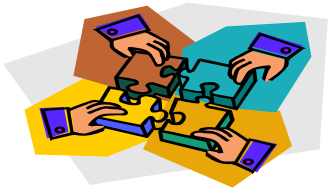

MENTAL HEALTH – THE SOCIALLY INCLUSIVE LIFE PROJECT

"GUIDE OF GOOD PRACTICES"

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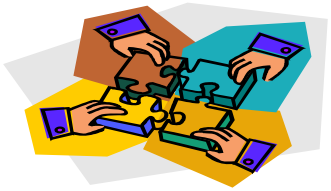

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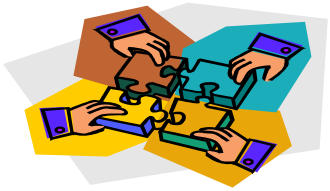

PREFACE

Mental Health – the Socially Inclusive Life Project took place under the logo of **Grundtvig 2 – Learning Partnerships, Socrates programme**. It was a 3 years project with the following work partnership: "***Persona – Mental Health Promotion Association***", Barreiro, Portugal, as project coordinator; ***"InterMinds",*** Edinburg, Scotland, in association with the ***"Highland Users Group"*** *(HUG),* Inverness, Scotland; ***"JOIA – Organized and Active Youth"*** in co-operation with ***"ADDEM – Mental Health Users Association"*** and with ***"SPORA – Psychosocial Consultancy"*** , Barcelona, Spain; ***"Child and Family Mental Health Association"*** *in co-operation with the* ***Association of Families "Open Mind"*** , Rzeszów, Poland; and, ***"Estuar Foundation"****,* Bucharest, Romania."

The general goal of the project was to provide to its participants learning opportunities that would allow them insight and experiences that they could integrate on their own life project, in key areas that could contribute to social inclusion, namely:

- social roles,
- leisure time,
- work,
- active citizenship,
- empowerment.

Another goal was to promote active participation of users, as well as the procedure of partnership work among users and staff.

The first year was dedicated to gain a better knowledge of the key areas (listed above), which was done through some field work research. Also we wanted to know the degree of understanding that participants had of those same key areas, which was accomplished with by focus groups that took place in the several participants' countries. This information was later gathered and resulted in an information greed containing users' points of view. The original idea was to have not only users in the focus groups but also, mental health

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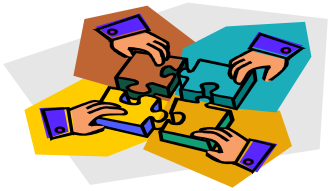

professionals, representatives of institutions directly or indirectly linked to mental health issues or to the projects' key areas, as well as, family members, but due to budget restrictions it wasn't possible to do this.

The second year was dedicated to the development of the learning tools and their implementation. The goal of these tools is to promote, through the creation of an joint learning environment, greater awareness and consequently greater knowledge, of the key areas and also the possibility to act on them in ways that will have ramifications on one's life project.

These learning tools were tested on a mixed learning group, consisted of mental health professionals, users of mental health services and family members with the purpose of validating and evaluating its adequacy to the target population and to the goals their were built to achieve. All the tools, i.e. "Ground Rules for Working in Mixed Groups", the five "Reflection Tools" and the "Building a Project Guidelines Form" were built by professionals and users together.

The third and last year of the project was dedicated to its evaluation and dissemination. (to complete with information regarding these activities)

Transversal to all years of the project, took place mobility activities (transnational visits) of professionals and users, with two specific goals, by one hand to undertake face to face meetings with all partners, and by the other hand to carry out visits to institutions/organizations in mental health field, in each of the participants countries.

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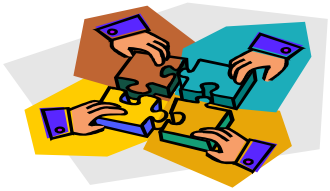

INTRODUCTION

The “Guide of Good Practices” represents the end product of the “Mental Health – The Socially Inclusive Life Project”.

Its purpose it’s to gather all the materials and tools produced so that the information is presented in a way that other organizations/associations, who wish to develop an intervention in the project key areas promoting a partnership work among users, professionals, families and also staff from other entities directly or indirectly linked with mental health field, can easily use.

The present Guide is separated in 3 chapters. The first one – “Towards Inclusion” – alludes to the social context of mental health nowadays, and it turns out to justify the choice of the 5 key areas of the project.

The Second chapter, “Mixed Learning Groups” comprehends the methodology used in the development of the learning groups and presents the tool “Ground rules for working in Mixed Groups”. This tool, by one hand describes the possible problems or constraints that might occur in this kind of groups, and by the other it lists several rules that can reduce or avoid those problems, it was inspired in HUGs’ preview experiences of working in partnership with professionals.

The Third chapter – “Learning Tools” – presents the tools built by users and professionals along the project and were used as learning materials in the mixed groups, namely:

1. ***Reflection Tools:*** group of 5 tools, each one addressing one specific key area of the project, built with material from the focus group, is has reflection and questioning as the learning methodology, with the aim of promoting self-awareness about the concepts and the implications they have in participants lives.

2. ***Action Tool:*** this tool, in this project context, is a counterpart of the reflection tools, as these teach how to reflect upon a certain reality, the action tool goal is to teach how to act on a certain reality. However, its structure allows a wider application being able to be

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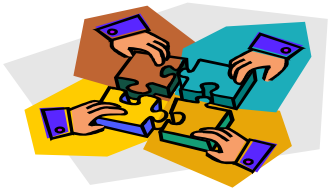

used to make any kind of project, including individual Life Projects. It has a brief explanation of what a project is and its use, and a Guideline Form on how to build a project.

The appendix includes the focus group template that is the main conclusions from the users' interviews, as well as the interviews script. There is also a small introduction to the Associations that are a part of the partnership and their contacts, and at last, there are some pictures of activities and transnational visits that took place during the project.

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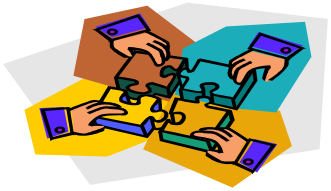

CHAPTER 1

TOWARDS INCLUSION

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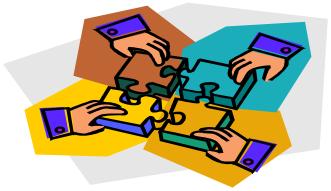

1.1. The mental health context

Recovery

Medical rehabilitation and recovery tends to conceptualize recovery more in terms of pathology or illness than in social inclusion or as a way of life. That is to say, it is important to manage the illness in a biological perspective, but it is also important to manage the illness in a way that makes possible a developing of the own life: having a job, leisure time or relationships with friends. If the only way of thinking of rehabilitation is a medical control, life is reduced to take the medication for the biological stability of the illness. And what about deciding what one wants to do? Imagine a situation in which you are recovered of a mental illness but you cannot dispose of time to spend with your friends because the medicine makes your body weaker or sleepier. Or imagine that you will never be able to work because of your illness.

