GOOD PRACTICES IN MENTAL HEALTH IN ROMANIA[4]

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Abstract: The present study tries to highlight the importance of socio-professional reinsertion of people who contacted a mental disease at some point in their lives. We also want to present the progress society has made with the help of the National Programme for Mental Health but also the nongovernmental organizations. They accessed European Funds, conducted studies and elaborated reports on the socio-professional reinsertion level of the mentally disabled but most importantly, they created practical opportunities to increase these people`s quality of life. The article highlight the main orientation of the project, SPSM-Employability and Mental Health in Europe: urgent needs for training, social integration and employability whose main objective is the improvement of techniques used by professionals in the social and occupational insertion of people with mental disabilities on the labour market. The project aims the improvement of abilities and practices of all involved parties: beneficiaries, professionals and employers engaged in the labour market insertion and social reintegration of beneficiaries. The project is a plea for reflection, search and implementation of viable solutions for supporting people in vulnerable situations at a certain point of their lives.
Keywords: rehabilitation, reintegration, facilitation, opportunities, mentally disabled, good practices

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1. The reform in the domain

The reformation in the field of mental health has begun immediately after 1989 and continues up to this point. In spite of all the good intentions, we still notice some concerning aspects such as:

- lack of vision and strategy at central level;
- lack of financial resources;
- lack of cohesion;
- low respects for the human rights and human dignity;
- insufficient emphasis on the person`s integration in the community;
- non-acceptance of an explicit set of values.

At macro level, new and important opportunities have been created for vulnerable people after the promulgation of Law 487/2002 on mental health and protection of people with mental disorders republished in 2012, (http://www.dreptonline.ro/legislatie/legea_sanatatii_mintale.php).

Along with the elaboration of the *National Programme on Mental Health* (http://www.cnas.ro/page/programul-national-de-sanatate-mintala.html) a series of governmental and nongovernmental organizations have been created. They are actively involved in the improvement of care services, increase of life quality of people with mental disorders. Some of them are listed below:

- Romanian League for Mental Health - www.lrsm.ro
- Association for Integrative Therapies "Sfantul Nectarie" - www.cancersuport.ro
- Europrotector Romania Association www.euro-protector.ro
- National Association for the Protection of Patients - www.protectiapacientilor.ro
- Ryma Association-www.ryma.org
- Humanitarian Association Impreuna.Info-www.impreuna.info
- P:T:R Association - http://mariangheorghe.webs.com/
- Univers Plus Foundation-universplus@yahoo.com
- Alliance for Health Romania-www.aliantapentrusanatate.ro
- Avangarda Foundation-http://www.fundatia-avangarda.ro
- Estuar Foundation http://www.estuar.org/

2. Important steps

Significant steps have been taken in Romania in the past few years in terms of increasing the quality of life, reducing the symptoms and gaining independence but also in the field of social relations. Emphasis has been placed on the development of self-knowledge abilities, handling disease symptoms, stress and emotions in difficult situations,

self-acceptance, communication and bounding with others. Compliance to treatment should be encouraged and maintained, self-care abilities (body hygiene, clothing, nutrition) and social activities (household activities) should be developed as well as aggression management by highlighting barriers which prevent access to the labour market of people with severe mental disorders. In this respect, health specialists have developed intervention programmes centred on occupational rehabilitation and their efforts have been directed towards the achievement of the following main objectives:

- preparing and assessing cognitive and social rehabilitation programmes which support the social inclusion of these people;
- creating a transferable training product (elaborating a handbook of cognitive and social rehabilitation techniques);
- promoting occupational opportunities of available or protected jobs for groups or people with high exclusion risk with emphasis on active measures (lifelong learning, qualification, etc.)
- (http://www.estuar.org/download/Raport_Cercetare_Estuar_A5.p df.).

All these projects are based on generally valid humanitarian principles:

- Responsibility of community team;
- the community`s involvement;
- Balance between the components of the system;
- Continuous care;
- minimal restrictive alternatives;
- Emphasis on rehabilitation;
- Specialization of care;
- The involvement of beneficiaries and their families in the process of care.

