

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

POLAND - Intellectual Outputs

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

The foundation **Polish Institute of Open Dialogue** (called later PIOD) was established in 2006 as a non-governmental organisation, founded by family of the person with mental disorder. We are located near Wroclaw (south-west of Poland) but operate in the whole country with support of partners. Staff: 6 employees and 20 freelancers. Webside: www.otwartydialog.pl

The objective of PIOD is influencing changes in Polish Mental Health system through promotion and implementation of best practices from Europe and World to Poland:

- since 2006: **Leadership Management International**, founded in 1966, USA
- since 2011: **Open Dialogue Approach**, originated in 1980, Western Lapland, Finland
- since 2012: **National Empowerment Center**, set-up in 1992, USA
- since 2013: **EX-IN program** developed by F.O.C.U.S, since 2004, Germany
- since 2015: **Community Mental Health Centers** started in 1971 in Triest, Italy
- since 2016: **European Expert Group on the Transition from Institutional to Community Based Care**, founded in 2008 in Brussels, Belgium
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To make the activities effective we became members of European organisations:

1. MHE - Mental Health Europe, founded 1993 in Brussels, Belgium
2. EASPD - European Association of Service providers for People with Disabilities, founded 1997 in Brussels, Belgium
3. Meeting Group dedicated to Treatment of Psychosis, founded in 1998 in Tornio, Finland
4. Working Group Developing Psychiatric Hospitals in Transition, founded in 2016, Trieste, Italy

In Poland we are known from following activities:

1. Conferences and seminars to build in the society new understanding of mental health and need of change from institutional to community oriented system, in which "The person" is in the middle of the recovery process.
Result: about 5000 participants of 12 conferences and 15 seminars
2. Trainings for professionals, who are providing mental health and social services, is the Open Dialogue Approach, to open new thinking and develop new practices in their daily operation
Result: 250 persons were graduated after 1-year course
3. Empowerment of people with lived experience, mainly through Ex-In workshops, to become experts who know best how to help others with mental illness and advocate for changes in Poland.
Result: 100 people participated in Ex-In workshops organised in Wroclaw, Cracow, Gdynia, Katowice
4. Improving peoples live by organising in their local community integrated services: Prevention - Treatment - Social support
Result: we have started these activities in 2014 from small scale - 20 families from one municipality, 1 year project and now we are close to start country based project, financed by EU funds (15 000 families from 25 municipalities, 3 year project, 20 partners in the whole country)
5. Advocacy towards reform of Polish mental health system on the governmental level.
Result: we have been invited since 2014 to Polish Parliament, National Advisory Board for

President of Poland, Ministry of Health, Ministry of Development, Ministry of Family.

6. Multinational projects, study visits, bilateral cooperation with foreign organisations to take advantage in European heritage in Mental Health.

Results:

- a. We and our partners organised 15 study-visits to 7 countries, in which participated about 150 people
- b. Open Dialogue is well known in the whole country and will become “The heart” of 25 Community Mental Health Centers which will be founded within 3-years EU project; this project will be the **pilot for the reform of Polish Mental Health system.**

Regina Bisikiewicz -president of PIOD, has 20 years experience in international projects in Leadership development and Change management. Since 2011 she is dedicated to **initiate changes** in Polish Mental Health system. She became an inspirator and motivator for people, sharing the **Hope that Recovery is possible!**

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.

To start description of the 5 recovery/empowerment focused services in Poland, let us express our opinion that **Empowerment** as a central feature of **Recovery**.

Empowerment is a critical aspect of Recovery because it addresses the most central feature of mental illness, namely **the loss of control over one's life through a loss of a voice in the world around one** (Fisher, 1994; Chamberlin, 1997). In gaining a voice, people overcome the withdrawal and immobility cited in terror responses and learned helplessness above. Our aim is to **assist people** in experiencing a greater degree of empowerment in their lives and being stronger advocates for others who are recovering. **This emphasis on empowerment** points out that recovery mainly relies on **what the person is able to do for him/herself**, while treatment and rehabilitation are what professionals do to/for the person.