That way of understanding recovery is comparable to a situation where we think the integration of people with physical disabilities in a way that only contemplates prosthesis and it forgets the architectonical barriers.

Recovery can be viewed positively in terms of things to be actually recovered such as:

- strength and capacity to deal with daily routine and problems
- sense of empowerment and self-directing
- fulfilling social roles and involvement in intimate relationships.

People with severe mental illness are not permanently incapacitated, infantile, helpless beings whom we need to protect. They may occasionally need that, but for the most part they can have dreams, hopes, plans and choices, take risks and be responsible for the consequences like everyone. We are not giving the opportunity for change, growth, experiencing reality, self-confidence and, ultimately, recovery itself because we are forgetting their own decision when we are thinking about them. Do you really enjoy this situation for your daily life?

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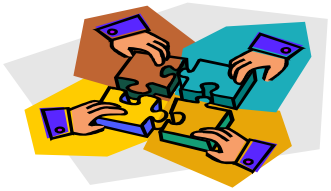

Active Citizenship

With regard to recovery we have to add the participation in the community. Now there are some organized groups of people with a mental illness that are working with the Governments of different countries in order to design health policies that would be implemented for all the society. This kind of initiatives appears to reclaim the lack of rights that people with mental illness are living around Europe. In this sense, imagine that you cannot decide to change your doctor because it is supposed that you cannot decide.

To be active in the citizen relationships means that you have the right to take care of your needs and duties and also about those of the rest of the society. When you do not have duties because you are ill you are also losing your rights. The participation in the social decisions is a fundamental point in order to take care about your rights.

Empowerment

The concept of empowerment refers, basically, to increasing the political, social or economic strength of individuals. It often involves the empowered developing confidence in their own capacities. We can understand empowerment as a developing of the potential of people. For example, if you get a car run through solar energy then you get autonomous from the oil, you are empowered to move without depending on the oil.

In the field of mental health, empowerment ***also*** means the participation of people with mental illness in the medical decisions. That point introduces the personal feelings about their own self in the treatment of the illness. For example, "I don't like the medicine because the second effects make me feel sleepy and I cannot work in good conditions." As we can imagine, the treatment of illness affects the disposition to work and, in this way, the fact of being able to work or not implies getting money, having holidays or going out with your friends for fun. Empowerment means making these actions possible.

For all that reasons, empowerment will imply an effort for those with a mental health problems, for their families and for those professionals who work with them. As we see, active citizenship, empowerment and recovery go side by side.

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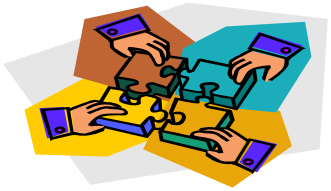

CHAPTER 2

MIXED LEARNING GROUPS

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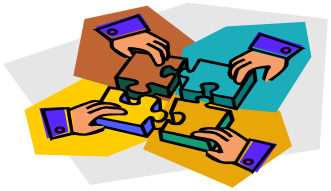

2.1. COMPOSITION AND METHODOLOGY OF LEARNING GROUPS

Group composition

Our learning groups were composed by users and professionals of mental health field and family members, each category had a similar numbers of participants.

The choice to have mixed learning groups in this project relied on several basic assumptions, such as:

- people with mental health problems are experts by their own experience;
- we have much to learn with each other;
- Active participation of all parts interested in a equal way is a basic presupposition of citizenship.

So regarding the group composition despite who takes part on it, the important thing to remember is that it should be a group that promotes exchange of knowledge, expertise, which promotes citizenship and empowerment through a partnership work.

Methodology of running a learning group

Regarding methodology, first we invited the people explaining to them the aim of the groups, for those who were interested in participating we handed them in advance the documents we were going to work on, so people could be familiarized with the issues to be discussed.

We tried to make small groups, in order to avoid dispersion, and for everyone to have a chance to speak, so the average size of the groups was of 10 people. And each group took more or less one and a half hour. In each group there was the need of the existence of a coordinator, to facilitate.

In the beginning of the groups we handed over the document "Ground rules for Working in Mixed Groups", that you'll find ahead, which was read by an element of the group, and agreed by all.

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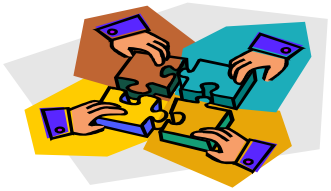

At this time the group also decided if there was going to be a break or not, and for how long.

There was a learning group for each reflection tool, but from our experience it took several groups to develop the Action tool, meaning, the project.

At the end of each group decisions were agreed regarding the date, hour, and subject of the next group.

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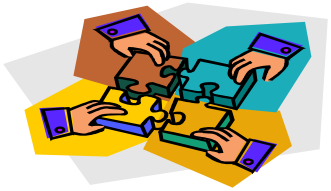

2.2 GROUND RULES FOR WORKING IN MIXED GROUPS

There are some problems that might occur when working in mixed groups (professionals, users, and families), namely:

- Professionals may sometimes find it hard to disagree or argue with the views of users even when users are saying unreasonable things;

- Users on occasion speak inappropriately out of their pain and no one is willing to intervene;

- Users sometimes stop speaking in a mixed group as they feel intimidated or patronised by professionals;

- Professionals may find it hard to speak openly and honestly in a mixed group. They may feel that they have to stick to a particular line that would be agreed by their workplace or professional body rather than expressing personal opinions openly.

