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SPSM PROJECT-EMPLOYABILITY AND MENTAL HEALTH IN EUROPE

URGENT NEEDS FOR TRAINING, SOCIAL INTEGRATION AND EMPLOYABILITY

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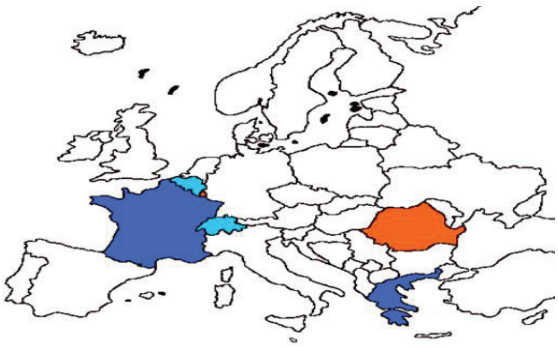

Abstract

This article is a presentation of ERASMUS+ 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: *mental health; needs; training; social integration; employability.*

Motto: ***"A health of a nation is a social matter not just a personal one"*** **(Bandura-2005).**

1. Theoretical-conceptual framework.

The present European context on social policies promotes equality in terms of access to initial and continuous training for socially disadvantaged people and categories. Among these categories, people with mental disorders are under the attention of European policies. These people have not benefited from real professional insertion in Romania, so far. Psychotic disturbance is a serious mental health issue reaching a life prevalence of 2.5% for affective bipolar disturbance[1]and up to 1% for schizophrenia. Mental disorders not only have a high prevalence but are also an important source of disabilities, summing up 13% of global diseases in 2001[2]. Unlike somatic diseases, 33% of all years lived with disability are the consequence of mental disorders and they are a source of alteration of social micro-group (familial, professional) the sick person lives in.Direct and indirect costs of mental diseases burden health budgets and impoverish the patient directly and also his close entourage. At least 250.000 Romanians suffer from a severe mental disorder. People with severe mental disturbance rarely experience positive results at their work place. Their employability rate is very low, not even above 11%. At the same time, people with mental disorders are a constantly increasing category among the beneficiaries of illness retirement funds and consequently a burden for the budget of social insurances. They are considered a failure of public insertion policies. Despite these statistical data, many mentally disturbed people want to work and social reinsertion through work is an important part of rehabilitation

[1]McIntosh AM. Genetic liability to schizophrenia or bipolar disorder and its relationship to brain structure, The American Journal of Human Genetics 2006; 141: 76-83

[2]Kohn R, Saxena S, Levav I, et al, The treatment gap in mental health care. *Bulletin of the World Health Organization*; 2004, 82: 858–66.

processes. When a person with serious mental disorders tries to find a job on the labour market s/he has to overcome a series of impediments. They can be related to the patient (lack of vocational experience and cognitive disabilities), to the potential employer (obloquy of mentally disordered people) and to the mental health services (poor offer of social and vocational rehabilitation services).

2. Conceptual delimitations

2.1. Mental health. The term mental health has various connotations and is marked by ambiguity[3]. Mental health is part of a pluridisciplinary system of theoretical and practical means which aim the *adaptation, maintenance and strengthening of mental health* but also prevention and removal of pain, namely increase of individual`s life quality and wellbeing. According to S. D. Kipman, 1996[4]concerns have to be directed towards *care for mental health*, and P. Bailly-Salin, 1996[5]states that attention has to be oriented towards the causes of mental disordersso as to bar them for good.The modern concept of mental health focuses on prevention and thus tries to find strategies of stimulating protective factors. The ways of intervention are based on a *pluridisciplinary system of theoretical and practical means aimed at defending, maintaining and strengthening mental health, mental wellbeing, namely positive mental health*.[6]Health management should involve quality health-mental health services that would contribute to the prophylaxis and prevention but also support in case mental condition occurs. Mental health is the most important part of an individual and the way they understand themselves and integrate in their families, group of friends and community strongly depends on their mental condition. Mental health is the individual`s ability to keep a balance between all mental functions: intellectual and emotional so as to easily adapt to the challenges of social life. Mental health is ultimately that state of wellbeing which is manifested under three aspects: feel good with yourself, feel good with the others and be capable of fulfilling your duties.

