

LEONARDO DA VINCI (LLP) PARTNERSHIP

VOCATIONAL RECONVERSION OF PEOPLE
SUFFERING FROM MENTAL HEALTH PROBLEMS

Guide
(Reception and Support)

LEONARDO DA VINCE PARTNERSHIP(LLP)

Guide: Vocational reconversion of people suffering from mental health problems

Table of Contents

Introduction.....	1
Approaches of the organisations.....	3
ERP Malleterre.....	3
Vivre – Alexandre Dumas Centre.....	4
Higher Rhythm Ltd.	6
V.O.F. Eskwadraat.....	7
University of Malaga.....	9
G.N.A. “O EVAGGELISMOS” METANOSOKOMIAKOS XENONAS VRACHIAS PARAMONIS.....	10
Stowarzyszenie na Rzecz Rozwoju Psychospolecznego I Psychoprofilaktyki Pracownia Psychoedukacji.....	12
Comparison of EU laws.....	13
The Netherlands.....	16
Greece.....	16
Spain.....	17
United Kingdom.....	17
France.....	17
Poland.....	18
A comparison.....	18
Glossary.....	20
ERP Malleterre.....	20
Vivre – Alexandre Dumas Centre.....	20
Higher Rhythm Ltd.	24
V.O.F. Eskwadraat.....	32
University of Malaga.....	33
G.N.A. “O EVAGGELISMOS’ METANOSOKOMIAKOS XENONAS VRACHIAS PARAMONIS.....	43
Stowarzyszenie na Rzecz Rozwoju Psychospolecznego I Psychoprofilatktyki Psychoedukcji.....	44
Addendum.....	53
ERP Malleterre.....	54

HIGHER RHYTHM LTD.....	55
UNIVERSITY OF MALAGA	56
STOWARZYSZENIE NA RZECZ ROZWOJU PSYCHOSPOLECZNEGO I PSYCHOPROFILATKTYKI PSYCHOEDUKCJI	57



Introduction

Aims of the Project.

Mental health problems have become one of the major problems in the EU workplace. Economic downturn and its effects on the job market are likely to add to the problems in employment and quality of life of people who are suffering from mental health problems, including their families. Various studies show strong correlation between mental health problems and low productivity and low income, which then create a vicious cycle that have major negative effect on a country's economy.

Various published reports in the EU warned that people with mental health problems are further isolated by poverty and therefore, there is an increasing demand for wider range of "support" and "employment" schemes to help individuals suffering from mental health issues to gain fulfilling jobs.

Different vocational centres in the European Union play an important role in providing help to the increasing number of individuals suffering from or those likely to suffer from mental health problems, in managing their issues, and assisting them in finding and keeping work.

This Leonardo da Vinci project have allowed various relevant vocational centres around the European region to work together in partnership to explore and share effective mechanisms that will assist those who are suffering from mental health problems to gain fulfilling jobs.

Through the partnership, different institutions from the EU explored preventive and recovery programmes that address individuals' employment aspirations, skills and experience, and therefore help them into competitive employment that will allow them to operate at their highest level of function. The project also enabled the organisations to share best practice including their expertise and experience on dealing with people who are suffering from mental health problems.

Summary of the activities of the Partnership

Over the past two years, the Partnership have been involved in various local and European wide projects which concerns the achievement of the objectives of this project. All planned transnational meetings were completed successfully.

The completed activities of the partnership include:

- Setting up a collaborative platform “Groupcamp” in order to share ideas, methods and know-how, to develop better communication amongst partners.
- Achievement of an interview guide for partners to compare it with already existing forms (if applicable to organization) to edit and improve the current documents.
- Creation of module of information and sensibilization on psychic handicap / mental health problems (for partners who need one, i.e. (Greeks, Polish, French).
- Creation of individualized support plan for people with mental health. (Dutch, Polish, French, UK)
- Analysis of practices (each partner in own country) regarding taking people with psychic handicap / mental health problems, into care, taking into consideration the inventory of existing fixtures of existing before the project, diagnosis of strength and weaknesses, and lines of improvement.
- Common work on glossary and the European Union legislation about mental health problems.
- Common work on how to implement a booklet on good practices dealing with reception of individuals with mental health problems.
- Achievement of a common booklet about mental health problems relating to the work of the partners involved in this partnership. This include: approaches of the organizations, evaluation of laws in each country, comparison table of laws and glossary which will be useful for practitioners when working around the European Union.

