HERO curriculum

HOUSING: AN EDUCATIONAL EUROPEAN ROAD TOWARD CIVIL RIGHTS

Non-formal education is any educational action that takes place outside of the formal education system, is part of a **lifelong learning concept** that ensures that young people and adult acquire and maintain **the skills, abilities** and **dispositions** needed to adapt to continuously changing environment.

Source: Council of Europe

CONTENTS

MODULE 1. USERS AND FAMILIES

MODULE 2. MENTAL HEALTH SERVICES

MODULE 3. OTHER COMPANIES, SCHOOLS ...

MODULE 4. CITIZENS

Copyright

HERO Co-funded by the
Erasmus+ Programme
of the European Union

Acknowledgements

The international partnership wishes to thank everyone who has been involved in this project: both on an official and unofficial level, representatives from Greece, Belgium, Italy, UK and Croatia who formed the project's four target groups have become spokespeople for their own communities, and have actively contributed, with their experiences and observations, to the realization of this project, an educational curriculum focused on housing, specifically tailored for local communities.

Special thanks go to the directorates of the partnering organizations that have supported HERO's guidelines, activities and products with trust and enthusiasm. Merseyside Expanding Horizons in the UK acknowledge the organization **Richmond Fellowship** and **Imagine Independence** based in Liverpool and their volunteers and service users for their contribution to the development of the videos as learning tools and the contribution to the piloting phase of this curriculum.

We are particularly grateful to Indire (Erasmus+ Italian Agency) for helping the European project achieve a fair development, thanks to their clear and punctual explanations and meetings rich with information and suggestions.

The International HERO TEAM

Housing: a European road towards civil rights [HERO]

Mental illness affects around 27% (83m.) of Europeans annually (European Social Work, 2013). Studies comparing community-based services with other models of care show significant better outcomes on adherence to treatment, clinical symptoms, quality of life, housing stability, and vocational rehabilitation (Braun P. et al.1981; Conway M. et al.1994; Bond et al.2001). According to WHO, community treatment is associated with a more favourable outcome related to increasing the quality of life, and better adherence to treatment less stigma, housing stability and job ability (World Health Assembly, 2013).

More specifically, community based mental health promotion has been highlighted in:

- ○ The European Mental Health Action Plan for 2010-2020, which interacts with inclusion policies at a national level.
- ○ The Mental Health Pact (2009) encouraging policy makers to support the transition towards community-based settings in mental health care.
- ○ The Council of Ministers invited Member States and the Commission to set up a cooperation process on Mental Health and Well-being, into "managing the evolution of community-based and socially-inclusive approaches to mental health" (2011).

Housing is intended as a strategy that focuses on the transition that goes from aid to inclusion.

Housing is founded on the safeguard of rights (citizenship, stigma reduction, etc.), on the rationalisation of public budget and on development of active and supportive citizenship.

HERO

Co-funded by the
Erasmus+ Programme
of the European Union

Housing is closely connected to the internationally well-known and diffused approach of Recovery. The right to housing, into the context of disability, offers an alternative to non-appropriate institutionalization. The excessive institutionalization of people with mental disability encumbers on public finances and it has repercussions on the quality of care services.

Housing is a complex process that requires qualified interventions and the activation of skills and competencies of each local community actors.

The development of a community-based housing needs be supported through innovative and tailored learning opportunities for individual learners experiencing mental health issues, supports the EU agenda for adult learning and contributes to Europe 2020 Flagships "Platform against Poverty" & "New Skills for New Jobs". This Strategy includes lifting 20 million people out of social exclusion.

A transnational action in education and training is necessary to provide:
- Updated, correct, interdisciplinary information appropriate for all interlocutors, that circulates among all the actors involved in the different stages of Housing.

- A flexible educational model to Housing, addressed to local communities, developed starting from the experience of those that are directly or indirectly involved with housing.

HERO targets are local community actors where Housing is active or can be activated, interested in non-formal and informal learning validation: civil society, volunteers, professionals, users and families: often low-skilled adults on community-based inclusion subjects.

In particular HERO's target groups are
1. Citizens (volunteers, schools, neighbours, local residents, shopkeepers, etc)

2. Mental health professionals

3. Other Public Agencies

4. Users and their families

Improving housing services through educational pathways meets both ethical and cultural interests and economical sustainability; HERO will stimulate the local communities to face a number of needs to improve housing, at international level summarized as:

1. In most countries, housing policies are not sufficient to face population needs, and even least sufficient for all people with vulnerabilities.

2. There should be continued activities to fight social stigma and discrimination. Often people with mental disability are considered "dangerous" and are marginalized

3. Access to all kinds of services needed to live in community should be facilitated such as: shops, public transport, meeting places, social services, mental health services etc)

4. Improved knowledge of the local community regarding mental health issues and needs provided by the staff.

5. The quality of housing is related to relationships with other roommates, neighbours and with one's own family and it should be strengthened.

6. Usability and maintenance of the apartment where the person lives, the residential context conditions, such as the level of noise pollution, traffic, suburbs organization etc. should be considered and improved when possible.

7. Users' needs such as nutrition, leisure time organization, discovery and support of the person's capabilities should be managed within a process of empowerment and the respect of the person's rights.

8. Budgeting for prescribed drugs should be available as well as a help in management of prescribed drugs.

HERO

Co-funded by the
Erasmus+ Programme
of the European Union

HERO main goals

1. Create a European curriculum, integrated by international Housing Quality Indicators (tool-kit), to help local communities to develop skills and competences, and their validation, for an effective Housing process

2. Facilitate the access to education on Housing of Local Communities

3. Increase quality of informal learning (work, family, leisure time) and non-formal learning in the social inclusion field in relation to Housing pathways

4. Widen the key competencies of professionals and non-professionals that operate in the social inclusion field

5. Reduce inequalities of learning results on behalf of people with severe mental disease but even those citizens that don't usually pursue any form of lifelong learning on inclusion

6. Valorise the housing competencies of all included in process of housing.

ERASMUS+ & non formal Education

Erasmus+ is the European Union programme for Education, training, youth and sport. It runs for seven years, from 2014 to 2020, with organisations invited to apply for funding each year to undertake creative and worthwhile activities. Erasmus+ aims to modernise education, training and youth work across Europe. It is open to education, training, youth and sport organisations across all sectors of lifelong learning, including school education, further and higher education, adult education and the youth sector.

The ERASMUS+ is subdivided into three Key Actions, which have different scopes and targets. Our project falls under the Key Action 2, focused on Cooperation for Innovation and Exchange of Good Practices. This Action is all about enabling organisations to work together in order to improve their provision for learners and share innovative practices.

Under Key Action 2 organisations can apply for funding to work in partnership with organisations from other participating countries. The projects funded under this Key Action will focus on sharing, developing and transferring innovative practices in education, training and youth provision between participating countries.

Key Action 2 covers the five fields of higher education, vocational education and training (VET), schools, adult education and youth. It is important to note that target groups and activities for Key Action 2 vary by field. Key Action 2 aims to increase the positive impact of European activities at all levels to ensure benefits for the individuals, organisations and countries involved in projects.

Non formal Education

Non-formal education is any educational action that takes place outside of the formal education system. Non-formal education is an integral part of a lifelong learning concept that ensures that young people and adults acquire and maintain the skills, abilities and dispositions needed to adapt to a continuously changing environment.

Source: glossary of the Council of Europe
https://pjp-eu.coe.int/en/web/youth-partnership/glossary/-/glossary/N#nonformal-education#

Co-funded by the
Erasmus+ Programme
of the European Union

HERO partnership

ASL ROMA 2 | Italy | Coordinator
The Mental Health Department - within the Local Health Unit ROMA2 - represents the agency responsible for programming, coordinating and implementing mental health interventions of adult population.
www.aslroma2.it

Merseyside Expanding Horizons | UK | Editor
MEH is an established voluntary and community sector organisation working in the field of social inclusion and is a key stakeholder and influential support body. MEH focus on Social Inclusion through partnership to deliver projects supporting disadvantaged individuals into employment, training and self-employment through a wide range of adult learning methodologies.
www.expandinghorizons.co.uk

FONDAZIONE INTERNAZIONALE DON LUIGI DI LIEGRO | Italy
The mission of the International Foundation - founded in 1999 - is to prevent and remove all forms of social exclusion and poverty by means of plans and actions directed at making up for the absence and loss of human relationships and at recreating links of solidarity and mutual assistance.
www.fondazionediliegro.it

PEGODE | Belgium
It is a Non-Profit Association. It takes actively part to the development of an inclusive society working on projects strictly linked among them, whose focus is housing. They provide personalized support to people with disabilities. The Association developed experiences in the working network and in the collaborative approach with the various local agencies.
www.pegode.be

PEPSAEE | Greece
The PanHellenic Union for Psychosocial Rehabilitation and Work Integration (PEPSAEE) is a Scientific – Non Governmental/Non Profit Association established in 1997 in Greece. It specializes in supporting, coordinating and empowering rehabilitation and work integration initiatives for people with mental health problems.
www.pepsaee.gr

UNIVERSITY PSYCHIATRIC HOSPITAL VRAPCE ZAGREB Croatia
Department of Social Psychiatry of University Psychiatric Hospital Vrapce Zagreb is the leading institution for the rehabilitation for people with mental disorders in Croatia, particularly those with severe mental disorders. The Department collaborates with patient organizations that provide services to assist patients in their own home and day care centre. It also collaborates with social institution for housing.
www.bolnica-vrapce.hr

CURRICULUM for local community | Introduction

This training material has been developed to support learning and training of the actors involved in housing and mental health projects. The four modules are directed to different targets and have been designed to facilitate the learning, understanding, and developing of skills regarding the topics covered.

Each module provides insights on the 10 Housing Quality Indicators that have been identified from Focus Groups and review of international literature during the first phases of the project. Moreover, each module contains activities of self-assessment and group works, as well as the examples of good practices and selected links to useful resources.

Part of the project called for the creation of videos as learning instruments, which will go in depth regarding some topics covered by the material, as well as offer overview on best practices that have been developed in the partner countries.

How to use the CURRICULUM

This Curriculum is divided into four modules, one for each of the target of the HERO project. The first module is dedicated to **Users and their Families**, followed by a module for **Mental Health Professionals**, one for **Other Organisations**, and finally **Citizens**.

Each module provides a reflection on different topics, and it is designed to inspire and call for action, thanks to best practices examples and activities which offer an opportunity to ensure understanding and self-evaluation, as well as group activities to engage groups in learning and reflection. At the end of each module there are the solutions for the exercises. The modules are also supported by videos that have been developed to allow further learning and inspiration. The videos' contents are about European best practices in housing and mental health, as well as stories of users.

Therefore, the structure of this curriculum allows its use both by single individuals, but also by facilitators and groups to develop workshops or sessions regarding the topics with different kind of targets. At the end of the curriculum is it also possible to find the glossary with the terms used, as well as a template of certificate for the validate the participation in the activities developed through this Curriculum.

For each module you will find the following sessions

- A theoretical description of the topic with definitions, challenges regarding the topic and insights to face them and benefits regarding the topic.

- A more practical session including good practices aiming to raise awareness of the topic among participants, group activities based on Non-formal learning and the "Let's practice" exercises aiming to actively process the previous theoretical description about the topic.

Different approaches to housing, whether by people with intellectual disabilities or by those with experience of severe mental issues

HERO is a project carried out for people with serious mental illness affected by psychosocial distress, but a particular focus is also being given to how this project can be implemented for individuals who have experience of serious mental disorders.

People with Serious Mental Illness definition is as follows

- Client has a severe mental disorder in need of treatment, not in symptomatic remission
- Client has severe limitations in social functioning
- The mental disorder gives psychological and or physical limitations
- There is a long-term condition
- There is an indication for a coordinated network of professionals.

We know that housing processes are not undertaken solely for this category of people; case literature reports on numerous housing experiences with the homeless, with people whose impairments are caused by accidents, and with people whose intellectual impairments are congenital.

We believe that some of the findings from this project may be useful for other groups, but it is important to note that indicators for quality housing and methods generated by HERO are designed for people with experience of serious mental illness.

Such concepts as places, relationships, predictability, and constancy for example, acquire different meanings depending on the kind of people they refer to, whether we are dealing with people affected by intellectual disabilities or by serious mental disorders.

1) Places
We tend to think that a "defined" space is the "best" solution for everyone. However, we know that finite things hinder imagination:
<< *One morning I was traveling down the Grand Canal by steamboat, when someone suddenly pointed out the Filarete column and Duca Alley, where poor houses were built over what was supposed to be the ambitious palace of the Master of Milan ... I perceived the Filarete column as a possible fragment of a thousand other constructions...>> (Aldo Rossi, 2009).*

Incompleteness allows more perspectives of completeness. To a simulation-building mind, a fragment can be much more enriching and stimulating:
<<*The work of a genius is always done well when it is done sufficiently>>
(Baudelaire, 1881).*

The incompleteness of places allows for the development of imagination. A dwelling that is pre-defined blocks this development. Here we find the first element of differentiation between intellectual disability and serious mental disorder: How "defined" should the living space be?

2) Relationships
Supportive relationships are a variable and transitory aspect of life, especially for people with severe mental illness. For people in severe psychic distress these relationships are extremely changeable, requiring the operator to carefully assess changes in the person's needs over time. A second element of differentiation arises, therefore, in the substantial constancy and relative permanence of support provided in cases of intellectual disability versus the necessary variability of support, and possible suspension thereof, in cases of severe mental illness.

3) Predictability
Our well-being in a living space is connected to predictable situations and places (i.e. shops, recreational spaces, etc.). The need for predictability is universal. However, people are able to confront change and find solutions. The ability to solve problems needs to be supported according to the person's needs, which change over time. People affected by intellectual disability are basically capable of confronting unexpected events, whereas reactions to change in people affected by psychological disorders vary greatly depending on the degree of change arising from unexpected events and the moments in time when they occur.

4) Constancy
In case of serious mental disorders, perseverance is a one of the main issues. The problem is not one of ability or inability, but of perseverance. The inability to meet a commitment, to establish relationships, to perceive difficulties as external hurdles and not internal issues are all elements that may prevent people affected by serious mental disorders from participating in housing projects. Feeling threatened by one's own delusional world can greatly impact a person's living space:
<<*The voices in my head try to get as much information as they can from me to destroy me. I live surrounded by the least possible amount of objects and people, so that they will be able to get as little information about me as possible.>>*
(This is how a woman suffering from psychosis with auditory hallucinations

described her own room).

The bare and unadorned environments in which people affected by psychosis live most often represent their way to cope with their inner problems and are not the expression of their problems (as the casual observer might be led to think). The situation of intellectual disability is different, in which a substantial perceptual constancy of the external world prevails.

- Josè Mannu

▶ Watch here a video explaining the HERO project

MODULE 1. USERS AND FAMILIES

This module is about all the quality indicators related to housing addressed the target group of the users and families of people with mental health issues. Moreover, it is possible to find three videos as additional material on the HERO website.
www.housing-project.eu

Unit	Key area
Unit 1	Motivation Evaluation process
Unit 2	Local resources Case manager
Unit 3	Flexibility and clinical government Responsibilities and choices
Unit 4	Volunteers and civil society Lifelong learning
Unit 5	Housing resources
Unit 6	Impact of assessment

Answers

To find out more, watch the following videos

▶ Giorgos Giannis - - Housing and Mental Health
▶ Wendy - Housing and Mental Health
▶ Coffee Break - Housing and Mental Health

Module 1 Unit 1a. MOTIVATION. Support and facilitation of the users' wishes

Definition

What does it mean to support and facilitate the needs of users and families in housing projects?

Analysis conducted on users' needs shows the high degree of relevance concerning the support and facilitation of users' wishes. The idea that people affected by mental disorders can express their wishes about where they want to live is now clear to users, their families and to everyone who is involved in housing projects. However, the idea that these wishes may become a resource to housing projects is quite innovative.

A wish does not necessarily imply motivation. Most people who would like to enter housing projects express ambivalence about them. But ambivalence is the beginning of a motivational path. Therefore, motivation needs to be "built."

The motivational system can be predominantly adversarial, associative or explorative, and its influence on users' perception, memory and awareness will vary greatly depending on which approach is taken.

Each user needs to build his motivation in his own time, within the framework of an associative and/or exploratory process. Social and institutional networks alike have a significant impact on this process.

For users to be able to enter a residential scheme, it is fundamental to work on building their motivation.

Motivation should be developed through
- The exploration of personal challenges and the definition of their priorities through an agenda, including all objectives for change.

- The creation of a "map" indicating any potential difficulties that might arise, taking into consideration the user's desire, abilities, reasons and need for change. This process aims at strengthening the patients' motivation.

The motivational interview is often conducted for the purpose of getting to know users and their role models, to understand their personal stance on the issues that concern them, and to explore their motivations and expectations.

Challenges

It should be noted that traditional psychiatric approaches place less importance on the development of tools and techniques that seek to lead users and their families to an independent and self-sufficient life style. The idea that persons with psychosocial disabilities can choose where, how and with whom they want to live is not always obvious or universally accepted. There are many people - including professionals in this sector - who are doubtful about this approach, but not considering this factor can be a huge obstacle to successful implementation of housing project.

To improve housing projects, to respect human rights and recovery, social and healthcare policies should take users and families wishes as a central point in selection of housing type.

Benefits

Our recommendations for Housing projects offer an alternative, human right and recovery approach to traditional approach which facilitates and promote a sense of independence in patients affected by mental disorders. This is in line with the UN convention for persons with disabilities.

A stronger social and institutional interconnection can help dismantle stereotype that persons with mental illness are not capable of decision.

"Recovery is a deeply personal, unique process of changing one's attitudes, values, feelings, goals, skills and roles. It is a way of living a satisfying, hopeful and contributing life, even with the limitations caused by illness. Recovery involves the development of new meaning and purpose in one's life as one grows beyond the catastrophic effects of mental illness." (W Anthony 1993)

Many users are aware of self-determination processes (the capacity for making independent decisions), and aim for more control over their own lives, like having the ability to choose the people with whom they share their living space.

GOOD PRACTICES

ITALY

Who? Provincial Agency for Health Services, Autonomous Province of Trento. Trento mental health service.
Where? Trento, Italy
What and how? The map of living (housing). A guide to the choice of housing possibilities for use by users, family members and operators of the Trento mental health service. The project enhances personal responsibility, participation and the protagonism of users, family members and operators. The Map helps to get around a table and to make everyone express expectations, desires, concerns, dreams ... and to search and find together the most suitable solution.
Link to go in depth: http://ita.calameo.com/read/0008391617436a013e118

ITALY

Who? "Dove c'è condivisione c'è casa", Region, Mental Health Department ASL TO1, users, family members

Where? Torino

What and how? Evaluation of apartment groups (GA) by evaluators made up of users, family members

The GA are evaluated through the administration of an Evaluation Grid: Section I: assessment of the location of the GA, its structural characteristics and its organization, Section II: the satisfaction of GA inhabitants on various aspects of daily life is directly ascertained. Starting from 2012, Section III was added: an anonymous questionnaire that every inhabitant can fill in complete autonomy and freedom.

Link to go in depth: http://www.regione.piemonte.it/sanita/cms2/documentazione/category/222-convegno-la-salute-mentale-attualita-e-prospettive-torino-18-aprile-2017?download=6047:la-valutazione-dei-gruppi-appartamento-vilma-xocco
http://voltoweb.it/diapsipiemonte/wp-content/uploads/sites/40/2017/01/linee_guida_gruppi_app-1.pdf

THE UNITED KINGDOM

Who? WISH, A voice for womens'mental health

Where? 15 Old Ford Road, E2 9PL London

What and how? A charity who supports wishes of women having mental health Wish is the only national, user-led charity working with women with mental health needs in prison, hospital and the community. It provides independent advocacy, emotional support and practical guidance at all stages of a woman's journey through the Mental Health and Criminal Justice Systems. Wish acts to increase women's participation in the services they receive, and campaigns to get their voice heard at a policy level.

Link to go in depth: https://www.womenatwish.org.uk

GREECE

Who? EDRA, Residential House "Ippokratis House"

Where? Ilion, Attica

What and how? To support and facilitate users' wishes the mental health professionals use a 6-month duration therapeutic plan. The" Ippokratis" Residential House of the NGO EDRA is based in Ilion area in Attica. To support and facilitate users' wishes the mental health professionals use a 6-month duration therapeutic plan. Through this personalized therapeutic plan the biological - psychological - occupational therapy level and the level of communication with family are assessed

Note: The aforementioned case refers rather to a "common practice" for many similar Greek mental health units than a "best practice". Nevertheless it has been proved to be quite successful, and therefore we opted to report it using one mental health unit as example.

Link to go in depth:
http://www.edra-coop.gr/en/draseis/monades-psixikis-ugeias/ipokratis-1.html

CROATIA

Who? Psychiatrist and social services

Where? Croatia

What and how? With the support from her psychiatrist and social services, a 40-year old user living with affective psychosis moved from her family home, where she felt no respect for her wishes and needs, to custodial housing. She was not completely happy there, as she had too much supervision from her hosts, and did not have the opportunity to develop self-sufficiency. So she asked to be transferred to new custodial home. Now she is finally happy and confident, she manages her activities on her own and even volunteers in Svitanje Day Center in Zagreb, Croatia.

Link to go in depth: http://www.udruga-svitanje.hr/index.php/kontakt

ACTIVITIES

Role play
Learning outcomes
How to use the "motivational tree" to speak about motivation

Activities
Giulia, 30 years old, is a user at a daycare center. She has always lived with her family. She feels comfortable there, despite the frequent arguments she has with her mother, who faults her for behaving as if she lives in hotel, and for not helping out around the house. After their umpteenth argument, the mother asks the care center operators to allow her daughter to move into an apartment with another girl. According to her mother, Giulia does not want to leave home because she does not want to do without the comforts, and that she does not want to become more mature and independent. The mother claims, however, that she has convinced Giulia to move out, for her own sake. The operator decides to meet Giulia to find out whether the girl is truly interested in this change, and to assess what she needs to do to succeed with it. The operator carries out a motivational interview with Giulia to obtain the following information:

  a. *Whether Giulia really wants to move out;*

  b. *Whether she is able to cope with change;*

  c. *What motivates her to change.*

A. The audience listens to the interview and based on what is said, will answer the following two questions on paper:

  1. *What makes Giulia's transition easy?*

  2. *What, on the other hand, makes it difficult?*

B. All participants read their answers.
C. Subsequently, they all build Giulia's "Tree of a Motivational System" inserting each answer in the appropriate "leaf" that conforms to the type of motivation: conflictual, explorative , relational or other (If necessary, more leaves can be added on branches).

GIULIA'S TREE
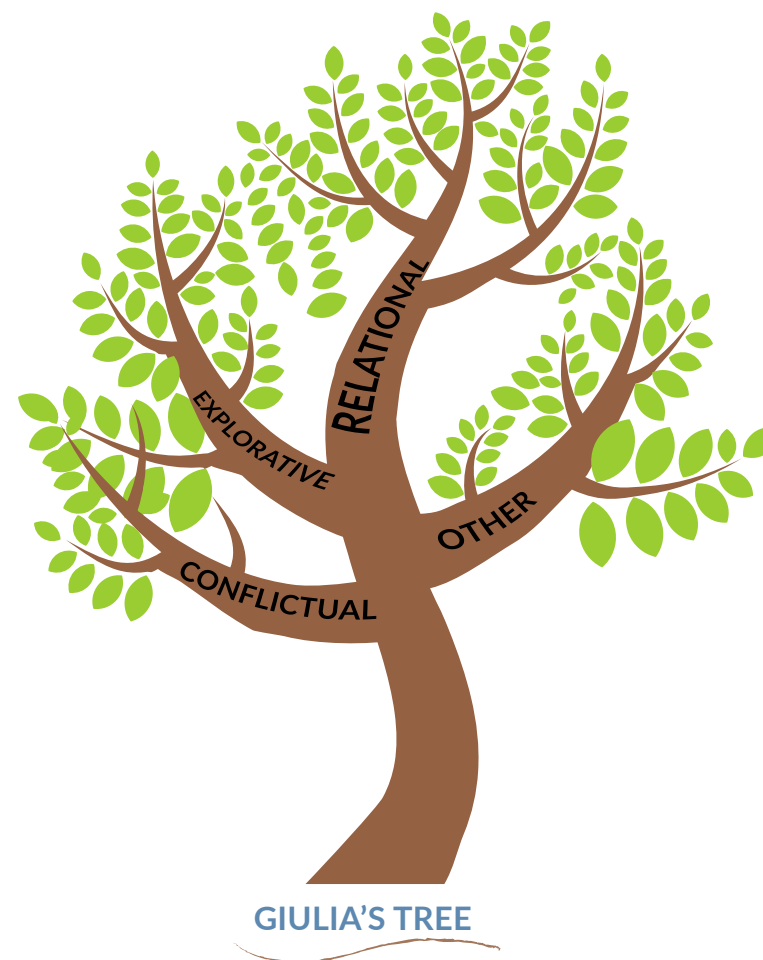
LET'S PRACTICE

Link the different sentences.

Housing projects offer an alternative	is used to to explore the user's desire, abilities, reasons and need for change
Motivational interview	Facilitate and promote a sense of independence
The Recovery Approach	predominantly adversarial, associative or explorative
The motivational system can be	approach to traditional curative methods

Module 1. Unit 1b. EVALUATION PROCESS. Work with users in the case of future cohabitation and choice of residence

Definition

Living in cohabitation with others implies possession of various skills. The task of the staff is to encourage the user's autonomy and to help them develop the skills they lack in order to be able to live / communicate with each other satisfactorily.

In what ways can users be prepared for future cohabitation with others in housing projects? Within what framework can this be achieved?

The answer depends largely on the choice between two options: to live in an apartment or in a facility with fixed support by staff (staff who stays at the residence); or to live in an autonomous dwelling, staffed with personalized support modifiable as needed. In all cases, resident users and staff members will have to establish and agree on rules of access to residents' private spaces.

Support autonomy is also important in case of future cohabitation and choice of residence. Every need comes with some sort of dependence. For instance, if a water pipe breaks, a resident will depend on a plumber. The same occurs with other needs. The need to buy a new pair of shoes gives rise to dependence on the shoe seller. Every need generates dependence on someone or something. Autonomy redefined as "distributed dependence" means freedom from a heavy reliance on the staff member (who is designated to make the requests) and the development of a targeted dependency for needs as they arise.

Benefits

Characteristic of users, their psychosocial needs, level of functioning including level of autonomy and need for support will guide the choice of two options:

With the first option- fixed support by staff, the characteristics of the user will include high dependency needs.

In the second case- autonomous living with support of staff as it needed characteristic of user will include:

It should be the flexibility in option as well as possibilities for change in option one or second regarding the specific situation of user.

The project will have to be more flexible, as it will take into consideration the needs of the others involved in cohabitation.

In both cases, staff, users, and family members should share their opinions to generate an overall assessment. Individual resources need to be taken into account, and matched with the users' wishes, needs, and expectations, both in the short and the long term.

Education of staff involve in housing project will help them to balance between these two options.

It is important to separate common spaces from private ones. "Respect for Privacy" within a housing project is a fundamental concept. It is also important to set the "limits" of privacy.

Challenges

Problems may arise if a chosen option is unavailable. A supported facility or apartment could be full, or a user might be unable to find a suitable independent apartment or provide the financial resources necessary to support himself.

GOOD PRACTICES

ITALY

Who? Association Solaris
Where? Rome, Italy
What and how? The house keys
An innovative and economically sustainable model: housing projects in independent apartments located close to psychiatric services. Active research of alternative housing solutions to institutional ones. Flexible home care is built on the basis of individual needs.

Link to go in depth: www.volontariato.lazio.it/solarisonlus/attivita.asp

THE UNITED KINGDOM

Who? Together for mental wellbeing
Where? London
What and how? Creating an autonomy in housing

"Together" offers a variety of support to help people deal with the personal and practical impact of mental health issues. Having suitable accommodation that enables users to live as independently as possible is a major factor in anyone's recovery from mental distress. The aim is to support people to live as independently as possible and to build their autonomy.

Link to go in depth: www.together-uk.org

GREECE

Who? Society of Social Psychiatry & Mental Health (S.S.P.&.M.H / semi-autonomous protected apartments for users)
Where? Alexandroupoli, Greece
What and how? It is common practice that users discuss their future cohabitation options with mental health professionals in order to make the more suitable for them decisions. The semi–autonomous protected apartments of "Society of Social Psychiatry & Mental Health" in Alexandroupoli, Greece host people with psychosocial problems that can live more autonomously through a therapeutic model that mainly supports their reintegration in the community and their mental health stability. It is common practice that users discuss their future cohabitation options with mental health professionals in order to make the more suitable for them decisions.

Note: The aforementioned case refers rather to a "common practice" for many similar Greek mental health units than a "best practice". Nevertheless, it has been proved to be quite successful, and therefore we opted to report it using one mental health unit as example.

Link to go in depth: www.ekpse.gr/en/services

ACTIVITIES

Activity 1: "Define space

Learning outcomes
How to decide about rules, respect and privacy in a living space

Here is a suggested activity to help define the spaces shared by users in the same home.

Each participant looks at the apartment map and indicates the access method for each space (rooms can be labeled as either "Free Entry" or "Do Not Disturb"; decide "How and when a staff member may enter a private space", and so on). Then discuss with the participants the rules as proposed by each of them.
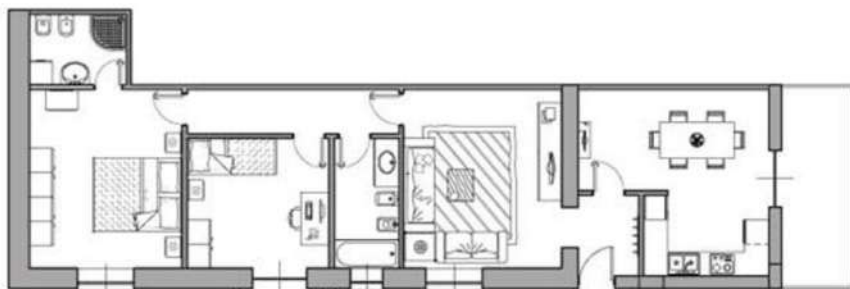
Activity 2: Autonomy and the "dependency tree"

Learning outcomes
How to use the "independency tree" to speak about autonomy and distributed dependency in order to improve them in a housing project.

Here is a suggested activity to help support users' independence and develop their individual skills.

Construction of a "Dependency Tree" indicating current and potential needs with the corresponding person able to satisfy them.

Each participant can:
- Draw a tree with some branches and some leaves
- Make a list of current and potential needs;
- Write each need on each branch of the tree.
- Write the corresponding person able to satisfy it, on each leaf.

Participants are invited to discuss together their "dependency tree".

"Distributed dependence" means the development of a targeted dependency for needs as they arise.

The more leaves you find, the more able you are inclined to distributed dependence and to be autonomous.

LET'S PRACTICE!

Put the parts in order to form a sentence.

_____
respect for / spaces from private / of access into residents' private spaces. / privacy; to separate common / privacy; to establish and exchange rules / Define spaces mean: / ones; to set the "limits" of

_____
Individual resources need / short and the long term / to be taken into account, and / matched with the users' / wishes, needs, and expectations, / both in the

Module 1. Unit 2a. LOCAL RESOURCES. The presence of public transport/shopping centres near the residence.

Definition

Surrounding area and neighbourhood have an impact on the mental health of people who live there. If people live in a home where they feel good and are connected with their environment and know the neighbourhood where they live, this has a positive impact on their mental health. People live better and feel safer in communities and within a supportive network. In this context it is important to live in the environment where are shops, public transport and other services needed for quality of life easily accessible.   This makes that it is important to think about the location when starting a housing project. The starting point remains that people can choose where, how and with whom they live, to choose their environment which can have a healing impact on their recovery.

Benefits

To be able to choose and shape your life is an important lever to inclusion. Inclusion is more than being present in the society. It is being part of the society, it is about belonging. It is more likely that one has the feeling of belonging If there are more possibilities on different areas this ensures that people can choose the things that best suit them. Being able to make own choices, increase the chances of inclusion, well-being and quality of life.
To choose the residency which promotes belonging it is good to thing on:

1. Practical issues linked to the property itself such as little noise, little traffic, good indoor and outdoor lighting, Footpaths

2. Options near the home for transport, leisure, shops, etc. If there is potential in the area of transport, leisure and other services, this helps people to be less dependent on.

3. What opportunities are there in the neighbourhood in terms of meeting, belonging? When building a housing project it is important to involve neighbourhood in the preparation of this project. It may help to work with people who know the neighbourhood. As local residents get to know project and people who live there, this can promote the mutual relationships and handle possible prejudices.

Challenges

People find it important to belong and to be part of the neighbourhood and of the broader society. Building relationships with local residents is very important. Getting to know each other through which mutual respect and trust can grow, is a first step. Meeting places within a community (supermarkets, libraries, coffee houses, …) are places where people can meet each other in an approachable way. When starting up a housing project it is interesting to map out what is near and what opportunities there are in the area of transport. Residents emphasize the importance of doing things together to prevent prejudice and stimulate positive contact between local residents.

GOOD PRACTICES

ITALY

Who? Cooperativa Sociale Agricola "Terra Nostra" ONLUS
Where? Caltagirone (CT)- Italy
What and how? The Cooperative is part of the Sicilian Social Farms Network, companies that offer cultural, educational, welfare, training and social and labor inclusion services for vulnerable people or disadvantaged areas. In 2011 the Cooperative realized the housing dimension, establishing an Apartment Group that can accommodate up to four people. It is a single-family house, in the residential area of the city of Caltagirone. This last experience participates in the Visiting Democratic Therapeutic Communities Project which aims to accredit the Scientific-Professional Quality of Therapeutic Communities and Apartment Groups, through the Democratic Peer Accreditation methodology. Link to go in depth: www.coopsocialeterranostra.it

ITALY

Who? Unions of cooperatives (Aeper, Biplano, Chimera, Pugno Aperto, In Cammino, Itaca, Kaleidos, la Bonne Semence) and users.

Where? Bergamo and its province

What and how? A network of apartments in Bergamo and its province available to those who experience mental illness. Users have the opportunity to reintegrate themselves into daily life on their territory starting from the basic aspect of living. The operators intervene to support the people who live in these houses, without replacing them in carrying out their daily tasks, but facilitating the management of everyday life, with the neighbors, with the territory.

Link to go in depth: www.kaleidos-onlus.org/files/2017/03/06/Housing_sociale_Salute_Mentale_2018.pdf?t=1488789255383

THE UNITED KINGDOM

Who? Centre for Urban Design and Mental Health

Where?

What and how? The Centre for Urban Design and Mental Health (UD/MH) is a start-up think tank focused on answering one question: how can we design better mental health into our cities? Good mental health can improve people's enjoyment, coping skills, and relationships, educational achievement, employment, housing and economic potential, help reduce physical health problems, ease healthcare and social care costs, build social capital, and decrease suicides.

Link to go in depth: www.urbandesignmentalhealth.com

GREECE

Who? PEPSAEE Pan-Hellenic Association for Psycho-social Rehabilitation and Work Integration (PEPSAEE) Residential House - Users in Psychiatric intensive care units

Where? Residential House in Korydallos "Athina"

What and how? The choice of the location of a Residential House in the center of Korydallos. The residential house "Athina" of the Pan-Hellenic Association for Psycho-social Rehabilitation and Work Integration (PEPSAEE) is situated in the center of Korydallos. This is very positive for the social integration in the community. There is a bus line and in 2 years a new metro station (underground - blue line) will operate. There are several stores and shops very near the residential house and that is helpful.

Note: The aforementioned case refers rather to a "common practice" for many similar Greek mental health units than a "best practice". Nevertheless, it has been proved to be quite successful, and therefore we opted to report it using one mental health unit as example.

Link to go in depth: https://goo.gl/SqKpWo

BELGIUM

Who? Government, schools, users and family, professionals, architects

Where? Bruges, Flaners

What and how? "Brugwonen" describes the process of a housing project for people with psychiatric problems. All partners collaborated strongly to come to a result that would match all requests. One of the elements that was investigated was the location of the project.