> *"MYTH: Mental disorders cannot be treated.*
> *TRUTH: Mental disorders can be diagnosed as easily as diabetes, asthma or cancer and there is a wide range of medicine and psychotherapies which are efficient for each of them.*

[3]Şt. Milea, Psihiatrieşi/sausănătatemintală?RevistaRomână de Psihiatrie 2008; 10(1-2) : 1-5.
[4] S.D. Kipman, Editorial. Qu`est-ce que la Santé mentale? Psychiatrie Française. 1996; 27(3): 3-11.
[5] P. Salin- Bailly, La Santé Mentale, des Interrogation. Qu`est-ce que la Santé mentale? Psychiatrie Française. 1996; 27(3): 1
[6]ŞtefanMilea, Sorin Riga, Dan Riga, GrigoreBuşoi, Preventivemedicine and mental health, http://www.medica.ro/reviste_med/download/rmr/2011.4/RMR_Nr-4_2011_Art-3.pdf

MYTH: It is not possible that mental disorder would affect my family because we are good people.

TRUTH: Anyone can develop a mental disorder; one in four families is affected by a mental disorder issue. Moreover, mental disorders are not caused by maleficent forces but by chemical unbalance and brain damage.

MIT: People with mental disorders are retarded.

TRUTH: Mental disorder and retard are different things. Retard is characterized by low ability of learning but anyone can be affected by a mental disorder, irrespective of their level of intelligence..

MIT: People with mental disorders should be kept in hospitals.

TRUTH: Scientific research has proven that treatment in the community has undeniably better results in terms of clinical evolution of patients and their life quality. Moreover, it has been proven that it is less expensive for the society.

MIT: People with mental disorders are aggressive.

TRUTH: Research shows that people suffering from mental disorders are not more dangerous than healthy people of the same population. Less than 3% of people with mental disorders are potentially violent when not treated, when they receive an inappropriate treatment or when they use alcohol or drugs.

MIT: People with mental disorders cannot work.

TRUTH: Actually, they can work even if they experience symptoms.Work helps people recover, regain their self-esteem, create social relations and earn money to be independent and integrate inn the society.

MIT: Mental disorders cannot be cured.

TRUTH: There are a variety of medicine and psycho therapists who can treat mental disorders and in many cases also cure them completely. Throughout their lives, a high percentage of population can suffer from a light or severe form of mental disorder which does not repeat.A low percentage suffers frequently from episode of mental disorder. Few are affected their entire life. » [7]

Referring to this issue Mihaela Minulescu underlined that "*A mentally healthy person has a unitary personality structure where all complementary components function in an integrated not disruptive manner; this person is aware of limitations and can face them, including the ability to learn from the experience of life*".[8]

[7] http://centruldesanatatemintala.ro/sanatatea_mintala_in_licee/files/in-atentie-sanatatea-mintala-a-copiilor-si-adolescentilor.pdf (p.4, accessed 25.03.2015)

[8] M. Minulescu in B. Luban-Plozzaşi I. B. Iamandescu "Dimensiuneapsihosocială a practiciimedicale". Ed. Infomedica 2002

2.2. Mental disability. The concept of mental disability is interpreted as a social disadvantage resulted from a deficiency or inability which impedes or limits the individual in the fulfilment of a role assigned by the environment"[9]. The UN Organization defined disability in 1992 as "*Disability is a function of relations between disabled people and their environment. It occurs when these people face cultural, material, social obstacles which impede them to access various systems of a society that are available for other individuals. Thus, disability results from the loss or limitation of participation along other individuals in the life of a community*."[10]

Law 448/2006 defines disabled people as "*people who lack abilities of conducting normal daily activities due to physical, mental or sensory affections and thus needing protection measures for supporting recovery, integration and social inclusion"*[11]. "The fundamental concept of Romanian National Strategy is the following: *the disabled person has the possibility to make decisions about his life, to manage personal budget and to choose the services he needs as well as their providers based on individual labour contracts. The legal representative of the person with disability shall decide in his name and best interest but only under the conditions provided by the law »*[12].