Approaches of the organisations

The organizations involved in this partnership offer different types of services, in their own countries, within the European Union, for the development of people suffering from mental health problems. Although the services are different, the ultimate goal of all the partners involved in this project is to be able to provide an improved and effective support to people suffering mental health in seeking and retaining employment.



ERP Malleterre

According to the EU directive 2000/78/CE of November 27th 2000, bearing on creation of a general framework in favor to equality of treatment in employment and work matters, it is written that employment and work provide essential elements to guarantee the equality of chances for everybody and contribute, in a large measure to the entire participation of citizens to economical, social and cultural life.

The article 13 of CE treaty introduced by Amsterdam one, grants specific powers to the Community to fight discriminations based on gender, race, ethnic origin, religion or believes handicap, age or sexual orientation. The States members forbid discrimination in employment and work matters. Therefore, the actual directive aims to establish a minimal and general framework in this area.

Therefore, in September 2011 ERP Malleterre created a "Mental Health Handicap" Working Group to observe needs of trainees with mental health handicap.

This working group noticed that the individuals who are trained in school, combine more and more physical and mental health problems. After consideration, the working group set up a path to improve reception and support people with that sort of problems. It realized that school framework was not sufficient to insure handicapped trainees welfare.

Referring to law of 2005 on the handicap, ERP Malleterre lays down a "welfare objective". The first step has been to set up a Module of Information and Sensibilization on mental health handicap provided by specialists of the subject. It has been proposed to ERP Malleterre personnel

in order to enable them to improve their practices when they are deprived face to trainees' reactions.

Behavioural instability and mood disorders characterized trainees with mental health handicap and they lead to difficulties with learning and vocational insertion, especially in research of placement. "Mental health handicap" working group decided to extend "Health assessment" to every trainee at the beginning of the year so that medical and pedagogical departments work all together. Pre-reception of potential trainees prior to their first entry into training (achieved by the coordinator, nurse, and educational consultant).

The Company work practitioner succeeds to identify people in mental suffering during the first appointment, as the beginning of school year. The question was "How to receive and support these individuals who require a different support to attend their two year courses (at school and in their private everyday life) ? "

Information of trainees on Leonardo partnership project goals has been organized. In this framework a proposition to join the project has been proposed to individuals that Company Work Practitioner had identified.

- Achievement of Interview Guide, Contract of Commitment, personalized follow-up plan for the trainee.
- Implementation of tutoring for five volunteer trainees with a member of pedagogical and medical staff, one interview a month for listening and dialogue, education, training and medical aspects.

Afterwards, in the second year of the project :

- Analysis of practices : tutorials assessment (tutors and trainees), self- assessment
- Achievement of European booklet of good practices for professionals who are not practitioners.
- Relay between pre-orientation psychic and medical department to avoid breakages.
- Creation of partners network "care", i.e psychiatrist in city center, ambulatory follow-up.

After an experimentation of 2 years on 5 volunteer trainees, we begin to see the first progresses of better welfare of them, due to tools we have set up.



Vivre – Alexandre Dumas Centre

Our Center complies with the new European policies in favour of mentally disabled people and it responds to:

- the 2000/78/CE directive of 27 November 2000
- the communications from the Commission dated 12 May 2000, 25 September 2001, 24 January and 30 November 2003, 26 November 2007, 15 November 2010 ...

- the International Classification of Health and Disability adopted on 22 May 2001 by the World Health Organization (WHA54.21 resolution)
- the Green Book released by the Commission on 2 July 2008.

The Alexandre DUMAS Specialized Pre orientation Service was created in 1972 first as a complementary service of vocational training Center VIVRE. The Gentilly center which is located in the outskirts of Paris, in Gentilly, has been approved since 1989 whereas the center located in Paris obtained its agreement in 2009.

Trainees are sent by departmental CDAPH (Commission for the Rights and Autonomy of Disabled People). They are recognized as disabled workers because of their mental disorders which have been identified as such but are supposedly stabilized. As they are recognized as disabled workers, the trainees get paid during their training period.

The course lasts 6 months. This period of time is necessary to get these persons facing hardships related to their ability to think, related to the way they face reality, to the way they deal with other citizens or with themselves, to start working out on a professional insertion project within the mainstream or sheltered professional environment.