What do people with mental disorders mean by Recovery? At this point our best description, based on interviews with people who have recovered is:

- Recovery means: *I am a full participant in the community and run my own life*
- Recovery means: *I no longer think of myself or am seen as being “mentally ill”, and instead think of myself as a worker, parent, student, neighbor, friend, artist, tenant, lover, citizen*
- Recovery means: *I rely mostly on personal and social support from outside the MH system*
- Recovery means: *I adapt to the stresses in life, use them as growth opportunities*

1. Open Dialogue Approach (ODA) - originated in 1980' in Western Lapland, Finland. In Poland started in November 2012.

Our team have met ODA as the first practice in our journey through Europe, when we were looking for the system in which Recovery from mental illness is possible. The outstanding results reached in Western lapland, where schizophrenia within 30 years almost disappeared, motivated us to implement ODA in Poland.

The recommendation of ODA is that when there is a psychotic or other severe mental health crisis, it

should be normal psychiatric practice for the first meeting to take place within 24 hours of hearing about the crisis. Furthermore, both the patient and the family members should be invited to participate in the first meeting and throughout the treatment process for as long as is needed. In these meetings all needed professionals - from primary care, psychiatry, from social care and from other relevant authorities - who have contact with this family, are invited to participate and share their thoughts what should be done to help the person in the to overcome the crisis. Recovery is seen as continuous process, involving the integration of different therapeutic methods and constant monitoring of progress and outcomes. The relationship is built so the all parties can feel safe and be involved in the recovery process. Each person has his own voice and also listen to others participants.

2. EX-IN program developed since 2004 by F.O.C.U.S., Germany. In Poland started in May 2013

The source of "EX-IN" course was the conviction that the people who went through a mental-crisis possess a huge treasure of experience and knowledge which may serve as an extended know-how of mental shock, new knowledge about recovery-enhancing factors and innovative offers in the mental health system.

The EX-IN education gives psychiatry-experiences persons the opportunity to reflect their own experience and make background information in order to work as co-worker in psychiatric system. Graduates of the EX-IN program might perform one of two roles:

- an Educator - a person who shares his/her experiences to help others in better understanding the nature of mental crises; he/she meets for example with students of psychology, medicine, with school or with representatives of the professions associated with psychiatric care.
- a Companion in recovery - a person who supports someone who is experiencing a crisis. This role is different from the role of a psychotherapist or physician

The EX-IN programme consists of 12 modules:

1. Health promotion 2. Empowerment 3. Experience and Participation 4. Recovery 5. Dialog 6. Peer advocacy 7. Research of oneself 8. Assessment 9. Counselling and Supporting 10. Crises-management 11. Learning and teaching 12 Final presentations.

In the period V/2013 - IV/2017 about 100 people participated in EX-IN program organised in Wroclaw, Cracow and Gdynia. Actually we run the Train the trainer course for so called "Healing Instructor", which is based on "EX-IN" program.

3. Community Self-Help House, started in 2005 by Foundation Opieka i Troska, Wroclaw, Poland

The Foundation Opieka i Troska has been operating since 2003, offering social support for persons experiencing mental disorder, in their local environment. So, the idea of community support for people suffering mainly from schizophrenia was the inspiration to start the foundation and look for solutions which will be appreciated by the users.

In their path of development, in 2007 they opened **Community Self-Help House (CSSH)** for 25 users. The team creates for their users a substitute home, so that everyone can feel safe, be listened by the therapist, be valuable for the colleagues, have interested activity and finally - develop their self-esteem and fasten hope for recovery. CSHH is opened from Monday to Friday, from 8 am to 4 pm. The main purpose of the House is to restore the desire and ability to live an active life. How is it possible? By day-to-day activities, psychological help, and - most important, self-help.

When people with mental health problems would like to meet other people, spend time actively, take advantage of interesting training and use a therapeutic group, then the **Social Activation Club** is accurate. There is also a **Self-support group** for people with depression. It aims to share the own experiences, give emotional support, fight helplessness.

