

GAMIAN-EUROPE **AGM & CONVENTION**

SPRING 2019 | BUCHAREST, ROMANIA



ABOUT US

GAMIAN-Europe was established in 1998 as a representative coalition of patient organisations. Putting the patient at the centre of all issues of the EU healthcare debate, the organisation aims to bring together and support the development and policy influencing capacity of local, regional and national organisations active in the field of mental health. Patients can and should play an effective and complementary role in developing positive and proactive policies and other initiatives with an impact on mental health issues. GAMIAN-Europe, as an informed and effective advocate, is seeking to become a powerful and trusted point of reference for the main EU institutions and other organisations and stakeholders seeking the views of patients. Mental health is a matter of increasing importance to all of us. Everybody knows somebody that has some form of mental health problem. Some of us cope with the ups and downs of life well; others, on the other hand develop a mental illness. This can happen to any of us: mental health concerns us all. 'GAMIAN-Europe, a patient-driven panEuropean organisation, represents the interests of persons affected by mental illness and advocates for their rights.' GAMIAN-Europe is our voice to represent and advocate the interests of patients.



www.gamian.eu
GAMIAN-Europe
Rue du Trone 60
1050, Ixelles

Convention scope

Depression is associated with high odds of being accompanied by medical comorbidities. Furthermore, depression is associated with higher likelihood of chronic and severe medical conditions such as diabetes and cardiovascular disease. Research also shows that patients experiencing serious medical conditions such as cancer also experience depression as a comorbidity. Research shows raised rates of depression in people with Type 2 diabetes and depression is a common co-morbidity of cancer that has a detrimental effect on quality of life, treatment adherence and potentially survival. Patients require information as well as skills that will help them achieve a good quality life by managing their illnesses. The Conference focuses on depression and comorbidities, providing information on the chronic diseases and their impact on the person experiencing depression.

The Convention provides an opportunity for patient groups and others interested in depression and comorbidity to obtain the latest information and to learn together about their management.



Programme

29 March - 31 March 2019
Novotel Bucharest City Centre Hotel, Calea Victoriei 37B Sector 1 010061
Bucharest, Romania

Friday 29th March 2019

13.00 – 18.00 - Board Meeting

Arrival of Delegates

19.30 Dinner and Presentation of GAMIAN-Europe European Personality Award at
Novotel Bucharest City Centre Hotel

Saturday 30th March 2019

8.30 – 9.00 - Registration

9.00 – 9.15 - Welcome and setting the scene – Hilikka Kärkkäinen, President of GAMIAN-Europe

First Session - Developing trust and effective care: Psychiatrists and patients in partnership
Focus on depression

Chair – Matt Muijen, Board Member of GAMIAN-Europe and Senior Policy
Advisor to Danish Mental Health Foundation

09.15 – 09.30 - Why GAMIAN-Europe and EPA work in partnership – Hilikka Kärkkäinen

09.30 – 09.50 - Introduction of the project – Chiara Samele, Director at Informed Thinking

09.50 – 10.10 - Challenges and actions to working effectively for patients – Silvana Galderisi,
President of the European Psychiatric Association

10.10 – 10.20 - Discussion

10.20 – 10.50 - Coffee Break



Programme

Second Session - Depression and comorbidities

Chair – Raluca Nica, Vice-President of GAMIAN-Europe and Executive Director at Romanian League for Mental Health

10.50 – 11.20 - Depression and Comorbidity: Symptoms and treatment – Keynote address by Dr. Alan Cohen, Director of Primary Care at the West London Mental Health Trust

11.20 – 11.40 - Depression in Children and Adolescents – Raluca Nica

11.40 – 11.50 - Discussion

Third Session - How to manage depression and comorbidities

Chair – Robert Kristof, Board Member of GAMIAN-Europe and General Manager of Awakening Foundation

11.50 – 12.10 - Comorbidity: Building Resilience through Positive Strategies - Mireille Pellegrini Petit, Clinical Psychologist and Positive Psychology Coach and Trainer, Thrive Positive, Malta

12.10 – 12.30 - Depression and relationships – Tiberiu Rotaru, Manager of Siret Psychiatric Hospital, Romania

12.30 – 12.40 - Discussion

12.40 – 13.40 - Lunch

Parallel sessions:

Fourth Session - Best Practices, Chair - Yoram Cohen, Immediate past president of GAMIAN-Europe and Corporate Secretary of the WFMH

13.40 – 14.40 - Presentations by the applicants of the Pedro Montellano Best Practice Award



Programme

13.40 – 14.40 - Self-help care and support in the 21st c. Invitation for an international e-project for all GE members. Come and do something real good to your users and yourself - today! With a good practice company from the UK - on-line! Elaine Bousfield, Founder and chair of XenZone
Co-Chaired by Matt Muijen and Róbert Kristóf, Board Members of GAMIAN-Europe

Fifth Session - Annual General Assembly
Co-Chairs - Raluca Nica & Jacinta Hastings, Treasurer of GAMIAN-Europe

14.40 – 17.30 - General Assembly and Election of a New Board

17.30 – 18.00 - Meeting of the new Board

19.00 Dinner at Novotel Bucharest City Centre Hotel

Presentation of the Pedro Montellano Good Practice Award

Sunday 31st March

Sixth Session - Turning patient empowerment into a reality - a Call to Action
Chair - Daniel Cernik, Board Member of GAMIAN-Europe

09.00 – 09.30 - Empowerment as a Human Right - Katerina Nomidou, Secretary General GAMIAN-Europe

09.30 – 09.45 - Empowerment – Patient’s Perspective - Matthieu de Vilmorin, President of Schizo? Oui!

09.45 – 10.00 - Discussion

10.00 – 11.00 - Patient Advisory Board and EU Elections

11.00 Departure



Speakers



Hilikka Karkkainen Represented GAMIAN-Europe on the Board of EFNA (European Federation of Neurological Associations) in 2002-2004. Was President of GAMIAN-Europe once before in 1999. During the General Assembly in the frame of the Annual Convention held in Vienna in September 2016, Hillka has been elected by the board members as the new GAMIAN-Europe president.