Each center (whether in Paris or Gentilly) has a capacity of 30. The average age of trainees is 35 years old. Within a group of trainees, men always outnumber women. When it comes to the diagnosis, 85% of the trainees suffer from schizophrenic disorders.

Our actions fit with the trainees demands:

- Resuming intellectual, manual and social activities
- Training again through cognitive activities
- Recovering a satisfying life and work rhythm compatible with activities leading to professional reintegration
- Recovering self-confidence
- Working towards autonomy
- Dealing with socializing situations
- Talking about the disability issue to prepare their professional reintegration
- Maintaining medical watchfulness and care support alongside the changes occurring during the training period

The Specialized Preorientation training is based on workshop activities for groups of 10 persons. Alongside this group organization, each trainee is accompanied on an individual and completely personalized basis by his/her tutor.

Within the scheme, workshops and the activities are organized so that the trainee realizes what he/she is able to do. This is supposed to help him choosing a project. Workshops are considered as tools and means for the person's professional reintegration. Role plays are used as evaluation or self-evaluation. Concrete activities such as enquiring about careers, developing technical skills or training periods within the mainstream or sheltered job market occur during the 4th month.

Throughout the training period, these workshops are organized as a pre-established timetable for each group:

Project workshop	Information Technology workshop
Handicraft and plastic art workshop: individual and group activities	Cultural excursions
Developing writing and speaking skills	Research and documentation workshop
Logical reasoning workshop	Project related researches
Methodology workshop	Meeting for all the trainees following an excursion or talking about an organisation

One of our fundamental principles is to consider the person as a citizen for whom the team will produce a specific accompaniment.

The professionals take into account both the specificity of mental illness and the vocational training trainees' status. They try to make it possible for the trainees to take care of themselves when it comes to professional reintegration as well as health.

At the end of the training period, a report is sent to the CDAPH (Commission for the Rights and Autonomy of Disabled People) to help them decide about the person's social and professional project, with his/her approval.

The report is precise, detailed, argued and tells about various and current aspects of the person: his/her abilities, his/her possibilities, but also his/her limitations. The report describes the project which has been established with the trainee. It gives the accompanying team's opinion on the trainee's ability to achieve his/her goals and it defines the different steps necessary to do so.

Orientation at the end of the training :	2011	2012
Vocational training	16 (23%)	32 (44%)
Mainstream	4 (5%)	4 (5%)
Sheltered work	17 (25%)	11 (15%)
Rehabilitation care	7 (10%)	11 (15%)
Individualized action	7 (10%)	9 (12%)
No action right after training	4 (5%)	3 (4%)

higherhythm **Higher Rhythm Ltd.**

› music • media • creativity • progression ››

Higher Rhythm Ltd provides a widely accessible source of vocational training and development, for people from an area with a history of under-achievement, deprivation and unemployment, using creatively focused activities as an attractive vehicle by which to engage hard to reach individuals and nontraditional learners from across the numerous and diverse communities of Doncaster. Services are centred around learning, training and informal

activities in Music / Media / Recording / Creative Technology with a focus on making these services available to socially and economically disadvantaged people.

We work with people who are suffering from mental health problems in various ways. Some individuals are referred to us by agencies, other individuals approach us directly. All our services are accessible and open to all individuals regardless of state of mind, although at some times, when certain agencies approach us to provide a customised training programme for their clients, we produce what they require.

Our method is simple and straightforward. We use creative subjects in engaging individuals. We offer nationally accredited courses so that individuals who access our courses can also progress to employment, further / higher education or volunteer work. In essence, there is more than one purpose to the programme we offer, enjoyment, learning and progression.

The programme is very flexible and responds to the needs of the learners. So for instance, learners who need to take a break from the course can do so and start again after a few weeks. This is especially helpful for those who are suffering from mental health problems. We also offer in house progression through our community radio station, Sine FM. Many of our learners of the Level 2 Radio Production course progress into being volunteer presenters and eventually, they progress to paid employment or further education. Some of our previous learners who were suffering from mental health problems, have finished their courses, progressed to being volunteer presenters and are still with us at the present time, presenting and producing shows for the station. Some have even moved on to paid employment, as a result of the course and the experience they have with our organisation. This is a testament to how our programme works in reintegrating people with mental health problems to community and employment.



