

“Deinstitutionalisation..., that word!”: achievements and contradictions of community care in European perspective

»Dezinstitucionalizacija ..., ta beseda!«: dosežki in protislovja skupnostne oskrbe v evropski perspektivi

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Keynote 1: Emir Okanović: Deinstitutionalisation: myth or reality? / *Deinstitutionalizacija: mit ali realnost?*

Emir's presentation begins with a nice statement. "Slovenia is a wonderful land." In many ways, I guess it is true. He does not classify himself among the people who would mourn life. Quite the opposite. He tends to be merry and positive. Moreover, despite his serious physical disability. When he assesses his overall life, he considers its quality, given the circumstances has been on quite a high level. However, he always asks himself, "is this equally accessible to anyone" at the same level? He claims that people with combined intellectual and physical disabilities have a much-shortened life experience.

In his presentation, he will, with the help from the participants, attempt to answer the following questions:

1. Where are we right now?
2. Where would we like to go?
3. Have we done enough?
4. How are we to empower the overall society in this matter?
5. How do we empower the users?

Emir considers that this presentation will be a success, if the audience can find some new and positive ideas for the future.

Začnimo nekoliko drugače, »Slovenija je čudovita država«. Izjava je moja. Nisem eden tistih, ki naj bi venomer nergal, tožil o neenakosti, krivicah v družbi, o tem kako ta svet ni prilagojen invalidu, kako nimam enakih možnosti in priložnosti...

Kljub razmeroma visoki telesni oviranosti, ki je posledica cerebralne paralize, sem z veliko volje, ob obilici sreče in dobrem socialnem mreženju dosegel veliko, za nekatere morda celo preveč. Pri tem se seveda zavedam, da bi lahko še napredoval, a to je razprava za kdaj drugič. Kdo pa ima enake možnosti? Verjetno imam veliko srečo tudi že s tem, da nimam neke vidne intelektualne oviranosti.

Sem eden redkih ljudi v Sloveniji, ki mu je uspelo izkusiti čisto vse izobraževalne sisteme, ki so za osebo s posebnimi potrebami na voljo. Od razvojnega vrtca, šole z prilagojenim programom v instituciji, šole z enakovrednim izobrazbenim standardom v instituciji, gimnazije v pol institucionalnem sistemu ter Univerze v Ljubljani. Izkusil sem pasti in dobre plati življenjskih izzivov vse s ciljem do zadovoljivega položaja, v katerem se nahajam danes.

V nekaterih krogih me imenujejo strokovnjak z izkušnjo, sam sem najraje Emir Okanović. Danes to deinstitutionalizacijo živim in še vedno ne brez ovir. Vendar so te prej dobrodošle kot težava. Ko jih preidem, so rezultati še boljši.

Drugače pa je z mojim vrstniki, ki imajo kombinirane težave, telesne ter morda celo duševne. Mnogokrat so spregledana skupina ljudi, ki zaradi različnih vzrokov ni in verjetno nikoli ne bo mogla popolnoma ustvariti »življenja po svoji podobi«.

Pa si kot družba res lahko privoščimo, da si ga ne?

Biography:

Emir Okanović was born in 1977 in Ljubljana, Slovenia. As a person with cerebral palsy, he is the Vice Chairperson of the Cerebral Palsy Association of Slovenia. Emir is also an elected member of the National Disability Council of Slovenia, where he actively participates in the politics and strategies of disability. He works in a company that employs people with disability. Emir's role involves training of the public and international relations. Emir has comprehensive

experience in the educational system, from special education programmes to University level. Currently, he is head of promotion and public relations unit at the Sonček Association.

Rojen leta 1977, v Sloveniji, Ljubljani, od rojstva s stanjem cerebralna paraliza. Trenutno je aktualni podpredsednik Zveze Sonček, član Sveta za invalide Republike Slovenije, na Zvezi Sonček pa sodeluje v izobraževanjih zunanjih sodelavcev. Delno pokriva tudi mednarodno dejavnost. V svoji karieri je bil dejaven na različnih projektih, izobraževanjih in konferencah. Kot uporabnik ima veliko izkušenj z institucijami ter življenjem zunaj njih. Preko sveta za invalide, tvorno sodeluje pri oblikovanju politik in strategij na področju invalidov. Je eden redkih ljudi, ki je prešel skoraj vse izobraževalne sisteme, od posebnega prilagojenega do univerzitetnega programa. Kariero nadaljuje v invalidskem podjetju, kjer je zaposlen kot promotor-informator ter vodja enote.

Keynote 2: Roberto Mezzina: De-institutionalisation today: person-centered focus and system change toward community mental health / Dezinstucionalizacija danes: osredinjenost na človeka in sistemska sprememba v smeri skupnostnega duševnega zdravja

For many years, long-term residential institutions have been considered, even officially (WHO, 2009), as relics of the past, but they still absorb the majority of economic resources of mental healthcare and are strenuously resisting to change. Most reforms in Europe are now trying to develop community services, which are integrated within the welfare systems and social networks, but loosely coupled with a radical institutional transformation. De-institutionalisation is mentioned in many international charters and documents, such as the WHO Report and the UN CRPD committee. While there is a substantial agreement on the basic definition as far as it is referred to patients (e.g., the release from the institution where they were located and confined due to the process of institutionalisation), nonetheless, the process that this entails is poorly focused and widely misunderstood. It concerns not just the downsizing, and final closure of total institutions as asylums, or the discharge of their patients, but a whole system change, and moreover, full transformation of psychiatry towards community mental health. This can require a variety of approaches and models, but de-institutionalisation must be seen as the main strategy to overturn old forms of oppression of people with mental health conditions and disabilities and to mobilise resources and supports for their recovery and social integration. Community-based services can promote the response to the needs and the fulfillment of citizenship rights by catalysing resources and opportunities. The Italian experience, particularly the one in Trieste, that has been asylum-free for 40 years, is that of demonstration that this is possible, by acting in a way that fosters subjectivity, empowerment, recovery and social inclusion, while embracing a human rights approach (e.g. principles of open door, no restraint, hospitality, negotiation). To complete de-institutionalisation of mental healthcare, the convergence of human rights, person-centered and recovery approaches with comprehensive, strong, accountable and responsive community-centred services is needed.

Ustanove za dolgotrajno bivanje že vrsto let veljajo, tudi uradno (WHO, 2009), za ostalino preteklosti, vendar še vedno počrpajo večino ekonomskih sredstev za duševno zdravje in se odločno upirajo spremembam. Večina reform v Evropi si zdaj prizadeva za razvoj skupnostnih storitev, ki so vključene v sisteme socialnega varstva in socialne mreže, vendar ohlapno povezane z radikalno institucionalno preobrazbo. Dezinstucionalizacija je omenjena v številnih mednarodnih listinah in dokumentih, kot sta poročilo Svetovne zdravstvene organizacije in odbor ZN za varstvo pravic ljudi s težavami z duševnim zdravjem. Medtem ko obstaja precejšnje soglasje o osnovni opredelitvi, ki se nanaša na paciente (npr. izpustitev iz ustanove, v kateri so bili nameščeni in zaprti zaradi procesa institucionalizacije), pa je proces, ki ga to vključuje, slabo usmerjen in pogosto napačno razumljen. Ne gre le za zmanjševanje in dokončno zaprtje celotnih institucij kot azilov ali odpust njihovih pacientov, temveč za spremembo celotnega sistema, še več, za popolno preoblikovanje psihiatrije v skupnostno duševno zdravje. Za to so potrebni različni pristopi in modeli, vendar je treba dezinstucionalizacijo obravnavati kot glavno strategijo za odpravo starih oblik zatiranja oseb s težavami z duševnim zdravjem in oviranostjo ter za mobilizacijo virov in podpore za njihovo okrevanje in socialno vključevanje. Skupnostne službe lahko spodbujajo odzivanje na potrebe in izpolnjevanje državljanjskih pravic s spodbujanjem virov in priložnosti. Italijanska izkušnja, zlasti tista v Trstu, ki je že 40 let brez azila, dokazuje, da je to mogoče, če se deluje na način, ki

spodbuja subjektivnost, opolnomočenje, okrevanje in socialno vključenost ter hkrati sprejema pristop človekovih pravic (npr. načela odprtih vrat, brez omejevanja, gostoljubnost, pogajanja). Za dokončanje dezinstucionalizacije duševnega zdravstva je potrebna konvergenca pristopov, ki temeljijo na človekovih pravicah, osredinjenosti na človeka in okrevanju, s celovitimi, močnimi, odgovornimi in odzivnimi storitvami, ki so osredotočene na skupnost.

Biography:

Dr Mezzina contributed, as clinician and manager, from 1978 onwards to the experience of Trieste, which inspired the Italian Mental Health Reform Law of 1978, to close the psychiatric hospital and create a network of alternative community-based network of services. This has been recently reconfirmed as a model for the World Health Organisation (2021). He was Director of a CMH Centre (1995) and Department between 2012 and 2019, as well as Head of the WHO Collaborating Centre for Research and Training from 2009 onwards. He has supported the development of community-based services worldwide (e.g. crisis, recovery, peer support, forensic services etc) and has been consulted on reform policies worldwide (Slovenia, UK, Denmark, Czech Republic, Australia, New Zealand, USA, Poland, Serbia, France, Palestine and others).

Dr. Mezzina je kot zdravnik in vodja od leta 1978 dalje sodeloval v tržaški izkušnji, ki je navdihnila italijanski zakon o reformi duševnega zdravja iz leta 1978 pri zaprtju psihiatrične bolnišnice in vzpostavitvi mreže alternativnih storitev v skupnosti. To so nedavno potrdili kot model za Svetovno zdravstveno organizacijo (2021). Bil je direktor centra CMH (1995) in oddelka med letoma 2012 in 2019 ter vodja sodelujočega centra SZO za raziskave in usposabljanje od leta 2009 dalje. Podpiral je razvoj skupnostnih služb po vsem svetu (npr. kriznih služb, služb za okrevanje, vrstniške podpore, forenzičnih služb itd.) in se posvetoval o politikah reform po vsem svetu (Slovenija, Združeno kraljestvo, Danska, Češka, Avstralija, Nova Zelandija, ZDA, Poljska, Srbija, Francija, Palestina in drugod).

Keynote 3: Nika Cigoj Kuzma, Erik Zonta, Salih Čaušević: Experiencing transformation – from institution to community / Izkušnja preobrazbe – od institucije k skupnosti

The key protagonists of deinstitutionalisation should be people who live in institutions and who need support in the community. The importance of inclusion of people with disabilities in the planning and implementation of the deinstitutionalisation process is put forward by the UN Guidelines for deinstitutionalisation, including in emergency situations (2022), the Common European Guidelines for the transition from institutional to community care (2012), the Convention on the Rights of People with Disabilities (2006) and others.

The importance of inclusion is highlighted by various user organisations, as well as some experts, however, the inclusion of people with disabilities often ends up in tokenism. Decision makers, researchers and experts often ignore user experiences and users' own interpretations of these experiences. It is essential to establish the conditions to make inclusion possible, and at the same time develop a way to place user knowledge and experience, including their interpretation of these experiences, at the center of the development of a new system of support in the community.

In the process of the transformation of the Dom na Karsu institution, various changes should take place, to ensure the inclusion of people who live in the institution in the decision-making processes regarding the course of the institution's transformation, decision-making about the services that should be designed together, and decision-making about our own lives. In various ways, through assemblies and personal planning, establishment of working groups, meetings of the residents' council, and above all, through peer support, the foundations for such inclusion should be established during the project.

Glavni protagonisti dezinstucionalizacije naj bi bili ljudje, ki v zavodih živijo in ki potrebujejo podporo v skupnosti. Da je vključevanje ljudi z ovirami v načrtovanje in vodenje procesa dezinstucionalizacije nujno, poudarjajo Smernice ZN za dezinstucionalizacijo, tudi v nujnih primerih (2022), Skupne evropske smernice za prehod iz institucionalne v skupnostno oskrbo (2012), Konvencija o pravicah ljudi z oviranostjo (2006) in drugi.

To poudarjajo razne uporabniške organizacije, pa tudi nekateri strokovnjaki, kljub temu, pa je vključevanje ljudi z ovirami pogosto zgolj navidezno. Odločevalci, raziskovalci in strokovnjaki velikokrat ignorirajo uporabniške izkušnje in lastne interpretacije teh izkušenj. Da vključevanje ne bi bilo zgolj navidezno, je treba na eni strani vzpostaviti pogoje, da je vključevanje sploh možno, hkrati pa razvijati način, kako uporabniško znanje in izkušnje, vključno z lastno interpretacijo teh izkušenj, postaviti v središče razvoja novega sistema podpore v skupnosti.

V procesu preobrazbe zavoda Dom na Krasu, naj bi na različne načine poskušali zagotoviti vključevanje ljudi, ki v zavodu živijo, v procese odločanja o poteku preobrazbe zavoda, odločanje o storitvah, ki naj bi jih skupaj oblikovali in odločanje o lastnem življenju. Na različne načine, skozi skupščine in osebno načrtovanje, vzpostavljanje delovnih skupin, sestankov sveta stanovalcev, predvsem pa z vrstniško podporo, naj bi tekom projekta vzpostavili temelje za takšno vključevanje.

Vključevanje uporabnikov, v procesu preobrazbe zavoda Dom na Krasu, analiziramo skozi lastne izkušnje in doživljanje procesa dezinstucionalizacije in skozi analizo delovanja skupščin. S tem prispevamo h gradnji teorije in bazi znanja o dezinstucionalizaciji, ki temelji na uporabniški izkušnji in raziskovanju.

Biography:

Nika Cigoj Kuzma works at the Faculty of Social Work, Ljubljana. Nika is also an advocate of people's rights in mental health and vice-president of the Svizci service user association. She is a deinstitutionalisation activist and advocate of the rights of people with mental health difficulties. She provides peer support and leads workshops for users and employees on empowerment, advocacy and the prevention of violence against people with disabilities.

Erik Zonta is an expert by experience. As an advocate of the rights of people with mental health difficulties, he has participated in the seminar on deinstitutionalisation in the European Parliament, as part of the Voices for Justice project.

Salih Čaušević is the president of the Council of Users in the Dom na Krasu institution and the service user representative in the Council of the institution.

Nika Cigoj Kuzma je strokovna sodelavka na Fakulteti za socialno delo, zastopnica pravic oseb na področju duševnega zdravja in podpredsednica uporabniške društva Svizci. Aktivistka za dezinstucionalizacijo in zagovornica pravic ljudi s težavami v duševnem zdravju, izvaja vrstniško podporo in vodi razne delavnice za uporabnike in zaposlene o krepitvi moči, zagovorništvu, preprečevanju nasilja nad ljudmi z oviranostjo, in druge.

Erik Zonta je ekspert iz izkušenj, kot zagovornik pravic ljudi s težavami v duševnem zdravju je v okviru projekta Voices for Justice je sodeloval na seminarju o dezinstucionalizaciji v Evropskem Parlamentu.

Salih Čaušević je predsednik Sveta stanovalcev v zavodu Dom na Krasu in predstavnik stanovalcev v Svetu zavoda.

Keynote 4: Reima Ana Maglajlić: Creating communities through co-production and partnership – what does experiential knowledge teach us about deinstitutionalisation? / Ustvarjanje skupnosti s koprodukcijo in partnerstvom - kaj nas izkustveno znanje uči o dezinstucionalizaciji?

The deinstitutionalisation processes in mental health services now draw on several decades of different experiences and learning. During this time, they also drew together and pulled apart a range of policy makers, practitioners from various backgrounds and fields and, particularly, people with different stakes, views and experiences within the mental health system. Too often, the voice and influence of people who experience both institutionalisation and deinstitutionalisation get lost, and rarely gets centre stage. In her keynote, Dr Maglajlic will attempt to amplify some of the key experiential lessons about the deinstitutionalisation processes – as well as what makes for good support in mental distress. This will draw on experiences of co-creating knowledge about mental distress and relevant support, particularly in Bosnia and Herzegovina, but also elsewhere across Europe and Africa. In particular, the presentation will touch upon the conference themes of peer support, inclusive and integrated care, creating and supporting inclusive communities, rights-based practice, and broader citizenship rights.

Procesi dezinstucionalizacije v službah za duševno zdravje zdaj temeljijo na več desetletjih različnih izkušenj in učenja. V tem času so tudi združili in razdvojili vrsto oblikovalcev politik, strokovnjakov iz različnih okolij in področij ter zlasti ljudi z različnimi ozadji, pogledi in izkušnjami v sistemu duševnega zdravja. Vse pre pogosto se glas in vpliv ljudi, ki so izkusili tako institucionalizacijo kot dezinstucionalizacijo, izgubita in le redko dobita osrednje mesto. Dr. Maglajlić bo v svojem predavanju skušala podkrepiti nekatera ključna izkustvena spoznanja o procesih dezinstucionalizacije - pa tudi o tem, kaj je dobra podpora v duševni stiski. Pri tem bo izhajala iz izkušenj soustvarjanja znanja o duševnih stiskah in ustrezne podpore, zlasti v Bosni in Hercegovini, pa tudi drugod po Evropi in Afriki. Predstavitev se bo dotaknila zlasti konferenčnih tem o medsebojni podpori, vključujoči in integrirani oskrbi, ustvarjanju in podpiranju vključujočih skupnosti, praksi, ki temelji na pravicah, in širših državljskih pravicah.

Biography:

Dr Maglajlic is a Reader in Social Work at the University of Sussex, United Kingdom. Prior to this post in 2013, she was the Monitoring and Research Director at the (now) Validity Foundation, an international organisation which supports the rights of people with mental disabilities through legal advocacy and strategic litigation. Her experience is mainly based on her work in Bosnia and Herzegovina (BiH), where she helped develop survivor-run initiatives in mental health and worked on supporting the development of community mental health services, particularly between 1999-2007. Since 1999, Dr Maglajlic works in partnership with survivor researchers in BiH to co-produce knowledge on people's experiences of mental distress during and after the war, focusing on identifying what helps and hinders people to be well and stay well.

Dr. Maglajlić je predavateljica socialnega dela na Univerzi Sussex v Združenem kraljestvu. Pred tem delovnim mestom leta 2013 je bila direktorica za spremljanje in raziskave pri (današnji) Validity Foundation, mednarodni organizaciji, ki s pravnim zagovorništvom in strateškimi sodnimi postopki podpira pravice oseb z intelektualnimi oviranostmi. Njene izkušnje temeljijo

predvsem na delu v Bosni in Hercegovini (BiH), kjer je pomagala razvijati pobude na področju duševnega zdravja, ki jih vodijo preživeli, in sodelovala pri podpiranju razvoja skupnostnih služb za duševno zdravje, zlasti v obdobju 1999-2007. Dr. Maglajlić od leta 1999 sodeluje z raziskovalci preživelih v BiH pri soustvarjanju znanja o doživljanju duševnih stisk ljudi med vojno in po njej, pri čemer se osredotoča na ugotavljanje, kaj ljudem pomaga in kaj jih ovira pri ohranjanju dobrega počutja in zdravja.

Lene Lauge Berring et al.: Experiencing dignity and respect – a precondition to recover from coercion. Findings from a FOSTREN Collaborative Research Network study / Doživljanje dostojanstva in spoštovanja – predpogoj za okrevanje po uporabi prisilnih sredstev. Ugotovitve skupne študije raziskovalne mreže FOSTREN

Lene Lauge Berring, Georgaca, E., Hirsch, S., Bilgin, H., Kömürçü Akik, B., Aydin, M., Verbeke, E., Galeazzi, G.M., Vanheule, S., Bertani, D.E.

Increasing concerns about coercive practices, such as manual, physical, chemical restraint and seclusion have emerged. These practices are harmful to both patients and those who witness the process, e.g. mental health providers and relatives. It is assumed that debriefing is a way to approach recovery following extraordinary situations like coercion, however, it is unclear how this, or other factors, influence the recovery process.

The study identified all original empirical studies about patients, healthcare providers and relatives' subjective experiences of recovery from coercion, in order to systematically review and synthesize these studies using a meta-ethnographic approach.

This in-depth examination of the 23 included studies on the recovery status of all involved parties illuminated important strategies that has the potential to guide new practices and policies, regulations, and research, and contribute to avoid the use of coercive measures in the long term.

At this workshop, we will discuss the preliminary results of the meta-ethnography with a specific focus on how a person who has been subjected to coercive measures can feel dignity and respect, before, during and after the coercive event.

Zaskrbljenost zaradi uporabe prisilnih praks, kot so manualno, fizično in kemično omejevanje gibanja ter osamitev je vse večja. Te prakse so škodljive tako za bolnike kot za tiste, ki so jim priča, npr. za izvajalce storitev na področju duševnega zdravja in sorodnike. Predpostavljamo, da je poročanje eden od načinov, kako pristopiti k okrevanju po izrednih razmerah, kot je prisila, vendar ni jasno, kako ta ali drugi dejavniki vplivajo na proces okrevanja.

V študiji smo opredelili vse izvirne empirične študije o subjektivnih izkušnjah pacientov, zdravstvenih delavcev in svojcev pri okrevanju po prisilnem zdravljenju, da bi te študije sistematično pregledali in sintetizirali z metaetnografskim pristopom.

Poglobljena preučitev 23 vključenih študij o stanju okrevanja vseh vpletenih strani je osvetlila pomembne strategije, ki lahko usmerjajo nove prakse in politike, predpise in raziskave ter dolgoročno prispevajo k preprečevanju uporabe prisilnih ukrepov.

Na delavnici bomo razpravljali o preliminarnih rezultatih metaetnografije s posebnim poudarkom na tem, kako lahko oseba, ki je bila izpostavljena prisilnim ukrepom, občuti dostojanstvo in spoštovanje pred prisilnim dogodkom, med njim in po njem.

Biography:

Lene Lauge Berring is head of a research unit in Region Zealand, Denmark. Her research area, amongst others, is reducing the use of coercive measure. At the moment, she is chairing a research group in the European COST project: FOSTREN (Fostering and Strengthening Approaches to Reducing Coercion in European Mental Health Services). The research group aims to identify factors that promote recovery after coercion.

Lene Lauge Berring je vodja raziskovalne enote v regiji Zealand na Danskem. Njeno raziskovalno področje je med drugim zmanjšanje uporabe prisilnih ukrepov. Trenutno vodi raziskovalno skupino v evropskem projektu COST: FOSTREN (Fostering and Strengthening

Approaches to Reducing Coercion in European Mental Health Services). Cilj raziskovalne skupine je opredeliti dejavnike, ki spodbujajo okrevanje po prisilnem zdravljenju.

Sonja Bezjak: Prejudices and stereotypes about deinstitutionalisation: examples from the Museum of Madness / *Predsodki in stereotipi o dezinstitucionalizaciji: primeri iz Muzeja norosti*

The Museum of Madness is an example of a cultural organisation that is from 2013 onwards committed to joining the efforts of various actors: professionals, people with experience of living in institutions, relatives and other individuals, and supports the efforts to involve people from institutions in the community, through cultural activities. The museum has a special memorial value in that it is housed in the former institution for the mentally and nervously ill in Trate, which is considered to be the first, and so far, the only deinstitutionalised institution in Slovenia. The Museum of Madness is a platform for communicating with the general public about human rights violations in long-term care institutions, a promoter of deinstitutionalisation and of the development of community-based services, and an advocate for the resettlement and integration of people from institutions into a wide range of ordinary settings. In this presentation, I will (1) present the circumstances of the creation of a civil-society organisation in a village with an institutional experience; (2) present the mission and experience of building a museum that deals with the so-called burdensome cultural heritage and critically evaluates the history of one's own village; and (3) present our experiences with museum visitors, students and educators, health and social care professionals, relatives of former residents, political decision-makers, other interested public, and occasional visitors. The practical experience of the Museum of Madness can be helpful in overcoming prejudices and eliminating stereotypes on the way to implementing deinstitutionalisation and building an alliance for it.

Muzej norosti je primer kulturne organizacije, ki se od leta 2013 angažirano priključuje prizadevanjem različnih akterjev: strokovnjakov, ljudi z izkušnjo življenja v zavodih, svojcev in drugih posameznikov za dezinstitucionalizacijo, in s kulturnimi dejavnostmi podpira prizadevanja za vključevanje ljudi iz zavodov v skupnosti. Njegova posebna memorialna vrednost je, da deluje v prostorih nekdanjega zavoda za duševno in živčno bolne na Tratah, ki velja za prvo in doslej edino dezinstitucionalizirano ustanovo v Sloveniji. Muzej norosti je platforma za komuniciranje z najširšo javnostjo o kršitvah človekovih pravic v institucijah za dolgotrajno oskrbo, promotor dezinstitucionalizacije in razvoja storitev v skupnosti ter zagovornik vračanja in vključevanja ljudi iz zavodov v najrazličnejša običajna okolja. V prispevku bom predstavila (1) okoliščine nastanka civilno-družbene organizacije v kraju z izkušnjo institucije. (2) Predstavila bom poslanstvo in izkušnje gradnje muzeja, ki se ukvarja s t.i. težavno kulturno dediščino in kritično vrednoti zgodovino lastnega kraja. (3) Predstavila bom izkušnje z obiskovalci muzeja, študenti in pedagogi, strokovnimi delavci, svojci nekdanjih stanovalcev, političnimi odločevalci, drugo zainteresirano javnostjo in z naključnimi obiskovalci. Praktične izkušnje Muzeja norosti so lahko v pomoč pri premagovanju predsodkov in odpravi stereotipov na poti uresničevanja dezinstitucionalizacije in izgradnji zavezništva zanjo.

Biography:

Sonja Bezjak has a PhD in Sociology from the Faculty of Social Sciences, University of Ljubljana, Slovenia. She is a co-founder and in her spare time director of an NGO called Museum of Madness. Since 2013, the Museum of Madness has been working to preserve and revitalise

the Cmurek Castle, which for decades was the home of the Institute for the Mentally and Nervously Ill Hrastovec - Trate, thus contributing to the process of de-institutionalisation in Slovenia.

Sonja Bezjak je doktorica sociologije, zaposlena na Fakulteti za družbene vede, Univerza v Ljubljani, v prostem času pa idejna vodja, soustanoviteljica in direktorica nevladne organizacije z imenom Muzej norosti. V Muzeju norosti si od leta 2013 s svojimi dejavnostmi prizadevamo za ohranitev in revitalizacijo gradu Cmurek, v katerem je več desetletij deloval Zavod za duševno in živčno bolne Hrastovec – Trate, in tako prispevamo k procesu dezinstucionalizacije v Sloveniji.

Nika Cigoj Kuzma: The relevance of peer-support: in the institution, community and resettlement / Pomen vrstniške podpore: v instituciji, v skupnosti in pri preseljevanju

Peer support means people helping each other based on their own experiences. Peer support can take place between residents in an institution, or between people living in the community. The transition period from the time when people start thinking about living in the community until they move or get used to a different life is extremely important. Living in a community brings significant changes. In an institution, people do not have to worry about food, cleanliness, paying bills, legal and administrative affairs, or their own appearance, as they do in the community. A person has a lot to learn to be able to cope with the tasks that have to be performed. A person must know his/her rights and duties. It is good for him/her to know the basics of decent behaviour in society. People coming out of an institution are often stigmatised. They are rejected by the local environment, which tries to exclude them. People think that they are misfit and that they cannot expect anything good from them. They may be afraid that something might happen to them, because they can be dangerous. It is not enough trying to persuade them to be accepted by their surroundings, to give them the chance to be members of the community. They need to be equipped with the knowledge of how to get along with others, how to act so that there is no reason for their opinion of themselves to deteriorate and so that they can constructively participate in society. Having my own experience of how you have to try to be taken seriously by people even if you have a diagnosis, and having gained experience in providing care for a person who managed to return to a "normal" environment, I made a plan for psychological workshops during the transition period of moving from the Home in the Karst, that would enable the current residents of the Home to live more easily in the community and to become actively involved in society and to show their potential to become active citizens, the good sides of their personality, their character, at the same time helping each other to integrate into society and to accept each other. Only by setting a good example can stereotypes about us be broken. On the other hand, it is very important how to express our opinions, how to represent our views, how to protect our rights and fundamental freedoms, which is why once a month the Home also hosts an advocacy corner, which is relevant at the moment, so that we can make decisions about our lives, protect our rights and, on the other hand, participate and be active in the society.

