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**ENTER's 10th Annual Conference**

**"LATEST TRENDS IN TRAINING FOR  
MENTAL HEALTH PROFESSIONALS  
IN EUROPE"**

**Abstracts**

**ENTER - European Network on Training, Evaluation & Research in  
Mental Health**

**and**

**University of Ljubljana - Faculty of Social Work**

**Faculty of Social Work Ljubljana, Slovenia**

**26<sup>th</sup> May 2009**

"LATEST TRENDS IN TRAINING FOR MENTAL HEALTH PROFESSIONALS IN EUROPE": Abstracts (International conference organized by ENTER - European Network on Training, Evaluation & Research in Mental Health and UL - Faculty of Social Work, Ljubljana)

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## Conference programme

Venue: **Faculty of Social Work, Topniska 31, Ljubljana, Slovenia (lect. room 1)**

Date: **Tuesday 26<sup>th</sup> May 2009**

Time: **09:00 – 17:00**

Chair: Kerstin Bäck Møller (Enter: Vice chair- Training)

### Program

09:00-9.30	Registration
9.30-10:15	<b>Welcome</b>  Bogdan Lešnik (Dean of the Faculty of Social Work, University of Ljubljana)  Peter Ryan (Chair of ENTER – European Network on Training, Evaluation & Research in Mental Health)  Zdenka Čebasek - Travnik (Human Rights Ombudsman of the Republic of Slovenia)  Janez Remškar (Director General of Directorate for Health Protection, Ministry of Health of the Republic of Slovenia)  Davor Dominkuš (Director General of Social Affairs Directorate, Ministry of Labour, Family and Social Affairs of the Republic of Slovenia)
10.15-10:45	Coffee Break (Press)
10:45-11.15	<b>“To Keep the Deinstitutionalisation Machine Going”</b>  Vito Flaker (Faculty of Social Work, Ljubljana, Slovenia)
11:15-11:35	<b>»Advocacy training in the UK” Middlesex UK«</b>  Peter Ryan (Middlesex University London, UK)
11:35-11.55	<b>“Expert training for service user representatives and advocates”</b>  Harding Jeannette & Rokkou Iliana (Cambridgeshire & Peterborough NHS Foundation Trust, Cambridge, UK)

11:55-12:15	<b>Service users' perspective in designing programmes for education in social work</b>  Jelka Škerjanc (Faculty of Social Work, Ljubljana, Slovenia)
12:15-12:35	<b>Evolution of community mental health centres in Bosnia and Herzegovina: a case of entropy</b>  Bojan Šošić (HealthNet International, Sarajevo, Bosnia and Herzegovina)
12:35-13:30	Lunch
13:30-13:50	<b>»Empowerment in theory and practice: users' movement as a result of training programme«</b>  Nika Cigoj (Faculty of Social Work and Association Mostovi /Bridges/, Ljubljana, Slovenia)
13:50-14:10	<b>“The empowerment and sharing of knowledge among mental health service users, bridging the gap between the users and the mental health institution.”</b>  Paz Flores, Eithne Leahy, Montse Sorro, Roser Izquierdo, Carmen Masferrer (Hospital del Mar y Centre Forum, IMAS-IMIM, Barcelona, Spain).
14:10-14:30	<b>»From diary to bestseller: the developing of the concept of Therapeutic writing workshops and the Working holidays project «</b>  Renata Ažman (journalist and writer, Ljubljana, Slovenia)
14:30-14:50	<b>“Training in the context of the European Pact on Mental Health and Well-Being”</b>  Czabała Czesław, Anczewska Marta (Instytut Psychiatrii i Neurologii, Warszawa, Poland)
14:50-15:20	Coffee Break
15:20-15:40	<b>»Access to Lifelong Learning for Health Professionals in France : updating competencies, developping competencies, revealing competencies«</b>  Alain Fabre (Maison Blanche Hospital, Paris, France)
15:40-16:00	<b>“Continuous Education in a Mental Health Department”</b>  Emanuele Toniolo, Antonello Grossi, Elena Violato, Monica Venturini (Department of Mental Health - Local Health Care Authority No. 18,

	Rovigo, Italy)
16:00-16:20	<b>"Training Mental Health Professionals in Promoting Healthy Development in Children of Parents with Mental Illness - How To Talk with the whole family about the mental illness?"</b>  Francisca Sánchez Pedersen (Århus Universitetshospital, Risskov, Denmark)
16.20-16.40	<b>"Latest trends in mental health training in Norway"</b>  Astrid Jacobsen (Bodø, Norway)
16:40-17.00	Summary: Tim Greacen

## Abstracts

### Renata Ažman

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### **From diary to bestseller: the developing of the concept of Therapeutic writing workshops and the Working holidays project**

Introduction. I have been living on writing as a journalist for the last 25 years.