2.3.Services of mental health. Mental healthcentres are public health units without legal personality functioning within health centres. These services are organized differently for adults, own buildings, beds for the adult psychiatric department. Mental health centres provide care for people with mental disturbance and access is granted directly or by GPs, physicians or social work units.

According to art.5 ofthe Order no 375 of 10 April 2006[13]on the establishment, organization and functioning of mental health centres for adults, mental health centres have the following attributes:

" a) assessment of people who address directly to mental health centres;

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[9]Verza E.F. ,Introducereînpsihopedagogiaspecialăşiasistenţăsocială, Ed. FundaţieiHumanitas, 2002.

[10]Programul de Activitate Mondială al Organizaţiei Naţiunilor Unite, 1992.

[11]Law 448/ December 2006 on protection and promotion of rights for disabled people. Published in the Official Registry, Part I no 1006 of 18/12/2006

[12]DECISIONNo 1175 of 29 September 2005, on the Approval of National Strategy for protection, integration and social inclusion of disabled people 2006 – 2013, published in the Offical Registry No 919 of 14 October 2005

[13]Order no 375 of 10 April2006, Ministry of Health, Official Registry no 373 of 2 May 2006

b) activeand early detection of mental disorders and settlement of proper measures for the treatment and prevention of unfavourable evolution;

c) providing intervention in critical situations for preventing the development of severe disorder episodes and adverse reactions;

d) providing curative medical care, including for patients mentioned by art. 113 of Criminal Code;

e) providing psycho-social rehabilitation services;

f) providing psycho-therapy services;

g) providing occupational therapy services for social reinsertion of patients with psychotic disorder;

h) providing home care when needed;

i) assessment of patients with mental disorders for admitting them in temporary or protected homes, protected workshops, expertise commissions for the assessment of their work abilities, social work units, education and health units;

j) methodological guidance of doctors from the psychiatric area in offering mental health care based on collaboration protocols;

k) keeping record of patients with mental disorders in order to develop the National Register of Mental Health;

l) assessment of patients` living conditions.»

These centres have minimal equipment and personnel trained for cure and rehabilitation of mentally disturbed patients.

2.4.Rehabilitation. Literature in this field brings to our attention the possibility to recover the mentally disabled patients even after a severe mental disease. Recovery is defined by specialists as *the development of a new meaning of and goal in life*[14], emphasis being placed on the individual and his ability and potential of recovery, readjustment and development. A whole process is required to achieve this goal by people who suffered a mental disease.

Literature records many cases of important personalities who opened special settlements where the mentally disabled were supported throughout their recovery process. Thus, William Tuke (1732-1822), salesman, Quaker founded „ York Pension" in 1972, an asylum, as consequence of an improper treatment given to a woman-Quaker in a hospital. The atmosphere was deeply religious but they have organized also meetings over a cup of tea for their patients, meetings in the garden, evenings with music, walks, etc. Cure was the ultimate hope and therefore occupational therapy was used, too. Phillipe Pinel (1745-1826) brings innovative ideas such as: relationship

[14]W.A. Anthony, Recovery from mental illness: the guiding vision of the mental service system in the 1990`s. Innovations and research. Psychosocial Rehabilitation Journal, 1993, 16(4), 11–23.

between doctor and patient, special schedule for patients structured on occupational therapy and the need to *undergo psychological therapy for their intellectual development and strengthening.*