V.O.F. Eskwadraat

VOF Eskwadraat is a consulting firm, specialised in advising institutions that guide or treat adolescents with psychiatric disorders and / or behavioral problems. Additionally Eskwadraat is a company that performs the project management in European projects and accompanies potential applicants through the process of making an application for Leonardo da Vinci or Grundvik projects.

The focus in the applications so far was the transition from school to work.

Through intensive study of the problems with mentally ill human and the many contacts that have arose in the course of time, Eskwadraat has developed its own vision around this theme.

In the development of the project “Reception and support people with suffering distress in vocational reconversion” it became clear that the differences in approach and culture between the participating institutions is so large that there is little room for developing a joint approach.

That is regrettable, because the intention of European projects is to reduce the differences between countries and institutions by searching for a common method.

During the counseling of adolescents with mental health problems often the medical aspects and influencing behavior are discussed. Other aspects of the lives of these clients, such as social aspects, the future, career building, relationships, sexuality, drugs, having children are often not in the picture.

In recent literature on psychiatry, people are increasingly of the opinion that the conduct and medical aspects should not be leading in the search for solutions of the participation of people who are diagnosed psychiatrically. More and more the starting point is the possibilities for the target group to participate with some success in society.

There are shifts in the vision of psychiatrists and other professionals about the relationship between people with mental health problems and society. Increasingly, the relationship with society, which is often also sickening, is made. It needs to develop the responsibility to look at people and take into account people who cannot keep up the pace and thereof become mentally ill.

In line with these developments, the policy in the Netherlands increasingly is focused on the vision of we should address more and more the healthy part of people we call mentally ill. Don't treat them as patients, but seek for their ability to function in society.

As already evident in the chapter 'Mental health care in The Netherlands' the developments move up in vision but also in the use of resources toward PARTICIPATION.

In this line of vision an Individual Transition Plan (ITP) is developed. An ITP is an instrument with different components to make it possible to discuss the subjects, as mentioned above, systematically. It is a way to stimulate the client and professionals to think about the approach needed to guide a client to work.

GENERAL REMARKS ABOUT AN ITP

The Individual Transition Plan may consist of several components:

1. A guide to the use of the ITP
2. The Assessment material and other information
3. A workbook for the client
4. A working document for the mentor
5. Information for the company
6. The final Transition Plan
7. Evaluation Form

The use of these tools has a variety of objectives:

- They are planning tools
- They encourages self-reflection
- It is the plan of the client
- It is intended for self-management and self-reliance
- It is both specific and workable
- It encourages a conversation about the future of the client

The ITP and our workbooks are composed of different themes:

- a. interests
- b. planning
- c. living arrangement

- d. recreation
- e. employment
- f. education
- g. personal management
- h. health issues
- i. money matters
- j. social relationships

The ITP should provide concrete goals for the plan of action and that they correspond to what the student wants to achieve. This is where the approach of VOF Eskwadraat will be



University of Malaga

The Counsel 200/78/CE Directive, dated 27th November 2000, establishes a general setting for the equality of treatment in the employment and occupation. It is developed in the European Disability Strategy (2001-2010), related to the integration of disabled people in the access and continuance in the work setting, considering the attention to education and training of this group. Every UE country legislates about this field, taking into account these recommendations as well as the social and cultural reality of each country.

In Spain, through the Law 4/2007, 12th April, which modifies the Law 6/2001, 21st December, of Universities, specifically in its twenty fourth additional disposition, about the inclusion of people with disabilities in universities, it is offered the base so that universities, through their autonomies, can develop units which pay attention to this group of people.

In the case of the University of Málaga, it has been created the Help to Disabled Student Service (SAAD), which support and orientate students with disabilities, even before they become students of this University, offering them the necessary assessment and support for the previous selection test. The actions which are carried out in this service are the following ones:

- Psychopedagogical assessment.
- Design and management of different programs to assist disabled students:
 - Personal assistant program
 - Contributor student program
 - Curricular adaptation program
- Management and financing helps for transportation.
- Management and financing sign language interpreters
- Orientation to the university community.
- Elaboration and publication of technical material
- Collaboration in educative and labour incorporation projects along with other institutions.
- Training and mastery courses.

