

International Meeting 1
Bremen, Germany
10 & 11/02/17

Intellectual Outputs

1. Please provide a brief summary describing your organisation (500 words maximum)

Global Initiative on Psychiatry-Sofia (GIP-Sofia) is among the propellers of mental health reform in Bulgaria. Initially registered in 2000 as a branch of the international organisation Geneva Initiative on Psychiatry – Hilversum (later renamed to Global Initiative on Psychiatry), in December 2004 GIP-Sofia was set up as an independent legal entity – foundation in public interest.

GIP-Sofia's main area of activity is in the field of mental health and since its official inauguration, the organisation has accumulated a portfolio of more than 50 successful initiatives in Bulgaria and the region of South East Europe. Based on the vision that every person has the right to develop their full potential notwithstanding personal vulnerabilities and life circumstances, GIP-Sofia's projects are aimed at improving the quality of life of people with mental disability by way of: deinstitutionalisation and community care, respect for human rights; promoting social inclusion and active participation; empowerment; public awareness and acceptance. The organisation is a standing member of a number of governmental and municipal steering committees related to mental health and social services.

Examples of key strategic initiatives:

- *Shifting paradigms in the context of Article 12 of the UN Convention on the Rights of Persons with Disabilities* (2012-to date)

The ratification of the UNCRPD by Bulgaria in 2012 urged the need of consequent changes in national legislation enabling people with mental disabilities to access the supports they require to exercise their legal capacity. GIP-Sofia's share within the broad programme is concentrated on developing and piloting supported decision making models for people with mental disorders.

- In the period 2003-2009 GIP-Sofia implemented two projects which were strategic for its work in Bulgaria and had far-reaching consequences, as they brought to the political agenda discussions on the deinstitutionalisation of services for people with mental health problems and triggered policy reforms. The two initiatives resulted in the creation of Bulgaria's first complex for community-based services (Blagoevgrad) and the first day care and sheltered home services in the capital (Sofia). A Master programme in psychosocial rehabilitation and Psychiatric nursing programme were developed and accredited.

- Introducing crisis card concept in Bulgarian context (2009-2014)

- ITHACA (2007 - 2010) - a multinational project where GIP-Sofia was a partner, aimed at identifying and disseminating best practices in protection of human rights, dignity and welfare of residents in health and social care institutions

- In the frame of 2 projects (2009 –2013) the profession of an expert by experience was officially introduced in Bulgaria's national register of occupations and the respective state educational standards and training programmes for EEs, peer support, tandems (EE – professional) were developed and approbated.

- Supported employment for people with mental disabilities (2013-2015) was a project resulting in the development of methodology and training programmes for employers, job coaches and people with mental illness.

- *Access to justice for children with mental disabilities* and *Identifying abuse of children with disabilities in institutions* are 2 multinational MDAC-led initiatives, implemented in the period 2013-2017, where GIP-Sofia coordinated the activities in Bulgaria: legislation analysis, training of relevant professionals, monitoring.

2. Please write a summary on the 'best practice' elements of up to 5 recovery/empowerment focused services in your country. (200 words maximum per example).

When choosing the five please consider ***the extent to which they include educational elements/***

have an education focus

NB. The proposal requires us to cover national practice, not only the practice relating to your organisation.

1. Pursuant to Bulgaria's ratification of the UN Convention on the Rights of Persons with Disabilities, a process of chain actions aimed at **the full abolishment of the legal incapacity regime for persons with mental disabilities** was unfolded – regretfully the large part of them driven by the civil society. As a result of the hitherto concerted efforts under the joint programme of 3 Bulgarian NGOs, GIP-Sofia being among them, headed “Article 12 – The Next Step”:

- ✓ the draft Law on Individuals and Supported Decision Making (SDM) was developed and adopted unanimously at its first reading by the Social Committee of the Parliament;
- ✓ the key areas of life requiring support in decision-making, as well as the concrete mechanisms of support were identified and elaborated;
- ✓ user-led surveys on the SDM provisions were conducted, empirical data of a range of situations was collected and practical solutions were sought;
- ✓ tools for the different SDM models were piloted;
- ✓ municipalities and psychiatric hospitals in particular already recognise the SDM mechanism as an alternative to guardianship and seek assistance whenever a difficult situation is encountered.