O vrstniški podpori govorimo, kadar ljudje pomagajo drug drugemu na osnovi lastnih izkušenj. Vrstniška podpora lahko poteka med stanovalci v zavodu, ali med ljudmi, ki živijo v skupnosti. Izrednega pomena je prehodno obdobje od trenutka, ko se začne razmišljati življenju v skupnosti pa do selitve oz. dokler se ljudje ne navadijo drugačnega življenja. Življenje v skupnosti prinaša precejšnje spremembe. Človeku v inštituciji ni potrebno skrbeti za prehrano, za čistočo prostorov, za redno plačevanje položnic, za pravno upravne posle, za lasten urejen videz tako kot v skupnosti. Mora se marsičesa naučiti, da bo kos nalogom, ki jih mora izpolnjevati. Vedeti mora zasvoje pravice in dolžnosti. Dobro je, da pozna osnove spodobnega vedenja v družbi. Ljudje, ki prihajajo iz institucije so pogosto stigmatizirani. Lokalno okolje jih zavrača in s tem tudi poskuša izločiti. Ljudje si mislijo, da so to tisti posebneži, od katerih ne morejo pričakovati kaj dobrega. Morda so v strahu, da se jim v njihovi bližini lahko kaj zgodi, saj so lahko tudi nevarni. Ni dovolj, da se jih poskuša prepričati, da jih okolica sprejme, naj imajo možnost, da so člani skupnosti. Potrebno jih je opremiti z znanjem, kako se sporazumevati z drugimi, kako delovati, da ne bo razloga, da se mnenje o njih ne poslabša in se lahko konstruktivno vključijo v družbo. Ker imam lastne izkušnje kako se je treba truditi, da

te ljudje resno jemljejo že če imaš diagnozo in s pridobivanjem izkušenj, ko sem skrbela za človeka, ki se je uspel vrniti v "normalno" okolje, sem v prehodnem obdobju preseljevanja iz Doma na Krasu naredila načrt za psihološke delavnice, ki bi sedanjim stanovalcem Doma omogočila lažje bivanje v skupnosti in da se aktivno vključijo v družbo in pokažejo svoje zmožnosti, da postanejo aktivni državljani, dobre plati svoje osebnosti, svojega značaja, hkrati da si medsebojno pomagajo pri vključevanju v družbo in sprejemanju drug drugega oz. okolice do vseh nas uporabnikov. Le z dobrim zgledom se lahko razbijajo stereotipi o nas. Po drugi strain je zelo pomembno, kako izraziti svoje mnenje, kako zastopati svoje stališča, zaščititi lastne pravice in temeljne svoboščine, zato enkrat mesečno poteka v Domu tudi zagovorniški kotichek, ki je aktualen v tem trenutku, da bi lahko odločali o svojem življenju, zaščitili svoje pravice, po drugi strain pa nas vodi k participaciji in aktivaciji v družbi.

Biography:

Nika Cigoj Kuzma works at the Faculty of Social Work, Ljubljana. Nika is also an advocate of people's rights in mental health and vice-president of the Svizci service user association. She is a deinstitutionalisation activist and advocate of the rights of people with mental health difficulties. She provides peer support and leads workshops for users and employees on empowerment, advocacy and the prevention of violence against people with disabilities.

Nika Cigoj Kuzma je strokovna sodelavka na Fakulteti za socialno delo, zastopnica pravic oseb na področju duševnega zdravja in podpredsednica uporabniške društva Svizci. Aktivistka za dezinstucionalizacijo in zagovornica pravic ljudi s težavami v duševnem zdravju, izvaja vrstniško podporo in vodi razne delavnice za uporabnike in zaposlene o krepitvi moči, zagovorništvu, preprečevanju nasilja nad ljudmi z oviranostjo, in druge.

Fulvia Ferri, Francesca Giglione: Territories in Action: working on inclusion, health, and community development projects in Gorizia (Italy) / Territories in Action: delo na projektih vključevanja, zdravja in razvoja skupnosti v Gorici (Italija)

Territories in Action is a team of the Italian social cooperative "La Collina", which engages people from the neighbourhoods in creating inclusive spaces and activities where persons with different vulnerabilities can find a place to establish new relationships. Action-research is the tool that we use when we go to a new neighbourhood. The team is interdisciplinary and is part of the projects of work inclusion, since some of the members of our group are engaged through some paid training that are provided by the Mental Health Centre of Gorizia for vulnerable people that they provide care for.

This process is of course full of contradictions and challenges since it is the continuation of the deinstitutionalisation that took place in the region in the 1970s. The aim is a continuous tackling of the institutions to prompt them toward a more open approach. At the same time, we try to make a bridge between citizens and institutions to fill this gap in order to simplify the fulfilment of people's rights.

Our approach is based on the model of the MicroAreas in Trieste and our work is pursued in a joint-planning with the Mental Health Center and collaboration with other institutions and associations of the city.

We would like to organise an interactive workshop for this conference, where different challenges of our community development projects will emerge, as well as strategies about how an open approach can accept all the inevitable contradictions that social work entails.

Territories in Action so ekipa italijanske socialne zadruga "La Collina", ki vključuje ljudi iz okoliških sosesk pri ustvarjanju vključujočih prostorov in dejavnosti, kjer lahko ranljive osebe najdejo prostor za spletnje novih odnosov. Akcijska raziskava je orodje, ki ga uporabljamo, ko se odpravimo v novo sosesko. Skupina je interdisciplinarna in je del projektov delovne vključenosti, saj so nekateri člani naše skupine vključeni v nekaj plačanih usposabljanj, ki jih Center za duševno zdravje v Gorici zagotavlja ranljivim osebam, za katere skrbijo.

Ta proces je seveda poln protislovij in izzivov, saj gre za nadaljevanje dezinstucionalizacije, ki je v regiji potekala v 70. letih. Cilj je nenehno spopadanje z institucijami, da bi jih spodbudili k bolj odprtemu pristopu. Hkrati si prizadevamo vzpostaviti most med državljani in institucijami, da bi zapolnili to vrzel in tako poenostavili uresničevanje pravic ljudi.

Naš pristop temelji na modelu mikroobmočij v Trstu, naše delo pa poteka na podlagi skupnega načrtovanja s Centrom za duševno zdravje in sodelovanja z drugimi institucijami in združenji v mestu.

Za to konferenco želimo organizirati interaktivno delavnico, na kateri bodo predstavljeni različni izzivi naših projektov razvoja skupnosti in strategije, kako lahko odprt pristop sprejme vsa neizogibna protislovja, ki jih prinaša socialno delo.

Biography:

The presenters come from Territories in Action team, social cooperative "La Collina" (Trieste) (<https://www.radiofragola.com/?s=ricercazione>, <https://www.radiofragola.com/il-posto-e-le-voci-vivere-santanna/>)

Predavateljji so iz ekipe Territories in Action, socialne zadruga "La Collina" (Trst).

<https://www.radiofragola.com/?s=ricercazione>, <https://www.radiofragola.com/il-posto-e-le-voci-vivere-santanna/>

Lea Korbar, Martina Ćiković, Iztok Šefran: Regaining legal capacity in the process of deinstitutionalisation / Vračanje poslovne sposobnosti v procesu dezitucionalizacije

Legal capacity is the right to make your own decisions about everything in your life, but also to have obligations and legal responsibility for your actions. In Slovenia, the Family Code was amended in 2017, and since then we have been talking about placing a person under guardianship. The institute of guardianship means that the court places under guardianship an adult who, due to mental disability, mental health problem or any other reason affecting his or her capacity to judge, is unable to take care of his or her own rights and interests without harming himself or herself, and appoints a guardian. In practice, it has been shown that users often want to regain only one part of their legal capacity and prefer to leave the main part of their finances to the guardian, as this is a burden for them. We have organised a project within the institution to restore legal capacity. For each user who expressed a wish to regain their capacity, we organised a team to support them. Through discussions with users, the need for a simpler way of presenting the term 'capacity' or 'guardianship' for a specific case became apparent, so we worked with them to create the easy-to-read guide People's Rights, Guardianship, Capacity and the Right to Work, which is now available to the general public. The following is a user's experience of the process of regaining legal capacity.

Poslovna sposobnost je pravica, da sami odločamo o vseh zadevah v svojem življenju, hkrati pa imamo tudi svoje obveznosti in zakonsko odgovornost za svoja dejanja. V Sloveniji se je leta 2017 spremenil Družinski zakonik, zato od takrat dalje govorimo o postavitvi osebe pod skrbništvo. Pri institutu skrbništva sodišče postavi pod skrbništvo odraslo osebo, ki zaradi intelektualne oviranosti, težav v duševnem zdravju ali zaradi drugega vzroka, ki vpliva na zmožnost razsojanja, ni sama sposobna poskrbeti za svoje pravice in koristi brez škode zase, imenuje ji skrbnika. V praksi se je pokazalo, da si uporabniki večkrat želijo vrnitve samo v enem delu, glavnino financ pa raje prepustijo skrbniku, saj to zanje predstavlja breme. Znotraj zavoda smo organizirali projekt vračanja poslovne sposobnosti. Za vsakega uporabnika, ki je izrazil željo po vrnitvi poslovne sposobnosti, smo organizirali tim, ki mu je nudil podporo. Skozi pogovore z uporabniki se je izkazala potreba po enostavnejšem načinu predstavitve termina poslovna sposobnost oz. skrbništvo za poseben primer, zato smo skupaj z njimi oblikovali priročnik Pravice ljudi, Skrbništvo, poslovna sposobnost in pravica do dela v lahkem branju, ki je od danes dalje na voljo širši javnosti. V nadaljevanju bo uporabnik predstavil svojo izkušnjo s postopkom vrnitve poslovne sposobnosti.

Biography:

Lea Korbar and Martina Ćiković are working on the "At Home in the Karst" project. Iztok Šefran is a resident of the Home in the Karst.

Lea Korbar in Martina Ćiković sta zaposleni na projektu "Doma na Krasu". Iztok Šefran je stanovalec zavoda Dom na Krasu.

Chrysovalantis Papathanasiou, Aikaterini Kougioumtzi: Evaluation of a task-shifting programme of refugees' psychosocial support: The case of the Community Psychosocial Workforce / Evalvacija programa psihosocialne podpore beguncem, ki temelji na prenosu nalog: Primer skupnostne psihosocialne delovne sile

Aim: The evaluation of a mental health and psychosocial support (PSS) programme based on the task-shifting approach; individuals with refugee background and lived experience are trained and supervised by mental health professionals to provide emotional and practical support to members of their communities.

Material and Methods: The intervention consisted of sessions of PM+ and case management delivered by a team of community psychosocial workers (trained refugees). The sample consisted of 173 participants, comprised of Arabic and Farsi speakers, male and female, recognised refugees and asylum seekers. Anxiety, depression, and functionality were measured before and after the intervention using the GAD 7, PHQ 9 and Psychlops scales respectively. Repeated measures analysis of variance (ANOVA) was adopted to evaluate the difference in the degree of change across patients' characteristics over the follow up period. Statistical significance was set at $p < 0.05$ and analyses were conducted using SPSS statistical software (version 26.0).

Results: Significant decreases were found in all scales after the test, indicating significant diminution of their anxiety and depression symptoms and significant improvement of their functionality. Large effects sizes were found in all scales.

Conclusion: The statistically significant changes pre- to post- test reveal decreased psychological distress and increased functionality, following a PSS intervention based on the task-shifting model of peer support incorporating emotional support using PM+ and case management. For future research a randomized controlled trial is proposed as a study protocol.

Cilj: Ocena programa za duševno zdravje in psihosocialno podporo (PSS), ki temelji na pristopu prenosa nalog; posamezniki z begunskim ozadjem in življenjskimi izkušnjami se usposabljujejo in nadzorujejo strokovnjake za duševno zdravje, da nudijo čustveno in praktično podporo članom svojih skupnosti.

Gradivo in metode: Intervencija je bila sestavljena iz srečanj PM+ in vodenja primera, ki jih je izvajala skupina skupnostnih psihosocialnih delavcev (usposobljeni begunci). Vzorec je bil sestavljen iz 173 udeležencev, ki so jih sestavljali govorci arabščine in farsija, moški in ženske, begunci s priznanim statusom in prosilci za azil. Anksioznost, depresija in funkcionalnost so bile izmerjene pred intervencijo in po njej z uporabo lestvic GAD 7, PHQ 9 oziroma Psychlops. Za oceno razlik v stopnji sprememb med značilnostmi pacientov v obdobju spremljanja je bila uporabljena analiza variance s ponovnimi meritvami (ANOVA). Statistična pomembnost je bila določena pri $p < 0,05$, analize pa so bile opravljene z uporabo statistične programske opreme SPSS (različica 26.0).

Rezultati: Po testiranju so se občutno zmanjšale vrednosti na vseh lestvicah, kar kaže na občutno zmanjšanje simptomov tesnobe in depresije ter občutno izboljšanje funkcionalnosti. Pri vseh lestvicah so bile ugotovljene velike razlike v učinkih.

Zaključek: Statistično pomembne spremembe pred in po testu kažejo na zmanjšanje psihološke stiske in povečanje funkcionalnosti po intervenciji PSS, ki temelji na modelu vrstniške podpore s prenosom nalog, ki vključuje čustveno podporo z uporabo PM+ in vodenjem primera. Za prihodnje raziskave kot protokol študije predlagamo randomizirano kontrolirano preizkus.

Chrysovalantis (Valantis) Papathanasiou je magistriral iz sociologije na Visoki šoli za družbene vede v Parizu in doktoriral iz socialne psihologije na Univerzi Aix-Marseille. Nekoč je bil postdoktorski raziskovalec na področju socialne psihiatrije/psihologije skupnosti na Oddelku za psihologijo Univerze za družbene in politične vede Panteion, kjer trenutno dela kot sodelavec v Laboratoriju za klinično psihologijo in psihopatologijo, psihiatrijo skupnosti in razvojno

psihologijo. Kot predavatelj je delal na številnih univerzah, njegove študije pa so bile objavljene v recenziranih revijah in predstavljene na mednarodnih konferencah. Je član več grških in evropskih znanstvenih združenj na področju psihologije in sociologije. Opravljal je visoke funkcije v javni upravi, kot sta predsednik Nacionalnega centra za socialno solidarnost (EKKA) in namestnik direktorja Splošne univerzitetne bolnišnice v Patrasu. Trenutno je programski vodja programa "Intervencije na ravni skupnosti za skrb za duševno zdravje beguncev in prosilcev za azil v Grčiji", ki ga izvaja Združenje za regionalni razvoj in duševno zdravje (EPAPSY) v sodelovanju z UNHCR.

Biography:

Chrysovalantis (Valantis) Papathanasiou holds a Master's degree in Sociology from the École des Hautes Études en Sciences Sociales of Paris and a PhD in Social Psychology from the Aix-Marseille University. He used to be a Postdoctoral Researcher in Social Psychiatry/Community Psychology in the Department of Psychology of the Panteion University of Social and Political Sciences, where he currently works as a Fellow in the Laboratory of Clinical Psychology and Psychopathology, Community Psychiatry and Developmental Psychology. He has worked as a Lecturer in many Universities and his studies have been published in peer-review journals and have been presented in international conferences. He is a member of several Greek and European scientific associations in the field of Psychology and Sociology. He held high positions in Public Administration, such as President of the National Centre for Social Solidarity (EKKA) and Deputy Manager of the General University Hospital of Patras. Currently, he is the Programme Manager of the programme "Community-Based Interventions for Mental Health Care of Refugees and Asylum Seekers in Greece", implemented by the Association of Regional Development and Mental Health (EPAPSY) in collaboration with UNHCR.

Chrysovalantis (Valantis) Papathanasiou je magistriral iz sociologije na École des Hautes Études en Sciences Sociales v Parizu in doktoriral iz socialne psihologije na Univerzi Aix-Marseille. Nekoč je bil podoktorski raziskovalec na področju socialne psihiatrije/psihologije skupnosti na Oddelku za psihologijo Univerze za družbene in politične vede Panteion, kjer trenutno dela kot sodelavec v Laboratoriju za klinično psihologijo in psihopatologijo, psihiatrijo skupnosti in razvojno psihologijo. Kot predavatelj je delal na številnih univerzah, njegove študije pa so bile objavljene v recenziranih revijah in predstavljene na mednarodnih konferencah. Je član več grških in evropskih znanstvenih združenj na področju psihologije in sociologije. Opravljal je visoke funkcije v javni upravi, kot sta predsednik Nacionalnega centra za socialno solidarnost (EKKA) in namestnik direktorja Splošne univerzitetne bolnišnice v Patrasu. Trenutno je programski vodja programa "Intervencije na ravni skupnosti za skrb za duševno zdravje beguncev in prosilcev za azil v Grčiji", ki ga izvaja Združenje za regionalni razvoj in duševno zdravje (EPAPSY) v sodelovanju z UNHCR.

Tiago Pires Marques, Mattia Faustini: Strengths and limitations of arts-based methodologies: a critical-creative approach to collaboration in the field of mental health / Prednosti in omejitve metodologij, ki temeljijo na umetnosti: kritično-ustvarjalni pristop k sodelovanju na področju duševnega zdravja

Collaboration often lies at the core of research methodologies working with populations with experiences of psychic suffering. From the standpoint of Mad Studies and considering the case of the Brazilian Psychiatric Reform, this contribution aims at giving a critical account of collaborative methodologies among researchers and consumers/survivors/(ex-)patients in artistic as well as in knowledge-making activities, focusing on the intersections between the two domains, towards alternative forms of social care and destigmatisation. Firstly, it considers the epistemological issues associated with the concept of “voice” and “experience” in the academic field of mental health, accounting for the ethical dimension of collaborative methodologies. Secondly, it discusses the possible counter-hegemonic articulations deriving from contexts of collaboration through aesthetic means, namely, considering the collective use of poetry and poetic inquiry in the creative writing workshop. In order to do so, an analysis of a creative writing workshop with members of the c/s/x movement and students in Coimbra (Portugal) is offered. Even if, it is argued, poetry and literary arts in general may show some limitations from the standpoint of Mad Studies, namely in relation to “strategic essentialism”, presenting participants’ experiences and voices not as socially negotiated forms of interaction but as “essentialised differences”, possible strengths of artistic activities as a participatory research toolkit towards de-stigmatization in the field of mental health are examined along the paper.

Sodelovanje je pogosto jedro raziskovalnih metodologij, ki se ukvarjajo s populacijami z izkušnjami psihičnega trpljenja. Z vidika študij norosti in ob upoštevanju primera brazilske psihiatrične reforme je namen tega prispevka kritično opisati metodologije sodelovanja med raziskovalci in potrošniki/preživelimi/(nekdanjimi) pacienti tako v umetniških kot tudi v dejavnostih ustvarjanja znanja, s poudarkom na presečiščih med obema področjema, v smeri alternativnih oblik socialne oskrbe in destigmatizacije. Najprej obravnava epistemološka vprašanja, povezana s konceptom "glasu" in "izkušnje" na akademskem področju duševnega zdravja, pri čemer upošteva etično razsežnost sodelovalnih metodologij. Drugič, obravnava možne protihegemonske artikulacije, ki izhajajo iz kontekstov sodelovanja z estetskimi sredstvi, in sicer upošteva kolektivno uporabo poezije in poetičnega raziskovanja v delavnici kreativnega pisanja. V ta namen ponujamo analizo delavnice kreativnega pisanja s člani gibanja c/s/x in študenti v Coimbri (Portugalska). Četudi, kot je navedeno, lahko poezija in literarna umetnost na splošno z vidika študij norosti kažeta nekatere omejitve, in sicer v povezavi s "strateškim esencializmom", ki izkušenj in glasov udeležencev ne predstavlja kot družbeno dogovorjenih oblik interakcije, temveč kot "esencializirane razlike", so v prispevku obravnavane možne prednosti umetniških dejavnosti kot participativnega raziskovalnega orodja za destigmatizacijo na področju duševnega zdravja.

Biography:

Tiago Pires Marques received his PhD in History from the European University Institute of Florence, with the dissertation *Crime and the Fascist State* (Routledge, 2016). He carried out his post-doctorate between 2008 and 2013, with the project “Science, religion and subjectivities”, at the Institut d’Histoire et de Philosophie des Sciences et des Techniques

(École Normale Supérieure - University of Paris 1), at Cermes3 (CNRS) and at the Portuguese Catholic University. He investigates the history of mental health institutions and practices in relation to the medicalisation of life and the history of human rights, and is especially interested in the knowledge, political proposals and alternatives to psychiatry produced by user and survivor movements in the field of psychiatry. His recent publications, the books *Legitimacies of Madness. Suffering, struggle, creativity and belonging* (Edufba, 2018; coord. in collaboration with Mônica Nunes) and *Health Reinvented: New perspectives on the medicalization of life* (CES/ Almedina; coord. in collaboration with Sílvia Portugal); as well as articles in scientific journals such as *History of Psychiatry*, *Interface*, and *Transcultural Psychiatry*.

*Tiago Pires Marques je doktoriral iz zgodovine na Evropskem univerzitetnem inštitutu v Firencah z disertacijo *Crime and the Fascist State* (Routledge, 2016). Med letoma 2008 in 2013 je opravljal postdoktorski študij s projektom "Znanost, religija in subjektivitete" na Institut d'Histoire et de Philosophie des Sciences et des Techniques (Ecole Normale Supérieure - Univerza Paris 1), na Cermes3 (CNRS) in na Portugalski katoliški univerzi. Raziskuje zgodovino institucij in praks duševnega zdravja v povezavi z medikalizacijo življenja in zgodovino človekovih pravic, posebej pa ga zanimajo znanje, politični predlogi in alternative psihiatriji, ki jih ustvarjajo gibanja uporabnikov in preživelih na področju psihiatrije. Njegove nedavne publikacije, knjige *Legitimacies of Madness. Suffering, struggle, creativity and belonging* (Edufba, 2018; soavtorstvo v sodelovanju z Mônica Nunes) in *Health Reinvented: (CES/ Almedina; v sodelovanju s Sílvia Portugal); ter članki v znanstvenih revijah, kot so *History of Psychiatry*, *Interface* in *Transcultural Psychiatry*.**

Mattia Faustini is a doctoral candidate and researcher at the Center for Social Studies. Graduated in Clinical Dynamic Psychology at the University of Padova (IT), his interests focus on the area of literature and the sociology of culture, particularly in poetic writing and poetry-therapy. Currently enrolled in the interdisciplinary doctoral course Discourses: Culture, History and Society (CES; FLUC; FEUC), he studies poetry workshops as a participatory research methodology and as a space for a counter-hegemonic imagination of citizenship. He is a member and author of the Cultural Section of Writing and Reading (SESLA) of the *Associação Académica de Coimbra*, with which he organises cycles of cultural and performance events in urban contexts.

*Mattia Faustini je doktorski kandidat in raziskovalec na Centru za družbene študije. Diplomiral je iz klinične dinamične psihologije na Univerzi v Padovi (IT) in se ukvarja s področjem literature in sociologije kulture, zlasti s pesniškim pisanjem in pesniško terapijo. Trenutno je vpisan na interdisciplinarni doktorski študij *Discourses: Culture, History and Society* (CES; FLUC; FEUC). Na tem področju preučuje pesniške delavnice kot metodologijo participativnega raziskovanja in kot prostor za protihegemonsko imaginacijo državljanstva. Je član in avtor Kulturne sekcije za pisanje in branje (SESLA) pri Associação Académica de Coimbra, s katero organizira cikle kulturnih in uprizoritvenih dogodkov v urbanih okoljih.*

Goran Blaško: [Personal plan and personal calendar, transforming digital processes in residential units / Osebni načrt in osebni koledar, preobrazba digitalnih procesov v bivalnih enotah](#)

At Dom na Krasu, in addition to the transformation of employment processes, we have also started to reform the digital support in decision-making and service recording. The system is based on the existing iCenter platform from SAOP. Along with our contractual partner Art d.o.o., we obtained funding for the innovative transformation within the framework of the international D-CARE project, which aims to promote technological innovation in care for old people. The idea of the project is to make the recording and monitoring of services simpler and more accessible to the staff, while reducing the invasiveness of the use of technology in the residents' living space. The focus is on meeting the users' objectives. In addition to the basic application, an application for the development of personal care plans will be presented, the two are the basis of care planning for the individual. The whole system is based on a personal calendar that links all the building blocks of the system (personal plan, care plan, etc.) and the care providers of the users. It is designed to support care in residential units as well as for users who will be cared for at home. It will be an update and upgrade of the existing system, which is based on the use of tablets and smartphones.

V Domu na Krasu smo se poleg preobrazbe zaposlitvenih procesov lotili tudi prenove digitalne podpore odločanju ter beleženja storitev. Sistem temelji na obstoječi platformi iCenter proizvajalca SAOP. Skupaj s pogodbenim partnerjem Art d.o.o. smo pridobili sredstva za inovativno preobrazbo v okviru mednarodnega projekta D-CARE, ki je namenjen spodbujanju tehnoloških inovacij v oskrbi za starejše. Ideja projekta je, da se beleženje in spremljanje storitev poenostavi in približa zaposlenim, hkrati pa zmanjša invazivnost uporabe tehnologij v življenjskem prostoru stanovalcev. Poudarek je na upoštevanju zastavljenih ciljev uporabnikov. Poleg osnovne aplikacije bo predstavljena tudi aplikacija za pripravo osebnih načrtov, ki so osnova pri načrtovanju oskrbe posameznika. Celoten sistem temelji na osebnem koledarju, ki povezuje vse gradnike Sistema (osebni načrt, načrt zdravstvene nege...) ter izvajalce oskrbe uporabnikov. Zasnovan je tako, da bo deloval kot podpora oskrbi v bivalnih enotah kot tudi pri uporabnikih, ki bodo oskrbovani na domu. Predstavljena bo posodobitev ter nadgradnja obstoječega sistema, ki je zasnovana na uporabi tabličnih računalnikov ter pametnih telefonov.

Biography:

Goran Blaško is coordinator of the Deinstitutionalisation project at the Home in the Karst. He is a graduate in administrative organisation and has a degree in informatics and management in public administration. As a member of the Home in the Karst complementary project team, he has led the accommodation and employment teams. Throughout the duration of the project, he has been the leader of the ICT team.

Goran Blaško je koordinator projekta Dez institucionalizacija zavoda Dom na Krasu. Po izobrazbi je diplomiran upravni organizator in je diplomiral iz informatike ter managementa v javni upravi. Kot član ekipe komplementarnega projekta Doma na Krasu, je vodil skupini za nastanitve ter za zaposlitve. V celotnem trajanju projekta pa je vodja skupine za informacijsko komunikacijske tehnologije.

Lisbeth Hybholt, Susanne Winkel, Lene Lauge Berring: Wish meetings, transferring organisational decisions from staff to patients / Sestanki želja, na katerih se organizacijske odločitve prenašajo z osebja na paciente

Background: Innovative co-created, and non-pharmacological interventions are needed to move away from restrictive practices and coercion in psychiatry. To achieve a recovery-oriented in-patient psychiatry, experts by experience, staff, leaders, and researchers co-created an intervention informed by the safeguards framework. The wish meeting is a formal, repeated gathering for patients and staff. At this wish meeting, in-patients can influence the organisational structure in the ward by suggesting ideas and wishes that, in their view, can improve the ward in general. A working group of both in-patients and staff is settled for every adopted request. To ensure transparency and obligation to pursue the wishes, a tailored Kaizen board was developed.

Aim: To examine what kind of wishes in-patients had and how they were handled to generate an understanding of how to prevent flashpoints and reduce the potential use of coercive measures.

Methods: Focused observation of the intervention was captured in field notes. The wishes were categorized by the theoretical framework of the six safeguard domains.

Findings: 100 wishes were presented. More than half of the wishes were categorized within the domain of the physical environment. The wishes illustrated how the patients could pinpoint areas that potentially could have led to flashpoints, such as reasons for rules that were not transparent to the patients.

Conclusion: The wish meeting is a promising intervention because it enhances dialogue and clarifies how the ward milieu can be improved, seen from the in-patients' perspective, and may help to move away from coercive practices in psychiatry.

Ozadje: Za opustitev omejevalnih praks in uporabo prisile v psihiatriji so potrebne inovativne, sooblikovane in nefarmakološke intervencije. Da bi dosegli bolnišnično psihiatrijo, ki je usmerjena k okrevanju, so strokovnjaki z izkušnjami, osebje, vodje in raziskovalci soustvarili intervencijo, ki temelji na okviru varoval. Sestanek želja je uradno, ponavljajoče se srečevanje pacientov in osebja. Na tem srečanju želja lahko pacienti vplivajo na organizacijsko strukturo na oddelku tako, da predlagajo ideje in želje, ki po njihovem mnenju lahko izboljšajo oddelk na splošno. Za vsako sprejeto željo se oblikuje delovna skupina, ki jo sestavljajo pacienti in osebje. Za zagotovitev preglednosti in obveznosti uresničevanja želja smo razvili prilagojeno metodo kaizen.