4. MORS Inter-sectors Social and Psychiatric Rehabilitation Center in Zagorze near Warsaw, founded in 2007 for young people in the age 16-22 years (called later MORS)

MORS carries out a complex social and psychiatric rehabilitation program for young people in the age 16-22 years, who were hospitalised in the Psychiatric Hospital in Zagórze. The program includes: encompassing medical/psychiatric care, psychotherapy, education on high school level, vocational education and support in taking up the first job. Such wide care provided in the Center prevents marginalization of those young people and helps them to acquire necessary qualifications and skills to live full life.

The chosen group of inhabitants comes often from neglected communities with a "tradition of unemployment" in the families with a low level of education, which is often linked to a very limited access to new information and telecommunications technologies. Therefore MORS provides training in active participation in development of society based on information technologies.

Different actions undertaken by MORS help to facilitate entering the labor market for young people with mental disorders. The results gathered over 10 years allowed to define efficient methods of support for them and to evaluate added value of coordinated inter-sectors cooperation. It gave evidence for social policy and practices how improve situation of those people who have lived experience of mental illness as a young person.

5. Community Mental Health Centers, started in 1971 in Trieste, Italy. In Poland will be founded in a 3-year project, since 1 August 2017 in 25 municipalities with population 37 000 - 120 000 inhabitants each

.Having in mind well-being of Polish people affected by mental disorder and their families we (PIOD team and our partners from health and social sector) we decided to implement in our Polish context well proven Community Mental Health Centers (called later CMHC) which are up and running for 43 years in Trieste, Italy. To make it possible we have undertaken successfully a few activities:

- convinced Ministry of Development to dedicate EU structure funds for this project
- gathered people with competences, enthusiasm and passion to dedicate their time to this innovative project
- defined Polish Model of CMHC (called later Model)
- build local partnerships with all shareholders who will be involved in the implementation of the Model

What is CMHC? What role will it play in local community?

The CMHC is a functional structure in local community, which covers by its integrated services a territory of one municipality or a district of big city. The role of the CMHC is to coordinate the work of medical and social services available for the inhabitants of this territory, 7 days a week, 24 hours a day. It will as well undertake all necessary activities to prevent mental crisis, building understanding of mental health and its risk factors.

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.

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

Ad 1. Open Dialogue Approach (ODA)

Several effectiveness and treatment process evaluations of the ODA have been completed. By summarizing the observations in these studies, seven main principles have been defined:

- a. **immediate support** - in a crisis situation it is vital to act immediately, not to wait for the patient with psychosis to become more coherent before a family meeting. One aim of the immediate

response is to prevent hospitalisation. Everyone, including the patient, participate in the very first meetings during the most intense psychotic period. In extreme anger, or depression, or anxiety, the patient is speaking of previously unspoken themes. In this way, the main person in the crisis, the patient, reaches for something what was not touched by others. The aim of the meeting becomes the expression of these experiences that had not previously had words.

- b. a social network perspective** - the patients, their families and social networks, are always invited to the first meetings, to mobilize support for the patient and the family. The other key members might be representatives of other authorities, such as state employment, and insurance agencies, vocational rehabilitation services, fellow workers or the supervisor at the patient's workplace, neighbours or friends.
- c. responsibility** - organizing the crisis service in a catchment area is difficult if not all the professionals involved are not committed to providing an immediate response. A good rule of thumb is that whoever is contacted takes responsibility for organising the first meeting and inviting the team. This means that it is no longer possible to respond to a request for help saying *"this has nothing to do with us, please contact the other clinic"*. The team mobilized for the first meeting should take all the responsibility needed for analyzing the current problem and planning the treatment.
- d. psychological continuity** - the team takes responsibility for treatment for as long as needed, in both outpatient and inpatient settings. This is the best way to guarantee psychological continuity. Forming a multidisciplinary team early increases the possibility of crossing the boundaries of different treatment facilities and preventing people dropping out.
- e. tolerance of uncertainty** - the first task of professionals in a crisis is to increase the safety of the situation, when no one knows the reasons of the problem nor what the solutions will be. The aim is to mobilize the psychological resources of the patient and those nearest to him or her so to increase the agency in their own life. by generating new stories about most extreme experiences.
- f. dialogism** - in meetings, the focus is primary on promoting dialogue and only secondarily on promoting change in the patient or in the family. Dialogue is seen as the forum through which family and the patient are able to acquire more agency in their own lives by discussing the problems.