Link to go in depth: www.researchgate.net/publication/316102732_Brugwonen_een_ontwerpend_onderzoek_naar_co-housing_voor_volwassenen_met_een_chronische_gestabiliseerde_kwetsbaarheid

ACTIVITIES

Learning outcomes
- Getting to know the neighbourhood
- See what opportunities there are in the neighbourhood in terms of meeting, shops,..
- Let people think how they can use their network to overcome obstacles.

Activity

When you are thinking about living somewhere, it is important to look at opportunities in the neighbourhood. A home is more than a house in a street. This tool can help you to get to know the neighbourhood.

- Bring your district, neighbourhood, ... in map. Go on research! Are there in the area shops, a library, meeting opportunities, a baker, a grocery, leisure opportunities, ... Can you reach them? Do you know people in the neighbourhood?
- Bring the transport options in map
- What options are there in terms of shopping, leisure, etc...?
- Map your own network. Does anyone have links with the neighbourhood? If you know someone who knows the neighbourhood, he or she can help you get to know the neighbourhood and introduce you to people or places.

Debriefing
- After this exercise you can have a discussion in group. Was it difficult to map the neighbourhood? Was it difficult to link their network to the neighbourhood? Do they want to say something about the solution they may have found? Have they learned something? Will they take action?

Tips
- You can make this exercise more specific. Divide the group in pairs of two and have them make the next exercise.
- Bring both your district, neighbourhood in map. Draw the shops, services, public transport, etc. you can find in your neighbourhood. Do you want to do something in your neighbourhood that you still find difficult? What is it? Discuss it with your partner.
- Map your own network. Does anyone have ties in the neighbourhood? Can this person help you to do the activity you want to do in the neighbourhood. Discuss it with your partner. Can you help finding the other one a solution to do the activity?

LET'S PRACTICE

True or false
- Inclusion is more than being present in the society. (true – false)
- The neighbourhood does not have an influence on the mental health of people who live there. (true – false)
- Possibilities in terms of transport, leisure time have an influence on inclusion. (true – false)
- As local residents get to know the project and the people who live there, this can promote the mutual relationships and handle possible prejudices (true – false)

Find the missing words
If there are more .... on different areas this ensures that people can choose the things that best .... them. Being able to make .... , increase the chances of inclusion, well-being and quality of life.

Module 1. Unit 2b. CASE-MANAGER. Case-manager support users, family and help in social network including the coordination with services

Definition

The Case Manager is a person who forms a long-term therapeutic relationship with a user and his/her family and communicates with other community services, agency or people in the community needed during the recovery process, social inclusion and quality of life in the community.

Case management is an evidence based method particularly successful in reducing the need for hospitalization, improvement adherence to the treatment and promotion of a better treatment outcome. The role of case manager is usually held by professionals, but also can be held by non-professionals such as volunteers.

Benefits

It is important that people find a balance between the extent to which they want to connect with others, with their neighbourhood and where and when they need privacy. This balance will be different for everyone. It is important that people have the freedom to make these choices for themselves. A case manager can help make these choices.

The case manager can take on different tasks such as offering individual, social, health and work assistance, giving advice, trying to help to resolve any crises, visiting the user in his/her home, getting results from controls and testing, overseeing the medication schedule, recognising signs of mental and physical illness and helping to bring someone in contact with their family doctor or with other specialists. Case managers help in social integration.

To do this, it will be important that they "translate" information from the environment to the person and try to make positive interaction between the person and their network and promote belonging. Everyone finds it important to belong to others. Everyone takes different social roles (son, daughter, parent, friend, neighbour, colleague, employee, ... People with disabilities typically take less social roles.

A case manager can support the person with a disability and together seek what is important for them. What roles do they wish to play and in what way?

Challenges

Housing plays an important and meaningful role in people's lives to fully belong in society. It is not always so easy and straightforward as a client to find out what your rights are. It may be helpful to have someone guide you through this process. This can be done by a case manager. The case manager supports the person in their own environment and starts from what the person's needs are. Finding the right measure between support and autonomy is a real challenge.

GOOD PRACTICES

ITALY

Who? The National Agency for Regional Health Services (AGENAS) Public body of national importance, established by legislative decree June 30, 1993, n.266, which performs functions of support to the Ministry of Health and Regions for the development and innovation strategies of the National Health Service.

Where? Italy

What and how? "Psychiatric residential facilities" document of 2013, approved with "State-Regions Agreement of 17 October 2013" . AGENAS carries out technical-operative support activities for the government policies of the state and regional health systems, the organization of services and

the provision of health services. The Agency achieves this objective through monitoring, evaluation, training and research activities aimed at developing the health system.

Link to go in depth: www.agenas.it/aree-tematiche/organizzazione-dei-servizi-sanitari/assistenza-primaria-e-fragilita/salute-mentale#

ITALY

Who? DSM ASL Roma1 e ROMA2
Where? Roma, Italy
What and how? It is a study that evaluates the nurse's outcomes on serious psychiatric patients, measuring the progress of the assisted person, highlighting his autonomy in the management of personal life activities. The tool used is the HoNOS scale.

Link to go in depth: www.ipasvi.it/archivio_news/rivistaonline/32/L-Infermiere-2016-n2.pdf?2016-06 pg.17 - 23

GREECE

Who? Mobile Mental Health Unit of the North-eastern Cyclades, (NGO "EPA-PSY")
Where? Six islands of the Northeastern Cyclades, Greece
What and how? This Mobile Mental Health Unit reduces existing inequalities between services offered in patients living in a big city and in small islands. The Mobile Mental Health Unit of the Northeastern Cyclades provides services to six small islands where there are no other mental health services. It provides support to children, adolescents and adults with mental health problems. Among its services are: diagnostic assessment, counselling and prescription of medicines. The unit also makes home visits and provides services to mental health patients who live on their own.

Link to go in depth: www.epapsy.gr/index.php?option=com_content&view=article&id=101&Itemid=523

ACTIVITIES

Learning outcomes
○ Being aware there are different kinds of support and different people who can support you.

○ It is important thinking about your needs and the support you want.

The aim of this activity is to think about what kind of support you need when you live alone and who can help you with it.

You can do this activity alone or in small groups.

Answer the following questions having in mind you are living or are going to live on your own:
○ What are the things you can do by yourself?

○ With what do you need support?

○ What kind of support do you need?

○ What current support would you like to continue?

○ What can and will your network mean?

○ What kind of support do you need from professionals and how do you want to be helped?

○ What services do you know in the neighbourhood? What can they mean to you?

Tips
When you do this activity in group you can debate about these questions. Are there things that are important to everybody? What are common shared things? What services did they think about?

HERO

Co-funded by the
Erasmus+ Programme
of the European Union

LET'S PRACTICE

True or false

○ The balance between the extent to which somebody wants to connect with others and where and when they need privacy is different for everyone. (true or false)

○ A case manager has no contact with the network. (true of false)

○ The case manager can offer individual, social, health and work assistance. (true or false)

○ It is important that the case manager aims for social integration. (true or false)

○ People with disabilities typically take on more social roles. (true or false)

Build a whole sentence by ordering the following fragments.

Can be held / the role of / by professionals / case manager / by non-professionals / but also /

_____

Module 1. Unit 3a. FLEXIBILITY AND CLINICAL GOVERNMENT. Link between families, services, users, governments and other stakeholders

Definition

Creating quality housing programs, bringing together personal and community resources in collaborative and flexible ways, helps people with serious mental problems to recover, reclaim their citizen roles as part of a community, and improve their quality of life. In order to achieve these goals, good communication and collaboration between mental health services, housing services, as well as inclusion of various other agencies and volunteers is necessary. Mental health services and volunteers can support users' families so that users benefit even more.

Flexibility means the possibility to choose between housing types, models of co-paying, treatment and support plans, according to user needs. Flexibility also means these options can change in time, according to user wishes, capacities, resources or expert recommendations.

Benefits

Linking mental health treatment with housing services and supporting or maintaining the optimal family relationship, all in a flexible way, creates the space for mental health improvement and recovery from serious mental health problems. User wishes regarding type of housing, type and intensity of professional help and other types of support promote autonomy and quality of life.

Users' personal capacities and pace towards optimal improvement are respected and supported, so that they can have an active role in achieving personal goals with the flexibility of support adapted to his/her needs. Some

users know that family members can provide them not just resources in times of need, but a great emotional support as well, others don't feel that way. Sometimes a better understanding between users and their families is needed, and experts can help in finding a common ground.

Challenges

Modern housing services mean more than a 'roof over user's head', it includes the interaction with the community and environment that helps users to live as happy and equal members of their community. Supporting people with the experience of severe mental health problems creates a challenge for the community that needs to develop various housing models and also combine them with treatment that promotes recovery.

A typical paternalistic approach where options are few and the decisions are rarely made by the users themselves should be avoided, and flexibility in degrees of support for achieving independency and social inclusion should be the rule. However, financing the service, length of stay in various programs, implementation of right to make decision about housing and treatment, as well as providing education to all the stakeholders creates additional challenges and compromise is a reality. Also, accepting some necessary monitoring or having roommates with similar difficulties may be compromises that the users will have to make, although they might want to be left alone.

GOOD PRACTICES

ITALY

Who? Municipality of Milan, Departments of mental health and associations of the third sector.
Where? Milano Italy.
What and how? Light residential. Responding to the need to complete a rehabilitation program, it enhances the developmental thrusts of people with mental illness. It offers the opportunity of social inclusion to adult people

with good residual autonomy and to young people able to carry out the tasks of daily life, but who need to recover social skills. The Mental Health Table is the area of comparison with the Departments of Mental Health and Third Sector Associations.

Link to go in depth: www.comune.milano.it/wps/portal/ist/it/servizi/sociale/Cultura_salute/servizio_salute_mentale

ITALY

Who? I.E.S.A.
Where? Torino, Oristano, Caserta, Modena, Bologna, Bergamo, Monza, Treviso - Italy
What and how? The acronym I.E.S.A. in Italian means "Supported Hetero familiar Insertion of Adults Suffering from Mental Disorders". The local health authorities meet families available to host a user already followed by local services. A multidisciplinary team will see to: candidacies, proposing the experience to those patients for whom it believes a benefit is likely, performs regular home visits, supervises family dynamics, offers a telephone support 24 hours a day and takes care of the evaluations of interventions.

Link to go in depth: http://iesaitalia.altervista.org/
http://iesaitalia.altervista.org/pages/ARTICOLOIESA.pdf

THE UNITED KINGDOM

Who? Riverside
Where? Countrywide
What and how? Co-ordinated approach to the delivery of services for people experiencing mental health issues By employing a co-ordinated approach – working in close collaboration with local authorities, clinical teams, community mental health groups together with the family and friends of the customer wherever possible we deliver personalised support and care for those experiencing mental health difficulties. Riverside's mental health pathway of services includes:1) Recovery accommodation services to prevent hospital admis-

sions during mental health crisis, 2)Step-down accommodation services for customers leaving specialist inpatient services, 3)24-hour care services for customers with moderate care and support needs and 4) Community-based floating support for people in their own homes who are on the way to recovery and who now only need low level support to maintain independence.

Link to go in depth: www.riverside.org.uk/care-and-support/care/mental-health-difficulties

GREECE

Who? POSOPSY The federation of families of people with mental health problems in Greece
Where? Greece
What and how? The federation POSOPSY makes a consistent effort to deepen links between families, service users, governments and other stakeholders. The federation POSOPSY makes a consistent effort to deepen links between families, service users, government and other stakeholders by participating in the public dialogue in mental health sector.

Link to go in depth: www.posopsi.gr

BELGIUM

Where? Almere, Netherlands
What and how? A Dutch organisation called 's Heeren Loo collaborated with the local authorities and a group of parents to create a new housing facility for children with a mental disability and having an Islamite background. All elements of such a project are discussed. First the mothers and later on also the fathers got strongly involved in the process. The individual experiences formed the basis from where to start.

Link to go in depth: www.nieuwwij.nl/interview/binnenkort-in-almere-het-droomhuis

ACTIVITIES

Activity 1
Discuss a decision regarding housing with your friend or your family member, using following questions:
    1. What would you like to do but you avoid doing?

    2. What is the worst thing that could happen if you do this?

    3. What is the best thing that could happen if you do this?

    4. What is the most probable thing that would happen if you do this?

Activity 2
What do you see as the advantage of living in community with other people? Some examples are:
    ○ We share chores, so that there are not so many things to clean or do.

    ○ I have someone to talk to and socialize with.

    ○ I don't have to cook every day.

Can you list at least 3 more?

....

LET'S PRACTICE

Module 1. Unit 3b. RESPONSIBILITIES AND CHOICES. Consideration of the users' plans

Exercise 1

Solve the problem.

Claire, Anne and Kate are three best friends. They are roasting chicken for Sunday dinner. When they put the chicken in the oven, they realize that all of them like to eat drumstick. But chickens have only two legs! What should they do for all of them to be happy with their dinner?

Exercise 2

Your next door neighbor is having a baby. Nobody wants to wake the baby with the noise, because it means that baby might be upset and cry for hours. Discuss with your family members, how would you avoid making noise in the following situations:

1. Someone calls you on the cell-phone.

2. You are watching an action movie on the TV.

3. You want to eat walnuts that are in the shell and need to crack them.

Definition

Health and well-being include competency to choose and control the fundamental aspects of one's life such as to choose where, with whom and how one should live. By considering the service user's plan we emphasise that person's choice, wishes, agreement and collaboration , which is important for a successful outcome related to housing and treatment. We also consider shared responsibility between user and professionals necessary for a successful outcome.   The person experiencing a mental disorder is a citizen whom, like others, is able to express personal will and preferences regarding his/her home.

International research suggests that free choice is useful for promoting mental health and reducing the risk of failure. Naturally, choice and responsibility are linked: if I can choose my home, I will take care of whatever is needed when living in it; I will take responsibility for paying rent and bills, housework, interacting and cooperating with neighbours, etc.

Whoever is not subject to restrictions is fully responsible of his/her actions and behaviour.

Benefits

In housing responsibility and choice concern "where" to live and "with whom". The user should have the possibility to decide when he/she wants to be alone and when he/she wants to spend time with other people.

Users generally express the need to be supported by specific staff: this is during the initial phase, but even later, for maintaining a good quality of life in the home.

Concerns about independent living sometimes arise in families, users and other citizens regarding those that have lived for a long time in protected homes.

Therefore, close cooperation between users, families, citizens and professionals is fundamental.

It is a way of creating the active participation of those who are more vulnerable.

Despite research results which show that only in one quarter of cases we are able to take into consideration user's options regarding living choices, we need to mention also, that in the 91% of cases Housing perceptions and evaluations of users and staff correspond.

Challenges

Staff should provide housing projects that are not inflexible in duration, but rather adaptable to reality conditions and the evolution of the user. Share responsibility between clients and professionals is challenging for traditional paternalistic approach where decisions are taken by the staff.

GOOD PRACTICES

ITALY

Who? Mental Health Department - Legnago
Where? Legnago VR, IT
What and how? PROJECT "TO ENABLE" Experiences of supported coexistence. The prevailing idea of the "Progetto Accituare" was that of having a non-assistance but a "facilitating" territorial solution for independent living and autonomy in the management of daily life. The practice used was oriented towards Recovery with a place and train approach.

Link to go in depth: merlinslv@gmail.com

ITALY

Who? "Whole Life Recovery Community" RECOVERY HOUSE - Trieste's Mental Health Department, Social Cooperative Germano, International Mental Health Collaborating Network (Imhcn), San Martino al Campo Community, Association of family members AFASOP, users
Where? Trieste
What and how? Young people with mental health problems choose to live a shared life experience for 6 months, with the aim of triggering a change. The guests build their individual plan, done through a simple white sheet (the so-called "Path", Planning Alternative Tomorrow with Hope). It offers opportunities for users of mental health services, their families and practitioners to experiment with new forms of collaboration, taking into account their life stories and the importance of co-construct the start of a recovery path.

Link to go in depth: www.imhcn.org/trieste-recovery-house-and-learning-community-18-months-later/ http://www.robertacasadio.it/news.html

THE UNITED KINGDOM

Who? Options for Supported Living (housing organization)
Where? Liverpool, Sefton, Wirral and the surrounding areas
What and how? Outreach opportunities for the clients The Options for Supported Living Organization provides outreach opportunities for the users to allow them to improve their social life find a job, do voluntary work, go on holiday, and explore hobbies and interests. The service is tailored, allowing the clients to have their needs met.

Link to go in depth: www.optionsforsupportedliving.org/support/outreach

GREECE

Who? AUTOEKPROSOPISI (Self-Representation) organization has members users of every age group
Where? Greece / National Level.
What and how? Users' Association that brings together mental users from

Greece and supports users to play an active role in combating social exclusion. The aim of the "Self-Representation Association" is to strengthen the capacity of self-representation of mental health services to play an active role in combating social exclusion and in formulating labor market policies and equal opportunities for integration.

Link to go in depth: www.autoekprosopisi.gr

ACTIVITIES

Learning outcomes
How to explore the user's plan to emphasise the person's choice.

Role play
Mario was discharged from a psychiatric ward after a brief period of stay. However, he cannot stay at home with his parents as they are aging and not in good health. The operators of the Mental Health Service offer him a living space in a semi-supported house with two other people his age. Mario and his mother speak with the social worker about this possibility because Mario would like to live on his own if he cannot stay with his parents, and he would like to live in a place where no one knows about his hospital experiences.

One of the participants plays the role of Mario, another plays his mother, and a third plays the social worker.

After the role play, participants may express their thoughts and ideas about the matter, and all viewers should have the opportunity to take part in the discussion.

LET'S PRACTICE

1. Put the parts in order to form a sentence.

REDUCING / RESEARCH / INTERNATIONAL / THAT FREE / HEALTH AND / PROMOTING / THE RISK / IS USEFUL FOR / MENTAL / SUGGESTS / CHOICE / OF FAILURE.

_____

2. Match the items on the right to the items on the left.

By "considering the user's projects" we emphasise	fully responsible of his/her actions and behaviour.
Whoever is not subject to restrictions	what the person identifies as being important for him/herself in a Housing project.
In housing responsibility and choice concern "where"	but rather adaptable to reality conditions and evolution
Concerns about independent living sometimes arise in families, users and other citizens	to live and "with whom"
Staff should provide for Housing projects that are not inflexible in time	regarding those that have lived for a long time in protected homes.

Module 1. Unit 4a. VOLUNTEERS AND CIVIL SOCIETY. Community engagement with the project

Definition

Active involvement of users in volunteering is a crucial aspect in housing in order to support integration of people with psychosocial difficulties due to mental disorders in the community.

There is a good evidence that volunteering improves mental health. A 2013 research showed that volunteering had positive effects on depression, as well as life satisfaction and wellbeing. A creative volunteering environment can also reduce the stress of the individual and promote skills development. Volunteering also helps to build relationships and being involved in an organization with a buddy or mentor system, clearly defined roles and open communication between volunteers and the organization helps to identify problems before they become too serious.

Challenges

Volunteering causes mental health improvement. However, there are some challenges that should be addressed. For example, we must take into consideration that if people with mental health issues are taking medications that cause drowsiness and nausea or alter the capacity to concentrate for long periods. It is also important to always communicate our abilities and what we are able and not able to do.

This can be shared in a confidential way with the volunteer manager, as well as other information that are important to ensure safety and wellbeing of everybody. Confidentiality and respect must be a central issue and facilitate the volunteering activities. Also remember that volunteering must be an activity that improves someone's life, but the volunteer should always take extra time ff when needed. Again, volunteering may not always have positive effects. For example, a review in the Journal of Nervous and Mental Disease reported that volunteers receive more complaints than staff due to the lack of post-disaster support. Moreover, the specific life circumstances of the volunteers may also be detrimental in countries with low levels of unemployment benefit.

Benefits

Volunteering is a driver for social inclusion. It works on two sides: by improving the mental health of the volunteers and by reducing the stigma of the communities toward people experiencing mental health disorders. Encouraging acceptance and integration in the community empowers the volunteers as they will connect people and contribute to the development of the community itself.

On an individual perspective, getting involved with different people allows an individual experiencing mental health issues to practice social skills and become more autonomous, as well as to build a supporting network.

GOOD PRACTICES

ITALY

Who? Regional Health Service of Emilia Romagna, Local Health Unit of Modena, Department of Mental Health and Pathological Addictions.
Where? Modena - Italy
What and how? Annual appointment with the event "màt - MENTAL HEALTH WEEK". The Màt Pride is the march against prejudice, but above all of those who take care of Mental Health, starting from the personal one. There are no distinctions between users, family members, operators, but only people on the move.

There are no labels, only faces and voices that want to rediscover the right

to active citizenship and well-being in a path of shared and conscious care. Debates, films and concerts are organized.

Link to go in depth: www.matmodena.it/la-settimana-della-salute-mentale-2017

ITALY

Who? ASL Lanciano-Vasto-Chieti and Ente mostra artigianato artistico abruzzese, Progetto "PORTE APERTE"

Where? Guardiagrele (Chieti)

What and how? Enhancing the socialization and integration of users in the social fabric of the area, through work-placement pathways, with public or private bodies, and freelancers.

The aim of the project is to fight social and territorial stigma towards the guests of the Guardiagrele psychiatric rehabilitation residence. Users are placed in artisanal work paths, making network between the structure, the local community, the private citizens and the artisans.

Link to go in depth:
www.info.asl2abruzzo.it/files/140521_guardiagrele_porte-aperte_progetto.pdf
www.info.asl2abruzzo.it/comunicazione/2014/05/gli-ospiti-della-residenza-riabilitativa-psichiatrica-di-guardiagrele-a-scuola-di-artigianato-stage-.html

THE UNITED KINGDOM

Who? Imagine Independence (housing organization)

Where? Liverpool

What and how? Befriending and Peer Support Services the Befriending and Peer Support team developed by Imagine Independence encourage people to re-engage with their communities and to get out and about enjoying activities, which in turn leads to a healthier and fuller lifestyle. We also help people develop their own user-led groups and sessions and have a variety of activities on offer around Liverpool at a number of locations. The people are match

according to their interests, allowing both the users and the people from the community to share experiences and find common topics. Besides the Befriending and Peer Support, Imagine Independece has establish a woman only service located at our Salisbury Road site (Liverpool). This is a safe place for women to attend in a welcoming environment and the group hosts a Friday drop-in and activities on offer include Yoga and healthy eating.

Link to go in depth: www.imagineindependence.org.uk/merseyside-lancashire/peer-support-service

GREECE

Who? Nutritional Center of Hara Boulou

Where? Residential House of PEPSAEE Athina, Korydallos

What and how? Nutritional Center offers pro-bono nutritional support to the Residents of Residential House. Discussion and Dialogue with Nutritionist offers a weekly healthy plan for Residents The Nutritional Center of Hara Boulou offers pro-bono nutritional support to the Residents of Residential House of PEPSAEE Athina. The dialogue between the users and the Nutritionist offers a weekly healthy plan for the 15 Residents according to their personal preferences and needs.

Link to go in depth: www.haraboulou.gr

CROATIA

Who? Helpific

Where? tested in Estonia

What and how? Helpific is an online platform (https://helpific.com) that connects vulnerable people who need help with everyday activities to people who want to help them in their local neighborhood.

Based on the sharing economy model, it creates peer to peer connections in order to increase the social capital of vulnerable people. It has been successfully tested in Estonia where 3500 people are using the platform.

ACTIVITIES

LET'S PRACTICE

Learning outcomes
1. Raising awareness of the benefits of volunteering

2. Improving knowledge about volunteering and their barriers

Discuss in groups
"According to different studies, and the opinion of experts, the involvement of volunteers is important for users, families and trained practitioners for social inclusion which promote recovery process".

Discuss in groups what does this sentence mean and try to focus on the following point:
- In your opinion, what kind of experience and knowledge will the volunteer bring to the users and to the community and how this can help in recovery process?

- Debriefing: When the exercise is finished, talk to the group about their experience, ask them:
"Have you have thought to volunteer? How did you find it? Which barriers have you encountered? How did you overcome them?" Encourage participants to share their own experience in relation to the benefits identified during the activity

Tips
Participants can do this in different ways: split the group in 2 smaller groups, ask them to discuss in small groups and writ the first 5 benefits they have in mind on a A3 paper. Each group will read their work to each other, and swap to complete other 5 benefits in each A3 paper.

True or false
- Volunteering is a process that indirectly helps the social inclusion of users.   T / F

- Volunteers should always be trained in order to support people affected by mental disorders.   T / F

- Trained operators and volunteers cannot help each other in working with users as they have different approaches. T / F

- Residents and owners of apartments are always open and favourable in welcoming people having mental issues. T / F

- Volunteers can raise awareness in the community and create a bridge between society and users. T / F

Mixed up sentence

PSYCHOLOGICAL STRESS / THAT VOLUNTEERS / ARE/ AND FRUSTRATION / EMOTIONAL INVOLVEMENT/ CAN INCUR / THE CHALLENGES

_____

Module 1. Unit 4b. LIFELONG LEARNING: Social skills and problem-solving training programmes to improve social understanding

Definition

Lifelong learning is defined as the continuous process, either formal or informal, of development and improvement of one's knowledge and skills. Lifelong learning in Housing is a basic requirement to guarantee the quality of housing, and it should be available for all those involved in housing: professional staff, users, families, volunteers and others.

Lifelong learning brings reinforcements of and challenges to already acquired knowledge and skills as well as bring new basis of research and up to date practice in the field.

This process can be applied to improve social understanding and acceptance of mental health and illnesses, easing the implementation of housing projects.

Benefits

Living in the community gives users the chance to train their skills on an everyday basis, alone or with help of volunteers, case manager or family member, this is not the case when living in an institution where he/ she is put in passive position and lose their skills.

Training social skills in a family can be extremely important. Families play a central role in the construction of healthy relationships either between the user and the same family members, but also between the user and the community. For instance, families can provide a first place that the users' social skills are used. Moreover, the same families can contribute to the user's sense of identity and inclusion in the community.

Challenges

Social skills training for users allow them to acquire the capacities to manage their mental health and their life, increase their autonomy, improve their interpersonal skills, resulting in a satisfying level of involvement in the community. However, the necessity to train certain social skills instead of others, depends on individual needs.

On a general level, social skills are divided into two groups: i) generic social skills, such as the ability to develop a conversation, or ii) specific social skills, as the skills required in a working environment. The four main individual features that may influence which soft skills need to be developed are: level of functioning, skills deficit, personal needs, and social functioning prior to the illness. Depending on need, the training can be performed individually or in a group.

The process of learning social skills may differ according to the user's needs and the soft skills that need to be enhanced. Generally, the process needs to be broken down into different, easier tasks, allowing the individual to master the skills in a controlled environment, and only after this are they tested in the real world.

www.whiteswanfoundation.org/article/social-skills-training-for-persons-with-mental-illness

GOOD PRACTICES

ITALY

Who? Trento Mental Health Services
Where? Trento - Italy
What and how? UFE - Users and Families Experts in mental health. Training program on mental health in which the experiential knowledge of users, family members and citizens is intertwined with the professional knowledge of the operators. Meetings coproducts open to the whole Community.

Link to go in depth: www.fareassieme.it/fare-formarsi-assieme-responsabilmente

ITALY

Who? "ABITARE LA VITA"
Where? Pisa Italy
What and how? A research project that aims to help people in the weaker sections of the population by applying "Supported housing". People can live in autonomous and independent way with the guidance and support of operators. After a year, people have learned to live with others and take care of themselves, the environment in which they live and manage money.

Link to go in depth: www.lalbassociazione.com/wordpress/wp-content/pubblicazioni_alba/convegnoabitare/lenziclinica.pdf

THE UNITED KINGDOM

Who? Mental Healthcare UK
Where? National Organization
What and how? Psychologically Informed Environment to improve social skills and interaction.

A Psychologically Informed Environment, or PIE, is a consciously adapted environment in which organisational decisions, behaviour, and culture can be informed and planned on the basis of psychological thinking in order to address the psychological and emotional needs of individuals. 'The environment' includes all the external conditions, covering both individual and social relations that facilitate learning and growth, rather than reinforcing behaviours of concern.

Psychologically Informed Environments have been used successfully for clients with a range of difficulties because they provide:

1) consistent and reliable relationships

2) support for individuals to develop practical and psychosocial skills

3) reflective interactions between staff and individuals where staff are 'mindful' of every interaction (both verbal and non-verbal) they have and how this could impact on the individual.

Link to go in depth:
www.mentalhealthcare-uk.com/resources/action-research/#toggle-id-2

GREECE

Who? Cognitive Rehabilitation Unit
Where? Athens, Greece
What and how? Offering sessions with main target being the empowerment of cognitive, social and emotional skills of people with severe mental health disorders Since 2010 the Cognitive Rehabilitation Unit explores and restores the cognitive function of people with mental disorders. People with severe mental health disorders, living under any housing conditions in the community can attend sessions which help them exercise their speed of thinking, memory and attention and make them capable of recognizing their own feelings, but also the feelings of others.

Link to go in depth: www.sites.google.com/site/diktiomeleti

ACTIVITIES

Learning outcomes
> **1.** practicing conversion in informal setting.
> **2.** Improving active listening, 3. Being able to talk about themselves.

Group activities for people experiencing mental health issues can be fun and informative, especially when dealing with social skills. This activity is meant to provide an example of an ice breaker and it can be modified for any meeting or group. Ice-breaking in a group is a general social skill that allows individuals to feel at ease with many people and can facilitate the interaction.

Ask all the people to arrange themselves in a circle. Instruct each player to think of three statements about themselves. Two must be true statements, and one must be false. For each person, he or she shares the three statements (in any order) to the group. The goal of the icebreaker game is to determine which statement is false. The group votes on which one they feel is a lie, and at the end of each round, the person reveals which one was the lie.

Debriefing: When the exercise is finished, talk to the group about their experience, ask them:
> How was it to share about yourself?
> Was it easy? Why?
> Do you now see the others from a different perspective?
> Do you think that sharing something about yourself will help you in getting closer to others?

Tips

Go around the group and check that the time frame is respected and that everyone has the time to speak

LET'S PRACTICE!

1. Social Skills
Here you have a list of social skills. Put each of them in the correct box below according to the definition given in the text.
Verbal communication - Take notes
Team working - Write a formal letter
Introducing yourself - Recognize facial expressions
Instruct someone to do something - Teamwork

Generic social skills	Specific social skills

After you have completed the tables, compare them with a partner and discuss. Can some social skills fall under both categories?

2. Fill the gap
Lifelong _____ is the continuous process, classic, _____ or informal, of development and improvement of one's knowledge and skills.
Social skills are divided into two groups: _____ social skills, such as the ability to develop a conversation, or _____ social skills, as the skills required in a working environment.
Moreover, _____ play a central role in the construction of healthy relationships either between the users and _____.

Module 1. Unit 5. HOUSING RESOURCES. The existence and types of support available from the institutions including whether there is a dedicated specialist available

Definition

Housing means Structures that accommodate people with mental health problems aiming to upgrade the quality of their life, to help them develop their personal and social capabilities as well as to encourage their social integration. Housing is an integral part of the care for people with serious mental disorder SMI, so each type of housing should have professional support staff available to meet the needs of the user.

Professional support should be available for 24 hours regardless of who provides this service. Housing systems and treatment systems are part of a comprehensive system of integrated mental health care so must be connected. It can Require a dedicated mental health professional in a housing facility, available 24/7.

There are many different types of housing and support available: residential houses, short-stay intermediate care homes, semi-autonomous protected apartments, home care, mental health mobile units etc.. These types of structures can belong to public or private companies, nonprofit organizations or to users and their families.

Depending on the level of the residents' autonomy each housing facility can offer different types of support, covering a wide range, from the presence of a professional once a week or whenever needed and the collaboration with medical or mental health mobile units for support and emergency cases to high protection housing units, providing 24/7 dedicated professionals.

Benefits

When there are so many different types of housing facilities and so many different types of support available within them, there are many opportunities to find the right accommodation type. Many specialized professionals in public or non-profit organizations and institutions can help in terms of information about funding and types of support available, as well as in terms of guidance through the first steps of the whole procedure. Collaboration between the housing system and the treatment system encourages the recovery process.

Challenges

The accommodation cost for private housing facilities or even the cost of maintaining their own house is usually a burden for families and users, when, at the same time, public housing facilities are not always sufficient or available. It is also very important to recognize that it is not always easy to find the type of support needed for every single person and that many programs start up but are not sustainable. At a policy level, housing programme funding should be reconsidered and families should take the challenge to work more closely together, in order to achieve alternative funding methods and more sustainable solutions.

It seems, there are many types of different financial resources for housing, such as public funding, private rental expenses integrated with public funding, exclusively private funding etc however, this should not affect the organization of professional support in accordance with the needs of users.

GOOD PRACTICES

ITALY

Who? FONDAZIONE "LA CITTÀ DEL SOLE" – ONLUS since 1998.
Where? Regione Umbria - Italy

What and how? PRISMA Research Program - Intervention on Mental Health and Autonomy, aims to strengthen and build a network of "normal" situations of residency, employment, leisure, vacation, in which people with mental problems find quality answers to their needs.

PRISMA aims to develop and implement "integrated life projects" for people with severe, medium-severe, mild psychic disabilities.

This possibility is based on the identification of different and complex areas, and therefore on the construction of an efficient and cohesive network of opportunities.

Link to go in depth: www.fondazionecittadelsole.it/project/progetto-prisma

THE UNITED KINGDOM

Who? Richmond Fellowship
Where? Liverpool
What and how? Liverpool DiSH The Liverpool DiSH service provided by the Richmond Fellowship is available 365 days a year between the hours of 9am – 8pm Monday to Friday and 11am – 7pm at weekends. Outside of these hours we offer an on-call service. The professionals work in partnership with five housing associations, community mental health services, drug and alcohol services, asylum link, police, probation community liaison officers and mental health commissioners to ensure a multi-agency approach to the support we provide individuals.

Visiting support allows individuals to increase and decrease the level of support they need, depending on their mental wellbeing. We help individuals to design a plan that maps out their recovery journey. This recovery plan is tailored to individual needs and includes activities that are meaningful and personal to them.

Link to go in depth: www.richmondfellowship.org.uk/merseyside/liverpool-dish/#toggle-id-1

CROATIA

Center For Community Services „Ja kao i ti" in town Osijek in Croatia manages 24 supported housing units for 85 mental health users in the community. They provide intensive support for users with learning disabilities and frequent crisis episodes . Their distress is covered by an assistant 24 hours a day to help them in their daily activities.

In one instance it took two years of support for a user to develop a sense of trust and remain calm in the company of his flat-mates. Now they get along beautifully. He still has nightmares with bouts of shouting and crying, but the assistant calms him down.
www.jakaoiti.org

ACTIVITIES

Learning outcomes
To empower users and their family members, so that they are able to ask and receive all the necessary information regarding housing resources when they visit an agency/organization etc.

Role play
John, a mental health user and Maria, his mother are visiting a social worker in a mental health center and wish to know what the housing resources are. John is experiencing (apart from the mental disorder) fears regarding this possible change in his life: Will he be accepted in a housing facility? Will he receive the necessary support? Maria also has many concerns: Will John be accepted in a housing facility? Will the staff be gentle and nice to him?

One of the participants will play the role of John, one of Maria and one of the social worker. After the role playing each participant will share his/her thoughts and feelings. Additionally all spectators will, also, discuss about what happened.

Tips
During the role playing, you can also ask from the participants-spectators, to write down all the information John and Maria receive during the appointment.

Debriefing
Make sure that participants understand the importance of getting specific information about all kind of practical issues regarding the housing procedure and that they don't focus only in emotions, fears, expectations etc.

Helpful questions
Now that the appointment has ended, do you think that you got all necessary information?
Do you think that a minimum preparation before the appointment (ex: a list with all important questions), would be helpful?

LET'S PRACTICE!