Cilj: Preučiti, kakšne želje so imeli pacienti v bolnišnici in kako so jih obravnavali, da bi ugotovili, kako preprečiti izbruhe napetosti in zmanjšati morebitno uporabo prisilnih ukrepov.

Metode: Usmerjeno opazovanje intervencije je bilo zabeleženo v terenskih zapiskih. Želje so bile razvrščene po teoretičnem okviru šestih področij varoval.

Ugotovitve: Predstavljenih je bilo 100 želja. Več kot polovica želja je bila uvrščena v področje fizičnega okolja. Želje so ponazorile, kako so pacienti lahko natančno opredelili področja, ki bi potencialno lahko privedla do prelomnih situacij, kot so razlogi za pravila, ki se pacientom niso zdela pregledna.

Zaključek: Sestanek želja je obetaven ukrep, saj krepi dialog in pojasnjuje, kako je mogoče izboljšati okolje na oddelku z vidika pacientov, ter lahko pomaga pri opuščanju prisilnih praks v psihiatriji.

Biography:

Dr. Lisbeth Hybholt is a senior researcher at Psychiatric Research Unit and at the Research Unit, Mental Health Services East, Psychiatry Region Zealand, Denmark. Her research areas are participatory research, learning processes, everyday life, postvention, psychosocial rehabilitation and recovery-oriented practice.

Dr. Lene Berring is head of the Psychiatric research unit, Psychiatry, Region Zealand, Denmark and associate professor at University of Southern Denmark. Her research is focused alleviation on mental pain by prevention of physical and psychological violence (and reduction of coercive measures). Dr. Berring is a specialist in utilizing participatory research methods that involve experts by experience and clinicians as partners.

Dr. Lisbeth Hybholt je višja raziskovalka na Psihiatrični raziskovalni enoti in na Raziskovalni enoti Službe za duševno zdravje, Psihiatrična regija Zealand, Danska. Njena raziskovalna področja so participativno raziskovanje, procesi učenja, vsakdanje življenje, postvencija, psihosocialna rehabilitacija in k okrevanju usmerjena praksa.

Dr. Lene Berring je vodja psihiatrične raziskovalne enote, psihiatrija, Regija Zelandija, Danska, in izredna profesorica na Univerzi Južne Danske. Njene raziskave so usmerjene v lajšanje duševne bolečine s preprečevanjem fizičnega in psihičnega nasilja (in zmanjševanjem prisilnih ukrepov). Dr. Berring je specialistka za uporabo participativnih raziskovalnih metod, ki vključujejo strokovnjake z izkušnjami in zdravnike kot partnerje.

Nevenka Kos, Tatjana Knapp: From community to institution and back / Iz skupnosti v institucijo in nazaj

Nevenka Kos had spent most of her life at home, in her primary family, but after her mother had moved to a nursing home, she 'temporarily' moved to an institution where she eventually stayed for 5 years. With the help of effective planning and a support network, she was able to move back into the community in spring 2022, into a rented apartment where she lives alone and is assisted by two personal assistants who help her with everyday tasks following her instructions. She will share her story in a conversation with Tatjana Knapp, who is, under the supervision of Prof. Darja Zaviršek, PhD, researching gender autonomy of women with intellectual disabilities in long-term residential institutions. Together, they will address one of the fundamental research questions of the thesis - what information and what kind of education and support girls and women with disabilities would need based on their lived experiences - and place it in the broader context of the debate on the challenges of deinstitutionalisation.

Nevenka Kos je večino svojega življenja preživela doma, v primarni družini, po preselitvi matere v dom starejših pa se je "prehodno" preselila v inštitucijo, kjer je nato bivala kar 5 let. S pomočjo učinkovitega načrtovanja in podporne mreže ji je uspelo, da se je spomladi 2022 preselila nazaj v skupnost, v najemniško stanovanje, kjer živi sama, pri vsakdanjih opravilih pa ji po njenih navodilih pomagata osebni asistentki. Svojo zgodbo bo delila v pogovoru s Tatjano Knapp, ki pod mentorstvom red. prof. dr. Darje Zaviršek raziskuje spolno avtonomijo žensk z intelektualnimi ovirami v institucijah za dolgotrajno bivanje. Skupaj se bosta dotaknili enega od temeljnih raziskovalnih vprašanj teze - katere informacije in kakšna izobraževanja ter oblike podpore bi na podlagi doživetih izkušenj potrebovala dekleta in ženske z ovirami – in ga umestili v širši kontekst razprav o izzivih dezinstitutionalizacije.

Biography:

Nevenka Kos: An institution survivor. Self-advocate. Works for RISA Institute as a validator and consultant in Easy Language. Co-founder of LABRA, the Association for Adapted Communication. She co-authored several original novels in Easy language, as well as current guidelines for Easy Slovene.

Nevenka Kos: Preživela institucijo. Samozagovornica. V Zavodu RISA dela kot testna bralka in svetovalka za lahko branje, lahki jezik. Soustanoviteljica Društva za prilagojeno obliko komunikacij LABRA. Soavtorica izvirnih romanov v lahkem branju v slovenščini ter aktualnih smernic za lahko branje v slovenščini.

Tatjana Knapp: Has studied cultural anthropology, art therapy and social work. Director and project coordinator at RISA Institute. Main areas of work and interest: Easy Language, research on disability from the point of view of anthropology and social work, advocacy.

Tatjana Knapp: Študirala kulturno antropologijo, pomoč z umetnostjo in socialno delo. Direktorica in koordinatorica projektov v Zavodu RISA. Glavna področja dela in zanimanja: lahko branje/lahki jezik, raziskovanje hendikepa (oviranosti) z vidika antropologije in socialnega dela, zagovorništvo.

The transition from institutionalisation to community-based services is under threat in Slovenia, as it seeks to provide community-based services in a comparable and measurable way - as they are provided in institutions. Activities are recorded, items are added up, tables are filled in, and 'accountability' is reported to those 'in charge'. There is a need to 'cater', to 'provide care', to 'look after' the users and not to overburden them with demands and responsibilities. What is happening is that others are taking over the work and responsibility of the users, and they are also taking over the organisation and management of these fabulous new services, which are taking place now - and are happening - in the users' homes "for the benefit of the users". For the better?

DI is not just about the transfer of services; when we talk about DI, we are first and foremost talking about a way of life that requires users to be active and activated, to take responsibility for their own actions and, last but not least, to commit and work hard to acquire the necessary skills and knowledge - to create their own independent lives. The right to live like anyone else also means having the same responsibilities, i.e. not accepting the position of a passive recipient of care, but also managing, directing and controlling the services that are self-appropriate and, again, being accountable for one's own actions, for one's own management. The approach of protecting users, of special protection and insurance 'against all evils', is contrary to the right to independent living, to the right to live like anyone else with support services regardless of disability, where you then have to take responsibility for your own choices, just like anyone else.

Prehod od institucionalizacije k storitvam v skupnosti je v Sloveniji ogrožen, saj se skuša storitve v skupnosti izvajati na primerljiv in merljiv način - kot se izvajajo v institucijah. Beležijo se aktivnosti, seštevajo postavke, polnijo se tabele, poroča se »odgovornim«. Treba je »oskrbeti«, »skrbeti«, »po-skrbeti« za uporabnike ter jih ne pretirano obremenjevati z zahtevami in odgovornostmi. Dogaja se, da drugi prevzemajo delo in odgovornost uporabnikov, za nameček prevzemajo nase še organizacijo in upravljanje teh famoznih novih storitev, ki pa se tokrat odvijajo in dogajajo – na domovih uporabnikov »za dobro uporabnikov«. Za dobro?

DI ne pomeni le prenos storitev; ko govorimo o DI v prvi vrsti govorimo o načinu življenja, ki od uporabnikov terja aktivnost in aktivacijo, terja odgovornost za lastna dejanja, ne nazadnje terja tudi zavezo in trdo delo na pridobivanju potrebnih veščin in znanja - za ustvarjanje lastnega neodvisnega življenja. Pravica živeti kot kdorkoli drug pomeni imeti tudi enake odgovornosti, se pravi ne sprejemati položaj pasivnega prejemnika oskrbe in skrbi, temveč sebi primerne storitve tudi upravljati, voditi in nadzorovati in zopet za lastna dejanja, za lastno upravljanje tudi odgovarjati. Pristop varovanja uporabnikov, posebnega varstva in zavarovanja »pred vsem hudim«, je v nasprotju s pravico do neodvisnega življenja, s pravico živeti kot kdorkoli drug s podpornimi storitvami ne glede na hendikep, kjer lej ga zlomka moraš nato tudi enako kot kdorkoli drug, za lastne izbire - nositi odgovornost.

Biography:

She is a co-founder of YHD - The Association for the Theory and Culture of Handicap, which has fought for (and won) the right to personal assistance in Slovenia for more than 20 years. She is the project leader of the Deinstitutionalisation Network, which in 2015 brought together for the first time various user organisations (both mental health and disability) and

started to identify the services needed in the community. She is a member of the OA working group, contributing and presenting various aspects of OA to partner organisations abroad (ENIL, Greece, Hungary, Turkey, Poland, Malta).

Je soustanoviteljica društva YHD – Društvo za teorijo in kulturo hendikepa, ki se je več kot 20 let borilo (in izborilo) pravico do osebne asistence v Sloveniji. Je vodja projekta Mreža za dezinstucionalizacijo, ki je leta 2015 prvič povezalo različne uporabniške organizacije (tako s področja duševnega zdravja kot tudi hendikepiranih) in se pričelo ukvarjati z identifikacijo potrebnih storitev v skupnosti. Je članica delovne skupine za ZOA, prispevki in predstavljanje različnih vidikov OA partnerskim organizacijam v tujini (ENIL, Grčija, Madžarska, Turčija, Poljska, Malta).

Obtaining the right to personal assistance in order to leave institutional care is one of the main purposes of personal assistance. To live in an environment of the user's choice and in a way of the user's choice. After several years of living in institutional care, some users expressed fear of living outside institutions. They described a mixture of feelings of happiness and desire to live in a home environment and a fear of living at home. We observed that the institutions had robbed them of certain skills that they had before entering the institution. Users' fear of everyday things; fear of taking on responsibilities and decisions such as buying groceries at the grocery store, paying bills, replacing a lamp and, last but not least, managing and using personal assistance. Some users have not left institutional care to date, despite having acquired the right to personal assistance in order to leave it. They are faced with the reluctance on the part of their relatives to leave the institution and difficulties in obtaining suitable housing. All the examples of good practice that I know of where users have left institutional care have been based on the involvement of key persons to empower the user and to accept and approve his/her leaving the institution. All users had key persons in their social network who empowered them in terms of overcoming the fear of acquiring new skills, competences and competences to stay at home. During the follow-up of the personal assistance, we often talk to the users about their past and their stay in the institution, about the transitions in the home environment, about the fears, dilemmas and questions that they had during the transition and about the satisfaction of living now in the home environment.

Pridobitev pravice do osebne asistencе z namenom zapustitve institucionalne oblike bivanja je eden od temeljnih namenov osebne asistencе. Bivanje v okolju katerega si uporabnik izbere sam in na način, ki si ga uporabnik izbere. Po več letnem bivanju v institucionalnem varstvu so nekateri uporabniki izražali strah pred bivanjem izven institucij. Opisovali so mešanico občutkov po sreči in želji po bivanju v domačem okolju in hkrati strah pred bivanjem doma. Opazno je bilo do so jih institucije okradle določenih veščin katere so imeli pred vhomom v institucijo. Strah uporabnikov pred vsakdanjimi stvarmi; strah pred sprejemanjem odgovornosti in odločitev kot so npr. nakup živil v trgovini, plačilo položnice, zamenjave svetilke in ne nazadnje z upravljanjem in uporabo osebne asistencе. Nekateri uporabniki kljub pridobitvi pravice do osebne asistencе z namenom zapustitve institucionalnega varstva, le tega do danes niso zapustili. Srečujejo se z neodobravanjem svojcev do zapustitve institucije in s stiskami glede pridobitve ustreznega stanovanja. Vsi primeri dobre prakse, katere sama poznam, da so uporabniki zapustili institucionalno varstvo so temeljili na sodelovanju ključnih oseb, da so opolnomočili uporabnika ter sprejeli in odobravalih odhod iz institucije. Vsi uporabniki so imeli v svoji socialni mreži ključne osebe, katere so opolnomočile uporabnika v smislu premagovanja strahu pred pridobivanju novih znanj, kompetenc in veščin za bivanje doma. Z uporabniki v okviru spremljanja osebne asistencе pogosto govorimo o preteklosti in o bivanju v instituciji, od prehodov v domačem okolju, o strahu, dilemah in vprašanjih katera so imeli v času prehoda ter o zadovoljstvu bivanja sedaj v domačem okolju.

Biography:

Maruša Treven Nagode, born 6th October 1983, Master of Social Work, studied at the Faculty of Social Work. I did my internship at the Social Work Centre in Cerknica, where I then got a job in the field of guardianship and other tasks of the Centre. Now I am employed at Social Work Centre Primorsko Notranjska as a coordinator of disability care. In 2022, I signed 3

author's contracts with the Social Chamber in the matters of Verification of the social care programme. Contribution to the training seminar for family assistant. Update of the Catalogue of knowledge for work in programmes for supported living in independent living for people with disabilities. In 2022, I concluded an author's contract with the Faculty of Social Work in the matter of lectures/consultations in the framework of the project Implementation of trainings for the needs of deinstitutionalisation of the Home on the Karst 2021/2022. The lecture was carried out in cooperation with the Faculty of Social Work in the Home on the Karst. The first one in issue 41, year 2020, titled Personal assistance in times of the epidemics and the second one in issue 42, year 2021, titled Family assistant as a right replacing institutional care and/or personal assistance. I have been and continue to be appointed by the founder of the Ministry of Social Affairs and Social Development to the Council of several social care institutions.

Maruša Treven Nagode, roj. 06.10.1983, magistrica socialnega dela, študirala na Fakulteti za socialno delo. Pripravištvo sem opravljala na Centru za socialno delo Cerknica, kjer sem se nato zaposlila na področju dela skrbništva in ostalih nalog centra. Sedaj sem zaposlena na CSD Primorsko Notranjska kot koordinatorka invalidskega varstva. V letu 2022 sem podpisala 3 avtorske pogodbe s Socialno zbornico v zadevah: Verifikacije socialno varstvenega programa, Prispevek na seminarju usposabljanja za družinskega pomočnika, Posodobitev Kataloga znanja za delo v programih za podporno bivanje pri neodvisnem življenju invalidov. Avtorsko pogodbo sem v letu 2022 sklenila s Fakulteto za socialno delo v zadevi predavanj/konzultacij v okviru projekta Izvedba izobraževanj za potrebe dezinstiucionalizacije Doma na krasu 2021/2022. Predavanje je bilo izvedeno v sodelovanju s Fakulteto za socialno delo v Domu na Krasu. V reviji Socialno izzivi sta bila objavljena 2 moja članka katerih avtorica sem: Prvi v številki 41, leta 2020 z naslovom Osebna asistenca v času epidemije in drugi članek v številki 42, leta 2021 z naslovom Družinski pomočnik kot pravica, ki nadomešča institucionalno varstvo ali/in osebno asistenco. V več socialno varstvenih zavodih sem že bila in sem tudi še imenovana v svet zavoda s strani ustanovitelja MDDSZ.

Nataša Novak: Improving Financial and Energy Poverty Through Community-Based Mental Health Coordination / Odpravljanje finančne in energijske revščine skozi koordinacijo obravnave v skupnosti

Financial and energy poverty are common problems for people with mental health problems and those receiving social assistance and/or income support. Most of their properties have not been maintained for many years, and its vital parts are slowly beginning to deteriorate. The vital parts of the house are the roof, the plumbing, the electrical system, the windows and the chimneys. As a result, the living costs are higher, especially for water and heating, and there is also a risk of fire due to old-fashioned electrical wiring and chimneys. Saving for these purposes is impossible, as is the lack of capacity and continuous thinking, planning sequence and follow-up; both financial and psychological shortcomings make it impossible to move and change. Movings were possible with the help of another person, in this case the Community Mental Health Coordinator, to plan the necessary repairs, prepare and submit requests and applications, track responses to different stakeholders, prepare for the arrival of different stakeholders and coordination between them, record the sources of funds and how they are spent, track the works/repairs and ensure that bills are paid. The contribution presents the assistance provided by the Community Treatment Coordinator to a user with long-term mental health problems and a recipient of care allowance, who over a period of three years applied for various grants and donations, obtained funding in two Eco Fund calls for vulnerable populations, managed to save some of the allowances she received in the face of the government's epidemiological measures, and managed to repair vital parts of the house, with a total value of approximately 24.000 EUR. Energy efficiency of the house and the living space of the environment has improved significantly.

Finančna in energijska revščina sta pogosta spremljevalca ljudi s težavami v duševnem zdravju in prejemnikov denarne socialne pomoči in/ali varstvenega dodatka. Njihove lastniške nepremičnine, so v večini dolga leta ne vzdrževane in tako vitalni deli počasi začnejo popuščati. Vitalni deli hiše so tu mišljeni streha, vodovodna in električna instalacija, okna in dimniki. Posledično to vpliva na višje življenjske stroške, predvsem pri porabi vode in kurjave, obstaja tudi možnost požara zaradi dotrajane električne napeljave in dimnikov. Varčevanje za te namene je nemogoče, prav tako umanjka kapaciteta in kontinuirano razmišljanje, sosledje pri načrtovanju in sledenje dogajanju; tako finančni kot psihološki manjko onemogočata premike in spremembe. Premiki so bili možni s pomočjo druge osebe, v tem primeru s pomočjo koordinatorke obravnave v skupnosti, za načrtovanje potrebnih popravil, pripravo prošenj in vlog ter oddajo le teh, sledenje odgovorom različnih deležnikom, priprava na prihod različnih deležnikov in usklajevanje med njimi, beleženje virov sredstev in porabo le teh, sledenje delom/popravilom in skrb za plačilo računov. V prispevku je predstavljena nudena pomoč koordinatorke obravnave v skupnosti uporabnici z dolgotrajnimi težavami v duševnem zdravju in prejemnici varstvenega dodatka, ki je v roku treh let zaprosila za različne pomoči in donacije, pridobila sredstva na dveh razpisih Eko sklada za ranljive populacije, uspela privarčevati nekaj prejetih dodatkov ob epidemiološki ukrepih vlade ter uspela popraviti vitalne dele hiše v skupni vrednosti približno 24.000 EUR. Energetska učinkovitost hiše in bivalno okolje sta se tako bistveno izboljšala.

Biography:

Graduate social worker. She has worked as Head of the Information and Counselling Office, Kranj Unit (Ozara), as a specialist in one or more areas, Social work centre Kranj (CSD), and currently as Community Coordinator, Social work centre Nova Gorica.

Diplomirana socialna delavka. Delala je že kot vodja Pisarne za informiranje in svetovanje, enota Kranj (Ozara), kot strokovna delavka za eno ali več področij, Center za socialno delo Kranj (CSD), trenutno pa je Koordinatorica obravnave v skupnosti, Center za socialno delo Nova Gorica.

Nic Crosby, Bill Love, Sam Smith: Developing new Small Support organisations for people with complicated lives, traumatic life histories, complex support needs and experiences of institutionalisation / Razvoj novih organizacij Small Support za ljudi z zapletenim življenjem, travmatično življenjsko zgodovino, kompleksnimi potrebami po podpori in izkušnjami z institucionalizacijo

Introduction: Developing new organisations supporting people with complicated support needs including long term mental health problems, intellectual disabilities, are autistic and who have 'difficult' reputations that may include being in 'secure/locked' institutions, to live more independently in their own home and local community.

Background: In Scotland in the late 1990's the closure of the Lennox Castle long stay institution led a group of people working there develop new support services for those with the most complicated of support needs and lives. These few organisations continue to this day supporting people with many complicated support needs and life histories.

Detail: To support people with such individual, and complicated lives, traumatic life histories, and complex support needs needs, an absolute commitment to being 'person centred', to centring all work on the individual, matching staff, redesigning a home, and knowing the person and their loved ones very well. This programme is leading the development of small organisations; local organisations that enable such a strong person-centred focus to flourish. Everyone in a small organisation can know everyone else, everyone can understand the challenges the person at the centre faces in having a good life and can work together to make this real for them. Our experience in the UK is that the larger an organisation is the less person centred it becomes.

Uvod: Razvoj novih organizacij, ki podpirajo ljudi s kompleksnimi potrebami po podpori, vključno z dolgotrajnimi težavami z duševnim zdravjem, intelektualno oviranostjo, avtističnimi osebami, ki imajo "težak" ugled, ki lahko vključuje bivanje v "varnih/zaprtih" ustanovah, da bi lahko živeli neodvisno na svojem domu in v lokalni skupnosti.

Ozadje: Na Škotskem je konec devetdesetih let prejšnjega stoletja zaradi zaprtja ustanove za dolgotrajno bivanje Lennox Castle skupina ljudi, ki je tam delala, razvila nove podporne storitve za osebe z najzahtevnejšimi potrebami po podpori in življenjem. Teh nekaj organizacij še danes nudi podporo ljudem s številnimi kompleksnimi potrebami po podpori in življenjskimi zgodbami.

Podrobnosti: Za podporo ljudem s tako individualnim in zapletenim življenjem, travmatično življenjsko zgodovino in kompleksnimi potrebami po podpori je potrebna popolna zavezanost k "osredotočenosti na osebo", osredinjenosti na posameznika, usklajevanju osebja, preoblikovanju doma ter dobremu poznavanju osebe in njenih bližnjih. Ta program vodi razvoj majhnih organizacij; lokalnih organizacij, ki omogočajo razvoj tako močne osredotočenosti na osebo. Vsi v majhni organizaciji lahko poznajo vse druge, vsi lahko razumejo izzive, s katerimi se oseba v središču srečuje pri zagotavljanju dobrega življenja, in lahko sodelujejo, da bi to uresničili. Naše izkušnje v Združenem kraljestvu kažejo, da večja ko je organizacija, manj je osredotočena na človeka.

Biography:

Nic Crosby, Delivery Lead, Small Supports Programme, NDTi: I have worked across children and adult's services for over twenty years; I've championed self-determination and self-directed support for all in need of support from the earliest days of individual budgets. My

focus has always been on getting it right from the start of a person's life, and much of my work is centred on challenging people and services to do a better job of supporting children and young people. Getting it right means getting the support right, which means being person centred is a core strength of Small Supports organisations. I work closely with people of all ages with lived experience; supporting work across Europe as well as in the UK to end the institutionalisation of people; working closely with individual people, families, governments, organisations, health services and local authorities. Away from work I am a passionate wood turner, climber, gardener, walker, cyclist and outdoors person. My two sons, now off on their own adventures, will forever be the 'apples of my eyes'.

Bill Love, Director of Development and Impact, NDTi, is a Director of Delivery and Impact for the NDTi. He has worked in development and leadership roles in the public and voluntary sectors for about 25 years where the majority of his focus has been on the provision of supports for people to live in their community. Bill's working focus includes:

- Achieving wholesale change within the planning, commissioning and delivery of statutory and third sector services;
- Developing partnerships between people who use services, communities and service providers;
- The development of supports focused on ordinary lives including gaining and sustaining work, day activities and alternatives to residential care and:
- Alternatives to secure and isolated services for people whose behavior often challenges others.

Prior to joining the NDTi Bill's roles included the turn-around of a community provider for people with learning disabilities and mental health problems, hospital re-provision, the re-provision of day services for people with complex disabilities and 'challenging behavior' into community supports, establishing supported employment, developing individual supports (service brokerage), circles of support and establishing advocacy projects.

Dr Sam Smith is the founder and CEO of C-Change Scotland, a not for profit organisation supporting disabled people to live good lives. The organisation was established to support people assigned significant reputations for challenging services. C-Change has been at the forefront of providing personalised support with and for disabled people in Scotland since 2001. Sam also writes and campaigns on issues of human rights, equality and social justice. Her book Human Rights and Social Care: Putting Rights into Practice was published in 2018 by Dunedin Press.

Nic Crosby, vodja izvajanja programa Small Supports Programme, NDTi: Že več kot dvajset let delam na področju služb za otroke in odrasle; zagovarjam samoodločanje in samousmerjeno podporo za vse, ki potrebujejo podporo, že od začetka uvajanja individualnih proračunov za posameznike. Vedno sem se osredotočal na to, da je treba poskrbeti za pravo podporo od začetka življenja posameznika, zato je večina mojega dela osredotočena na spodbujanje ljudi in služb k boljšemu delu pri podpori otrok in mladih. Pravilno ravnanje pomeni pravilno podporo, kar pomeni, da je osredotočenost na posameznika ključna prednost organizacij Small Supports. Tesno sodelujem z ljudmi vseh starosti z življenjskimi izkušnjami; podpiram delo po vsej Evropi in v Združenem kraljestvu, da bi odpravili institucionalizacijo ljudi; tesno sodelujem s posamezniki, družinami, vladami, organizacijami, zdravstvenimi službami in lokalnimi organi. Poleg dela sem strasten strugar lesa, plezalec, vrtnar, sprehajalec, kolesar in človek, ki uživa v naravi. Moja dva sinova, ki sta se zdaj podala na samostojno pot, bosta za vedno "punčici mojega očesa".

Bill Love, direktor za razvoj in vpliv, NDTi. Približno 25 let je delal na razvojnih in vodstvenih položajih v javnem in prostovoljnem sektorju, kjer se je večinoma osredotočal na zagotavljanje podpore ljudem, da lahko živijo v svoji skupnosti. Bill se pri svojem delu osredotoča na:

- doseganje celovitih sprememb pri načrtovanju, naročanju in izvajanju zakonsko predpisanih storitev in storitev tretjega sektorja;*
- razvijanje partnerstev med ljudmi, ki uporabljajo storitve, skupnostmi in ponudniki storitev;*
- Razvoj podpore, usmerjene v običajno življenje, vključno s pridobivanjem in ohranjanjem dela, dnevnimi dejavnostmi in alternativami nastanitveni oskrbi ter*
- alternative varnim in izoliranim storitvam za ljudi, katerih vedenje pogosto izziva druge.*

Praden se je pridružil NDTi, je Bill med drugim vodil preoblikovanje ponudnika storitev v skupnosti za osebe z učnimi težavami in težavami z duševnim zdravjem, preoblikovanje bolnišnic, preoblikovanje dnevnih storitev za osebe s kompleksnimi duševnimi težavami in "zahtevnim vedenjem" v skupnostne storitve, vzpostavitev podpornega zaposlovanja, razvoj individualne podpore (posredovanje storitev), podpornih krogov in vzpostavitev projektov zagovorništva.

*Dr. Sam Smith je ustanoviteljica in izvršna direktorica neprofitne organizacije C-Change Scotland, ki pomaga invalidom, da živijo kakovostno življenje. Organizacija je bila ustanovljena za podporo ljudem, ki so si pridobili velik ugled zaradi oporekanja službam. Organizacija C-Change je od leta 2001 v ospredju zaradi zagotavljanja prilagojene podpore za ljudi z oviranostjo na Škotskem. Sam tudi piše in vodi kampanje o vprašanjih človekovih pravic, enakosti in socialne pravičnosti. Njena knjiga *Human Rights and Social Care: Putting Rights into Practice* je leta 2018 izšla pri založbi Dunedin Press.*

Miha Novak, Tomaž Škorjanc: Presentation of examples of good practice in working with people with mental health problems on probation / Predstavitev primerov dobre prakse dela z osebami s težavami z duševnim zdravjem v probaciji

We will present three examples of good practice in working with people with mental health problems in the criminal justice system, with community-based sanctions under certain conditions and obligations. The overuse of the criminal justice system can be harmful to people and society. By advocating the principle of imprisonment as a last resort (Ultimo Ratio) from a human rights perspective, the state must also provide other mechanisms to prevent crime and realise the purpose of punishment (van Kempen, 2020). The advocacy of the principle of last resort has resulted in the development of community sanctions implemented in probation. This means that convicted persons remain in the community under the conditions and obligations imposed by law. In 2018, Slovenia established the Administration for Probation, which refers to the execution of probation tasks, the execution of cautionary sanctions and the execution of community service in lieu of imprisonment (Mrhar Prelič, 2022). One of the important tasks is probation with supervision and instruction. In our contribution we will outline the work with people with mental health problems who find themselves in the criminal justice system. The cases presented will demonstrate ways of inter-institutional collaboration, multidisciplinary and integrative approaches linked with ways of providing care, supervision and help implemented through protective supervision to address complex needs, respect dignity, provide access to health, safety and well-being of convicted persons. We will use the case presented to illustrate the relevance of the evolution of sanctions from the closed type of total institution (Goffman, 2019), such as prison, to forms of community-based sanctions on probation. This process is a way of de-institutionalising the penal system by moving towards community sanctions.