Japajade was published as a fiction biography, while Depra is a diary of my depression. In February 2007, when Depra was published in Slovenia, depression and other mental health were more or less hidden and burried deep into the individual, intimate sphere. Nevertheless, after three weeks, Depra became a bestseller and issues on depression gained attention from many magazines. We created the web page [www.depra.si](http://www.depra.si) and started to promote positive attitude in the process of solving mental health problems.

The Therapeutic writing workshops. The program is based on my successful experience of writing therapy. While writing a diary, a letter and a story, we talk about serious problems and we take a look at them from a distance. Workshops are usually organised as a one day or a five day event.

The Working hollidays project. The Working holidays program is a combination of the vacation, therapeutic writing and some other art-therapies (painting, dancing and puppet therapy). The project will be organised in cooperation with National association for quality of living, Ozara.

The Self-therapy concept. »How can I help myself and how can my experience help other people?« Self-therapy is useful, it helps, it is the cheapest and it lasts forever. The Therapeutic writing workshops and Working hollidays give people the opportunity to learn more about some self-therapies.

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### **Empowerment in theory and practice: users' movement as a result of training programme**

EX-IN project was an European project (Leonardo da Vinci program) which has been going on from 2005 to 2007. Mental health professionals and users from seven European countries worked together to develop a specific training, which is focused on the experiences of the participants. Training aimed to enable users to work as supporters in mental health services or as trainers for mental health professionals. On the Faculty of social work, University of Ljubljana, we prepared module "*Empowerment in Theory and Practice*". We tested project three times and changed the contents considering the users needs. The programme is flexible and user-oriented. Users had opportunity to speak about themselves, about their situation and necessity of changing mental health services. As well we organized the same training for students and users together. Students were satisfied to collaborate with users. They learned a lot. We decided that we have to continue project and find financial support to keep the training and spread it all over Slovenia. The training had a good impact to all participants and we appreciated that is an example of good practice. After the training participants ruminated how to variegate their lives and what can they do for themselves. They wanted to be creative, take their lives on their hands and to advocacy for user's rights. Users established association Bridges, which is connecting people with similar problems. The Faculty of social work offer place and support to Bridges, and vice versa, association increased the quality of the study program at the faculty. Students who have placement at association Bridges help us a lot since its begining. Paper includes presentation of the project and the presentation of the activities of association Bridges.



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### **Training in the context of the European Pact on Mental Health and Well-Being**

European Pact on Mental Health and Well-Being has been launched on June 2008, identifying aims for mental health improvement in the EU Member States:

- prevention of depression and suicide
- mental health in youth and education
- mental health in workplace settings
- mental health of older people
- combating stigma and social exclusion.

In this context new teaching activities should be developed on undergraduate – and postgraduate education:

1. training of the primary care and social sector professionals on prevention of depression and crisis reactions as well as early diagnosis and intervention – as the ways of suicide prevention,
2. training for parents and teachers on the methods of mental health promotion,
3. training of the managers and occupational medicine professionals on the stress related consequences employees' mental health, work absenteeism and incapacity,
4. training for professionals working with older people on the new methods of care and on the methods preventing burnout,
5. training of the psychiatric staff, social workers, NGOs, users, local communities representatives on how to develop and implement the policies and programs of the integration of people with mental disorders.

New curricula should be developed, new trainees should be more and more involved in promoting mental health in Europe.

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### **To Keep the Deinstitutionalisation Machine Going**

Promoting non-institutional practice on the basis of knowledge produced originally somewhere else is a problem. The transfer of community services must be culturally sensitive; they are interwoven in the social fabric. Transferring deinstitutionalisation is even more difficult. It provides us with pitfalls of resurrection of the institutional logic. The idea of indirect deinstitutionalisation has failed and direct transformation of concrete institutions – i.e. *conversion* seems a more productive solution. In Slovenia sole development of community services provided in 10 years till 2001 only 250 places in the community, while direct conversion of institutions only in four years over 400. If we consider the total institution as an abstract machine functioning on the base of historically assembled parts and attributes for the material function of containment and expressive production of labelled people, there is a need of continuous invention of deinstitutionalising machine simultaneously polemic with the old totalising functions and programmatic with announcing new ways dealing with space and movement, not allowing the sedimentation of “hard cases”, providing alternatives to institutionalisation, users’ empowerment and inclusion instead of dependence and oppression, connecting to the whole social body, providing advocating roles to professionals and developing inductive ways of reasoning with replacing guilt with uniqueness of the experience and thus moving from individualistic isolating organisation of experience towards creating new spaces of freedom. In education this means an exposure of the paradoxes of oppression and release of creativity in action.

