



WORLD ASSOCIATION FOR PSYCHOSOCIAL REHABILITATION

СВЕТСКА АСОЦИЈАЦИЈА ЗА ПСИХОСОЦИЈАЛНА РЕХАБИЛИТАЦИЈА

International workshop for Mental Health service managers

Theme: Management of change

11th – 12th May 2007, Sofia

Introduction

The process of the deinstitutionalization of the mental health institutions in the region of the South Eastern Europe has started, with pressure exerted on the one hand by the EU and facilitated by the will of the ministers of health of the SEE countries via the Stability Pact and by the EU health ministers, who signed the Helsinki Declaration on Mental Health. One of the risks in this process is that the newly established services turn again into closed institutions. The two newly joined countries from South Eastern Europe – Bulgaria and Romania, despite their efforts to become EU members and despite the pressure from the EU, very much share this grave problem with the institutions.

Internationally, the mental health profession is considered as one of the most stressful professions. Pressed by the requirements of the EU and the responsibilities taken by the SEE governments to reform the current services, the MH professionals have to meet serious challenges – both at the traditional psychiatric setting of institutional type and at the community-based one.

The research project *Included in Society*¹ gives a good overview of the reform process in the big psychiatric facilities. It was carried out in 25 countries in Europe and covered 2500 facilities. The general conclusions are:

- The community-based services are better in relation with the quality of life they create;
- Community-based care as alternative to institutional care is a necessary condition for better services but by itself cannot guarantee good enough results;
- Good results could be achieved if care in the community is provided by qualified personnel; it could be said that the quality of care is very much dependent on the quality of the staff.

At the 1st Mental Health Policy Forum, organized by the Sofia office of the Global Initiative on Psychiatry in September 2004 (than Geneva Initiative), the professionals voiced their problems and needs. The professionals representing the SEE countries expressed their concern about the fact that the mental health care reformers generally fail to involve effectively the policy makers in the process of transforming the care systems around the region.

As one of the conclusions of the forum was defined that in order to be able to involve the policy makers more effectively in the process of changing the systems of mental health care, professionals need to invest in building their individual and organizational capacity, so they can face the challenges that deinstitutionalization and the development of community-based services poses to them.

An important issue in the mental health area worldwide is the presence of standards for practice, something, which is missing in most

¹ The project is implemented by Inclusion Europe, Autism Europe, Mental Health Europe and Open Society Mental Health Initiative



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of the SEE countries. Quite often in the institutions working with people with severe mental illness the syndrome of professional burn out could be observed. The workers become less sensitive to their clients'/patients' problems, feel dissatisfied with their jobs, the quality of care diminishes, work becomes a routine, etc. Most probably this is one of the symptoms of institutionalism. Our query is whether this same problem or phenomenon

The implementation of community psychiatry in SEE is a process complicated by several sets of managerial problems. The managers are professionals whose basic responsibility is the accomplishment of the working task of services.

Several factors influence negatively the managerial solutions: contextual factors e.g. the lack of established democratic values, poverty, as well as technological factors, e.g. the poor integration between national, regional and service mental health policies and the lack of structured clinical practices. Examples of problems, which dominate the mental health scene, are the conflicts between hospital and community-based psychiatry, between private and public interests, etc.

The question that the workshop will try to answer is:

How we can manage the process of deinstitutionalization in such a way as to promote professional capacity building so that the managers of mental health services could face the challenges that deinstitutionalization poses to them.

Summary:

The **goal** of the training module is to build skills for effective change management and to establish a sustainable network of partner organizations.

Change is the experiencing of the new. We are faced daily with the demands of new circumstances and experiences with which we are unfamiliar. These demands challenge us to

exists in the new alternative services? Our hypothesis is that this is a problem for the newly developed services as much as for the traditional mental health institutions.

The reform in the mental health care field is a process encompassing the physical environment, the types and quality of services provided, as well as the personnel working in those services.

do things in a new different way, or to do different things. We are required to adapt to new systems and structures, gain new knowledge, acquire new skills and adopt new attitudes to meet the changing circumstances.

Change is a process rather than an event. It takes time to recognize that a situation needs to be changed and further time to develop a plan to deal with it. In the end success depends upon new behavior patterns and changes in working habits being adopted by those concerned. There are a number of distinguishing stages in the process:

- Recognition of the need for change
- Situation analysis
- Identifying who needs to be included and informed
- Making an action plan
- Managing anxiety
- Clarifying roles and responsibilities
- Reviewing the reward systems
- Identifying and satisfying training needs
- Monitoring, evaluation, amending.

In moving through these stages, and particularly in situation analysis, it is helpful to look at the organization as a socio-technical system comprising three distinct yet highly interrelated sub-systems.

The training module will offer special focus on change management at the organizational and individual levels.

ORGANISATIONAL CHANGE

Most strategies for organizational change attempt to amend and improve structures and systems in compliance with popular theories.



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This is undoubtedly a vital priority in the planning and implementation of successful change. This level, however, looks at an area which frequently receives the least attention and yet is a key factor in determining the level of success of any change process. The issue is the way in which people react to change and in what ways they are able to develop new attitudes to deal with it.

Language:

English will be the working language of the event

INDIVIDUAL CHANGE

Changes that people face are many, varied and both voluntary and involuntary. They happen in personal and professional lives and have an overlapping effect on both. The constant process of change encourages us to develop an individual pattern of reaction that would enable us to deal with the resultant, on-going personal upset. These patterns vary from individual to individual but one of the most common reactions is to strongly resist change.

The training will employ a vast array of interactive techniques: presentations, group discussions, role plays and scenarios simulations, case work.

Trainers:

The workshop will be held on 11-12 May 2007, in Sofia, Bulgaria. The theme of the need of establishment of community mental health services will be introduced by a key-note speech, which will be delivered by an expert of GIP-Netherlands. Two-day interactive training workshop will follow. The workshop will be delivered by 2 trainers from Partners Bulgaria Foundation.

Conference organizers:

The meeting is organized by the regional office for the South Eastern Europe of Global Initiative on Psychiatry.

Participants

The participants in the event will be 30 mental health service managers from the region of SEE (both from community based and institutional type services).