social cooperation, service integration, case-management



Equal "Territori per la salute mentale"

(2005-08)

keywords:

community capacity, social responsibility, social inclusion through empowerment and informal networks, mental health promotion, users involvement

Equal "Communities for Mental Health": Local action-zones and common issues

Milano
Niguarda

Valle
Camonica

Cinisello
Balsamo

Varese
1

Monza
S. Gerardo

Iseo

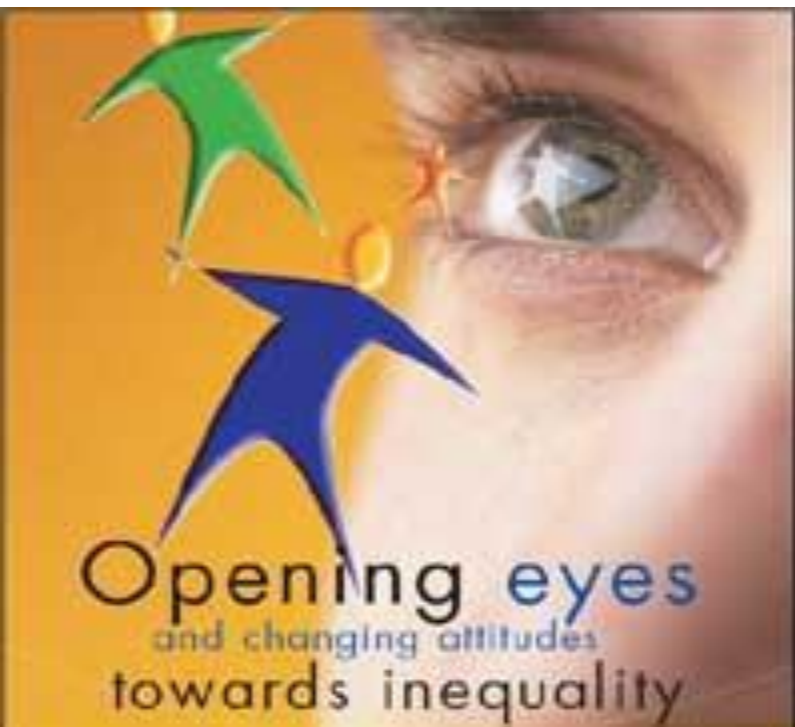
Bassa
Bresciana

Sesto
S. Giovanni

Varese
2

Community peer accreditation manual
of "social responsibility for mental health"

"Capitolato"
Active ingredients for quality individualised treatment plan



The background of the
project

The legislative context

The project experimental interventions are carried out in cooperation between private and public bodies, in the framework of the following regulations:

National Law 328 of November 2000

- General framework law for the implementation of an integrated system of interventions and social services (“zone-plans”)

National Law 381 of November 1991

- Institution and regulations of the social cooperatives (recognition of a private enterprise to act for the public interest)

National Law 180 of May 1978

- End of the psychiatric hospitals (deinstitutionalisation)



Regional priorities (according to the Regional Program for Mental Health 2004-2007)

- Social and health policies integration through “zone-plans”(328 law)
 - Tools for the governance of the system
 - Care pathways and levels of care
 - Individualized Treatment Plans
 - Coordination of care between public and private providers
 - Role of “natural networks” and third-sector
 - Focus on social inclusion and empowerment
-

Empowering local communities...

“A community is not a thing. It is a number of people who have repeated dealings with each other...What must never be lost sight of, is, however, that community life is voluntary and autonomous or it is nothing. Government cannot produce it: it can only assist it to produce itself.”

(Chanan: Measures of Community, Home Office
Active Community Unit, 2002)



Territories and networks (37° Rapporto Censis, 2002)

“... ‘geocomunities’ could represent a valid tool..to read processes that build “spaces” through relations among groups, economic, social and even morphological features of many territories.”

“Community embeddedness is one of the most important criteria for accreditation of social and economic actors...for most of them their origins and growing are directly correlated with forms of reciprocity with local communities.”

“but people themselves show a strong link to where they were born, live or work..these roots stem from shared values that communities express and, at the same time, give elements of social cohesion.”