Predstavili bomo tri primere dobre prakse dela z osebami z težavami v duševnem zdravju v kazensko pravnem sistemu z načinom izvršitve sankcij v skupnosti pod določenimi pogoji in obveznostmi. Prekomerna uporaba kazensko pravnega sistema je lahko škodljiva za ljudi in družbo. Z zagovarjanjem principa izrekanja kazni zapora, kot zadnje možnosti (Ultimo Ratio) iz vidika človekovih pravic mora država zagotoviti tudi druge mehanizme za preprečitev kriminalitete in uresničitvijo namena kaznovanja (van Kempen, 2020). Posledica zagovarjanja principa zadnje možnosti je razvoj skupnostnih sankcij, ki se izvajajo v probaciji. To pomeni, da obsojenci ostanejo v skupnosti pod zakonsko določenimi pogoji in obveznostmi, ki jih je naložil organ. V letu 2018 je Slovenija ustanovila Upravo za probacijo, ki se nanaša na izvrševanje probacijskih nalog, izvrševanje opozorilnih sankcij in izvršitve dela v splošno korist namesto kazni zapora (Mrhar Prelič, 2022). Ena od pomembnih nalog je pogojna obsodba z varstvenim nadzorstvom in izrečenim navodilom. V prispevku bomo predstavili delo z osebami, ki imajo težave v duševnem zdravju in se znajdejo v kazensko pravnem sistemu. V predstavljenih primerih bomo prikazali načine medinstitucionalnega sodelovanja, multidisciplinarnega in integrativnega pristopa z načinom varstva, nadzora in pomoči, ki se izvaja z varstvenim nadzorstvom, da se naslovi kompleksne potrebe, spoštuje dostojanstvo, dostop do zdravja, varnosti in dobrega počutja obsojencev. S predstavljeni primeru bomo prikazali pomembnost razvoja sankcij od zaprtega tipa totalne institucije (Goffman, 2019), kot je zapor, k oblikam skupnostnih sankcij na probaciji. Ta proces je način dezinstucionalizacije kazenskega sistema s prehodom v skupnostne sankcije.

Biography:

Miha Novak is a probation officer at the Ljubljana Probation Unit of the Probation Administration of the Ministry of Justice. He holds a Master's degree in Social Pedagogy. He is also an assistant professor of criminology and penology at the Department of Social Pedagogy, Faculty of Education, University of Primorska. His areas of interest are development of community sanctions, alternatives to the penal system, working with non-motivated users and development of human rights.

Tomaž Škorjanc was born in Maribor. He received his Master's degree from the Faculty of Social Work, University of Ljubljana in 2014. He worked for several years with children with intellectual disabilities. In addition to his professional work, he has also pursued his interests within the framework of non-governmental organisations in the field of humanitarianism, equal opportunities and human rights. Within the NGO sector, he has gained a lot of experience and knowledge in working with deprived and minority groups, focusing on their issues and solving their problems, as well as working in the field of counselling for individuals and groups. He has written professional articles in the fields of psychology, sociology, social work, law and legislation, and counselling. In the field of protection of human rights, minority issues and deprived social groups and individual assistance, he has given lectures at various social science faculties.

Miha Novak je probacijski uslužbenec na Probacijski enoti Ljubljana, Uprave za probacijo Ministrstva za pravosodje. Po izobrazbi je magister profesor socialne pedagogike. Zaposlen je tudi na mestu asistenta za področje kriminologije in penologije na Oddelku za socialno pedagogiko, Pedagoške fakultete, Univerze na Primorskem. Interesna področja so razvoj skupnostni sankcij, alternative kazenskemu sistemu, delo z nemotiviranimi uporabniki in razvoj človekovih pravic.

Tomaž Škorjanc je bil rojen v Mariboru. Leta 2014 je magistriral na Fakulteti za socialno delo Univerze v Ljubljani. Več let je delal z otroci, ki imajo težave v duševnem razvoju. Poleg svojega poklicnega dela je svoje interese izvajal tudi v okviru nevladnih organizacij s področja humanitarnosti, enakih možnosti in človekovih pravic. V okviru nevladnega sektorja je pridobil veliko izkušenj in znanj pri delu z deprivilegiranimi in manjšinskimi skupinami, posvečal se je vprašanju in reševanju njihove problematike, prav tako je deloval na področju svetovanja posameznikom in skupinam. Je avtor strokovnih člankov s področja psihologije, sociologije, socialnega dela, prava in zakonodaje ter svetovanja. S področja varovanja človekovih pravic, manjšinske problematike in depriviligiranih družbenih skupin in pomoči posamezniku, sodeluje s strokovnimi predavanji na različnih družboslovnih fakultetah.

In Slovenia, deinstitutionalisation has a long history, but to date it has not resulted in any reform regarding the “secure” units in social care institutions. These units are locked and in practice provide the backbone of the system of mental health in Slovenia, since they imply forced and long-term placement for people with complex support needs. The most recent attempt at deinstitutionalisation has been the project “Dom na Krasu”, a project of transformation of a special social care home into community services which has a secure unit for 12 users. Upon approving the project, the institution’s council also approved the institution’s transformation plan, which also included changes to the secure unit. The transformation plan foresees the closure of the institution within five years, which means that if we want to close the institution, we will also have to vacate the secure unit. Our contribution aims to show the process that we have gone through in the secure unit until now. The methods that have been used, changed and adapted in order to best serve us in transforming the way we work and think. We will also present our plans and vision for the future, as we believe, in spite of all the obstacles, that we can manage to transform and relocate the secure unit to the community.

V Sloveniji ima dezinstytucionalizacija dolgo zgodovino, vendar do danes ni prinesla nobene reforme v zvezi z “varovanimi” enotami v socialnovarstvenih zavodih. Te enote so zaklenjene in v praksi predstavljajo hrbtenico sistema duševnega zdravja v Sloveniji, saj pomenijo prisilno in dolgotrajno namestitev oseb s kompleksnimi potrebami po podpori. Najnovejši poskus dezinstytucionalizacije je bil projekt “Dom na Krasu”, projekt preoblikovanja posebnega socialno varstvenega zavoda v skupnostne službe, ki ima varovano enoto za 12 uporabnikov. Ob odobritvi projekta je svet zavoda odobril tudi načrt preoblikovanja zavoda, ki je vključeval tudi spremembe varovane enote. Načrt preoblikovanja predvideva zaprtje zavoda v petih letih, kar pomeni, da bomo morali, če želimo zapreti zavod, izprazniti tudi varovano enoto. Namen našega prispevka je prikazati proces, ki smo ga do zdaj opravili v varovani enoti. Metode, ki smo jih uporabljali, spreminjali in prilagajali, da bi nam kar najbolj služile pri preoblikovanju načina dela in razmišljanja. Predstavili bomo tudi naše načrte in vizijo za prihodnost, saj verjamemo, da nam bo kljub vsem oviram uspelo preoblikovati in preseliti varovano enoto v skupnost.

Biography:

Brigita Obreza is employed in the deinstitutionalisation project »Doma na Krasu«. For the last year, she has also been involved in work in the secure unit. Her interest in coercion and incarceration began during her college years as a volunteer in prisons working with people with mental health problems.

Petra Perhaj is employed in the deinstitutionalisation project of Dom na Karsu. For the last year, she has been working as a social worker and head of secure unit, and for the last month as a social worker in the Postojna housing group. She became interested in the problems of people with mental health problems in her last year at the Faculty of Social Work.

Juš Škraban is a Teaching Assistant at the Chair of Community Mental Health at the Faculty of Social Work, University

Brigita Obreza je zaposlena v projektu dezinstitutionalizacije Doma na Krasu. Zadnje leto je vključena tudi v delo v varovani enoti. Za prisilo in zapiranje se je začela zanimati v študentskih letih, ko je kot prostovoljka v zaporih delala z ljudmi s težavami z duševnim zdravjem.

Petra Perhaj je zaposlena v projektu dezinstitutionalizacije Doma na Krasu. Zadnje leto dela kot socialna delavka in vodja varovane enote, zadnji mesec pa kot socialna delavka v stanovanjski skupini Postojna. Za problematiko oseb s težavami v duševnem zdravju se je začela zanimati v zadnjem letniku Fakultete za socialno delo.

Juš Škraban je asistent na Katedri za duševno zdravje v skupnosti na Fakulteti za socialno delo Univerze v Ljubljani. Trenutno se raziskovalno ukvarja z zmanjševanjem prisile na področju duševnega zdravja.

Lise Bachmann Østergaard, Lene Lauge Berring: Skill station in de-escalation. A practical training approach / Postaja Skill za pridobivanje spretnosti pri deeskalaciji. Praktični pristop k usposabljanju

Background: Coping with and understanding challenging situations such as violent behaviour in health care settings is difficult. Exposure to violence can be traumatic for all parties causing long-lasting problems e.g. distress and increased use of coercive measures. Research shows promising violence reduction programs such as Safewards and the Concept of Relationships and De-escalation both aiming to stop progressing violence. Hospital staff need repeatedly de-escalation training. Skill station in de-escalation offers preparation, training and examination of theoretical and practical skills in coping with challenging situations.

Aim: Improve safety of patients and staff by addressing underlying risk factors increasing the likelihood of individuals becoming victims or perpetrators of violence and train staff's social and communicative competences avoiding violent situations.

Methods: In a joint venture between nurses, researchers and service user, this Skill station developed by means of a co-operative inquiry. Mixed Methods were used comprising surveys and interviews. The Skill station was tested on multidisciplinary staff (n=20). Questionnaires were distributed staff (n=150) pre and post testing.

Results: The final Skill station was released in 2022. Staff find it useful in daily practice and report gaining new knowledge of how to cope with challenging behavior among patients and their relatives, hopefully leading to increased means of preventing aggression and violence in general hospitals.

Conclusion: The Skill station in de-escalation replaces classroom teaching and apply a way of learning familiar to clinical staff. We expect the Skill station to prevent staff injuries and the use of coercive measures although more tests is required.

Ozadje: Obvladovanje in razumevanje zahtevnih situacij, kot je nasilno vedenje v zdravstvenih ustanovah, je težavno. Izpostavljenost nasilju je lahko travmatična za vse udeležence, kar povzroča dolgotrajne težave, npr. stisko in povečano uporabo prisilnih ukrepov. Raziskave kažejo obetavne programe za zmanjševanje nasilja, kot sta Safewards in Koncept odnosov in deeskalacije, katerih cilj je zaustaviti napredujoče nasilje. Bolnišnično osebje se mora večkrat usposabljati za deeskalacijo. Postaja Skill za pridobivanje veščin deeskalacije ponuja pripravo, usposabljanje in preverjanje teoretičnih in praktičnih veščin za obvladovanje zahtevnih situacij. Cilj: Izboljšati varnost pacientov in osebja z odpravljanjem temeljnih dejavnikov tveganja, ki povečujejo možnost, da posamezniki postanejo žrtve ali storilci nasilja, ter usposabljanjem osebja za socialne in komunikacijske kompetence, ki preprečujejo nasilne situacije.

Metode: V skupnem projektu medicinskih sester, raziskovalcev in uporabnikov storitev je bila postaja Skill razvita s sodelovalno raziskavo. Uporabljene so bile mešane metode, ki so vključevale ankete in intervjuje. Postaja Skill je bila preizkušena na multidisciplinarnem osebju (n=20). Vprašalniki so bili razdeljeni osebju (n=150) pred in po testiranju.

Rezultati: Končna postaja Skill je bila objavljena leta 2022. Osebje meni, da je uporabna v vsakodnevni praksi, in poroča, da je pridobilo novo znanje o tem, kako se spopasti z zahtevnim vedenjem pacientov in njihovih sorodnikov, kar naj bi, upajmo, privedlo do več sredstev za preprečevanje agresije in nasilja v splošnih bolnišnicah.

Zaključek: Postaja Skill pri deeskalaciji nadomešča poučevanje v učilnici in uporablja način učenja, ki ga pozna klinično osebje. Pričakujemo, da bo postaja Skill preprečila poškodbe osebja in uporabo prisilnih ukrepov, čeprav je treba uporabiti več testov.

Biography:

Lise Bachmann Østergaard, RN, MHS.

Lene Lauge Berring, Ph.D., Head of Psychiatric Research Unit, Psychiatry Region Zealand, Denmark.

Lise Bachmann Østergaard, RN, MHS.

Dr. Lene Lauge Berring, vodja enote za psihiatrične raziskave, Psihiatrična regija Zealand, Danska.

Elisabetta Paci et al.: The roots, value and development of peer support in the mental health experience in Trieste, Italy. Lived experience leading the way. / Korenine, vrednost in razvoj vrstniške podpore v izkušnjah na področju duševnega zdravja v Trstu v Italiji. Življenjska izkušnja je na čelu.

Elisabetta Paci, Michele Sipala, Silvana Hvalic, Marilena Piretti

Since 2015 a group of users have become a presence in the local mental health institution in Trieste (Italy) as actors in the peer support field: formed by an official course after a selection and after having shared the experience of following a peer-led program in Utrecht (Netherlands), they are employed by the private sector ("social cooperatives") to act both in group and peer-to-peer activities within the Service (mental health centres, recovery house, widespread activities for users). The peer support workers remain focused on their mission with strong motivation, using the tool of personal experience with the practice of responsibility and shared projects to make steps on empowerment, advocacy, suspension of judgement, empathy, respect, confidence, hospitality, hope and, finally, recovery. In the end, their presence has had the result of motivating people to find a personal path out of their (assumed and temporary) condition.

Od leta 2015 je v lokalni ustanovi za duševno zdravje v Trstu (Italija) navzoča skupina uporabnikov, ki delujejo kot akterji na področju vrstniške podpore: po tem, ko so bili izbrani, in po izmenjavi izkušenj z udeležbo v programu, ki ga vodijo vrstniki v Utrechtu (Nizozemska), so se usposobili na uradnem tečaju in so zaposleni v zasebnem sektorju ("socialne cooperative"), kjer delujejo v skupinskih in vrstniških dejavnostih znotraj službe (centri za duševno zdravje, hiša okrevanja, razširjene dejavnosti za uporabnike). Delavci vrstniške podpore so visoko motivirani in ostajajo osredotočeni na svoje poslanstvo, pri čemer uporabljajo orodje osebnih izkušenj s prakso odgovornosti in skupnih projektov, da bi naredili korake k opolnomočenju, zagovorništvu, opustitvi obsojanja, empatiji, spoštovanju, zaupanju, gostoljubju, upanju in -končno - okrevanju. Na koncu je njihova navzočnost spodbudila ljudi, da so našli osebno pot iz svojega (domnevnega in začasnega) stanja.

Biography:

Social Cooperatives Duemilauno Agenzia Sociale and Germano are two longtime, well-known NPOs (non-profit organisations of the private sector) based in Trieste, offering personal assistance, work inclusion and various cultural and social activities in strict connection with Institutions, including Mental Health Departments, so by these means they fully represent the state of the art for deinstitutionalisation.

Socialni zadruge Duemilauno Agenzia Sociale in Germano sta dolgoletni, dobro znani neprofitni organizaciji zasebnega sektorja s sedežem v Trstu, ki nudita osebno pomoč, delovno vključenost ter različne kulturne in socialne dejavnosti v tesni povezavi z ustanovami, vključno z oddelki za duševno zdravje, tako da na ta način v celoti predstavljata najsodobnejši način dezinstitutionalizacije.

Vlatka Ročić Petak et al.: The implementation of the recovery model by providing peer support on the example of the Croatian association Ludruga (Madnessociation) / Izvajanje modela okrevanja z zagotavljanjem vrstniške podpore na primeru hrvaškega društva Ludruga (Madnessociation)

Vlatka Ročić Petak, Ksenija Kapelj, Robert Janeš, Monika Dubravčić

Community-based mental health care services focused on the prevention, treatment, and recovery of people with psycho-social difficulties are not developed in our mental health system. Measures of coercion and restraint are still present during hospitalisations. The consequences of the lack of services in the community are multiple hospitalisations, loss of work and business ability, stigmatisation, and permanent placement into the institutions. The burden of providing psychosocial support in the community fell mainly on the non-governmental sector. In our environment, peer work is still not recognised as a value. Madnessociation, (Association Ludruga) has ten years of experience in organising and implementing psychosocial support within the community for people with mental health problems and their family members. The association has been founded and led by people with personal experience of mental health problems or shared experiences of members of their families and loved ones, as well as mental health professionals. We cooperate with mental health professionals who respect our principle of work based on equality and equal opportunity. We continuously conduct peer support groups for people with mental health problems and their family members; we established a Mobile Peer Team for Psychosocial Support in the community. With our knowledge and experience through education and training, we have already encouraged the establishment of peer support groups and mobile peer teams in several cities. We want to present our experience of developing a peer support network in a non-supportive environment.

V našem sistemu duševnega zdravja niso razvite storitve duševnega zdravja v skupnosti, ki bi bile usmerjene v preprečevanje, zdravljenje in okrevanje ljudi s psihosocialnimi težavami. Med hospitalizacijami so še vedno prisotni ukrepi prisile in omejevanja. Posledice pomanjkanja storitev v skupnosti so večkratne hospitalizacije, izguba delovne in poslovne sposobnosti, stigmatizacija in trajna namestitve v institucije. Breme zagotavljanja psihosocialne podpore v skupnosti je padlo predvsem na nevladni sektor. V našem okolju vrstniško delo še vedno ni prepoznano kot vrednota. Društvo Madnessociation (Združenje Ludruga) ima deset let izkušenj z organiziranjem in izvajanjem psihosocialne podpore v skupnosti za osebe s težavami z duševnim zdravjem in njihove družinske člane. Združenje so ustanovili in vodijo ljudje, ki imajo osebne izkušnje s težavami z duševnim zdravjem ali izkušnje svojih družinskih članov in bližnjih, pa tudi strokovnjaki za duševno zdravje. Sodelujemo s strokovnjaki s področja duševnega zdravja, ki spoštujejo naše načelo dela, ki temelji na enakosti in enakih možnostih. Nenehno izvajamo skupine vrstniške podpore za osebe s težavami v duševnem zdravju in njihove družinske člane; v skupnosti smo ustanovili mobilno vrstniško skupino za psihosocialno podporo. S svojim znanjem in izkušnjami smo z izobraževanjem in usposabljanjem že spodbudili vzpostavitev skupin za vrstniško podporo in mobilnih vrstniških ekip v več mestih. Želimo predstaviti svoje izkušnje z razvojem mreže vrstniške podpore v nepodpornem okolju.

Biography:

Vlatka Ročić Petak: born on 16th March 1963 in Zagreb, Croatia. President of Madnessociation, professor of Sociology, employed as a project manager in the association, member of the

EUCOMS board for the peer expertise. She has a personal experience of suffering that we tend to call mental illness. She became acquainted with the health system from the position of a user of psychiatric services and has experienced the patronising relationship between profession and environment as well as other various forms of stigmatisation, which adversely affect the recovery of people with mental health problems. These experiences prompted her, together with other seven like-minded people, to establish in 2012 the Madnessociation, based on peer to peer principle, where people with psychosocial challenges have the opportunity to realise the need for personal affirmation. For the last 10 years, she facilitates the peer support group called "Experts by experience". Along with her colleagues from the association she is performing an "Active listening and effective communication" workshop, drama workshops with elements of the forum theatre, and training for facilitators of peer support groups as well as consultations for facilitators which they've designed together. She also participated in designing, writing, and implementing numerous projects in the Madnessociation. She attends forums, round tables, conferences, and symposiums that are dealing with mental health topics, and is collaborating with print media, television, and radio with the aim of destigmatisation of persons with psychosocial challenges.

Vlatka Ročić Petak: rojena 16.03.1963 v Zagrebu na Hrvaškem. Predsednica društva Ludruga, profesorica sociologije, zaposlena kot vodja projektov v društvu, članica odbora EUCOMS za medsebojno strokovno pomoč. Ima osebno izkušnjo trpljenja, ki ga običajno imenujemo duševna bolezen. Zdravstveni sistem je spoznala s položaja uporabnice psihiatričnih storitev in izkusila pokroviteljski odnos med stroko in okoljem ter druge različne oblike stigmatizacije, ki negativno vplivajo na okrevanje ljudi s težavami z duševnim zdravjem. Te izkušnje so jo spodbudile, da je leta 2012 skupaj s sedmimi somišljeniki ustanovila društvo Madnessociation, ki temelji na načelu "peer to peer [vrstnik vrstniku]", kjer imajo ljudje s psihosocialnimi težavami priložnost uresničiti potrebo po osebni potrditvi. Zadnjih deset let vodi skupino za vrstniško podporo, imenovano "Strokovnjaki z izkušnjami". Skupaj s kolegi iz združenja izvaja delavnico "Aktivno poslušanje in učinkovita komunikacija", dramske delavnice z elementi forumskega gledališča in usposabljanje za moderatorje skupin za vrstniško podporo ter svetovanja za moderatorje, ki so jih zasnovali skupaj. Sodelovala je tudi pri zasnovi, pisanju in izvajanju številnih projektov v okviru združenja Madnessociation. Udeležuje se forumov, okroglih miz, konferenc in simpozijev, ki obravnavajo teme s področja duševnega zdravja, ter sodeluje s tiskanimi mediji, televizijo in radiem z namenom destigmatizacije oseb s psihosocialnimi izzivi.

Simona Ratajc, Aljaž List: Coordinated Community Care: an opportunity to shift social work centres towards modern community-based services or to consolidate outdated practices? / Koordinirana obravnava v skupnosti: je naloga priložnost za premik centrov za socialno delo v sodobne službe v skupnosti ali utrjevanje zastarelih praks?

It has been 13 years since the Mental Health Act was passed and put into practice. The Act created a new task for social work centres, coordinated care in the community. The task, as defined by the law and the methods of work applied in practice, should establish the basis and a good foundation for the social work centres to move towards community care for people, towards strengthening the mission and role of the social work centres in the community, towards empowering the users through a personal plan, towards strengthening multidisciplinary teamwork, towards the development of services and services in the community. This means that social work centres would develop into modern community services.

More than ten years on, the issue is being raised whether the new profiles and situation of social work centres are ready and able to support the task of strengthening the position of centres as key services in the community. In this paper, I will present the practical experiences that make it possible to achieve the set objective and the weaknesses, including the incomplete and inconsistent introduction of all the elements that are a prerequisite for the development of accessible services and community services that follow the needs of users and enable them to live in the community and to safeguard their fundamental human rights.

S sprejetjem zakona o duševnem zdravju in uveljavitve v praksi je minilo 13 let. Zakon je vzpostavil novo nalogo centrom za socialno delo, koordinirano obravnavo v skupnosti. Naloga bi po zakonski opredelitvi in uporabi metod dela v praksi morala vzpostaviti podlago in dobre temelje za premik centrov za socialno delo k skupnostni oskrbi ljudi, h krepitvi poslanstva in vloge centrov za socialno delo v skupnosti, h krepitvi vloge in moči uporabnikov, ki izhaja iz osebnega načrta, h krepitvi multidisciplinarnega timskega delovanju, k razvoju služb in storitev v skupnosti. To pomeni, da bi se centri za socialno delo razvijali v sodobne službe v skupnosti. Po več kot desetih letih pa se odpira vprašanje in terja odgovore ali so novi profili in stanje centrov za socialno delo pripravljeni in zmožni podpreti nalogo v smislu krepitve položaja centrov kot ključnih služb v skupnosti. V prispevku bom predstavila izkušnje iz prakse, ki omogočajo uresničiti zastavljen cilj in pomanjkljivosti, vključno z nedokončano in nedosledno vpeljavo vseh elementov, ki so pogoj za razvoj dostopnih storitev in služb v skupnosti, ki sledijo potrebam uporabnikov in jim omogočajo življenje v skupnosti in nvarovanje temeljnih človekovih pravic.

Biography:

The main author has been working in the field of community services, specifically in the field of mental health, since the beginning of her studies and has 25 years of experience working in social work centres. During this time, she has contributed through practical work and the application of social work methods to the development of good solutions for a wide range of service users. Within the task of coordinated care in the community, she has particularly tested the method of personal planning in cases of people moving out of institutions, advocating for people who have been most marginalised from society. For six years she was habilitated as a Teaching Assistant at the Faculty of Social Work, in the field of social work. She was an active participant in the development of the Catalogue of Tasks of Social Work

Centres, in the development of the risk analysis method and the application of the task in practice. she was a mentor for social work students in practice. She has developed programmes (Maternity Home Maribor, Help for families with a child with special needs in the home environment) and home help services (Social work centre Ljubljana Šiška) and community care for people with mental health problems (Social work centre Maribor, Zavod Franko Maribor).

Glavna avtorica delujem na področju skupnostnih služb posebej na področju duševnega zdravja od začetka študija in imam izkušnje z delom na centrov za socialno delo 25 let. V tem času sem prispevala s praktičnim delom in uporabo metod socialnega dela k razvoju dobrih rešitev za številne uporabnike. V okviru naloge koordinirane obravnave v skupnosti sem še posebej preizkušala metodo osebnega načrtovanja v primerih preselitev ljudi iz institucij, zagovorništva za ljudi, ki so bili najbolj odrinejni iz družbe. Šest let sem bila habilitirana kot asistentka na Fakulteti za socialno delo, za področje socialnega dela. Bila sem aktivna udeleženka v času priprave Kataloga nalog centrov za socialno delo, razvoja metode analize tveganja in uporabe naloge v praksi. Bila sem mentorica študentom socialnega dela na praksi. Razvijala sem programe (Materinski dom Maribor, Pomoč družinam, ki imajo otroka s posebnimi potrebami v domačem okolju) in storitve pomoči na domu (CSD Ljubljana Šiška) in oskrbe v skupnosti za ljudi s težavami v duševnem zdravju (CSD Maribor, Zavod Franko Maribor).

Simona Ratajc et al.: Koalicija za dezinstucionalizacijo, nujno potrebna! / Coalition for deinstitutionalisation, urgently needed!

Simona Ratajc, Sanja Jablanovič, Tilen Recko, Tatjana Knapp, Petra Lesjak, Barbara Lešnik, Aljaž List, Mateja Turk, Sonja Bezjak

The coalition is associated with practical work with a user, who came as a minor in the largest social care institution in Slovenia. He is a young man of Roma origin, without parents, without social network, deprived of his legal capacity, who has been in a secure unit since his admission, and who has had experience with coercive measures. Working together over the last year with the user, the network of people and services and the support of an international organisation has displayed many inconsistencies, obstacles and shortcomings in practice, to provide the user with care based on his personal needs and wishes. It has shown us that despite new laws, new services and pilot DI projects, we are still not able to meet people's personal care needs in practice. Despite the resources intended for new constructions, there is a lack of transformation of working methods, changes in the position of people and the achievement of the ultimate goal of providing personalised care, and a more equal position of people with experience in the processes of deinstitutionalisation. The round table will present the need for an active role of the Coalition for Deinstitutionalisation, involving all the necessary actors.

Koalicijo povezuje praktično delo z uporabnikom, ki je že kot mladoleten prišel v največji socialno varstveni zavod v Sloveniji, je mlad človek, romskih korenin, brez staršev, brez svoje mreže, z odvzeto poslovno sposobnostjo, od sprejema dalje ves čas na varovani enoti zavoda, z izkušnjo uporabe prisilnih sredstev. Skupno delo v zadnjem letu z uporabnikom, mrežo ljudi in služb in podporo mednarodne organizacije nam je pokazala na številne nedoslednosti, ovire, pomanjkljivosti v praksi, uporabniku zagotoviti oskrbo, ki temelji na njegovih osebnih potrebah in željah. Pokazala nam je, da kljub sprejetju novih zakonov, novih storitev, pilotnih projektov DI, še vedno v praksi ne moremo uresničiti potreb ljudi po osebni oskrbi. Kljub sredstvom namenjenim novim gradnjam, beležimo pomanjkanje preoblikovanja metod dela, sprememb v položaju ljudi in doseganju končnega cilja, zagotovitvi oskrbe po osebni meri, in enakovrednejšem položaju ljudi z izkušnjami v procesih dezinstucionalizacije. V okrogli mizi bomo predstavili potrebo po aktivni vlogi koalicije za dezinstucionalizacijo, ki vključuje vse nujno potrebne udeležence.