**Paz Flores, Eithne Leahy, Montse Sorro, Roser Izquierdo, Carmen Masferrer**

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### **The empowerment and sharing of knowledge among mental health service users, bridging the gap between the users and the mental health institution**

Introduction: Provide an insight into the on-going work in the Barcelona Demonstration Site as part of the EMILIA project (Empowerment of mental illness service users: Lifelong learning, integration and empowerment). With the end of the project in sight show how the EMILIA users plan to give continuity to the project. Determine how the work that they plan to do will bridge the gap between mental health users and the mental health institution.

Aim: To demonstrate how the methodology of life long learning is used to train a group of mental health service users to become *Experts by Experience* (EbE). The EbE is a new professionally recognised working profile within the psychiatric hospital which aims to offer a better understanding of the mental health institution to mental health service users; informing them about hospital layout and procedures; strengthening the relationship between service users and professionals; stimulating the relationships between the service user and their social network friends and family. This act of sharing experience and knowledge, and passing it on from one user to another is vital to give continuity to the lifelong learning process.

Methodology: The EbE completes a dynamic, interactive training programme where people skills, learning more about the workings of the mental health institutions and how to encourage others to work towards empowerment. All users have completed an average of 36 hours of EMILIA training before embarking on the 20 hour EbE training course.

Conclusion: The traditional line of sanitaria care in mental health institutions has sometimes ignored the importance of recording the knowledge that users can give. By creating the profile of EbE within the mental hospital, this knowledge is guaranteed to transcend from one user to another and hence, not only benefiting the recovery process for the users involved, but also improving the care given by the institutions. The EbE ensures that the work done and the momentum gained during the EMILIA project are not lost.

## **Jeannette Harding, Iliana Rokkou**

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### **Cambridgeshire & Peterborough NHS Foundation Trust**

There has been a dramatic redefinition of what it means to live with a psychiatric illness. People are no longer just patients or recipients of care and support for a lifetime. There is an expectation of recovery and meaningful social inclusion. The skills and interests of mental health workers become vital resources rather than an overbearing focus on their ability to influence, control or hold responsibility for service users' behaviour.

While professional support can be vital in the recovery process, it does seem that peer support and learning from others who have 'been there' is even more crucial. Traditional training programmes do not prepare practitioners to work in a way that is innovative and based on service user experience and outcomes.

The Experts by Experience Project offers a unique and valuable personal perspective on mental health issues and experience of services in the area covered by Cambridgeshire and Peterborough NHS Foundation Trust. We provide an eight week training programme which represents the wider service user voice through involvement in a number of areas including recruitment and training of new staff and involvement as service user researchers. The delivery of training in core areas including presentation skills, assertiveness, advocacy, means that we challenge and influence the way staff work with us and positively shape the way that current and future services are delivered.

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### **Latest trends in training in mental health in Norway**

In accordance with the specialized health laws in Norway, the hospital trust's main tasks are:

1. Treatment
2. Training of health staff
3. Training of patients and careers
4. Research

The trends in training are influenced by these laws and the Norwegian health policy. This focus will bring extra funding earmarked for increasing the level of competence in specific areas. These specific areas indicate present trends in education and training. They are dual diagnosis, eating disorders, children and adolescents, - especially preventative measures and forensic psychiatry within institutions. Subject area within training and education are service user's participation, competence in collaboration and preventative are given extra focus. The main trend in methods of treatment is cognitive – based therapy. This trend is notable in training, and we believe this will continue. But family treatment is also getting more attention recently, after having lost some ground as a method in treatment and training. Integrated treatment models consisting of diverse theories and treatment practice, such as neurology, biology and psychiatry have also attention in training in Norway.

## **Peter Ryan**

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### **Advocacy training in the UK**

The recent changes in UK mental health legislation have led to the formal announcement of a new Advocacy role, and advocacy training is now being rolled out nationally. Independent advocates provide important support to individuals who may need or want help in speaking up, getting involved in their own care or accessing services. Any person may need or want the support of an advocate at some stage in their life, particularly if they are receiving health or social care services. This means that independent advocates can work with a wide range of people including children (particularly children and young people who are looked after) older people, those with mental health needs, individuals who lack capacity, anyone with learning or physical disabilities (including sensory impairments) and people from Black and Minority Ethnic (BME) communities. The new training has access to qualifications built in. Qualifications in independent advocacy will help advocates develop a range of practical advocacy skills and demonstrate to people who use or commission advocacy that the advocate has a detailed understanding of the advocacy role and is skilled in providing that support. Qualifications in independent advocacy will also help advocates gain recognition for using those skills. They are aimed at individuals who provide specialist advocacy support and those who use these skills as part of their everyday work in wider health and social care contexts. This presentation provides an overview of the new advocacy role in the UK, and describes the major components of the training involved.