A rowing team of nine people is shown in a long boat on a body of water. They are all wearing white shirts and yellow life jackets. The boat is long and narrow, and the rowers are positioned in a line. The background shows a concrete pier and some buildings. The text is overlaid on the image.

Definition of Social Capital
(Cote, Healy: The Well-being of Nations.
OECD, 2002)

“Networks together with shared norms, values and understandings that facilitate cooperation within or among groups”

Neighborhoods and Health

EDITED BY

ICHIRO KAWACHI

LISA F. BERKMAN



**New York: Oxford
University Press,
2003, 352 pp.**



EUROPE

SOCIAL DETERMINANTS OF HEALTH

Social exclusion also results from racism, discrimination, stigmatization, hostility and unemployment. These processes prevent

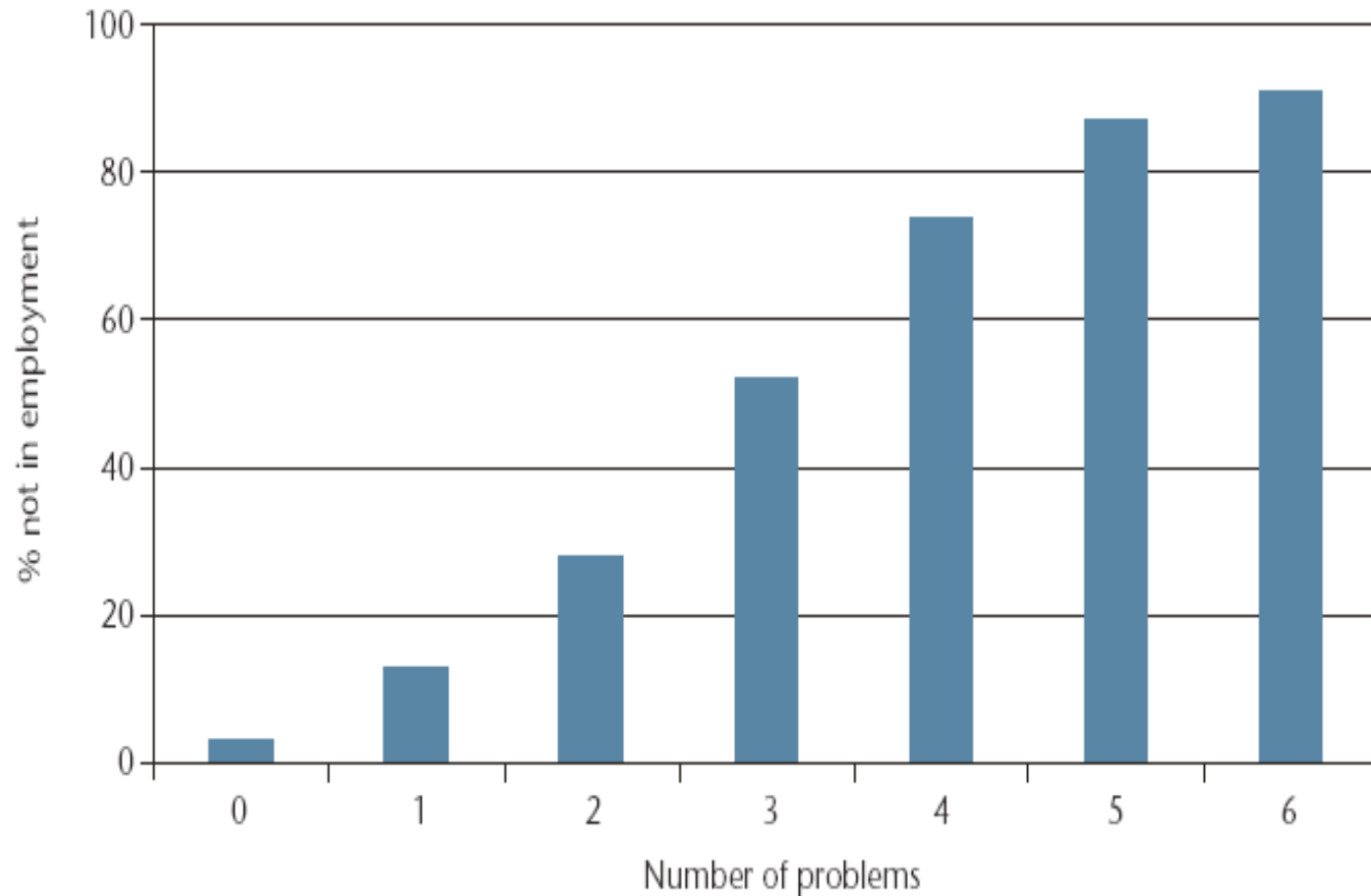
social development and good social relations, such as