Dr Chiara Samele has a background in Social Sciences (social policy) and Epidemiology with extensive experience in mental health research and policy. Her main area of expertise is improving services and the quality of lives for people with mental health conditions. She is widely published and has produced a number of influential reports.



Silvana Galderisi - Professor of Psychiatry and Director of the training school in Psychiatry at the University of Campania Luigi Vanvitelli (SUN), where she is also the Director of the Emergency Unit of the Department of Mental Health. Currently President of the European Psychiatric Association (EPA), she is also Chairperson of the EPA Section on Schizophrenia, founding member and member of the Board of Directors of the European Group for Research in Schizophrenia, Chairperson of the Neuroimaging Section in Psychiatry of the World Psychiatric Association (WPA) and Chairperson of the Schizophrenia Network of the European College of Neuropsychopharmacology (ECNP).



Alan Cohen worked from 2011 until 2015 as Director of Primary Care at the West London Mental Health Trust, providing physical health care services to those at Broadmoor Hospital. He retired from clinical practice in July 2015 but continues to teach undergraduate medical students at Salzburg Medical School, ski and publish the occasional article. At the College, he teaches a course on managing mental health problems – mental health problems amongst the congregation and ensuring that students have the tools to manage their own mental welfare.

Speakers



Raluca Nica - A board member of GAMIAN Europe who has over 30 years of experience in the field of mental health. She is a consultant for NGOs on issues of organizational management and supervision for the good implementation of projects. Her experience and vast academic background in various disciplines make her an expert in the field.



Mireille Pellegrini Petit is a Clinical Psychologist with 25 years of clinical and organizational experience. As a Clinical Psychologist, Mireille has developed a successful private practice where she sees adults with a range of mental health problems and couples with relationship difficulties. She is experienced in Cognitive Behaviour Therapy (CBT), Positive Psychotherapy and Psychodynamic Psychotherapy, and often works integrating these different modalities. She also has substantial experience in the addictions field.



Tiberiu Rotaru - Manager of Siret Psychiatric Hospital. He graduated the University of Psychology from Bucharest where he studied sociology-psychology-pedagogy, currently being certified as clinical psychologist by the College of Psychologists in Romania. He has working experience as a teacher and social care service for people with special needs. He was hired as a psychologist at the Chronic Psychiatric Hospital Siret in 2006. Tiberiu Rotaru is the manager of the Chronic Psychiatric Hospital Siret since 2008 and he is responsible for the coordination and activity of the hospital.



Elaine Bousfield a former therapist, is the founder of XenZone, an organisation that aims to remove barriers and increase access to mental health support through technological innovation. In 2004, XenZone established the UK's first online counselling and mental health resource service for children and young people, Kooth. Following the success of Kooth, Qwell was launched to offer this service to adults. Most recently, XenZone has adapted its service for students - Kooth Student is currently offered to students at the University of West England as part of a seven-month pilot.

Speakers



Katerina Nomidou - Being an active carer to her brother who lives with schizophrenia and seeing the problems faced by families trying to cope with mental illness consequences and the unfairness of the situation service users find themselves in prompted her to become actively involved in the mental health issues that affect vulnerable people and society as a whole. Katerina is also vice President, Association of families/careers for the mental health and Alzheimer's disease SOFPSI N.SERRON, Greece; PFPS Champion for Greece, WHO, Switzerland; and visiting lecturer (compassionate care & doctor-patient relationship at undergrad. level and health law & patients' rights at postgrad. level), Faculty of Medicine-University of Crete, Greece.



Matthieu de Vilmorin is the President of Schizo? ... Yes ! Facing schizophrenia - an association fighting against the stigma experienced by people suffering from this syndrome. It advocates for access to treatment and for maintaining the dignity of the patient. Before this he was a video assistant for the filming of corporate films, an apprentice bookbinder, a medical book salesman, a limo-driver, a delivery driver, a gardener, a maintenance man, an assistant to an expert of old books and a first clerk in a bookshop of old books, a social worker, a trainee of the learning at every stage of life and was sometimes unemployed, often just out of a hospital where his crises had driven him. He is the author of the following work: Les Lunatiques - mon séjour chez les fous. Bayard, 2018.

List of Participants

First name	Last Name	Organisation	Country
Helen	Bennett	Hafal	United Kingdom
John	Bowis		United Kingdom
Elaine	Bousfield	XenZone	United Kingdom
Daniel	Cernik	Association KOLUMBUS	Czech Republic
Alan	Cohen	West London Mental Health Trust	United Kingdom
Yoram	Cohen	Enosh, the Israeli Mental Health Association	Israel
Diana	Couto	ADEB	Portugal
Wilfried	Danschotter	Ups & Downs	Belgium
Matthieu	de Vilmorin	Schizo ? ... Oui !	France
Stephania	Dimech Sant	Richmond Foundation	Malta
Marko	Ferek	ADHD Europe	Croatia
Leo	Finn	Anoiksis	The Netherlands
Adela	Gaia	Servier	France
Silvana	Galderisi	European Psychiatric Association (EPA)	Italy
Istvan	Gallai	Awakenings Foundation	Hungary
Simone	Gynnemo	Balans	Sverige
Jacinta	Hastings	GAMIAN-Europe	Ireland
Andreas	Ioanidis	ADDISS	United Kingdom
Kristina	Jandric	A. For promoting and protecting of mental health sunrise	Croatia
Feliciea	Jibson	ADHD, ASC & LD Belgium	Brussels
Luben	Kabaktchiev	GAMIAN-Europe	Belgium
Hilkka	Kärkkäinen	GAMIAN-Europe	Finland
Peter	Keri	Awakenings Foundation Hungary	Hungary
Aadt	Klijn	Anoiksis	The Netherlands
Robert	Kristof	Awakenings Foundation	Hungary
Barbora	Lacinova	Association KOLUMBUS	Czech Republic
Eveliina	Lafghani	Taiteen Sulattmao ry	Finland
Tineke	Mollema	Plusminus	The Netherlands
Matt	Muijen	GAMIAN-Europe	Brussels
Raluca	Nica	Liga Romana pentru Sanatate Mintala Membership	Romania
Aikaterini	Nomidou	SOFPSI N.SERRON	Greece
Nigel	Olisa	GAMIAN-Europe	Belgium
Luís	Oliveira	ADEB	Portugal
Mireille	Pellegrini		Malta
Judit	Pettko	EPCO	Hungary
Markus	Raivio	Kukunori	Finland
Urve	Randmaa	EMHA	Estonia
Bostjan	Repnik	OZARA SLOVENIJA	Slovenia
Tiberiu	Rotaru	Siret Psychiatric Hospital, Romania	Romania
Helena	Ryti	Taiteen Sulattmao ry	Finland
Chiara	Samele	Informed Thinking	United Kingdom
Shanit	Sokolovski Yoash	Enosh, the Israeli Mental Health Association	Israel
Sladna	Strkalj-ivezic	Sunrise , Svitanje	Croatia
Elise	Torossian	Advocacy Group for the Mentally Ill (AGMI) Cyprus	Cyprus
Erik	Van der Eycken	GAMIAN Europe	Belgium
Aggeliki	Zampari	ADHD Hellas	Greece