True or False
○ NGOs can't offer Housing Projects. **T / F**

○ Only the State offers Housing Services. **T / F**

○ Housing resources are fully provided from the state in every EU country. **T / F**

○ It is always easy and cost effective for families to cover housing expenses for a loved one who lives with mental health problems. **T / F**

Try to link these two columns correctly

Housing Facilities	Structures that accommodate people with mental health problems aiming to upgrade the quality of their life, to help them develop their personal and social capabilities as well as to encourage their social integration.
Community Sensitization Activities	Out-of-hospital/territorial services for the improvement of local population's access to mental health services
Mobile Mental Health Units	A mental health professional in a housing facility, available 24/7
Dedicated Specialist	Activities (i.e. public events) to raise public awareness and combat stereotypes around mental health issues.

Try to form the sentences

_____

_____

_____

IN ORDER TO FIND / ASK FOR INFORMATION FROM PROFESSIONALS / THE RIGHT ACCOMMODATION TYPE. / IT IS IMPORTANT TO / WHO WORK IN MENTAL HEALTH ORGANIZATIONS

_____

_____

OF HOUSING / TRY TO FIND ALTERNATIVE / FAMILIES / SHOULD WORK CLOSELY TOGETHER AND / FUNDING METHODS

Try to write down 3 types of housing and 3 types of support offered in territorial housing facilities

Types of Housing

○　_____

○　_____

○　_____

Types of support offered in housing facilities

○　_____

○　_____

○　_____

Module 1. Unit 6. IMPACT OF ASSESSMENT. Whether the mental health staff can assess the needs and resources of the user and whether isolation is being combatted in accordance with users' wishes

Definition

Housing can be defined as a system that is not about the structure itself but the relationship with the environment. Focus groups reveal the importance of "living out of" more than "living in" accommodation. Workers in housing are encouraged to assess needs, abilities and difficulties of the users related to the environment where they live, subsequently selecting the environment and resources able to meet their needs and capacities. For many users of housing social isolation is a problem. Therefore staff must be educated on how to find and apply appropriate tools to reduce the tendency to isolation and help them in social inclusion.

As noted by the questionnaires, there is a strong interest from users and family members to understand the importance of impact assessment in the housing process people with mental health illness. More specifically, in our focus, group 67% of the subjects had an interest in understanding if the staff can assess the needs and resources of the users and if the isolation could be contrasted in line with users' wishes.

Evaluation of users' needs and resources in the housing process is related to the differences between the concept of "housing first" and "housing step by step". Housing First model values users' needs and resources after they have obtained a residence. This valuation aims to understand the type of support needed to ensure the maximum degree of independence for users in order to obtain the highest degree of satisfaction and perceived best quality of their life.

Housing "step by step" emphasises the process of de-institutionalization, it is based on growing levels of autonomy and has as its objective to encourage the choice of the best possible accommodation (type of structure; the degree of support provided; the categorization of the other residents).

Challenges

While there is an agreement, regarding the initial assessment of the user there is no real agreement on the need for monitoring.

Focus groups, however, reveal that housing projects tend to provide health care services rather than provide assistance based on subjective perception, characteristics of physical environment, social inclusion, and support during moments of crisis. Nevertheless, mental health professionals claim that a critical situation arises when – instead of encouraging an assessment – choices are based mainly by the need to "place" users, regardless of the availability of appropriate solutions.

Benefits

Studies on the impact of the environment on quality of life, shifted over time from considering only the structure itself to considering instead the link that exists between the users and their environment.

According to case literature, homes, environment and neighbourhoods have an impact on mental health. There is an important relationship between living spaces and outcomes. If it is true that living in unsuitable places is associated with non-adaptive behaviour, the opposite is also true.

Differently in the literature, there is a substantial agreement on the importance, for well-being and mental health, of the possibility to choose and have control over the fundamental aspects of life and, primarily, the choice of the place where they live and with the people who share it. It is important that

staff and others acknowledge and appreciate users' wishes and their personal resources, and respect each individual's process of transition, through which they become more independent and self-sufficient.

GOOD PRACTICES

ITALY

Who? CSM di Acquaviva, BA
Where? Acquaviva, Bari - Italy
What and how? A coffee together … an exchange of knowledge … and flavours. Progress report. A project to activate an exchange between CSM and the territory / citizenship with the re-dimensioning of the stigma. a monthly meeting open to citizenship c / o the CSM clinic in Acquaviva and other areas of the territory with the invitation of guests from institutions, institutions, associations of the community.

Link to go in depth: patrizia.fracchiolla@asl.bari.it

ITALY

Who? Ospedali civili di Brescia – QUASM Associazione Italiana Qualità e Accreditamento in Salute Mentale
Where? Brescia, Italy
What and how? This project uses 5 tools and processes, each one refers to users, population and services.

Specific evaluation actions are provided for each instrument and target group:

- Care paths, treatment and rehabilitation plans
- Care paths Management
- Service organization.

This project is aim to develop services able to reply to questions, needs and experiences of who use them, giving value to the active role of the user and his network.
Link to go in depth: www.nuovarassegnastudipsichiatrici.it/index.php/volume-15/qualita-interventi-condivisi-utenti-progetto-innovazione-percorsi-cura-riabilitazione-servizi-salute-mentale

THE UNITED KINGDOM

Who? Wirral Mind
Where? Wirral
What and how? The Fountain Project for combatting isolation and improving mental health through a participatory approach The Drop in Centre is an innovative mental health resource available to people throughout Wirral and Merseyside.

A key factor in the Fountain Project's success is the mutual support that the members to give to one another, particularly in times of difficulty. The atmosphere at the Project encourages members to help in the running of the club themselves. People choose what they want to do and generally choose their own level of involvement and commitment.

The Fountain Project aims to involve members of the club, their families and professional careers. People can simply call in, have a cup of tea or some food from our restaurant. The Project has an extensive list of activities and facilities, which offer both leisure activities and the opportunity to undertake volunteering, such as in reception or conference hosting duties. The Fountain project offers support and opportunities to people that are simply about improving their quality of life, taking back control and supporting one another.

Link to go in depth: www.wirralmind.org.uk/fountain-project

GREECE

Who? Short-term residential house of Sismanogleio Hospital
Where? Athens, Greece
What and how? The prospective residents are assessed by professionals in

terms of their needs, but they are also getting fully informed, in order to decide on their own if they want to join the structure. They can also ask for their integration themselves. In the short-term residential house of Sismanogleio Hospital each prospective resident is evaluated by the multidisciplinary team to assess whether he/she will benefit from his stay and whether he is able to integrate. He/she is also getting fully informed about the way the guest house works in order to decide if he/she wants to join it and which activities he/she wants to follow.

Note: The aforementioned case refers rather to a "common practice" for many similar Greek mental health units than a "best practice". Nevertheless, it has been proved to be quite successful, and therefore we opted to report it using one mental health unit as example.

Link to go in depth: www.sismanoglio.gr/KSENONAS/index.htm

ACTIVITIES

Learning outcomes
Promote awareness on importance of evaluating the housing process

Activity 1

Tips
Carry out the exercise individually or in small groups

Divide the group of participants in to heterogeneous subgroups of 3-4 people and give them two list of possible indicators to be evaluated before starting and during the housing process. Groups can add other indicators if it is useful for them. Groups must select indicators that they consider most important for each evaluation moment.

Before starting	During
How many times He/She takes public transport?	How many times He/She takes public transport?
How many times He/She goes to the day centre?	How many times He/She goes to the day centre?
What He/She does in his/her free time?	What He/She does in his/her free time?
Kind of neighborhood structure	How many times He/she tell "Hello" his/her neighbours?
What He/She does on the weekend?	Perception of personal satisfaction
Does He/She take a picture with his/her friends?	Does He/She take a picture with his/her friends?
Degree of support needed	Degree of support needed
Did He/She have different kind of hobbies? How many times He/She does it/them?	Dis He/She have different kind of hobbies? How many He/She does it/them?
How is His/her Academic or job performance?	What He/She does in the weekend?
Which skills He/She has? How many skills He /She has?	How is His/her Academic or job performance?
Other…	Other…

After the exercise, all the groups work together. Create a debate regarding the results and the difficulties encountered in taking account of the different aspects to evaluate.

Debriefing
    a. Which kind of difficulties did you encounter in selecting indicators?
    b. Why do you think it is important to evaluate all these aspects?
    c. Why these aspects that you have selected are more important than others?

LET'S PRACTICE!

True or false
    a) Neighbourhood's social climate is not important. **T / F**

    b) Housing First model value(s) users' needs and resources after they have obtained a residence. **T / F**

    c) The user is not interested in choosing his location. **T / F**

    d) Good living conditions in a house is not so important to have a good mental health. **T / F**

    e) Housing "step by step" emphasises the process of de-institutional-ization. **T / F**

    f) Housing "step by step" has as its objective to encourage the choice of the best possible accommodation. **T / F**

    g) Housing "step by step" value(s) users' needs and resources after they have obtained a residence. **T / F**

    h) De-institutionalization process is based on the movement of users from a structure to another. **T / F**

    i) Numerous studies claim that a customized Housing solution is a best practice for stationing a user. **T / F**

    j) Housing users' needs and resources valuation have never had a value in case literature. **T / F**

    k) The project's flexibility is necessary to respond individual resources. **T / F**

    l) Active listening of user needs is necessary. **T / F**

    m) Housing combines users' resources with those of the context. **T / F**

    n) The quality of the environment in which you live has a significant impact on mental health. **T / F**

    o) Housing is based on "packages" for each user, which are therefore flexible and not standard. **T / F**

Connect words with their opposite

Autonomy	Dependence
Isolation	Sociality
Risk	Safety
Incidence	Inefficacy
Nearness	Distance
Presence	Absence
To Support	Discourage
Protection	Lack of Restrictions

Complete the sentence with the missing word
It is important the .... of staff and others to acknowledge and appreciate users'......... .... and their personal............. , and respect each individual's process of............... , through which they become more.............. and...............
to create "packages" for each user, which are therefore............... and not standard.

Crosswords
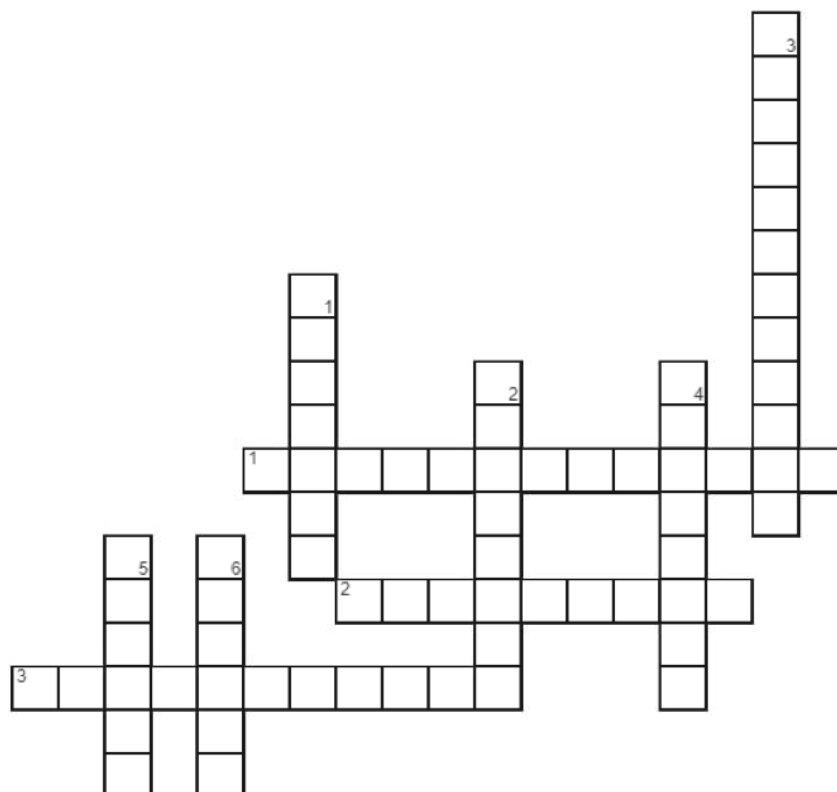
Across

1. emotional heat
2. attitude or ability
3. adaptable or variable

Down

1. secure base
2. the opposite of dependence
3. contrary to aversion
4. contrary to illness
5. to judge the worth
6. the act of choosing

Module 1. Answers

Unit 2

Find the missing words
If there are more <u>possibilities</u> in different areas this ensures that people can choose the things that best <u>suit</u> them. Being able to make personal <u>choices</u>, increases the chance of inclusion, well-being and quality of life.

Unit 2

Build a whole sentence by ordering the following fragments.
The role of case manager can be held by professionals according to literature but also by non-professionals.

Unit 3A

Exercise 1
There are more creative solutions, but the best is a fair compromise: if they have roasted chicken for dinner next two Sundays, one of the friends eats thigh.

Exercise 2
1. You text them instead. 2. You use headphones, or just turn the sound down and read subtitles. 3. Don't use the hammer, crack them using nutcracker.

Unit 4

True or False
1. Volunteering is a process that indirectly helps the social inclusion of users. **TRUE**

2. Volunteers should always be trained in order to support people affected by mental disorders. **TRUE**

3. Trained operators and volunteers cannot help each other in working with users as they have different approaches. **FALSE**

4. Residents and owners of apartments are always open and favourable in welcoming people having mental issues. **FALSE**

5. Volunteers can raise awareness in the community and create a bridge between society and users. **TRUE**

Mixed up sentence
The challenges that volunteers can incur are psychological stress, emotional involvement and frustration.

Social Skills Answers

Generic social skills	Specific social skills
Verbal communication Introducing yourself Recognise facial expressions	Teamworking Writing a formal letter Taking notes Instruct someone to do something

Fill The Gap
Learning – formal – generic – specific – families – families

Unit 5

Try to form the sentences:
It is important to ask for information from professionals who work in mental health organizations in order to find the right accommodation type.

Families should work closely together and try to find alternative funding methods of housing.

Unit 6

True or false

1. Neighbourhood's social climate is not important **FALSE**

2. Housing First model value(s) users' needs and resources after they have obtained a residence. **TRUE**

3. The user is not interested in choosing his location **FALSE**

4. A good habitability condition of a house is not so important to have a good mental health **FALSE**

5. Housing "step by step" emphasises the process of de-institutionalization **TRUE**

6. Housing "step by step" has as its objective to encourage the choice of the best possible accommodation. **TRUE**

7. Housing "step by step" value(s) users' needs and resources after they have obtained a residence **FALSE**

8. De-institutionalization process is based on the movement of users from a structure to another **FALSE**

9. Numerous studies claim that a customized Housing solution is a best practice for stationing a user **FALSE**

10. Housing users' needs and resources valuation have never had a value in case literature **FALSE**

11. The project's flexibility is necessary to respond individual resources **TRUE**

12. Active listening of user needs is necessary **TRUE**

13. Housing combines users' resources with those of the context **TRUE**

14. The quality of the environment in which you live has a significant impact on mental health **TRUE**

15. Housing is based on "packages" for each user, which are therefore flexible and not standard. **TRUE**

Complete the sentence with the missing word

It is important the availability of staff and others to acknowledge and appreciate users' wishes and their personal resources, and respect each individual's process of transition, through which they become more independent and self-sufficient to create "packages" for each user, which are therefore flexible and not standard.

Crosswords
Across
1.   emotional heat- hospitability
2.   attitude or ability - resources
3.   adaptable or variable - flexibility
Down
1.   secure base - support
2.   the opposite of dependence - autonomy
3.   contrary to aversion - availability
4.   contrary to illness - wellness
5.   to judge the worth- assess
6.   the act of choosing - choice

MODULE 2. MENTAL HEALTH SERVICES

This module is about all the indicators addressed to the target group of MH Services providers; moreover, you can find three videos on the HERO website. www.housing-project.eu

UNIT	KEY AREA
UNIT 1	Evaluation process Local resources
UNIT 2	Case manager Representation
UNIT 3	Flexibility Responsibility
UNIT 4	Volunteering Lifelong learning
UNIT 5	Housing resources
UNIT 6	Impact assessment

ANSWERS

To find out more, watch the following videos

▶ HERO - Housing and Mental Health project
▶ HERO - Housing and Mental Health project
▶ Strategies for a distributed dependency - Housing and Mental Health

MODULE 2. Unit 1a. EVALUATION PROCESS. The involvement of users in the planning process including choosing accommodation

Definition

A central element in a successful housing project is the assessment of service user competences and needs in relation to the Housing project. Assessment of functioning is crucial in selection of type of accommodation.

International classification of functioning, disability and health-ICF is an international tool for assessment of functioning which can be useful in the assessment process. ICF aim is "to establish a common language for describing health and health-related states in order to improve communication between different users, such as health care workers, researchers, policy-makers and the public, including people with disabilities" (ICF, World Health Organization, 2001)

Amongst the elements to be evaluated when engaging in a Housing pathway "step by step" approach, the degree of user's involvement in the planning process, is particularly relevant, including the choice of place, that will consider their specifications, their needs and expectations.

Conversely, in the Housing first approach, house allocation comes before the formulation of a personalized project.

Benefits

For recovery purposes the degree of involvement in the choice results in more significant reduction in symptoms.

Staff underline the critical issues that come as a result of choices that are

made mainly according to the necessity of user's "placement", irrespective of availability of appropriate and shared solutions.

Even where resource availability may be limited, the goal of sharing as much as possible the planning of the housing pathway with the user can always be incorporated.

It is important to develop personalized projects, shared not only at a procedural level, but mainly at an empathic one, in order to promote an effective improvement of the user's quality of life and the recognition of his/her personal resources and abilities.

Developing housing pathways requires an in depth knowledge of how institutions work; it requires the activation of new types of relationships amongst institutions in order to overcome critical issues while respecting everyone's resources and competences.

Challenges

The lack of involvement in decision making, is likely to rise a sense of alienation and non-belonging to the project, with an increase in the likelihood of failure and interruption in the chosen pathways.

GOOD PRACTICES

ITALY

Who? Dipartimento di Salute Mentale della ASL Lecce.
Where? Lecce, Italy
What and how? "THOSE OF THE PIANEROTTOLO: Evidence of supported coexistence - Outcomes and reflections on the experience".

Evaluation of projects in the network, aimed at small groups of patients discharged from the residential circuit or at risk of institutionalization, which allow independent living and autonomous management of living spaces. Hypothesis for the health budget.

Link to go in depth: mrosarialapenna@outlook.it

THE UNITED KINGDOM

Who? Rethink Mental Illness
Where? Registered Office 89 Albert Embankment London SE1 7TP United Kingdom
What and how? In October 2010 the Flemish government launched a call for experimental housing-welfare project. Central is a renewed collaboration between housing and welfare. The project puts a strong attention towards the users as a well elaborated procedure for demand clarification is implemented. Important to notice is that users that get involved have to sign two agreements: a rental agreement for the facilities and a support agreement for the professional services. Both are linked.

This is the largest voluntary sector provider of mental health services with over 200 services in England. Rethink Mental Illness is a charity that believes a better life is possible for people affected by mental illness. His aim is to help those people in finding accommodation and learning how to deal with daily tasks.

Link to go in depth: www.rethink.org/living-with-mental-illness/housing/housing-options/independent-living

GREECE

Who? Evalgelismos General Hospital, Psychiatric half-way house
Where? Platia Vathis (Vathis Square), Athens
What and how? A half-way house of a public General Hospital that gives the opportunity to mental health users to plan their future accommodation. The halfway house of Evangelismos General Hospital aims at promoting psycho-social rehabilitation of psychiatric patients during their stay in the house

for a period from 6 to 8 months. The involvement of the user in the planning process is crucial. Choosing an accommodation might mean choosing a Residential house or a protected apartment or an apartment in the community.

Note: The aforementioned case refers rather to a "common practice" for many similar Greek mental health units than a "best practice". Nevertheless, it has been proved to be quite successful, and therefore we opted to report it using one mental health unit as example.

Link to go in depth: https://goo.gl/GYh5Sz

BELGIUM
Who? Government, professionals welfare and social housing, users.
Where? Town Halle in Flanders

Link to go in depth: www.academia.edu/8016583/Een_experiment_wonen-welzijn._Sociaal_wonen_op_proef_met_ondersteuning

CROATIA
Who? NGO Susret
Where? Zagreb, Croatia,
What and how? NGO Susret runs community-based housing support for people with mental health problems since 2006. Their team consisting of peers and experts interviews a candidate for housing. Potential newcomer meets the roommate and find out firsthand how living in the community looks like. Afterwards the person who already lives in the flat has a say about new coming person.

Link to go in depth: www.udruga-susret.hr

Who? Center For Community Services „Ja kao i ti"
Where? Osijek in Croatia
What and how? The Center manages supported housing of mental health

users in the community. Their expert team decides together with the user about housing needs. They also ask the room-mates if they think they would get along with the new user, and their wishes are taken into consideration, as well. Lately one new user with learning disabilities was cordially accepted in the unit, since one of the old users met him in the hospital 10 years ago and remembered they got along.

Link to go in depth: www.jakaoiti.org

ACTIVITIES

Learning outcomes
How to involve users in their planning process

Giovanni and his psychiatrist at the Mental Health Centre meet the coordinator for the supported apartments made available by the Service.
Patient and doctor agree that Giovanni may live in a supported apartment, although Giovanni would like it to be in the neighbourhood where he was born and has always lived.

The coordinator of the supported apartments tells Giovanni and his doctor that there are no available apartments in the area.

Giovanni is disappointed and annoyed because he feels that he has no decision-making power in the important matters of his life, and always has to conform to other people's choices.

The coordinator of the supported apartments explains to Giovanni that even if he cannot choose a specific supported apartment, he will have the freedom to express his preferences regarding other matters ...

One of the participants will play the role of Giovanni, another participant will play the psychiatrist, and a third will play the coordinator of the supported

apartments.

They will try to answer to these questions: "faced with this person and his problems, what are the objectives that I set myself, based on my profession and the organization where I work, and what are the problem areas where I intervene to achieve them?"

After the role play, each participant will share their thoughts and feelings, and the viewers will engage in discussion about the events.

LET'S PRACTICE!

Gap-fill exercise

In the "step by step" approach, the degree of user's _____ in the planning process, is particularly _____, including the choice of the place, that will take into account their specificity, their needs and expectations.

Conversely, in the Housing _____ approach, house allocation comes _____ the formulation of a personalized project.

For recovery purposes the degree of involvement in the choice results in a _____ significant reduction in symptoms.

Mixed-up sentence exercise

Rearrange the words to give a correct sentence.

_____

_____

_____

requires a - how institutions - Developing housing – deep – work - knowledge of - pathways

Module 2. Unit 1b. LOCAL RESOURCES. The facilitation of the acquisition of accommodation, and the creation of new work opportunities for people with mental health issues

Definition

Houses, the surrounding area and the neighbourhood have an impact on the mental health of people who live there. When people live in a home where they feel good and are connected with their environment, this has a positive impact on their mental health.

Work contributes significantly to mental health. Many people with mental disorders want to work, but without professional help in the employment system it will be difficult for them to find a job. Hence, housing services should be linked to employment services in order to enable the employment of those who want to work.

From this observation, it is important to think about the location at start-up of a housing project. This location affects the independence, the sense of security, social inclusion and a sense of belonging. When looking for accommodation, it is important to take this into account and use every measure to check whether the home and the location of the property offers opportunities in these area including employment.

Benefits

Having daily work activities plays an important role in positive wellbeing. Employment, according to users, plays a fundamental role in independence and in the improvement of personal capabilities. Work enables people to enter into a relationship with their local environment as an alternative to being isolated at home. It is important to take account of people's needs.

It should be interesting to see what possibilities there are in working or in volunteering. Having (volunteer) work helps people to interact socially as an employee and that way get recognition and appreciation. They can be of value for society based on their strengths/talents.

Challenges

In addition, it is important enable increased contact and the quality of the contact between neighbours. Doing things together, can create bonds between people. By doing things together, people get to know each other and there is growing mutual understanding and trust. Facilitating this process can be a difficult task for the professionals.

Acting against prejudice is very important. If people are open to those with mental health problems this can contribute to them being more willing to rent out their property to people with support needs as well as offering them employment.

It is good to map out the scope in terms of acquiring a property. What options are there in the area of the social housing? What options are there on the private market? Are people entitled to an allowance for example a rental subsidy?

GOOD PRACTICES

ITALY
Who? IL Laboratorio - Centro Diurno - Bergamo
Where? Bergamo Italy
What and how? Social Networks: being viewed as a resource and not a problem for the community, to design and implement numerous initiatives within the district; being viewed as a resource and not a problem for the community, expanding the rehabilitation opportunities, both individual and group; break down the stigma through active participation in the life of the neighbour-

hood, using the services, informal and / or institutional, to expand our reha- bilitation offer; to favour the protagonist and recovery of the psychiatric user.

Link to go in depth: centrodiurnolab@asst-pg23.it

Who? Association "Conca d'Oro" Onlus , users
Where? Bassano del Grappa (Vicenza)
What and how? Conca d'oro is a social farm where people with disabilities / mental problems live and work: it is a reality strongly connected to the terri- tory that offers: point

THE UNITED KINGDOM
Who? Centre for Mental Health
Where? London
What and how? The majority of people with mental health problems want to work, but often the support they need is not available. The most successful method of supporting people with mental health difficulties into work is In- dividual Placement and Support (IPS). IPS finds people a job quickly and then provides time-unlimited support to keep the job and manage their mental health.

Link to go in depth: www.centreformentalhealth.org.uk

GREECE
Who? Social Cooperative Ev Zin - Users who work in the Social Cooperative
Where? Aigaleo
What and how? Social Cooperative supports users to live independently or find better living conditions.The Social Cooperative "Ev Zin" is governed by the principles of Law 2716/99, the first law on social entrepreneurship in Greece.

Submission to this law specifies specific operating conditions. If needed the person (who is able to live independently) gets support from the mental health professional for the acquisition of accommodation. "Ev Zin" has a vast network with mental health services to support the user's demand for a bet- ter living.

Note: The aforementioned case refers rather to a "common practice" for many similar Greek mental health units than a "best practice". Nevertheless, it has been proved to be quite successful, and therefore we opted to report it using one mental health unit as example.

Note: The case refers rather to a "common practice" for many similar Greek mental health units than a "best practice". Nevertheless, it has been proved to be quite successful, and therefore we opted to report it using one mental health unit as example.

Link to go in depth: http://koispe-euzin.gr/index.php/epikoinonia.html

CROATIA
User with bipolar disorder had a disagreement with her landlord and he asked to move out. The relapse and a difficult situation were the reasons her psy- chiatrist referred her to hospital stay in UPH Vrapče in Zagreb. A social work- er from the clinic intervened and found her boarding, offering to help the new landlord if any problem in communication arises. The user accepted the temporary boarding and after the hospital discharge stayed in Rehabilitation centre aftercare programme.

Link to go in depth: http://bolnica-vrapce.hr/web/

ACTIVITIES

Activity 1

Learning outcomes
How and by whom to acquire information

Divide the group in small groups. Let each group think about the following questions. Write down all the possibilities. In this way they can gain insight into the various possibilities.

> With what services, organizations, people near you, can you work together to create opportunities in the field of work?

> Look at the opportunities to acquire a property.

> Afterwards you can have a debate with the whole group and see if there are differences in the areas.

Activity 2

Learning outcomes
Looking for talents to start finding work for someone

The goal of this exercise is to think about strengths / talents. People with mental health problems say that it is difficult to find a job because people find it difficult to look beyond their limitations.

Divide the group in smaller groups. Let each group think about talents / strengths they see in people they support. Try to find 10 talents.

The next step is to think about what kind of (volunteer) work they could to do with these talents.

Let each group tell what they wrote down.

Afterwards you can have a discussion in group about the following questions:
- What is difficult to find talents?
- Was is it difficult to link talents to possible jobs?

LET'S PRACTICE!

True or false
1. Having meaningful daily activities or work plays an important role in feeling good. **T / F**

2. Acting against prejudice is very important. **T / F**

3. People do not want to rent out their home to people with support needs. **T / F**

4. People with support needs can be of value to others on the basis of their strengths / talents. **T / F**

Find the missing words

If people are .... to people with .... this can contribute to

people being .... to rent out their property to people with support

needs.

Module 2. Unit 2a. CASE-MANAGER. The facilitation of volunteering and professional networks

Definition

A Case Manager is the person who creates a long-term therapeutic relationship with a person with serious mental illness to help recovery. The case manager role includes connecting various organisations and services including volunteers and different mental health services that are involved with the person with a support need and their recovery. Case management uses evidence-based methods which have proven particularly successful in reducing the need for hospitalization and have improved results of treatment. The role of a case manager can be taken by professionals according to literature but also by non-professionals (network, volunteer, interested, etc.)

Assertive case management (ACT) involves a mobile specialist multidisciplinary team who are available 24 hours for SMI person who are difficult to engage with and who frequently use hospitalization.

A case manager performs different tasks. They support the person with psychological vulnerabilities such as: they can give advice, try to resolve any crises, visit the resident in their homes, keep results of controls and testing, oversee the medication schedule, asses mental condition and help, if necessary, to bring someone in contact with their GP or with other specialists. The case manager can offer individual, social, health and work assistance. It is necessary that a case manager is aware of health services and how to access them.

Benefits

In a housing context, as a professional you come into contact with a lot of people. As a professional, you will be challenged to not only pay attention to the person with a psychological vulnerability but also to pay attention to the network of this person. This concerns the personal network, neighbours and volunteers but also other services involved. This network facilitation is an additional task. Jointly research who can be important for the user so that the user is widely supported and not just supported by professional forces. In addition to the positive impact that emanates from a healthy living environment, this wide network can reduce the dependence on professionals.

Within a housing project, it will be an extra challenge for the professional employee to connect users with each other and in this process, if needed, to take on a facilitation role in addition to their substantive input. When we talk about all those involved, we first think about all those connected the person themselves and their network but also all professionals that support the person. It may be appropriate to organise meetings on a regular basis where everyone can talk about how things are going so far and what is needed in the future.

Volunteers have a significant impact in a living context. Their commitment can make people feel less lonely. As a professional, it is good to think how you can motivate volunteers to make a commitment and how you can support the volunteers. When looking for volunteers it is a strength if you can look how his qualities.

Challenges

A concern with the role of case manager is that they are just a kind of worker who makes appointments. The clinical case manager is a role that aims to correct this problem. They not only make appointments but must also accompany the person to these appointments.

It is important that the case manager's aim is social integration. No one wants to be supported only by professionals. Everyone wants to be part of a warm

society and feel connected to his natural network and environment. To do this, it will be important that the case manager translates information from the local environment to the person and tries to enable a positive interaction with the person and his network, environment.

Good practices

ITALY

Who? Department of mental health (National health service)
Where? Trento, Italy
What and how? UFE: Expert users and family members in Trento's Mental Health.

Their motto is "We all have a knowledge". For the operators it derives from a professional path, for the users and the family members from the acquired experience cohabiting with the psychic disorder. UFE often stay at the front office. UFE have good relationships with colleagues and with operators. Three principles: Social integration, Integration of all the interventions in a single system and Continuity in taking charge.

Link to go in depth: www.fareassieme.it

ITALY

Who? Dipartimenti di Salute Mentale di Como, Busto Arsizio/Saronno, Milano, Legnano/Garbagnate, Brescia e Pavia
Where? Lombardia, Italy
What and how? The ESP, experts in Support between Peers, are people who have experienced psychic suffering and have come out transformed. Now they help other sufferers with mental disorders. These people have been able to transform the experience of a mental disorder into a resource and today they do their job professionally. They are trained and selected, their activity is reimbursed by the Lombardy Region.

GREECE

Who? NGO "ethelon"
Where? Athens, Greece
What and how? NGO "ethelon" makes it easy for volunteers, professionals and NGOs to connect and keep in touch through an online platform. "Ethelon" is a non-profit organization, created to promote the concept of volunteering in Greek society. Through a set of actions, events and initiatives, as well as an innovative online platform "ethelon" tries to identify, mobilize and connect individuals, professionals, autonomous groups, institutions and companies with non-profit organizations of any domain, mental health included, aiming at developing synergies between them on a voluntary basis.

Link to go in depth: www.ethelon.org

BELGIUM

What and how? "brugwonen" describes the process of a housing project for people with a psychiatric problem. All partners collaborate strongly to come to a result.

Link to go in depth: www.researchgate.net/publication/316102732_Brugwonen_een_ontwerpend_onderzoek_naar_co-housing_voor_volwassenen_met_een_chronische_gestabiliseerde_kwetsbaarheid

ACTIVITIES

Learning outcomes
What are your tasks as a professional and which task might you pass to someone else in order to improve the connection with the network and neighbourhood

The aim of this exercise is to think about collaboration. How can we work together with other people to support people in their homes?

Divide the group in small groups. In each group think about the following questions.

○ Map your tasks as a professional. Who could play a role in these tasks? Is this a task that only can be done by a professional? Or can this be done by family, or a volunteer, …

○ How can an organization support their employees in their role / assignment?

Afterwards you can talk in group about the following questions:
What stands out?
What are things that you are proud of?
Are there things you want to change?

LET'S PRACTICE!

True or false
○ It is not necessary that a case manager is aware of health facilities and how to access them. **T / F**

○ It is important that the case manager's aim is social integration. **T / F**

○ As a professional you only support the person with a psychological vulnerability. **T / F**

○ It is better that someone is only supported by professionals. **T / F**

○ Volunteers have a significant impact in a living context. **T / F**

Find the missing words

A case manager can give ……………., try to resolve any ……………………… , visit the resident in……………………, keep results of controls and testing at, ………………… the medication schedule, adjust clinical profiles and help, if necessary, to bring someone in contact with their GP or with other specialists.

Module 2. Unit 2b. REPRESENTATION. Whether the services are interconnected

Definition

Case literature highlights how, in general, people with experiences of mental health issues prove to be very competent in weighing the benefits and disadvantages of different life choices.

Research that considered the point of view, expectations and satisfaction of users involved in a Housing process, highlighted that people with psychiatric disabilities, are totally able to evaluate if the different lifestyles are in line with their needs, desires and aspirations.

In the evaluation of Housing process, there are some aspects that users consider the most important:
○ The social climate in the neighbourhood
○ The possibility to choose the best housing solution
○ Living independently
○ Connection to the city
○ Interconnection between services

Benefits

The accessibility to services, taking charge, continuity of care and customization of the process can be guaranteed to these users, because they need complex and multidisciplinary assistance, in a few words a "recovery-oriented" project.

This connection between the different mental health services (housing project, out-patient services, day center) can satisfy users' need to be helped to organize their life even outside the sphere of living (social activities, job placement and training). All these aspects can guarantee a satisfactory standard of living.

Critical issues

Mental health professionals believe that the connection between services is a very important aspect for the users, because this connection guarantees a continuity of care and several opportunities for people with severe mental illness.

For the people involved in a housing process, recovery means to be able to live on their own, preferring to live in independent homes with a friend or a partner. Anyway, according to users, the presence of the mental health staff is very important and guarantees the safety of an intervention especially in case of psychiatric crises; but this presence must not be intrusive and has to respect their privacy.

This is the reason why people living in housing solutions with a "supportive" or "supported" housing, are more satisfied than people who live in residential facilities where daily life is more controlled and organized (custodial approach).

GOOD PRACTICES

ITALY

Who? Department of mental health (National health service)
Where? Trento, Italy
What and how? UFE: Expert users and family members in Trento's Mental Health.

Their motto is "We all have knowledge". For the operators it derives from a professional path, for the users and the family members from the acquired experience cohabiting with the psychic disorder.

UFE often stay at the front office. UFE have good relationships with col-leagues and with operators. Three principles: Social integration, Integration of all the interventions in a single system and Continuity in taking charge.

Link to go in depth: www.fareassieme.it

ITALY

Who? Dip. salute Mentale azienda ospedaliera provincia di Lecco e Università cattolica del Sacro Cuore
Where? Lecco, Italy
What and how? Psychiatry and Light Residentiality in the Province of Lecco: here Action Research was conducted in an inter-organizational perspective that was also attended by patients and their families. The basic idea is that organizational cultures can consolidate only through the involvement of those who belong to them and from concrete objects of work. Below are the organizations involved: Hospital, Private Social, ASL, Municipalities, Province, Family Associations, etc.