Social cohesion – defined as the quality of social relationships and the existence of trust, mutual obligations and respect in communities or in the wider society – helps to protect people and their

health. Inequality is corrosive of good social relations. Societies with high levels of income inequality tend to have less social cohesion and more violent crime. High levels of mutual support will protect health while the breakdown of social relations, sometimes following greater inequality, reduces trust and increases levels of violence. A study of a

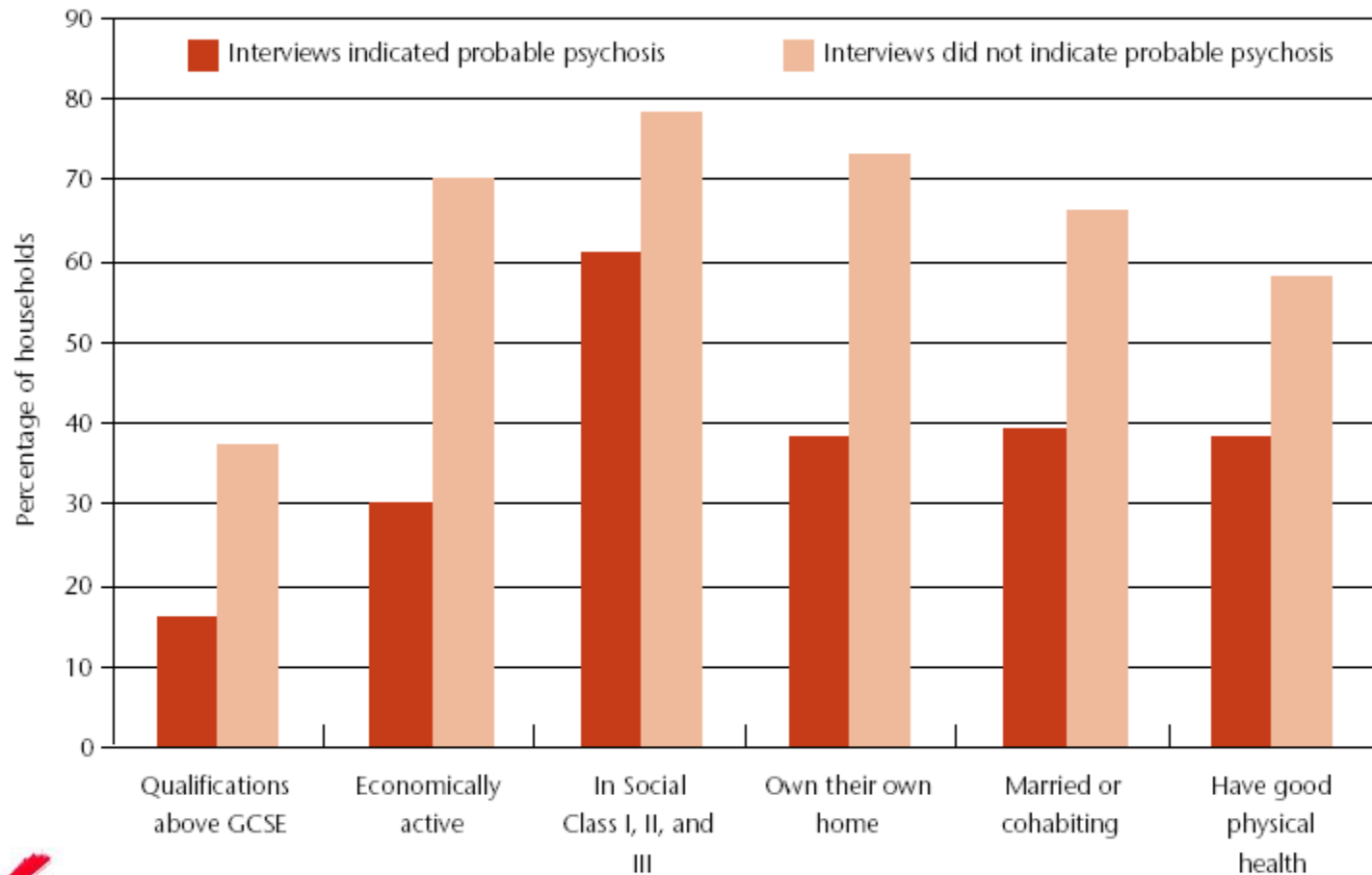


Unemployment and disadvantages: an “evidence-based” correlation



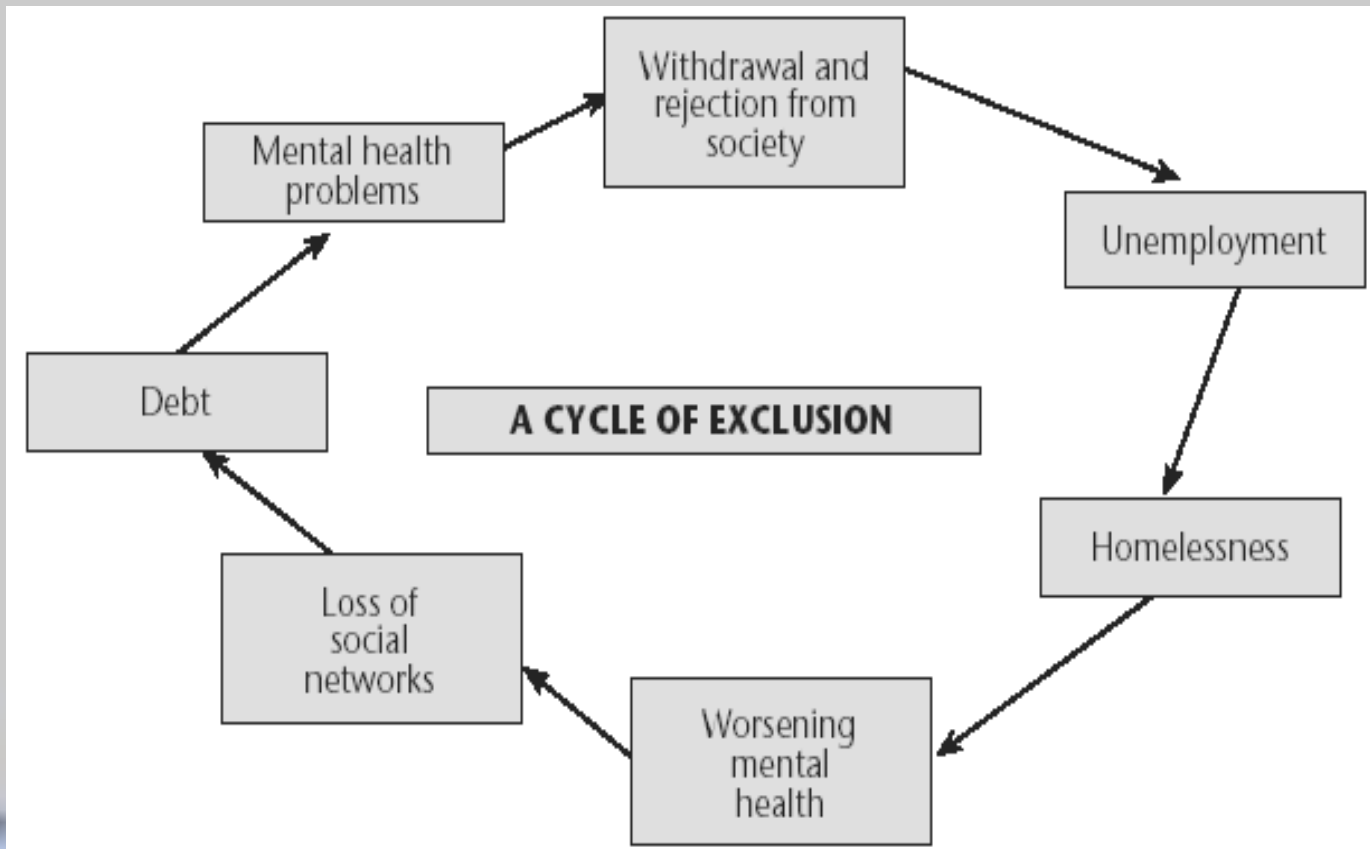
**R. Berthoud: Multiple disadvantage in employment.
A quantitative analysis. J. Rowntree Foundation, 2003**