The improvement of care programmes for people with mental disorders, the steps taken in the improvement of life quality as well as the efforts made for their socio-professional integration have been based on the evidence of clinical and community practice. The *National Programme for Mental Health* and the nongovernmental organizations aim to lower the morbidity caused by mental disorders and the improvement of health parameters. The priority objectives are:

- raising awareness among decision makers;
- reducing risk and vulnerability factors for mental illness;
- public awareness on the concept of mental health in the value system of Romanian society.

Studies have revealed that the main mechanisms that lead to discrimination/stigmatization are mostly:

- lack of funding and efficient management of existing resources;

- insufficient specialists and lack of patience and concern of the staff;
- lack of public information, which turns into prejudice and
- intolerance towards people with mental health problems;
- lack of assistance programs / social inclusion and community services dedicated to people with mental health problems;
- lack or insufficient level of development of social services for people with mental health problems;
- lack of public information.

Responsibility for the improvement of mental health services lies with key actors in the system that have the same goals which they try to achieve in a unitary and persistent manner:
- professionals in health care - psychiatrists, psychologists, nurses, doctors and pharmacists - who play the main role in treating people with mental health problems;
- Civil society representatives - representatives of NGOs, teachers, priests, social workers - expected to have an active role in prevention, post-admission monitoring and social inclusion of people with mental health problems;
- central and local authorities, which play an important role in developing policies and strategies, change the legislative framework and financing / developing programs and services addressed to people with mental health problems;
- population.

3. Good practice

The results of practical, clinical and good practice research as well as everything linked to mental health can be found in numerous information sources such as health magazines: Viaţa medicala (Medical life), Psihologia azi (Psychology today) , Medic ro , Revista română de psihiatrie (Romanian Psychiatry Revue), Psychology, Revista de psihologie (Psychology Revue) and web resources: www.msf.ro, www.ms.ro, www.psihiatria.ro, www.psihiatru.ro, www.medline.ro, www.romedic.ro),

In terms of beneficiaries` expectations and needs, the NGOs have identified the following needs during the projects they have conducted:
- socializing, spending time in a pleasant way;
- communication, social and family integration;
- professional development and integration;
- Support and recovery from episodes of illness;
- improving leisure and socializing activities and socializing (more trips, more bonding activities, contact between beneficiaries from

different centres, more parties , reading rooms/libraries, badminton or football pitches, new groups wanted by beneficiaries) publishing an online magazine;
- providing jobs for beneficiaries;
- developing protected units;
- promoting products made by beneficiary in sheltered workshops and developing partnerships for selling these products;
- providing material rewards to beneficiaries who contribute to the activities of centres (with handmade products);
- Constant mediation of relations with the employer.

All these remarkable achievements of social services in NGOs concerning the mentally disabled should be known. We need to mention that they make lobby and advocacy concerning:
- creating protected jobs, protected units;
- implementing a programme that meets each beneficiary`s pace, sleep and weekend schedule;
- develop more centres – more centres in the country;
- larger, more spacious spaces for the increasing number of beneficiaries;
- space only for certain activities (work, recreational, sport activities);
- funds for leisure activities and trips;
- paid activities for beneficiaries.

In terms of good practice, the studies conducted through several projects have revealed that the most appropriate care for people with mental disabilities is the biological care: psychiatric evaluation and medication, admission in psychiatric hospitals and the GP`s or family physician`s examination. Non-biological care is equally important, complementary and advisable: appeal to a psychologist, to a social worker, communication with the family, friends and appeal to the church and the priest. Obviously, each patient needs individual care because s/he has his/her own unique personality. Treatment always starts from patient to treatment and not vice versa.

A remarkable result is the national network for mental health "MindReset" which is the result of a project financed by a SEE 2009 – 2014 grant, within the NGO Fund in Romania and the General Direction for Social Work and Child Care. The project was gained and conducted by the Estuar Foundation in partnership with the Romanian League for Mental Health between March 2015 and April 2016. This network unites all NGO and governmental organizations which handle people with mental disorders but also other organizations which handle people with SEN (http://www.estuar.org/).