Link to go in depth: www.nuovarassegnastudipsichiatrici.it/attachments/article/140/NRSP-Vol.12-15-Psichiatria-e-Residenzialita-Leggera-Lecco-ricerca-azione-partecipata-in-una-prospettiva-inter-organizzativa.pdf

THE UNITED KINGDOM

Who? Live Well Directory
Where? Liverpool
What and how? Live Well is a directory of local care and support services, information and activities for the Liverpool City Region. The Live Well Directory is a partnership development providing information on support services and a range of other activities across the Liverpool City Region (LCR). The LCR partnership is made up of these local authorities: Liverpool, Wirral, Knowlsey, Sefton, and St Helens.

The directory has been designed to bring together information about groups and organisations offering services to people of all ages with various needs.

Leisure and social activities are also included on Live Well and there is also plenty of information on how to stay safe and well.

Link to go in depth: www.thelivewelldirectory.com

GREECE

Who? NGO Apostoli, Boarding House for Mental Health users
Where? Kypseli, Athens
What and how? Participation of residents in the activities of Day Centers of PEPSAEE and EPAPSY.

Note: The aforementioned case refers rather to a "common practice" for many similar Greek mental health units than a "best practice". Nevertheless it has been proved to be quite successful, and therefore we opted to report it using one mental health unit as example.

The boarding house of Apostoli in Athens is open to society and residence is part of a process that aims at ensuring their stay in the community and at the continuing of their relationship with their life and action. Users are free (and often encouraged) to attend therapeutic programmes offered by other mental health units, e.g. he day centers of PEPSAEE and EPAPSY.

Link to go in depth: www.mkoapostoli.com/?page_id=1147

BELGIUM

Who? Government, professionals welfare and social housing, users .
Where? Town Halle in Flanders
What and how? In October 2010 the Flemish government launched a call for experimental project housing-welfare. Central is a renewed collaboration between housing and welfare.

The project puts a strong attention towards the users as a well elaborated procedure for demand clarification is implemented. The project aims at im-proving the collaboration between social housing and welfare professionals

Link to go in depth: www.academia.edu/8016583/Een_experiment_wo-nen-welzijn._Sociaal_wonen_op_proef_met_ondersteuning

CROATIA

Who? Social workers and psychiatrist
Where? Zagreb, Croatia
What and how? Piloting project for Housing

After 15 years of stay in chronic mental health institution, a 50-year old user accepted the offer to be included in housing pilot and live with another two users in supportive housing in Zagreb, Croatia. She needed help from social care workers and psychiatrist to overcome a fear of losing any shelter. Her self-sufficiency was encouraged by experts in housing. She now needs no supervision for everyday activities.

Link to go in depth: www.dom-pbo-zg.hr

ACTIVITIES

Learning outcomes
Promote professionals' awareness regarding the importance of the connec-tion between the services as a resource in the recovery processes.

Divide the participants into three groups. Each group will have to reflect on one of the three problematic situations.

Situation 1
Daniele is a user of a mental health services. He lives alone in a supported house. He has good practice in housework and in living independently. How-ever, Daniele is an introverted person and he does not manage to integrate himself into his neighbourhood, He does not go out "often" and he does not

have friends. For this reason, he often stays at home alone. What you can do to promote Daniele's social inclusion in his neighbourhood and widen his social network?

Situation 2

A 28 years old girl following a crisis was admitted to the psychiatric ward of a hospital. After two weeks of treatment in the hospital, the time to discharge is approaching, but girl's situation in family is too confusing and reintegration at home it is discouraged. A housing project seems to be the best solution for the girl. However, at the moment the mental health service has no economic resources to implement a supportive housing project. How can we take action?

Situation 3

In the day center where you work, there was a cut in funding. This place delivered a number of workshops that are highly appreciated by users. Users are asking for representation to be able to resume their activities. How do you plan to take action?

Debriefing

Did the groups consider the same significant issues?
How did the groups take action?
How can you, as professional, promote interconnection between services?

LET'S PRACTICE!

Exercise 1

Read the sentence and mark it if they are true or false
1. Recovery means that users are able to live on their own. **T / F**
2. Users prefer not to have health support during their stay in housing facilities. **T / F**
3. Aspects such as social activities, job placement and training are not important to guarantee a satisfactory standard of living. **T / F**
4. Users prefer that someone else chooses their daily life for them.
5. Mental Health operators believe the relationship between the ser-

vices is an important aspect for the users. **T / F**
6. Users need help to organize their lives outside the home. **T / F**
7. Complex and multidisciplinary assistance guarantees continuity of care. **T / F**
8. People living in housing solutions with a "supportive" or "supported" housing are more satisfied than people who live in residential areas. **T / F**
9. Users prefer isolated houses poorly connected to the rest of the city. **T / F**
10. People with experiences of mental health issues are very competent in weighing benefits and disadvantages of different living solutions. **T / F**

Exercise 2
Crossword
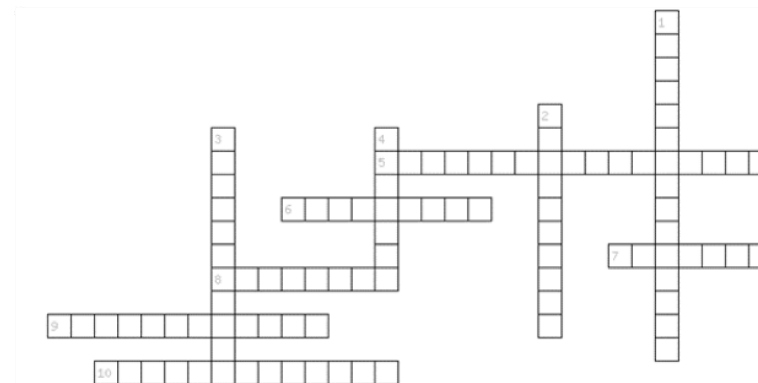
Down

1. initiatives promoted in the community to increase tolerance and good relations with neighbours

2. a physical or mental condition that limits a person's movements, senses, or activities

3. A growth process based on increasing self-esteem and self-determination to bring out resources and lead the individual to have a consciously capture his prospective

4. A deep and participatory modality of understanding and relationship, through which therapeutic factors and change can be acted upon

Across

5. the users who needs this kind of assistance can have more accessibility to services, taking charge, continuity of care and customization of their project

6. Those of health believe the relationship between the services is an important aspect for the users

7. Encourage patients to move from institutions to normal home

8. A process to make the user able to live his own life

9. A state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community

10. People who have been able to choose the Housing facility they prefer perceive a better of it

Module 2. Unit 3a. FLEXIBILITY - The presence of a network between different mental health departments

Definition

The organization of mental health services should balance inpatient and out-patient care, including the transitional residential facilities and access to reha-bilitation programs. Various mental health services and interventions should be used according to patient's clinical condition and assessed social and psy-chological factors that contribute to mental health problems and are obstacle to recovery. That is why the information exchange and collaboration be-tween different departments should be established.

Benefits

Established networks between different mental health departments provide the opportunity for patients to use services and interventions that fit his/her needs in recovery. All the parts of mental health system should imple-ment recovery principles in their approach toward mental health patient, and his/her transition from one department to another should be the part of the individual treatment plan. This plan should include the implementation of evidence-based psychosocial treatments, such as social skills training and supported employment, that enable social inclusion, and psychoeducation with the plan of relapse prevention. Mobile mental health teams have a major role in building bridges between various mental health services and enabling collaboration with other agencies.

Challenges

Collaboration and coordination between different mental health departments with the aim to help recovery for each individual patients is a creative process to find out what and for whom works best.

This type of work is an opportunity for mental health professionals to iden-tify which actions produce the best results and then replicate them. The pro-gression of the user to recovery is a sign that we are on the right track. There should be different network of mental health services available in regard to clinical situation for outpatients as well as inpatients treatment.

GOOD PRACTICES

ITALY

Who? UOSM 21 di S. Maria C.V. (CE), DSM ASL CE; Sapienza Università di Roma; Coop. Soc. Attivarci.
Where? Campania - Italy
What and how? Individual rehabilitation therapeutic projects and health budget, co-construction of wellness: an exploratory study. The objective of the study, in progress, is to explore the phenomenon of P.T.R.I./B.d.S. in the field of psychiatric disorders through a descriptive study and low-structured interviews (life stories with particular attention to contextual aspects).

Link to go in depth: ninodemat@tin.it
www.researchgate.net/publication/320231981_

ITALY

Who? Dipartimento di Salute Mentale di Garbagnate, Dipartimenti di Salute Mentale di Milano Niguarda, Milano Sacco, Lecco, Genova e Grosseto
Where? Milano , Lecco, Genova, Grosseto (Italy)
What and how? The project "Integrated interventions to support the recog-nition and early treatment of severe psychic disorders at a young age (15-24 years) in groups of population at risk", has allowed the activation of integrat-ed multi-professional teams that have worked for the identification of states mental disorders at risk of psychosis and early treatment of severe mental

disorders at a young age, in synergy with the resources of the territory, such as (associations, schools, religious and ethnic organizations, etc.)

Link to go in depth: www.nuovarassegnastudipsichiatrici.it/index.php/nu-meri-precedenti/volume-14/nuova-sfida-servizi-salute-mentale-lavora-re-rete-comunita-proteggere-promuovere-salute-mentale-giovani

THE UNITED KINGDOM

Who? Mental Health Network – NHS Confederation
Where? London
What and how? The Mental Health Network of the NHS Confederation is the voice for NHS funded mental health and learning disability service providers in England. They represent NHS providers from across the statutory, independent and third sectors in working with government, regulators, opinion formers, media and the wider NHS to promote excellence in mental health services and the importance of good mental health.

Link to go in depth: http://www.nhsconfed.org/networks/mental-health-network

GREECE

Who? Ministry of Health
Where? Greece
What and how? The Network of of Local Committees for Mental Health (TEPSY) is a network linking different mental health service providers both public and private. In Greece the Network of Local Committees for Mental Health (TEPSY) is a network linking different mental health service providers both public and private.

Proposals are made to the Minister of Health on relevant issues (Structures, Functions, Mental Health Education, Disease and Rehabilitation Prevention, Internal and Outpatient Therapy, Education, Research). TEPSY provides immediate solutions (at least theoretically it should provide immediate solutions) to ongoing requests from Mental Health Units. TEPSY only reports to

the Minister of Health and sends its proceedings to the Ministry per month, semester and year.

Link to go in depth: www.docs.google.com/viewer?a=v&pid=sites&srcid=ZG-VmYXVsdGRvbWFpbnxkaWt0aW9tZWxldGl8Z3g6MmJiNDk3ZmY3NTkwM-jhiMQ

CROATIA

Who? Department of social psychiatry - UPH Vrapče
Where? Vrapče, Zagabria
What and how? User with bipolar disorder had a disagreement with her landlord and he asked to move out. The relapse and a difficult situation were the reasons her psychiatrist referred her to hospital stay in UPH Vrapče in Zagreb. A social worker from the clinic intervened and found her boarding, offering to help the new landlord if any problem in communication arises. The user accepted the temporary boarding and after the hospital discharge stayed in Rehabilitation centre aftercare programme.

Link to go in depth: www.bolnica-vrapce.hr/web

ACTIVITIES

Activity
Have a group discussion with your colleagues how to creatively encourage your patients' independency. Test your ideas clinically and, if possible, share and publish your results.

'

LET'S PRACTICE!

Are these statements true or false?

a. The discharge from the psychiatric hospital means person is recovered.

b. Rehabilitation plans include social skills training, psychoeducation with relapse prevention plan, work with families, cognitive remediation and supported employment.

c. Housing improves users' quality of life.

d. Clinical management of the Housing includes assessments of user's mental wellbeing.

e. On the first sign of mental health worsening user must be referred to acute hospital unit.

Module 2. Unit 3b. RESPONSIBILITY. Whether decisions are shared or the users have full responsibilities

Definition

Sharing decisions also means that the responsibility for the decision is shared, it lies with the therapist and the client. The therapist reports all information about the housing/ treatment options to the client, they can recommend an option and decide on the option together with the client.

The role of client/patient is active. He/she receives all information needed for the decision and forms his own judgment on threats and benefits of the recommended options. Discuss his/her preference with the therapist and decide an option together with the therapist. This opposes the traditional paternalistic model where somebody else decides instead of the client.

International case literature refers both to housing projects where users are totally responsible for their choices and decisions, and to Supported Homes where users make all choices and decisions in collaboration with staff.

International literature highlights that it is important for the user to choose where and with whom to live. Users often express a preference to live on their own. Staff, on the other hand, generally view supported or protected housing solutions as more appropriate.

Cooperation among the individuals involved in the project is always regarded as highly significant. Nevertheless, the majority of the literature analyzed does not explore the relationship that exists between the viewpoints and perceptions of professionals and users.

Benefits

Staff operators should be aware that focus groups have revealed that users have expressed a need to try and experience Housing Projects, despite the risk of failure.

To develop proper pathways, it is essential for professionals to know whether users are able to cover their expenses.

To ensure that a project is successful, a user should:

- Have the freedom to decide when to be alone and when to be with other people;

- Be able or get helped in making decisions;

- Be part of an evolving project that can be updated over time.

The Recovery Star (developed by Triangle Consulting in 2011 on behalf of the Mental Health Providers Forum) is a useful tool in housing projects to identify the priorities that need to be increased to reach certain functional skills for a successful outcome of cohabitation.

The recovery star is built by the resident and shared with the operator and the family members.

Once established the scores at Time 0 (T0) and the scores for the areas which one wishes to increase together at Time 1 (T1), lines of action are set to reach score T1.

Challenges

Field research shows that users' preferences are taken into account only in 25% of projects/experiences.

However, experience suggests that there is an advantage to integrating users' and operators' opinions and wishes. Difficulties may arise if operators lack training. When it comes to making decisions about housing, operators must be sufficiently competent to be able to find a compromise between the limits imposed by real world conditions and the motivations of the users.

Case literature suggests that staff should reduce their protective behavior to support users in the recovery process.

GOOD PRACTICES

ITALY

Who? Microcredit group at ASL Center of Mental Health in Modena.
Where? Modena - Italy
What and how? Microcredit group. The group is a tool for personal growth and change: it produces a sense of belonging, a sense of personal and social identity, self-esteem and hope. The loan request is one of the possible actions within the working group; actions that however facilitate a series of positive transformations: symptom improvement, less use of drugs, reduction of hospitalizations, more social relationships.

Link to go in depth: www.sassuolo2000.it/2017/10/04/i-10-anni-del-grup-po-di-microcredito-presso-il-centro-di-salute-mentale-di-carpi

ITALY

Who? Fondation "Città del sole"
Where? Perugia Italy
What and how? The foundation, founded in 1998 to build life paths for people with severe and moderate to severe mental and mental disabilities through individualized "network" projects. The PRISMA project (Research-Intervention Program, Mental Health and Autonomy) activates a network of "normal" situations of residency, employment, free time (leisure), vacation where subject with mental problems find quality answers to their needs.

THE UNITED KINGDOM

Who? St. Mungo's (homelessness organization)

Where? London

What and how? Housing with shared decision-making regarding the rules by means of a contract. The Old Theatre in London is a housing project for rough sleepers who have been excluded from other accommodation projects. The project is focused on people with very complex needs (like mental health issues), but not only. The project does not foresee "house rules" for the clients, instead, these are agreed on negotiations with the users and are listed on the user's contract.

Link to go in depth:

www.crisis.org.uk/media/20499/staircases_elevators_and_cycles_of_change2010.pdf

www.homeless.org.uk/homeless-england/service/st-mungos-old-theatre

GREECE

Who? "Ippokratis II" Boarding Home, female and male mental health users

Where? 43 Arkadias St & Korytsas St Peristeri

What and how? Residents of "Ippokratis II" boarding house monitor their level of responsibility through their therapeutic plan.There is an effort to involve users as much as possible in decision making. In the therapeutic plan of each user there is an emphasis on the level of autonomy and the ability to for full responsibility.

Note: The aforementioned case refers rather to a "common practice" for many similar Greek mental health units than a "best practice". Nevertheless, it has been proved to be quite successful, and therefore we opted to report it using one mental health unit as example.

ACTIVITIES

Learning outcomes

How to create a priority chart, in order to improve abilities in Housing users.

Giulia, 40 years old, has been living for just a month with home assistance when needed. She lives with two other women who are much older than her. She has moved in with them because she could not live on her own, and this was her only real option. Her sister Maria, the only person in her family she is in contact with, tells the home assistant that Giulia cares about her things, that she is not bad, and that she is sure she will get used to the new situation. However, Giulia does not seem capable of taking care of herself. She has always been treated and has always felt like a little girl, expecting others to take care of her. She is sure that her sister abandoned her on purpose.

Since she has been living in the new house, Giulia knits, spends hours painting her nails, and will only speak to the home assistant. Her roommates don't know how to deal with her and they are especially annoyed because Giulia does not help around the house and does not communicate with them. They think she is weird, and too different from them to stay in the same house. During a home visit Giulia fills up the recovery star and she assigns a 2 point score to all areas, referring to the current status (T0).

One of the participants plays the role of Giulia, another one plays Maria, and a third plays the home assistant.

The activity of the three "actors" consists in deciding together in which areas Giulia's abilities should be increased in the following three months (T1). The "priority" chart, which refers to recovery star categories, is completed with a reference to T1 (three months).

The activity continues with the participants who – after comparing the scores and sharing information about Giulia's situation – try to suggest what should

be done to increase Giulia's abilities during the following three months.

The activity ends with the participants' observations and comments on defining priorities and actions that can be taken to facilitate the success of housing projects.

Priorities

LET'S PRACTICE!

Match the items on the right to the items on the left.

At the beginning of a housing experience, staff should support the participants in their daily	activities
At the beginning of a housing experience, staff should support the participants in the management	of relationships that can become critical or generate vulnerability

Mixed-up sentences

_____

_____

_____

_____

Case literature suggests that staff operators – should reduce their – protective behavior – to support users in the – recovery process

Module 2. Unit 4a. VOLUNTEERING - Whether the support is personalised or standardised

Definition

Volunteering in an environment with people having mental health issues requires preparation and responsibility. According to sources and opinions of experts ("Riflessioni sul rapporto tra medico e volontario socio-sanitario" Dr. Alberto Argentoni), basic preparation of volunteers regarding the theme, risks and problems, is needed. The preparation is useful not only for the users, but also for the volunteer, who can incur into psychological stress, emotional involvement and consequently frustration.

Benefits

The collaboration and link that volunteers and professionals have, is very important and useful for the users; we believe that diversity in a professional way benefits and adds value to the implementation of the activities and the tasks involving users.

It is also important to decide who will supervise the activity of the volunteer, because this latter can have different roles. Indeed, the professional might not have a direct responsibility on the activities of the volunteer.

Moreover, the volunteer can also create a real bridge between society and the users, raising awareness.

Challenges

The professional who operates with volunteers has an important role of coordination, supervision, control and management. After general and standardised preparation on the job that they are going to do, personal support for volunteers is needed because it is important to understand their personality, motivation, aspirations and attitudes. Moreover, the preparation for the volunteers will focus on empathy and listening to the people.

According to this, a significant percentage of experts, maintain that it is important to develop personalized projects, shared not only at a procedural level, but more importantly at an empathic one, in order to promote an effective improvement of the user's quality of life and the valorisation of his/her personal resources and abilities. At the same time, a personalized support requires time because it is necessary to know the volunteer, his personal interests and aspirations.

GOOD PRACTICES

ITALY

Who? Fondazione Cariplo
Where? Province di Bergamo, Como, Milano e Sondrio
What and how? The Foundation supported Lavoro&Psiche project, which validated and disseminated an innovative model of work integration for people suffering from severe psychiatric disorders. It invested a budget of 4 million euros in the initiative, experimenting with innovative public and private actors innovative elements: technical tables for job integration within the ASL, the professional figure of the coach, the methodology for the evaluation of interventions, participatory planning. This approach At the base of the model of work on mental health in Lombardy there is this project.

Link to go in depth:
www.fondazionecariplo.it/it/progetti/servizi/lavoropsiche/lavoro-psiche.html
www.fondazionecariplo.it/static/upload/lav/lavoroepsiche_lineeguida_web.pdf

THE UNITED KINGDOM

Who? NHS England, Think Local Act Personal, National Voices

Where? Countrywide

What and how? A training document for mental health workers to deliver more personalised services. The document describes some critical outcomes and success factors in the care, support and treatment of people who use mental health services, from their perspective. The document's goal is to help commissioners and service providers to organise person centred care and recovery oriented support for mental and physical health, and to know when they are achieving it.

Link to go in depth:

www.housinglin.org.uk/_assets/Resources/Housing/OtherOrganisation/NoAssumptions_MH_report.pdf

GREECE

Who? EKPSY Mixed Group of Residents / users from 19 to 60 years old

Where? Residential House in Kalithea

What and how? Each person in the Residential House is unique. Their needs and skills are unique. The personalized plan is written and evaluated by professionals in collaboration with the users.

Note: The aforementioned case refers rather to a "common practice" for many similar Greek mental health units than a "best practice". Nevertheless it has been proved to be quite successful, and therefore we opted to report it using one mental health unit as example.

Link to go in depth: www.ekpse.gr/en/contact

ACTIVITIES

Learning outcomes

1. Raising awareness of the importance of support in volunteering

2. Improving knowledge about volunteering, their barriers and their solutions

In a group, discuss your personal experiences:
Have you ever worked with volunteers?
What are the challenges that can occur in working together?
What are the benefits?

Debriefing

When the exercise is finished, talk to the group about their experience, ask them : Have you ever thought of giving the opportunity to volunteer?
Encourage participants to share their own experience in relation to the benefits and barriers identified during the activity.

Tips

○ Participants can do this in different ways: split the group in 2 smaller groups, 1 group will discuss and write a list of 10 benefits on a A3 paper while the other group will work on a list of challenges to be written on a A3 paper. Then each group will find in a jointed way solution to the challenges.

○ Try to facilitate the discussions regarding benefits and challenges from all point of view, including those related to the users, the volunteers, the professionals and the local community.

LET'S PRACTICE!
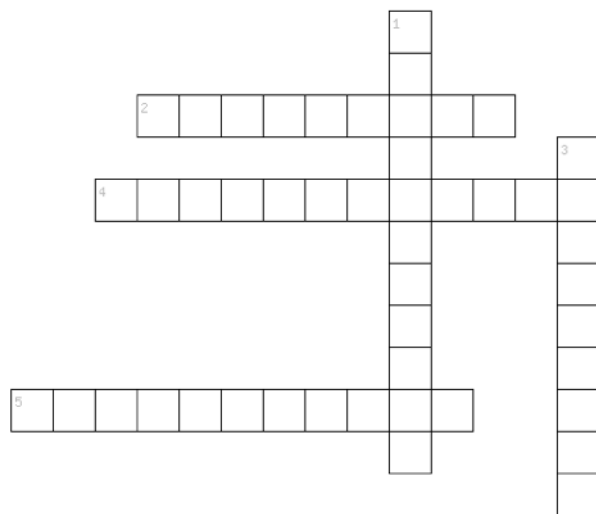
Down

1. What is important for volunteers before they start working?

3. According to what peculiarity the project of volunteers is personalised?

Across

2. Who creates a bridge between the society and users?

4. Proseffional have an important role of control, supervision and...

5. Psychological stress of volunteers can lead to...

True or False

1. Preparation of volunteers is needed in order to avoid psychological stress and frustration.   T / F

2. The role of professionals is only coordinating the work of volunteers. T /F

3. Volunteer can also create a bridge between users and society. T / F

4. In order to promote an effective improvement of the user's quality of life, it is important to create personalized projects for volunteers.   T / F

Module 2. Unit 4b. LIFELONG LEARNING. Regular supervision and continued training (including time management)

Definition

Mental health professionals require a set of skills and knowledge that goes beyond their field of expertise. For example, it becomes necessary that all involved in recovery of persons with mental illness are specifically trained to provide services that are in line with the housing projects, as they allow the improvement of the users' quality of life while ensuring respect for the user's privacy. Therefore, mental health workers must receive regular and up to date training about different topics related to quality of housing and, specifically, refresh or develop a set of skills and competencies which allow the development of a healthy relationship between the user and the mental health worker. Moreover, the workers should be able to work on conflict management and transformation, but also on the organization of the user's life. For example, time management plays a pivotal role in organizing the daily life of the users. Supervision should a be regular part of lifelong learning. Supervision helps mental health professionals to maintain their competencies to work with clients.

Benefits

Alongside regular training, mental health workers must be monitored and supervised regularly. According to J. Carpenter and C. Coomber (UK), effective supervision has several positive outcomes on the workers who perceive more support from the organization, especially since mental health working requires a strong emotional demand. Moreover, supervision is linked to job satisfaction, commitment and retention.
www.scie.org.uk/publications/briefings/briefing43

Challenges

The main reason is that it results in personal independence of the users themselves, that is often reflected in the human relations and self-sufficiency. This shows again how mental health professionals, in the context of housing, can be therapeutic not only in the treatment of the illness, but also in promoting a level of autonomy. It is important to notice how this can be a window on the outside world, since self-sufficiency may ease the integration and acceptance of the users in the community. The failure to establish a life long learning system will lead to serious difficulties in the recovery process of the clients.

GOOD PRACTICES

ITALY

Who? Dipartimento Biomedicina sperimentale e Neuroscienze cliniche; U.O.C. Psichiatria, AOUP; Ambulatorio Gravi Disabili, AOUP - PALERMO
Where? Palermo, Italy
What and how? Project "Improvement of Integrated Assistance to Disabled Persons" The aim of the study is to investigate the impact of the M.A.I.D.A. on users involved in the Severe Disability Clinic and their caregivers, in terms of quality of perceived care.

Link to go in depth: Erika.lacascia@unipa.it

ITALY

Who? S.Orsola-Malpighi Hospital, Study Center EBN
Where? Bologna
What and how? Oriented Services for Case Management training
Sant'Orsola-Malpighi is a structure with a high level of competence in the areas of Clinical Governance (GC) and that has developed over the years skills in the field of training and research. The Center EBN deals with training in clinical-assistance research and organizes, in collaboration with the University of Bologna, continuing education and university initiatives in Case Management and Evidence Based Practice (EBP).

Link to go in depth: www.ebn1.eu
                        www.evidencebasednursing.it

ITALY

Who? SISISM, Società italiana di scienze infermieristiche in salute mentale , professionals
Where? Bologna
What and how? Networking between professionals and research in nursing care. SISISM was founded in 2017 and aims to enhance the culture, identity, skills and good practices of mental health nurses, to improve the quality of care provided to citizens and promote the constant updating of registered professionals. Collaboration between professionals and nursing research is the Company's core business.

Link to go in depth: www.nurse24.it/infermiere/professione/sisism-societa-scientifica-infermieri-salute-mentale.html

THE UNITED KINGDOM

Who? Richmond Fellowship
Where? Liverpool
What and how? Time banking project dealing with isolation through the inclusion in the local community. The time banking project developed by the housing organization Richmond Fellowship aims to tackle the social isolation faced by adults in the Liverpool area who live with mental health problems.

The project takes a new approach by supporting individuals to engage with their local community, access services and rebuild their confidence.

The project creates opportunities for people with mental health problems to exchange their skills and time and thereby improve their mental health by

incorporating the five ways to wellbeing: connecting, giving, learning, taking notice and being active.

Link to go in depth: www.richmondfellowship.org.uk/how-we-can-help-new/find-a-service/merseyside/our-time-liverpool

GREECE

Who? Hellenic Centre for Mental Health and Research
Where? Athens, Thessaloniki, Patras, Crete, Zante, Livadeia / Greece
What and how? Offering access to an open lifelong learning and vocational training platform with different kinds of learning, which can be used by busy professionals at a time of their convenience. The Hellenic Centre for Mental Health and Research (psychiatric and counselling services, housing facilities for children and adults with mental health problems) maintains an online training platform for mental health professionals. The platform is a complete and continuously evolving Electronic Learning System which supports vocational training and, more broadly, lifelong learning at all stages.

Link to go in depth: www.elearning.ekepsye.gr/mod/page/view.php?id=203

ACTIVITIES

Activity 1

Learning outcomes
  1. Raising awareness of the benefits of lifelong learning
  2. Improving knowledge about time management.

In pairs, discuss together what were the main challenges in your working life were and which skills have you developed to face these challenges.
  Do you think they can be applied when working within a housing project? How?

Debriefing
At the end of the activity, summarise what the group said and ensure that the importance of regular monitoring activities and supervision have been mentioned.

Tips
Participants can do this in different ways: you can ask them to work in peers, so it will be easier to share their own barriers.

Activity 2

Learning outcomes
Improving time management skills

This is a list of time management skills. Read through them in groups of 3 and find an example on how people learn these skills in their daily life. Avoid using examples from professional life.

  Adapting plans to changing circumstances

  Analysing processes and selecting the simplest way to accomplish a task

  Asking for help when overwhelmed with demands

  Assertiveness to say no to inappropriate demands that distract from central duties

  Attacking more complex tasks when you have the highest energy and sharpest concentrations

  Auditing how time is spent

  Avoiding procrastination

  Breaking broader goals into smaller parts and focusing on one step at a time

Creating daily, weekly and monthly "to do" lists

Eliminating time wasters

Grouping similar tasks together to limit transition time

Multitasking; shifting smoothly from one task to another

Openness to more efficient ways of doing things

Organizing digital files for easy retrieval

Prioritizing requests and demands

Punctuality

Reviewing performance and eliminating deviations from priorities

Setting daily, weekly and monthly goals

Setting realistic standards for quality and avoiding perfectionism

LET'S PRACTICE!

Fill in the gaps

Mental health workers must receive regular and up to date _____ about different topics and, specifically, develop a set of skills and competencies which allow the development of a healthy relationship between the _____ and the _____.

Mental health professionals, in the context of _____ , can be therapeutic not only in the treatment of the illness, but also in the creation of _____ individuals.

Module 2. Unit 5. HOUSING RESOURCES. Whether the user's money will be administrated directly to them

Definition

Money management is one of the skills needed for everyday life. People with serious mental illness may have problem with money management, so he/ she will need assistance and training in this issue Impaired money management capacity must be carefully assessed and monitored, and it should be a part of personal recovery plan.

People with mental health problems spend sometimes more money when they are unwell. Resisting the temptation to shop might be very difficult due to some of the symptoms of mental health problems, such as increased impulsivity, memory problems and difficulties planning ahead. Martin Lewis, founder of the policy institute dedicated to research for the devastating link between mental illness and money problems "Money and Mental Health Policy Institute", underlines "Be under no illusions: mental health problems can cause severe debt, and severe debt can cause mental health problems". That's why, in many cases the state or specific professionals have to be involved in the decision of users' money administration or take responsibility of the money administration itself.

Benefits

Direct money administration by users is an extremely important step on their way to autonomy and self-responsibility, promoting the right of choice and self-determination as well. Thus, it should be encouraged by policy makers and professionals. On the other hand, money administration by professionals, family or relatives could also be a means of protection for some users who can definitely not be responsible for themselves or for users during crisis pe-

riod. Examining every case as a different one and working with users and their families is surely of most benefit for all parties involved.

Challenges

The main question is "how do we help those who are unable to be responsible for themselves" and much more "how can we recognize those users who are truly unable to be responsible for themselves"? There are no easy answers and each case should be viewed individually, especially in the frame of housing facilities where residents can obtain different levels of functionality.

Meanwhile, another main challenge remaining is the "education" of those people who actually have the potential to learn to manage their own money, without being too intrusive, as well as the collaboration of family and relatives regarding money administration. Paternalistic attitude and stigma can be obstacles to train people to get skills to manage their money or provide them help in decision- support what is in line with the UN convention of persons with the disabilities.

GOOD PRACTICES

ITALY
Who? Dipartimento di Salute Mentale e Dipendenze – ASST Rhodense – Garbagnate Milanese (MI) – UOP di Rho; Università Cattolica del Sacro Cuore – Facoltà di Scienze Politiche e Sociali – Milano.
Where? Rho, Italy
What and how? Study on "support administration". Monitoring of users, in charge of the UOP (Unità Operativa di Psichiatria) of Rho, with the protection of the support administration.

The support administration was introduced in Italy with the law n. 6 of January 9, 2004. This, aims to protect, with the least possible limitation of the ability to act, people who are totally or partially independent of the performance of the functions of daily life (physical or mental impairment), through temporary or permanent support interventions.

Link to go in depth: danielemastromo@gmail.com
                        Patients Coordinator in Support Administration

ITALY
Who? Onlus Associazione Italiana Amministratori di Sostegno Solidali
Where? Rome
What and how? The AIASS Onlusn Italian Association Support Administrators Supportive is no-profit voluntary work association that intends to provide support, assistance and training to Support Administrators who perform such a function not as a profession, but as a "service" towards of weak subjects, lacking in whole or in part of autonomy.

Link to go in depth: www.aiassonlus.it

THE UNITED KINGDOM
Who? National Healthcare Service
Where? Countrywide
What and how? Personal Health Budget. It allows people to spend their money for healthcare and support. A personal health budget is an amount of money to support your health and wellbeing needs, which is planned and agreed between a person experiencing mental health issues (or someone who represents them), and a local NHS team.

It is not new money, but it may mean spending money differently so that you can get the care that you need. A personal health budget allows you to manage your healthcare and support such as treatments, equipment and personal care, in a way that suits you. It works in a similar way to personal budgets, which allow people to manage and pay for their social care needs.

Link to go in depth:
www.nhs.uk/NHSEngland/patient-choice/personal-health-budget/Pages/about-phb.aspx
www.thinklocalactpersonal.org.uk/Browse/coordinatedcare/Personal-budgetsandpersonalhealthbudgets
www.england.nhs.uk/personal-health-budgets

CROATIA
Who? NGO Susret
Where? Zagreb, Croatia
What and how? Runs community-based housing support for people with mental health problems since 2006. Their users in housing unit get pocket money, money for food for a period of 2-8 days, depending individual user's financial management skills, money for clothes or shoes, and have their other funds from family or friends to spend or save as they wish. Users get support and coaching if needed.

Link to go in depth: www.zagreb.hr/posjet-udruzi-susret/48349

ACTIVITIES

Learning outcomes
To make mental health professionals understand better how users feel during negotiations about money administration. To make mental health professionals think about and notice if they are too intrusive.

Activity 1
Role play

Marianna lives in a boarding house and her sole income is her pension. Nonetheless, the last 3 months she spent all the money of her pension shopping in just 2 days. So, she was asking to loan money from the other residents in order to be able to have some money for her basic needs. She has a session with the unit's psychologist.

One of the participants will play the role of Marianna, and one the role of the psychologist.

After the role playing each participant will share his/her thoughts and feelings. Additionally, all spectators will, also, discuss what happened.

Activity 2
Role play

Niki lives in a boarding house and her sole income is her pension. She likes going to the theater every week, going for a coffee every three days, reading literature books (that she buys), and giving presents to her nephews. She was told that she should discuss her financial issues with the mental health professional, and she is very worried that she will be asked not to administrate her money. She does not want to ask somebody else to give her part of her own money to go to the theater or to buy presents for her nephews.

One of the participants will play the role of Niki, and one the role of the mental health professional.

After the role playing each participant will share his/her thoughts and feelings. Additionally, all spectators will, also, discuss about what happened.

Tips
The activities can be executed also in pairs or two groups, each one having two actors and a few spectators. A different variation proposes that all participants as a group can play the role of the user and discuss with the facilitator who will play the role of the professional.

Debriefing

Make sure that participants pay attention to the user's feelings, using questions as:

How do you think that Marianna/Niki felt during the conversation?
Did the professional try to respect her needs? Was he/she flexible?
Did he/she try to make her accept a predetermined solution?

If you choose the version of two groups, use the same scenario in both of them and make sure that you discuss on the different feelings of the users and management of the case by the professionals.

LET'S PRACTICE!