Mental disorders and social exclusion: a multidimensional link



A model for mental disorders and social exclusion

(Mental Health and Social Exclusion, NIMHE)



Health Promotion paradigms



		Mode of intervention		
		<i>Authoritative (paternalistic, top down)</i>		
Focus of intervention	Individual-level change	Health persuasion techniques (eg advertising campaigns)	Legislative action for health (eg health and safety regulations)	System or collective change
	System or collective change	Personal counselling for health (eg individual smoking cessation sessions)	Community development for health	
		<i>Negotiated (participatory, bottom-up)</i>		

Four a consec

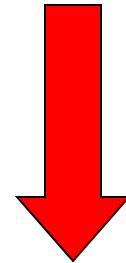
BETH R
*Australian
Bundoora,*



Approach

Top-down organi

Bottom-up organ



Partnerships

Community activation
Collaborations and information sharing between organizations
Network density
Reorienting of services and programs provided by individual organizations

Community organizing

Involvement of key community leaders
Involvement of persons from disadvantaged groups
Community ownership

disciplines which in the 1970s flew the flag for empowerment, e.g. community development,

While capacity building has been applied to interventions aiming to produce sustained change at



Mental health services and users: what level of collaboration?

	Strategic Policy Making	Service Development	Treatment Processes
Informing			
Consulting			
Partnership			

Involving patients and carers.
NHS Modernising agency, 2003



Conclusion

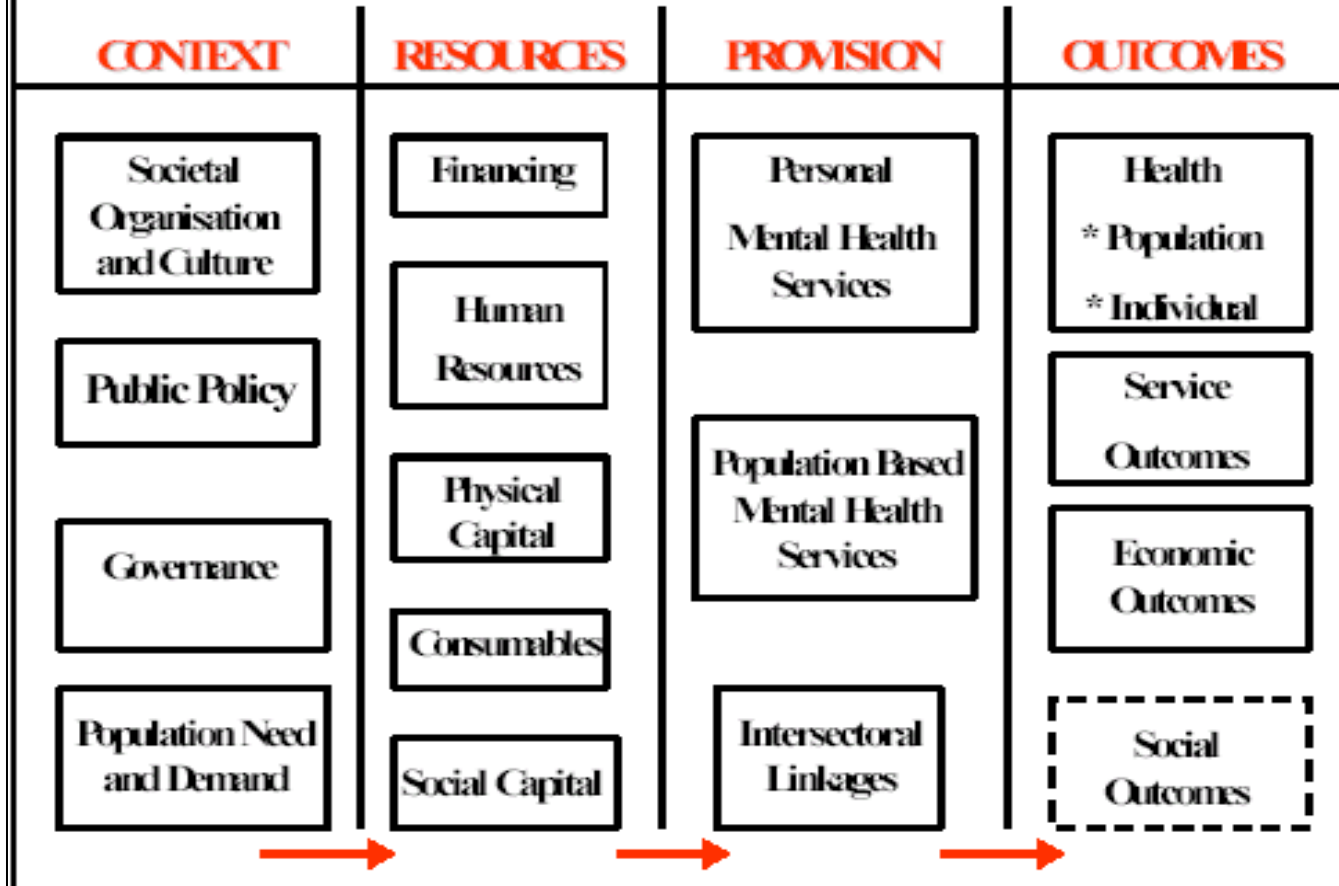
Research completed in the light of the Acheson report has suggested that health inequalities are not just underpinned by poverty but also by a sense of powerlessness.⁵⁹ Communities and individuals that are engaged in identifying and solving their own healthcare needs are able to overcome this sense of powerlessness at the same time as generating healthy outcomes for themselves. The social capital that is produced by community health projects can, in itself, be an effective preventative tool.