Ground rules

- Waiting for an email with new ground rules (Graham)

Therefore, in order to try to solve or minimize these situations, we, professionals and users of mental health services, elaborated the following basic rules to work in partnership:

1. Everyone has the right to speak and everyone's opinion is valid;
2. There should be respect for everyone's point of view;
3. Everyone should be listened to and people should not continuously interrupt;
4. Personal experiences told to the group will not be repeated outside the group without the person's permission;
5. We should not blame one another for our pain and anger;
6. There should be support and respect for each other;
7. We are all equal members in the meeting and should leave perceptions of status -ours

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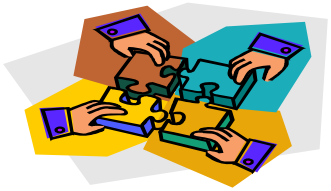

and others- outside of the room;

8. Each member has the right to make mistakes;

9. People can leave the group at any time if they feel uncomfortable;

10. There should be no jargon, sexist or racist language;

11 .Alcohol and drugs are not allowed at meetings;

12. Violence, threats and shouting are not permitted;

13. We have a right to disagree with each other when we feel that members of the group are being unreasonable;

14. We have the right to be prepared for the content of the meeting in advance;

15. We are all experts in our own experiences of life and these are important and valued regardless of our status;

16. We can disagree with an opinion but not be verbally offensive on a personal level.

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CHAPTER 3

LEARNING TOOLS

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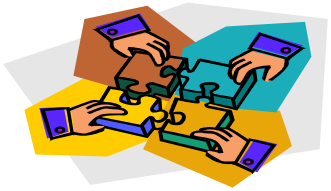

3.1 REFLECTION TOOLS

INTRODUCTION

These are a group of 5 tools, each one addressing one specific key area of the project, built with material from the focus group, is has reflection and questioning as the learning methodology, with the aim of promoting self-awareness about the concepts and the implications they have in participants lives.

This tool has been based on the users' point of view, in relation to the projects main fields of interest, namely, empowerment, citizenship, employment, social roles and leisure time, in terms of benefits, obstacles and facilitating agents of these processes.

The goal of this tool is to bring together Service Users and Mental Health Professionals in order to create space for joint reflection. The purpose is to rethink and discuss possible directions, interventions and/or changes. With these changes, we would like to see renewed opportunities for both institutional and personal development.

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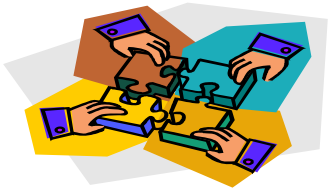

3.1.1. SOCIAL ROLES

An initial definition of a social role is that it represents the way that someone is expected to behave in a particular social situation. Roles, therefore, are the parts people play in their relationships with others and this idea is similar to that of an actor playing a part in a play. At a simple level, rôles are simple positions in social systems, rather like the positions in a football team. Those rôles are there independently of the players and simply require players to occupy them. Social rôles determine how and with whom people communicate. Most people play a number of significant roles socially, often at the same time. At the same moment you are a parent to your children, you are a family member to some people, friend to others, and romantic partner to another. Such roles give us meaning and purpose, are the focus of strong commitments, and often provide resources for coping with daily troubles and life-stressors. The sense of belonging, personal well-being and validation that stems from these roles is an important part of everyone's mental health.

Like everyone else, people with mental health problems play a variety of social roles. But people with mental illnesses often face **barriers to effectively fulfilling their social roles**. Symptoms of the illness and side effects from medication, for example, can negatively affect how a person with mental illness interacts with their family members, friends, neighbours, and other people in school and work settings. Changes in behavior, even positive ones, can create anxiety for friends and family members, who may feel confused. Some results of mental illness may make an individual more vulnerable in intimate relationships. Having been removed from their community by hospitalization people with mental illness face many negative stereotypes, prejudice, and discrimination associated with psychiatric diagnosis. As the result of this they might be excluded and treated abusively in society.

Intimate relationships are associated with terms such as significant other, spouse, partner, or boyfriend or girlfriend. They can be a source of pleasure and enjoyment, contribute to a person's sense of community, and provide support. In general, intimate relationships contribute to a person's well-being. Individuals with mental illnesses (who often prefer to be called mental health services "users") sometimes find it difficult to form these relationships. Users have identified a number of reasons why they may shy away

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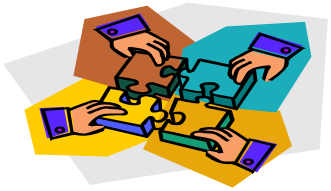

from forming intimate relationships with another person. Some of the primary reasons include:

• wanting to "protect" the other person from the effects of their illness,

• medication side effects including decreased sexual desire,

• putting on weight (also a common side-effect) resulting in a lowered self esteem

• concerns about birth giving and parenting

Many users feel a need to hide their mental illness when trying to establish new relationships because of the negative beliefs, prejudice, and discrimination associated with a psychiatric diagnosis. Mental health workers and family members often discourage the development of intimate relationships, either implicitly or explicitly, out of various concerns. But many of these concerns are not unique to individuals with a mental illness and there is no evidence that people with psychiatric disabilities cannot sustain meaningful intimate partnerships.

The following **questions** may help you think about these aspects:

1. Describe social roles you take part in?
2. What is the most important, comfortable, satisfying social role for you? Please explain why.
3. What is the most uncomfortable social role for you? Why?
4. Are there any social roles you do not fulfill, but would like to?
5. What would help you to fulfil different social roles in your life?

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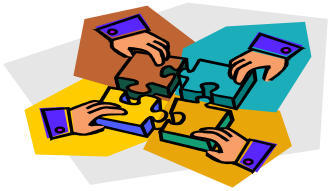

3.1.2 **LEISURE TIME**

Leisure time is the time available for ease and relaxation in our life (according with Cambridge Dictionary). Leisure time is a very important way of improving quality of life and feelings of wellbeing. It may lead to a better social life and self-respect, but having too much leisure time and no activities can make you feel anxious. It is a big challenge to use the leisure time in a creative way, taking in consideration all the obstacles that occur in our life.

One of the biggest obstacles for us is the financial restrictions due to the high prices of some amenities and money management problems. Other obstacles are lack of motivation and internalization of negative attitudes (self - stigmatization), which can make people feel isolated and lonely. The loneliness and isolation can make you loose contact with friends, family, community, etc.

Ways to overcome those obstacles could be, for example, a better way of managing money and having recreational facilities with reduced prices. Having friends and spending time with them could be another way to overcome those obstacles.

Taking all these in consideration, in our leisure time, we have different activities that are not expensive like: walking, cooking, watching TV, domestic issues, reading, going to musical auditions, exhibitions, cinema, having different games, visiting friends, etc . Although trips can be very relaxing, they are done only when afforded. Sport activities are important for the well-being status, but they are practiced when the environment is positive. The financial restriction regarding leisure time leads us to choose more solitaire activities, instead of socialising ones.