Information/Logistics

We are pleased to provide you with the following information regarding the practical arrangements for the meeting.

1. Site of meeting and hotel where you are accommodated

Novotel Bucharest City Centre

Calea Victoriei 37B Sector 1

010061

BUCHAREST

ROMANIA

Tel: (+40)21/3088500

Names of contact persons in Romania

Ms. Raluca Nica

Mobile: +40 722 33 73 94

E-mail: Lrsmoffice@gmail.com

Contact person in the hotel

Ms. Alina Leu

Telephone: : +40 21 308 85 26

E-mail: H5558-SB3@accor.com



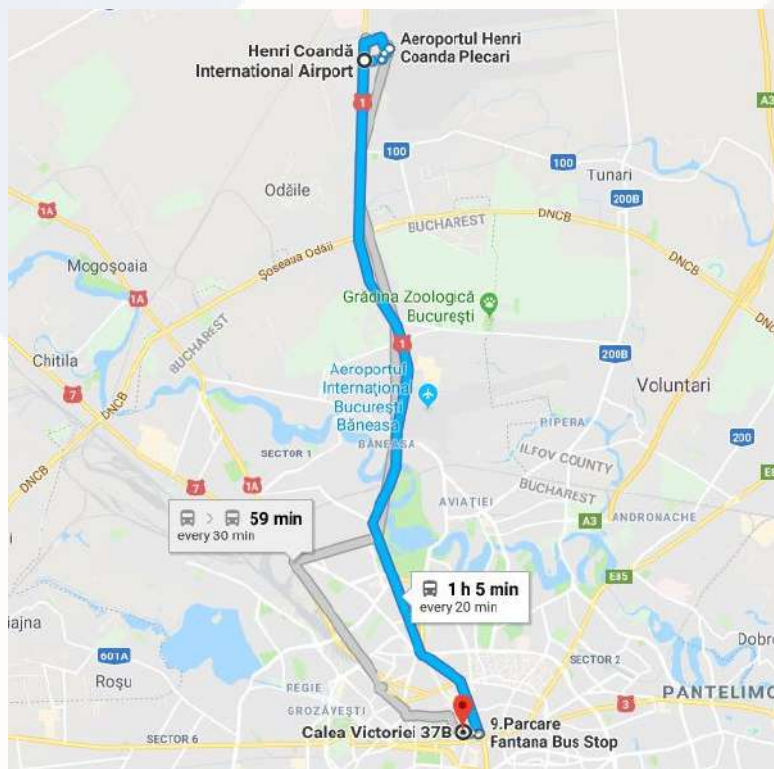
2. Travel from and to the airport

Taxi: As you get out from the airport, in the airport arrival hall there are an automated machine where you can order a taxi. The price for most taxis is 2 lei/km and the ride should not cost more than 50 lei (Romanian currency) which is about 12 EUR. There are also options for more expensive taxis but their price is displayed on the machine.

After you get the ticket from the automated machine (which includes the name of the Taxi Company and code of the car that you have to look after) you will get outside of the arrivals hall and look for the corresponding company name and code number on the taxi cab.

Not many cabs have the terminals for paying with bank card so I recommend you change at the airport or get money from the bank machine.

Information/Logistics



3. Opening session

The training session will start on the 30th of March 2019 at 09:00 AM in the conference room of the hotel.

4. Climate

Bucharest is situated in the plain area. The climate is continental. In March, the temperature is about 14° - 15° C during the day and 2-5° C during night. We recommend you to have moderately warm clothes with you.

5. GAMIAN-Europe Contact

Tronstraat 60, 1050 Brussels, Belgium

Contact: Nigel Olisa, Executive Director +32479604770

Website: www.gamian.eu

We hope you will find this information circular helpful. Should you have any additional queries, please do not hesitate to contact our office.

Pedro Montellano Good Practice Award

This prestigious Award aims to recognise the outstanding initiatives and innovative efforts of our members. The Award recognises good practice and provides an opportunity to challenge the stigma often associated with mental health issues by highlighting good practices to a wider audience and supporting the exchange of expertise between members.

The Award was created at the GAMIAN-Europe Board in 2010. The First edition was presented at the GAMIAN-Europe annual convention in 2011. Yearly, all GAMIAN-Europe members will be informed on the results and called to apply for the next year's Award. By supporting and publishing all projects GAMIAN-Europe wants to contribute to the fight against stigmatisation, exclusion and isolation of people with mental health problems by revealing "good practices" to a large audience and supporting the exchange of expertise between the projects.