Actions of the project

Mental Health Policy Template

Domains for Mental Health Policy Formulation



(R. Jenkins: Mental Health Country Profile, WHO, 2002)



Towards the Community peer accreditation manual of “social responsibility for the inclusion of persons with mental disorders”

1) Corporate Social Responsibility: The idea is that a company should be accountable to its stakeholders. For this reason subjects of CSR focus on how companies should identify and engage stakeholders and how they should determine, measure and report the impact of their activities on others. The term social audit and social report emerged in this context.

2) Professional Accreditation: a process of self-evaluation and external peer review used in healthcare systems for performance assessment through the degree of compliance to previously defined standards. It's voluntary and support continuous quality improvement.

IL PROGETTO NAZIONALE SALUTE MENTALE: BILANCIO CONCLUSIVO



Pierluigi Morosini, Giovanni de Girolamo, Angelo Picardi Gabriella Polidori, Fabio Di Fabio
Istituto Superiore di Sanità, Laboratorio di Epidemiologia e Biostatistica, Roma

Le motivazioni del Progetto

Sviluppo dell'accREDITAMENTO "tra pari" dei Servizi di Salute
Mentale alla luce dei requisiti derivati dal Progetto Obiettivo
Salute Mentale

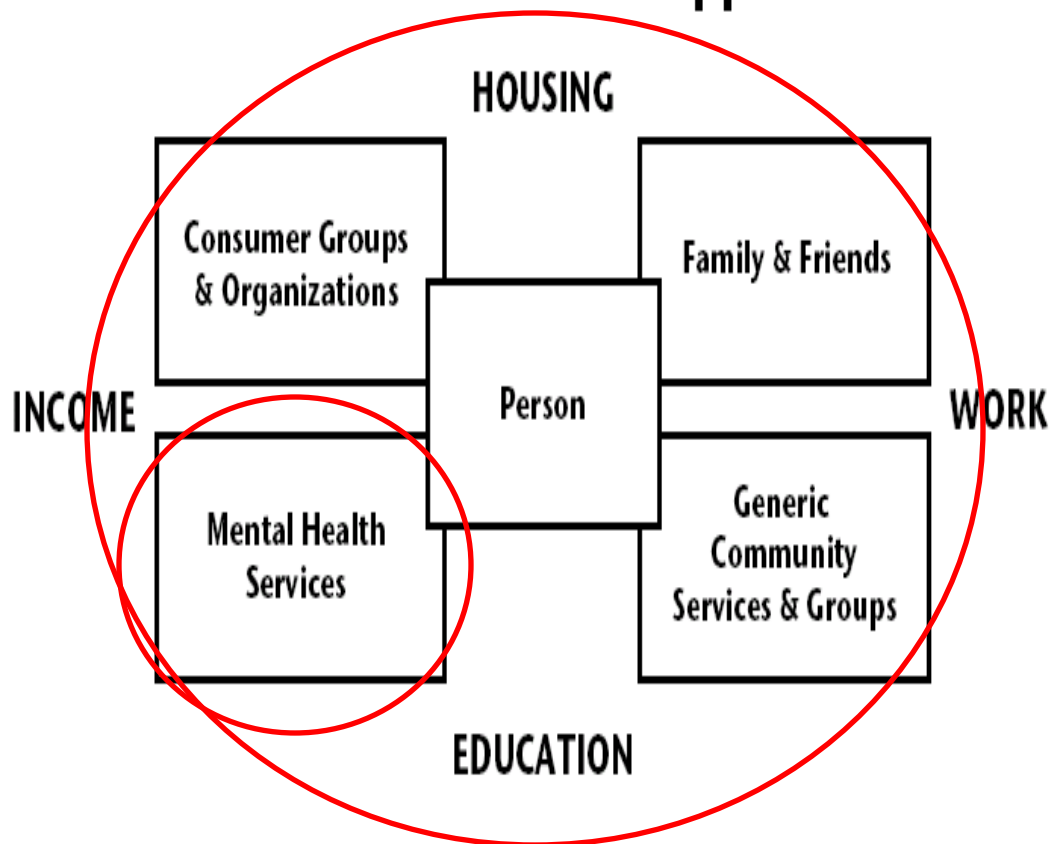
A. Erlicher (Milano)

associate in Italia, sono ormai quasi 50 le ricerche condotte in altri paesi che evidenziano con chiarezza l'elevata frequenza di questi disturbi, con tassi medi di prevalenza ad 1 anno per tutti i disturbi psichiatrici (compreso l'abuso di alcool e di sostanze) che sono pari a circa il 15-25% della popolazione in età adulta (1,2). A fronte di questi elevati tassi di prevalenza, va sottolineato che solo una proporzione molto limitata della popolazione che presenta uno o più disturbi riceve un trattamento specialistico: in Italia dati ottenuti da registri psichiatrici dei casi indicano che la percentuale della popolazione adulta in contatto attivo con i Dipartimenti di Salute Mentale (DSM) è circa dello 1,2% (3). Sebbene molte persone ricevano un qualche trattamento dal loro medico di medicina generale, da professionisti privati o nell'ambito di settori non-sanitari, è fondato supporre che un gran numero di persone sofferenti di disturbi mentali non ricevano trattamenti efficaci disponibili.