The following **questions** may help you think about these aspects:

1. What does leisure time mean for you?

2. What are your favourite leisure activities?

3. What are the main obstacles to accessing mainstream leisure activities?

4. What are the differences and links between leisure time and work?

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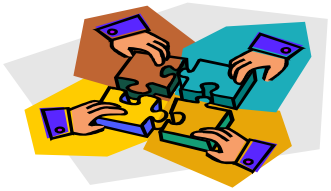

5. Is there any significant difference between week days and weekends in relation to leisure time?

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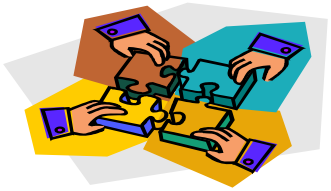

3.1.3 WORK AND EMPLOYMENT[1]

Let's think about the good things -benefits- that "work" can contribute to a user of mental health services, about which things doesn't allow them to get it -obstacles-, and about what can be helpful in order to find a job -facilitators-.

Benefits of working. One of the first benefits identified by those interviewed in regard with the fact of working is that it makes people feel better with themselves -*increases self-esteem-.*

Having a job provides money *-increases the economic resources-;* with this money, the person can do some of those things that he/she wishes to do, and also he/she can obtain what he/she needs with a lower dependence on others help -he/she becomes more independent-; that is to say, when someone works he/she is more autonomous for deciding.

Another benefit is that working increases and improves relationships with other people -colleagues, clients, suppliers...-; this fact motivates that the person gets more involved in the society -socialization- so he/she can learn other things that he/she didn't know. Work is a way of developing his/her skills and abilities, as it is a way of being busy during the day, which can temporarily move him/her away from his/her daily problems.

Obstacles for working. All the interviewed groups agree in the fact that, in order to get a job, diagnostic is a clear difficulty in two senses: regarding their health state (it is possible that a certain job doesn't fit the person's possibilities), and regarding perception (the affected person experiences it in a different way than the rest of people).

[1] According to Gonzalez Orviz et al. (1995), *"work is an element of a huge social value that constructs people's life. Furthermore, it is an integrator and normalizer factor that can convert the mental ill into an element which is included in a group: in this sense, the development of an activity suppose in many cases the limit that makes the difference between those who belong to the social group and those who are on its margin."*

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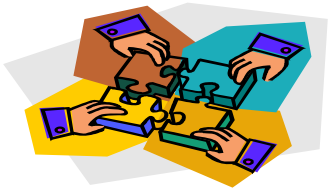

Another difficulty is that those with a mental health problem must daily confront the negative ideas that affect this health problem *-social stigma-;* this perception is so spread that it can be even found in some mental health services' professionals. This fact makes even more difficult for those with a diagnosis to go into the labour market.

Facilitator elements. Those interviewed talk about some factors that can be useful in order to get a job. First of all, we see that the fact of not saying anything about the mental health diagnosis can be an important facilitator.

Another important thing is having support from those social services and professionals who attend the person, helping him/her in whatever he/she needs in order to find a job -social protection-.

Other helpful things are the adaptability of the job to everyone's possibilities and also the fact that everybody assumes responsibilities (both the affected person him/herself, as the other employees and also the employers).

The following **questions** may help you think about these aspects:

1. How do money affect to the fact that you can do whatever you want -and so be more autonomous-?
2. How important you think is working with regard to your relationship with other people and with society?
3. How do you see someone who has been diagnosed with a mental health problem?
4. What do you think it happens when people knows that someone has a mental health diagnosis?
5. Think of something that is under your responsibility, what do you think that your friends and colleagues think about it?

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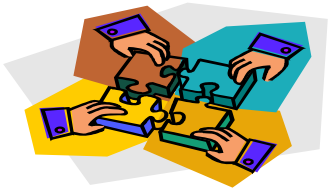

3.1.4. ACTIVE CITIZENSHIP

Definition - What do we mean by a citizen?

".... being a citizen is about being regarded as a full human being, entitled to expect the same from life and society as everyone else. On a basic (passive) level, it means being free from discrimination, exclusion and oppression. On a more positive (active) note it means being able to define your own identity and to celebrate this identity in different ways." Open Mind: the mental health magazine, *'Post-psychiatry is not another model', Bracken and Thomas.*

People with mental health problems **need to be treated equally and included** in their communities, and in society, and have the same rights and opportunities as other people.

However, there are many things that make this difficult, for example:

- Stigma and discrimination.
- Not knowing about our rights.
- Not having the confidence and self-esteem to speak out to get these rights.
- Societies' ignorance and fear of people experiencing mental illness.
- The views we have about ourselves - believing we are weak and failures, hiding our illnesses (self-stigmatisation)

To overcome these barriers we need to know about our rights, understand and accept our illness, have opportunities to speak out to challenge stigma and be supported by our friends, colleagues and our family.

What can help us to be more active citizens?

- Being treated equally by all people in our communities.

- Developing a stronger role in our communities, which can be helped by professionals working in partnership with us to provide help and guidance.

- We can help each other out along the way through supporting each other.

- When we have all these things we feel more confident and valued, have greater

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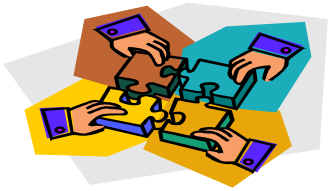

control over our lives and our treatment, feel able to do voluntary or paid work, have friends and feel more included in our communities and become more active citizens.

The following **questions** may help you think about these aspects:

1. What is your understanding of "community"?

2. What makes you feel included and excluded by your community? When do you feel most included and valued?

3. What would make you wish to participate in community life, and what could other people do to help with this?

4. In what ways do you feel in control (or not) of your life?

5. How do you feel about depending or relying on other people and what do you think are the advantages/disadvantages of this?

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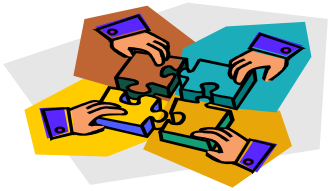

3.1.5 **EMPOWERMENT**

Definition - What do we mean by empowerment?

By empowerment we mean people gaining awareness of their own power; it means learning to acknowledge what we want and the best way to get it; learning to look at a situation/problem and find the best solution for ourselves. It means learning how to gain control over one's life. In the mental health context it recognizes the need for professionals, families and others, to act not by imposing ideas and goals, but by teaching individuals to identify their own goals, making their own decisions and actions, allowing them to experience their own power, creating a relationship of partnership where "educators" and "learners" see each other and act as equals.

From the Group Interviews, made in each of the 5 participant's countries of this project, the main conclusions regarding empowerment were as follows:

Benefits - What do we gain by acting this way?

By gaining awareness of the power we have over our lives and by acting according to what we want and by ourselves, we become more independent and more responsible for our decisions and actions. This happens because:

- We start feeling that we are capable of choosing and deciding what's best for us;

- we start gaining self-confidence and feeling that we are worth, which makes us learn to love ourselves as we are, making it easier to accept our illness and limitations.