Applicant projects **PATIENT CELL - SPOLEK** **KOLUMBUS**

1. Description of the project

1.1. When did the project start?

The project started on 1.1.2018 and was finished on 31.12.2018. Since the year 2013 we have been renewing this project every year.

1.2. What are the aims of the project?

The aim of the project is to employ stabilized users of psychiatric care, to provide accompaniments to hospitalized persons in psychiatric hospitals, to provide emotional support in the course and after the hospitalization, to inform about the rights of patients, to inform about consecutive social and health services and to recommend them, to realize leisure-time activity after the hospitalization, to help at solving of legal and social matters.

1.3. Is the project totally independent or is it part of a larger project?

The project is a co-part of an larger project „We are with you, we are here for you“.

1.4. What is the innovation of the project?

The innovation of the project is the both-side psychosocial rehabilitation.

1.5. Is the project based on a specific vision?

By the provision of services in the project not only its users rehabilitate their health but also the employees gain more self-confidence and motivation to counter their mental illness.

2. Organization

2.1. What is the target group? (age, pathology,...)

Mentally ill people without rescription starting 18 year.

2.2. How many people are involved in the project?

In the project work 12 persons.

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2.3. Who is part of the organizing team (patients, professionals, volunteers,)

Co-part of the team are 11 stabilized persons with mental health illness, in particular even on the positions of coordinator, lawyer and manager of the project. And one person with physical handicap on the position of the Economist of the Association.

2.4. What was the contribution of people with mental health problems?

For the employees of the project: if they have a job, they can improve their financial situation or integrate to the society and have motivation to continue with their job. We have adapted the working time to their needs what is still not usual. For the clients of the project: emotional support, we provide services which are not sufficiently available in the psychiatric hospitals (accompaniments) and the help after the hospitalization.

2.5. How was the project announced to the community?

Through the web pages, conferences (psychiatric, social psychiatry) and through Fairs of Social Services.

2.6. What was the budget?

The budget was EUR 3.846,-

2.7. How was the project financed?

The project was financed by the funds of the Capital City of Prague and the Government Office of Czech Republic.

3. Inclusion

3.1. How does the project contribute to the inclusion of people with mental health problems in the community?

We offer employment to people with mental health illness. By the presentation of long-term results of Project we strive for de-stigmatization of people with mental health illness. In the future we would like to engage the clients in spending their leisure time also outside their homes, in the society.

3.2. Does the project collaborate with other projects/associations?

The project is regularly presented at various conferences and we co-operate also with other organizations in care for mental health. These organization recommend us clients or on the contrary, we recommend clients to them (VIDA, Klinika Eset, Dobrodus, FOKUS). We have concluded co-operation with 2 hospitals.

4. Evaluation

4.1. Is there an evaluation mechanism in the project

Of course, it is: Annual Report, Final Report to the Fund and regular meetings of the team which works on the project.

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4.2. What are the concrete results so far?

In the year 2018 we had worked off in the project 1229 hours and carried out 435 accompaniments and had assisted 233 persons. Most of visits were at the hospitalized patients where we provided not only accompaniments but also solved their family problems and provided emotional support at the hospitalization.

4.3. What lead to the success of the project so far?

The success of the project is based on the demand not only from patients but also from psychiatric hospitals where accompaniments of patients are required, especially at long-term hospitalized patients from the hospital and back. The patients arrange during the accompaniment with us their personal matters (authorities, bank, dentist, going home i.e.) and our project helps social employees in the hospitals which is a lack of in relation to the numbers of patients.

4.4. Do the allocated resources justify the results?

At the current time the project is financially guaranteed by the funds.

5. Future

5.1. How will the project develop in the future?

The Project develops in direction to more frequent contacts after the hospitalization and the maintenance of the mental balance so that no further attack of the illness occurs. We want to integrate the patients to the society as much as possible. We will take them to the seminars, to trips, to a salt cave, for culture. The project will develop further towards the prevention of the illness.

5.2. Is it possible to implement the project elsewhere

The project will be implemented also in further regions where our Association works. We also present this Project in various events to other organizations with which we can co-operate in the future.

MENTAL HEALTH FIRST AID TRAINING (MHFA) - RICHMOND FOUNDATION MALTA

1. Description of the project

1.1. When did the project start?

Application for funding for Mental Health First Aid (MHFA) was submitted in 2014.

The training of the prospective trainers started in February 2015

Training sessions to professionals and the general public started being delivered in 2016

1.2. What are the aims of the project?

The aim of the project was to target professionals and non-professionals working in various fields to achieve the needed skills to recognise a mental health issue or a mental health crisis such as thoughts of suicide and to be able to offer initial help and lead the person concerned to seek help.

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Up until this training started there were no such courses in Malta.

1.3. Is the project totally independent or is it part of a larger project?

The project is independent but it follows the model of Mental Health First Aid Australia, the Organisation that has come up with this training and which is now being adapted worldwide. The training resources has been customised and adapted to the Maltese context.

1.4. What is the innovation of the project?

The innovation of this project is the fact that everyone can be trained to recognise symptoms of an impending mental health problem or crisis and be able to offer initial help. This is similar to when a person is trained in First Aid and learns how to give initial help when a problem of a psychological nature occurs.

1.5. Is the project based on a specific vision?

The vision of the project is to train as many persons in Mental Health First Aid as possible.

2. Organization

2.1. What is the target group? (age, pathology,...)

There is no particular target groups. Training is given to all those interested to learn these skills. Evidence has shown that individuals who complete the 21 hour basic MHFA Course gain:

- Significantly greater skills in effectively identifying most common mental health illnesses,
- Reduce stigma and prejudice prevalent in society,
- Decreased social distance from persons going through mental health illness, which can provide additional benefits to individuals with mental health illnesses,
- Increased confidence in providing help to others.