The network displays all institutions handling people with SEN from Arad city and County on a virtual map:
- Psychiatric Hospital Mocrea -http://www.spitalmocrea.ro/
- Psychiatric Hospital Capalnas-http://spitaluldepsihiatriecapalnas.blogspot.ro/
- Emergency Hospital Arad -http://www.scjarad.ro/
- Dezvoltarea Popoarelor Foundation-http://www.fdpsr.ro/
- Neuropsychiatric Recovery and Rehabilitation Centre Cuvesdia-http://www.dgaspc-arad.ro/centre/centrul-de-recuperare-si-reabilitare-neuropsihica-cuvesdia
- Recovery and Rehabilitation Centre Petris-http://www.dgaspc-arad.ro/centre/centrul-de-recuperare-si-reabilitare-petris
- Centre for Integration through Occupational Therapy–Tabacovici-http://www.dgaspc-arad.ro/centre/centrul-de-integrare-prin-terapie-ocupationala-tabacovici-arad
- Protected House – Mierlei -http://www.dgaspc-arad.ro/centre/locuinta-protejata-mierlei-arad
- Protected House–Ceahlau - http://www.dgaspc-arad.ro/centre/locuinta-protejata-ceahlau-arad

Another project with favourable impact on developing programmes for socio-professional integration of people with mental disorders is *I decide for myself (Decid pentru mine)* (http://www.decidpentrumine.ro). The results of the project are:
- Public café "I decide for myself!" – a new initiative;
- Living library online on www.decidpentrumine.ro ;
- Advocacy platform for people with psycho-social disabilities in Romania;
- Guide for the employment of people with psycho-social disabilities.

The report entitled *Research on the quality of life of people with psycho-social disabilities* identifies the vulnerable points and draws the decision makers` attention upon some concerning aspects such as: general deterioration of the population`s health, expansion of abuse and addiction to psychoactive substances, higher suicide rate, repletion with stress factors (economic downturn, rising unemployment, lower living standards), expansion of aggressive and violent behaviours. The study shows that 350 people worldwide suffer from depression, 25% of Europe`s population presents symptoms of depression or anxiety and in Romania over 113.500 people are mentally disabled.

The report stresses out the following ideas that should be carefully considered:
- There is no health without mental health.

- Mental health is a dimension of quality of life and a resource for a positive development.
- Every person has the right to mental health; maintaining and promoting mental health is a responsibility of the whole society.
- Each community member is responsible for the company's general climate and his/her attitude will ultimately influence public dimension of mental health.
- Users of mental health services should have the same status as any health service users.
- The category "isolated symptoms", estimated at 18-20% punctual prevalence.
- The number of psychiatric beds is among the lowest in Europe (76.1 beds per 100,000 inhabitants).
- Continuity of care is often confined to the continuity of certain psychotropic drug administration.
- The concept of therapeutic team and community care is little valued.
- The public opinion maintains the negative image of mental illness, of carriers of these diseases, of care premises and even of care providers.

The following things could be done in the future:
- Promulgation of intervention programmes through continuous assessment:
    - psycho-motor: precision, speed, eye-movement coordination etc.;
    - mental- technical thinking, mental involvement in a manual or intellectual activity:
    - ability to work individually or in teams after given indications or based on a plan (for activities which require precision).
- Assessment of personality and behaviour of the disabled person taking into account some individual traits: cooperation, mental or emotional stability, psychological balance, the degree of activism, adapting to group activity, for example for others.
- Assessing the remaining functional potential of individual development as well as the level of instrumental school acquisitions: writing-reading, counting, communication.
- Observing and questioning (interview) beneficiaries in terms of their desire, motivation, restrains (fears) for requalification and professional training.
- Awareness of the need to choose a profession.
- Acquiring information about existing profession.

- Acquiring information about the demands of each profession.
- Assessing the individuals` psycho-individual development level and their individual and social autonomy. Ability to adapt to workplace;
- Interest and motivation;
- Skills for professional training;
- Ability of integration at the workplace;
- Ability to perform tasks at a satisfactory level;
- Opportunities to highlight low mental development with other superior features (sensory, motor) as well as with other positive temperamental traits.

Conclusions

Nowadays people who contacted a mental condition at some point in their lives are considered a socially disadvantaged group. European social policies promote direction for improving the life of this category of population, one of them is equal access to initial and continuous training for reintegration in real life. In most of the time they face serious issues when seeking employment, because of different obstacles like: cognitive disabilities, inabilities, lacks of vocational experience. Therefore they need constant support and the present project tries to make a small contribution to the improvement of vulnerable people`s lives.

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