The principle which regulates the attention to people with mental disability is based on understanding that it is a limitative status in the adaptable or relationship conduct, due to the interaction among personal factors (conceptual, social or practical difficulties) and the factors from a

less accessible or less comprehensive context. People in this situation of mental disabilities, being part of the social diversity, have their same variability and complexity, therefore their definition or common characteristics are not exempt from the generality and its risks.

Therefore, it can be included people with intellectual disabilities, depression, schizophrenia, bipolar or anxiety disorder, among others. People with disabilities have to deal with two important difficulties:

- Limitations to deal with the day-to-day demands, social interaction and work situations. They may need support or understanding in their duties in order to obtain more autonomy.
- Difficulties with gathering / processing and elaboration of environment information, as well as adapting to it considering that information. Learning and academic achievements are important because they represent a way to compensate their personal and social limitations. Hence the teacher can be a guide and structure, a model to the student with mental disability. In order to achieve that, the teachers are provided with a guide with some pieces of advice which they should take into account. These recommendations are the following ones:
 - If every person must analyse their attitude before talking or interacting with another one, this is even more necessary when we are interacting with a person with mental disability. Eye contact and frank look help this person to feel accepted and recognized, avoiding simple courtesy and urbanity manners which, though necessary, they are not enough to show empathy.
 - Look at the eyes, think and believe in what you are expressing, so that there is consistence between attitude and word.
 - Their less expressivity or distant appearance do not mean a lack of comprehension or understanding, but slowness of answer or sentence structuring. In every case, talk clearly, transmitting the message with short and precise sentences.
 - Although they may seem to have a tendency to solitude (since this is the best description and a search for security), they are against it, wishing to have friends and social life.
 - Avoid stereotypes, but focus on the person with her/his individual characteristics.
 - It may be possible that this student shows a different pace of studying from the rest of them.
 - Respect their style when talking and behaving.
 - Try to help and orientate them in their choices and decisions.
 - Strengthen the abilities and tasks which are strong points in these students: this will increase their security and results.
 - Try to give them the lessons and specific academic materials in a structured way, beforehand and with the needed instructions.
 - Favour opportunities for interaction and social relationships through guided and structured activities.
 - It may be necessary to soften assessment times.



G.N.A. "Ο ΕΥΑΓΓΕΛΙΣΜΟΣ" ΜΕΤΑΝΟΣΟΚΟΜΙΑΚΟΣ XENONAS VRACHIAS PARAMONIS

The Psychiatric Halfway House of Evaggelismos General Hospital in Athens Greece is an outpatient residential facility for adults with mental disorders. The facility provides 24/7 psycho- social rehabilitation services during an 8 month duration of stay. The structure, organization and operation of the Halfway

House is accordant to the principles of Social Psychiatry, outpatient care, deinstitutionalization, social reintegration, continuity of mental health care, as well as information and community voluntary assistance towards the promotion of mental health.

Not just being a protected residential environment, the Halfway House represents an intermediate care station within the transition process from the psychiatric ward to an autonomous life into the community. Operation is open to the society, simulating that of a family environment

A multi- disciplinary therapeutic team of health care professionals is responsible for planning and implementing total actions to achieve the facility goals. All decision making and operations' conduction both individually and collectively follow the principles of personnel team work, complementary roles, moving beyond traditional institutional mentalities and creating new professional standards. Emphasizing in social care, rehabilitation becomes primordial goal, aiming to support residents within the Halfway House in their everyday course toward social reinsertion. The residents are provided with housing, therapeutic, social and divertissement services. The facility operates through an everyday structured program that combines individual and team actions taking place both within and without the facility properties. More specifically, the Halfway House operation although it is individualized and need adjusted follows the general frame of the resident's problems and needs aiming the following:

- promote self-care capacity
- increase self-awareness and understanding of reality
- improve social skills
- improve functionality and potential and increase level of independence
- nurture team spirit
- encourage community involvement and leisure activity
- ensure quality of care, life and autonomous living
- prevent the installation of permanent disability
- reduce hospitalization frequency and duration
- reduce stigma and discrimination and provide a therapeutic environment that prevents social marginalization
- defend individual and collective rights
- support prevocational and vocational rehabilitation

The establishment of the Psychiatric Halfway House of Evaggelismos Hospital in 2004 was one of the numerous community psychiatric facilities created in Greece, as an outcome of a ten year long program (2000- 2009), under the name *Psychargos* run by the Greek government and co- funded by the European Union. The main program goals were the result of a long-term commitment to continue the reform of mental health services in Greece that begun in 1984 with the EEC 815/ 84 program. Focusing on the process of deinstitutionalization of mental health patients a new form of community mental health services became available. Emphasis was given in social rehabilitation and labor insertion for people with mental disorders and psycho- social problems.