Biography:

The main author has been working in the field of community services, specifically in the field of mental health, since the beginning of her studies and has 25 years of experience with working in social work centres. During this time, she has contributed through practical work and the application of social work methods to the development of good solutions for many service users. Within the task of coordinated community care, she has particularly tested the method of person-centred planning in cases of people moving out of institutions, advocating for people who have been most marginalised from society. She was a habilitated assistant professor at the Faculty of Social Work for six years, in the field of social work. She actively participated in the development of the Catalogue of Tasks of Social Work Centres, in the development of the risk analysis method and the application of the task in practice. She was a mentor for social work students in practice. She has developed programmes (Maternity Home Maribor, Help for families with a child with special needs in the home environment) and

home help services (Social work centre - Ljubljana Šiška) and community care for people with mental health problems (Social work centre Maribor, Franko Maribor).

Glavna avtorica delujem na področju skupnostnih služb posebej na področju duševnega zdravja od začetka študija in imam izkušnje z delom na centrov za socialno delo 25 let. V tem času sem prispevala s praktičnim delom in uporabo metod socialnega dela k razvoju dobrih rešitev za številne uporabnike. V okviru naloge koordinirane obravnave v skupnosti sem še posebej preizkušala metodo osebnega načrtovanja v primerih preselitev ljudi iz institucij, zagovorništva za ljudi, ki so bili najbolj odrinejni iz družbe. Šest let sem bila habilitirana kot asistentka na Fakulteti za socialno delo, za področje socialnega dela. Bila sem aktivna udeleženka v času priprave Kataloga nalog centrov za socialno delo, razvoja metode analize tveganja in uporabe naloge v praksi. Bila sem mentorica študentom socialnega dela na praksi. Razvijala sem programe (Materinski dom Maribor, Pomoč družinam, ki imajo otroka s posebnimi potrebami v domačem okolju) in storitve pomoči na domu (CSD Ljubljana Šiška) in oskrbe v skupnosti za ljudi s težavami v duševnem zdravju (CSD Maribor, Zavod Franko Maribor).

Renato Švara: The Red Door (A Graphic Novel About Deinstitutionalisation) / *Rdeča vrata (risoroman o dezinstucionalizaciji)*

I captured the profession of social work, the unsatisfactory state of care for people with mental health issues in total institutions and my student years and reinterpreted them through the novel *The Red Door*, an interesting psychological thriller with elements of horror, which will attract society and motivate it to identify with the residents of such institutions and become familiar with some key concepts and approaches of social work that are done to eliminate stigma and improve the inclusion of people with mental health issues in society and personalise care in the community. The purpose of the presentation is to present and summarise the graphic novel, reflect on it and place it in the broader context of social work and deinstitutionalisation as a movement. I will invite the listeners behind the scenes of the practical work of social work students in social welfare institutions in Serbia and Slovenia, our activist campaigns and work camps, to shed light on the events that had shaped my education as a social worker, the events that had shaped my view on deinstitutionalisation, total institutions and mental health.

*Stroko socialnega dela, nezadovoljivo stanje oskrbe za ljudi s težavami v duševnem zdravju v socialno varstvenih zavodih in trenutek v času mojih študentskih let sem ujel in reinterpreteriral skozi risoroman *Rdeča vrata*, interesantni psihološki triler z vplivi grozljivke, ki bo pritegnil družbo in jo motiviral, da se poistoveti s prebivalci tovrstnih institucij ter se spozna z nekaterimi ključnimi pojmi in pristopi socialnega dela, ki se zavzemajo za odpravljanje stigme, inkluzivnost ljudi z duševnimi stiskami in individualizirano oskrbo v skupnosti. Namen predstavitve je predstaviti in povzeti strip, ga reflektirati in postaviti v širši kontekst socialnega dela ter dezinstucionalizacije kot gibanja. Poslušalce bom povabil v zakulisje praktičnega dela študentov socialnega dela v socialno varstvenih zavodih po Srbiji in Sloveniji, naših aktivističnih akcij in delovnih taborov ter osvetlil dogodke, ki so formirali moje izobraževanje v socialnega delavca, dogodke, ki so oblikovali moj pogled na dezinstucionalizacijo, totalne institucije in duševno zdravje.*

Biography:

My name is Renato Švara and I am a 28-year-old social worker, a copywriter at the leading media company PRO PLUS, a frontman and composer of the melodic punk band No OFFENCE! and editor/screenwriter/producer at KoProdukcija Plus.

Moje ime je Renato Švara in sem 28-letni socialni delavec, tekstopisec na vodilni medijski hiši PRO PLUS, frontman in skladatelj melodičnega punk benda No OFFENCE! in režiser/scenarist/producent pri KoProdukciji Plus.

Joc Podlesnik, Andraž Rožman: The novel titled *Son of Tito - Widening spaces of coexistence through literary storytelling* / *Roman Titov sin - Širjenje prostora sobivanja s pripovedovanjem literarnih zgodb*

The novel *Son of Tito* is based on a friendship between the author of the book and Joc Podlesnik, who shared his story on which a part of the novel is based. Through the stories of

the two protagonists, both their inner struggles and societal problems, mostly related to mental health (psychiatry, institutions, deinstitutionalisation, hearing voices, peer support, psychoanalysis, etc.), are reflected, but above all, it is an attempt to establish a (non-hierarchical) dialogue between what is accepted as normal in society and what is accepted as crazy. Although it is outwardly clear who is supposed to be crazy and who is supposed to be normal, we find that this is only a social construct. But to come to this realisation, the protagonists have to listen to each other, and we need to listen to them. The story of Joc Podlesnik and Andraž Rožman runs parallel to the story of the novel. At the conference, they will explain what their coexistence is like, how such stories contribute to our becoming more and more neighbours and fellow citizens and less and less strangers, and why this is important for empowering the people in need and, consequently, for providing support in living independently or transitioning to independent living.

Roman Titov sin je nastal na podlagi prijateljstva med avtorjem knjige in Jocem Podlesnikom, ki je delil svojo zgodbo, po kateri je bil napisan del romana. Skozi zgodbe dveh protagonistov se zrcalijo tako notranji boji obeh kot družbeni problemi, pretežno povezani z duševnim zdravjem (psihija, zavodi, dezinstucionalizacija, slišanje glasov, vrstniška podpora, psihoanaliza itd), predvsem pa gre za poskus vzpostavljanje (nehierarhičnega) dialoga med tistim, kar je v družbi sprejeto kot normalno in tistim, kar je sprejeto kot noro. Čeprav je navzven jasno, kdo naj bi bil nor in kdo normalen, ugotovimo, da je to le družbeni konstrukt. A da bi prišli do tega spoznanja, morata protagonista prisluhniti drug drugemu, mi pa njima. Vzporedno z zgodbo romana je potekala tudi zgodba Joca Podlesnika in Andraža Rožmana. Na konferenci bosta razložila, kakšno je njuno sobivanje, kako takšne zgodbe prispevajo k temu, da postajamo vse bolj sosede_je in soživaljke_i ter vse manj tujke_ci in zakaj je to pomembno za grajenje moči ljudi v stiskah ter posledično za zagotavljanje podpore pri samostojnem življenju ali prehodu v samostojno življenje.

Biography:

Joc Podlesnik has more than 40 years of experience in psychiatry, institutions and peer support, and is a staunch advocate of deinstitutionalisation. His story was the basis for a part of the novel *Son of Tito*, and his book *Here I Am*.

Recently, journalist Andraž Rožman has been focusing mainly on writing, but he has always been strongly associated with Ljubljana's alternative public spaces and the stories of marginalised people. In 2019, his debut novel, the documentary *Three Memories*, was published by Goga and nominated for the Kresnik award. *Son of Tito* is his second novel, but it is also an advocacy project. He is a postgraduate student at the Faculty of Social Work, module *Community Mental Health*.

Joc Podlesnik ima več kot 40 let izkušenj s psihotrijo, institucijami in vrstniško podporo, je vztrajen zagovornik dezinstucionalizacije. Po njegovi zgodbi je bil napisan del romana Titov sin in knjiga Tu sem.

Novinar Andraž Rožman se v zadnjem se času posveča predvsem pisateljevanju, vseskozi pa je močno povezan z alternativnimi javnimi prostori Ljubljane in zgodbami marginaliziranih ljudi. Leta 2019 je pri Založbi Goga izšel njegov prvenec, dokumentarni roman Trije spomini, s katerim je bil nominiran za nagrado kresnik. Titov sin je njegov drugi roman, obenem pa je to tudi zagovorniški projekt. Obiskuje podiplomski študij na Fakulteti za socialno delo, modul deševno zdravje v skupnosti.

Janja Jakše, Suzana Savičić: I do have a voice. I want to be included! / Nisem brez glasu. Želim biti vključen!

At the sheltered work centre Novo mesto, we are confronted with the consequences of past approaches, as people with intellectual and physical disabilities have often been deprived of fundamental personal rights and freedoms. Often their voices have been overheard, by family, relatives, friends and staff. With the desire to change and to fully involve users in the decision-making process of their own lives, we have launched a number of activities to empower people with intellectual disabilities. We have focused on changing mindsets and shifting power from employees to users. We have involved users in raising awareness and in the process of making decisions and exercising their rights about life in the institution. As a result, we have organised a self-advocacy group for the users, where they have the opportunity to co-design their activities. In addition, we have set up a users' college where users are kept informed about all the developments and planning of the organisation's activities. All the users were made aware of the complaints channels and the Guidelines and pathways for user participation in the provision of social care services. These are accessible to all users and displayed in a prominent place, designed as easy reading. All users also have access to the mailboxes for complaints, compliments and suggestions. As we are aware of the importance of acquiring new knowledge and skills, we strive to continuously educate and train all our staff. This is the key to changing mindsets and breaking down stigmas around disability, limitations and misconceptions.

V VDC Novo mesto se soočamo s posledicami pristopov iz preteklosti, saj so bile osebe z intelektualno ali telesno oviranostjo mnogokrat prikrajšane na področju temeljnih osebnih pravic in svoboščin. Pogosto je bil njihov glas preslišan, s strani svojcev, sorodnikov, prijateljev in zaposlenih. Z željo po spremembah ter polni vključenosti v proces odločanja uporabnikov o lastnem življenju, smo začeli izvajati številne aktivnosti za opolnomočenje oseb z intelektualnimi oviranostmi. V zavodu smo se osredotočili na spremembo miselnosti in premik moči z zaposlenih na uporabnike. Uporabnike smo vključili v ozaveščanje in proces odločanja in uveljavljanja svojih pravic o življenju v zavodu. Posledično smo organizirali skupino samozagovorništva za uporabnike, kjer imajo možnost sooblikovanja aktivnosti in dejavnosti. Dodatno smo vzpostavili kolegij uporabnikov, kjer so uporabniki informirani o vsem dogajanju in načrtovanju delovanja organizacije. Vse uporabniki smo seznanili s pritožbenimi potmi ter Navodili in potmi za sodelovanje uporabnikom pri izvajanju socialnovarstvenih storitev. Le ta so vsem uporabnikom dostopna in izpostavljena na vidnem mestu, v lahkem branju. Prav tako imajo vsi uporabniki dostop do nabiralnikov za oddajo pritožb, pohval in predlogov. Ker se zavedamo kako pomembno je pridobivanje novega znanja ter usvajanje novih veščin v zavodu stremimo k nenehnemu izobraževanju in usposabljanju vseh zaposlenih. Le to je ključno za spreminjanje miselnosti ter razbijanje stigme na področju invalidnosti, omejitev ter napačnih prepričanj.

Biography:

Suzana Savičić: Since 2019, when I joined the team of the Care and Work Day Center Novo mesto, I have worked with people with intellectual disabilities. I am psychologist and I perform tasks of a group habilitator and unit leader. I'm also responsible for group and individually guided activities and treatment of users, individual plans, counseling work with parents and guardians. One of my tasks is also being a counsellor of violence in the organisation and I'm active in the field of informing employees about mental health issues and of breaking stigma.

Suzana Savičič: Od leta 2019, ko sem se pridružila ekipi Varstveno delovnega centra Novo mesto, delam z osebami z intelektualnimi oviranostmi. Sem psihologinja in opravljam naloge skupinskega habilitatorja in vodje enote. Skrbim tudi za skupinske in individualno vodene aktivnosti ter obravnavo uporabnikov, individualne načrte, svetovalno delo s starši in skrbniki. Ena od mojih nalog je tudi svetovanje za nasilje v organizaciji in zato sem aktivna na področju informiranja zaposlenih s področja duševnega zdravja in razbijanja stigme.

Janja Jakše: Since 1997, when I joined the team of the Care and Work Day Center Novo mesto, I have worked with people with intellectual disabilities. Since 2011, I have been working as a social worker and helping users who face a variety of social problems, difficulties and hardships in their daily lives. In the years 2004-2011, I performed the tasks of a group habilitator. For one year, I performed tasks in the field of managing the programme of the dislocated housing unit, as well as tasks of managing the afternoon work in the field of home care.

Janja Jakše: Od leta 1997, ko sem se pridružila ekipi Varstveno delovnega centra Novo mesto, delam z osebami z intelektualnimi oviranostmi. Od leta 2011 delam kot socialna delavka in pomagam uporabnikom, ki se v vsakdanjem življenju srečujejo z različnimi socialnimi problemi, težavami in stiskami. V letih 2004-2011 sem opravljala naloge skupinskega habilitatorja. Eno leto sem opravljala naloge na področju vodenja programa dislocirane stanovanjske enote ter naloge vodenja popoldanskega dela na področju pomoči na domu.

Vicki Zabell et al.: Combined diabetes and mental healthcare / Kombinirano zdravljenje sladkorne bolezni in duševno zdravje

Vicki Zabell, Sidse Arnfred, Sabrina Trappaud Rønne, Lene Lauge Berring, Birgitte Lerbæk, Rikke Jørgensen

The life expectancy of people living with a severe mental illness is approximately 10-15 year shorter compared to the general population. This is among others caused by increased rates of physical health complications related to illnesses such as diabetes (Rønne *et al.*, 2020). Research has highlighted combined diabetes and mental healthcare interventions as a solution to support and provide optimal care for people living with both illnesses (Zabell *et al.*, 2022). The interventions should have a focus on the interlink between the illnesses during consultations and on the involvement of the users' individual need for support. Based on this, The Fusion Clinic opened in 2020. It's an outpatient clinic that offers integrated diabetes and mental healthcare.

This is an ethnographic research study aimed to explore and describe user involvement and combined care delivered by The Fusion Clinic. The data consisted of 32 informal conversations with healthcare providers, users, relatives and peer support workers, field notes from 96 hours of observations and 12 semi-structured interviews. The study indicated that user involvement and combined care was challenged by old work practices of diabetes and mental health services, which became a barrier of supporting the users. Here the users observed a high level of user involvement from mental healthcare professionals in contrast to healthcare professionals with a diabetes background. Sufficient combined care require insight in diabetes and mental healthcare, not as single conditions but rather as the interlink between the illnesses. Learning from colleagues could support the healthcare professionals in delivering optimal care for people living with coexisting diabetes and severe mental illness.

Pričakovana življenjska doba oseb s hudo duševno boleznijo je v primerjavi s splošno populacijo krajša za približno 10-15 let. To je med drugim posledica večje stopnje telesnih zdravstvenih zapletov, povezanih z boleznimi, kot je sladkorna bolezen (Rønne et al., 2020). Raziskave so izpostavile kombinirane intervencije na področju sladkorne bolezni in duševnega zdravja kot rešitev za podporo in zagotavljanje optimalne oskrbe oseb, ki živijo z obema boleznima (Zabell et al., 2022). Intervencije bi morale biti med posvetovanji osredotočene na medsebojno povezavo med obema boleznima in na vključevanje individualnih potreb uporabnikov po podpori. Na podlagi tega se je leta 2020 odprla klinika The Fusion Clinic. Ambulanta, ki ponuja integrirano zdravstveno varstvo sladkorne bolezni in duševnega zdravja.

Namen te etnografske raziskave je raziskati in opisati vključenost uporabnikov in kombinirano oskrbo, ki jo zagotavlja klinika The Fusion Clinic. Podatki so bili sestavljeni iz 32 neformalnih pogovorov z izvajalci zdravstvenih storitev, uporabniki, sorodniki in delavci vrstniške podpore, terenskih zapiskov 96 ur opazovanja in 12 polstrukturiranih intervjujev. Študija je pokazala, da sta vključevanje uporabnikov in kombinirana oskrba izziv zaradi starih delovnih praks služb za diabetes in duševno zdravje, kar je postalo ovira pri podpori uporabnikom. Pri tem so uporabniki opazili visoko stopnjo vključenosti uporabnikov s strani zdravstvenih delavcev s področja duševnega zdravja v nasprotju z zdravstvenimi delavci s sladkorno boleznijo. Za ustrezno kombinirano oskrbo je potreben vpogled v sladkorno bolezen in duševno zdravje, ne kot v posamezni bolezni, temveč v medsebojni povezavi med obema boleznima. Učenje od kolegov bi lahko zdravstvenim delavcem pomagalo pri zagotavljanju optimalne oskrbe za osebe, ki živijo sočasno s sladkorno boleznijo in hude duševno boleznijo.

Biography:

Vicki Zabell, Region Zealand (Denmark, Dansk), MSc, Ph.D. Post doc

The presentation presents the experiences of two organisations operating in Tuzla, Bosnia and Herzegovina. The information center for people with disabilities “Lotos” uses the good practice of peer support as an instrument to strengthen young people and women with disabilities in improving the quality of life and fighting for their rights. For more than 25 years, the association for mutual help in mental distress TK Feniks represents a unique example of a user organisation where support among equals is a key moment of individual growth and organisational strengthening. For the members of both organisations, counselling among equals is crucial in facing everyday life challenges in the communities they live in, but also in interaction with family members, people in the environment, and institutions. Regardless of their disability, the group participants declare that this type of support helps them preserve their mental health and overall functionality.

The presentation will cover the characteristics and effects of groups that are implemented in Fenix and Lotos, as well as the necessity of individual support (one-on-one). We will discuss the principles of equality, reciprocity and acceptance, and point out the universal need to reflect in another being with whom we share a part of our reality.

V predstavitvi so predstavljene izkušnje dveh organizacij, ki delujeta v Tuzli v Bosni in Hercegovini. Informacijski center za ljudi z oviranostmi "Lotos" uporablja dobro prakso vrstniške podpore kot instrument za krepitev mladih ljudi z oviranostmi pri izboljšanju kakovosti življenja in boju za pravice. Društvo za medsebojno pomoč v duševnih stiskah TK Feniks že več kot 25 let predstavlja edinstven primer uporabniške organizacije, kjer je podpora med enakimi ključni vidik rasti posameznika in krepitve organizacije. Za člane obeh organizacij je svetovanje med enakimi ključnega pomena pri soočanju z vsakodnevnimi življenjskimi izzivi v skupnostih, v katerih živijo, pa tudi v interakciji z družinskimi člani, ljudmi v okolju in institucijami. Ne glede na oviranost udeleženci skupin izjavljajo, da jim tovrstna podpora pomaga ohranjati duševno zdravje in splošno funkcionalnost.

Predstavljene bodo značilnosti in učinki skupin, ki se izvajajo v programih Fenix in Lotos, ter potreba po individualni podpori (ena na ena). Razpravljali bomo o načelih enakosti, vzajemnosti in sprejemanja ter izpostavili univerzalno potrebo po tem, da se zrcalimo v drugem bitju, s katerim si delimo del svoje resničnosti.

Biography:

Sandra Marković is a social worker, member of an expert board in the Association for mutual help in mental distress Fenix and programme coordinator in the Information centre for persons with disabilities “Lotos”. In these organisations, Sandra created and implemented many peer support programmes and has been leading one group for years.

Suvad Zahirović is an executive director at the Information centre for persons with disabilities “Lotos”.

Sandra Marković je socialna delavka, članica strokovnega sveta Društva za medsebojno pomoč v duševnih stiskah Fenix in koordinatorka programa v Informacijskem centru za osebe s posebnimi potrebami Lotos. V teh organizacijah je Sandra oblikovala in izvajala številne programe medsebojne pomoči, že vrsto let pa vodi eno od skupin.

Suvad Zahirović je izvršni direktor v Informacijskem centru za ljudi z oviranostmi Lotos.

Eglė Šumskienė: People and places: the potential of city events to facilitate the local citizenship of people with disabilities / Ljudje in kraji: možnosti mestnih prireditev za spodbujanje lokalnega državljanstva ljudi z oviranostmi

This paper aims to explore the symbolic meanings of physical and social places for community members with and without disabilities and discuss the city events as an opportunity to develop local citizenship. This paper is based on the concept of 'total institutions' (Goffman, 1968) and on the concept of flexible, performative and community-based citizenship (Lepofsky and Fraser, 2003). Community-based citizenship of people with disabilities offers a mechanism by which they can make claims on space and place. Empirical data was gathered in four Lithuanian communities by drawing ecomaps and conducting interviews with community members with and without disabilities. Data shows that two groups occasionally overlap in physical locations but seldom interact socially. City events provide a clearer structure for persons with disabilities and are attractive to other community members as well. Thus, they offer a good starting point for inclusion, moreover, a widened and multi-layered community-based citizenship of people with disabilities that addresses every dimension of the total institution as identified by Goffman (1968: 15). First, all aspects of life are diversified and are no longer 'conducted in the same place and under the same single authority'. Second, each phase of the person's daily activity can occur individually or in the company of the persons of one's choice. Third, there are no formal rulings. And finally, the contents of the various activities are designed to fulfil individual aims and choices instead of serving 'a single overall rational plan purportedly designed to fulfil the official aims of the institution'.

Namen tega prispevka je raziskati simbolne pomene fizičnih in družbenih krajev za člane skupnosti z oviranostjo in brez nje ter obravnavati mestne dogodke kot priložnost za razvoj lokalnega državljanstva. Prispevek temelji na konceptu "totalnih institucij" (Goffman, 1968) ter konceptu prožnega, performativnega in na skupnosti temelječega državljanstva (Lepofsky in Fraser, 2003). Na skupnosti temelječe državljanstvo ljudem z oviranostjo ponuja mehanizem, s katerim lahko uveljavljajo svoje zahteve glede prostora in kraja. Empirične podatke so zbrali v štirih litvanskih skupnostih z risanjem eko-zemljevidov in izvajanjem intervjujev s člani skupnosti z oviranostjo in brez nje. Podatki kažejo, da se skupini občasno prekrivata na fizičnih lokacijah, vendar se redko družabno povezujeta. Mestni dogodki zagotavljajo jasnejšo strukturo za ljudi z oviranostjo in so privlačni tudi za druge člane skupnosti. Tako ponujajo dobro izhodišče za vključevanje, poleg tega razširjeno in večplastno skupnostno državljanstvo ljudi z oviranostjo obravnava vse razsežnosti celotne institucije, kot jih je opredelil Goffman (1968: 15). Prvič, vsi vidiki življenja so raznoliki in se ne izvajajo več "na istem mestu in pod isto enotno oblastjo". Drugič, vsaka faza vsakodnevne dejavnosti osebe lahko poteka individualno ali v družbi oseb po lastni izbiri. Tretjič, ni formalnih odločitev. In končno, vsebina različnih dejavnosti je zasnovana tako, da izpolnjuje cilje in izbire posameznika, namesto da bi služila "enotnemu splošnemu racionalnemu načrtu, ki naj bi bil namenjen izpolnjevanju uradnih ciljev ustanove".

Biography:

Prof. dr. Eglė Šumskienė is Director of the Institute of Sociology and Social Work, Faculty of Philosophy, Vilnius University. Egle Sumskiene is a social worker, sociologist, and expert on disability, mental health, and human rights issues. In 2006 she completed her Ph.D. on the topic "From traditional to modern care: the case of persons with psychosocial disabilities".

Since 2002 E. Sumskiene works for Vilnius University Social Work and Social welfare department, in 2022 she took the position of professor. From 2018 to 2021 she was head of the Department of Social Work and Social Welfare, in 2021 she became director of the Institute of Sociology and Social Work. From 2003, E. Sumskiene is actively working with the Lithuanian NGO sector, focusing on mental health and human rights. During this period as an expert, she was involved in various international and national projects focusing on such areas as human rights and disability, employment, discrimination, mental health care, policy, social integration of people with psychosocial disabilities. She is editor of one monograph and author of over 40 scientific publications covering issues of human rights and mental health. As an expert she collaborates with the UN Committee of the Rights of Persons with Disabilities, Inclusion Europe, European Union Information Agency for Occupational Safety and Health and EU Fundamental Rights Agency, EU Marie Skłodowska-Curie Actions.

Prof. dr. Egle Sumskiene je direktorica Inštituta za sociologijo in socialno delo na Filozofski fakulteti Univerze v Vilni. Egle Sumskiene je socialna delavka, sociologinja in strokovnjakinja za vprašanja oviranosti, duševnega zdravja in človekovih pravic. Leta 2006 je zaključila doktorski študij na temo "Od tradicionalne do sodobne oskrbe: primer oseb s psihosocialnimi težavami". Od leta 2002 je zaposlena na Oddelku za socialno delo in socialno skrbstvo Univerze v Vilni, leta 2022 pa je prevzela mesto profesorice. Od leta 2018 do 2021 je bila predstojnica Oddelka za socialno delo in socialno varstvo, leta 2021 je postala direktorica Inštituta za sociologijo in socialno delo. Od leta 2003 dejavno sodeluje z litvanskim nevladnim sektorjem in se osredotoča na duševno zdravje in človekove pravice. V tem obdobju je kot strokovnjakinja sodelovala v različnih mednarodnih in nacionalnih projektih, ki so se osredotočali na področja, kot so človekove pravice in oviranost, zaposlovanje, diskriminacija, skrb za duševno zdravje, politika, socialno vključevanje oseb s psihosocialnimi ovirami. Je urednica ene monografije in avtorica več kot 40 znanstvenih publikacij, ki obravnavajo vprašanja človekovih pravic in duševnega zdravja. Kot strokovnjakinja sodeluje z Odborom ZN za pravice ljudi z oviranostmi, Inclusion Europe, Informacijsko agencijo Evropske unije za varnost in zdravje pri delu in Agencijo EU za temeljne pravice ter akcijami EU Marie Skłodowska-Curie.

Recognising the development of health and rehabilitation services with recovery oriented practice is one of the important steps towards reduction of institutional settings. Investments in deinstitutionalisation should include providing alternative medical, social and rehabilitation services in the community. These were being developed in Slovenia in the last decades through NGO-social protection services including supported employment, vocational rehabilitation, supported living, day centres, and community mental health centres recently established at the primary health service level. These are examples of good practice, but mostly shunned from the DI leaders in Slovenia. The majority of funds for DI are paradoxically invested in institutions, even though these investments resulted in increasing the number of institutional beds, but with some improvement in living standards. Strong connection among health, social and rehabilitation services is needed to achieve a shift and reduction of actual institutionalisation and shift inclusion of people with mental health disability in the natural environment in Slovenia. The above mentioned primary care and rehabilitation service provision is also defined as an international priority in the context of post COVID era.

Eden izmed ključnih korakov dezinstucionalizacije (DI) je prepoznavna zdravstvenih ter rehabilitacijskih služb na področju duševnega zdravja, ki so usmerjene v okrevanje. Finančno vlaganje v DI naj bi omogočilo razvoj alternativnih oblik zdravstvene, socialne in rehabilitacijske pomoči za družbeno vključitev. Te službe so se v Sloveniji razvijale v zadnjih desetletjih v okviru socialnovarstvenih programov pod okriljem nevladnih organizacij in v zdravstvenem sektorju predvsem na primarni ravni. Vključujejo podporno zaposlovanje, zaposlitveno rehabilitacijo, podporno bivanje in dnevno bivanje ter v zadnjih letih tudi mrežo skupnostnih centrov za duševno zdravje na primarni ravni zdravstvenega varstva. Ti in drugi primeri so primeri dobrih praks, ki pa jih voditelji in ideologi dezinstucionalizacije v našem prostoru povsem spregledajo. Večina sredstev za DI se paradokso usmerja v institucije, čeprav so učinki tega dejansko povečevanje institucionalnih kapacitet, čeprav z nekaj izboljšavami kar se stiče življenjskega okolja in standarda. Premik k dejanski vključitvi ljudi z manjšimi možnostmi v naravno (lokalno) okolje, lahko dosežemo le s tesno povezanostjo med izvajalci, sektorji in lokalnim okoljem. Krepitev zgoraj naštetih skupnostnih služb je tudi prioriteta mednarodnih dokumentov v post COVID obdobju.