True or False

1. Mental Health Users living in board houses always administrate their own money. **T / F**

2. Mental Health Users living in board houses never administrate their own money. **T / F**

3. A Mental Health Professional is never involved in every day money administration. **T / F**

4. Mental Health users can't administrate their own money. **T / F**

5. Mental Health Users find it always easy to administrate their money. **T / F**

6. It is easy for families to help a mental health user to administrate his own money, there is no need for training and practice for the user. **T / F**

Choose the right word, in order to complete the sentence

It is / is not always easy for professionals to decide whether a user is capable of administrating his own money. In Housing facilities where residents have different / same functionality levels this decision becomes easier / harder.

We should / should not be sure that users are not able to administrate their money.

Users' financial administration capability can / cannot change from time to time.

Users' money administration is always / not always a mean of protection.

Try to link the phrases

Memory problems and increased impulsivity can cause	Money and Mental Health
There is an Institute specialized in studies around	Difficulties in money administration
When it comes to financial issues professionals have to work a lot with	Debt
Mental health problems have been found to be linked with	Relatives

Fill in the blanks with the right word

According to professionals some people with mental health problems spend _____ when they're unwell. At the same time, each case is different and it needs a lot of work with users and their families to find a balance between being_____ and being _____. We should _____ encourage _____ in money _____ and _____ should be given at the _____ of users who have the potential to be _____ for themselves.

More, always, intrusive, protective, responsible, autonomy, administration, education, emphasis

Module 2. Unit 6. IMPACT ASSESMENT - Whether social inclusion is an important target

Definition

Social inclusion is central for the aim of treatment as well as the assessment of outcome of treatment. Social inclusion is opposite of isolation. It is related to experience to be part of and belongs to community and use of recourses in the community according the someone preferences.

From revision on literature, from questionnaires distributed to mental health professionals in various European countries, about "understanding the importance of Impact assessment in process of housing people with mental health issues", we can focus on three main aspects:

- Social inclusion (33%)
- Users' participation regarding their treatment (32%)
- Deinstitutionalization process (19%)

Social and working inclusion are important to prevent users' chronicization and worsening of mental condition and for recovery of their autonomy. Relationships between housemates is important, but the relation with the wider context is important too.

Benefits

"Living outside" and building relationships in their own context of life are main aspects of a housing process. A good Quality of Life for people is closely linked to the presence of services on the territory and their real availability. A good relation with the living territory means to be part of a community.

The elements to consider in the individuation of a good residence are: Users' needs and wishes; House position that can promote the inclusion, Sense of affinity.

Factors, that seems to be more important to influence the perception of Quality of life, are linked to the variability context (for example the permanence in the same house that lead to experience stability, connection and social integration) and the characteristics of the neighborhood. Detect a house near shops, health services, public transports, relax opportunity, can promote user functioning and avoid home retirement.

Different studies show that it is to avoid neighborhoods with a high crime tax and a low social cohesion. To the opposite, a good choice can be places in which there is access to community resources like:

- Coffee shop, restaurant, bookshop, supermarket and church;
- Community support, open to diversity
- The grade of perceived security by users

All of those make easier learning, by users, of practical life skills reducing the dependence from operators and promoting their autonomy.

Challenges

Social Inclusion is very important for a healthy society. Living in facilities where users can only interact with staff is not anymore acceptable, as it represents violation of human right. People with any kind of difficulties in social inclusion need support rather than social isolation.

When users have no possibility to avail of health service can be a limitation for their autonomy and a risk factor for social isolation. It can be considered both a cause and an effect of mental distress. At the same time, choose

neighborhoods with a high crime tax and a low social cohesion limits user functioning and increase probabilities home retirement.

GOOD PRACTICES

ITALY

Who? Italian Government
Where? Italy
What and how? Reform III sector. The Legislative Decree 3 July 2017, n. 117 known as the "Third Sector Code". (Law 6 June 2016 n. 106) Reform of the Third Sector, of the social enterprise and for the discipline of the universal civil service. The definition of the Third Sector has been integrated with the purposes of social utility. The activities, typical of the Third sector, can now be carried out through forms of voluntary and free action (voluntary) or mutuality (associationism) or production and exchange of goods or services (cooperatives / social enterprise).

Link to go in depth: www.lavoro.gov.it/notizie/Pagine/Codice-del-Terzo-settore-entra-in-vigore-oggi-Decreto-legislativo-03072017-n-117.aspx

ITALY

Who? Cooperativa sociale Uscita di sicurezza – Human Foundation
Where? Grosseto, Italy
What and how? The Foundation evaluates the social impact of services for the community. It evaluates the impact of the services provided by the cooperative, using the SROI (Social Return On Investment) method, and among the services, in particular there are services in the mental health sector.

It refers to the theory of change that aims to improve psychophysical wellbeing. The intervention, working on the awareness and management of their emotions and pathology, strengthens the dimensions of trust and agency. It promotes the ability of make decision and manage one's daily life, with the construction of a life plan that starts from a social network.

Link to go in depth: www.uscitadisicurezza.grosseto.it/test/wp-content/uploads/2016/02/BS-2016-VALUTAZIONE.pdf

THE UNITED KINGDOM

Who? Liverpool Mental Health Consortium
Where? Liverpool
What and how? BAMER (Black, Asian, Minority Ethnic & Refugee) Mental Health Strategy Group. BAMER mental health needs have long been identified as a concern by BAMER individuals with experience of mental distress, commissioners, providers of services & community organisations locally. However, despite strong partnership working & networks amongst key stakeholders, there has been no strategic forum providing a focus for BAMER mental health concerns & initiatives in Liverpool. The Consortium has, therefore, established this group, in partnership with key stakeholders, to take the issue forward as part of its ongoing programme of work to support stakeholder participation in the development of mental health strategy & service improvement in Liverpool.

The aims of the group are to:
> Improve the mental health & wellbeing of Liverpool's BAMER communities by informing & influencing mental health commissioning & service provision to better meet community needs.
> Improve access to appropriate support & services for BAMER people through working in partnership with mental health providers to ensure that services meet the needs of BAMER individuals

Link to go in depth: www.liverpoolmentalhealth.org/bamer

ACTIVITIES

Learning outcomes
To promote awareness on importance of evaluating the housing process, to stimulate the identification of resources for housing and the identification and measurement indicator of users' social inclusion

Tips

This activity can be done as single person or in groups of 3 or 4.

Propose to participants this kind of case study

Luigi is 23 years old. He is an only child and does not have many friends. His parents have an overprotective attitude towards him and until now have not been very inclined to promote his autonomy. Luigi is a sociable person. He has good pragmatic and manipulative skills. He loves life in the open air and he has successfully attended an agricultural institute. He has difficulty in orientating himself in the city and, for this reason, he often avoids going out alone in places he does not know. Luigi is a user of a mental health centre and a month ago the centre activated a housing project for him. He lives in a supported apartment with 2 roommates. Actually Luigi goes once a week to the mental health centre and sporadically attends the day centre where, he said, does not find interesting activities for him.

Your goal as an operator is to increase the number of places frequented by Luigi in the next 6 months.

1. Take a map of the city or district where Luigi lives and mark on the map the places currently visited by Luigi.

2. Then traces the places, services, formal and informal realities present on the territory that can represent an opportunity for Luigi.

3. Think about what actions and resources you can use as an operator and as a service provider to support Luigi in expanding his network in the neighbourhood and his relationships in his living arrangements.

4. Identify at least 5 indicators to monitor and evaluate the intervention.

After the exercise, share the results all together.

Debriefing

Group reflection on the intervention:

How do you activate in research of new opportunity for Luigi's Social inclusion and living arrangements?

Did you have any difficulties researching indicators to measure the impact of your assistance?

Beyond those you identified, are there other indicators that you consider important?

LET'S PRACTICE

Exercise 1 - **Fragmented sentence**

Build a whole sentence by ordering the following fragments.

_____

Quality of Life / A good / of services / for people / and their real availability / to presence / is closely linked /on the territory

Exercise 2 -Find the missing words

"_____ outside" and building _____ in their own context of life are main aspects of an _____ process. A good _____ of Life for people is closely link to presence of _____on the territory and their real availability.

Exercise 3

Connect the left-hand sentence fragments together with those on the right, in order to form whole sentences.

1. Social inclusion is important // to prevent users' becoming chronic and worsening of psychic disease

2. It is central to "live outside" // building relationships within one's own context of life.

3. Being able to enjoy a relationship with the territory in which you live

// it means feeling part of a community

4. The permanence in the same house and feel an experience of stability // influence the perception of quality of life

5. Access to community resources facilitate // users' learning of practical life skills promoting their autonomy.

Exercise 4
Read the sentence and mark it if they are true or false.

1. Mental health professionals consider important users' participation regarding their treatment

2. Social inclusion is not important to prevent users' becoming chronic and worsening of psychic disease

3. "Living outside" and building relationships in their own context of life are main aspects of a housing process

4. Having no relation with living territory can be a limitation for user's autonomy

5. A good Quality of Life for people is closely linked to the presence of services in the area and their actual availability

6. The presence of shops, health services, public transports, opportunity to relax, are not related to users' functioning and leaving their home

7. Good living conditions of a house is not so important to have good mental health

8. Housing combines users' resources with those of the context

9. The quality of the environment in which you live has a significant impact on mental health

10. Housing is based on "packages" for each user, which are therefore flexible and not standard

Module 2. Answers

Unit 1

Find the missing word
open – mental vulnerability – more willing

Unit 2

Find the missing word
advice – crises – their homes – oversees

Exercise 1
true, false, false, false, true, true, true, true, false, true

Crossword

1) Social Inclusion	3) Empowerment
2) Disability	5) Multidisciplinary
4) Empathy	7) Housing
6) Operators	9) Mental Health
8) Recovery	10) Quality of Life

Unit 3

Answers
A and E are false.

Unit 4

Crossword
1. Frustration

2. Volunteers

3. Coordination

4. Interests

5. Preparation

True or False
1. Preparation of volunteers is needed in order to avoid psychological stress and frustration. **TRUE**

2. The role of professionals is only coordinating the work of volunteers. **FALSE**

3. Volunteer can also create a bridge between users and society. **TRUE**

4. In order to promote an effective improvement of the user's quality of life, it is important to create personalized projects for volunteers. **TRUE**

Fill in the gap
training – user – worker – housing – independent

Unit 6

Find the missing words
living – relationships – housing – quality – services

Exercise 4
true, false, true, true, true, false, false, true, true, true

MODULE 3. OTHER COMPANIES, SCHOOLS …

This module is about all the indicators addressed to the target group of other organisations, companies, schools, etc; moreover, you can find three videos on the HERO website.
www.housing-project.eu

UNIT	KEY AREA
UNIT 1	Evaluation process Local resources
UNIT 2	Case manager Representation
UNIT 3	Flexibility and clinical government Responsibilities and choices
UNIT 4	Volunteering and Civil society
UNIT 5	Responsibility and choices
UNIT 6	Housing resources
	ANSWERS

To find out more, watch the following videos

▶ HERO - Housing and Mental Health project - "Lifelong Learning" case study

▶ Employer - - Housing and Mental Health

Module 3. Unit 1a. EVALUATION PROCESS. Programmes to support the social inclusion of the service users

Definition

A huge number of people with serious mental illness have difficulties in social inclusion and need help from various programmes in the community. Before starting a housing project, it is important to assess whether any programs are available to encourage the social inclusion of users of Mental Health Services.

A network of services should be devised before starting processes of inclusion. The activation of a housing project always results from a lengthy planning process involving patients, their families, health staff and public facilities (i.e. general practitioners, health care assistants, support staff, local offices connected to the project, etc.).

At the beginning of a housing experience, staff should support the participants in their daily activities and in the management of relationships that can become critical or generate vulnerability.

Benefits

Housing projects are successful when the services involved can interconnect according to programs that provide a communication and connection network that empowers and stabilizes users, avoiding disagreement and divergence.

Challenges

Many of those who access housing programs are compared to "meteors" that need to be connected and directed in order to prevent them from "exploding.". Availability of social inclusion programmes in the community will prevent

negative consequences of social isolation.

GOOD PRACTICES

ITALY

Who? Associazione Progetto Itaca Roma
Where? Rome, Italy
What and how? "Family to Family" course. Often those with a family member with mental illness do not know how to behave and feel lonely. The free "Family to Family" course offers information and support and is held by other family members of suffering people, trained according to the National Alliance on Mental Illness (NAMI) standards, an organization of family members and users that originated in the United States.

Link to go in depth: www.progettoitacaroma.org/formazione

ITALY

Who? Oficina Impresa Sociale Srl, local institutions, users
Where? Bologna
What and how? Oficina Impresa Sociale Srl organizes support paths with the use of the IPS methodology for people with mental disorders. The IPS (Individual Placement Support) method provides a non-assistance approach to users, but focuses on personal empowerment and accountability, with accompanying actions and constant and continuous user support in the research and social and work placement. The interventions are carried out in network with ENAIP Emilia-Romagna, with supervision and coordination of the Department of Mental Health and are financed by the Emilia-Romagna Region.

Link to go in depth: www.oficina.bologna.it

THE UNITED KINGDOM

Who? National Development Team for Inclusion
Where? Countrywide

What and how? Housing for Mental Health and Social Inclusion Project. This three-year Department of Health subsidised project, led by the National Development Team for Inclusion (NDTi), will address the need to include community inclusion at the heart of housing planning and design by increasing knowledge, understanding and developing materials to:

> Design and implement a move from residential care to separate housing and support arrangements based on an aim of community inclusion

> Develop and implement effective tenancy agreements and include staff training on housing rights. Train support providers to deliver support that promotes community inclusion. Use an evaluation tool, 'The Inclusion Web' that enables providers and commissioners to quantify the impact of new practices around community inclusion

> Understand the economic implications of the move from residential care to supported living models

Link to go in depth:
www.ndti.org.uk/uploads/files/HSI_for_mental_health_flyer_final_March_2011.pdf
www.ndti.org.uk/news/housing-for-mental-health-and-social-inclusion-project1

GREECE

Who? Attikon University Hospital / users
Where? University Hospital
What and how? University Hospital supported the creation of a new Users' Association to support their social inclusion. People with psychosis have fewer social relationships beyond their families in comparison to general population. The Attikon University Hospital supported users who visited the Hospital to create a new users' association. Being socially connected is not only important for psychological and emotional well-being, but it also has a positive impact on physical well-being.

Link to go in depth:
www.attikonhospital.gr/index.php/iatriki-ypiresia/eksoterika-iatreia

CROATIA

Who? Svitanje NGO

Where? Zagreb, Croatia

What and how? Svitanje NGO has a cafe in UPH Vrapče, where occupational therapist, social worker and psychiatrist help volunteers to build social skills and self-sufficiency while having supervised training for waiters there. After users finish training, they find jobs in the job market.

Link to go in depth: www.vecernji.hr/vijesti/kafic-svitanje-konobaren-je-za-oporavak-od-psihickih-bolesti-368295

ACTIVITIES

Learning outcomes

How to support the social inclusion of service users

Role play

For about a month, four patients under the care of two different psychiatrists from the Department of Mental Health have been living together in a supported house.

During the home visits, both psychiatrists and assistance operators notice that the guests have developed a tense relationship. The four patients appear to feel threatened by the outside environment, therefore they tend to spend most of the day at home, where they get bored and end up annoying one another.

A meeting is called with the two psychiatrists, the home operators coordinator and a local municipality social worker to address the problem and explore what initiatives outside the apartment could be considered to encourage the inclusion of the patients in the neighborhood.

Four participants will respectively play the roles of the two psychiatrists, the coordinator of support operators and the social assistant. After the role play, each participant will share opinions and feelings and will discuss with the others what has emerged.

LET'S PRACTICE!

Mixed- up sentence exercise

_____

_____

_____

successful when the services involved are - interconnect according to programs that - and divergence. - Housing projects are - able to - avoiding disagreement - provide a communication and connection network that - empowers and stabilizes users,

Matching exercise

Match the items on the right to the items on the left.

At the beginning of a housing experience, staff should support the participants in the management	activities
At the beginning of a housing experience, staff should support the participants in their daily	of relationships that can become critical or generate vulnerability

Module 3. Unit 1b. LOCAL RESOURCES – experiences of families and financially managed accommodation

Definition

Accommodation for the user of chosen housing model must be accessible and suitable with regard to accommodation type and accommodation financing.

Literature indicates that homes, surrounding areas and the neighbourhood have an impact on the mental health of people who live there. People living in a home where they feel good and are connected with their environment, this has a positive impact on their mental health. The starting point remains that people can choose where, how and with whom they want to live.

People with disabilities did not have the opportunity to make these choices. We now notice a big change. From different angles, we are looking for ways to support people with disabilities. The goal is that people with disabilities together with people who are important to them, can shape how they wish to live.

People who choose to start a residential project find the own management very important. They want to choose where and with whom they live. This is not always the easiest way and certainly not the shortest route to an appropriate response to the housing questions.
The added value of such a process lies in the fact that you do this together with people of your own choice. You can shape your home and realize the desired support.

Challenges

People find it important to belong and be part of the neighbourhood and of the broader society. Building relationships with local residents is very impor-

tant. Getting to know each other through which mutual respect and trust can grow, is a first step. No one wants to be supported only by professionals. Professional and non-professional resources can be complementary. A cup of coffee with your neighbour, a visit to family or friends are moments that are very important to people. These things matter and contribute to feeling good and feeling surrounded. These issues deliver an immediate contribution to quality of life.

The challenge is to find the type of accommodation that suits the user preferences but at the same time it is also financially feasible.
Linking with the local area, between people and services, makes society more accessible for everyone.

Benefits

People choose a housing project because they want to belong, like everyone else. In addition to a comfortable home, the neighbourhood and the surrounding area play a crucial role. For those who need support it is important that they themselves can choose on whom they rely to be helped.

Everyone is of significance. It is good to think through all the possibilities in the area. Can someone volunteer in a primary school? Can anyone help in a social restaurant?

People in housing projects tell us that it is very important to be connected locally and to be part of the community. This is one of the reasons why people consciously choose to start an initiative.

In addition, they find it important to be involved and help shape what the house will look like.

GOOD PRACTICES

ITALY

Who? ASL Cagliari, ERSU Cagliari, Servizio Sociale del Comune.
Where? Cagliari, Italy
What and how? The project "shared living" is an experience of cohabitation between psychic sufferers and university students. It aims to promote the autonomy and social inclusion of people suffering from mental distress and at the same time offer university students an opportunity for personal and social growth. A result of integration, involving the Social Service of the Municipality, the team of the Mental Health Department and the social health workers of the three Mental Health Centers, the ERSU which selected the university students.

Link to go in depth: www.ersucagliari.it/index.php?option=com_repository&Itemid=137&func=select&id=72&eprivacy=1

ITALY

Who? (which organisation/institution and which kind of users
Association Solaris, family members, users
Where? Roma
What and how? "The House Keys" is a housing project created by "Solaris.

This is a non-profit organization founded by family members of users who previously lived in therapeutic communities and its main purpose is the active research of alternative housing solutions to institutional ones. The function of Solaris is social mediation: it identifies and leases the apartments to be made available to its members, having the possibility to provide financial guarantees to the owners.

Solaris does not have its own funds and the users pay monthly the amount due for the rent and utilities. This money comes from personal income (survivors' pensions, accompanying allowances, annuities); if the revenues are insufficient, the Mental Health Department of NHS intervenes by granting subsidies.

Link to go in depth: www.volontariato.lazio.it/solarisonlus/attivita.asp

GREECE

Who? ESTIA association
Where? Neo Psychiko, Greece
What and how? ESTIA specializes in providing support to people with Intellectual disabilities aiming at improving their quality of life and at making their inclusion in the community as normal as possible. ESTIA's families managed to find ways for financially supporting accommodation. They received for this goal National, EU, private sector funding.

The "ESTIA" center was founded in 1982 by parents of people with mental health problems. In October 1998, it was certified as a specialized vocational training center, for implementation of EU projects. ESTIA specializes in providing support to people with Intellectual disabilities aiming at improving their quality of life and at making their inclusion in the community as normal as possible. ESTIA's families managed to find ways for financially supporting accommodation. They received for this goal National, EU, private sector funding.

Link to go in depth: www.eseepa.gr/images/stories/english.pdf

BELGIUM

Who? Government, schools, users and family, professionals, architects
Where? Bruges, Flanders
What and how? Brugwonen' describes the process of a housing project for people with a psychiatric problem. All partners collaborated strongly to come to a result that would match all requests.

The collaboration with social housing partners and the province, made it possible to build the facilities and to rent them at an affordable price for the

families.

Link to go in depth:
www.researchgate.net/publication/316102732_Brugwonen_een_ontwer-pend_onderzoek_naar_co-housing_voor_volwassenen_met_een_chronische_gestabiliseerde_kwetsbaarheid

ACTIVITIES

Learning outcomes
Knowing there are different kinds of housing accommodation; being aware everyone has different needs, so different kinds of housing and support is important.

You can learn a lot by talking to people who started a housing project. It can be a good idea to list the housing projects in your area. Do they have a website that you can visit? What kind of information do you find on this website? Go and visit a housing project. Before this visit write down the thing you want to ask.

Tip
You can also ask them to do some preparation work. You can give them some websites, where they can find different kinds of housing. You can ask them to find some differences and some similarities.

LET'S PRACTICE!

True or false
o People who start a housing project find their own management very important. **T / F**

o It is not important to build relationships with local residents. **T / F**

o People in housing projects find it very important to be connected locally and to be part of the community.**T / F**

o It is very difficult for professional and non-professional resources to be complementary. **T / F**

Build a whole sentence by ordering the following fragments

On their mental health / in a home / with their environment, / a positive impact /As people living /where the feel good / and are connected / this has

_____

Module 3. Unit 2a. CASE MANAGER. What is a case a manager's role?

Definition

A Case Manager is the person who creates a long-term therapeutic relationship with a person with serious mental illness to help their recovery. The case manager role includes connecting the various organisations, services including volunteers and different mental health services that are involved with someone with a need of support and recovery. Case-management is an evidence based method which has proved particularly successful in reducing the need for hospitalization and improves the results of treatment.

The role of the case manager can be taken by professionals according to literature but also by non-professionals (network, volunteer, interested, etc.) A case manager supports the person with mental vulnerability.

The case manager provides advice, tries to resolve any crises, is visits the resident in their homes, keeps reports of controls and testing, oversees the medication schedule, adjusts clinical profiles and when people are affected by other diseases, he helps them to make contact with their family doctor or with other specialists. The case manager organizes any kind of contact and meeting with any community service or organization when this contact is important for social inclusion and recovery from illness. This can include all kind of resources in the community according to the individual recovery plan.

There are different forms of case management that vary according to the intensity of contact with the user, number and type of provided interventions, the individual and team approach etc. Assertive case management (ACT) is a mobile specialist multidisciplinary team available 24- hours for people with Serious Mental Illness who are difficult to engage with and who frequently use hospitalization.

Benefits

The role of case manager can be taken by professionals according to literature but also by non-professionals (network, volunteer, interested, etc.) Act is a 24-hour health team that specialises in critical situations, so it is an alternative to hospitalisation.

It stresses the importance of training and supervision for CM since they deal with problems caused by psychological problems.

In addition, the case manager is aware of health facilities and how to access them.

The case manager must provide individual, social, health and work assistance. It is important that the case manager aim is social integration. To do this, it will be important that he translates information from the environment to the person and tries to have a positive interaction with the person and his network/ environment.

Challenges

A concern about the role of case manager is that he is just a kind of worker who makes appointments. The clinical case manager is a role, which aims to correct this problem. He not only makes appointments but must also accompany the person to these appointments.

GOOD PRACTICES

ITALY

Who? Università degli Studi di Palermo; Associazione di Promozione Sociale L'isola che c'è – Palermo.
Where? Palermo, Italy
What and how? Governance and financing in psychiatric rehabilitation: a

health-oriented information system.

Study of models for the recognition of needs that provide data and indicators useful for a timely planning of rehabilitation interventions and a more appropriate allocation of resources.

Link to go in depth: a.francomano@virgilio.it

ITALY

Who? Regione Toscana
Where? Toscana, Italy
What and how? Law of the Tuscany Region that identifies modalities, funds and tools, which offers the possibility of having a case manager for every person with disabilities. The salient points of the resolution on the "Path of implementation of the regional model of taking charge of the disabled person are: a" Life Project "increasingly personalized and responsive to the needs of the disabled person, a" health budget ", to guarantee the realization of this project, a "case manager" that supports the person and the family throughout the journey.

Link to go in depth:
www.regioni.it/dalleregioni/2017/12/22/toscana-disabilita-con-il-proget-to-di-vita-il-percorso-e-sempre-piu-personalizzato-545298/

GREECE

Who? Centre of Psychosocial Care of the Prefecture of Evros (Residential House and Protected Apartment "Psixaspis")
Where? Orestiada, Greece
What and how? A full description of the Case Manager's role, published on the webpage of residential structures, so that anyone can be informed.
Note: This case refers rather to a "common practice" for many similar Greek mental health units than a "best practice". Nevertheless it has been proved to be quite successful, and therefore we opted to report it using one mental

health unit as example.

The Centre of Psychosocial Care of the Prefecture of Evros maintains the Residential House and the Protected Apartment "Psixaspis". In the internal regulation of the two structures there is a full description of the role of the Scientific and the Administrative Responsible. In Greece, these two positions together constitute the role of Case Manager, term used mostly in other European Countries. We could describe a Case Manager as "a graduate of a science, health, human or social sciences faculty with expertise in mental health and experience in the field of rehabilitation and social reintegration. He/She exercises overall supervision in scientific, therapeutic, administrative, management and educational issues".

Note: This case refers rather to a "common practice" for many similar Greek mental health units than a "best practice". Nevertheless, it has been proved to be quite successful, and therefore we opted to report it using one mental health unit as example

BELGIUM

Realisation of a new housing project directly linked to a community centre, a day-care centre and a retreat for elderly people.

Link to go in depth: www.vvgg.be/media/docs/Beeldvorming%20en%20destig-matisering/2012/Projecten_2012/6.%20Woonproject%20De%20Schorre.pdf

ACTIVITIES

Learning outcomes
What are the different services you can work with: In collaboration it is important to take the others knowledge and skills into account, but also their motivation and pace.

Activity 1

In a housing project it is important to work together with other services. Working together starts with getting to know the services in your area. The aim of this exercise is getting to know the services in the area. Divide the group in pairs. Get each pair to think about the following questions.

> What services are there in your area?
> What services have you worked with?
> Can you still see opportunities for cooperation?

Afterwards the couples can share their information with the group.

Activity 2

The aim of this exercise is to experience the role of a case-manager in collaboration with other services.

For this exercise you need a long stick (bamboo stick). Ask for 5 or 6 volunteers. The other ones can observe.

You put the stick on the ground and divide the group of volunteers in two. One group stands on one side of the stick, the other on the other. Everyone takes the stick with only two fingers. You put the stick above your head. You cannot hold the stick. It must rest on the fingers. Then you lower the stick until it is on the ground. Everybody must keep contact with the stick. When somebody loses contact, you have to start again.

When the exercise is finished you talk to the group about the experiences.

The things that you can experience are:

- It is not always easy to follow the pace of the group.

- It can help if someone takes the lead

- ....

Tip

Depending on the amount of time you've got, set a limit on the time you can spend on this exercise. Sometimes it goes very fast, but sometimes it really doesn't work. If you've got time left, after the debate, you can do the exercise again, but with the ones who have been observing. Is it going better the second time?

LET'S PRACTICE!

True or false

- The role of case manager can be taken by professionals and also by non-professionals. **T / F**

- Training and supervision for case managers is important since they deal with problems caused by psychological difficulties. **T / F**

- The case manager provides only health assistance. **T / F**

- It is important that the case manager aims on social integration. **T / F**

Find the missing words

It stresses the importance of .... (training) and ....

(supervision) for case manager since they deal with problems caused

.... (by psychological problems.)

Module 3. REPRESENTATION. Unit 2b. REPRESEN-TATION. How to ensure service users are aware of their issues

Definition

Persons with psychosocial disabilities have human rights as all people. The UN Convention on the Rights of Persons with Disabilities is obligatory for all citizens. Implementation of Convention is our duty and obligation. We are all in charge of protecting human rights. Persons with mental illness must also be informed about their rights and need support in exercising their rights.

People involved in public and private agencies reflected on users' representations and perceptions and on their degree of motivation and satisfaction.

They point out users' awareness of their own limits and resources as an important factor for the outcome of a Housing project. There is the common idea that a person suffering from mental illness can be compared to living the experience of be out of touch, to be unable to handle him/herself and to be dangerous for the others.

Benefits

The World Health Organization proposes a multidimensional model of disability, underlining not only deficits and limitations but all the dimensions of living.

This point of view can help to understand the most important things to do to improve the quality of life of the people with mental disabilities. Focusing attention on the strengths and not on the deficits, it enables the enhancement of resources of the person and of his community, and to create different Housing solutions and services that could adapt to everyone's needs.

Challenges

The stigma towards people with mental health problems is often a mix of linked factors: lack of knowledge, prejudices and social exclusion. For this reason, is very important to promote the acceptance and the support of the social contexts to allow the people with mental disabilities to live as a member of society enjoying of his social and civil rights.

Research that have considered the point of view of users involved in Housing pathway, points out that people with severe mental illness are entirely competent to evaluate whether the different living solutions satisfy their needs, desires and aspirations. Besides the desire to choose, the Housing facility they prefer how to organize their daily lives, Housing's users also would like to benefit from the support of professionals in a flexible and continuous way. This wish symbolizes the users' interest for a kind of support that assure autonomy and independence but, at the same time, guarantees the detection and treatment of a psychic distress that could otherwise compromise the personal well-being of the user, the cohabitation and so the outcome of the Housing project.

For many years the professional approach to rehabilitation pathways in mental health was focused on considering the person with severe mental illness and his community just in terms of deficit, pathology and dysfunction. This perspective can prevent the recognition and evaluations of precious points of strength, essential for a recovery-oriented therapeutic project.

GOOD PRACTICES

ITALY
Who? Luigi Sacco Hospital
Where? Milano
What and how? The focus of the "Supported House" project is to promote the patient's resources for housing. Each user has an individualized project

agreed planned according to a team of professionals. The project includes a Case Manager and an evaluation system of intervention. The privileged tools for monitoring the experience are videotaping and the ICF (International Classification of Functioning by OMS). These tools allow to evidence the user's relationship with his life context. The project has made it possible to improve the capacity of reception and closeness of the community towards the patient, to recognize the mediation role of the operators between the needs of the patient and those of the community itself.

Link to go in depth:
www.supportedhousing.altervista.org/chi-siamo/il-progetto2/

THE UNITED KINGDOM
Who? Mental Health Awareness Week (event)
Where? UK
What and how? Mental health issues affect around two thirds of the population, with many suffering in silence. Mental Health Awareness Week is a national campaign to help shed stigma around the topic. The event is coordinated by the "Mental Health Foundation", which did a survey discovering that nearly two-thirds of people say that they have experienced a mental health problem.

Link to go in depth: www.mentalhealth.org.uk

GREECE
Who? NGO Apostoli - Protected Apartment - Users with a higher level of autonomy.
Where? Kypseli, Athens
What and how? Most of these users are aware of their issues and difficulties, and they are encouraged to discuss them with mental health professionals.

Note: The aforementioned case refers rather to a "common practice" for many similar Greek mental health units than a "best practice". Nevertheless it has been proved to be quite successful, and therefore we opted to report it using one mental health unit as example.

In the NGO Apostoli - Protected Apartment in Kypseli users with a higher level of autonomy are supported to live independently. Most of these users are aware of their issues and difficulties, and they are encouraged to discuss them with mental health professionals.

Note: The aforementioned case refers rather to a "common practice" for many similar Greek mental health units than a "best practice". Nevertheless, it has proven to be quite successful, and therefore we opted to report it using one mental health unit as example.

Link to go in depth: www.mkoapostoli.com/?page_id=6257

ACTIVITIES

Learning outcomes
Fight the stigma in housing, promote social inclusion, promote awareness in people of other agencies

Activity
Tips
The activity can be done by single person or small groups

Propose to the participants this scenario
You are a building administrator. In the building that you administer a social coop has rented apartments to activate housing projects for people with mental health issues. Soon these new tenants will arrive in the building.
The other tenants of the condominium have already shown concern about these new flat mates.

Divide participants in two groups. Both groups should play the role of an ad-

ministrator of a condominium. The first group should think about the difficulties encountered by the neighbours. The second one should think about the difficulties encountered by new users that will be moving into the building. Ask the two groups to make a checklist of 10 difficulties that users and neighbours might encounter.

After discussions, ask the group to change its role and let them find solutions to critical issues found by other. What solutions could be put into action to manage critical issues?

After the exercise, share the results with the groups.

Debriefing
Ask participants how they felt in the role of users and tenants:
- Did the participants find any difficulties doing the activity?

- What do the participants suggest to make the activity easier?

LET'S PRACTICE!

Exercise 1

Crosswords
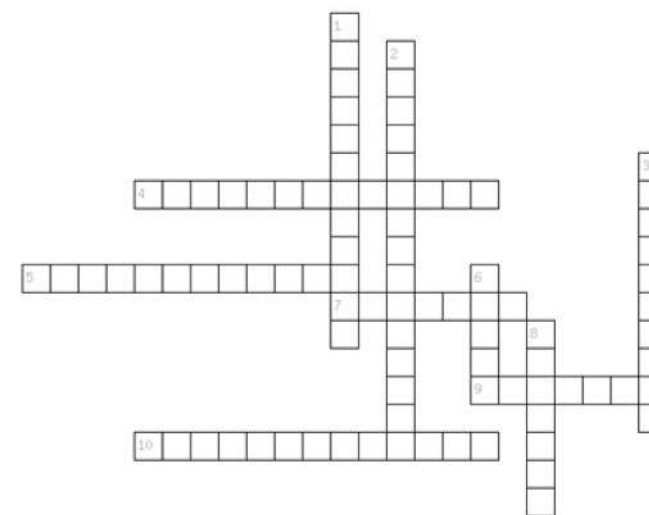
Down

1. the way in which two or more people or groups regard and behave towards each other

2. initiatives promoted in the community to increase tolerance and good relations with neighbours

3. a physical or mental condition that limits a person's movements, senses, or activities

6. People who expect and need to be help to arrange their lives outside of the home

8. A deep and participatory modality of understanding and relationship, through which therapeutic factors and change can be acted upon

Across

4. People who have been able to choose the Housing facility they prefer perceive a better of it.

5. A state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community

7. a disease or period of sickness affecting the body or mind

9. material assistance

10. Generally speaking, a high number of them can increase the perception of a better life quality

Exercise 2

Matching Exercise

Match the items on the right to the items on the left.

People with severe mental illness are entirely competent in	evaluate whether the different living solutions
World Health Organization proposes a multidimensional model of disability, underlining	deficits, limitations and all dimensions of life and living
The stigma towards people with mental health problems is often	a mix of linked factors: lack of knowledge, prejudices and social exclusion
Housing's users prefer to organize their daily lives and would like to	benefit professionals' support in a flexible but continuous way
Users are interested in a type of support assuring both autonomy and	could guarantee the detection and treatment of any kind of psychic discomfort

MODULE 3. Unit 3a. FLEXIBILITY AND CLICAL GOVERNMENT. Monitoring teams for housing projects

Definition

The World Health Organization (WHO) recommends that all the institutions providing treatment, care and housing for persons with mental health problems should be monitored on quality of care and human rights. Recommended monitoring includes: the assessment of standard of living adequacy; the achievement of optimal quality of treatment for mental and physical health; and maintenance of rights to exercise legal capacity and freedom from inhumane treatment. The team that monitors quality of housing should be multidisciplinary and include a person that represents users. The monitoring procedure should be established, and the team should be trained to provide quality assessment. Interviews with service providers should be done as well as with users of the housing project.

Benefits

Monitoring is an opportunity for improvement of services. After the irregularities are discussed, the recommendations must be implemented and continuous improvement should be a priority. It will increase residents' quality of life and improve coordination with other agencies that will establish better care for users with mental health problems. It can prevent the violation of users' human rights in the future, as well. WHO Quality Right Toolkit can be an instrument for regular evaluation of care that would help to achieve these benefits.