Stowarzyszenie na Rzecz Rozwoju Psychospołecznego I Psychoprophylaktyki Pracownia Psychoedukacji.

Psychological crisis as a particularly difficult experience often exceeds the capacity of self-dealing units. Only in very favorable situations, where both internal resources and those elements of the social environment can be seen as an effective support system, so the person is able to solve the crisis problem. Experience shows that in many cases the "natural" resources being available to the crisis in its environment are not enough equipment to effectively deal with the situation.

Psychoeducation Laboratory is committed to rebuilding master the craft of psychological resources in crisis. This is made possible by enhancing the integrity and autonomy of the individual. Laboratory of Psychoeducation is a place where psychologists work with people in crisis on the experience developed in the field of psychotherapy and depth psychology (D. Winnicot, M. Klein, CG Jung and others). They support the client in obtaining the individuation and autonomy through participation with him in the process of internal and external changes. The primary role played by the therapist's ability to "containing" repressed emotions of the client, which can cause dysfunctional symptoms. Therapists create a safe and supportive relationship with the patient which is necessary to trigger the healing process. The relationship is built with a sense of acceptance and based on the contract containing the objective of the aid. In subsequent phases of the therapeutic work is important to discover the client's resources and building prospects. Customers at this stage receive from therapists help structuring goals in life in such a way as to strengthen the powers of the client to cope with current difficulties.

Working with the client focuses on specific, accurately selected problem areas associated with the dysfunction of the basic roles of client and interpersonal conflicts. It is important for us at this integrative approach to take care of the customer and his integral development.

Therapeutic interventions take place primarily at the level of conscious awareness and concern, or "almost conscious", emotional conflicts. This work was to find their situational references and focusing on them. In some cases, we use the method of working with unconscious emotional conflicts, mainly psychodrawing, Sandplay Therapy and work with the fable and metaphor.

During the process of working with clients we consider the important role of the events in the clients' life prior to the occurrence of the crisis. No less important is the perception and experience of the relationship with the other client. The goal of therapy considers reformulation of dysfunctional relational patterns so that customer relationships have become a source of support for him in everyday life.

At a later stage we propose to take active patient developing skills and interests, such as participation in vocational courses and classes in art therapy. Such classes are held in the framework offered by our workshops and training institution or partner's institutions.

Comparison of EU laws

In order to better understand the specific roles of the organizations included in this partnership, it was essential to assess and compare the various laws that are present in each country. It was useful to know the similarities and difference in each country to put the work of each organization in context.

Here is the comparison board about European Laws regarding Mental Health:

	FRANCE	THE NETHERLANDS	SPAIN	UK	POLAND	GREECE
1974				Amendment of the 1974 Act, removal of the general prohibition		
1975	Recognition of disability (RQTH COTOREP +) and implementation of resources for vocational reintegration (CAT - AH), with a financial support . Mental suffering assimilated to a disease and not a disability					
1983				Act 1983 (reduction of individual rights, discrimination)		
1987	Pre-orientation center together with the law of obligation to employ TH up to 6%					

1994					Act 1994 Law on mental health	
1997					Act 1997 Vocational and social reconversion and employment of disabled people , definition of handicap	
1998						National Law 2643/1998 This law set out the exact percentage of employment positions available for people with disabilities both in public and private sector.
2000						Council Directive 2000/78/EC General framework for equal treatment in employment and occupation
2002	Recognition of fundamental rights, dignity, citizenship through tools (charter, welcome booklet, CVS, residence contract ...)					
2003			Non-discrimination – Equality of opportunities - accessibility		Act 2003 Existing codes on the causes of handicap, Rights of people with disability towards employment.	
2005	Rights and opportunities equality, participation and citizenship of disabled persons à personalized compensation plan Recognition of mental disorders which can lead to handicap situation creation of MDPH + GEM Measures to strengthen the employment obligation (private: 1500 x minimum hourly wage)					National Law 3304/2005 Implementation of the principle of equal treatment regardless of religion or belief, disability, age or sexual orientation.