2.2. How many people are involved in the project?

Richmond Foundation has trained around 15 instructors to be able to deliver MHFA training across the Maltese Islands. Another four persons were involved in the application and administration of the project.

2.3. Who is part of the organizing team (patients, professionals, volunteers,)

Professional Staff of Richmond Foundation.

2.4. What was the contribution of people with mental health problems?

One of the Trainers is also a mental health service Users.

2.5. How was the project announced to the community?

A Seminar was held to introduce the project after which an aggressive advertising campaign was launched. Various sectors of Maltese Society were targeted separately. One of the first sectors to be offered this training was the NGOs Sectors and other Organisations working with vulnerable persons. Local companies, banks and various other local businesses were also targeted as were Local Councils, Parish Priests, The Police Force and Educators in various educational segments as well as the general public. This was done by directly contacting those responsible or by advertising on various local media and social media.

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2.6. What was the budget?

Funds allocated were of € 25,000

2.7. How was the project financed?

An open call for applications by Solidarity Overseas Services (SOS) Malta under the Second Call of the EEA Norway NGO Programme Malta 2009-2014 was issued and Richmond Foundation filed an application which was accepted and the funds were granted.

3. Inclusion

3.1. How does the project contribute to the inclusion of people with mental health problems in the community

When individuals are trained to recognise and get to know mental health problems and illness, the stigma and fear surrounding these issues are inevitably reduced. Moreover if individuals across the various sectors of society are trained to give initial help to those suffering from mental health problems and lead them to seek immediate professional help, problems are contained and nipped at the bud. This reduces hospital admissions; whilst exacerbation of the problems/illnesses is also avoided.

3.2. Does the project collaborate with other projects/associations?

Collaboration with other projects/associations was entered into for the delivery of training.

4. Evaluation

4.1. Is there an evaluation mechanism in the project

After the delivery of each training an evaluation form is provided to the participants. This enables us to improve and develop the training.

4.2. What are the concrete results so far?

So far we have organised over 200 courses reaching over 3,000 persons in various sectors and the fact that interest is still high and applications to attend this training are still being received is in itself proof that this training is indeed effective. There were also various instances where we have been contacted by individuals who have attended training to follow up cases which they themselves have identified either in their colleagues at work or in their family members.

4.3. What lead to the success of the project so far?

The commitment of the Trainers, who often go beyond their call of duty to deliver this training, is a determining factor. The fact that a lump sum of money was made possible through Solidarity Overseas Services (SOS) Malta under the Second Call of the EEA Norway NGO Programme Malta 2009-2014 was another mayor factor. The aggressive advertising campaign which was initially carried out and which has since been sustained has also led to the success of the project. The awareness of the campaign led more people to take the course.

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4.4. Do the allocated resources justify the results?

Yes considering the number of persons that we were able to train and the fact that we were able to introduce an innovative training to the Island, we think that the allocated resources do justify the results.

5. Future

5.1. How will the project develop in the future?

The Foundation has already applied and has been granted funds to adapt and develop a course in Youth and Teen Mental Health First Aid. The Youth Mental Health First Aid Course is specifically aimed those working directly with youths, whilst the Teen Mental Health First Aid is aimed at Students. The first courses have just started to be delivered. We are also planning to start delivering training outside Malta.

5.2. Is it possible to implement the project elsewhere?

The project can be implemented in every country. Richmond Foundation has already been asked, and did, deliver training outside Malta.

GFP: CULTUREHOUSES USING GUIDED FUNCTIONAL PEER SUPPORT-MODEL - KUKUNORI

1. Description of the project

Culturehouses, using GFP (Guided Functional Peer Support) -model is a combination of peer support and creative activities. The main goal is to support the young adult mental health clients to find natural means of life management and social skills development, both at work and disability rehabilitation. GFP-model aims to a new type of peer-guided functional development. Instead of traditional disease-centered dialogue of the peer support, GFP focuses on human resources and functionality through interaction. Professional staff has trained the peer tutors to support the activities and the rehabilitation clients jointly in the groups. The contents of functional groups are versatile. There are for example groups of music, multimedia, drama and visual arts. GFP-model is working on strong cooperation with a local Youth Services Center as using their space and equipment. First GFP-culturehouse ELVIS was founded in Helsinki on May 2009. ELVIS has over 25 functional groups running every week. Professional staff consists of two music therapists and one occupational therapist.

Guided Functional Peer Support (GFP) is a working model used in peer support work in communities for groups with special needs. The model is a consolidation of peer support and functional activities with the aim to support for example young adult mental health clients. The historical background of the GFP-model is based on Célestin Freinet's pedagogic work.

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The model has also a recognizable connection to social pedagogy and social psychiatry. In addition to these, the model is also strongly influenced by John Dewey's work on functional psychology, Mark Ragins's recovery movement in mental health care and Viktor Frankl, Aaron Antonovsky and Michel Foucault's work. The model was originally developed by Markus Raivio, music therapist and project director. The model was created while Raivio was working for the Niemikoti Foundation during the period 1998-2009 and piloted in ELVIS-project in Niemikoti foundation 2009-2012 with collaboration of music therapist Teppo Tolvanen and occupational therapist Heidi Karjalainen. In culture houses mental health clients are participating in training programs to tutor functional groups to each other. The model is implemented in 12 Culture Houses in Finland. Local Youth Service Centers work in cooperation with the Culture Houses by lending space and equipment. The houses are mainly financed by Finland's Slot Machine Association The GFP-model differentiates from traditional disease-oriented treatment with its focus on functionality through interaction. The peer tutors are trained by professionals to support psychiatric rehabilitation clients in groups. [1] Instead of focusing on problems, the clients do and learn new things that they are interested in together. [5]

The contents of the functional groups are usually art-based and include for example music, multimedia and visual arts, but activities with animals and sports are also common.