Obstacles - what stops us from acting like this?

The biggest obstacle for gradually starting to take control over our lives is Stigma related to mental illness, which makes:

- Other people not respecting our choices and opinions, as they see us as incapable of deciding and choosing the best for ourselves; this attitude from theirs makes us feel useless and not having the ability to choose the best nor the skills to take control over our own lives.

- On the other hand, we feel that by having a mental illness we are more incapable than others, as we see ourselves not as a person with a health problem but just a patient. This

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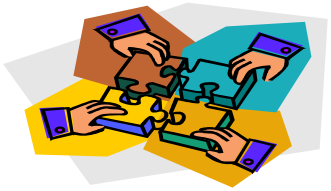

way of looking at ourselves brings isolation and feelings of lack of confidence in us and in our abilities and skills, making us believe that we are incapable of deciding for ourselves what is best for us.

Other obstacles are:

- The lack of learning opportunities to help us gain awareness of ourselves, our skills and limitations, and how can we start controlling our lives.

- Having little knowledge about our rights and duties as citizens.

- Our difficulty to put in words our feelings, thoughts and wishes, also makes it harder for others to listen to us and give us credit.

Facilitating agents - What makes it easier for us to act like this?

Some factors that can help us understand that we have the right to lead our lives and that we do have abilities and skills to make decisions and be responsible for them and our actions are having the support and example of people who have the same health problem as us e being involved in support groups and users movements. This helps us to better accept our illness, as we can share our experiences with people that will surely understand us because they've been through something similar, and we can learn with each other.

Learning how to solve problems, set goals and find solutions, how to communicate in a clearway also helps because it makes the decision making process easier, namely, regarding our treatment and care.

The following **questions** may help you think about these aspects:

1. What can we do to start having a greater knowledge about our rights and duties as citizens?

2. How can we get through the message of the importance of mutual support and users movements in the mental health context?

3. What can we do to improve the way we communicate?

4. What can we do to fight stigma and prejudice related to mental illness?

5. What do we mean by being independent and how to achieve independence?

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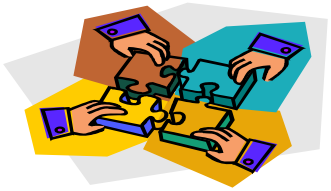

3.2. ACTION TOOL

INTRODUCTION

As it been said before, this section of the guide, in this project context, is a counterpart of the reflection tools, as these teach how to reflect upon a certain reality, the action tool goal is to teach how to act on a certain reality. However, its structure allows a wider application being able to be used to make any kind of project, including individual Life Projects.

It contains a brief explanation of what a project is and its use, a Guideline Form on how to build a project, and two specific examples of how this action tool can be used. One example is about an individual life project and the other one of a community project.

The purpose of this tool is to provide the means for professionals, users and their family members to develop projects that are considered to be important for personal or institutional growth.

It represents an effort for implementing active participation of all interested parties in the development of services, in the search for solutions, activities, and end products that satisfy the real needs of all.

In order to engage successfully in such task, the participants should be prepared to face some responsibilities, engage and accept changing processes expect setbacks and deal with them, and last but not least, to have a clear idea of what they want to achieve.

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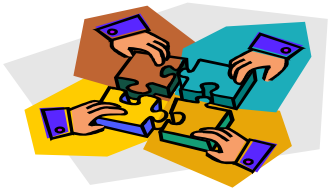

3.2.1. WHAT IS A PROJECT?

A project is a temporary effort undertaken to create a unique product or service. It can also involve a plan to restrain the future, by limiting it to set goals and limits.
The planning, execution and monitoring of major projects sometimes involves setting up a special temporary organization, consisting of a project team and one or more work teams. A project usually needs resources.

The word project comes from the Latin word *"projectum"* from *"projicere"*, "to throw something forwards". The word "project" originally meant "something that comes before anything else is done". When the word was initially adopted, it referred to a plan of something, not to the act of actually carrying this plan out. Something performed in accordance with a project was called an object.
This use of "project" changed in the 1950s, when it started to cover both projects and objects.

A Project can assume several formats, it can be an individual or a group project, it can be a personal or professional one, nevertheless there are some essential topics that a project should always address, namely the ones you'll find on the Guidelines Form.

3.2.2. BUILDING A PROJECT - GUIDELINES FORM

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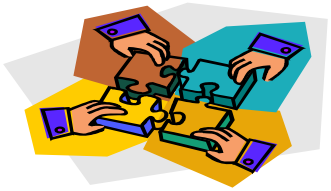

A. TITLE AND SUB-TITLE

B. ORIGINS - How the idea for the project come up and why is it necessary

C. PURPOSE – What do we pretend with this project

D. GOALS – what we want to achieve with the project

E. DIRECT AND INDIRECT BENEFICIARIES - Who is going to benefit with the development of the project

F. GEOGRAPHICAL LOCATION – Area of development of the project and area of impact of the project

G. END PRODUCTS AND RESULTS – The expected results or end products of the project

H. ACTIVITIES AND TASKS – The actions that will take place in order to achieve our goals

I. METHODOLOGY – How is the Project going to function; how is it going to be developed

J. HUMAN RESOURCES – Who is going to do what

K. MATERIAL AND FINANCIAL RESOURCES – what kind of materials do we need; how much Money do we need and what for;

L. TIMETABLE – duration of the project; when are the several activities taking place

M. EVALUATION – to know if the goals are being achieved and if the Project is developing as planned.

3.2.3. PROJECT BUILDING – EXAMPLES

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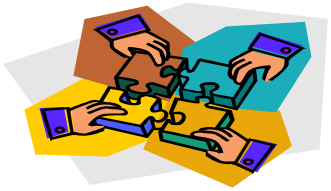

3.2.3.1. GUIDELINES FORM – PERSONAL PROJECT

A. TITLE AND SUB-TITLE

Finding a Job

B. ORIGINS

Started to feel the need of having a rewarding a activity, and also need extra money for current expenses

C. PURPOSE

With this project I pretend to raise the quality of my life by having enough money for my expenses, and also by having a fulfilling activity that suits my needs and personal aspirations**.**

D. GOALS

- to have money for my expenses
- to occupy my time with rewarding activity

E. DIRECT AND INDIRECT BENEFICIARIES

DIRECT BENEFICIARY – Me

INDIRECT BENEFICIARY – My Family because I won't have to continue asking them to help me pay my expenses.