Biography:

Vesna Švab: ŠENT Slovenian Association for Mental Health - president, National Mental Health Plan- National Institute for Mental health: advisor in preparation and implementation; psychiatrist in the Community Mental Health Center Logatec, team leader and CMHCs coordinator, EuCOMS member.

Vesna Švab: Predsednica Slovenskega združenja za duševno zdravje ŠENT, svetovalka in zaposlena na Nacionalnem inštitutu za javni zdravje pri pripravi in implementaciji Nacionalnega programa duševnega zdravja, Vodja Centra za duševno zdravje Logatec in sokoordinatorica za vsebinsko vodenje programa skupnostne psihiatrije v Sloveniji.

Goran Šrok: My journey to housing and involved citizenship / Moja pot do stanovanja in vključujočega državljanstva

In this contribution I will show my personal experience with my identity as a homeless person, a person who has struggled with various addictions. During this time, I also got to know different services, a psychiatric hospital, homelessness programmes, a home for older people, a mental health programme. When I was at rock bottom, they cut off my first leg, and five years later, my second leg. During this time, I was also facing eviction from a mental health programme and the threat of being homeless again, even though all I wanted was an apartment to live in on my own! A year ago, I reached my final goal of getting a flat through the Housing Fund and signed a lease. I have arranged personal assistance, I am an active seller of Kralji ulice and have been a columnist from Maribor for 15 years. I have learned the importance of a network of people who have been helpful and supportive.

V prispevku bom pokazal svojo osebno izkušnjo od identitete brezdomca, človeka, ki sem se spopadal z različnimi odvisnostmi. V tem času sem tudi spoznaval različne službe, psihiatrično bolnišnico, programe za brezdomce, dom za stare, program duševnega zdravja. Ko sem bil popolnoma na dnu, so mi odrezali prvo nogo, pet let zatem še drugo. V tem času sem se spopadal tudi s prisilno deložacijo iz programa za pomoč ljudem s težavami v duševnem zdravju in grožnjo ponovnega brezdomstva, čeprav sem želel samo stanovanje, da bi v njem lahko živel sam! Pred enim letom sem prišel do končnega cilja, dodelitve stanovanja preko stanovanjskega sklada in sklenil najemno pogodbo. Imam urejeno osebno asistenco, sem aktiven prodajalec Kraljev ulic, columnist iz Maribora že 15 let. Spoznal sem pomen mreže ljudi, ki so mi bili v pomoč in podporo.

Biography:

For the last 15 years, I have been selling Kralji ulice and writing columns. In doing so, I have had the greatest school of my life, living on the streets and learning about different institutions, jobs, programmes. I am a man with almost 30 years of experience.

Zadnjih 15 let sem prodajalec Kraljev ulic in pisec kolumn. Ob tem sem imel največjo šolo življenja, živeti na ulici in vzporedno spoznavati različne institucije, službe, programe. Sem človek z izkušnjo že skoraj 30 let.

Nataša Štandeker: Transition options for elderly adults with mental and intellectual disabilities from institutional care to community care / Možnosti prehoda starejših odraslih oseb s težavami z duševnim zdravjem in intelektualnimi ovirami iz institucionalne oskrbe k oskrbi v skupnosti

In this article, we aim to answer the question of how the aging process is experienced by people with intellectual and mental +health disabilities, who have spent most of their lives in an institution and are over 65 years old, and what their expectations are about the form of care and quality of life in the last period of life. For the purposes of the research, we interviewed 10 people from some institutions in Slovenia who voluntarily agreed to be interviewed, in the form of a semi-structured interview. The responses were analysed using the analytical tool atlas. Considering the expectations of the residents about how to spend the last period of life, we studied the possibilities of transition of older adults from an institution to community care.

In the next phase of the research, we talked about the key findings with 10 people in charge of the institutions where we had previously interviewed the selected residents. We used a structured interview as a research method. Based on the analysis of the responses, we wanted to find out whether those in charge in the institutions recognise the aging process of the residents as the same as elderly adults, who have lived their lives in their own social network, or whether there are peculiarities in the aging processes of persons with disabilities in mental development and health in the institutions so obvious that it would be necessary to strive for a completely different approach?

Besides, we were also interested in whether those who are responsible, believe that, as an institution, they can respond to the expectations of residents over 65 years of age regarding the desired and expected forms of living and spending the last period of their lives outside the institution. At the end of the research, we also wanted to find out if those in charge in the institutions feel that institutionalised care is a suitable form for older adults with mental and health disorders, or what alternative forms could be, in their opinion, more suitable.

V prispevku želimo odgovoriti na vprašanje, kako proces staranja doživljajo osebe z intelektualno oviranostjo in težavami z zdravjem, ki so večino svojega življenja preživele v instituciji in so starejše od 65 let, ter kakšna so njihova pričakovanja o obliki oskrbe in kakovosti življenja v zadnjem življenjskem obdobju. Za potrebe raziskave smo anketirali 10 oseb iz nekaterih institucij v Sloveniji, ki so prostovoljno privolile v razgovor, v obliki polstrukturiranega intervjuja. Odgovore smo analizirali s pomočjo analitičnega orodja atlas. Analizirane odgovore smo primerjali z podatki drugih raziskav. Glede na pričakovanja stanovalcev o preživljanju zadnjega obdobja življenja smo proučili možnosti prehoda starejših odraslih oseb iz institucije v skupnostno oskrbo.

O ključnih ugotovitvah smo se v naslednji fazi raziskave pogovarjali z 10 – timi odgovornimi v institucijah, kjer smo pred tem opravljali pogovore z izbranimi stanovalci. Kot raziskovalno metodo smo uporabili strukturiran intervju. Na podlagi analize odgovorov smo želeli izvedeti, ali odgovorni v institucijah prepoznavajo proces staranja pri osebah z intelektualno oviranostjo in težavami z zdravjem kot enakega starejšim odraslim, ki so svoje življenje živeli v svoji lastni socialni mreži ali so posebnosti v procesih staranja pri osebah z intelektualno oviranostjo in težavami z zdravjem iz institucij, tako očitne, da bi bilo potrebno strmeti k popolnoma spremenjemu pristopu?

V nadaljevanju nas je zanimalo tudi, ali odgovorni menijo, da so kot inštitucija sposobni odgovoriti na pričakovanja stanovalcev starejših od 65 let o željenih in pričakovanih oblikah bivanja in preživljanja zadnjega obdobja svojega življenja zunaj institucije. V zaključku raziskave pa smo želeli izvedeti še, če se odgovornim v inštitucijah zdi upeljana institucionalna oskrba primerna oblika za starejše odrasle z intelektualno oviranostjo in težavami z zdravjem, oz. kakšne alternativne oblike bi lahko bile, po njihovem mnenju, primernejše.

Biography:

Dr. Nataša Štandeker is a registered nurse, a Master in Health and Social Care Management and a PhD in Social Gerontology. After seven years of working as a registered nurse in a special social care institution in Slovenia, she started working in Austria. After completing her Master's degree at the University of Graz, she took up the position of Head of Nursing and Care in a nursing home for the elderly. Since 2016, she has been a lecturer in nursing and social gerontology at the Alma Mater Europaea ECM. She is also active as a lecturer at educational institutions in Austria.

Dr. Nataša Štandeker je diplomirana medicinska sestra, magistrica managementa v zdravstvu in socialnem varstvu in doktorica socialne gerontologije. Po sedmih letih dela kot diplomirana medicinska sestra v posebnem socialnem zavodu v Sloveniji, se je zaposlila v Avstriji. Po končani nostrifikaciji znanstvenega magisterija na Univerzi v Gradcu je prevzela mesto vodje zdravstvene nege in oskrbe v domu starejših. Od leta 2016 deluje kot predavateljica za področje zdravstvene nege in socialne gerontologije na Alma Mater Europaea ECM. Kot predavateljica je aktivna tudi na izobraževalnih zavodih v Avstriji.

Andreja Štepec: Izzivi vrstniške podpore in zagovorništva v Sloveniji/ Challenges of peer support and advocacy in Slovenia

Peer support and advocacy are not sufficiently recognised in Slovenia as concepts that can greatly contribute to improving mental health and protecting the rights of people with mental health problems. Even the majority of users do not know what they even mean, although they informally perform or receive them themselves, in their everyday life. Most peer advocates advocate for their peers based on their own experiences and knowledge acquired informally. The share of those peer advocates who have passed an exam in the field of representation of the rights of persons with mental health problems or advocacy is small, and peer support is carried out on the basis of their own experience and the desire to help others. In order to ensure the appropriate quality of peer support and advocacy, it is essential that their providers are properly trained. Such routes already exist abroad, but it will be necessary to adapt them to our environment. It will also be necessary to ensure that user representatives have the main, decisive say in their design, adaptation and implementation. The performance of peer advocacy and assistance by qualified users must be appropriately paid for. At the same time, it will be necessary to arrange the payment of retired users, whose experience and knowledge are invaluable, but the current legislation does not allow decent payment for their services. Insofar as we adequately respond to challenges such as the qualification of users for peer support and advocacy, adequate payment for the work performed and the independence of peer advocates, the necessity of the cooperation of peer support workers and advocates in the recovery of persons with mental health problems and their integration into society, became recognisable and self-evident.

Vrstniška podpora in zagovorništvo v Sloveniji nista dovolj prepoznana kot koncepta, ki lahko ogromno doprineseta k izboljšanju duševnega zdravja in varovanju pravic oseb s težavami v duševnem zdravju. Kaj sploh pomenita, ne ve niti večina uporabnikov, čeprav ju neformalno v vsakdanjem življenju izvajajo ali prejemajo sami. Večina vrstniških zagovornikov zagovarja vrstnike na podlagi lastnih izkušenj in znanj, ki so jih pridobili na neformalni način. Majhen je delež tistih vrstniških zagovornikov, ki imajo opravljen izpit s področja zastopništva pravic oseb s težavami v duševnem zdravju ali zagovorništva, vrstniška podpora pa se izvaja na podlagi lastnih izkušenj in želje po pomoči drugim. Za zagotavljanje ustrezne kvalitete vrstniške pomoči in zagovorništva je nujno, da so njihovi izvajalci ustrezno usposobljeni. V tujini takšni progami že obstajajo, potrebno pa jih bo prilagoditi za naše okolje. Poskrbeti bo tudi potrebno, da bodo pri njihovem oblikovanju, prilagoditvi in izvajanju imeli glavno, odločilno besedo predstavniki uporabnikov. Izvajanje vrstniškega zagovorništva in pomoči s strani za to kvalificiranih uporabnikov, mora biti ustrezno plačano. Hkrati bo potrebno urediti tudi plačilo upokojenim uporabnikom, katerih izkušnje in znanja so neprecenljiva, a trenutna zakonodaja ne omogoča dostojnega plačila za njihove storitve. V kolikor se bomo ustrezno odzvali na izzive kot so usposobljenost uporabnikov za vrstniško pomoč in zagovorništvo, ustrezno plačilo za opravljeno delo in neodvisnost vrstniških zagovornikov, bo nujnost sodelovanja vrstniških podpornih delavcev in zagovornikov pri okrevanju oseb s težavami v duševnem zdravju in njihovem vključevanju v družbo, postala prepoznavna in samoumevna.

Biography:

Andreja Štepec has been advocating for people with mental health problems since 2008, when she became the president of the Council of Users of ŠENT. Until 2019, she was employed in

the field of information, education and projects, and since 2019 she has been a peer advocate in the Social Advocacy office at ŠENT. She has completed training as a representative of the rights of persons with mental health problems, as well as an exam for a professional associate in the field of social welfare in the field of advocacy. She participates in expert groups and groups for the creation of legislation at the Ministry of Health and the National Institute of Health, lectures and participates in the preparation and the renewal of training programmes for people with mental health problems, their relatives and professional workers.

Andreja Štepec se z zagovorništvom oseb s težavami v duševnem zdravju ukvarja od leta 2008, odkar je predsednica Sveta uporabnikov ŠENT. Do leta 2019 je bila zaposlena na področju informiranja, izobraževanja in projektov, od leta 2019 pa je vrstniška zagovornica v pisarni za Socialno zagovorništvo na ŠENT-u. Ima opravljeno izobraževanje za zastopnika pravic oseb s težavami v duševnem zdravju, ter izpit za strokovno sodelavko na področju socialnega varstva s področja zagovorništvo. Sodeluje v strokovnih skupinah in skupinah za oblikovanje zakonodaje na MZ in NIJZ, predava in sodeluje pri pripravah in prenovah programov usposabljanj za osebe s težavami v duševnem zdravju, svojce in strokovne delavce.

In a world where the scope of human rights and the provisions of the UN Convention on the Rights of Persons with Disabilities are gaining ground, one-way mental health must no longer be out of the question: the famous slogan “nothing about us without us” must become a self-evident reality, everything else is reactionary paternalism. I am arguing for the ethical and practical dimension of this approach, because it is the only one that can actually improve the mental health of an individual who is stuck in the mental health industry. A humanistic approach to mental health problems means treating a person in crisis with respect and helping them in a way where they can actively participate in the process of recovery, self-determine the pace and intensity, and move towards the ultimate goal, a return to the world of work and/or learning, a return to the social environment in which the crisis has befallen them. Since historically man has not had much opportunity to co-create his own rehabilitation, and one of the fundamental problems has been the paternalism of the mental health industry, which has treated a person as an object, as a problem and as a disease, it is essential to move beyond this paternalism in order to move towards a humane way. The easy and economical option is to have peer help for the person in crisis, someone who is not unfamiliar with the mechanism of mental crisis or with the functioning of mental health industry. On the one hand, the peer acts as a tampon between the person and the industry, on the other hand, the peer offers his/her experience of recovery. As an equal companion, s/he helps the person to get out of the crisis, and by helping them, the peer also helps herself/himself confident and secure.

V svetu, v katerem veljavo pridobivata območje človekovih pravic in določbe Konvencije OZN o pravicah invalidov, o enosmernemu duševnemu zdravju ne sme biti več niti govora: znameniti slogan ‘nič o nas brez nas’ mora postati samoumevna resničnost, vse ostalo je reakcionarni paternalizem. Uveljavljam etično in praktično dimenzijo tega pristopa, saj edini omogoča dejansko izboljšanje duševnega zdravja posameznika, ki se zatakne v industriji duševnega zdravja. Humanistični pristop k duševnim težavam pomeni, da človeka v krizi obravnavamo spoštljivo in mu pomagamo na način, ko bo lahko dejavno sodeloval v procesu okrevanja, sam odmerjal tempo in intenzivnost ter približevanje končnemu cilju, vrnitvi v svet dela in/ali učenja, vrnitvi v socialno okolje, v katerem ga je doletela kriza. Ker zgodovinsko človek ni imel veliko možnosti, da bi soustvarjal svojo rehabilitacijo, in je bil eden temeljnih problemov paternalizem industrije duševnega zdravja, ki ga je obravnavala kot objekt, kot problem in kot bolezen, je za prehod na humani način nujno, da presežemo ta paternalizem. Enostavna in ekonomična možnost je, da človeku v krizi pomaga vrstnik, nekdo, ki mu nista neznana ne mehanizem duševne krize ne delovanje industrije duševnega zdravja. Vrstnik na eni strani deluje kot tampon med osebo in industrijo, na drugi ponuja svoje izkušnje pri ozdravljenju. Kot enakopraven tovariš pomaga človeku iz krize, s pomočjo pa vrstnik pomaga tudi sebi k samozavesti in varnemu počutju.

Biography:

As someone who has lived through the experience of rough hospitalisation for mental health problems for more than 20 years, I have been trying to facilitate the return of people with mental disorders to the everyday social world. I have worked on the website for depressed people 'nebojse.si', I have visited a person with a fear of the world as an Altra volunteer for 4 years, I have been a member of all three NGOs Altra, Šent and Ozara. I have been running a group for people with mental health problems for 8 years (2011/19), I am involved in the

coordination of user associations in the Slovenian Federation of Patients' Organisations and I have been a member of the board of the European Alliance of Users and Survivors of Psychiatry (ENUSP) for almost ten years.

Kot človek z izkušnjo grobe hospitalizacije zaradi težav z duševnim zdravjem že več kot 20 let skušam olajšati vračanje ljudi s težavami z duševnim zdravjem v vsakdanji družbeni svet. Delal sem na spletišču za depresivne 'nebojse.si', kot prostovoljec Altre sem 4 leta obiskoval človeka s strahom pred svetom, bil sem član vseh treh nevladnih organizacij Altra, Šent in Ozara. Leta 2010 sem opravil izpit za zastopnika pravic oseb na področju duševnega zdravja. 8 let (2011/19) sem vodil tekaško skupino ljudi s težavami v duševnem zdravju, sodelujem pri koordinaciji uporabniških društev v Zvezi organizacij pacientov Slovenije in sem že skoraj deset let član upravnega odbora Evropske zveze uporabnikov in preživevcev psihiatrije (ENUSP).

Fabio Trabucco: The deinstitutionalisation in the Italian so-called "after us" law and the right in favour of fragility / Dezinstytucionalizacija v italijanskem t.i. zakonu "za nami" in pravica v korist krhkosti

The contribution proposes the topic of the Italian so-called "After us" law n° 112 of June 22, 2016, and the consequent implementation of the ministerial decree of November 23, 2016. In particular, given the classification of the beneficiaries of the law, the assistance, care, and protection measures are examined as well as the Fund for assistance to people with severe disabilities without family support, as a sort of trust in favour of vulnerable subjects. The regulatory tools currently available, pay increasing attention to the acquisition of autonomy by people with disabilities, by implementing measures aimed at limiting their further vulnerability following the loss of their parents. However, the provision of "deinstitutionalisation" paths constitutes the real fulcrum of the Italian discipline. Indeed, the disabled persons are constitutionally entitled to the right to - albeit fragile - participation. Several deinstitutionalisation processes were carried out in the country but the facilities for the disabled in society didn't undergo a real change. It isn't important that these structures close if, in place of them, many others will be opened, maybe with a different name, with a capacity of hospitalisation (according to the logic of regionalisation), and if the ideological skeleton that sustains and justifies them in our society keeps on living. But the persistence of this model will only strengthen the diffusion, in the hospital and the rehabilitation services, of the institutional logics. The result is that they ignore, mainly, as a most alarming aspect, the sense of rehabilitation and social reinclusion.

Prispevek obravnava italijanski zakon št. 112 z dne 22. junija 2016 in posledično izvajanje ministrskega odloka z dne 23. novembra 2016. Glede na razvrstitev upravičencev po zakonu so obravnavani zlasti ukrepi pomoči, oskrbe in zaščite ter Sklad za pomoč ljudem s težjo oviranostjo brez družinske podpore kot neke vrste skrbništvo v korist šibkejših subjektov. Trenutno razpoložljiva regulativna orodja namenjajo vse več pozornosti pridobivanju samostojnosti ljudi z oviranostjo z izvajanjem ukrepov, namenjenih omejevanju nadaljnje ranljivosti po izgubi staršev. Vendar pa je zagotavljanje poti "dezinstytucionalizacije" prava oporna točka italijanske discipline. Ljudje z oviranostjo imajo namreč po ustavi pravico do - čeprav krhke - participacije. V državi je bilo izvedenih več procesov dezinstytucionalizacije, vendar se zmogljivosti za ljudi z oviranostjo v družbi niso zares spremenile. Nič se ne zgodi, če se te strukture zaprejo in se bodo namesto njih odprle številne druge, morda z drugačnim imenom, z manjšo zmogljivostjo hospitalizacije (v skladu z logiko regionalizacije), in če bo ideološki skelet, ki jih vzdržuje in upravičuje v naši družbi, še naprej živel. Toda vztrajanje tega modela bo samo okrepilo širjenje institucionalne logike v bolnišnicah in rehabilitacijskih službah. Posledica tega je, da se v njih kot najbolj skrb vzbujajoč vidik zanemarja predvsem smisel rehabilitacije in ponovne vključitve v družbo.

Biography:

PhD. in Italian and European Constitutional Law, Adjunct Professor in Public Law and in Comparative Public Law in Italy, and Visiting researcher in several Universities of Central-Eastern EU countries (Czech Republic, Estonia, Hungary, Latvia, Lithuania, and Slovakia). His research projects are mainly in the field of Comparative local administration, self-government and constitutional justice, as well as Direct Democracy and Human rights, included the Comparative judicial systems, in Central-Eastern European countries. He is the author of more

than 80 articles and 20 book chapters on the development of self-government, direct democracy, government systems, human rights in Italy and Central-Eastern European countries.

Doktor italijanskega in evropskega ustavnega prava, redni profesor javnega prava in primerjalnega javnega prava v Italiji ter gostujoči raziskovalec na več univerzah v srednje-vzhodnih državah EU (Češka, Estonija, Madžarska, Latvija, Litva in Slovaška). Njegovi raziskovalni projekti sežejo na področja primerjalne lokalne uprave, samouprave in ustavnega sodstva ter neposredne demokracije in človekovih pravic, vključno s primerjalnimi sodnimi sistemi, v državah srednje in vzhodne Evrope. Je avtor več kot 80 člankov in 20 poglavij v knjigah o razvoju samouprave, neposredne demokracije, vladnih sistemov in človekovih pravic v Italiji in državah srednje-vzhodne Evrope.

Tommaso Bonavigo, Claudia Battiston: Human rights and community approach to mental health: the 40 years-experience of the Mental Health Department of Trieste&Gorizia and the WHO's Quality Rights programme / Človekove pravice in skupnostni pristop k duševnemu zdravju: 40-letne izkušnje Oddelka za duševno zdravje v Trstu in Gorici ter programa SZO za kakovostne pravice

The range of complex needs often expressed by people with severe mental health conditions requires flexible and personalised strategies of supportive interventions and programmes delivered by Mental Health Services in partnership with other services and informal actors of the community. Over the last 40 years, the Mental Health Department of Trieste&Gorizia has developed a multisectoral and multilevel approach to mental health that comprehend the focus on recovery process, promotion of empowerment, combat stigma, and respect human rights of people with mental health conditions. After a short description of the historical deinstitutionalisation process promoted by the Italian psychiatrist Franco Basaglia, an overview of the current network of Mental Health services and community partners in Trieste will be given. As Collaborating Centre of the World Health Organisation, the MHD of Trieste&Gorizia is supporting the worldwide implementation of the Quality Rights initiative, which is aimed at improving the quality of care in mental health and related services and to promote the rights of people with psychosocial, intellectual and cognitive disabilities. The QRs programme will be presented along with a discussion of the potential opportunities and unresolved issues associated with these themes.

Razpon kompleksnih potreb, ki jih pogosto izražajo osebe s hudimi težavami z duševnim zdravjem, zahteva prožne in prilagojene strategije podpornih ukrepov in programov, ki jih izvajajo službe za duševno zdravje v sodelovanju z drugimi službami, in neformalnimi akterji skupnosti. V zadnjih 40 letih je Služba za duševno zdravje v Trstu in Gorici razvila večsektorski in večnivojski pristop k duševnemu zdravju, ki obsega osredotočenost na proces okrevanja, spodbujanje opolnomočenja, boj proti stigmatizaciji in spoštovanje človekovih pravic oseb s težavami z duševnim zdravjem. Po kratkem opisu zgodovinskega procesa dezinstucionalizacije, ki ga je spodbudil italijanski psihiater Franco Basaglia, bomo podali pregled sedanje mreže služb za duševno zdravje in skupnostnih partnerjev v Trstu. MHD Trst&Gorica kot sodelujoči center Svetovne zdravstvene organizacije podpira svetovno izvajanje pobude Quality Rights, katere cilj je izboljšati kakovost oskrbe na področju duševnega zdravja in sorodnih storitev ter spodbujati pravice ljudi s psihosocialnimi, intelektualnimi in kognitivnimi oviranostmi. Program QRs bomo predstavili skupaj z razpravo o potencialnih priložnostih in nerešenih vprašanjih, povezanih s temi temami.

Biography:

Tommaso Bonavigo, psychiatrist, has been working in the Mental Health Services of Trieste since 2011. Professional expertise on community interventions on mental health, in particular: (1) crisis management and home treatment; (2) psychotic onset and early intervention in youths; (3) supported employment; (4) integrated promotion of mental health for asylum seekers, migrants and refugees. He has conducted quantitative and qualitative researches on community mental health services, in particular on the following issues: deinstitutionalisation process, recovery in mental health, users' dependency on the mental health services. Previous research and clinical experiences in London. He is a member of the Trieste's WHO Collaborating Center for research and training in mental health, and is involved in the RING

project (Italian Foreign Ministry) for the development of community mental health services in Palestine. He is contract professor on Research methodology in psychiatry at the University of Trieste.

Claudia Battiston has been working in the MHD of Trieste as a psychiatric rehabilitation technician since 2000, dealing with social inclusion in particular work integration, especially of young people with mental problems. From 2015 to 2020 she was responsible for the training and professionalising activities of the degree course in Technique of psychiatric rehabilitation at the University of Trieste. She is currently working in the Direction of the MHD and she is a staff member of the WHO Collaborating Center, QRs E-training. Her expertise in the QualityRights initiative has been developed through her participation at: International Summer School on Human Rights and Mental Health - Cagliari 2016; WHO QRs training: Improving Quality and Human Rights in Mental Health Facilities - Geneva 2017; WHO Core training in Trieste – September 2022.

Tommaso Bonavigo, psihiater, je od leta 2011 zaposlen v tržaški službi za duševno zdravje. Njegovo strokovno znanje in izkušnje se nanašajo na skupnostne intervencije na področju duševnega zdravja, zlasti: (1) krizno upravljanje in zdravljenje na domu; (2) pojav psihoze in zgodnje ukrepanje pri mladih; (3) podprto zaposlovanje; (4) celostno spodbujanje duševnega zdravja prosilcev za azil, migrantov in beguncev. Opravi je kvantitativne in kvalitativne raziskave o skupnostnih storitvah duševnega zdravja, zlasti o naslednjih vprašanjih: proces dezinstucionalizacije, okrevanje na področju duševnega zdravja, odvisnost uporabnikov od storitev duševnega zdravja. Ima tudi raziskovalne in klinične izkušnje iz Londona. Je član tržaškega Kolaborativnega centra SZO za raziskave in usposabljanje na področju duševnega zdravja in sodeluje v projektu RING (italijansko ministrstvo za zunanje zadeve) za razvoj skupnostnih služb za duševno zdravje v Palestini. Je pogodbeni profesor za raziskovalno metodologijo v psihiatriji na Univerzi v Trstu.

Claudia Battiston je od leta 2000 zaposlena v tržaških službah duševnega zdravja kot psihiatrična rehabilitacijska delavka, ki se ukvarja s socialnim vključevanjem, zlasti delovnim vključevanjem mladih s težavami z duševnim zdravjem. Med letoma 2015 in 2020 je bila odgovorna za dejavnosti usposabljanja in profesionalizacije študijskega programa Tehnikov psihiatrične rehabilitacije na Univerzi v Trstu. Trenutno je zaposlena v Direkciji za duševno zdravje in je sodelavka Kolaborativnega centra Svetovne zdravstvene organizacije, Quality Rights e-izobraževanje. Svoje strokovno znanje o pobudi QualityRights je razvila s sodelovanjem pri: Mednarodni poletni šoli o človekovih pravicah in duševnem zdravju - Cagliari 2016; usposabljanju SZO QRs: Izboljšanje kakovosti in človekovih pravic v ustanovah za duševno zdravje - Ženeva 2017; osnovno usposabljanje SZO v Trstu - septembra 2022.

Dom na Krasu opened the first housing groups in Sežana in 2003. We also have housing groups in Dutovlje, Postojna, and Divača. Altogether there are 64 residents living in outside residential units.

Life in smaller housing groups is much better than life in the main big building, because there the living conditions are much better (in one unit there are maximum 4 - 6 people, maximum 2 users share a bedroom and there is also more possibility of choosing what they will do, eat, etc. during the day). Despite all these changes, these units did not come to life in the way that they should, but became just smaller institutions.

Within the project, we wanted to transform the work and life in housing groups in the way that it would be focused more on individual work with users, which allows users more possibility of independence. We followed the Czech Republic model and created care coordinators and support workers, as a (pilot) new way of working in housing groups.

In this presentation, we will present how the new way of working started, what were the advantages and disadvantages, how the staff and users reacted to the new way of working and how the work is organised now.

Dom na Krasu je prve stanovanjske skupine v Sežani odprl leta 2003. Stanovanjske skupine imamo tudi v Dutovljah, Postojni in Divači. V zunanjih enotah živi 64 stanovalcev.