Ad.2. EX-IN program

The key principles of this EX-IN program are:

- a. the conviction that the **people who went through a mental-crisis possess a huge treasure of experience and knowledge** which may serve as an extended know-how of mental shock, new knowledge about recovery-enhancing factors and innovative offers in the mental health system.
- b. **the experience of the participants are placed of the center** of each module of the program; this experience is priceless for development of one's own expertise
- c. **the collective development of experienced knowledge** (from "I"- knowledge to "We"-knowledge) is in the center of the EX-IN education

Ad. 3. Community Self-Help House,

The key principle that Foundation Opieka i Troska works is **a co-production**. There is a close partnership between the people who work in the Foundations and the participants. All the results are the results of the group work and everybody contributes to this. It's an element that could be implemented in the work of Empowerment College. The co-production leads to the significant outcomes and also the work in a friendly atmosphere cause the positive effects.

Ad. 4. MORS Inter-sectors Social and Psychiatric Rehabilitation Center in Zagorze near Warsaw

The key principle is **the integration**. The group consists of people from all over the country. Because of the founder - Christian integration group, MORS is open not only to mentally ill people, but all those who are not afraid of the topic of the psychological and existential crises faced by the participants. **Volunteers** receive a condensed psychological training course and the opportunity to gain immensely interesting

experiences.

The professionals treat people who attend the treatment meetings. The patients who attend these meetings are getting better in dealing with illness, finding the sense of suffering, referring to God, gaining friends who are healthy and sick as well, they are seeing their lives in a different perspective. They refer to this group as if it was a family that they are often deprived of.

Based on solid scientific research and spectacular foreign experiences, the participants of the group are not only anxious to preserve their state, but to develop psychophysically and spiritually. Their experience could be used when thinking about constructing a group of professionals and experienced persons in the Empowerment College.

Ad 5. Community Mental Health Centers (called later CMHC)

The key principles of CMHCs are:

- a. The functions of CMHC incorporate the three pillars of the psychiatric care system:
A.. Prevention B. Treatment C. Social support
- b. CMHC is a key element of the whole Mental Health system
- c. It covers the whole population of the subregion indicated in the competition documentation (it will most often be a county, called '*powiat*' in Polish, or a district of a big city), assuming that one CMHC covers a catchment area of 100,000 inhabitants
- d. CMHC is responsible for inhabitants of a given subregion and, thus, it fosters social inclusion of its users and their reintegration into the labour market
- e. In order to provide social inclusion and to prevent stigma, the CMHC shall be established in local community, outside of the premises of a psychiatric hospital, but in a convenient location (within maximum 1 hour while travelling by public transport)
- f. The CMHC coordinates health care and social services, covering also the needs in terms of housing and employment, which prevents social isolation and supports recovery and reintegration into the labour market.
- g. The support provided by the CMHC is individualized, which means: preparing the Individual Recovery Plan for every user.
- h. The CMHC coordinates health care services, which involves an effective cooperation with a 24/7 inpatient psychiatric ward, located in a local general hospital or psychiatric hospital.
- i. The CMHC cooperates with GP's on the area of a given subregion to provide an early support for persons suffering from mental disorders and to prevent the development of illness.
- j. The family and social network members of the mental health system users are involved in every phase of recovery, i.e. starting from prevention efforts, through treatment, to social support.

4. Power Point slides presented in Bremen are send together with this document

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