F. GEOGRAPHICAL LOCATION

Lisbon District

G. END PRODUCTS AND RESULTS

By the end of this project I expect to have a paid job.

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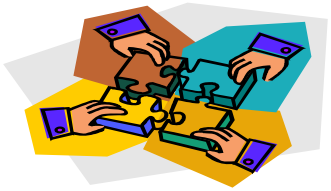

H. ACTIVITIES AND TASKS

ACTIVITIES	TASKS
Update my Curriculum Vitae and Motivation letter	Schedule Meeting with my social worker Update of CV and Motivation Letter
Search job placements agencies	Schedule Meeting with my social worker Search the internet for list of Job Agencies Send my CV and Motivation Letter
Meeting in the national vocational and training center	Social worker articulates with the center and schedule my meeting
Job placements in newspapers	Look in daily newspapers

I. METHODOLOGY

First, arrange some meetings with my social worker to help me:

- schedule a meeting with staff from the National Vocational and Training Center, informing them of my desire to work and updating my registration there;
- updating my Curriculum Vitae and Motivation Letter;
- Search and make a list of the Job Agencies in Lisbon District,

Then, send to Job Agencies my CV and Motivation Letter.

Everyday go to my neighbourhood coffee and look in the daily newspaper there for Job vacancies and placements.

J. HUMAN RESOURCES

TASK	HUMAN RESOURCE

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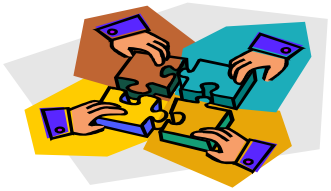

Schedule Meeting with my social worker	**ME**
Update of CV and Motivation Letter	**ME AND SOCIAL WORKER**
Schedule Meeting with my social worker	**ME**
Search the internet for list of Job Agencies	**ME AND SOCIAL WORKER**
Send my CV and Motivation Letter to Job Agencies	**ME**
Social worker articulates with the center and schedule my meeting	**SOCIAL WORKER**
Look in daily newspapers for vacancies	**ME**

K. MATERIAL AND FINANCIAL RESOURCES

MATERIAL RESOURCES	FINANCIAL RESOURCES	HAVE	DON'T HAVE	WHERE TO GET
Telephone			X	SOCIAL CENTER
Paper			X	SOCIAL CENTER
Bus tickets	23€ PER MONTH	X		
Newspaper			X	COFFEE
Computer			X	SOCIAL CENTER
Envelops and Stamps	20€ PER MONTH	X		

L. TIMETABLE

TASK	DATE

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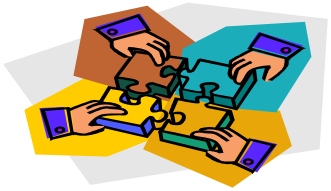

Schedule Meeting with my social worker	**1ST WEEK OF FEBRUARY**
Update of CV and Motivation Letter	**2ND WEEK OF FEBRUARY**
Schedule Meeting with my social worker	**IN PREVIEUS MEETING**
Search the internet for list of Job Agencies	**3RD WEEK OF FEBRUARY**
Send my CV and Motivation Letter to Job Agencies	**3RD WEEK OF FEBRUARY**
Social worker articulates with the Vocational Center and schedule my meeting	**3RD WEEK OF FEBRUARY**
Look in daily newspapers for vacancies	**FROM THE FIRST OF FEBRUARY TO THE END APRIL**

M. EVALUATION

- Weekly meetings with social worker to discuss how things are going
- Number of interviews attended
- Number of replies from job agencies
- End of April meeting to assess the need of restructuring the plan, namely if extra vocational training is necessary.

3.2.3.2. GUIDELINES FORM – COMMUNITY PROJECT

A. TITLE AND SUB-TITLE

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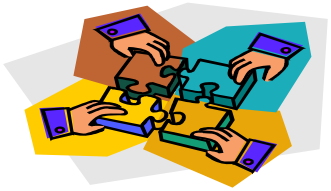

Education for Mental Health – training users and families

B. Origins

Users and families expressed the need to know more about this subject, for it is important for them to recognize symptoms and to know how to cope with them.

C. Purpose

With this project we pretend to raise the knowledge of users and their families regarding mental health subjects.

D. Goals

- To have users and their families with more abilities to deal with mental health subjects

E. Direct and Indirect Beneficiaries

Direct Beneficiary – Users and Families

Indirect Beneficiary –

F. Geographical Location

Barreiro Region

G. End Products and Results

Manual on Mental Health Education and Training

H. Activities and Tasks

Activities	Tasks
Develop the Training course	Develop the training sessions

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	Develop the training materials Schedule meetings
Recruit the Trainers	Contact Vocational Center and other Mental health organizations to recruit trainers Schedule Group Meeting for Outlining Core Curriculum
Find a Place to hold the training sessions	Contact with community organizations
Dissemination of the training event	Build leaflets with information

I. METHODOLOGY

First contact the Vocational Canter and other Mental Health Organizations in order to arrange a group of Trainers. Meeting with this group to outline the core curriculum of the course and decide who is going to teach each topic of the curriculum. Each trainer is responsible for one subject of the curriculum and has to develop the training sessions and the learning materials for that topic. The coordinator of the course is responsible for scheduling meetings with trainers in order to discuss, help and assess the development of the training sessions and the learning materials.

The Coordinator of the training course is responsible for contacting other community organizations for finding a place to hold the meetings, and to build the leaflets.

J. HUMAN RESOURCES

TASK	HUMAN RESOURCE
Contact Vocational Center and other	COORDINATOR OF THE COURSE

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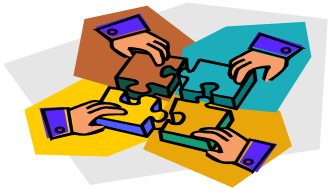

Mental health organizations to recruit trainers	
Schedule Group Meeting of Trainers for Outlining Core Curriculum	**COORDINATOR**
Develop the training sessions	**TRAINERS**
Develop the training materials	**TRAINERS**
Schedule meetings regarding development of training sessions and materials	**COORDINATOR**
Contact with community organizations – find place	**COORDINATOR**
Build leaflets with information	**COORDINATOR**

K. MATERIAL AND FINANCIAL RESOURCES

MATERIAL RESOURCES	FINANCIAL RESOURCES	HAVE	DON'T HAVE	WHERE TO GET
Telephone		X		SOCIAL CENTER
Paper		X		SOCIAL CENTER
Place for meetings		X		SOCIAL CENTER
Computer		X		SOCIAL CENTER
Place for training sessions			X	COMMUNITY ORGANIZATION
Trainers	Voluntaries		X	MENTAL

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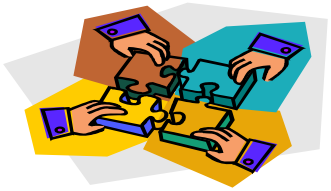

				HEALTH ORG.