Culture houses are designed for young, 18- to 35-year-old mental health rehabilitators. The focus is on content that interests the rehabilitator and thus culture houses are tailored to the assets and strengths of the rehabilitator and the possibilities to learn new things. The aims of the creative group activities in the houses are to enable participants to find natural tools for life management, to develop social skills and further improve their ability to work and function. The members are the ones behind the focus of the groups. Peer instructors – the people who run the groups – are either mental health rehabilitators or professionals. All groups are functional and group members decide on the contents of the groups. The main priority for the culture houses is an open and safe atmosphere that supports creativity. All the groups are functional and based on structured peer support. The staff work as back-up for the groups.

2. Organization

Right now culturehouses are established in 12 cities in Finland, and one in Sweden Halmstad. They are all representing 8 different organizations.

3. Inclusion

The model gives clients methods to find suitable ways of life management and to improve their social skills. It is measured by inclusion indicators to have a very strong connection to inclusion, reducing feelings of loneliness and giving members a full possibility to participate and be part of community.

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Evaluation: The Finnish Rehabilitation Foundation carried out an evaluation of effectiveness of the GFP-model within the ELVIS-project in 2011. The results of the evaluation indicate that there is a genuine demand for Culture Houses. Five young adults retire to disability pension for mental health reasons every day in Finland. The Culture House in Helsinki, ELVIS, had 72 young mental health clients with various diagnoses. After the first year 21 of them applied for school or work. Today Culture House ELVIS has over 25 functional groups running weekly. In the Culture House in Lohja three peer tutors out of ten returned to work after the first six months. The results of the evaluation indicate that there is a genuine demand for GFP-houses like ELVIS and that there are not equivalent services available in mental health rehabilitation field in Finland. ELVIS had 72 young mental health clients with various diagnoses. After the first year 21 of them applied for school or work.

5. Future

In future, culturehousenetwork, combining peertutors and staff from every culturehouse is looking for new partners from Europe to help joining our network and starting culturehouse of their own. Culturehouse network and Kukunori is very interested to implement the model.

You can read more about the model from pamphlet: Young heroes written by Markus Raivio
<https://itunes.apple.com/us/book/young-heroes/id732829676?mt=11>

DISEASE AWARENESS AND SUPPORT FOR ADULT ADHD - ADHD HELLAS

1. Description of the project

In 2017 ADHD Hellas started a structured psychoeducational support group for adults with ADHD in collaboration with ADHD coach Lisa Joy Tuttle from the University of Pennsylvania. The aim of the project is to educate adults with ADHD to understand their disorder and develop skills and strategies to support them in their daily life functioning. The project is part of larger disease awareness campaign on adult ADHD that has been launched in 2012 in Athens Greece. Knowledge of adult ADHD among professionals is at its nascent phase and most adults with ADHD remain undiagnosed and unsupported. Our conferences hosting international experts on ADHD such as Drs Thomas E. Brown, Ari Tuckman, Russell Ramsay and Craig Surman, have lead to the development of a unique support group run by volunteer psychologists that has up to now helped over 150 adults. By training adults with ADHD to become more aware of their difficulties and communicative about them, our mission (apart form the ongoing support we provide) is a grass roots movement from patient to practitioner, to urge for a change, to sensitize on the existence of the disorder, and to learn how to identify and treat it based on the latest evidence based treatment protocols.

2. Organization

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The psychoeducational groups target adults who have been diagnosed with ADHD. The structure of the group was developed with Lisa Joy Tuttle and follows the Adult ADHD Toolkit, a book written by Drs Ramsay and Rostain. More than 150 adults have become members of this group. The groups run twice a month by 2 volunteer psychologists, at a minimal cost for attendees (€5 for a two-hour group for non members, free for ADHD Hellas' members). The project is advertised on Facebook, Instagram, LinkedIn, and our site (www.adhdhellas.org) and by weekly reminders through emails for current participants. The cost of the group is minimal (coffee, refreshments, electricity) covered by the fee memberships, donations and group fees. The groups are run at the office of ADHD Hellas, a space that has been granted for free by a donor.

3. Inclusion

The diagnosis of an adult with ADHD in Greece is rare and has a huge waiting list of over a year due to the scarcity of trained psychiatrists and psychologists. Thus, through our social media presence, adults who have never understood the nature of their problems become aware of the possibility of ADHD and self diagnose themselves and enter our groups for more information, guidance and support. Due to the success of the groups there has been an effort by the Greek public health system to train psychiatrists on the disorder.

4. Evaluation

Members complete a before and after evaluation, so we can monitor their progress. Many use the group on a regular basis while others due to the nature of their disorder are inconsistent in their attendance. The results of the group as seen in their evaluation forms, are increased understanding of the nature of ADHD, education on specific tools to help with their executive functioning deficits and a sense of connection and belonging amongst their peers.

Group attendance has doubled per session (we had approximately 20 members per group, now we have 40) and ADHD's visibility on social media has increased. ADHD Hellas has translated the chapters used from Adult ADHD Toolkit and they are now available to adults with ADHD.

5. Future

Due to the success of the group, ADHD Hellas has reached out and enlisted the support of 5 new volunteer psychologists who have doubled the size of the group. We are now in search of a bigger space for running our groups. The long term goal is to be able to run these groups on a weekly basis and in other areas in Greece. In our immediate plans is an adults ADHD group in Thessaloniki, the 2nd biggest city in Greece.

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DIALOGUE- A HUMAN ENCOUNTER OF MUTUAL LEARNING - ENOSH

1. Description of the project

1.1. When did the project start?

1999: Establishment of the project by people with psycho-social disabilities.

2008: Group meetings as part of Enosh.

2016–Today : Development of the project as mental health community based rehabilitation program.

1.2. What are the aims of the project?

Dialogue - A Human Encounter of Mutual Learning - an occupational project that trains people with psycho-social disabilities to become lecturers, sharing their personal stories in front of audiences, with the lectures becoming a part of their ongoing occupation.