Johann Reil (1759-1813), doctor dedicated to the treatment of mentally disabled patients comes with an idea which makes a clear distinction between incurable patients and patients who can be cured.In his book, *Rhapsodies about applying the psychological method of treatment to mental breakdowns*, he supports the idea of creating two different bughouses: one for incurable patients and one for those capable of reinsertion. Not at last, J.G.Langermann (1758-1832) developed a therapeutic model with pragmatic character in Bayreuth, Germany, where he treated patients differently according to: capable or not of working in the "madhouse". Mental health care centred especially on rehabilitation. The aim was to lower the effects of the disease, the social disadvantages and side-effects. Each mentally disabled patient was supported in using personal abilities in life, self-esteem was rebuilt and interest for work and life was awoken. Specialists assert that rehabilitation starts when patients meet the doctor and its success is linked to the confidence they have in their doctor and to their belief in recovery. The American Association of Psychiatric Rehabilitation (USPRA) considers that rehabilitation „*promotes recovery, full integration in the community, improvement of life quality for people diagnosed with a mental disease and whose ability to lead a normal life is affected*".[15] Therefore, rehabilitation services should focus on "the development of individual abilities and access to resources for increasing their ability of finding satisfactions at work, in life, in learning and social environment"(5). After rehabilitation, the person lives in a decent house, has a job, continues the studies or attends professional conversion courses, learn to deal with the symptoms of the disease, has an active life in the community…all being part of their daily life.

2.5. Beneficiaries. Beneficiaries are people who suffer from various mental diseases but can be recovered and reinserted socially. Mental diseases can be grouped into the following categories:

- organic mental disorders, including somatic disorders;
- mental and behavioural disorders given by the usage of psychoactive substances;
- Schizophrenia, schizotypal and delusional disorders;
- affective disorders;
- neurotic, stress and somatoform disorders;
- behavioural syndromes associated to physiological disorders and physical factors;

[15]http://uspra.info/Certification/CPRP-Code_of_Ethics_09.2012.pdf

- personality and behavioural disorders;
- psychological development disorders;
- behavioural and emotional disorders;
- unspecified mental disorders.

3. Strategies of psychosocial recovery of people with mental disorders

3.1.Social policies. Policies for the recovery of mentally disabled and their reinsertion in the activity are based on collaboration between various field of activity and professions. Unfortunately, most mental health services are centred on admission in a hospital and less on the development of community based services. Therefore, more solutions are demanded for providing jobs according to the beneficiary`s opportunities. It is necessary to pay more attention to an optimal combination of mental health care services and partnership activities with other sectors from the area of recovery services. For this reason, we should use methods adapted to the patients` needs and include them in the recovery process. The aim is to adapt normal functions so as to be able to take over the activity of the deficient ones. Thus, the developed abilities and behaviours will favour an optimal insertion in the social life. Recovery also involves psychological preparation for the development of an affective-motivational state of mind that would bring satisfaction for the activity conducted by the patient and also a long term psychological comfort.

Specialists show that recovery of patients suffering from a mental disability should follow several stages:

- psychological;
- pedagogical;
- medical;

When choosing the best methods and procedures of therapeutic and recovery intervention, doctors should take into account the characteristics of their patients:

- formand severity of mental disorder;
- recovery evolution and the level of unaffected functions;
- the possibility of normal functions to take over the deteriorated functions;
- patients` mental state;
- chronological and mental age;
- the activity s/he is capable of conducting.

Recovery involves various ways that would lead to a changed behaviour. We mention here only some of them:***relearning***is the acquisition of knowledge selected according to their contribution to the mental recovery of mentally disabled but also to their practical use. It is an instructive-educational process but firstly a formative and secondly an informative one. Learning has to be stimulated by a series of fortifying measures that should use a concrete support. Each patient`s ability of decision making should be promoted and the positive aspects of his behaviour should be stimulated even if there are certain disabilities. ***Psychotherapy*** eliminatesanxiety, negative thinking by focusing on a person`s needs. It activates motivation and therefore the best results are obtained through relational and inductive psychotherapy. Suggestions should be positive, acting for the elimination or improvement of anomalous behaviours. Psychotherapy also develops positive attitudes; patients are stimulated to participate in the life of their community by focus on practical aspects of daily life and positive results. Relaxation psychotherapy improves tense states of mind with hyper excitation through activities that aim the improvement of inborn abilities.We should note that ***occupational therapy by reinsertion of individuals*** aimspracticalbenefits by various forms of occupational therapy: play therapy, ergo therapy, arttherapy, adaptation of individual possibilities to the development of occupational skills and abilities, stimulation of interest in work and in a state of wellbeing.