L. TIMETABLE

TASK	**DATE**
Contact Vocational Center and other Mental health organizations to recruit trainers	**FROM 1ST OF JUNE TO 15TH OF JUNE**
Group Meeting of Trainers for Outlining Core Curriculum	**FROM 15TH OF JUNE TO 22ND OF JUNE**
Develop the training sessions	**JULY**
Develop the training materials	**JULY AND AUGUST**
Meetings regarding development of training sessions and materials	**1ST OF JULY; 20TH JULY; 1ST OF AUGUST; 20TH AUGUST;**
Contact with community organizations – find place	**JULY**
Build leaflets with information	**AUGUST**
Starting of the Course	**1ST OCTOBER**

M. EVALUATION

- Meetings reports
- Number of people registered for the course

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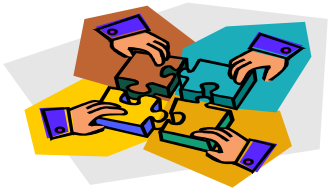

- Number of people attending the course
- Degree of satisfaction from the training team - questionnaire
- Degree of satisfaction of participants – questionnaire

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APPENDIX

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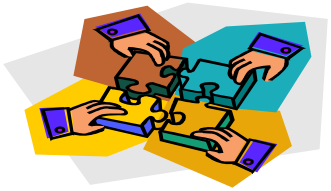

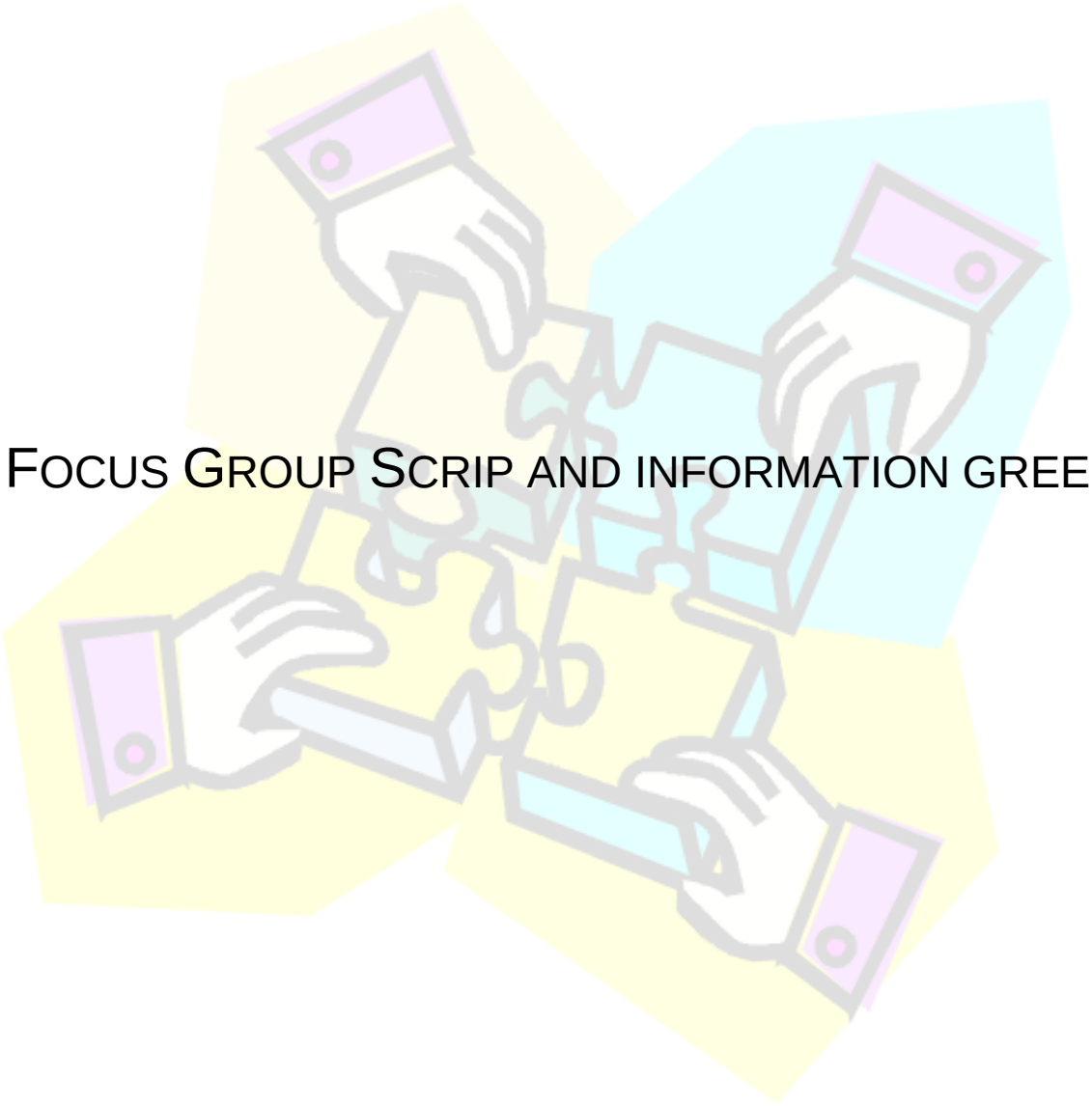

I – FOCUS GROUP SCRIP AND INFORMATION GREED

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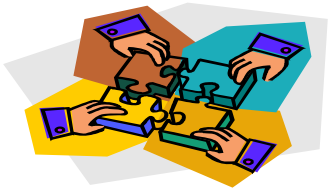

FOCUS GROUP SCRIPT

- **Employment**

1. How important is work in relation to feeling good about yourself?
2. What do you think might be the problems in relation to work and having a mental health problem?

- **Self-perception**

1. What are the main problems you experience in your daily life?
2. What rights do you think you have and how did you become aware of these rights?
3. How do you view your potential for personal development?
4. How do you think other people perceive you? How do you think this could be improved?
5. What did you learn from your experience of mental health problems?

- **Mental health awareness**

1. What does mental health mean to you?
2. What does the label of your psychiatric diagnosis mean to you? And how does this affect you (your life)?
3. What is the impact of stigma, discrimination, and social exclusion for a person with mental health problems?