### **Mental Capacity Act training**

The Mental Capacity Act (2005) came in to force on 1 April 2007. The Mental Capacity Act governs decision-making on behalf of people, who may lose mental capacity at some point in their lives or where an incapacitating condition has been present since birth. The Mental Capacity Act Deprivation of Liberty Safeguards (formerly known as the Bournewood safeguards) were introduced into the Mental Capacity Act 2005 through the Mental Health Act 2007. The aim of the deprivation of liberty safeguards is to provide legal protection for those vulnerable people who are deprived of their liberty otherwise than under the Mental Health Act 1983, to prevent arbitrary decisions to deprive a person of liberty and to give

rights to challenge deprivation of liberty authorisations. The safeguards apply to people who lack capacity to consent to care or treatment, and who are suffering from a disorder of the mind. The Government expects that implementation of the safeguards will reduce the numbers of people deprived of their liberty in care homes and hospitals. It is planned that the safeguards will come into effect from 1 April 2009. It changes how we must work with people who cannot make decisions for themselves. It extends the 'duty of care' and created a brand new code of practice that we all must adhere to or risk prosecution under the Act's new offence. This presentation briefly summarises the changes underway in the new legislation and outlines the training agenda that has resulted.

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### **Training Mental Health Professionals In Promoting Healthy Development In Children Of Parents With Mental Illness – How To Talk With The Whole Family About The Mental Illness?**

Children of parents with mental health problems are at a significantly greater risk of developing short and long term mental health problems than other children. Professional service organisations often focus on either the adults or the children, and fail to recognize the fact that mentally ill adults often are parents with a need for assistance, not only with their mental health problems but also in regard to their parenting.

Since 2001 the Department of Education, Aarhus University Hospital, Risskov, Central Denmark Region have trained more than 200 Professionals into becoming key-persons that attend to the children of parents with a mental illness from a family perspective.

The key-person training is a ten days course with five modules of two days of training each month during a five month period. The aims of the training course are 1) To strengthen and qualify the participants' competences to enter the process with the whole family, when the first sign of worry for the well-being of the child and its family are registered. 2) To strengthen the participants' ability to trace and solve problems before they grow, identify and strengthen mental health protective factors and help avoid crisis. 3) To improve the intra- and inter-professional and cross-sectional cooperation. 4) That knowledge and acquired competences are maintained and passed on from the participants to their colleagues as inspiration and support.



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### **Evolution of community mental health centres in Bosnia and Herzegovina: a case of entropy**

The process of development of community mental health centres (CMHCs) in Bosnia and Herzegovina in the post-war period is explicated. Special attention is paid to the problems in continuous education of mental health professionals working in CMHCs, and to the position of nurses and social workers. An attempt is made to elaborate problems arising in the evaluation of work of CMHCs and keeping clear records of service users. The socio-economic context and lack of continuous external support and supervision has largely led to a deviated understanding of a concept of community mental health services. A model for integrating mental health services with the society in the given context is offered. The role of mental health service users in that process is emphasised.

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### **Service users' perspective in designing programmes for education in social work**

In this paper I shall present the outcomes of the research which aimed to investigate the processes of translating users' choices regarding the type of support they need from social and mental health services into practical studies and education in the area of social work. The main idea is that when persons have control and the final word in designing the support, they get the services they want and need. Besides, when the choices of individual users for support are collected, a data base is created. These data bring evidence of the services relevant for users and the characteristics of support they have chosen. Both pieces of evidence are relevant in designing the programmes of practical studies and education in social work. I shall illustrate this approach with the process of designing a profile of a coordinator of mental health services in the community. Last year, there passed a Mental Health Act in Slovenia, which introduced a new profile in social care - the coordinator for mental health in the community. The idea was that to ensure the support for an individual person at the end of the treatment in a psychiatric setting and to organise and coordinate the preconditions and support for their living in the community. A proposal of this profile has been designed last winter in cooperation with the Faculty of Social Work, the people who have the experience in psychiatric treatment and the providers of community mental health services. It will assume its final form within a few weeks.

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### **Continuous Education in a Mental Health Department**

At the beginning we will present the educational system regarding the Italian health professions and the educational organisation of the Department of Mental Health (DMH) with an attention to the area of the Continuous Education.

The characteristics of education in this area will be described with particular attention to:

- connecting practice and theory
- valorizing individual experiences and individual characteristics of everyone
- working groups and theirs involvement in the educational schedule,
- trainers features, their background
- relation between University and Territorial Services by identifying educational needs;
- necessity of co-training between service worker and volunteer.

Subsequently we will focus on specific aspects of the training in a DMH. We will explain the way with which we plan and carry out a training programme, also, the training areas of main interest for a MHD. Finally we will explain the educational planning of the MHD of Rovigo for this year.