At the backdrop of this process, the initial pilot of the SDM model with persons with intellectual disabilities and mental disorders provided empirical evidence that the capacity of the persons embraced to exercise their rights independently and in line with their will was improved significantly. This led to the establishment of a **sustainable national empowerment-focused practice (service)**. To date, it is implemented by two organisations in the country (GIP-Sofia – for people with severe mental illness and Bulgarian Association for Persons with Intellectual Disabilities /BAPID/ - for persons with intellectual disabilities) in a total of 6 cities, however, it is bound to be expanded and reinforced nationwide – particularly after the bill is signed into law which, hopefully, is a matter of time.

Supported decision-making model

The main measures underlying the implementation of the supported decision-making mechanism are, as follows:

- ✓ Peer support groups;
- ✓ Consultation with a professional expert (on a particular problem related to the mental health vulnerability – such as inheritance rights in marriage and custody of children);
- ✓ Referral to a rehabilitation service (if a person is in crisis/currently functioning at a very low level, they might need to be placed in a rehab service first, so that they can re-gain their capacity and awareness of their condition first and only afterwards the work towards establishing a supported decision-making network can start);
- ✓ Appointing a personal “ombudsman” (facilitator) who helps the establishment and organisation of a personal support and resource network;

Experts by experience were trained in the implementation of SDM to partner the facilitators in their work with clients. For people with intellectual deficiencies, the facilitators are referred to as “advocates” who support their clients in understanding the situation and expressing their will.

- ✓ Development of an anti-crisis plan (advanced directives);
- ✓ Crisis facilitation (establishing a body (council) comprising representatives of the local authorities, professionals, social service providers, members of the community, trusted persons, etc. who along with the person in need try to seek solutions to overcome the critical situation).

The underlying philosophy of the support provided is that we try to find out (identify) the person's preferences and desires and support them in the realisation of the latter without questioning the choices and decisions made.

The training and support provided to people with intellectual deficiencies as self-advocates rendered very promising results.

2. Experts by experience model is another empowerment practice introduced in Bulgarian context by GIP-Sofia, in the frame of which persons with psychiatric background and mental health professionals

are trained to work in tandems towards providing support to people with mental illness. GIP-Sofia has been employing trained experts by experience as equal team members at all levels of activity, including in senior management positions, ever since 2009 when the practice was introduced. The input of the EEs in the outreach and supported decision-making programmes has proved of high value. The challenges faced by the team are to draw a clear-cut distinction between the supervision the EEs need with respect to their work and the “therapeutic” support pertaining to their condition. Regretfully, although service providers and representatives of local and central authorities, and helping professionals have been acquainted with the concept, the philosophy and practice of EE, have not been embraced country-wide. There are single examples in the drug addiction organisations and BAPID who employ experts by experience – parents.

3. Supported employment – based on a 5-step model: **engaging** the client (realistic goal-setting, developing an action plan); formulating a **job profile** (awareness of one’s own competences, preferences and realistic opportunities for work in a specific sphere); **job-seeking** (training in the development/rehabilitation of communication and other job-related skills, in the practical aspects of seeking work, such as preparing an application set of documents, sitting for an interview, making an enquiry call, knowing one’s employment rights) – this stage often includes interim practical placement/internship in a sheltered workshop; **engaging the employer**; continuous **on and off the job support**. Our practice has proved that economic integration (achieved via supported employment) – which invariably entails education and training, is among the most efficient recovery and empowerment practices.

3. Please describe the key principles that this best practice is based on. These principles are the factors that will inform the operation on Empowerment Colleges.

- Respect for human rights – all actions predicate on the principle that we are all different, but equal and, as such, legal capacity is inherent to human nature. Everyone should enjoy equal treatment and have their will and preferences acknowledged, regardless of their vulnerabilities.

- Equal value of professional and lived experience – the perspective of the person with mental disability is not questioned, they are supported to achieve a certain level of awareness of their situation and actual competences and to develop them.

However, there are still ongoing discussions in the team whether criticism to one’s own psychiatric condition should be considered as an obligatory component of recovery and therefore clients should be “strongly encouraged” to go through training on symptoms management even if they feel reluctant to do so.

- Community development – recovery and empowerment are difficult to achieve without changes/interventions in the environment. This does not necessarily require dedicated and planned actions (such as public lectures, training, information materials, campaigns, etc.). Very often the change happens gradually in the course of time – the information spreads by word of mouth, by observing the work of the teams and witnessing the change in the lives of the people with vulnerabilities and their families.

- Ongoing feedback – the “users” should have a say in all decisions concerning their well-being: starting a new training course, discontinuing another, etc.

For example: valuing lived experience, coproduction, strong leadership, community participation/inclusion

4. Please send a copy of your power point presentation

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