- **Community participation**

1. Have you ever participated in any organization or community activities? If so, how did this feel?
2. What are the skills you think you need to be able to participate in organizational or community activities?
3. What would make it easier for you to get involve in your community?

- **Leisure time**

1. How do you spend your free time?
2. How accessible are your leisure activities especially in relation to your financial means?

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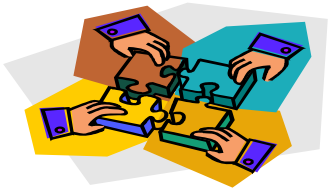

- **Relationships**

1. How do you think your family perceives you, and how does this affect your sense of competence?
2. What is your experience of contact with mental health professionals and services?
3. If you wished, would you be able to have a loving relationship, including sexual, where you currently live?

FOCUS GROUP ANALISYS

1. Work and employment

	Awareness
Benefits	Self esteem/Worth Disposable income Socialization Daily Problem
Obstacles	Illness (as perceived by self and others including medication) Stigma and discrimination Lack of option of "inclusion"
What makes it easier	Not disclosing Protection Adaptability and responsibility (self and employers

2. Empowerment

	Awareness
Benefits	Right to choose - right to choose medication, services - right to define or redefine illness - Social Role modelling Responsibility - take responsibility for your own actions, rights, life choices Autonomy - develop self reliance - communication skills - acceptance of illness Acceptance

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	- accept illness and limitations
Obstacles	Stigma Internalization -others opinions about diagnosis Isolation
What makes it easier	

3. Leisure Time

	Awareness
Benefits	Leisure time is important for an improved quality of life and a sense of wellbeing. It can lead to a better social life and a feeling of self respect.
Obstacles	**Financial restrictions** High prices for some amenities Owing money (big debts) Money management problems **Personal/internal restrictions** Lack of motivation Difficulty in making new friends Internalization of negative attitudes (self-stigmatisation) Feelings of isolation and loneliness **Societal restrictions** Lack of different things to do. Loss of social networks.
What makes it easier	More financial resources. More leisure and recreational facilities, with reduced prices. Friendship and encouragement from good friends.

4. Social roles

	Awareness

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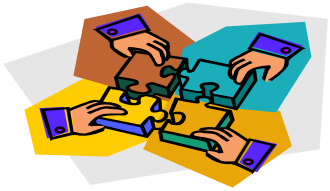

Benefits	Family life Self Friends Work relations Health related
Obstacles	Family Stigma Professionals Lack self esteem
What makes it easier	Support (family, friends, etc) "communication" skills

5. Citizenship

	Awareness
Benefits	Effective use of rights. Being treated equally, and leading to improved social inclusion. Increased knowledge of illness which will lead to a greater acceptance of illness. A reduced sense of stigma and isolation. Stretches abilities and broadens horizons.
Obstacles	**Societal restrictions** Prejudice and stigmatizing effect of labels. Fear of being open about illness e.g. declaring or not declaring illness. Lack of public knowledge about mental health issues. Lack of knowledge about rights e.g. when in hospital. Difficulty to access rights and put into practice. **Pharmacological restrictions** Side-effects of medication. High doses of drugs (can lead to social malfunction) Inappropriate medication (dose/type) **Personal restrictions** Feelings of being different. Worrying about the expectation of other people.

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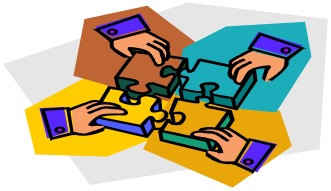

	Lack of self-confidence. Lack of communication skills.
What makes it easier	End to stigma and discrimination. Public awareness of mental health issues e.g. via the media. To be treated equally and have a more pro-active role in community e.g. by working as a volunteer. Improved communication skills. Peer support. Knowledge of rights and putting them into practice. Receiving professional help to access information and guidance. Managing own medication and using complimentary therapies.

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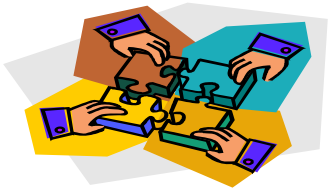

JOIA Foundation

It is a non-profit organization that started its activity in 1983. Its goal is rehabilitation, as well as social and labour placement of those affected by a mental health problem. This goal is performed through:

- A network of public services arranged with different areas of the Government of Catalonia.
- The generation of specific labour opportunities:
    a) in the Special Labour Centre APUNTS.
    b) in external companies of the ordinary labour market.
- Initiatives that have the goal of modifying the stigma and prejudices currently focused on those who have suffered (or suffer) mental health problems:
    a) Radio Nikosia.
    b) Cooperation with the user's association ADEMM.

ADEMM, Mental Health Users of Catalonia

It is a non-profit association formed and managed by the group of affected people, with a complete independence in order to defend their rights and duties and to foment social integration, as well as to promote Mental Health.

Spora, Psychosocial Consultancy.

It is a Psychosocial Research Consultancy offering services of Research, Development, Training and Innovation (R+D+i) to public and private entities. Spora is born as a spin-off of the Research Park of the Autonomous University of Barcelona and is formed by different professionals of the social sciences.

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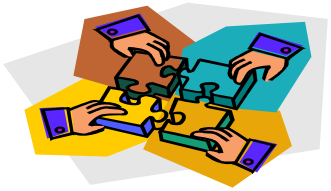

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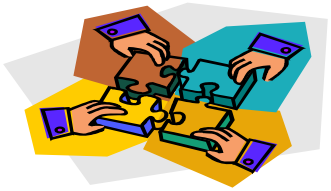

INSTITUTIONS INVOLVED IN THIS PROJECT:

Persona – Mental Health Promotion Association is a community based mental health support organization, providing the following services to mental health services users and their families:

- **Social Occupational Day Center** which gives support to adult people with transitory or permanent psychic disadvantage aiming their social, familiar, professional rehabilitation.
- **Supported Accommodation** which is a temporary residential structure that aims to train autonomy of people with psychiatric disorders and to promote the learning of organizing habits.
- **Job Placement Unit** that is a structure of protected employment aiming Vocational Training, Professional rehabilitation and Integration into the Labour Market.

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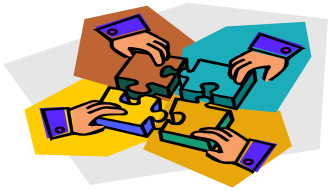

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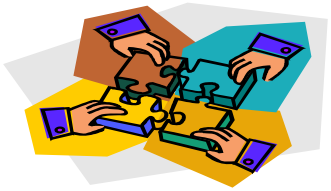

II – PHOTOS OF PROJECT ACTIVITIES

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