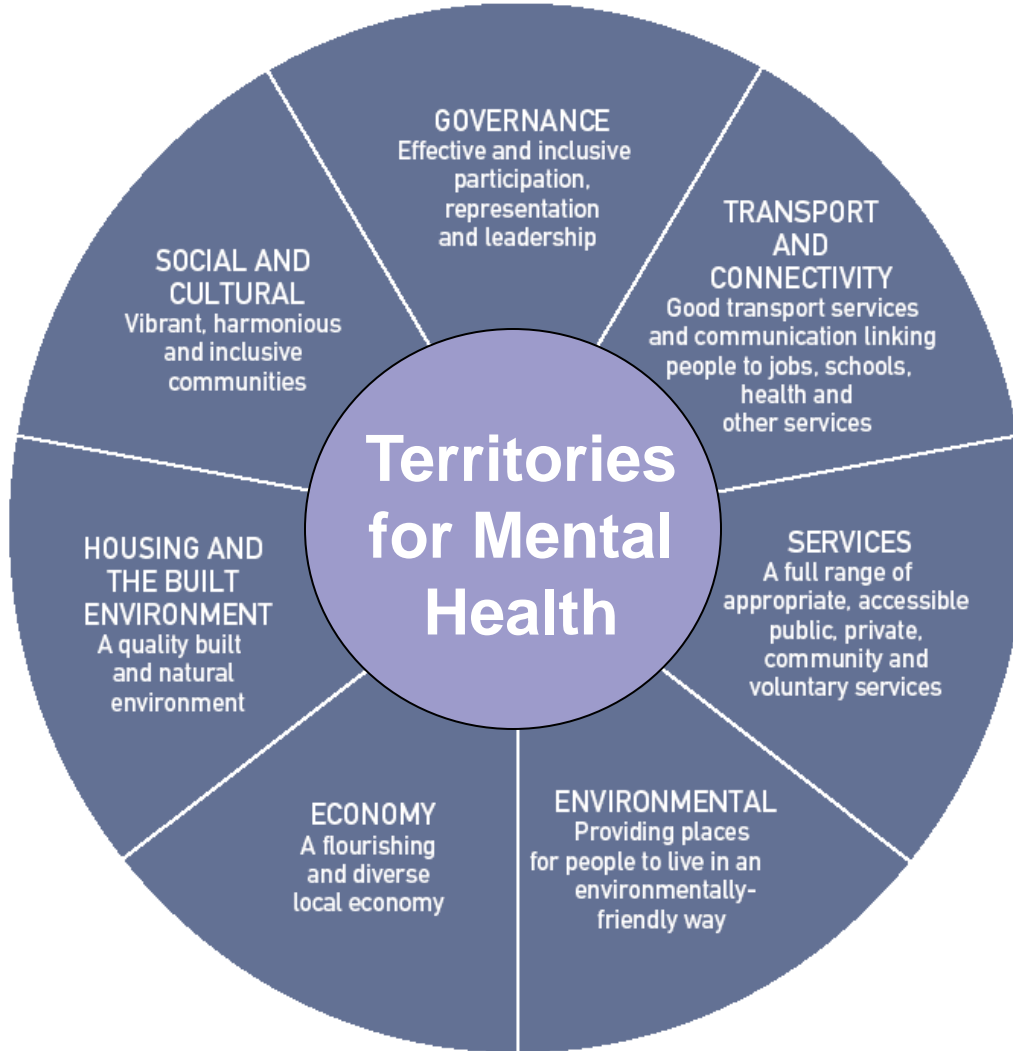
A new perspective: "olistic" accreditation

A Framework for Support*



Community stakeholders

Domains and Indicators



“The Manual”

A community empowerment process

The construction of the Manual/1

- 1) Involvement of local stakeholders: users and their families, professionals, administrators, third sector and social cooperation
 - 2) Definition of a working-group (“territorial laboratory”)
 - 3) Literature searches on key-words related to the project.
 - 4) Each working group works for a communal definition of mental health and social inclusive community. (A glossary will be issued)
 - 5) Mapping of the features of its community/district, gathering available data from multiple sources
 - 6) Selection of dimensions to be evaluated within service systems and “natural” community networks. First proposals:
 - Accessibility ?
 - Prevention?
 - Quality of services?
 - Stigma and human rights?
-

The application of the Manual/2

- 4) The steering group of the project will make a first draft that will be revised by local work-groups.
 - 5) Definition of the final version of the manual.
 - 6) Self-evaluation: each laboratories will evaluate its own district or community using the manual.
 - 7) Site-visits by peers: partners will be visiting all the site involved in the project in order to evaluate indicators and standards according to the manual site procedures.
 - 8) Analysis of weaknesses and strengths could start a quality improvement cycle.
-

Equal could also open ...



...transnational perspectives

1. **Collaboration and exchange with France and Lettonia**
2. **Community Engagement and Social Inclusion Collaborative Research (CESI):**
 - **Study open to USA, UK, NZ, Australia e Italy aiming to collect and verify “good practices” for social inclusion of persons with mental disorders.**
 - **Promoted and coordinated by NIMHE and IIMHL.**
3. **Affiliation to International Initiative for Mental Health Leadership (IIMHL)?**





Thank you