Življenje v manjših stanovanjskih skupinah je veliko boljše od življenja v glavni veliki stavbi, saj so tam veliko boljši bivalni pogoji (v eni enoti je največ 4 do 6 oseb, največ 2 uporabnika si delita spalnico, več je tudi možnosti izbire, kaj bodo čez dan počeli, jedli ipd). Kljub vsem tem spremembam te enote niso zaživele tako, kot bi morale, ampak so postale le manjše ustanove. V okviru projekta smo želeli preoblikovati delo in življenje v stanovanjskih skupinah na način, ki je bolj osredotočen na individualno delo z uporabniki, kar uporabnikom omogoča večjo možnost samostojnosti. Sledili smo češkemu modelu in oblikovali koordinatorje oskrbe in podporne delavce kot (pilotni) nov način dela v stanovanjskih skupinah.

V predstavitvi bomo predstavili, kako se je nov način dela začel, kakšne so bile prednosti in slabosti, kako so se zaposleni in uporabniki odzvali na nov način dela in kako je delo organizirano zdaj.

Biography:

Arijana Cengle is leader of team Kras.

Katra Zajc is part of the project team.

Arijana Cengle is vodja tima Kras.

Katra Zajc je del projektnege tima.

Juš Škraban et al.: The role of staff training in deinstitutionalisation/ Vloga usposabljanja zaposlenih pri dezinstucionalizaciji

Juš Škraban, Vito Flaker, Vera Grebenc, Amra Šabić in Mojca Urek

The authors of the contribution are all involved in the provision of staff training for staff in various fields and institutions. When the institution is in the process of deinstitutionalisation, the training gains a special role. On the one hand, such training is often associated with big expectations on the part of all of the actors involved. On the other hand, it depends greatly on the collaboration with this institution. In this contribution, we will reflect on some topics which we found particularly relevant in various training programmes we have been involved in in the last two years. These topics are: getting commission for the training; the importance of on-site training; the potential of introducing new methods in the institution; how to meaningfully include professionals from diverse backgrounds.

Avtorice in avtorja prispevka se ukvarjajo z usposabljanjem zaposlenih na delovnem mestu na različnih področjih in različnih institucijah. V procesu dezinstucionalizacije ima usposabljanje posebno vlogo. Po eni strani je usposabljanje pogosto povezano z velikimi pričakovanji vseh udeleženih akterjev, po drugi pa je zelo odvisno od sodelovanja z dotično institucijo. V prispevku bomo razmišljali o nekaterih temah, ki so se nam zdele posebej pomembne v različnih programih usposabljanja, v katere smo bili vključeni v zadnjih dveh letih. Te teme so: dobiti naročilo za usposabljanje; pomen usposabljanja na kraju samem; možnosti uvajanja novih metod v institucijo; kako smiselno vključiti strokovnjake različnih profilov.

Biography:

Vito Flaker is Professor, Mojca Urek is Associate Professor, Vera Grebenc and Amra Šabić are Assistant Professors, and Juš Škraban is Teaching Assistant at the Faculty of Social Work (University of Ljubljana). All of them have been collaborating in training and research projects in the field of community mental health, addiction and related fields.

Vito Flaker je redni profesor, Mojca Urek je izredna profesorica, Vera Grebenc in Amra Šabić sta docentki, Juš Škraban pa je asistent na Fakulteti za socialno delo (Univerza v Ljubljani). Vsi so sodelovali pri usposabljanju in raziskovalnih projektih na področju duševnega zdravja v skupnosti, zasvojenosti in sorodnih področjih.

Urša Jurman: "My wish to become adult and independent one day has come true." After more than 20 years of living in institutional care, Urša Jurman is now living independently. In May 2022, she moved into a four-bedroom apartment where two students with cerebral palsy were living at the time. "They taught me how to wash clothes in the machine, they introduced me into everyday life. It was fine because we agreed that the other one would buy the food each time. And we had dinner together. My wish to become adult and independent and live in Sonček's flat one day came true. This wish has been burning inside me for more than 20 years." Urša is supported by her parents in her daily routine and by the staff at the Sonček Alliance, who she can always call on.

Peter Režek: After 30 years of living in institutional care, Peter Režek is now living independently. He moved from Šiška to the Sonček residential group on Neubregerjeva Street. He spent 16 years there and another five years in the residential group on Vinčarjeva Street. Since 1 March 2023, he has been living with his roommates Urša Jurman and Andreja Golob, and with the help of personal assistants, in an apartment in Celovški dvori in Šiška, Ljubljana. "The apartment is adapted and accessible for me and Andreja, who uses a wheelchair. We each have our own room, but we socialise in the common areas - the kitchen and the living room. If I compare my life now to the life I had in Vinčarjeva Street, I can say that life there is like living in a retirement home - everything is taken care of. But that is not what I want. In my new flat, everything is very different; whereas before I had to decide about nothing, here I have to decide about everything - which I actually like. It also gives me more control and responsibility in my life. I am convinced that one has to take some responsibility for one's own life, whatever his/her situation - people with intellectual disabilities are no exception. At the moment we have two personal assistants helping us, as Andreja and me are entitled to personal assistance."

Urša Jurman: »Uresničila se mi je želja, da bi enkrat tudi jaz odrasla in se osamosvojila.« Po dobrih 20 letih življenja v institucionalnem varstvu je Urša Jurman zaživel samostojno življenje. Maja 2022 se je preselila v štirisobno stanovanje, kjer sta takrat bivali dve študentki s cerebralno paralizo. »Naučili sta me, kako se pere obleka v stroju, uvedli sta me. Bilo mi je fino, ker smo se dogovorile, da vsakič druga kupuje hrano. In tudi skupaj smo večerjale. Uresničila se mi je želja, da bi enkrat tudi jaz odrasla in se osamosvojila in bi lahko zaživel v Sončkovem stanovanju. Ta želja je v meni tlela več kot 20 let.« Urši pri vsakdanjih opravilih pomagata starša, podpirajo jo tudi zaposleni v Zvezi Sonček, ki jih lahko vedno pokliče.

Peter Režek: Po 30 letih življenja v institucionalnem varstvu je Peter Režek zaživel samostojno življenje. Iz Šiške se je preselil v Sončkovo stanovanjsko skupino na Neubregerjevi. Tam je prebil 16 let in nadaljnjih pet let v stanovanjski skupini na Vinčarjevi ulici. Od 1. marca 2023 pa s sostanovalkama Uršo Jurman in Andrejo Golob in ob pomoči osebnih asistentov živi v stanovanju v Celovških dvorih v ljubljanski Šiški. »Stanovanje je prilagojeno in dostopno za naju z Andrejo, ki uporablja invalidski voziček. Vsak ima svojo sobo, družimo pa se v skupnih prostorih – v kuhinji in dnevni sobi. Če primerjam z bivanjem na Vinčarjevi ulici, lahko rečem, da tam življenje poteka tako kot v domu za starejše občane – za vse je poskrbljeno. Vendar to ni to, česar si sam želim. V novem stanovanju je vse skupaj precej drugače; če se mi prej ni bilo treba odločati o prav ničemer, se moram tu prav o vsem – kar pa mi je pravzaprav všeč. S tem tudi prevzamem večji nadzor in odgovornost za svoje življenje. Prepričan sem namreč, da mora

človek prevzeti določeno odgovornost za svoje življenje ne glede na to, v kakšnem položaju je – intelektualne ovire niso prav nobene izjema. Trenutno nam pomagata dva osebna asistenta, saj sva z Andrejo upravičena do osebne asistence«.

Biography:

Urša Jurman and Peter Režek are users of the Sonček care and work day care centre, Ljubljana.
Urša Jurman in Peter Režek sta uporabnika Varstveno delovnega centra (VDC) Sonček Ljubljana.

Lidia Zabłocka-Żytka: The Labour training for the mental health care users as a chance. The trainer's and trainee's perspective based on individual interviews / Usposabljanje na področju dela za uporabnike služb duševnega zdravja kot priložnost. Pogled trenerja in udeleženca usposabljanja na podlagi individualnih intervjujev

The aim of the poster presentation is to share the conclusions of interviews made among the trainees and the trainers of the training programme for mental care users called "Doradcy ds zdrowienia" (recovery advisors). The training was a part of the 3 year-long project of preparing the mental care users to provide the peer support. It is still a new approach in Poland and a new experience for both, mental care users as well as professional trainers. The project was successful. There are many conclusions and ideas available to be continued in Poland.

Namen predstavitve plakata je predstaviti ugotovitve intervjujev, opravljenih med udeleženci in trenerji programa usposabljanja za uporabnike psihiatričnih storitev z naslovom "Doradcy ds zdrowienia" (svetovalci za okrevanje). Usposabljanje je bilo del triletnega projekta priprave uporabnikov duševnega zdravja na zagotavljanje vrstniške podpore. To je še vedno nov pristop na Poljskem in nova izkušnja tako za uporabnike duševnega zdravja kot tudi za strokovne izvajalce usposabljanja. Projekt je bil uspešen. Na voljo je veliko zaključkov in idej, ki jih je treba nadaljevati na Poljskem.

Biography:

Lidia Zabłocka-Żytka is a clinical psychologist, psychotherapist, researcher, and academic teacher at the Maria Grzegorzewska University, Institute of Psychology, Warsaw, Poland.

Lidia Zabłocka-Żytka je klinična psihologinja, psihoterapevtka, raziskovalka in profesorica na Inštitutu za psihologijo Univerze Marije Grzegorzewskiej v Varšavi na Poljskem.

Emmanuelle Jouet: Transforming and recognising the singular experience into collective knowledge: the French experiential skills assessment pathway of Addiction Expert Users / Priznavanje in preoblikovanje izkušnje posameznika v kolektivno znanje: francoska pot ocenjevanja spretnosti strokovnjakov z izkušnjo na področju zasvojenosti

Context: Recognising and assessing the acquired experience of patients, people concerned and users is a challenge in addiction and mental health fields.

The project: "Patients-Experts Addictions (PEA): developing and securing their place in care pathways", led by the France Patients-Experts Addictions association, has made it possible to initiate and deploy the skills assessment of the lay-experience pathway for a first phase. An external evaluation was conducted between August and December 2022 by the Research Laboratory Mental Health and Social sciences team.

Objectives: The general objectives were to verify the efficiency of the educational and evaluation approach, to ensure the safety of the course for the participants and to analyse the interest of social and medical services that could accommodate PEAs in their activities.

Method: To carry out this evaluation, 22 interviews with certified expert patients and two focus groups of members of juries and tutors were carried out as well as two additional interviews. The data was transcribed automatically, then cleaned manually in order to proceed with the analysis of the corpora thus constructed. A transversal content analysis identified nine main themes.

Results: The main result of this qualitative survey, based on a participatory approach, shows that the French skills assessment system is popular with participants – users and professionals – in terms of content, means and support. The recommendations highlight the generalisation of such a way to recognise and valorise experiential knowledge in the future in order to enhance the users' empowerment and engagement in both fields of addiction and mental health.

Kontekst: Prepoznavanje in ocenjevanje pridobljenih izkušenj bolnikov in uporabnikov predstavlja izziv na področju zasvojenosti in duševnega zdravja.

Projekt: Projekt "Pacienti z izkušnjo za odvisnosti (PEA): razvijanje in zagotavljanje njihovega mesta v oskrbi", ki ga je vodilo francosko Združenje pacientov z izkušnjo odvisnosti, je v prvi fazi omogočil začetek in uvedbo ocenjevanja spretnosti na poti laične, nestrokovne izkušnje. Zunanjo evalvacijo je med avgustom in decembrom 2022 izvedla ekipa Raziskovalnega laboratorija za duševno zdravje in socialne vede.

Cilji: Splošni cilji so bili preveriti učinkovitost izobraževalnega in ocenjevalnega pristopa, zagotoviti varnost tečaja za udeležence ter analizirati interes socialnih in zdravstvenih služb, ki bi lahko v svoje dejavnosti vključile PEA.

Metoda: Za izvedbo evalvacije je bilo opravljenih 22 intervjujev s pacienti z izkušnjo in dve fokusni skupini članov žirij in mentorjev ter dva dodatna intervjuja. Podatki so bili samodejno transkribirani, nato pa ročno pregledani, da se je lahko nadaljevala analiza tako oblikovanih korpusov. S transversalno vsebinsko analizo smo opredelili devet glavnih tem.

Rezultati: Glavni rezultat te kvalitativne raziskave, ki temelji na participativnem pristopu, kaže, da je francoski sistem ocenjevanja znanj in spretnosti pri udeležencih - uporabnikih in strokovnjakih - priljubljen glede vsebine, sredstev in podpore. Priporočila poudarjajo posplošitev takšnega načina prepoznavanja in vrednotenja izkustvenega znanja v prihodnosti, da bi povečali opolnomočenje in vključenost uporabnikov tako na področju zasvojenosti kot na področju duševnega zdravja.

Biography:

Dr. Emmanuelle Jouet, PhD in Educational Science, has been Director at the Social sciences and Mental Health Research Laboratory of the GHU-Paris Psychiatry & Neurosciences since January 2021 where she is co-piloting the development of the partnership with patients and families at the GHU-Paris psychiatry & neurosciences. For more than 15 years, she has been working on destigmatising mental health, mental health promotion, developing new training methods involving people living with mental health illnesses as both trainers and trainees, and evaluating continuous learning training programmes for mental health professionals. During 2020-2021, she was responsible for the coordination of the ERICA project funded by the European Union's Rights, Equality and Citizenship Programme (2014-2020) for the French site (Paris). ERICA Project will create Training Program and Risk Assessment Mobile Application on child maltreatment risk for multi-professional use. These are useful for all professionals dealing with children and families, also for families themselves. Her recent research work has taken place within a French national mental health programme, Housing First, and two EU supported projects: Promoting Mental Health minimising mental illness and Integrating Social Inclusion through Education, (PROMISE, DG SANCO, n° 2008-216) and Empowerment of Mental Illness Service Users Through Lifelong Learning Integration and Action (EMILIA, CIT-3-2005-513435). She has also developed the first French training programs for all stakeholders on promoting recovery for mental health service users in France, using innovative training approaches based on participative ongoing implementation evaluation techniques.

Dr. Emmanuelle Jouet, doktorica pedagoških znanosti, je od januarja 2021 direktorica raziskovalnega laboratorija za družbene vede in duševno zdravje na psihiatriji in nevroznanosti GHU-Paris, kjer soustvarja razvoj partnerstva z bolniki in družinami. Že več kot 15 let se ukvarja z destigmatizacijo duševnega zdravja, promocijo duševnega zdravja, razvojem novih metod usposabljanja, ki vključujejo osebe, ki živijo z duševnimi boleznimi, kot izvajalce usposabljanja in udeležence, ter vrednotenjem programov usposabljanja za permanentno učenje za strokovnjake na področju duševnega zdravja. V obdobju 2020-2021 je bila odgovorna za koordinacijo francoskega dela projekta ERICA, ki ga je financiral program Evropske unije za pravice, enakost in državljanstvo (2014-2020). V okviru projekta ERICA smo oblikovali program usposabljanja in mobilno aplikacijo za ocenjevanje tveganj za zlorabe otrok. Aplikacija bo uporabna za vse strokovnjake, ki se ukvarjajo z otroki in družinami, tudi za družine same. Njeno nedavno raziskovalno delo je potekalo v okviru francoskega nacionalnega programa za duševno zdravje, Housing First, in dveh projektov, ki jih podpira EU: PROMISE, GD SANCO, št. 2008-216) in Empowerment of Mental Illness Service Users Through Lifelong Learning Integration and Action (EMILIA, CIT-3-2005-513435). Razvila je tudi prve francoske programe usposabljanja za vse zainteresirane strani za spodbujanje okrevanja uporabnikov storitev na področju duševnega zdravja v Franciji z uporabo inovativnih pristopov usposabljanja, ki temeljijo na participativnih tehnikah sprotne evalvacije izvajanja.

Nejra Tinjić, Esmina Avdibegović, Vahid Đulović: Authenticity: Defining and Preserving the Role of Mental Health Service Users' Associations / Avtentičnost: Opredelitev in ohranitev vloge združenj uporabnikov storitev na področju duševnega zdravja

In this contribution, we explore the challenges set by various stakeholders relevant for the functioning of a mental health service users' association. Using the examples from more than two decades of work of the Association "Feniks", as well as the associations that were established using "Feniks" as a model, or its various collaborators, we map the specific position of users' associations in both prevention and promotion within the mental health field. Users' associations, especially in developing countries, are often forced to rely on agencies that other players in the field usually don't have much contact with, including international and local donors. Also, they typically need to maintain communication and cooperation with (other) non-governmental organisations, and of course with various institutions in the system of mental healthcare and social care. This usually may serve to inspire users' associations to at least occasionally leave the frame of activities related to mental health, but can also pose a threat to maintaining a clear definition and vision of what these associations are and should be.

V tem prispevku obravnavamo izzive, ki jih predstavljajo različne zainteresirane strani, pomembne za delovanje združenja uporabnikov služb na področju duševnega zdravja. Na podlagi primerov iz več kot dvajsetletnega delovanja združenja "Feniks" in združenj, ki so bila ustanovljena po zgledu združenja "Feniks" oz. njegovih različnih sodelavcev, prikažemo poseben položaj združenj uporabnikov tako na področju preventive kot promocije duševnega zdravja. Združenja uporabnikov, zlasti v državah v razvoju, se morajo pogosto zanašati na agencije, s katerimi drugi akterji na tem področju običajno nimajo veliko stikov, vključno z mednarodnimi in lokalnimi donatorji. Prav tako morajo običajno vzdrževati komunikacijo in sodelovanje z (drugimi) nevladnimi organizacijami in seveda z različnimi institucijami v sistemu duševnega zdravja in socialnega varstva. To običajno lahko služi kot navdih združenjem uporabnikov, da vsaj občasno izstopijo iz okvira dejavnosti, povezanih z duševnim zdravjem, lahko pa predstavlja tudi grožnjo za ohranjanje jasne opredelitve in vizije, kaj ta združenja so in kaj bi morala biti.

Biography:

Nejra Tinjić is a psychologist with various interests that easily reflect the needs of a dynamic context of users' association functioning, ranging from sports, occupational therapy, counselling, to project management.

Nejra Tinjić je psihologinja z različnimi zanimanji, ki odražajo potrebe dinamičnega konteksta delovanja združenj uporabnikov, od športa, delovne terapije, svetovanja do vodenja projektov.

Giovanna del Giudice: From Gorizia and Cagliari to a national campaign to reduce coercion in mental health / Od Gorice in Cagliariija do nacionalne kampanje za zmanjšanje prisilnih ukrepov na področju duševnega zdravja

In Italy, the first big step toward reducing coercion was the effort of Basaglia and his colleagues to transform the asylum in Gorizia. He declined to sign the papers which would permit mechanical restraint with his famous quote: "E mi no firmo". The second big step was the adoption of the Law 180 which abolished psychiatric hospitals. This step was encouraged by the deinstitutionalisation processes in Trieste. More recently, the author led the project of transformation of psychiatric services of the Department of Mental Health in Cagliari. Slowly, a national campaign "E tu slegalo subito" was born, aimed at the abolishment of mechanical restraint in psychiatry. Simultaneously, a "club" of psychiatric units in general hospitals which follows the "no-restraint" approach has been created. The contribution aims to point out some of the core aspects shared by these efforts to reduce or abolish restraint in Italy.

V Italiji je bil prvi veliki korak k zmanjšanju prisile prizadevanje Basaglie in sodelavcev za preoblikovanje psihiatrične bolnišnice v Gorici. S svojim znamenitim citatom je zavrnil podpis dokumentov, ki bi dopuščali uporabo mehanske prisile: "E mi no firmo". Drugi velik korak je bilo sprejetje zakona št. 180, ki je ukinil psihiatrične bolnišnice. Ta korak so spodbudili procesi dezinstucionalizacije v Trstu. Pred kratkim je avtor vodil projekt preoblikovanja psihiatričnih služb Oddelka za duševno zdravje v Cagliariju. Počasi se je rodila nacionalna kampanja "E tu slegalo subito", katere cilj je bila odprava mehanskega omejevanja na psihiatriji. Hkrati je bil ustanovljen "klub" psihiatričnih oddelkov v splošnih bolnišnicah, ki sledijo pristopu "brez omejevanja gibanja". V prispevku bodo izpostavljeni nekateri ključni vidiki, ki so skupni tem prizadevanjem za zmanjšanje ali odpravo omejevanja gibanja v Italiji.

Biography:

Giovanna Del Giudice is psychiatrist of "Trieste school". In 2020 she published a book "... e tu slegalo subito: sulla contenzione in psichiatria". She started her career in 1971 in Trieste, joining Franco Basaglia's team, who had a history of deinstitutionalisation in the field of mental health. Later she held a managerial position in the field of psychiatry in Caserta near Naples. In 2020, her book "... e tu slegalo subito: sulla contenzione in psichiatria" was published. The book is an account of her work in the local health unit in Cagliari, Sardinia.

Giovanna Del Giudice je psihiatrinja »tržaške šole«. Kariero je začela leta 1971 v Trstu in se pridružila ekipi Franca Basaglie, ki je zaznamovala zgodovino dezinstucionalizacije na področju duševnega zdravja. Pozneje je imela vodstveno funkcijo na področju psihiatrije v Caserti pri Neaplju. Leta 2020 je izšla njena knjiga » ... e tu slegalo subito: sulla contenzione in psichiatria«. Knjiga priča o njenem delu v lokalni zdravstveni enoti v mestu Cagliari na Sardiniji.

Mark Monahan: Professional Dissonance: Working with the diagnosis of schizophrenia in community mental health teams / Strokovna disonanca: Delo z diagnozo shizofrenije v skupnostnih timih za duševno zdravje

Ireland went through the process of deinstitutionalisation in the period between the mid-eighties to the late nineties. This brought about the development of multidisciplinary community mental health care, which is now at an advanced stage. In 2006, on foot of the publication of the policy document 'A Vision for Change' (DoHC 2006) further reform of the service was proposed with the reorientation of the service to one based on a recovery model, which was to replace the existing medical model, enshrined in legislation. This presentation explores the the outcome of an ethnography of working with the diagnosis of schizophrenia, long considered psychiatry's *raison d'être* (Bracken and Thomas). Here, the author became a full participant observer carrying a caseload of people given the diagnosis, in a community mental health team. The study received ethical approval and access to the service was granted by the national health service area's review board. The presentation explores ways of working, drawing on Michael Lipsky's theory of 'street level bureaucracy'. It evaluates the impact of working within multidisciplinary teams where conflicting perspectives on diagnosis, treatment and approaches lead to an outcome of cognitive dissonance (Festinger) for staff and the strategies they use to reconcile this dissonance. Advice is given on how resultant the conflict can be reconciled.

*Irska je v obdobju od sredine osemdesetih do konca devetdesetih let doživela proces dezinstucionalizacije. To je povzročilo razvoj multidisciplinarnе skupnostne oskrbe duševnega zdravja, ki je zdaj v napredni fazi. Leta 2006 je bila ob objavi političnega dokumenta "Vizija za spremembe" (DoHC 2006) predlagana nadaljnja reforma služb s preusmeritvijo služb na model okrevanja, ki naj bi nadomestil obstoječi medicinski model, zapisan v zakonodaji. Ta predstavitev obravnava rezultate etnografije dela z diagnozo shizofrenije, ki je dolgo veljala za *raison d'être* psihiatrije (Bracken in Thomas). Avtor je postal polnopravni opazovalec, ki je v skupini za duševno zdravje v skupnosti opravljal delo z osebami, ki so imele to diagnozo. Študijo in dostop do storitve je etično odobril območni nadzorni odbor nacionalnih zdravstvenih služb. V predstavitvi so obravnavani načini dela, ki temeljijo na teoriji Michaela Lipskega o "ulični birokraciji". Ocenjuje vpliv dela v multidisciplinarnih timih, kjer nasprotujoči si pogledi na diagnozo, zdravljenje in pristope privedejo do kognitivne disonance (Festinger) za osebje, in strategije, ki jih uporabljajo za usklajevanje te disonance. Podani so nasveti o tem, kako je mogoče uskladiti nastale konflikte.*

Biography:

Mark Monahan (PhD) is a lecturer in mental health nursing at the School of Nursing and Midwifery in Trinity College Dublin. He is registered in the General, Mental Health and Tutor divisions of the nursing register in Ireland. After working as a clinician for over 20 years, predominately in the mental health field, Mark moved into nurse education in 2004. His research work centres upon working with people given a medical diagnosis of schizophrenia/psychosis and working with families where a diagnosis of schizophrenia/psychosis is present. He was lead for the STRENCO Project: Strengthening competencies for co-production in mental health. He is a co-founder of the Hearing Voices Network in Ireland and has developed a Psychosocial Interventions programme on the MSc in Mental Health at TCD. He is currently Vice-Chair for Communications of the ENTER Network.

Dr. Mark Monahan je predavatelj zdravstvene nege na področju duševnega zdravja na Visoki šoli za zdravstveno nego in babištvo na Trinity College v Dublinu. Na Irskem je vpisan v splošni register medicinskih delavcev, oddelek za duševno zdravje in oddelek za tutorje. Potem ko je več kot 20 let delal kot zdravnik, večinoma na področju duševnega zdravja, se je Mark leta 2004 usmeril v izobraževanje medicinskih sester. Njegovo raziskovalno delo se osredotoča na delo z osebami z medicinsko diagnozo shizofrenija/psihoza in na delo z družinami, kjer je prisotna diagnoza shizofrenija/psihoza. Bil je vodja projekta STRENCO: Krepitev kompetenc za soustvarjanje na področju duševnega zdravja. Je soustanovitelj mreže Hearing Voices Network na Irskem in je razvil program psihosocialnih intervencij na magistrskem študiju duševnega zdravja na TCD. Trenutno je podpredsednik mreže ENTER za komunikacije.

Urška Sorta Kovač: The pilot project "Home in Kras" (introductory presentation) / Pilotni projekt "Doma na Krasu" (uvodna predstavitev)

The Social care Institution Dom na Krasu has acquired the European funds for the purpose of deinstitutionalisation. The main goal of the project is to transform the institution in the network of community services for people with long term mental health issues and intellectual disabilities. During the project 70 residents of the institution will be resettled into the community, while Dom na Krasu will provide them with appropriate support. We want to achieve that the life of the residents of Dom na Krasu is as close as possible to everyday life in the community, in various forms of living (at home - in their own or rented apartment, in housing groups, serviced apartments, etc.), which provide residents with greater influence in decision-making about their life. We will provide them with support, both in everyday life and in their involvement in various activities in the community and in employment. I will present the activities we are taking to achieve our aims, our little victories and everyday struggles that we face, fighting for the better lives of people on the margin of society.

Socialno varstveni zavod Dom na Krasu je pridobil evropska sredstva za dez institucionalizacijo. Glavni cilj projekta je preoblikovanje ustanove v mrežo skupnostnih storitev za osebe z dolgotrajnimi težavami z duševnim zdravjem in intelektualno oviranostjo. V okviru projekta bo 70 stanovalcev zavoda preseljenih v skupnost, Dom na Krasu pa jim bo zagotavljal ustrezno podporo. Doseči želimo, da se življenje stanovalcev Doma na Krasu čim bolj približa vsakdanjemu življenju v skupnosti, in sicer v različnih oblikah bivanja (doma - v lastnem ali najetem stanovanju, v stanovanjskih skupinah, oskrbovanih stanovanjih ...), ki stanovalcem omogočajo večji vpliv pri odločanju o svojem življenju. Zagotavljali jim bomo podporo tako v vsakdanjem življenju kot pri vključevanju v različne dejavnosti v skupnosti in pri zaposlovanju. Predstavila bom dejavnosti, ki jih izvajamo za dosego naših ciljev, naše majhne zmage in vsakodnevne boje, s katerimi se soočamo, ko se borimo za boljše življenje ljudi na robu družbe.

Biography:

Urška Sorta Kovač is a university-educated social worker and the project manager of the Home in the Karst transformation project.

Urška Sorta Kovač je univerzitetna diplomirana socialna delavka, vodja projekta preobrazbe zavoda Dom na Krasu.