Fig.no 1. ***Program for mentally ill*** **(conf. Seidenfeld, M.A.)**

All these interventions are oriented towards the regaining of patients` abilities. These will allow them to practice professions according to their personal skills and help them adapt to everyday situations and to the requirements of social integration. The concept of integration aims insertion on the labour market and community by actions that support the recovery of a patient. They will revalue their abilities and lead an almost normal life.

3.2. Foster houses. After time spent in hospitals and ambulatory recovery, foster houses are a good solution for beneficiaries on their way to rehabilitation and social integration. The literature mentions two types of rehabilitation

models: the American and the European. In the American system, foster houses are called Clubhouse, Fountain House, and in the European system social cooperatives.[16]These settlements have been founded by volunteers and social workers as a symbol of hope. They offer support to the mentally disabled outside the psychiatry ward. The mission of foster houses is to provide accommodation and work for a few hours. They encourage social contracts and vocational reconversion of people diagnosed with mental disabilities. Volunteers start from the premises that the mentally disabled have the same aspirations as any other person:to reach social, financial and vocational objectives, to be respected and lead a normal life so as to diminish obstacles and stigmatization as much as possible. They have the right to a house, family, friends, social relations, a career and to have full rights in their community. But mostly they seek a bonus through various unconscious mechanisms „to be loved by somebody!"

3.3. Counselling and orientation services. These services include vocational assessment of beneficiaries by a series of psychological tests. Interdisciplinary teams offer them professional assessment and help them in their orientation on the labour market. This activity helps the mentally disabled to find a profession taking into account their abilities and skills, offer them qualification so that they would become professionals. A proper job gives them confidence in their own ability of dealing with a schedule at work and in life. Therefore, two aspects are carefully considered when choosing a job: the beneficiaries` abilities revealed by tests but also the list of qualifications available on the labour market. Counsellors select a few main occupations for each beneficiary based on a scale with their abilities and the beneficiary along with the interdisciplinary team will select the most appropriateoccupation which has also available qualification/requalification courses. Support is granted also after employment as postemployment counselling services.

3.4.Professionalization of mental health workers: It is strongly necessary to train specialists in psychiatric issues and adult education in the field of mental health is also a goal. Specialists who work with people with mental disorders should be trained through workshops and methodologies that would validate and certify their competences. The objective of such training is the inclusion of mentally disturbed adults through education and professional development but also the promotion of better professional qualifications in the educational field of dissemination and intervention.

[16]Warner Richard, Psychiatric rehabilitation today: an overview ,World Psychiatric, 2006, October, p.151.

3.5. Good practices. **In Arad County** there areinitiatives that aim the social inclusion of people with disabilities, but without specific initiatives for people with mental health disorders. We mention here some of the projects coordinated by the Direction of Development and Community Assistance Arad. Thus, ***Centre for socio-professional rehabilitation „Creativ"*** has registered memorable results. The centre supports youth with different disabilities in leading an independent life and developing practical skills. 25 teenagers works a tailors, sewers, manufactures, make seasonal decorations and take part in the centre`s activities. Their families benefit from psychological, social and legal counselling on the issues they have to deal with and to know the rights of disabled people.

TheDepartment for protected activities „CLĂBUCET" within the Direction of Development and Community Assistance Aradhas obtained financing for the project „Equal chances on the labour market". Money has been used to equip the Clăbucet laundry with objectives in improving the quality of social work services in Arad. They would offer laundry services for the elderly with home placement, for the beneficiaries of the Night Shelter Arad, for the beneficiaries of Arad City Canteen and other categories of physical or legal entities. This service increases the life quality of socially disadvantaged people. „CLĂBUCET" carries out sustainable activities, offering physical and legal entities laundry and ironing services. These activities are performed by people with disabilities or socially disadvantaged categories. The aim is to increase their operational abilities, their self-esteem and also their self-sustainability level and social integration.