Challenges

Our poll data has also shown that monitoring must be a priority. Such surveillance should be done regularly and using the established procedure, fol-

lowing the criteria that are all known in advance. There should be very clear rules who monitors what, how often, and for whom. Usually there are (local) government bodies that certify whether various institutions, agencies and custodians of persons with mental health problems meet the established criteria for proving their service.

Laws usually dictate obligatory internal quality controls, but the practice shows that it should be mandatory to have regular visits of independent committees in mental health care and housing services. Such bodies for monitoring human rights, the European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment, after the scheduled visit makes recommendations in their reports how to improve services. Sometimes it is a real challenge to implement recommendations and not to treat them as a critique that should be forgotten.

GOOD PRACTICES

ITALY
Who? The National Agency for Regional Health Services (AGENAS) Public body of national importance, established by legislative decree June 30, 1993, n.266, which performs functions of support to the Ministry of Health and Regions for the development and innovation strategies of the National Health Service
Where? Italy
What and how? The National Plan of Actions for Mental Health - PANSM, elaborated by the inter-regional mental health group (GISM) approved in 2013, proposes a reorganization of mental health services, a methodology based on the need to work for specific and differentiated intervention projects; based on the assessment of people's needs and the implementation of care pathways; this implies a multidimensional systemic approach by the teams.

Link to go in depth: www.agenas.it/images/agenas/oss/assistenza/salute%20mentale/1_Piano_di_azioni_nazionale_salute_mentale.pdf

ITALY
Who? Fondazione Idea Vita
Where? Milano
What and how? The Idea Vita Foundation onlus, was the first Foundation of Participation in the social field. The Promoters are family members of people with disabilities who want to protect their relatives throughout their lives.

The planning and support of Widespread Housing projects, where the individual project is realized in an apartment, as single or shared with others. The Foundation aims to ensure, over time, the preservation of the most precious value for families: the serenity and well-being of one's partner. Idea Vita has identified this guarantee in the Monitoring Action of the person's life path.

Link to go in depth: www.ideavita.it

THE UNITED KINGDOM
Who? Peter Belford Housing Association
Where? London
What and how? User Focused Monitoring. User Focused Monitoring trains and employs paid auditors who are users of mental health services to evaluate those services. We contributed to the model developed by the Sainsbury Centre for Mental Health (now Centre for Mental Health). It works on the premise that for evaluation to genuinely reflect the concerns of service users, then they should lead the process at every stage.

The project has passed on knowledge to other local service groups, delivering training to Enfield Borough Service User Group and presenting to the People's Network in Hackney. We contributed to G320's report 'Flexible and focused: the specialists at the heart of neighbourhoods' which examined the role of smaller housing associations (HAs) in London.

Amongst the key messages, stakeholders identified the important role played by smaller associations as niche providers, particularly in supported housing

and local delivery.

Link to go in depth:
www.peterbedford.org.uk/about-us/projects/user-focused-monitoring
www.peterbedford.org.uk/wp-content/uploads/2014/01/G320_Flexi-ble-and-focused_the-specialists-at-the-heart-of-the-neighbourhoods.pdf

GREECE

Who? Ministry of Health
Where? All-over Greece
What and how? Central Monitoring by the Mental Health Department of the Ministry of Health, with the extra assistance of the Support and Monitoring Mechanism

In Greece, the Ministry of Health is responsible for the monitoring of all housing projects (residential houses, protected apartments etc) for people with mental health problems, as well as, the teams working on them. The specialized Mental Health Department of the Ministry is in charge of monitoring the implementation of laws and specifications regarding infrastructures and professional teams. Recently, a Support and Monitoring Mechanism has been created, in order to enhance assistance providing and monitoring.

Link to go in depth: www.moh.gov.gr/articles/health/domes-kai-draseis-gia-thn-ygeia/c312-psyxikh-ygeia

ACTIVITIES

Learning outcomes
Monitoring of housing project

Search your local media online: are there reports on demeaning or degrading treatment of persons with mental health problems in social homes or housing units in your community? Have there been any quality improvements there after the reports were published?

LET'S PRACTICE!

What criteria should be included in monitoring housing projects?

    a. The quality of the building and furniture

    b. The quality of program in which users are included

    c. The qualifications of the staff

    d. Whether the users are treated with dignity and care

    e. All of the above

Module 3. Unit 3b. RESPONSIBILITIES AND CHOICES. How to take different needs and abilities of service users into consideration

Definition

The agencies that have taken part in "focus groups" (conducted during the 'mapping' phase of the HERO project and in which housing quality indicators were identified) have explored the functions and roles that specific entities (associations, general practitioners, etc.) can assume with respect to the housing users, who need to be able to articulate their abilities if they wish to join the project.

First and foremost, it should be clarified that users are still fully responsible even when they are supported and helped in their decision-making processes and personal choices. It should be stressed that users of Mental Health Services have equal social rights and responsibilities as any other citizen.

It would be preferable for users to be able to choose the location and place in which they live, as well as the people with whom the space is shared, if applicable.

Benefits

Outsourced agencies connected with the Mental Health Service dealing with the dissemination of culture, opinions, thoughts, and the promotion of alliances and initiatives (i.e., schools, associations, press, community centers) certainly play a prominent role with regard to housing projects, as well as all other key figures (such as GPs and other specialists) who have a direct relationship with mentally fragile people.

To receive useful information regarding their collaborative role, these agencies can get in touch with the specific social and healthcare services providing support in users' daily lives and in their relationship with the neighborhood.

a) Taking into account the different needs and abilities of the users of the service in general is useful to know how to interact with the user and to give meaningful and useful information to the staff that take care of them.

b) Taking part in this effort through their collaboration with MH organizations is useful to prevent adverse events. This also ensures a lasting housing project.

Challenges

However, this healthy principle of choice can rarely be met, because resources are few and obstacles are many. We refer to the hesitation, doubts, and internal resistance that users can experience when adjusting to independent living, and the prejudice and fears in the surrounding environment.

As these projects need to be constantly updated and modified according to emerging and incidental needs, the agencies' contribution and advice play a fundamental role for both users and operators.

GOOD PRACTICES

ITALY

Who? Regione Umbria
Where? Umbria, Italy
What and how? Start processes to set up two Foundations of Communities, non-profit organizations, third sector organizations and private individuals, belonging to the two Health Authorities of Umbria, in order to improve the care's standards and taking charge of individuals with psychiatric illnesses, and to assure them of the paths of assistance and care even when the family network disappears ".

Link to go in depth:

www.consiglio.regione.umbria.it/informazione/notizie-acs/terza-commis-sione-istituzione-due-fondazioni-comunita-ambito-psichiatrico

THE UNITED KINGDOM

Who? Mersey Care NHS Foundation Trust

Where? Merseyside Area

What and how? Policy to support and management of service users with a dual diagnosis of mental health needs and a learning disability. This policy will ensure that service users with learning disability, who also have identified or possible mental health needs have the same right to access services as someone with mental health needs without a learning disability.

In the same way, service users with prominent mental health needs and an identified or possible learning disability have the same right to access learning disability services as someone with a learning disability but without mental health needs.The purpose of this policy is to ensure that staff are supported when assessing or providing care for service users with a dual diagnosis of mental health needs and a learning disability by enabling effective collaboration between mental health and learning disability services. Ultimately this leads to the most effective care to our service users.

Link to go in depth:

www.merseycare.nhs.uk/media/3517/sd25-v3-support-and-management-of-sus-with-a-dual-diagnosois-uploaded-13-march-2017-review-feb-2019.pdf

GREECE

Who? PEPSAEE Center for Employment - Mental Health users

Where? Athens

In PEPSAEE Day Center for Employment users are supported to define their goals. The Centre's participants engage in group activities to build communication skills and creativity and prepare for eventual employment. At the afternoon social club they can learn catering or computer skills, take part in artistic workshops, or just chat with others and help plan the Centre's events.

What and how? A Center for social integration of people with mental health problems.

Link to go in depth: www.pepsaee.gr

CROATIA

Who? Center For Community Services

Where? Osijek and Slavonski Brod, Croatia

What and how? A project "Novi život" was run in 2005/2006. by „Ja kao i ti" for social inclusion, increasing self-sufficiency and developing new skills for mental health users. Users were, according to their abilities and needs trained for using computers, equipment for photocopying, laundry cleaning, carwashing, as well as development of social skills.

Link to go in depth: www.jakaoiti.org

ACTIVITIES

Learning outcomes

How to take users into consideration in order to find effective solutions

Role play

Giovanna lives in a supported house with three other users. She had to accept this option because there was no other alternative. For a few months she has not paid her share of the rent, causing the others to be angry with her. The home assistant does not know how to solve the situation. Giovanna goes to see her doctor to ask for a sleeping pill prescription. She explains to the doctor that she needs them if she wants to sleep because one of the guests is very noisy at night. The doctor organizes a meeting in his studio with Giovanna and the home assistant.

One of the participants will play the role of Giovanna, another will play the doctor and a third will play the home assistant.

After the role play, the group will share their ideas and comments with the others.

✎ **LET'S PRACTICE!**

Mixed-up sentence exercise

_____

_____

_____

_____

_____

as any other citizen - social rights and - responsibilities - users of mental health services

Gap-fill exercise

Users are still fully _____ within the housing project - even when they are supported and helped in their decision-making processes and personal _____

Module 3. Unit 4. VOLUNTEERING AND CIVIL SO-CIETY. More information for a better sociological analysis of social processes

Definition

Volunteering is an activity in which time is given freely to benefit another person, group or cause.

Motivation is a key organizing feature of everyday life. Different features of volunteering have been established: volunteering brings a firmer, more secure, more grounded community, builds the interpersonal relationships amongst groups and neighbourhoods, but also it encourages individuals to be more dynamic in community engagement and interested in social affairs. Moreover, it has positive effects on the volunteer as a person, building their self-esteem, improving a variety of skills and capabilities, growing their career paths and becoming healthier physically and mentally.

Organisations should support volunteering to enhance mental health and should have a clear system to ensure that the volunteering activities have benefits on both people experiencing mental health and/or the volunteers themselves. For example, schools could organise volunteering days/weeks and private companies could allow staff some hours for volunteering activities. Moreover, volunteering allows networking and skills development, as well as confidence building. All these benefits can be brought back to the organisations as an asset.

Benefits

The role of agencies, schools and private companies is also to help volunteers to create bridges between community and users. Therefore, the first benefit is the creation of a social capital wherein the organisations play an important

role. The benefits are also on an individual level, but shared in the group of both volunteers and people experiencing mental health issues. Mental health improvement, barriers breakdown, awareness raising, wellness, and increased self-esteem, and longevity.

Challenges

Organisations may find it difficult to develop volunteering opportunities or to encourage people to get involved in such activities. To overcome these challenges, organisations may re-think their structure to create opportunities for people to get involved or network with organisations working with mental health issues.

This last option, namely partnership building, it is also useful to extend the organisations' social capital. Another issue may be stigma. It is not uncommon that people may have stereotypical views toward people with mental health issues and this might be a challenge for developing volunteering activities. The solution lies in developing parallel activities that involve awareness raising and information.

GOOD PRACTICES

ITALY

Who? Fondazione Di Liegro
Where? Roma
What and how? "Care networks and psychic distress. Users, families and mental health services in Rome ". The research represents a great exploratory commitment for the purpose of considering all the actors involved in the public scenario of mental health in the city of Rome.

The survey focuses especially on qualitative and subjective aspects of the main aspects concerning the relationship between users' needs, the behavior of families and the response capacity of the mental health services.

Link to go in depth: www.fondazionediliegro.com/pubblicazioni

THE UNITED KINGDOM

Who? Mersey Care NHS Foundation Trust
Where? Merseyside Area
What and how? People Participation Framework – Volunteering Policy. The Mersey Care NHS Foundation Trust has developed several policies for the delivery of their services. Among these, they developed the Framework for the People Participation Programme. This framework has been developed as a result of the adoption of a new model for participation by the Trust Board in March 2014, which itself was informed by an independent review involving service users and carers. Whilst acknowledging the diverse forms of participation (i.e., service users, carers, volunteers, members of the public, staff and contractors) the Trust recognises that service users are the focal point for all forms of participation.

A key principle of the People Participation Programme is that generally it should be based upon the principles of volunteerism, recovery and social inclusion – so that it operates in a manner that ensure, fairness, consistency, transparency and development for all participants. Within this policy, Mersey Care NHS Foundation Trust recognises that some sections of society experience prejudice and discrimination.

The Equality Act 2010 specifically recognises the protected characteristics of age, disability, gender, race, religion or belief, sexual orientation and transgender. The Equality Act also requires regard to socio-economic factors including pregnancy/maternity and marriage/civil partnership. This shows how the organization takes into consideration the sociological context in its policies, included the ones directed to volunteers.

Link to go in depth:
www.merseycare.nhs.uk/about-us/policies-and-procedures/
www.merseycare.nhs.uk/media/3268/hr31-v2-framework-of-the-people-participation-uploaded-20-jan-17-rev-sep-19.pdf

GREECE

Who? www.socialpolicy.gr

Where? Greece

What and how? Making sociological analysis accessible to a wider audience, through a simple and modern presentation. Socialpolicy.gr is an online platform created a few years ago, having as a main goal to highlight issues of social theory and social processes in relation with social policy and solidarity. Mental health and housing are a frequent theme of their analysis. The fresh and easy-to-understand presentation of these themes has made them accessible to a really wide audience.

Link to go in depth: www.socialpolicy.gr

ACTIVITIES

Learning outcomes

1. Improving knowledge of social processes related to volunteering
2. Raising awareness of the power each stakeholder has to make a change

Split in groups, ask each group to present a challenging story involving volunteering, mental health and public agency (Schools, Police, Library...) and private organisations (companies, charities, shops).

Ask the group to present the story through a living sculpture made by themselves. If they think it is not understandable, they can use post-its to write on who they represent.

A first group performs the sculpture while the others have to interpret what the group want to express. After that the facilitator asks the audience if they like the situation and how they would change it. The audience is invited to change the position of the sculpture or even to add actors on the scene. This will be done from each group. The activity has been taken by the theatre of oppressed and it invites participants to act for a social change.

Debriefing

The activity has been inspired by the Theatre of Oppressed (Augusto Boal, 1931-2009, Brazil) and it invites participants to act for a social change. Theatre of the Oppressed (T.O.) is a form of popular community-based education that uses theatre as a tool for social change. Inspired by the vision of Paulo Freire and its book "Pedagogy of the Oppressed", T.O. invites critical thinking. It is about analysing rather than accepting, questioning rather than giving answers. It is also about taking action — "acting" rather than just talking. The audience is not made of passive spectators but instead active "spect-actors" invited on stage to explore solutions on the issues presented.

Tips

"Living sculpture" is intended as a frozen image of people. Participants will first agree on an image and then they will need to represent it as sculptures.

LET'S PRACTICE!

Order the sentence

Influence family and friends / Volunteers experience /or colleagues/ many personal changes / informally when they return / during their placement and /.

True or False

1. Volunteers experience an increase in self-awareness and in cultural awareness, and they are inspired to influence others on their return. **T/ F**

2. According to studies and researches, doing volunteering helps to increase self-awareness and cultural awareness. **T/ F**

3. A challenge of volunteering is that it does not influence the families of volunteers. **T/ F**

4. Doing volunteering can challenge perceptions and stimulate an interest in development, social action and volunteering, but it does not involve a possible engagement of the volunteer with fundraising activities or campaigns. **T/ F**

Fill in the gaps

Volunteering is a tool that develops challenges at _____ level. Indeed, volunteers experience many personal _____ during their placement and influence _____ and friends or individual colleagues informally when they return. The influence at individual level, leads automatically to an influence in the _____ , which breaths the change.

This is the main goal of _____: through the stories shared by volunteers with family and friends, the community will become aware of the situation and will be able to face it.

Crosswords
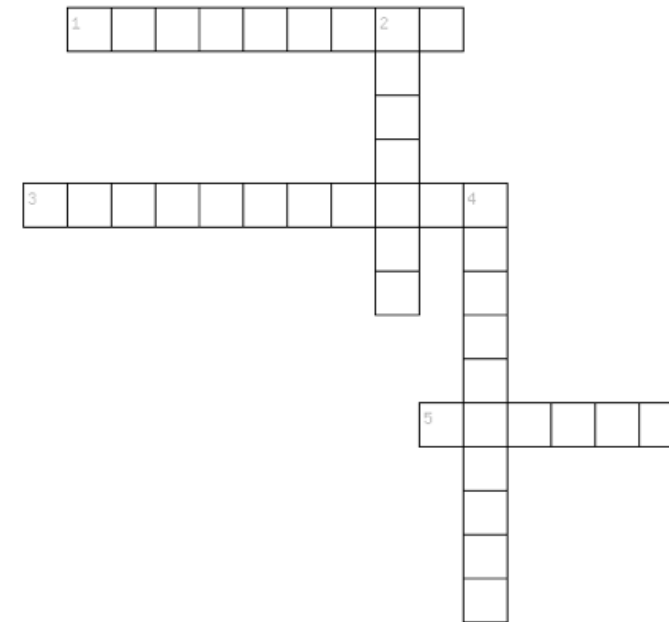
Down
2. The influence of volunteers at individual level, leads automatically to an influence in the
4. What is the key organising feature of everyday life?

Across
1. Placements increase in volunteers self and cultural...
3. What is one of the good effects of volunteering?
Who does the experience of volunteers influence?

Module 3. Unit 5 RESPONSIBILITIES AND CHOICES. Educational activities in schools

Definition

The objective is to develop acceptance of people affected by mental disorders. When other students "know how to be" around them, this raised awareness helps avoid marginalization. Training in schools is frontal, experiential and collaborative.

Benefits

Students often come into contact with mentally disabled peers, for example with their autistic classmates. Learning to 'be' with them effectively overcomes the disability (i.e., learning to move one's lips more distinctly and use hand gestures helps the hearing-impaired child to communicate - although still deaf, he is no longer disabled).

Activities taking place in schools therefore focus on "being" with the mentally impaired person and "studying and learning with" this person.

Teachers need instruction and support with bringing out the abilities of the pupils, overcoming any prejudices and coping with the anxiety of completing the yearly Academic Program.

The mission of the school should be re-defined; in addition to knowledge, inclusivity, social flexibility and reciprocity encourage proper development of the nervous system as well as a balance between the cognitive and emotional sides.

Learning the meaning of "neuroplasticity" and the importance of "problem sharing and solving".

Challenges

More than a treatise on mental illnesses, the focus is on the abilities of people affected by mental disorders, which are often concealed by the symptoms of their illnesses.

GOOD PRACTICES

BELGIUM

Who? Users, parents, government, professionals
Where? Almere, Netherlands
What and how? A Dutch organisation called 's Heeren Loo collaborated with the local authorities and a group of parents te create a new housing facility for children with an mental disability and having an Islamite background. All elements of such a project are discussed. First the mothers and later on also the fathers got strongly involved in the process. The individual experiences formed the basis from where to start

Link to go in depth: www.nieuwwij.nl/interview/binnenkort-in-almere-het-droomhuis/

CROATIA

Croatian branch of the International Federation of Medical Students, together with partners from Zagreb medical agencies, and funded by City of Zagreb, from 2016. runs mental health promotion project for youth "Pogled u sebe". Students and experts talk about common youth mental health issues in Zagreb high schools.

Link to go in depth: www.zagreb.hr/pilot-projekt-promicanje-mentalnog-zdravlja-pogled/85998 https://www.facebook.com/PogledUSebe

ACTIVITIES

Learning outcomes
How to acquire detailed and in-depth information on the issue of mental health

"Jigsaw-based" group activity:
Students are divided into groups of five.

The educational unit revolving around the subject of "mental illness" is divided in five segments, to be assigned to each student as a topic to be explored through research (some "segments" are suggested below, but others may be chosen according to students' and teachers' personal interests).

Each student will be assigned a different subject and will have to produce a report and present it to his group.

Subsequently, students from each group who have studied the same subject will meet and compare their researches and form "Expert Groups."

Each Expert Group will submit a joint report, and in the end there will be five reports that form final educational unit into a single five-part document.
The action concludes with a collective meeting focusing on the participants' experiences and sharing of the results.

Educational Unit: Mental Illness
Segments
1. Cinema and Mental Illness

2. Media and Mental Illness

3. Care for the Patient through Physical Methods

4. Mental hospitals: From their origins in the French Revolution to their abolishment by Italian Law n. 180

5. Rights acquired by a person affected by mental disorders over time

Class discussion on the following subject: How stigma runs through all five segments of the educational unit.

Final reflections on the topic undertaken.

LET'S PRACTICE!

Matching exercise
Match the items on the right to the items on the left.

When other students "know how to be" around them, this raised	acceptance of people affected by mental disorders
Training in schools is frontal, experiential	and collaborative
The objective is to develop at school	awareness helps avoid marginalization

Mixed-up sentence exercise

_____
the disability - distressed peers effectively – overcomes - Learning to 'be' with – mentally

Mixed-up sentence exercise

_____
Teachers need - anxiety of completing - the yearly - any prejudices and cop-
ing with the -instruction and support with - Academic Program. - bringing out
the abilities of the pupils, overcoming

Mixed-up sentence exercise

_____
deepen the issue of - activity could help - their students - teachers to -
Jigsaw-based" group - mental distress with

Module 3. Unit 6. HOUSING RESOURCES – how to decide on the options of sharing accommodation or single occupancy

Definition

There are no general rules that apply to all people regarding how to decide on the options of sharing accommodation or single occupancy. It depends on each person's unique case (level of functionality, funding, available social support, needs, desires etc.).

Users and families do not always have the possibility to choose between sharing accommodation or single occupancy, especially in public housing systems where the state predefines housing rules and conditions. In this type of system single rooms and apartments are rare.

Many times, the interdisciplinary team working in a housing facility will be in charge of the decision making.

In any case, it seems that strict and inflexible norms do not facilitate housing programs and that the existence of both independent apartments as well as common spaces to combat the element of loneliness is more than necessary.

Benefits

Sharing accommodation gives residents the possibility of interacting with other users, allowing them to create personal relationships and also overcome possible fears or stigmas.

Single occupancy on the other hand, provides independency and the important feeling of having personal space and time. There are also great benefits in involving users to the decision making procedure and of course in ensuring

the resources needed, so that each one can obtain the appropriate and satisfactory accommodation type.

Challenges

When it's time to decide about sharing accommodation or single occupancy it is a real challenge to balance personal desire, need of support and resources. Freedom of choice is not always encouraged, as norms tend to be strict and inflexible.

One main challenge is to avoid too-specific places that could lead to segregation, even if housing policies for the specific target are planned. Another is to give users the opportunity to choose, in collaboration with professionals, the type of accommodation that makes them feel more satisfied, as well as the appropriate support.

GOOD PRACTICES

ITALY

Who? ASL ROMA4 Department of Mental Health and Sant'Egidio Volunteers
Where? Civitavecchia, Rome, Italy
What and how? Paths of "protected cohabitation". Sant'Egidio, with the ASL Roma 4, has started housing projects that allow guests to carry out the rehabilitation process in a family and city context with the support of the Sant'Egidio volunteers, health and social services and of the territorial network. The family dimension offers people a high quality of life from a relational point of view, in apartments felt as "their own home".

Link to go in depth:
www.santegidio.org/pageID/3/langID/it/itemID/18604/Soluzioni-concrete-e-umane-per-le-persone-con-disagio-mentale-il-successo-del-modello-familiare.html

THE UNITED KINGDOM

Who? Mental Health foundation / National Alliance of Voluntary – Sector Mental Health Providers
Where? Countrywide
What and how? Mental Health and Housing Policy Paper. The policy paper describes a project to identify which types of supported accommodation successfully meet the needs of people with mental health problems in order to recommend effective housing solutions.

Link to go in depth:
www.mentalhealth.org.uk/sites/default/files/Mental_Health_and_Housing_report_2016_1.pdf

GREECE

Who? EKPSE offers services for users of all age groups.
Where? Residential House / Protected Apartments
What and how? It is a therapeutic issue who is going to stay with whom in a residential house or protected apartment. In Greece it is very rare to have single occupancy. EKPSE has only one protected apartment with one person. The rule in general is that people from the same sex share a room. People who are in the same age group and have compatible personalities have more possibilities to live in harmonic conditions. It's a therapeutic decision how to decide on the options of sharing accommodation.

Note: The aforementioned case refers rather to a "common practice" for many similar Greek mental health units than a "best practice". Nevertheless, it has been proved to be quite successful, and therefore we opted to report it using one mental health unit as example.

Link to go in depth:
www.ekpse.gr/en/contact

ACTIVITIES

Learning outcomes

To help participants from other organizations understand in an experiential way that both sharing accommodation and single occupancy have positive and negative aspects and that compromising availability, needs and desires can be a hard procedure for all persons involved.

Role play

A psychologist is having an empowerment group with mental health users.

The issue of housing arises:

Peter, 42 years old, is living with his mother. He is afraid that once his mother is gone he will not be able to live independently. He does not know anything regarding his housing options. Nevertheless, he is afraid that in case he becomes resident of a boarding house, he will not be able to sustain a personal life (e.g. have a girlfriend). He is not sure if it would be better to stay in his own house.

Anna, 39, is staying in a boarding house with other 14 people. Although this gives her a sense of safety, she feels really frustrated because there are rules on what time she gets back, she has to ask for permission when she leaves the house, and she feels that she cannot decide for herself.

One of the participants will play the role of Peter, one of Anna and one of the psychologist.

After the role playing each participant will share his/her thoughts and feelings.

Tips

The activity can be implemented with two participants playing the role of users and the facilitator playing the role of the professional.

Debriefing

Make sure that all participants focus on the needs and feelings of the users, as well as those of the professional. Additionally, emphasize on the different aspects of single occupancy and sharing accommodation.

LET'S PRACTICE!

True or False:

1. Mental health users always prefer sharing accommodation. **T / F**

2. The interdisciplinary team can decide the options for a mental health user taking into account the mental health user's need. **T / F**

3. The interdisciplinary team can decide the options for a mental health user without taking into account the mental health user's opinion. **T / F**

4. Many users feel that having the possibility of living and interacting with other users can allow them to overcome possible fears or stigma. **T / F**

Choose the right word, in order to complete the sentence

Usually / rarely the state predefines the rules and conditions in housing and users and their families have / do not have the possibility to choose their accommodation type.

Financial resources influence / do not influence the choice between single occupancy or sharing accommodation.

It is / it is not easy for families to support users who want to live in their own apartments.

Housing policies should become more strict / flexible.

Try to link the phrases

Single apartments
Single apartments
Common spaces
Sharing accommodation

Fight loneliness
Enhances interaction
Tend to be rare.
Encourages autonomy

Fill in the blanks with the right word

In most of the cases the _____ defines if users are going to stay in their own room/apartments or with others. _____ also need to play this role, taking into account the user's _____, his and his family _____ capacity, as well as the _____spaces of the housing facility. Users are always concerned about this type of decision and have _____, dilemmas and fears, so discussion should be encouraged and _____should be more flexible. Combining single occupancy and common spaces seems an _____ solution.

Module 3. Answers

Unit 1

Build a whole sentence
As people living in a home where they feel good and are connected with their environment, this has a positive impact on their mental health.

Unit 2

Find the missing word
training – supervision – by psychological problems

Crosswords
1) Relationship	4) Quality of Life
2) Social Inclusion	5) Mental Health
3) Disability	7) Illness
6) Users	9) Support
8) Empathy	10) Professionals

Unit 3

Answer
E

Unit 4

Order the sentence
Volunteers experience many personal changes during their placement and influence family and friends or colleagues informally when they return.

True or False
1. Volunteers experience an increase in self-awareness and in cultural awareness, and they are inspired to influence others on their return. **FALSE**

2. According to studies and researches, volunteering helps increasing self-awareness and cultural awareness. **TRUE**

3. A challenge of volunteering is that it does not influence the families of volunteers. **TRUE**

4. Volunteering can challenge perceptions and stimulate an interest in development, social action and volunteering, but it does not involve a possible engagement of the volunteer with fundraising activities or campaigns. **TRUE**

Fill in the gaps
Individual – changes – family – society - volunteering

Exercise
1)   Motivation
2)   Self-esteem
3)   Awareness
4)   Family
5)   Society

Unit 6

Fill the banks with the right word
functionality, state, questions, available, professionals, options, financial, interesting

MODULE 4. CITIZENS

This module is about all the indicators addressed the target group of the citizens. Moreover, it is possible to find three videos as additional material on the HERO website.

www.housing-project.eu

UNIT	KEY AREA
UNIT 1	Evaluation process
	Local resources
UNIT 2	Case manager
UNIT 3	Representation/perception
	Motivation and satisfaction
UNIT 4	Flexibility and clinical government
UNIT 5	Lifelong learning
UNIT 6	Housing resources
	ANSWERS

To find out more, watch the following videos

- HERO - Housing and Mental Health project - "Volunteering" case study
- Annelies - Housing and Mental Health
- Backbeat - Housing and Mental Health

Module 4. Unit 1a. EVALUATION PROCESS. Any prejudice which may impede inclusion

Definition

A prejudice can be defined as an opinion formed by personal beliefs and general hearsay, and not based on direct knowledge of the relevant facts, people and things, such that it produces a strong influence on one's assessment and a likelihood of misjudgment. Prejudices are particularly harmful when in addition to superficiality and generalization, a strong rigidity of thought is involved: one refuses to question the validity of a biased evaluation or subject it to verification using objective, reality-based data. In this way, prejudices serve to simplify complex and little-known realities.

Stigmatization is closely linked to discrimination. Discrimination regarding mental illness is related to a series of unfair behaviors that affects a person with a diagnosis of mental illness, such as not being hired for a job, or being dismissed from work.

Benefits

Well-organized housing experiences can create opportunities for dialogue and sharing, real relationships, knowledge of other people and their abilities, and help reduce stigma and prejudices.

An important contribution in the fight against stigma was provided by the media who, in 2010, created the "Carta di Trieste" (Trieste Paper), a document written and signed by the National Council of the Order of Journalists and the National Press Federation in response to the WHO's appeal for support in disseminating information to combat the prejudices, stigma and social exclusion that affect people with mental disorders and their families. This initiative is part of the ethical conduct code regulating the dissemination of news

about people affected by mental disorders and all matters linked to mental health in general.

At the local level, service entities can collaborate to encourage the fight against stigma and discrimination and spur on initiatives in which the skills of users of mental health services are valued, giving them a more complex identity than that of a mental disorder, regardless of the severity of the disorder itself.

For example it is possible to organize courses, open to all citizens, and led by experts on the subject (from information technology to cooking to foreign languages, painting, etc.) who suffer from a mental disorder, offering them the opportunity to express and see recognized their skills and competences. Any discrimination should be reported to the relevant authorities.

Challenges

Prejudices against people affected by mental disorders are particularly difficult to eradicate for a number of reasons. Even the media generally avoid this topic, as it may disturb and alienate readers unless it is associated with crime news. Though crimes generated by sufferers of psychic disorders are sporadic, prejudice about the danger and unpredictability of outbursts of violence remains most widespread and rooted.

Misinformation produced by the media furthers the belief that psychic disorders are something to be ashamed of, and that treatment is practically useless, as this kind of illness is generated by irreversible organic diseases. On the contrary, their psyches, like everyone's, reflect the stories and the experiences that have marked their lives, and cannot be reduced to the mere metrics of brain function.

Another widespread prejudice regards the idea that people who suffer from psychic disorders are somehow responsible for their condition; that they could control it, but are too weak to do so. Just as it is normal to feel pain

and empathy for someone who has cancer, it is perceived as normal to feel anger, suspicion and annoyance toward someone who suffers from a mental disorder.

These different biases often lead mentally disturbed people and their relatives and friends to become isolated and silent about their condition, feeding the shame and reinforcing the taboo that identifies the person with his symptoms. This behavior generates exclusion and marginalization, rather than encouraging social inclusion processes.

GOOD PRACTICES

ITALY

Who? DSM.ASLBA - CSM2Toritto
Where? Toritto, Bari - Italy
What and how? Project "Stigma's Words" The voice of psychiatry in a web radio. The activity comes from the collaboration of ASL with the Municipality of Toritto.

Within a RADIO WEB, "A Group At The Megaphone", managed by the boys of the National Civil Service, a transmission was created entitled STIGMA's WORDS. Participants include users, volunteers from the family association, CRAP EPASSS operators - engaged as editors, speakers, directors and sound engineers.

Link to go in depth: www.ungruppoalmegafono.blogspot.it/2017/01

ITALIA

Who? Mental Health Department of Modena's AUSL di Modena with public and private partner, users, citizens
Where? Modena and its province
What and how? Project «Màt - Mental Health Week», promoted by the Department of mental health and pathological addictions of the AUSL of Mode-

na since 2011, is held annually in the second half of October. A week of debates, conferences, artistic and cultural events open to citizens, located in different areas of Modena and its province, to raise awareness about mental health issues and implement the fight against prejudice and stigma that weigh on people suffering from psychiatric distress.

The event is the result of a participatory planning path, in collaboration with the associations "Idee in circolo" and "Insieme a Noi", and sees the involvement of institutional partners and a wide network of members of the associations of users, family members and operators of mental health services, volunteers, private social and entrepreneurial, school and university, foundations.

Link to go in depth: www.matmodena.it/blog-mat-settimana-della-salute-mentale

THE UNITED KINGDOM

Who? Mental Health Foundation

Where? UK

What and how? Mental illness is common. It affects thousands of people in the UK, and their friends, families, work colleagues and society in general. Most people who experience mental health problems recover fully, or are able to live with and manage them, especially if they get help early on. But even though so many people are affected, there is a strong social stigma attached to mental ill health, and people with mental health problems can experience discrimination in all aspects of their lives.

Many people's problems are made worse by the stigma and discrimination they experience, from society, but also from families, friends and employer. Social isolation, poor housing, unemployment and poverty are all linked to mental ill health. A number of national and local campaigns are trying to change public attitudes to mental illness. These include the national voluntary sector campaign Time to Change.

Link to go in depth:

www.mentalhealth.org.uk/a-to-z/s/stigma-and-discrimination

GREECE

Who? Research University Institute of Mental Health (EPIPSI)

Where? All-over Greece

What and how? A multi-level program in the fields of research, education, communication and advocacy. In 1999, the Hellenic Anti-Stigma Program was launched as part of the International Program of the World Psychiatric Society (PWS) to combat stigma and discrimination against patients with schizophrenia. Nowadays, the Program, with the name "anti-stigma", has expanded its scope of activities to all mental disorders, namely bipolar disorder and depression, on the grounds that these illnesses are also affected by a significant degree of social stigma.

Note: The aforementioned case refers rather to a "common practice" for many similar Greek mental health organizations than a "best practice". Nevertheless, it has been proved to be quite successful, and therefore we opted to report it using one mental health organization as example.

Link to go in depth: www.epipsi.gr/Service_all/service/Antistigma/index.htm

CROATIA

Who? ONG Susret

Where? Zagabria, Croatia

NGO Susret runs community-based housing support for people with mental health problems since 2006. They remember the situation where neighbours of their housing unit complained that there was a terrible smell and decided it must have come from the users living there by themselves, since they must be "too lazy to clean". However, the problem was resolved after the finding that the smell came from neighbouring flat with lot of pets.

Link to go in depth: www.udruga-susret.hr

Where? Osijek, Croatia

What and how? Center For Community Services „Ja kao i ti" manages 24

supported housing units for 85 mental health users in the community. Their user, a long time abstainer from alcohol, joined the local pension club in order to socialize and travel. First year he was not allowed to travel to the seaside, because the trip leader had a prejudice. However, the trip leader changed her mind after the user kept another year coming to the group gatherings. She got to know him and allowed him to travel with them.

Link to go in depth: www.jakaoiti.org

ACTIVITIES

Learning outcomes
The Trieste Charter and its proposal for a code of ethics/deontological protocol for information workers who deal with news concerning citizens with mental disorder and issues related to mental health in general.

Find a story or a published article that describes an event experienced by one or more people affected by mental disorders.

Read the article.