The project promotes two goals:

- 1) Raising awareness among the public to psycho-social disability, community based rehabilitation and recovery.
- 2) Increasing self-efficacy and self-confidence of the participants through repeated contact with audiences.

1.3. Is the project totally independent or is it part of a larger project?

The project is part of Enosh's groundbreaking program for business entrepreneurship development that was developed to enable psycho-social disabled people with entrepreneur qualities to establish private businesses, in an individual and a group framework. The individual framework includes an individual rehabilitation plan, professional mentorship and more.

Mentorship for participating entrepreneurs

Basic business management studies and business coaching including business plan.

Group meetings for sharing knowledge and simulations, forming business relationships.

Mentorship to develop a private business.

1.4. What is the innovation of the project?

Encounters with people who are undergoing recovery have a significant effect on eliminating stigma. In order to maximize the impact, the training course aims to improve lecturing skills: facing an audience; telling personal stories in different formats and audiences; giving and receiving feedback; gaining experience in the field. Graduates are given a platform to realize the skills they have acquired.

1.5. Is the project based on a specific vision?

According to Research, recovery in mental health is a process of re-adaptation of one's attitudes, perceptions and beliefs towards oneself, others, and life. As a recovery-focused service, the project emphasizes individual needs and strengths, encourages involvement and participation at all levels of their lives, and encourages independent choice and decision making.

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2. Organization

2.1. What is the target group? (age, pathology,...)

People with psychiatric disabilities, aged 18+, who are entitled to a state community based rehabilitation framework; articulate and passionate about sharing their story; interested in eradicating social stigma; highly functioning and able to speak in front of audiences.

2.2. How many people are involved in the project?

60 participants in 2008-2016;

25 participants graduated two courses – 75% already provide lectures;

More than 530 lectures took place from 2012 and about 14,500 people were exposed to the stories.

15 participants will undergo a third course starting February 2019;

2.3. Who is part of the organizing team (patients, professionals, volunteers,)

Enosh's employment director; managing team for the training course: 2 rehabilitation professionals, a business coach, and an SCIT facilitator; a team project after the end of the course: 2 rehabilitation professionals, professional mentors (in digital marketing, advertising, sales etc).

2.4. What was the contribution of people with mental health problems?

The project was founded by people with psycho-social disabilities, based on their knowledge and passion to share their story openly.

2.5. How was the project announced to the community?

- Marketing for potential participants and teams in Enosh's centers
- Psycho-social institutes
- Outreach to lecturers in the Israeli academia and Business organizations

2.6. What was the budget?

98,133.54\$ yearly (8,177\$ monthly), when 2 trainings take place a year.

2.7. How was the project financed?

The Israeli Social Security's and ministry of health mental health rehabilitation framework project; payments for lectures.

3. Inclusion

3.1. How does the project contribute to the inclusion of people with mental health problems in the community?

The project brings people with psycho-social disabilities and audiences that may have not had the chance to be exposed to life stories such as these before, creating empathy among the audience, and nurtures the belief that people with psychiatric disabilities recover and should be welcome within the community. The impact is in changing perceptions and attitudes of the general public and future caretakers while influencing the lecturers themselves, who cope with their stories and continue to shape them along the way.

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3.2. Does the project collaborate with other projects/associations?

Within Enosh:

- Rehabilitation professionals from supported employment mentor the lecturers
- Employees Orientation days.
- Lectures in Family counseling program.
- Lectures to volunteers from the business sector.
- Professional teams in rehabilitation frameworks and HMOs.

In addition, the following audiences are reached:

- Access Israel, an organization for accessibility and inclusion.
- Students in academic institutions.
- High school students; Year of Service volunteers; and soldiers.
- Volunteers at an organization that provides Emotional First Aid.
- Welfare workers.

4. Evaluation

4.1. Is there an evaluation mechanism in the project

1. Training course success indicators:

- a. 80% will complete the course (low dropout rate).
- b. 50% of the participants will regularly lecture after training course has ended.

2. Program success indicators:

- a. A questionnaire that examines the level of performance of the lecture. Group feedback and personal feedback are provided as part of the course.
- b. Mid-term and final feedback.
- c. Feedback from the audiences.
- d. Once every six months, a meeting is held in which conclusions will be presented and drawn so as to improve the program.

4.2. What are the concrete results so far?

90% of the training participants graduated successfully. The participants lecture in front of audiences on a regular basis (54% out of 28 training participants). Due to the successful experience of the audience, the number of lectures is increasing, and so are the requests for lectures in various organizations.

4.3. What lead to the success of the project so far?

The project has established itself as a structured employment training course, in which participants are provided tools and mentorship in one organized framework. The group support upon finishing the course provides a social framework, in which peers can share experiences in a professional environment. In addition as written, the growth in lectures demand presents their success

4.4. Do the allocated resources justify the results?

The training is supported by the ministry of health as an employment framework. However, many additional resources are invested in external training of relevant bodies from the business sector and management consultants for the self-employed.

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Success indicators that examine economic independence and integration into employment in the free market as independent workers attest to the success of the program and its justifiability.

5. Future

5.1. How will the project develop in the future?

- Additional training courses;
- Professional training after the course and peer group;
- Digital catalog of lectures;
- Stigma questionnaires to examine the attitudes of the audience towards mental health before and after the lecture;
- Increase in number of lectures;
- A diversity of audiences for lecturers to tell their stories to;
- Continued personal development of the lecturers;
- Workshops to accompany the lectures.

5.2. Is it possible to implement the project elsewhere?

Lecturers from other backgrounds can be trained to share stories with audiences; lecturers from across the globe can be similarly trained.