The social shelter ishighly appreciated by the community as it offers temporary accommodation and help to youth. 50 teenagers get material help, guidance in professional orientation, support in finding a job as well as benefit from various intervention programmes. The social shelter is open for deinstitutionalized teenagers of Arad City and County. The services provided by the shelter are:

a) psychological, social and legal counselling of teenagers; support in finding a job; specialized counselling for teenagers with disabilities;

b) support for obtaining and filling out the documentation required by Law 448/2006 which grants them rights;

c) counselling for skill development for an independent life (hygiene, cooking, money management, improving self-housing abilities, proper dressing code); counselling in overcoming the feeling of institutionalization;

d) administration services for paying utilities.

4. SPSM Project- Employability and Mental Health in Europe: urgent needs for training, social integration and employability

4.1.Objectives of the SPSM project. *Employability and mental health in Europe: urgent needs for training, social integration and employability* tries to highlight the factors that block access on the labour market for people with severe mental disabilities. Another objective is the development of a cognitive and social rehabilitation programme for the social insertion of mentally disabled.

Social integration along with employment are a main objective of this project which is conducted between 2014-2017. It is a European ERASMUS+ project with five partner countries: Luxembourg, Belgium-Liege, France-Lyon, Switzerland, Genève, Romania-Arad. The piloting committee (COPIL) will conduct activities and handle issues of social integration of mentally disabled, whose disability is not innate and through professional help will regain their autonomy and place on the labour market and in the society[17]. The referential framework of the project is based on three major pillars: Empowerment, OMS 2010[18]; Promotion of Mental Health;[19] and Ecology of Human Development[20].

World Health Organization defines mental health as a state of wellbeing which permits a person to experience personal and professional achievements, to deal with daily stress, to conduct a productive activity in the community. Reforms in the field of psychiatry are a social-economic necessity because they should reduce admission in hospitals and favour social integration of the disordered people. Therefore, proper ways of supporting the mentally disabled should be found and they should be supported in overcoming their state of being.

[17]Fond-Harmant L, Santerre H, Santina-Deuscthle S. AML Europe, rapport d'analyse des séminaires réalisés. Luxembourg: CRP-Santé, 2014.
[18]OMS.User empowerment in mental health -a statement.Copenhague: 2010.
[19]OMS. Plan direction Sante Mentale 2013-2020 http://apps.who.int/iris/bitstream/10665/89969/1/9789242506020_fre.pdf
[20]Bronfenbrenner, U. (2005). *Making human beings human: Bioecological perspectives on human development*. Thousand Oaks, CA: Sage.

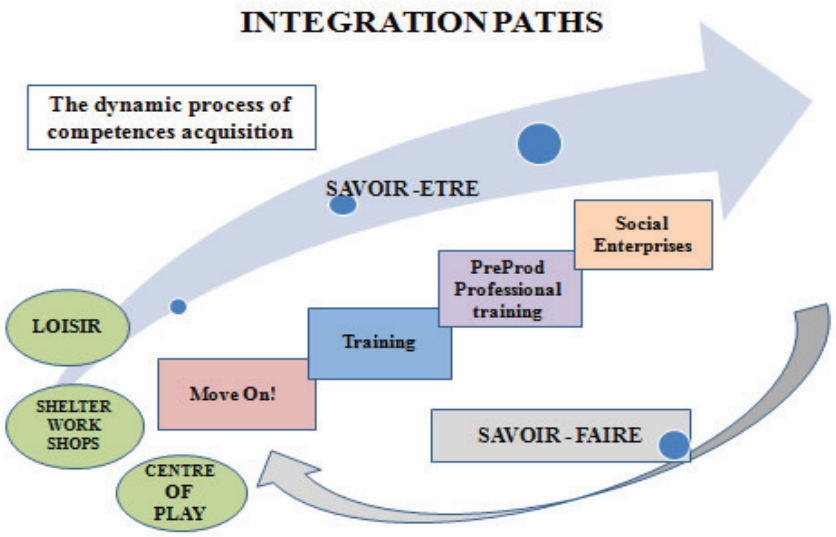

Fig.2.The dynamic process of social integration of the mentally ill people

The general objective of the project is to increase access to social services –basic and specialized for vulnerable groups made of people with mental disorders and their families.