Provide individual answers to the following questions, and then share your answers with the others and compare ideas. [The answers are inspired by the Trieste Charter and by its ensuing debate. (The Trieste Charter is a document with a proposal for a code of ethics/deontological protocol for Italian journalists and information workers who deal with news concerning citizens with mental disorder and issues related to mental health in general.)

1. Are the terms used in the article appropriate or are they inappropriate and/or offensive to the person who is involved in the story, or to anyone who may have had similar experiences of mental disorder?

2. Are the title and the images related to the article in any way offensive for the person who is involved in the story, or to anyone who may have had similar experiences of mental disorder?

3. Is it relevant to the completeness of the information to show the citizen's name and other data that identify him or her (i.e. address, job, etc) as well as the use of images (photos, illustrations, caricatures)?

4. Is it relevant that the person involved in the story has a mental disorder?

5. If the news focus is on the mental disorder, does the article report the opinions and comments of an expert on mental health or of any other person affected by a mental disorder who has been quoted in the article, or of an association of people affected by mental illnesses and their family members?

6. Have the family members of the person on whom the article is focused been given the opportunity to make a statement?

7. Is it relevant to the completeness of the information to contact friends, acquaintances, neighbors, bystanders or other residents who were, even marginally, involved in the event?

8. Does the article advise on what to do in a similar situation?

9. Does citing the positive experiences of people affected by mental disorders help others understand that every story is different, and that a generalization can be counterproductive or even harmful?

LET'S PRACTICE!

1. Put the parts in order to form a sentence

_____

_____

_____
Prejudice about dangerous and unexpected / rooted belief. / explosions of violence is / most widespread and deeply / still the

2. Match the items on the right to the items on the left

"Carta di Trieste" (Trieste Paper), is a document for support in disseminating information to combat	and not based on direct knowledge of the relevant facts, people and things
Prejudices are particularly harmful when in addition to superficiality and generalization,	complex and little-known realities
A prejudice can be defined as an opinion formed by personal beliefs and general hearsay	the prejudices, stigma and social exclusion that affect people with mental disorders and their families.
Prejudice is a way to simplify	a strong rigidity of thought is involved

3. Put the parts in order to form a sentence.

_____

_____

_____

on building / to enter a residential scheme, / it is fundamental to work / For users to be able / their motivation

Module 4. Unit 1b. LOCAL RESOURCES – The social difference between prosperous and disadvantages areas

Definition

Literature indicates that homes, surrounding areas and neighbourhoods have an impact on the mental health of people who live there. Living in a home where they feel good and are connected with their environment has a positive impact on their mental health. From there, it is important to think about the location at the beginning of a housing project. The location affects the independence, the sense of security, social inclusion and a sense of belonging. A house near shops, services, transport and leisure facilities can help to increase social inclusion.

Residents enhance their well-being with:
- little noise
- little traffic
- Good indoor and outdoor lighting
- Footpaths
- Transport Opportunities
- Accessible services

Benefits

Housing can play an important role in inclusion. The immediate social environment plays an important role to achieve social cohesion. It helps in creating opportunities. In this way everyone can participate in the society. We are challenged to as municipality, city to check how accessible we are. Is there affordable housing, what options are there in the area of transport? Is public transport accessible? What options are there in terms of free time? How accessible are these options? Are there initiatives designed to strengthen a neighbourhood and the contacts to strengthen near? ...

If there are connections in the local area, between people and services society becomes more accessible. Building local networks is very important in addition to be a part of the neighbourhood. By being present in the local area, local residents can express their concerns.

Meeting places are also very important. They create opportunities to encounter people in everyday life. Meeting someone daily at the bakery or in a sports club can give rise to a conversation.

Challenges

Some texts suggest that it is important to avoid areas affected by a high crime rate or with a low social cohesion and weak social capital.

Inclusion means more than just getting rid of physical barriers. Inclusion means that everyone is involved and we all have talents and limitations. As a society, we have a responsibility.

GOOD PRACTICES

THE UNITED KINGDOM
Who? Chartered Institute for Housing
Where? London
What and how? Regular team meeting and open door policy Staff tend to be used to dealing with challenging people. The Chartered Institute for Housing (CIH) offers regular team meetings and supervision. Managers are always available (open door policy) and able to discuss problems. The CIH has on call systems (1st and 2nd tiers) called call out of hours.

The institute uses reflective practice in team meetings so people can discuss concerns and feelings. It has to be safe as people won't open up otherwise. The CIH has a counselling and care line (therapist or councillor) who they can call independently." (London based specialist provider). They operate within a PIE1 environment, training staff in a variety of techniques to have difficult conversations. Frontline staff get a monthly reflective practice session with a local psychologist from the mental health trust. The CIH tries to understand behaviours as we don't want to exclude people. It needed to build staff resilience and coping skills so they don't burn out or overreact to challenges and behaviours from clients

Link to go in depth:
www.councilmeetings.lewisham.gov.uk/documents/s44396/06%20Housing%20and%20mental%20health%20-%20scoping%20report%20-%20060716.pdf
www.cih.org

ACTIVITIES

Learning outcomes
What are possible factors to make an area prosperous and disadvantaged. How can I contribute to make an area more prosperous.

Activity 1
The immediate social environment plays an important role to achieve social cohesion. The aim of this exercise is to look what the possibilities are in the area in terms of meeting.

Divide the group into pairs. Each pair should think about the following question: what opportunities do you see in your neighbourhood in terms of meeting others? Write this down on a big piece of paper.

Afterwards each pair shares its work with the whole group. You can have a debate around this theme.
What does everybody find important? Are there enough possibilities in terms of meeting? What do you think is missing? Do you have any suggestions for the municipalities?

Activity 2

The aim of this exercise is to think about prosperous and disadvantages areas. write on 2 signs the following questions:

- What helps to feel good in your home?
- What does not help you feel good in your home?

Divide the groups in two.

The first group must respond to one sign, the other group to the other. Each group writes down 5 things. Then you switch posters and you complete each other's poster with 5 items.

After this exercise you can discuss what was written down. Then in the big group, try to find solutions for the factors that make an area disadvantaged. How can you, as a citizen, can help to make an area more prosperous.

LET'S PRACTICE!

1. True or false

- Homes do not have an impact on the mental health of people who live there. (true or false)

- The location of a home affects the independence, sense of security, social inclusion and a sense of belonging. (true or false)

- Inclusion is just getting rid of psychical barriers. (true or false)

- The immediate social environment plays an important role to achieve social cohesion. (true or false)

2. Find the missing words

The location of a house ……………… the independence, the sense ………………… , social ……………… and a sense of…………………

Module 4. Unit 2. CASE MANAGER – Regular supervision of case manager

Definition

A Case-manager is the person who creates a long-term therapeutic relationship with a person with serious mental illness to help recovery. The case manager role includes connecting the various organisations, services including volunteers and different mental health services that are involved with the person with in need of support and recovery. Case-management is an evidence based method which proved particularly successful in reducing the need for hospitalization and improving results of treatment.

Indeed, the role of case manager can be taken by professionals according to literature but also by non-professionals (network, volunteer, interested, etc.) Assertive case-management (ACT) is mobile specialist multidisciplinary team available 24- hours for SMI person who are difficult to engage with and who frequently use hospitalization.

A case manager provides different tasks. He supports the person with psychological vulnerabilities such as: He can give advice, try to resolve any crises, is visiting the resident in their homes, keeps results of controls and testing at, oversees the medication schedule, asses mental condition and help, if necessary, to bring someone in contact with their GP or with other specialists. The case manager can offer individual, social, health and work assistance. It is necessary that case manager is aware of health facilities and how to access them.

The main task of a case-manager is to establish a therapeutic relationship with the client. During this relationship they develop mutual emotional reactions that can adversely affect the life of a client and the professional role of case-manager, therefore, a continuous supervisory mechanism needs to be established to assist the case-managers in performing their roles.

Challenges

A concern about the role of case manager is that he is just a kind of worker who makes appointments. The clinical case manager is a role, which aims to correct this problem. They not only make appointment but must accompany the person also to these appointments.

It stresses the importance of training and supervision for CM since they deal with problems caused by psychological problems, advise on personal care, instigate talks and support families.

Benefits

In the past, people with disabilities had little or no choice where and with whom they lived. We notice here a clear shift and find it to be a basic right that everyone can make this choice for themselves. The ability to make this choice has an impact on quality of life.

For employees, this means a different role. As an employee, this means to support people in making choices (how can I cook in a healthy way taking account of my budget? How can I restore contact with my network?, ...)

In addition, it is also making people stronger. People get the change to improve their social skills. A task of a professional is translate behaviour of others to the person with a support need, It is not so much doing it in place of a person but support a person so they can to it by themselves or with the support of significant others.

In addition to the client, also the network, close to the client, comes in the picture. This is in itself a very positive evolution but means for the employee a rethinking of his job responsibilities. As a professional, you will be much more of a bridge builder. You are a bridge between the person and his environment. Hence it is important that people be supported in this role by supervision.

GOOD PRACTICES

ITALY

Who? Associazione Solaris
Where? Rome, Italy
What and how? The house keys
An innovative and economically sustainable model: housing projects in independent apartments located close to psychiatric services. Active research of alternative housing solutions to institutional ones. Flexible home care is built on the basis of individual needs.

Link to go in depth: www.volontariato.lazio.it/solarisonlus/attivita.asp

THE UNITED KINGDOM

Who? Together for mental wellbeing
Where? London
What and how? Creating an autonomy in housing
"Together" offers a variety of support to help people deal with the personal and practical impact of mental health issues. Having suitable accommodation that enables users to live as independently as possible is a major factor in anyone's recovery from mental distress. The aim is to support people to live as independently as possible and to build their autonomy.

Link to go in depth: www.together-uk.org

GREECE

Who? Society of Social Psychiatry & Mental Health (S.S.P.&.M.H / semi-autonomous protected apartments for users)
Where? Alexandroupoli, Greece
What and how? It is common practice that users discuss their future cohabitation options with mental health professionals in order to make the more suitable for them decisions. The semi–autonomous protected apartments of "Society of Social Psychiatry & Mental Health" in Alexandroupoli, Greece host

people with psychosocial problems that can live more autonomously through a therapeutic model that mainly supports their reintegration in the community and their mental health stability. It is common practice that users discuss their future cohabitation options with mental health professionals in order to make the more suitable for them decisions.

Note: The aforementioned case refers rather to a "common practice" for many similar Greek mental health units than a "best practice". Nevertheless it has been proved to be quite successful, and therefore we opted to report it using one mental health unit as example.

Link to go in depth: www.ekpse.gr/en/services

ACTIVITIES

Learning outcomes
How to get a positive contact with people with mental health issues. The role as a case-manager and what he can mean for a person with mental health issues and for someone living in the neighbourhood of a housing project.

Activity 1
The aim of this activity is to think about things that help us to have a positive contact with people with psychological vulnerability so we can overcome prejudice.

Divide the group in smaller groups. Every groups thinks about the following questions.

- ○ Do you know people with a psychological vulnerability?
- ○ Do you have a positive contact with them?
- ○ What helps? What doesn't help to have a positive contact?

Afterwards we make a list with tips that are helping to have a positive contact with people with a psychological vulnerability.

Activity 2
The aim of this exercise is to think about the role of a case-manager.
Write on 2 signs the following questions:
- ○ What do you expect from a case-manager (think as a user)?
- ○ What do you expect from a case-manager (think as yourself, a citizen)?

Divide the groups in two.

LET'S PRACTICE!

1. True or false
- ○ The ability to choose where you live has an impact on your quality of life. **T / F**

- ○ During the years the role of a professional working in care has changed. (**T / F**

- ○ People with disabilities have always had the same opportunities. **T / F**

2. Find the missing words
It is not so much doing it................... of a person but .... a person so they can to it .... or with the support of significant others.

Module 4. Unit 3. REPRESENTATION/PERCEPTION, MOTIVATION AND SATISFACTION. A citizen awareness intervention programme

Definition

To some service users recovery means being able to live on their own and much of the research shows that mental health users prefer to live in independent homes with a friend or a partner. The task of psychiatric services should be to encourage patients to move from institutions to normal homes.

Literature highlights that people with experience of mental health issues are very competent in weighing the benefits and disadvantages of different life choices, and, in addiction, literature underlines it is impossible to identify a unique example of Housing suitable for everyone; on the contrary, it is necessary to have a wide range of housing solutions and support services.

Indeed, users' perception of the social climate in the neighborhood is a very important factor in determining their perception of their quality of life. Thus, the "places" where users live should always be considered in relation to the surrounding areas, because environment can be a fundamental element to determine users' perceived quality and wellbeing.

Challenges

As critical issues, stigma and socially shared preconceptions on mental illness can prevent user's integration in the neighborhood, and most likely generate a lived experience of exclusion from a service user's point of view. Residents with no prior experience with Housing among others may tend toward a preoccupation with the new "neighbors" and become concerned about their tranquility and security due to the stereotype of the unpredictable and potentially aggressive nature of the mentally disabled.

Benefits

For this purpose, as resources, a wide range of initiatives should be promoted in the community to increase tolerance towards diversity and disability, in order to have a good relationship with neighbors. Moreover, users who had the possibility to choose the Housing facility they prefer perceive a better life quality, and people who live in residence where they can choose how to organize their own life, also with a good level of privacy, are more satisfied compared with those who live where everyday life is structured and controlled. At the same time, focus groups showed users expect and need to be helped to arrange their lives outside of the home. Generally, a higher number of professionals involved increase the perception of a better life quality.

The neighborhood, the urban spaces of a city, can pose a problem as a supportive environment. The great social purpose is to promote open-minded places where the perception of others as "different" fails down. This view invokes the need of interventions to share and build with the community the theme of Housing and how the environment and the district can become elements that produce well-being for users.

GOOD PRACTICES

ITALY

Who? fio.PSD
Italian Federation of Organisms for People Without Abode, is an association that pursues goals of social solidarity in the context of serious adult marginalization and homeless people. They adhere to the fio.PSD Entities and / or Organisms, belonging to both the Public Administration and the private social sector, which deal with serious adult marginalization and homeless persons.
Where? Italy
What and how? To promote: the coordination of public, private and voluntary organizations operating in support of serious adult marginalization and homeless people; the attention to the problem of all social interlocutors; studies

and research; methodologies and strategies to combat social exclusion; the dissemination of good practices; specialized publications.

Link to go in depth: www.fiopsd.org/housing-first

ITALY

Who? Visiting DTC (Democratic Therapeutic Communities) - Legacoopesociali
Where? Several cities of Italy
What and how? Program of peer accreditation with focus on community quality, Theoretical Model and Tools for Assessment of Supporting Devices to the Living that the Scientific-Professional Quality Accreditation Program, called "Visiting DTC Project", has developed within the framework methodological, represented by the English tradition of the Democratic Therapeutic Community and by the most recent Italian theoretical on Community Psychotherapy. Interesting in particular for the focus on relations with social networks and Social Agencies of the Local Community, with the function of support and participation in civil life: network of enabling environments.

Link to go in depth: www.nuovarassegnastudipsichiatrici.it/index.php/volume-15/valutazione-qualita-comunitaria-dispositivi-sostegno-abitare-salute-mentale

THE UNITED KINGDOM

Who? Liverpool Mental Health Consortium
Where? Liverpool
What and how? Liverpool Mental Health Festival World Mental Health Day (10th October) is celebrated in more than 100 countries & is supported by the United Nations & World Health Organisation. It aims to raise awareness of mental distress & promote positive wellbeing. Mental distress can affect anyone, with 1 in 3 GP appointments in Liverpool being about things such as depression, anxiety, stress & panic. Despite this, people experiencing distress still face prejudice, discrimination & exclusion because of it. As an organisation that ensures that the voices of those experiencing mental distress can be heard, Liverpool Mental Health Consortium has coordinated World Mental Health Day events within Liverpool for the past 7 years. For this 8th year, we presented the second Liverpool Mental Health Festival, running from 1st-14th October, featuring music, dance, comedy, visual arts, poetry, drama, film, information & advice, workshops & more, happening across the 14 days.

Link to go in depth: www.liverpoolcamhs.com/wp-content/uploads/2017/09/Liverpool-Mental-Health-Festival-2017-Report.pdf

GREECE

Who? AMKE Althea and Design Park
Where? Michalis Kakogiannis Foundation (16/12 - 28/01)
What and how? An activity, labeled "calendar", involving many famous actors was organized in order to sensitize public opinion and fight stigma. The Psychiatric Reform movement promotes the dignified living of the mentally ill within the community. One of the principal obstacles for the accomplishment of this attempt stands the distorted and popularized figure of the «crazy». The Stigma is a dividing mark that excludes someone from the group of society. An activity, labeled "calendar", involving many famous actors was organized in order to sensitize public opinion and fight stigma.

Link to go in depth: www.kathenas.gr

CROATIA

A meeting with all the tenants of the building where users from high dependancy social home are housed in Zagreb was organized and all of them were introduced with housing project. Experts explained that the aim was to provide normal home for users. The emphasis was on the fact that their neighbours were assessed as capable to live on their own. They were accepted whole-heartily and live there from 2013. till now.

Link to go in depth: www.dom-pbo-zg.hr/vrste_smjestaja.php

ACTIVITIES

Learning outcomes
To increase citizens' awareness about their emotional and relational attitudes towards "mental illness".

Tips
Ask two people of the group to act two key-roles: user, who is going to enact following some stereotyped characteristics (keeping in mind the associative chains have emerged during the first phase of the activity), and citizen. Actors shall stage a script about a potential issue of coexistence, while the rest of the group observes relational exchange between the actors.

- In order to facilitate the role-playing experience, the service user role could be played by one of the trainers.

Role playing

1° phase "Briefing": sharing goals and expectations
In this phase, trainer and the group of citizens build together a work hypothesis, trying to stimulate participants' expectations on the theme. For this reason, an idea sharing session might be used in a plenary way, having the objective of reflection on "Housing and mental illness"; the goal is to stimulate dreams, expectations and fears linked to the object of interest.

2° phase "Role-play"
Example of conflict or fight. Paolo: Service User; Luca: Citizen.

"Paolo is a young person of twenty-seven who is involved in a Supported Housing project; Luca, his neighbour across, is an employed forty year old. They share the condominium with and their coexistence is not a good example of positive relationships among neighbours, because Luca accuses Paolo of displaying annoying behaviour, like listening to loud music late at night, shouting on the phone.

Luca knows something about Paolo's history with mental illness. Whenever Paolo behaves that way, Luca would go and talk with him about this problematic situation but fear prevents Luca from doing it.

One day, on the way back home, Luca sees Paolo leaving the house. Luca thinks that is the right moment to talk with about this issue.

Paolo hears voices and he uses the high volume to face this problem (this information is just for Paolo, so trainer has to share it only with the person who will act as user).

3° phase "Debriefing": thoughts sharing on lived experience
When role-playing stops, it follows an analysis about feelings and emotions felt during the experience, about the dynamics of the relationship, the way the specific roles were acted and, more generally, about the communication processes enacted during the stage.

Debriefing

Questions to user
What do you think about the role-playing experience?
Did you find any difficulties in enacting this role?
How do you feel about neighbours attitude?

Questions for neighbour
What do you think about role-playing experience?
Dd you find any difficulties in having a relationship with a person with mental illness?

Questions to observers
What do you think about role-playing experience?
What are your thoughts/reflections about mental illness?
Have you got any advice/suggestions to give to actors, in order to solve this kind of problem?

Questions to user

What do you think about role-playing experience?
Did you find any difficulties in enacting this role?
How do you feel when the "citizen" treats you like a person with mental illness and acts according to stereotype?

Questions to citizen

What do you think about role-playing experience?
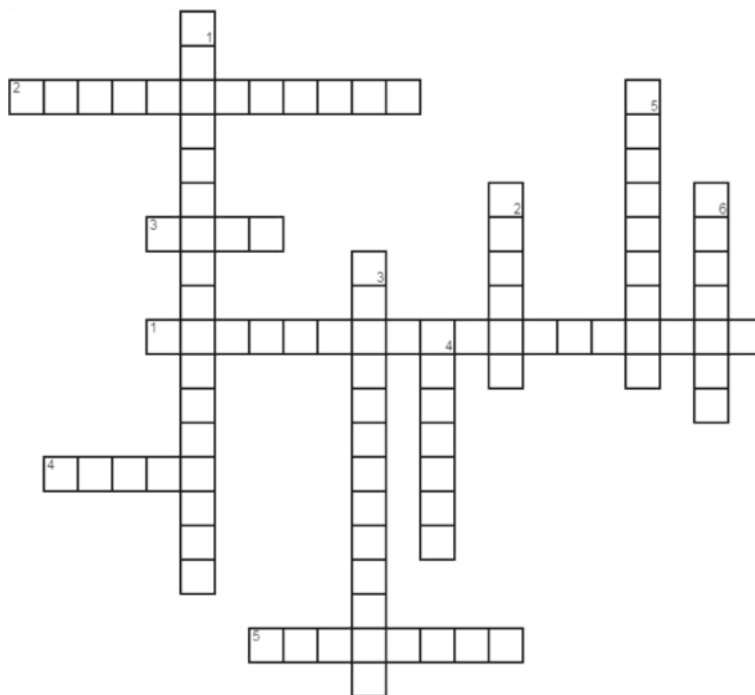Did you find any difficulties in having a relationship with someone with mental illness?

Questions to observers

What do you think about role-playing experience?
What is the meaning you attribute to this?
Which thoughts/reflexions are you making about mental illness?

LET'S PRACTICE!

Crosswords

Across

1. Determination by oneself or itself, without outside influence; freedom to live as one chooses, or to act or decide without consulting another or others.

2. The state or quality of not being objective; internal reality.

3. To want; to desire, something a person would satisfy.

4. What prevents a path of growth and life realization.

5. An available means afforded by the mind or one's personal capabilities; a means of coping with necessity, difficulty.

Down

1. An act or instance of combining into an integral whole, this act regards human relationships.

2. A mark of disgrace or infamy; a mark or reproach, as on one's reputation; it often brings to social exclusion.

3. A conception or opinion formed beforehand; bias.

4. To raise to a higher degree; intensify; improve something, increase the value of, nurture a talent, hone one's skills.

5. The state or fact of being diverse.

6. To maintain (a person, family, institution, etc.) by supplying with things necessary to existence; provide for

Connect the sentences

Connect the left-hand sentence fragments together with those on the right, in order to form whole sentences.

Research shows that mental health users prefer	to encourage patients to move from institutions to normal homes.
The task of psychiatric services should be	in relation to the surrounding environs.
A great social purpose is to promote open-minded places	those who live where everyday life is structured and controlled.
The "places" where patients live should always be considered	to live in independent homes with a friend or a partner.
People who live in residence where they can choose how to organize their own life are more satisfied compared with	here the perception of others as "different" fails down.

Build a whole sentence by ordering the following fragments.

"Users' perception/ of the social climate/ in the neighborhood/ is a fundamental factor/ to determine/ the quality of living/ perceived by users".

Complete the sentence choosing the correct alternative

1. To some users, recovery means to be able to _____.
   a) Return in their family's house
   b) live on their own
   c) stay with another person
   d) go to the hospital when they want

2. People with experiences of mental health issues prove to _____ weighing the benefits and disadvantages of different life choices.
   a. have some difficulty in
   b. have no idea of
   c. do their best in
   d. be very competent in

3. The task of psychiatric services should be to encourage patients to _____ .
   a. Move from institutions to normal homes
   b. Have some friends in their life.
   c. Change their life for the better
   d. Return to the psychiatric home after they have solved their problems

4. Generally, a higher number of _____ involved increase the perception of a better life quality.
   a. Nurses
   b. Professionals
   c. Policemen
   d. Doctors

5. Users expect and need _____ their lives outside of the home.
   a. a total dependence in
   b. to choose individually
   c. to be helped to arrange
   d. to stay in isolation in

6. The "places" where patients live should always be considered _____ the surrounding environs.
   a. in relation to
   b. not connected to
   c. a "plague" for
   d. isolated by

7. _____ should be promoted in the community to increase tolerance towards diversity and disability to have a good relationship with neighbors.
   a. Some thriller films
   b. A wide range of initiatives
   c. A new type of school
   d. Recovery

8. Much of the research shows that mental health users prefer to live in independent homes _____.
   a. with a friend or a partner
   b. with other people affected by mental disorders
   c. with their family
   d. alone

9. Users who have been able to _____ they prefer perceive a better life quality.
   a. take decision
   b. find a good phone
   c. choose the clothes
   d. choose the Housing facility

10. _____can be a fundamental element to determine users' perceived quality and wellbeing.
   a. Environment
   b. Hospital
   c. Stigma
   d. Work

Module 4. Unit 4. FLEXIBILITY AND CLINICAL GOVERNMENT – Consideration of those living on close contact with the users

Definition

There are pervasive beliefs, prejudices and stereotypes regarding persons that need psychiatric treatments, regarding the education, occupation, gender or age of persons having them. Some of the most frequent are the beliefs that people having mental health problems are a danger to society, unpredictable, unable to work or take care for themselves, and that there is no way to treat their condition. These generalizations and wrong beliefs put great percentage of users in social exclusion. Mental health problems can be treated and person with mental disorder can recover, but stigma and discrimination impede that. This is why raising awareness about mental health problems and stigma are organized to help fight discrimination and promote social inclusion.

Benefits

A modern approach to housing that includes not only ' a roof over head', but social inclusion as well, is a great opportunity for all the members of the community to meet people recovering their mental health and can be beneficial for both parties: citizens can lose their prejudices, and users can re-establish their citizen roles and get included in society again. When the community facilitates acceptance of various groups and fights the discrimination, then mental health recovery is enabled as well.

Challenges

According to our poll data, citizens put the emphasis on consideration on those living in close contact with the users, so we see that there is a thought that users are at least different from the other tenants or citizens in the com-

munity. People are especially afraid of the possibility to be near persons with psychosis, as they are seen as particularly dangerous and unpredictable.

Prejudice should be confronted with reality, and the best way to do that is to have people with mental health problems in close contact with citizens. It seems that only then they can see person beyond the diagnosis, and that their support is needed to promote their neighbours' recovery. For the housing projects, additional challenge would be how to organize a program that enables bring together the citizens with persons with experience of serious mental health problems.

The citizens and users should be equals in such meetings. Programs where users can demonstrate their competences are an additional challenge but help to get citizens on board in fighting stigma.

GOOD PRACTICES

ITALY
Who? Regione Emilia Romagna - DGR 1554/2015
Where? Emilia Romagna Italy
What and how? Budget di salute
The Health Budget (BDS) is an integrated social-health tool to support the personalized rehabilitative therapeutic project consisting of individual, family, social and health resources in order to improve health, in terms of recovery, well-being, psychic functioning -social, the inclusion of the person and his active participation in the community. In this sense the BDS can be the driving force of a cultural and operational change as the first evaluations indicate.

Link to go in depth: pceroni@ausl.pr.it

ITALY
Who? Azienda sanitaria servizi ospedalieri Trento
Where? Trento

What and how? Fare (Formarsi Assieme REsponsabilmente) was born in 2015 as a program of training and awareness on the themes of mental health open to all citizens. The activities foresaw the active participation of users, family, operators and citizens, from the planning, organization, promotion, to the realization. This example of co-production has demonstrated the world of the mental uneasiness deepening different points of view and giving an active role to those experiencing mental illness in their daily lives.

Link to go in depth: www.fareassieme.it/fare-formarsi-assieme-responsabilmente/

THE UNITED KINGDOM
Who? Rethink Mental Illness
Where? London
What and how? Supporting people with mental illness can lead to practical and emotional problems to face.

Link to go in depth: www.rethink.org/about-us/contact-us

GREECE
Who? Greek Carers Network "Epioni"
Where? Athens, Greece
What and how? Different types of support services for informal carers, family members or friends of people with mental health problems The Greek Carers Network "Epioni" provide continuous and quality support services for informal, unpaid carers of family members or friends who are struggling with physical or mental illness, disability or addiction. Their services include information and experience sharing of best practices, advice and emotional support. EPIONI is also actively involved in promoting key policy changes through government legislation.

Link to go in depth: www.epioniblog.wordpress.com

CROATIA
Who? network
Where? Zagreb, Croatia
What and how? Services workers from Zagreb Dom contacted the superintendent of a building in Zagreb City and explained that 4 female users would live there, coming from social home.

They were welcomed without stigma or prejudices. There was a water leakage in the apartment upstairs, their upstairs neighbour paid the damage and invited the users to call if they need anything. Another neighbour lent them the ladders when they needed it.

Link to go in depth: www.dom-pbo-zg.hr/vrste_smjestaja.php

ACTIVITIES

Citizens that help each other make society better, and maybe even now one of your neighbours could benefit of your support. Can you think of any neighbor that you could assist? Some examples:
○ Few hours of babysitting so that a tired young mum next door can take a rest.

○ Cooking lunch to a frail elderly lady.

○ Helping neighbours with moving in.

○ Carrying shopping upstairs.

○ Teaching a neighbour's child chess.

Continue starting from your experience.

LET'S PRACTICE!

Exercise 1
True or false
1. People with psychosis are very dangerous and unpredictable. **T / F**

2. Studies show that people with psychosis are more frequently victims than perpetrators of violence. **T / F**

Exercise 2
What can you do if your neighbour is distressed or agitated?
a) I can calmly ask the disturbed neighbour if he/she needs my help.
b) I can express my concerns to the building superintendent, so that together we can help our neighbour.
c) I can call the ER if I think my neighbour needs medical assistance.
d) I can contact the local social services if the issue repeats.
e) All of the above, when necessary.

Exercise 3

How can I help my children feel safe and be tolerant our neighbours that are in the housing unit?

Connect the child's question on the left with the parent answer on the right.

A Why do nurses and doctors visit our new neighbours?	**1** You do what you usually do. Be a good person, say hello when you pass by. We all need to be polite to other people. If he says weird stuff, you can tell me to sort it out.
B Can we become nuts like those people living upstairs?	**2** Some people have mums and dads who are ill, and some people don't have the family that can take care of them. That is why they have other people that come and help them with cooking, cleaning and going to the supermarket.
C I am scared of how that neighbour looks at me. What should I do?	**3** Even mommy and daddy can go nuts, but we still take care of you. I hope you won't go nuts, but it is not a flu to catch it easily. And it is not polite to call people 'nuts'.
D I was startled by the neighbour and started screaming. She screamed back at me. I ran away. Did I do something bad?	**4** Some people with health problems need regular checkups. Our granny has her own blood pressure monitor so that she does not need to go to the doctor's office every day. Nurses visit our neighbours so that they don't need to stay in the hospital. It is nicer to them to be at home.
E When I am Ill, my family takes care of me. How come those ill people upstairs don't go to their mum and dad?	**5** I am sure you did not mean to scream at that lady, but It would be best if you explain that to her when you see her. Do you now want me to go with you if you want to say sorry to her?

Module 4. Unit 5. LIFELONG LEARNING – information on the services and mental health training

Definition

The core of housing is to improve the quality of life of the users, while providing sound therapeutic services. In order to provide holistic help to the users, all the people involved in this kind of project should receive proper training or information.

Benefits

To citizens it is important to participate and become initiators in the development of local initiatives in order to encourage the application and integration of the clients in the local community. The importance of these informal learning activities is linked to the social recovery of the clients, which means their integration in the community and the building of his or her own life.

In fact, according to the Royal College of Psychiatrists (UK), recovery (not necessarily meant as clinical recovery) both requires and allows social inclusion, and social inclusion helps to promote recovery. Mental health is indeed influenced by the social capital and the networks of the individual, so as their sense of inclusion, level of trust and reciprocity. As such, local initiatives must be focused on developing community values like tolerance, solidarity, and trust.

Challenges

While the nature of the training may differ according to the roles of the actors and their kind of involvement, all the training share common objectives that are as following: prevent stigma, share specific support techniques, knowledge and detection of resources by increasing the ability to establish

relationships, and collaboration among people with different roles. Regarding citizens, families, and users, it should be foreseen the dissemination of information regarding the options provided. Since services may be organized in different ways at a regional or even local scale, this kind of information sharing must be context dependant.

As the form of such dissemination, the possibilities are countless and can be as informal as a pamphlet distribution or more formal as conferences and seminars. The access to information, the formality, and the depth of the information may change according to the public, but the main scope must be to provide a guide for the actors involved about the legal rights, services and support options of the users.

www.rcpsych.ac.uk/pdf/social%20inclusion%20position%20statement09.pdf
www.gov.uk/government/publications/better-mental-health-js-na-toolkit/2-understanding-place#community-wellbeing-and-social-capital

GOOD PRACTICES

ITALY

Who? - Local Health Authority Roma 1 / Lazio Region.
Where? Rome Italy
What and how? Museo Laboratorio della Mente (MLM).   The hospital's history is a journey through the history of mental institutions, a story of hardship and diversity, of the fight against the stigma of mental illness and for the promotion of mental health. The Museo Laboratorio della Mente was awarded by ICOM Italia " the best Italian museum 2010.

Link to go in depth: www.museodellamente.it/en/

ITALY

Who? Fondazione di Liegro, users, family members, citizens
Where? Roma

What and how? The project "Volunteers and Families network for Mental Health", started in 2006 and aims to facilitate the social inclusion of people with mental illness and their families, activating a support service to prevent isolation and marginalization. The methodology is recovery-oriented and focus on users' empowerment.

The activities of the project include self-help groups, socialization and art therapy workshops, information and orientation services towards local services and territorial resources. One of the main activities of the project is a training course that aims to promote the knowledge of mental health, fight stigma and train citizens available to spend time as volunteers on behalf of people with mental illness. These volunteers regularly attend supervision activities with professionals.

Link to go in depth: www.fondazionediliegro.com

THE UNITED KINGDOM

Who? Brent Mental Health User Group (independent user group for mental health)
Where? London
What and how? User-led information directory of services regarding mental health and other subjects The organisation was set up in 1986 by local people using services in Brent to deal with mental health issues. This resource started life as a way of providing mental health champions with information about local services as part of the Increasing Access to Psychological Therapies (IAPT). It then became clear via the IAPT Board that there was a need for a more comprehensive information resource in Brent.

The Brent User Group responded to that need and the resource continued to develop. Thanks go to the individuals using services and staff working in mental health services in Brent who commented on different versions in order to make sure that the resource was accessible and complemented information provided by other organisations, rather than duplicating it. Although the in-

formation has all been checked, it has been extracted from organisations' websites or by contacting them, so does not include all information about organisations. As we have said above, this information resource is intended to be constantly in development.

Link to go in depth: www.brentusergroup.com

THE UNITED KINGDOM
Who? Ministry of Mental Health
Where? Greece
What and how? Online platform including all mental health units in Greece
The official website of the psychiatric reform program in Greece, providing information about all provided mental health services around Greece.

Link to go in depth: www.psychargos.gov.gr/Default.aspx-?id=1634&nt=217&lang=1

ACTIVITIES

Learning outcomes
    1. Raising awareness of services known by the citizens
    2. Improving knowledge about the existing opportunities

Activity 1
In pairs, imagine you are the organizers of an informative event about mental health and women in a small community. Decide briefly with your partner what the event should be, then focus on how would you promote the event and encourage people to participate.

You have 5 minutes to do this task. After that, choose another partner and explain to each other what had you thought with your previous partner. Give each other suggestions on how to improve the promotion of the event.

Debriefing
When people start planning events, they start use their own knowledge and experience. The learning process starts from that. While the groups share ideas, they learn and they install curiosity from each other. Ask "Do you think that you have shared anything already existing? Have you learnt anything new from your peers?". If nothing comes spontaneously, try to help them by mentioning what you have heard during the activity.

Tips
Go around the groups and listen to their ideas, if participants do not know where to start, encourage them to start from their previous experience, or from what they would like to see. Encourage participants to share knowledge on previous events they have attended.

Activity 2
Spot the stigma
In groups of three, identify three stigmas about mental health patients. Once you have defined, think of a solution to prevent these stigmas and promote information.

1.
Stigma

_____
_____

How to prevent it

_____
_____

2.
Stigma

_____

_____

How to prevent it

_____

_____

3.
Stigma

_____

_____

How to prevent it

_____

_____

Activity 3
Discussions
According to the Royal College of Psychiatrists (UK), "recovery (not necessarily meant as clinical recovery) both requires and allows social inclusion, and social inclusion helps to promote recovery".