THE SELF STIGMA AND SOCIAL STIGMA FIGHTING PROGRAM - NATIONAL CENTER OF EXCELLENCE FOR PSYCHOSOCIAL REHABILITATION UNIVERSITY PSYCHIATRIC HOSPITAL VRAPCE

1. Description of the project:

Self-stigma or internalized stigma refers to the process of identity transformation related to accepting stereotyped attitudes towards mental illness by a person with mental illness as personally relevant, which leads to decrease in self-esteem and self-efficacy difficulties in recovery and leads to a variety of negative consequence in a vicious cycle of stigma. Studies suggest an association between high levels of internalized stigma and reduced perception of empowerment as well as increased perception of discrimination. Self stigma leads to “give up” behaviour.

So interventions on this issue should have a high priority to develop and use it in everyday practice.

Aims of self stigma prevention program and social stigma fighting program are to help the persons diagnosed with mental disorder to reject stereotype of mental illness as personally relevant, to empower person in rebuilding the self value which has been assaulted when diagnosed with mental disorder, so to encourage the person's identity and discourage the development of patient's/illness identity. This all will help in recovery process. The program integrates elements of education about the illness, cognitive techniques for dealing with attitudes and beliefs, and psychological approach for dealing with emotional reactions associated with the illness and stigma.

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Open free discussion on knowledge, attitudes and emotional reactions focus on different topics of stigma has been stimulate in group setting. Personal experiences are encourages. Topics include: Awareness of stereotype, agreement/ disagreement with stereotype; reactions to diagnosis and meaning attached to it; self reflection on self stigma; experience with discrimination or perceived discrimination and/or expected rejection; decision whether to reveal or not to reveal information about mental illness?

When and to whom?, The skills assertive training to cope with self stigma and discrimination has been provided in program. Successful coping stories with stigma and discrimination has been told and shared.

Self stigma prevention program brought in the context of recovery helps to break the association between the diagnosis and the threatening image of stereotype, and helps the rejection of cultural stereotypes of mental illness as personally irrelevant. Self stigma program described here can be used alone or in combination with recovery oriented psychoeducational program which put all information of illness in perspective of recovery. Program has been provided in group but can be provided also in individual setting. 4- 12 sessions is suggested if it is provided in group. It can be provided in clinical setting as well as in self help users group.

Target group are adult and adolescent persons diagnosed with any diagnosis of mental health problem

In order to test the efficacy of this methods we test it in experimental study. Results was published in professional Journal Psychiatria Danubina.

Subjects and methods: 40 patients diagnosed with schizophrenia participated in psychoeducation group program and were compared with a control group of 40 patients placed on the waiting list for the same program. A Solomon four group design was used to control the influence of the pretest. Rating scales were used to measure internalized stigma, empowerment and perception of discrimination. Two-way analysis of variance was used to determine the main effects and interaction between the treatment and pretest. Simple analysis of variance with repeated measures was used to additionally test effect of treatment on self-stigma, empowerment and perceived discrimination.

Results: The participants in the psychoeducation group had lower scores on internalized stigma ($F(1,76)=8.18$; $p<0.01$) than the patients treated as usual. Analysis also confirmed the same effect with comparing experimental group before and after psychoeducation ($F(1,19)=5.52$; $p>0.05$). All participants showed a positive trend for empowerment. Psychoeducation did not influence perception of discrimination. **Conclusion:** Group psychoeducation decreased the level of self stigma. This intervention can assist in recovery from schizophrenia and related disorder

Since we start 10 year ago we provide the program on regular base in outpatient rehabilitation centre and in a self help users group.

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The training is organized as training for trainer and education by doing. Persons with live experience with mental illness has been involved in creation of program. Program is presented at several round tables, and at many professionals and users meetings. Program has been financed jointly by Psychiatric hospital and psychiatric association with small amount of money.

The innovation of program is in combination of the psychoeducation, skill training, working through of personal emotional experience and KBT elements in unique interventions which promote self stigma prevention, skills for face the stigma and discrimination and recovery. The vision of the project is to empower persons with mental illness from very beginning of treatment in order to stop the negative vicious circle of stigma and self stigma which produce emotional pain, give up behaviour and is main obstacle to recovery. Discussion of the meaning attached to diagnoses, help to hold on identity and not to be focus on illness identity or negation of illness should be offered to every patient regardless of the illness or treatment duration.

The program is developed according the assessment of patients needs by devoted professionals with help of users. on the basis of the professional conviction that a self- stigma prevention program has to be developed and has used negligible amounts of funds. Now program can be funded as part of a regular financial system for the treatment of mental illness. The program has proven that good things can develop with little money if we have passion and devotion to profession. The project can be applied anywhere, and now as a part of Erasmus project of sharing the good practice will be available at internet soon.

WINNER



European Personality Award

Since 2004 GAMIAN-Europe has been given a special Award to people that had a prominent contribution on the field of mental health. Over the years this Award was given to persons from several European countries and with different backgrounds, but they all have in common their contribution in different ways for mental health and mental health patient's rights and well-being.

WINNER





THE VOICE OF PATIENTS IN MENTAL HEALTH

OVERALL OBJECTIVES

ADVOCACY

Act as the voice for patients and demonstrate that this voice is useful as well as indispensable.

Ensure that patients are at the centre of all aspects of healthcare provision.

Work to improve the availability, and quality of treatment for all mental health problems.

INFORMATION & EDUCATION

Improve the provision, Reliability & quality of information on mental health problems for patients as well as the general public.

Assist in improving the training, education and understanding of mental illness of health and other professionals.

STIGMA & DISCRIMINATION

Increase awareness, knowledge and understanding of mental health problems.

Help reduce stigma, prejudice, and ignorance in relation to mental health problems and fight discrimination.

PATIENTS RIGHTS

Focus on the development and enforcement of rights for persons affected by mental health problems. e.g. access to appropriate treatment.

Notes



A page of lined paper with decorative abstract shapes in light blue, teal, and yellow. The shapes include a large light blue shape on the left, a teal shape at the bottom left, a yellow circle in the center, and a yellow shape on the right. The page is filled with horizontal dashed lines for writing.

Notes

A series of horizontal dashed lines for writing notes, overlaid on a background of abstract shapes and faint text.



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