The specific objectives of the project are the following:

a) analysis of social contexts of each partner from the project;

b) highlighting barriers that prevent access of people with mental disorders to the labour market;

c) promoting employment for groups or people at exclusion risk with emphasis on active measures (lifelong learning, qualification, requalification etc.)

d) promoting social inclusion,

e) combating discrimination and social exclusion through measures that support and complement national strategies and employment policies;

f) increasing visibility and international impact of Romanian research in promoting advanced, modern evaluation techniques to facilitate access to European consortia..

This project is part of the current European policy on mental health and social reintegration of mentally vulnerable people. *L'OMS plaide pour la fermeture de structures de type «asile» pour favoriser une approche communautaire des soins en santé mentale*[21]

[21]OMS.User empowerment in mental health -a statement.Copenhague: 2010.

4.2. The target group of the project consists of: adults with mental health disorders from Arad, employers and entrepreneurs, specialists in multidisciplinary areas: psychologists, doctors, pedagogues.

4.3.Activities. The project activities contain the following tasks:

1. Elaboration of analysis instruments for the needs of training in mental health;
2. Development of reflection workshops for all three groups under discussion:
   a. Beneficiaries (people with mental health disorders, who can be reintegrated);
   b. Professionals in the field of psyhopedagogy of intellectually disabled;
   c. Entrepreneurs.
3. Assigning responsibilities for each partner of the project;
4. Setting deadlines for accomplishment of short and long term tasks;
5. The schedule of future transnational meetings of the implementation team;
6. Administrative duties.

Along with the objectives of this study, we want to highlight the interaction methods between professionals in the mental health system, their need for information, „the path" of beneficiaries at risk or diagnosed with mental health disorders, the way they relate to their families or friends, at work or in the community.

4.4.Methodology. In the next period specialists in interdisciplinary areas: psychology, psyhopedagogy, social work, medicine will design the research framework mentioning the competences required by the implementation of the project. It has been decided upon the concept of mental disability. A questionnaire will be applied to beneficiaries during a meeting (a number of 10 people with mental disorders). A questionnaire will be applied to entrepreneurs, too, to identify their opinion on the willingness to employ mentally disturbed people.

5. Expected outcomes.

Practice shows that people with mental health disorders face difficulties in finding a job because of the symptoms and severity of the disorder as well as due to discrimination and social stigmatization. Mental disorders affect intellectual and affective abilities of an individual but also their behaviour and judgement. They generate prejudices like violence, unpredictability, lack of motivation and will of these people. Generally, they are considered people not to be trusted. Any disease, but especially mental disorders involve a "rupture

of biological balance followed by social inadaptability, dis-insertion, therefore a rupture in the social balance of an individual". Our project tries to find ways to assist mentally disorders people through specialised services (medical, psychological, sociological) in help them in their recovery and social reintegration. We believe that recovery and social integration of mentally disturbed people must be the teamwork of a multidisciplinary team (doctor, psychiatrist, psychologist, social worker, nurse). Apart from the sanitary factor, an important role is played by the formative-professional factor focused on the identification and revaluation of compensating attitudes. They are useful in professional qualification or requalification along with the community factor, namely support and openness for the creative and productive potential of these people.

In the future, the development of a social network will be our goal. This network will provide the mentally disordered with a secure climate, where they can feel cared for, appreciated, valued and employed as members of a mutual obligation system, in other words socially integrated.

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