Discuss in groups what does this sentence mean and try to focus on these points:
- How can recovery allow social inclusion?
- Why does recovery require social inclusion?

Find an example of how this sentence is applied in the real life.

LET'S PRACTICE!

1. Fill in the gaps

All the trainings share common objectives that are as following: prevent _____, share specific support techniques, knowledge and detection of resources by increasing the ability to establish relationships, and _____ among people with different roles.

To citizens it is important to participate and become initiators in the development of local initiatives in order to encourage the application and integration of the clients in the _____. The importance of these informal learning activities is linked to the social recovery of the clients, which means their integration in the community and the building of his or her own life. _____ is indeed influenced by the social capital and the networks of the individual, so as their sense of inclusion, level of trust and reciprocity.

2. Insert the following words in the blanks

Lifelong learning involves people of all ages learning in a variety of contexts, in educational institutions, at work, at home and through leisure activities. The benefits of lifelong learning and skills development go beyond economic productivity; adult learning can also indirectly improve wellbeing and lead to _____ (negative or positive?) outcomes in health and socially positive attitudes and behaviours. These benefits are realised _____ (evenly or unevenly?) across the life course and are accrued to different degrees by indi-

viduals, households, employers, localities and the nation. The impact of learning depends not only on the quantity of the experience and _____ (qualifications or documents?) achieved, but also on the quality and nature of the learning, including its appropriateness to the individual and the individual's engagement throughout the learning process.

Adapted from: Skills and lifelong learning: the benefits of adult learning, UK GOV Report

After having checked with a partner if the words have been correctly added in the blanks, discuss what is the difference between lifelong learning and traditional learning.

Module 2. Unit 6. HOUSING RESOURCES – Local authority support of a housing plan (including a 24-hour helpline)

Definition

Local authorities need to have a formal relationship with mental health services to address and progress matters of common interest. They need to engage in planning for the provision of an adequate stock of suitable living accommodation for mental health service users and on the development of mechanisms which ensure equity of access for people with a mental illness to the housing allocations process. They also need to engage on the development of robust mechanisms for responding appropriately to crises occasioned by the onset of acute episodes of mental illness in local authority tenants.

Mental health services and local authorities should engage in regular monitoring of current and emerging models of housing provision for users of mental health services and conduct evaluations of such models.

Benefits

The involvement of local authorities in housing planning seems to have many benefits as it enhances all housing procedures in many ways: agreements with apartment owners so that users can easily rent apartments in the community, unused buildings allocation, users and families information, 24h helpline for users living on their own etc. The increase of available resources occurring by this type of collaboration can lead to a wider range of services provided, as well as a broader community awareness.

Challenges

A lack of service networks for mental health is common. Many times local

authorities are not sufficiently involved in the housing process of people with mental health problems, although this type of involvement seems necessary. 24h helplines exist most of the times for users living in housing facilities and not in their own apartments.

This type of service, which is very important for users' autonomous living, is also, commonly, provided by mental health services. The creation, maintenance or activation of existing formal networks between mental health services and local authorities seems to remain a great challenge.

GOOD PRACTICES

ITALY

Who? Department of Mental Health and Pathological Dependencies of the Local Health Authority – Bologna.
Where? Bologna Italy
What and how? IESA. The project takes the form of a renewable contract for agreed periods, at most one year, stipulated between the Local Health Authority of Bologna, as guarantor, the guest and the host. It is aimed at families or singles, with a willingness to welcome and a free room available, who want to welcome for one year, one day or one hour, people in care in the local Mental Health Centers, sharing a part of their free time on working days or weekends, carrying out simple daily activities with the guest.

Link to go in depth: www.ausl.bologna.it/news/archivio-2015/ausl-news.2014-11-03.3499683138/?searchterm=iesa

THE UNITED KINGDOM

Who? Mental Health Challenge – Local Councils championing mental health
Where? Countrywide
What and how? The mental health challenge is a network of local councils to promote mental health in several sectors.

As such, participating councils will: Support positive mental health in our community, including in local schools, neighbourhoods and workplaces, Work to reduce inequalities in mental health in our community, Work with local partners to offer effective support for people with mental health needs, Tackle discrimination on the grounds of mental health in our community, and Proactively listen to people of all ages and backgrounds about what they need for better mental health. The councils have already worked on housing and mental health, producing a report titled "Affordable Housing & Mental Health" which promotes policies, challenges and so on.

Link to go in depth:
www.mentalhealthchallenge.org.uk
www.mentalhealthchallenge.org.uk/wp-content/uploads/2013/08/Mental-HealthChallenge_Housing-briefing.pdf

GREECE

Who? City of Korydallos
Where? Korydallos
What and how? The city of Korydallos offers support to the Residential House Athina The city of Korydallos supports the social life of Residents of the Residential House "Athina" by inviting users to recreational activities. The residents can use the mini bus of the city and go to the beach during the summer. Users can have free access to cinema performances. Finally, the Schools of the area visit the Residential House and members of the Residential House visit Schools.

Link to go in depth: www.korydallos.gr/Default.aspx?tabid=582&language=el-GR

ACTIVITIES

LET'S PRACTICE!

Learning outcomes

To help citizens understand that mental health issues can happen to anyone and make them think of mental health resources in their local level.

You believe that a very close friend of yours faces some severe mental health issues.

In which way and using which steps would you try to help them take the support that he/she needs? Every participant has to write down 3-4 main steps that he/she is going to follow.

After writing down the steps try to think, in which statutory services could be helpful, how and why. At the end of this procedure all participants share their thoughts and feelings.

Tips

The activity can be also implemented in pairs or two groups.

Debriefing

Make sure that you focus on how participants felt in the situation that a close person of theirs faces mental health difficulties, as well as on their knowledge of the role and services provided by local authorities.

Helpful questions:
How did you feel when you realized that your friend faces mental health problems?
Was it easy to think of the steps you have to follow in order to help him?
Do you think that local authorities offer more services than the one that you wrote down?

True or False

1. Local Authorities are obliged to provide accommodation to socially vulnerable groups: True or False

2. Local Authorities sometimes collaborate with civil society associations to help vulnerable groups such as mental health users: True or False

3. Local Authorities always have a system to provide social housing including psychosocial support for the residents: True or False

4. It is not responsibility of local authorities to take care of mental health users' accommodation: True or False

Add in the grid all services that might be provided by the local authorities to support housing projects

Local Authority Support	Services
	Housing monitoring
	24h helpline
	Psychiatric assessment
	Agreements with apartment owners
	Medication
	Information to users and families
	Community sensitization
	Decisions on users' activities inside housing facilities

Form the sentence

Local authorities should / organizations / well-functioning network with / try more to create / a compact and / psychosocial support / providing housing facilities and / for people with mental health problems

Try to link the phrases

24h helplines	Need local authorities' support
Local Authorities	May allocate unused buildings
Mental health organizations	Could be facilitated by local authorities
Housing process	Enhance autonomous living
Community sensitization	Could be broader with the collaboration of local communities

Module 4. Answers

Unit 1
Find the missing words
The location of a house affects the independence, the sense of security, social inclusion and a sense of belonging.

Find the missing words
It is not so much doing it in place of a person but support a person so they can to it by themselves, or with the support of significant others.

Unit 3

Crossword
Across
    1. Self-determination
    2. subjectivity
    3. wish
    4. limit
    5. resource

Down
    1. social integration
    2. stigma
    3. preconception
    4. enhance
    5. diversity
    6. support

Connect the left-hand sentence fragments together with those on the right, in order to form whole sentences.
    1. Research shows that mental health users prefer //to live in independent homes with a friend or a partner.

    2. The task of psychiatric services should be // to encourage patients to move from institutions to normal homes.

    3. A great social purpose is to promote open-minded places // here the perception of others as "different" fails down.

    4. The "places" where patients live should always be considered //in relation to the surrounding environs.

    5. People who live in residence where they can choose how to organize their own life are more satisfied compared with // those who live where everyday life is structured and controlled.

Build a whole sentence by ordering the following fragments.

"Users' perception/ of the social climate/ in the neighborhood/ is a fundamental factor/ to determine/ the quality of living/ perceived by users".

Complete the sentence choosing the correct alternative

1. To some users, recovery means to be able to _____.
    b) live on their own

2. People with experiences of mental health issues prove to _____ weighing the benefits and disadvantages of different life choices.
    d. be very competent in

3. The task of psychiatric services should be to encourage patients to _____ .
    a. Move from institutions to normal homes

4. Generally, a higher number of _____ involved increase the perception of a better life quality.
    b. Professionals

5. Users expect and need _____ their lives outside of the home.
    c. to be helped to arrange

6. The "places" where patients live should always be considered _____ the surrounding environs.
    a. in relation to

7. _____ should be promoted in the community to increase tolerance towards diversity and disability to have a good relationship with neighbors.
      b. A wide range of initiatives

8. Much of the research shows that mental health users prefer to live in independent homes _____.
      a. with a friend or a partner

9. Users who have been able to _____ they prefer perceive a better life quality.
      d. choose the Housing facility

10. _____can be a fundamental element to determine users' perceived quality and wellbeing.
      a. Environment

Unit 5

1. Fill in the gaps
All the trainings share common objectives that are as following: prevent stigma, share specific support techniques, knowledge and detection of resources by increasing the ability to establish relationships, and collaboration among people with different roles.

To citizens it is important to participate and being initiators in the formulation of local initiatives in order to encourage the application and integration of the clients in the local community. The importance of these informal learning activities is linked to the social recovery of the clients, which means their integration in the community and the building of his or her own life. Mental health is indeed influenced by the social capital and the networks of the individual, so as their sense of inclusion, level of trust and reciprocity.

Fill in the gap
Positive- evenly - qualifications

Unit 6

Form the sentence
Local authorities should try more to create a compact and well-functioning network with organizations providing housing facilities and psychosocial support for people with mental health problems.

CONCLUSIONS

Writing a Housing Curriculum has been particularly important for the partnership because it has helped us spread knowledge and skills about housing in local communities. The objective was to promote housing as a strategy that can promote inclusion in our society, with a particular focus on mental health issues.

The curriculum is based on skills and educational needs identified during the various phases of the HERO project. Contents and learning/training tools, strongly oriented to the target groups, as well as a number of videos created, define an integrated product for users and their families, health operators and ordinary citizens. The curriculum has the potential to facilitate the empowerment of local communities as well as the development of professionals through the acquisition of special skills that can foster users' independence and integration into the community.

The Housing Curriculum was first tested in Liverpool, United Kingdom in July 2018, with all the representatives of the partnership. It will undergo a piloting phase for the evaluation of more than 200 people belonging to the project's target groups, and the curriculum's final version will be available online on the project's website (www.housing-project.eu).

It is important that the Curriculum represents a tool that is evolving towards greater attention to people, and we hope that it will contribute to reducing the risk of generalization, which ends up disregarding the individual needs. The "generalist" architectural approach that characterized the second half of the 1900s and the first years of 2000s, mostly produced "uninhabitable" buildings, and this is especially visible in many cities' outskirts.

Urban outskirts originated around the idea that new environmental homogeneity was needed. According to the concept of functionality - which took hold in the construction industry of that period - residents didn't need to waste their time in complex relationships with the surrounding environment. The environment is merely required to "work," especially from a hygienic point of view, and residents need to feel free to move from one suburban place to the other, according to their professional requirements... There is no emotional connection to the environment, which in fact needs only to serve a practical purpose.

The city, the country, the territory become indifferent to the average citizen, the one who does not have the power to affect and change the environment in which he lives. They are allowed to find their own niche in it. But their capacity for 'inhabiting' does not imply any role in the creation of places. They are just users (La Cecla, 1996).

A very strong example of this approach is the building that was built at Corviale, a peripheral area of Rome, taking inspiration from the residential housing unit in Marseille designed by Le Corbusier. However, the widespread generalist approach created a building that deeply mirrors the social malaise of Roman suburbia.

Our work "in progress" aims at increasing attention to people's diversified needs.

We are now living a time when physical relationships are being replaced by such objects and detached means of communication as mobile phones and messages posted on social networks. It is therefore becoming more and more urgent that we populate the environment with real relationships and connections, create an ambience where differences are welcomed, and draw attention to the concept of 'good living' and the direction we should take in a society whose framework makes us experience loneliness 'without ever being alone."

Hero curriculum team

ITALY **ASL ROMA 2**

Tiziana Borgese, Maria Silvia Corti, Patrizia Favali, Giambattista Giangreco, Donatella La Cava, Josè Mannu, Stella Milano, Maurizio Murri, Vincenzo F. Scala, Nadia Battisti, Paola Cavalieri.

✉ dsm@aslroma2.it

ITALY **FONDAZIONE INTERNAZIONALE DON LUIGI DI LIEGRO**

Carla Brunetti, Raffaella Casamassima, Tiziana Ceccarelli, Luigina Di Liegro, Michael Magazzú, Anna Maria Palmieri, Anna Riglioni, Francesca Sollazzo, Francesco Vicanolo.

✉ segreteria@fondazionediliegro.it

CROATIA **UNIVERSITY PSYCHIATION HOSPITAL VRAPCE**

Josipa Kamenečki Ljeljak, Martina Grubiša, Kresimir Radic, Sladjana Strkalj-Ivezic, Melita Vdoljak, Marijan Vrdoljak.

✉ bolnica@bolnica-vrapce.hr

THE UNITED KINGDOM **MERSEYSIDE EXPANDING HORIZONS**

Nicola Daley, Anna Bellan, Cinzia Miatto, Leonardo Magnani, Janna Nousiainen, Carmen Perconti.

✉ info@expandinghorizons.co.uk

BELGIUM **PEGODE**

Hanne Belmans, Luc Debar, Katy Douillez, Bies Henderickx, Els Matthysen, Veerle Van Hove, An Vandersmissen.

✉ info@pegode.be

GREECE **PEPSAEE**

Nikos Drosos, Margo Liatira, Menelaos Theodoroulakis, Spyros Zorbas.

✉ info@pepsaee.gr

We acknowledge the contribution of all participants because their experiences and comments have provided an added value to the creation of this curriculum.

BIBLIOGRAPHY

1. Ábalos I. (2000): *La buena vida: visita guiada a las casas de la modernidad.* Barcelona: G.Gili

2. **Anthony W., Spaniol L.** (1994). *Readings in Psychiatric Rehabilitation.* Boston: Center for Psychiatric Rehabilitation

3. **Aubry, T., Nelson, G. & Tsemberis, S.** (2015). Housing first for people with severe mental illness who are homeless: A Review of the Research and Findings From the At Home–Chez soi Demonstration Project. *Canadian Journal of Psychiatry*, 60(11), 467-474.

4. **Augé, M.** (2000). *Il senso degli altri. Attualità dell'antropologia*. Torino: Bollati Boringhieri.

5. **Bagnasco A.** (1999) *Tracce di Comunità.* Bologna: Il Mulino

6. **Basaglia, F.** (1975). In F. Basaglia & F. Ongaro Basaglia (Eds.), *Crimini di pace* (p. 310)**.** Torino: Einaudi.

7. **Basaglia, F.** (2000). *Conferenze brasiliane.* Milano: Raffaello Cortina

8. **Battagliese A., Ghedini G., Stagni L.:** (2002): *Una casa come un'altra.* Firenze: Marco Lugli

9. **BC Partners for Mental Health and Addictions Information.** (2006). *Logements pour personnes souffrant de troubles mentaux.* Retrieved from http://doczz.fr/doc/5634520/logements-pour-personnes-souffrant-de-troubles

10. **Bonnes M., Bonaiuto M., Lee T.** (2004) *Teorie in pratica per la psicologia ambientale.* Milano: Raffaello Cortina

11. **Bradshaw, I.** (2016). *Affordable housing and mental health*. Retrieved from http://www.mentalhealthchallenge.org.uk

12. **Brugse Maatshappij voor Huisvesting.** (2010). *BRUGWONEN Een woonproject voor èn met mensen met een psychiatrische problematiek*. Retrieved from https://www.west-vlaanderen.be/kwaliteit/Leefomgeving/duurzaambouwen/Documents/Brugwonen.pdf

13. **Brunt, D., & Hansson, L.** (2004). The quality of life of persons with severe mental illness across housing settings. *Nordic Journal of Psychiatry*, *58*(4), 293-298. Retrieved from 1.   http://dx.doi.org/10.1080/08039480410005800

14. **Buijt, E. V. D. H. I., & Smits, A. W. A.** (1998). Beschermd wonen; tevreden wonen? Resultaten van een tevredenheidsonderzoek onder bewoners van drie organisaties. *Maandblad Geestelijke Volksgezondheid, 53*, 265-276. Retrieved from https://www.researchgate.net/publication/258434070_Beschermd_wonen_tevreden_wonen_Resultaten_van_een_tevredenheidsonderzoek_onder_bewoners_van_drie_organisaties

15. **Byrne, S.** (2008). A long way from home Mental distress and long-term homelessness. *Shelter, the housing and homelessness charity.* Retrieved from http://england.shelter.org.uk/professional_resources/policy_and_research/policy_library/policy_library_folder/a_long_way_from_home_mental_distress_and_long-term_homelessness_-_a_good_practice_briefing

16. **Cardol, M., Speet, M. & Rijken M.** (2007). *Anders of toch niet? Deelname aan de samenleving van mensen met een lichte of matige verstandelijke beperking.* Retrieved from http://www.nivel.nl

17. **Chapman, I.** (2014). *Housing Models: Examples of Innovative Practice and Design.* Retrieved from https://www.housinglin.org.uk

18. **Coleman R. (**2011): *Recovery: An Alien Concept?* Habost: Fife press

19. **Corporation for Supportive Housing** (2005). *The Mental Health Services Act Housing toolkit*. Retrieved from http://www.dhcs.ca.gov/services/MH/Pages/MHSAHousing.aspx

20. **Cozzolino L.** (2006) *The Neuroscience of Human Relationships: Attachment and the Developing of Social Brain. tr.it.: Il cervello sociale.* Milano Raffaello Cortina

21. **Da Costa Meyer E.** (2012). The City Within. In E. Danze & S. Sonnenberg (Eds.), *Space and Psyche* (pp. 86-107). Austin: Center for American Architecture and Design.

22. **Davidson L., Tondora J., Lawless M.S., O'Connell M.J., Rowe M.** (2009) *Recovery-Oriented Practice.* New York: Oxford University Press

23. **Decety J., Ickes W.** (2009) *The Social Neuroscience of Empathy.* USA: MIT

24. **De Girolamo, G., Picardi, A., Santone, G., Falloon, I., Morosini, P., Fioritti, A., & Micciolo, R.** (2005). The severely mentally ill in residential facilities: a national survey in Italy. *Psychological Medicine*, *35*(03), 421-431. DOI: 0.1017/S003329170400350

25. **De Heer-Wunderink C., Visser E., Sytema S., Wiersma D.** (2012). Social inclusion of people with severe mental illness living in community housing programs. *Psychiatric Services*, 63(11), 1102-1107. DOI: 10.1176/appi.ps.201100538.

26. **Depla, M.F., De Graaf, R., Heeren, T.J.** (2006). The relationship between characteristics of supported housing and the quality of life of older adults with severe mental illness. *Aging & Mental Health,* 10(6), 592-8. DOI: 10.1080/13607860600641135.

27. **Elliott S., Taylor M. & Kearns R.** (1990). Housing Satisfaction, Preference and Need among the Chronically Mentally Disabled in Hamilton, Ontario. *Social Science & Medicine*, 30(1), 95-102.

28. **Evans, G., W.** (2003). The Built Environment and Mental Health. *Journal of Urban Health*, 80(4), 536-555. DOI: 10.1093/jurban/jtg063

29. **Evans, G., W., Wells N., M., Chan H.,Y., Saltzman H.** (2000). Housing Quality and Mental Health. *Journal of Consulting and Clinical Psychology*, 68(3), 526-530.

30. **Farrow T., Woodruff P.** (2007) *Empathy in Mental Illness .* Cambridge: Cambridge Un. Press

31. **Forchuk, C., Nelson, G., & Hall, G. B**. (2006). "It's important to be proud of the place you live in": Housing problems and preferences of psychiatric survivors. *Perspectives in Psychiatric Care*, *42*(1), 42-52. DOI: 10.1111/j.1744-6163. 2006.00054.x.

32. **Gärling T., Evans G.W.** (1991) *Enviroment Cognition and Action.* New York: Oxford University Press

33. **Ghio, L., Favaretto, G., Rocca, G., Calcagno, P., Pacella, S., & Ferrannini, L.** (2016). Residential care in Italy: critical issues and future perspectives. *International Journal of Mental Health*, *45*(1), 32-41. DOI: http://dx.doi.org/10.1080/00207411.2015.1130509

34. **Gropius W.:** (1955): *Scope of Total Architecture*. New York: Harper &Brothers

35. **Groton, D.** (2013). Are housing first programs effective: a research note. *J. Soc. & Soc. Welfare*, *40*, 51. Retrieved from http://heinonline.org/HOL/LandingPage?handle=hein.journals/jrlsasw40&div=6&id=&page

36. **Hazler R.J., Barwick N.,** (2001) *The Therapeutic Environment.* Buckingham: Open University Press

37. **Health Service Executive National Vision for Change Working Group** (2012). *Addressing housing needs of people using mental health services*. Retrieved from http://www.hse.ie/eng

38. **Health Service Executive & Housing Agency Ireland** (2016). *Design for Mental Health. Housing Design Guidelines.* Retrieved from https://www.housingagency.ie/Our-Services/Housing-Supply-Services/National-Housing-Strategy-for-People-with-a-Disabi/Publications.aspx

39. **Hinshelwood, R.** (2001). *Thinking about Institutions: Milieux and Madnessed*. London: Jessica Kingsley Publishers.

40. **Hogan, M. & Carling, P.** (1992). Normal Housing: A Key Element of a Supported Housing Approach for People with Psychiatric Disabilities. *Community Mental Health Journal,* 28(3), 215-226. DOI:10.1007/BF00756818.

41. **Kallert, T., W., Leisse, M. & Winiecki, P.** (2007). Comparing the effectiveness of different types of supported housing for patients with chronic schizophrenia. *Journal of Public Health,* 15, 29-42. DOI 10.1007/s10389-006-0071-3.

42. **Kahneman D.** (2012). Thinking. Fast and slow. Ed. Penguin

43. **Killaspy, H., White, S., Dowling, S., Krotofil, J., McPherson, P., Sandhu, S., ... King, M.** (2016). Adaptation of the Quality Indicator for Rehabilitative Care (QuIRC) for use in mental health supported accommodation services (QuIRC-SA). *BMC Psychiatry*. DOI: 10.1186/s12888-016-0799-4

44. **Kooistra, H., De Ruiter, D. & Van Triest, N.** (2016). Doorstromers Beschermd Wonn en Maatschappelijke opvang. *Platform 31.* Retrieved from http://www.platform31.nl/publicaties/doorstromers-beschermd-wonen-en-maatschappelijke-opvang

45. **La Cecla F.:** (1996): *Perdersi: l'uomo senza ambiente.* Bari: Laterza

46. **Leonardi F.** (2015) *Il grande paradosso della salute.* Roma: Felici ed.

47. **Liberman R.P.** (2008) *Recovery from Disability: Manual of Psychiatric Rehabilitation.* Washington: American Psychiatric Publishing Inc

48. **Macpherson, R., Shepherd, G., & Edwards, T.** (2004). Supported accommodation for people with severe mental illness: a review. *Advances in Psychiatric Treatment*, 10(3), 180-188. DOI: 10.1192/apt.10.3.180

49. **Malafouris L.** (2009). Between brains, bodies and things: tectonoetic awareness and the extended self. In C. Renfrew, C. Frith & L. Malafouris (Eds.), *The Sapient Mind: archaeology meets neuroscience* (pp. 1993-2002). Oxford: University Press.

50. **Mallgrave H.F.,** (2011): *The Architect's Brain (neuroscience, Creativity and Architecture).* England: Wiley-Blackwell

51. **Maone A.**, **D'Avanzo B.** (2015): *Recovery (nuovi paradigm per la salute mentale).* Milano: Raffaello Cortina

52. **Maone, A. & Domiziani, C.** (2010). Il progetto Solaris <<Fare assieme>> per una vita indipendente. *Edizioni Erickson La Rivista del Lavoro Sociale, 10*(1), 105-115. Retrieved from http://www.lavorosociale.com/.

53. **Marcheschi, E., Brunt, D., Hansson, L., & Johansson, M.** (2013). The interaction between the physical and social environment in supported housing for people with severe mental illness. *Issues in Menthal Health Nursing*, 34, 117-123. DOI.10.3109/01612840.

54. **Marcheschi, E., Johansson, M., Laike, T., Brunt D.** (2016). Housing design and people with severe mental illness: An observational approach to the investigation of supported housing facilities. *Scandinavian Journal of Psychology*, 57, 12-21. DOI: 10.1111/sjop.12259

55. **Marone, A.** (2006). The house keys. possibilities and limits of supported housing approach. *Psichiatria di Comunità, la rivista dei dipartimenti di salute mentale,* 4, 222-235.

56. **Massey, O. T., & Wu, L.** (1993). Important characteristics of independent housing for people with mental illness: Perspectives of Case Managerss and consumers. *Psychosocial Rehabilitation Journal*, 17(2), 81. http://dx.doi.org/10.1037/h0095598

57. **Mental Health Network NHS CONFEDERATION** (2012). *Mental health and homelessness.* (Issue 235). Retrieved from https://www.housinglin.org.uk/_assets/Resources/Housing/Policy_documents/mental_health_homelessness.pdf

58. **Morin, P., Beauleu, A. & Robert D.** (2002). Le logement comme factur d'intégration sociale pour les personnes classées malades mentales. *Déviance et Société,* 26, 497-415. DOI: 10.3917/ds.264.0497

59. **Nelson, G., Aubry, T., Hutchinson, J.** (2010). Housing and Mental Health. In *International Encyclopedia of Rehabilitation.* Retrieved form http://cirrie.buffalo.edu/encyclopedia/en/article/132/

60. **Nelson, G., Hall, G. B., & Walsh-Bowers, R.** (1997). A comparative evaluation of supportive apartments, group homes, and board-and-care homes for psychiatric consumer/survivors. *Journal of Community Psychology*, 25(2), 167-188. DOI: 10.1002/(SICI)1520-6629(199703)25:2<167: AID-JCOP6>3.0.CO;2-V

61. **Nelson, G., & Laurier, W.** (2010). Housing for people with serious mental illness: Approaches, evidence, and transformative change. *J. Soc. & Soc. Welfare*, 37, 123. Retrieved from http://heinonline.org/HOL/LandingPage?handle=hein.journals/jrlsasw37&div=41&id=&page=

62. **Nelson G., Sylvestre J., Aubry T., George L., Trainor J.** (2007). Housing Choice and Control, Housing Quality, and Control over Professional Support as Contributors to the Subjective Quality of Life and Community Adaptation of People with Severe Mental Illness. *Administration and Policy in Mental Health*, 34, 89-100. DOI: 10.1007/s10488-006-0083-x.

63. **O'Malley, L. & Croucher, K.** (2005). Supported Housing Services for People with Mental Health Problems: A Scoping Study. *Housing Studies*, 20(5), 831 — 845. DOI: 10.1080/02673030500214126.

64. **Pannecoucke, I. & De Decker, P.** (2014). *Thuis(loos) na de psychiatrie.* Retrieved from https://steunpuntwonen.be/Documenten_2012-2015/Onderzoek_Werkpakketten/WP3_Thuis%28loos%29_na_de_psychiatrie

65. **Park R.E., Burgess E.W., McKenzie R.D.** (1938) *The City.* Chicago: UCP

66. **Piat, M. & Sabetti, J.** (2010). Residential Housing for Persons with Serious Mental Illness: The Fifty Year Experience with Foster Homes in Canada. In *International Encyclopedia of Rehabilitation.* Retrieved from http://cirrie.buffalo.edu/encyclopedia/en/article/236/

67. **Pleace, N.** (2016). *Housing First Guide Europe*. Retrieved from http://housingfirstguide.eu

68. **Pleace, N., & Bretherton, J.** (2017). *Crisis Skylight: Final Report of the University of York Evaluation*. Retrieved from https://www.crisis.org.uk/

69. **Pleace, N, & Wallace, A.** (2011). *Demonstrating the Effectiveness of Housing Support Services for People with Mental Health Problems: a review.* Retrieved from http://s3-eu-west-1.amazonaws.com/pub.housing.org.uk/Review%20of%20supported%20housing%20effectiveness%20for%20mental%20health.pdf

70. **Quality Matters** (2016). *Financial Savings Review of "My Home My Choice" Project*. Retrieved from http://qualitymatters.ie/work/financial-savings-review-of-my-home-my-choice-project/

71. **Rapp C.A., Goscha R.J.** (2006) *The Strengths Model (Case Management with People with Psychiatric Disabilities.* New York: Oxford Un. Press

72. **Ridente, P. & Mezzina R.** (2016) From Residential Facilities to Supported Housing: The Personal Health Budget Model as a Form of Coproduction. *International Journal of Mental Health, 45 (1),* 59-70. DOI: doi.org/10.1080/00207411.2016.1146510

73. **Robin, J. & Robinson, Z.** (2008). Innovation, local engagement and leadership; the future of supported housing in mental health. *Housing, Care and Support,* 11(1), 20-25. DOI: https://doi.org/10.1108/14608790200800006

74. **Roder V., Müller D.R., Brenner H.D., Spaulding W.D. (**2011) *Integrated Psychological Therapy (IPT).* Göttingen: Hogrefe

75. **Rossi A.** (2009) *Autobiografia scientifica.* Milano: Il Saggiatore

76. **Rowlands M.** (2010) *The New Science of the Mind.* London: MIT Press

77. **Schrooten, M., Loosveldt, G., Vranken, B., & Van Puyenbroeck, J.** (2014). Een experiment wonen-welzijn: Sociaal wonen op proef met ondersteuning. *Alert: Tijdschrift voor Sociaal Werk en Politiek*, *40*(3), 43-49. Retrieved from http://www.academia.edu/8016583/Een_experiment_wonen-welzijn._Sociaal_wonen_op_proef_met_ondersteuning

78. **Savage, J.** (2016). Mental Health and Housing. A project to identify which types of supported accommodation successfully meet the needs of people with mental health problems in order to recommend effective housing solutions. *Policy Officer for the Mental Health Foundation for the Mental Health Providers Forum.* Retrieved from https://www.natcen.ac.uk

79. **Searles H.F.** 1960: *The Nonhuman Enviroment, in Normal Development and in Schizophrenia.* New York: International University Press

80. **Seligman M.E.P. Peterson C.** (2003) *Positive Clinical Psychology* in: **Aspinwall L.G., Staudinger U.M.** *A Psychology of Human Strengths.* Washington: American Psychological Association

81. **Settis S.** (2017) *Architettura e democrazia (paesaggio, città, diritti civili).* Torino: Einaudi

82. **Starace, F., Marchesini, N & Melati, E.** (2015) L'Esperienza del DSM-DP di Modena nel campo della "residenzialità leggera". *Nuova Rassegna di Studi Psichiatrici,* 12. Retrieved from http://www.nuovarassegnastudipsichiatrici.it/index.php/numeri-precedenti/vol-12-29-dicembre-2015

83. **Steinberg D.M.** (1997): *The Mutual Aid Approach to working with groups.* Jason Aronson

84. **Strkalj Izevic S., Muzinic, L. & Filipac, V.** (2010). Case Management – A pillar of community psychiatry. *Psychiatria Danubina*, 22, 1, 28-33.

85. **Supported housing guidelines** (2015). In Office of Mental Health, New York. Retrieved from https://www.omh.ny.gov/omhweb/adults/SupportedHousing/supportedhousingguidelines.html

86. **Sylvestre, J., Nelson, G., Sabloff, A., Peddle, S.** (2007). Housing for People with Serious Mental Illness: A comparison of Values and Research. *American Journey of Community Psychology,* 40, 125–137. DOI: 10.1007/s10464-007-9129-9.

87. **Tabol, C., Drebing, C. & Rosenheck, R.** (2010). Studies of "supported" and "supportive" housing: a comprehensive review of model descriptions and measurement. *Evaluation and Program Planning*, 33(4), 446-456. Retrieved from http://homelesshub.ca/resource/studies-supported-and-supportive-housing-comprehensive-review-model-descriptions-and

88. **Tauber, E.** (2009). *Abitare in autonomia- Valutazione qualitativa del progetto pilota basato sulla filosofia della Vita Indipendente.* Retrieved from http://www.integrabile.it/

89. **Thomson, H., Petticrew, M. & Morrison, D.** (2001). Health effects of housing improvement: systematic review of intervention studies. *British Medical Journal*, 323, 187-190. DOI: 10.1136/bmj.323.7306.187

90. **Tsemberis, S., & Eisenberg, R. F.** (2000). Pathways to housing: Supported housing for street-dwelling homeless individuals with psychiatric disabilities. *Psychiatric services*, *51*(4), 487-493. DOI: https://doi.org/10.1176/appi.ps.51.4.487

91. **Turri M.G.** (2012) *Biologicamente sociali culturalmente individualisti.* Milano: Mimesis

92. **United Nation - Human Rights Council.** (2017). Report of the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health. Retrieved from https://documents-dds-ny.un.org/doc/UNDOC/GEN/G17/076/04/PDF/G1707604.pdf?OpenElement

93. **Van Rossum, H., Van Iersel, J & Van Rossum, F.** (2006). *Woonvormen voor mensen met verstandelijke beperkingen* (Rapportnummer: 91270). Rgo Research and consulting.

94. **Wells, N., M., Moch, A. & Evan, G., W.** (2003). Housing and Mental Health: A Review of the Evidence and a Methodological and Conceptual Critique. *Journal of Social Issues* 59(3), 475 – 500. DOI: 10.1111/1540-4560.00074.

95. **World Health Organization.** (2013). *Mental health action plan 2013-2020.* WHO Press. Retrieved from http://apps.who.int/iris/bitstream/10665/89966/1/9789241506021_eng.pdf

96. **Yanos, P., T., Stefancic, M., A. & Tsemberis, S.** (2012). Objective Community Integration of Mental Health Consumers Living in Supported Housing and of Others in the Community. *Psychiatric Services*, 63(5), 438–444. DOI: 10.1176/appi.ps.201100397.

97. **Wong, Y., I., Matejkowski, J. & Lee, S.** (2011). Social Integration of People with Serious Mental Illness: NetworkTransactions and Satisfaction. *Journal of behavioral health services & research*, 38(1), 51-67. DOI: 10.1007/s11414-009-9203-1.

98. **Wong, Y. L. I., & Solomon, P. L.** (2002). Community integration of persons with psychiatric disabilities in supportive independent housing: A conceptual model and methodological considerations. *Mental health services research*, *4*(1), 13-28. DOI: 10.1023/A:1014093008857

99. **Wright, P. A., & Kloos, B.** (2007). Housing environment and mental health outcomes: A levels of analysis perspective. *Journal of Environmental Psychology*, *27*(1), 79-89. DOI: 10.1016/j.jenvp.2006.12.001

100. Vlaamse **Regering – Kabinet van Vlaams minister van Welzijn, Volksgezondheid en Gezin, Jo Vandeurzen** (2010). *Beleidsplan Geestelijke Gezondheidszorg Vlaanderen*. Retrieved from http://www.jovandeurzen.be/sites/jvandeurzen/files/Nota%20GGZ%20_2_.pdf

HERO housing: an educational european road towards civil rights

Co-funded by the Erasmus+ Programme of the European Union

Certificate

of participation

HOUSING: AN EDUCATIONAL EUROPEAN ROAD TOWARD CIVIL RIGHTS

_____

has actively participated in the HERO Training developed within the framework of the ERASMUS+ Programme. The participant has improved his/her competences in Housing and mental health.

The training took place in _____

on the following date _____

www.housing-project.eu

Curriculum design by Janna Nousiainen / www.linkedin.com/in/janna-nousiainen