Vito Flaker: From community care to the care by the community – A sublime community the challenge of this century / *Od oskrbe v skupnosti k skupnosti, ki jo zagotavlja – Sublimna skupnost izziv tega stoletja*

Deinstitutionalisation is seen by many as a solely technical operation of resettling institutions' residents onto a location in the community. The notion of community care was reduced to the care in a community. The services are being moved, the ethos, relationships, roles stand still. This round table needs to put an emphasis on the very topics presented at the conference. They point into a meaningful direction. On one hand there is a need to make transition to the community care really communal matter. On its path deinstitutionalisation must address the needs of the community, to reinvent it, to make it possible. It is also a cultural issue – deinstitutionalisation is art and art is its cultural tool. Provides much needed context to the reform.

On the other hand, the hard core of institution must be addressed, way of abolishing coercion, working in a personal way with people, outdoing intermediate solutions, providing possibilities to really connect into the community. The users' power is the bridge of conjunction of the community and professional workers.

Dezinstucionalizacijo mnogi dojemajo predvsem kot zgolj tehnično operacijo preselitve stanovalcev, spremembo lokacije. Pomen skupnostne oskrbe se je zreduciral na oskrbo v skupnosti. Premikamo službe, etos, odnosi, vloge pa vztrajajo. Namen okrogle mize je poudariti prav teme, o katerih na konferenci razpravljamo. Kažejo namreč v pomembno smer. Na eni strani je treba prehod k skupnostni oskrbi zastaviti kot zares skupnostno zadevo. Na svoji poti mora dezinstucionalizacija najti odgovore na potrebe skupnosti, jo ponovno iznajti, jo omogočati. Gre tudi za kulturno vprašanje – dezinstucionalizacija je umetnost, umetnost pa njeno kulturno orodje. Tako, ki zagotavlja zelo nujen okvir reforme. Na drugi strani pa je treba obravnavati trdo jedro institucije, izumiti kako odpraviti prisilo, kako delati z ljudmi zares osebno, kako preseči zgolj vmesne rešitve, kako zagotoviti možnosti za resnično povezovanje v skupnost. Moč uporabnikov je most, ki vpreže skupnost in strokovnjake v en in isti voz.

Biography:

Vito Flaker is Professor at the Faculty of Social Work (University of Ljubljana).
Vito Flaker je redni profesor na Fakulteti za socialno delo (Univerza v Ljubljani).

Conference programme/Program conference

(click on the title to access its corresponding abstract / klikni na naslov prispevka za dostop do povzetka)

8.00–9.00	Lobby/preddverje	Registration/Prijava
9.00–9.20	Room/soba 1*	<p>Moderator/moderatorica: Mojca Urek</p> <p>Brief welcome speeches / Kratki nagovori:</p> <ul style="list-style-type: none"> • Ministry of solidarity-based future/<i>Ministrstvo za solidarno prihodnost</i>, minister SIMON MALJEVAC; • President of ENTER network/<i>predsednica mreže ENTER</i>, MARJA KAUNONEN; • <i>The mayor of the Municipality of Sežana/župan občine Sežana</i>, ANDREJ SILA; <p>and co-organizers /<i>in soorganizatorji</i>:</p> <ul style="list-style-type: none"> • v.d. Dom na Krasu/acting director of Dom na Krasu, GORAN BLAŠKO; • Dean of the Faculty of Social Work, University of Ljubljana / dekanja Fakultete za socialno delo, UL, LILJANA RIHTER (on her behalf / v njenem imenu: MOJCA UREK); • Director of the Social Protection Institute of the Republic of Slovenia/<i>direktorica Inštituta RS za socialno varstvo</i>, BARBARA KOBAL TOMC; • <i>Director of the SONČEK association/direktor Zveze Sonček</i>, IZTOK SUHADOLNIK; • President of the Svizci user association/<i>predsednica uporabniškega društva Svizci</i>, NIKA CIGOJ KUZMA.
9.20–9.35	Room/soba 1*	<p>Moderator/moderatorica: Mojca Urek</p> <p>Head of the project “Doma na Krasu”/<i>vodja projekta »Doma na Krasu«</i>, URŠKA SORTA KOVAČ: Urška Sorta Kovač: The pilot project “Home in Kras” (introductory presentation) / Pilotni projekt “Doma na Krasu” (uvodna predstavitev)</p>
9.35–10.35	Room/soba 2	Press conference/Tiskovna konferenca
9.35–10.05	Room/soba 1*	<p>Moderator/moderatorica: Andreja Rafaelič</p> <p>Keynote 1/Uvodno predavanje 1:</p>

		<p>Content/vsebina</p> <p>Keynote 1: Emir Okanović: Deinstitutionalisation: <i>myth or reality?</i> / <i>Deinstitutionalizacija: mit ali realnost?</i> 7</p> <p>Keynote 2: Roberto Mezzina: De-institutionalisation today: person-centered focus and system change toward community mental health / Deinstitutionalizacija danes: osredinjenost na človeka in sistemska sprememba v smeri skupnostnega duševnega zdravja 9</p> <p>Keynote 3: Nika Cigoj Kuzma, Erik Zonta, Salih Čaušević: Experiencing transformation – from institution to community / Izkušnja preobrazbe – od institucije k skupnosti 11</p> <p>Keynote 4: Reima Ana Maglajlić: Creating communities through co-production and partnership – what does experiential knowledge teach us about deinstitutionalisation? / Ustvarjanje skupnosti s koprodukcijo in partnerstvom - kaj nas izkustveno znanje uči o deinstitutionalizaciji? 13</p> <p>Lene Lauge Berring et al.: Experiencing dignity and respect – a precondition to recover from coercion. Findings from a FOSTREN Collaborative Research Network study / Doživljanje dostojanstva in spoštovanja – predpogoj za okrevanje po uporabi prisilnih sredstev. Ugotovitve skupne študije raziskovalne mreže FOSTREN 15</p> <p>Sonja Bezjak: Prejudices and stereotypes about deinstitutionalisation: examples from the Museum of Madness / <i>Predsodki in stereotipi o deinstitutionalizaciji: primeri iz Muzeja norosti</i> 17</p> <p>Nika Cigoj Kuzma: The relevance of peer-support: in the institution, community and resettlement / Pomen vrstniške podpore: v instituciji, v skupnosti in pri preseljevanju 19</p> <p>Fulvia Ferri, Francesca Giglione: Territories in Action: working on inclusion, health, and community development projects in Gorizia (Italy) / Territories in Action: delo na projektih vključevanja, zdravja in razvoja skupnosti v Gorici (Italija) 21</p> <p>Lea Korbar, Martina Čiković, Iztok Šefran: Regaining legal capacity in the process of deinstitutionalisation / Vračanje poslovne sposobnosti v procesu deinstitutionalizacije 23</p> <p>Chrysovalantis Papathanasiou, Aikaterini Kougioumtzi: Evaluation of a task-shifting programme of refugees' psychosocial support: The case of the Community Psychosocial Workforce / Evalvacija programa psihosocialne podpore beguncem, ki temelji na prenosu nalog: Primer skupnostne psihosocialne delovne sile 23</p>
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		<p>Tiago Pires Marques, Mattia Faustini: Strengths and limitations of arts-based methodologies: a critical-creative approach to collaboration in the field of mental health / Prednosti in omejitve metodologij, ki temeljijo na umetnosti: kritično-ustvarjalni pristop k sodelovanju na področju duševnega zdravja 26</p> <p>Goran Blaško: Personal plan and personal calendar, transforming digital processes in residential units / Osebni načrt in osebni koledar, preobrazba digitalnih procesov v bivalnih enotah 27</p> <p>Lisbeth Hybholt, Susanne Winkel, Lene Lauge Berring: Wish meetings, transferring organisational decisions from staff to patients / Sestanki želja, na katerih se organizacijske odločitve prenašajo z osebja na paciente 29</p> <p>Nevenka Kos, Tatjana Knapp: From community to institution and back / Iz skupnosti v institucijo in nazaj 31</p> <p>Klaudija Poropat: The risk of institutionalisation of community services / Tveganje institucionalizacije storitev v skupnosti 32</p> <p>Maruša Treven Nagode: Time to go back home / Čas za odhod domov 34</p> <p>Nataša Novak: Improving Financial and Energy Poverty Through Community-Based Mental Health Coordination / Odpravljanje finančne in energijske revščine skozi koordinacijo obravnave v skupnosti 36</p> <p>Nic Crosby, Bill Love, Sam Smith: Developing new Small Support organisations for people with complicated lives, traumatic life histories, complex support needs and experiences of institutionalisation / Razvoj novih organizacij Small Support za ljudi z zapletenim življenjem, travmatično življenjsko zgodovino, kompleksnimi potrebami po podpori in izkušnjami z institucionalizacijo 38</p> <p>Miha Novak, Tomaž Škorjanc: Presentation of examples of good practice in working with people with mental health problems on probation / Predstavitev primerov dobre prakse dela z osebami s težavami z duševnim zdravjem v probaciji 41</p> <p>Petra Perhaj, Brigita Obreza, Juš Škraban: The path to deinstitutionalisation of the secure unit of Dom na Krasu / Pot dezinstitutionalizacije varovane enote Doma na Krasu 43</p> <p>Lise Bachmann Østergaard, Lene Lauge Berring: Skill station in de-escalation. A practical training approach / Postaja Skill za pridobivanje spretnosti pri deeskalaciji. Praktični pristop k usposabljanju 45</p> <p>Elisabetta Paci et al.: The roots, value and development of peer support in the mental health experience in Trieste, Italy. Lived experience leading the way. / Korenine, vrednost in razvoj vrstniške podpore v izkušnjah na področju duševnega zdravja v Trstu v Italiji. Življenjska izkušnja je na čelu. 47</p>
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10.35–11.00		Coffee break/<i>Odmor za kavo</i>
11.00–12.30	Rooms/ <i>sobe</i> 1, 2, 3, 4	Parallel sessions/<i>Vzporedne sekcije (shorter sessions/<i>krajše sekcije</i>)</i>
11.00–13.00	Rooms/ <i>sobe</i> 1, 2, 3, 4	Parallel sessions/<i>Vzporedne sekcije (longer sessions/<i>daljše sekcije</i>)</i>
12.30–14.00	Dining room / <i>jedilnica</i>	Lunch break/<i>Odmor za kosilo (participants of shorter sessions/<i>udeleženci krajših sekcij</i>)</i>
13.00–14.00	Dining room / <i>jedilnica</i>	Lunch break / <i>Odmor za kosilo (participants of longer sessions/<i>udeleženci daljših sekcij</i>)</i>

13.00–14.00	Room/soba 2	Film Brave New Home / (film about DI project in Dom na Krasu, 2021 (directors: Renato Švara in Gašper Markun). In Slovenian language, no subtitles. Film Krasni Novi Dom / (film o projektu DI na Domu na Krasu, 2021) (režiserja: Renato Švara in Gašper Markun). V slovenskem jeziku, brez podnapisov.
13.30–14.00	Lobby/predverje	Poster presentations/Predstavitev plakatov
14.00–14.30	Room/soba 1*	Moderator: Juš Škraban Keynote 3/Uvodno predavanje 3: Keynote 3: Nika Cigoj Kuzma, Erik Zonta, Salih Čaušević: Experiencing transformation – from institution to community / Izkušnja preobrazbe – od institucije k skupnosti
14.30–15.00	Room/soba 1*	Moderator: Juš Škraban Keynote 4/Uvodno predavanje 4: Keynote 4: Reima Ana Maglajlić: Creating communities through co-production and partnership – what does experiential knowledge teach us about deinstitutionalisation? / Ustvarjanje skupnosti s koprodukcijo in partnerstvom - kaj nas izkustveno znanje uči o dezinstucionalizaciji?
15.00–16.30	Rooms/sobe 1, 2, 3, 4	Parallel sessions/Vzporedne sekcije
16.30–16.45		Coffee break/Odmor za kavo
16.45–17.45	Room/soba 1	Final round table/Zaključna okrogla miza: Vito Flaker: From community care to the care by the community – A sublime community the challenge of this century / Od oskrbe v skupnosti k skupnosti, ki jo zagotavlja – Sublimna skupnost izziv tega stoletja Moderator: VITO FLAKER – Fakulteta za socialno delo, UL; with participants/z udeleženci: STEVE ALLEN – Validity; ARŪNAS GERMANAVIČIUS - Republican Vilnius Psychiatric Hospital and Faculty of Medicine in Vilnius University; NIC CROSBY - Small Supports

		Programme, NDTi, UK; VAHID ĐULOVIĆ - Association "Feniks", ANDRAŽ ROŽMAN – journalist, writer and activist from Ljubljana, FULVIA FERRI & FRANCESCA GIGLIONE - social cooperative "La Collina", Trieste; representative of The Ministry of Solidarity-Based Future, and others/ <i>in drugi</i> .
17.45–18.00	Room/ <i>soba</i> 1	Conference conclusions/<i>Zaključki konference</i> (VITO FLAKER, MARJA KAUNONEN)

PARALLEL SESSIONS/VZPOREDNE SEKCIJE

MORNING SESSIONS/DOPOLDANSKE SEKCIJE

11.00–13.00 (longer session/*daljša sekcija*)

ROOM 1/ *SOBA 1*

NETWORKS OF PEER SUPPORT/MREŽE VRSTNIŠKE PODPORE	
Moderator: Tone Vrhovnik Straka	
Interpreting/prevod: Katarina Ficko, Mojca Urek	
Tone Vrhovnik Straka (Slovenia)	Tone Vrhovnik Straka: <i>Peer support / Vrstniška podpora</i>
Vlatka Ročić Petak, Ksenija Kapelj, Robert Janeš, Monika Dubravčić (Croatia)	Vlatka Ročić Petak et al.: The implementation of the recovery model by providing peer support on the example of the <i>Croatian association Ludruga (Madnessociation) / Izvajanje modela okrevanja z zagotavljanjem vrstniške podpore na primeru hrvaškega društva Ludruga (Madnessociation)</i>
Elisabetta Paci, Michele Sipala, Silvana Hvalic, Marilena Piretti (Italy)	Elisabetta Paci et al.: The roots, value and development of peer support in the mental health experience in Trieste, Italy. Lived experience <i>leading the way. / Korenine, vrednost in razvoj vrstniške podpore v izkušnjah na področju duševnega zdravja v Trstu v Italiji. Življenjska izkušnja je na čelu.</i>
Sandra Marković, Suvad Zahirović	Sandra Marković, Suvad Zahirović: <i>Peer support – model of Fenix and Lotos / Vrstniška podpora – model organizacij Fenix in Lotos</i>
Nejra Tinjić, Esmina Avdibegović,	Nejra Tinjić, Esmina Avdibegović, Vahid Đulović: <i>Authenticity: Defining and Preserving the Role of Mental Health Service Users' Associations / Avtentičnost: Opredelitev in ohranitev vloge združenj uporabnikov storitev na področju duševnega zdravja</i>

Vahid Đulović (Bosna & Hercegovina)	
Andreja Štepec (Slovenia)	Andreja Štepec: Izzivi vrstniške podpore in zagovorništva v Sloveniji/ <i>Challenges of peer support and advocacy in Slovenia</i>

11.00–13.00 (longer session / daljša sekcija)

ROOM 2/ SOBA 2

KOMPLEKSNA, VKLJUČUJOČA IN INTEGRIRANA SKUPNOSTNA OSKRBA/ <i>COMPLEX, INCLUSIVE AND INTEGRATED COMMUNITY CARE</i>	
Moderator: Vera Grebenc Interpreting / prevod: Kaja Zoran, Andraž Kapus	
Tommaso Bonavigo, Claudia Battiston (Italy)	Tommaso Bonavigo, Claudia Battiston: Human rights and community approach to mental health: the 40 years-experience of the Mental Health Department of Trieste&Gorizia and the <i>WHO's Quality Rights programme / Človekove pravice in skupnostni pristop k duševnemu zdravju: 40-letne izkušnje Oddelka za duševno zdravje v Trstu in Gorici ter programa SZO za kakovostne pravice</i>
Vesna Švab, Marjeta Ferlan Istinič (Slovenia)	Vesna Švab, Marjeta Ferlan Istinič: Care in the community in Slovenia: the first pillar of <i>DI?</i> / <i>Obravnava v skupnosti: prvi temelj dezinstucionalizacije?</i>
Nic Crosby, Bill Love, Sam Smith (zoom) (UK)	Nic Crosby, Bill Love, Sam Smith: Developing new Small Support organisations for people with complicated lives, traumatic life histories, complex <i>support needs and experiences of institutionalisation / Razvoj novih organizacij Small Support za ljudi z zapletenim življenjem, travmatično življenjsko zgodovino, kompleksnimi potrebami po podpori in izkušnjami z institucionalizacijo</i>

<p>Simona Ratajc, Sanja Jablanovič, Tatjana Knapp, Aljaž List, Saša Bezjak (Slovenia)</p>	<p>Simona Ratajc et al.: Koalicija za <i>dezinstitucionalizacijo, nujno potrebna!</i> / <i>Coalition for deinstitutionalisation, urgently needed!</i></p>
<p>Arijana Cengle, Katra Zajc (Slovenia)</p>	<p>Arijana Cengle, Katra Zajc: Introducing a new way of working <i>in Dom na Krasu / Uvajanje novih načinov dela v Domu na Krasu</i></p>
<p>Mark Monahan (Ireland)</p>	<p>Mark Monahan: Professional Dissonance: Working with the diagnosis of schizophrenia in community mental health <i>teams / Strokovna disonanca: Delo z diagnozo shizofrenije v skupnostnih timih za duševno zdravje</i></p>

11.00–12.30 (shorter session / *krajša sekcija*)

ROOM 3/ *SOBA 3*

ZGODBE IZ SKUPNOSTI: ZGODOVINSKI, PROSTORSKI IN INTERSEKCIJSKI POGLED/ STORIES FROM COMMUNITY: A HISTORICAL, SPATIAL AND INTERSECTIONAL VIEW	
Moderator: Vito Flaker	
Interpreting / prevod: Mojca Nemgar, Katja Jezeršek	
Sonja Bezjak (Slovenia)	Sonja Bezjak: Prejudices and stereotypes about deinstitutionalisation: examples from the Museum of Madness <i>/ Predsodki in stereotipi o dezinstytucionalizaciji: primeri iz Muzeja norosti</i>
Eglė Šumskienė (Lithuania)	Eglė Šumskienė: People and places: the potential of city events to facilitate the local citizenship of people with disabilities <i>/ Ljudje in kraji: možnosti mestnih prireditev za spodbujanje lokalnega državljanstva ljudi z oviranostmi</i>
Fulvia Ferri, Francesca Giglione (Italy)	Fulvia Ferri, Francesca Giglione: Territories in Action: working on inclusion, health, and community development projects <i>in Gorizia (Italy) / Territories in Action: delo na projektih vključevanja, zdravja in razvoja skupnosti v Gorici (Italija)</i>
Nevenka Kos, Tatjana Knapp (Slovenia)	Nevenka Kos, Tatjana Knapp: From community to institution and back <i>/ Iz skupnosti v institucijo in nazaj</i>

11.00–12.30 (shorter session / *krajša sekcija*)

ROOM 4/ *SOBA 4*

UMETNOST PRIPOVEDOVANJA ZGODB DEINSTITUCIONALIZACIJE/	
THE ART OF STORYTELLING OF DEINSTITUTIONALISATION	
Moderator / <i>Moderatorka</i>: Rene Vremec	
Interpreting / <i>prevod</i>: Juš Škraban, Samo Pirec	
Andraž Rožman, Joc Podlesnik (Slovenia)	Joc Podlesnik, Andraž Rožman: The novel titled Son of Tito - Widening spaces of <i>coexistence through literary storytelling / Roman Titov sin - Širjenje prostora</i> sobivanja s pripovedovanjem literarnih zgodb
Renato Švara (Slovenia)	Renato Švara: The Red Door (A Graphic Novel About Deinstitutionalisation) / <i>Rdeča vrata (risoroman o dezinstitutionalizaciji)</i>
Tiago Pires Marques & Mattia Faustini (Portugal)	Tiago Pires Marques, Mattia Faustini: Strengths and limitations of arts-based methodologies: a critical-creative approach to collaboration in <i>the field of mental health / Prednosti in omejitve metodologij, ki temeljijo na umetnosti: kritično-ustvarjalni pristop</i> k sodelovanju na področju duševnega zdravja
Goran Šrok (Slovenia)	Goran Šrok: My journey to housing and involved <i>citizenship / Moja pot do stanovanja</i> in vključujočega državljanstva

AFTERNOON SESSIONS / POPOLDANSKE SEKCIJE

15.00–16.30

ROOM 1/ SOBA 1

<p>KREPITEV VPLIVA NA ODLOČANJE SKOZI VRSTNIŠKO PODPORO IN ZAGOVORNIŠTVO /</p> <p>STRENGTHENING INFLUENCE ON DECISION-MAKING THROUGH PEER SUPPORT AND ADVOCACY</p> <p>Moderatorka: Mojca Urek</p> <p>Interpreting / prevod: Samo Pirec, Katarina Ficko</p>	
Janja Jakše in Suzana Savičič (Slovenia)	Janja Jakše, Suzana Savičič: I do have a voice. I want <i>to be included!</i> / <i>Nisem brez glasu. Želim biti vključen!</i>
Lea Korbar, Martina Ćiković (Slovenia)	Lea Korbar, Martina Ćiković, Iztok Šefran: Regaining legal <i>capacity in the process of</i> deinstitutionalisation / <i>Vračanje poslovne sposobnosti v procesu dezitucionalizacije</i>
Chrysovalantis Papathanasiou, Aikaterini Kougioumtzi (Greece)	Chrysovalantis Papathanasiou, Aikaterini Kougioumtzi: Evaluation of a task-shifting programme of refugees' psychosocial support: The case of <i>the Community Psychosocial Workforce</i> / <i>Evalvacija programa psihosocialne podpore beguncem, ki temelji na prenosu nalog: Primer skupnostne psihosocialne delovne sile</i>
Nika Cigoj Kuzma (Slovenia)	Nika Cigoj Kuzma: The relevance of peer-support: in the institution, community <i>and resettlement</i> / <i>Pomen vrstniške podpore: v instituciji, v skupnosti in pri preseljevanju</i>
Emmanuelle Jouet (France)	Emmanuelle Jouet: Transforming and recognising the singular experience into collective knowledge: the French experiential skills assessment pathway of Addiction Expert Users / <i>Priznavanje in preoblikovanje izkušnje posameznika v kolektivno znanje: francoska pot ocenjevanja spretnosti strokovnjakov z izkušnjo na področju zasvojenosti</i>

15.00–16.30

ROOM 2/ SOBA 2

CHALLENGES AND SUPPORT IN THE TRANSITION TO THE COMMUNITY/ IZZIVI IN PODPORA PRI PREHODU V SKUPNOST	
Moderator: Amra Šabić Slovenian only (no translation) / Le v slovenščini (brez prevoda)	
Maruša Treven Nagode (Slovenia)	Maruša Treven Nagode: Time to go <i>back home</i> / Čas za odhod domov
Nataša Novak (Slovenia)	Nataša Novak: Improving Financial and Energy Poverty Through Community-Based Mental Health <i>Coordination</i> / <i>Odpravljanje finančne in energijske revščine skozi koordinacijo obravnave v skupnosti</i>
Goran Blaško (Slovenia)	Goran Blaško: Personal plan and personal calendar, transforming digital processes in residential <i>units</i> / <i>Osebni načrt in osebni koledar, preobrazba digitalnih procesov v bivalnih enotah</i>
Nataša Štandeker (Slovenia)	Nataša Štandeker: Transition options for elderly adults with mental and intellectual disabilities from institutional care to community <i>care</i> / <i>Možnosti prehoda starejših odraslih oseb s težavami z duševnim zdravjem in intelektualnimi ovirami iz institucionalne oskrbe k oskrbi v skupnosti</i>

15.00–16.30

ROOM 3/ SOBA 3

MOVING AWAY FROM COERCIVE MEASURES/ ODPRAVA PRISILNIH UKREPOV	
Moderator: Juš Škraban	
Interpreting / prevod: Kaja Zoran/Andraž Kapus	
Giovanna del Giudice (Italy)	Giovanna del Giudice: From Gorizia and Cagliari to a national campaign to reduce coercion in <i>mental health</i> / <i>Od Gorice in Cagliarija do nacionalne kampanje za zmanjšanje prisilnih ukrepov</i> na področju duševnega zdravja
Lene Lauge Berring, Georgaca, E., Hirsch, S., Bilgin, H., Kömürçü Akik, B., Aydin, M., Verbeke, E., Galeazzi, G.M., Vanheule, S., Bertani, D.E. (Denmark)	Lene Lauge Berring et al.: Experiencing dignity and respect – a precondition to recover from coercion. Findings from a <i>FOSTREN Collaborative Research Network study</i> / <i>Doživljanje dostojanstva in spoštovanja – predpogoj za okrevanje po uporabi prisilnih sredstev</i> . Ugotovitve skupne študije raziskovalne mreže FOSTREN
Lisbeth Hybholt, Susanne Winkel & Lene Lauge Berring (Denmark)	Lisbeth Hybholt, Susanne Winkel, Lene Lauge Berring: <i>Wish meetings, transferring organisational decisions from staff to patients</i> / <i>Sestanki želja, na katerih se organizacijske odločitve prenašajo z osebja na paciente</i>
Petra Perhaj, Brigita Obreza in Juš Škraban (Slovenia)	Petra Perhaj, Brigita Obreza, Juš Škraban: The path to deinstitutionalisation of the <i>secure unit of Dom na Krasu</i> / Pot dezinstucionalizacije varovane enote Doma na Krasu
Miha Novak, Tomaž Škorjanc (Slovenia)	Miha Novak, Tomaž Škorjanc: Presentation of examples of good practice in working with people with <i>mental health problems on probation</i> / <i>Predstavitev primerov dobre prakse dela z osebami s težavami z duševnim zdravjem v probaciji</i>

15.00–16.30

ROOM 4/ SOBA 4

IZZIVI IN PROTISLOVJA INOVACIJ V SKUPNOSTI/ CHALLENGES AND CONTRADICTIONS OF INNOVATIONS IN THE COMMUNITY	
Moderator: Darja Zaviršek	
Interpreting / prevod: Katja Jezeršek/ Vera Grebenc	
Klaudija Poropat (Slovenia)	Klaudija Poropat: The risk of institutionalisation of community <i>services</i> / <i>Tveganje institucionalizacije storitev v skupnosti</i>
Peter Režek, Urša Jurman (Slovenia) (20')	Urša Jurman, Peter Režek: How we took up deinstitutionalisation <i>in the Sonček Association</i> / <i>Kako smo se dezinstutucionalizacije lotili v Zvezi Sonček</i>
Simona Ratajc, Aljaž List (Slovenia)	Simona Ratajc, Aljaž List: Coordinated Community Care: an opportunity to shift social work centres towards modern community-based services or to <i>consolidate outdated practices?</i> / <i>Koordinirana obravnava v skupnosti: je naloga priložnost za premik centrov za socialno delo v sodobne službe v skupnosti ali utrjevanje zastarelih praks?</i>
Fabio Trabucco (Italy)	Fabio Trabucco: The deinstitutionalisation in the italian so-called “after us” law and the right in favour of <i>fragility</i> / <i>Dezinstitucionalizacija v italijanskem t.i. zakonu "za nami" in pravica v korist krhkosti</i>

POSTERS / PLAKATI

Posters presentation / *Predstavitev plakatov: 13.00–13.30 (lobby / preddverje)*

Lise Bachmann Østergaard & Lene Lauge Berring (Denmark)	Lise Bachmann Østergaard, Lene Lauge Berring: Skill station in <i>de-escalation</i> . A practical training approach / <i>Postaja Skill za pridobivanje</i> spretnosti pri deeskalaciji. Praktični pristop k usposabljanju
Juš Škraban, Vito Flaker, Vera Grebenc, Amra Šabić, Mojca Urek (Slovenia)	Juš Škraban et al.: The role of <i>staff training in deinstitutionalisation</i> / Vloga usposabljanja zaposlenih pri dezinstucionalizaciji
Vicki Zabell, Sidse Arnfred, Sabrina Trappaud Rønne, Lene Lauge Berring, Birgitte Lerbæk, Rikke Jørgensen (Denmark)	Vicki Zabell et al.: Combined <i>diabetes and mental healthcare</i> / <i>Kombinirano zdravljenje</i> sladkorne bolezni in duševno zdravje
Lidia Zabłocka-Żytka (Poland)	Lidia Zabłocka-Żytka: The Labour training for the mental health care users as a chance. The trainer's and trainee's perspective based on individual <i>interviews</i> / <i>Usposabljanje na področju dela za uporabnike služb duševnega zdravja kot priložnost</i> . Pogled trenerja in udeleženca usposabljanja na podlagi individualnih intervjujev