2006			Implementation decree, concrete measures to support employment in protected area + financial measures (grants). Fixed rates: 7% for the state, 2% for the private but not respected.			
2007			Access to new technologies and public spaces. Non-discrimination			
2008				Act 2008 (reduction of individual rights, discrimination)		
2010		WAJONG: supporting vocational insertion of young people (including financial support)				
2011			Compliance with the International Convention (Rights of Persons with Disabilities)			Venture of social cooperatives for integration, for social care, collective production, social cooperatives societies, employment subsidy programs, for new entrepreneurs and new enterprises, protected production workshops.
2012		Community care for the people with mental health. Promote autonomy.	Measures to facilitate the insertion in ordinary workplace. Transform partial time contracts in CDI. Right to keep his job in a group if obligation of moving for treatment monitoring.			
2013		Dropping WAJONG law		Law of 2013 (cancellation of discriminatory laws)		
2015		Laws on quotas. If quotas not respected : fines.				

Our Dutch partner, VOF Eskwadraat, has also produced a detailed comparison amongst the various laws in the participating countries in this project. This comparison was developed based upon the detailed narrative provided by each organization about the laws in their own countries.

Initially, the laws in each country are summarized and a narrative comparison was provided afterwards.

The Netherlands

The recent legislation of mental health care in the Netherlands contain a number of relevant topics more in detail covered in an another section of this booklet. Here they are mentioned again point by point; after which they are compared with the legislation in the other participating countries.

- ✓ Mental health care must meet the need of patients better.
- ✓ Mental health care must be more effective.
- ✓ Results should be more visible.
- ✓ Development of guidelines to determine the need of care for people.
- ✓ Online assistance (e-mail health) will have an important role.
- ✓ Bring care closer to the patient.
- ✓ More treatment at home.
- ✓ The environment must treat these patients as equal citizens.
- ✓ Less coercion.
- ✓ Reductions in spending for care.
- ✓ Help to find and keep employment or education.
- ✓ Income supplement.
- ✓ A benefit during training programs to find a job.
- ✓ Different arrangement as an employer engages a mentally ill worker.
- ✓ A quote system for the employment of disabled people.

Greece

In Greece equal treatment in employment and occupation of mentally disabled people is also embedded in the law. The available jobs in companies are set. In the public sector it is 3%. Businesses in the private sector that employ over fifty people the number is set at 2%. In the Netherlands, is thought of a quota of 5% in 2020 for companies with more than 25 employees. However, this scheme is still under discussion.

In Greece and the Netherlands the venture of social cooperative societies is embedded in a law. In the Netherlands it started in 1950 in Greece in 1998.

In both countries are subsidies available, whether or not through the European Union, for projects that promote the employment of disabled people.

Spain

In Law 49/2007 equal opportunities, non-discrimination and universal accessibility for disabled people.

Royal Decree (R.D.) 1494/2007 has approved regulations for access of disabled people to technology, products and services related to information society and media. In R.D. 505/2007 the accessibility and non-discrimination of persons with disabilities to access and use public spaces and buildings is defined. In order to stimulate the recruitment of disabled for work different measures have been taken to facilitate the employment of people with disabilities into the job market with financial support for companies. In the public sector it is 7%. Businesses in the private sector the number is set at 2%. R.D. 20/2012 establishes the right to retain the job if the worker changes address, because disabled workers need rehabilitation treatment related with their disability.

United Kingdom

In the UK under the Mental Health Act you must follow as a patient leaving the hospital certain conditions, such as keeping in touch regularly with you mental health team. If not you are recalled to hospital.

To prevent people with a mental disorder are excluded from companies through pre-employment questionnaires about health and disability it is illegal in the UK to include these discriminatory questions in the questionnaires.

In the public sector reasonable provisions are made for disabled people having a chance to work and to create equal opportunities.

The key provision of the Equality Act in the public sector is the Equality Duty which ensures the fairness of public bodies to meet the needs of different groups, including people with mental health problems. The government can intervene if necessary.

Stigmatising views and measures are removed from Mental Health Act 1983.

France

In June 1975, a guidance law has been adopted in favour of disabled people. This law includes a range of measures, such as: prevention and screening of handicaps, education, social integration and access to sports and leisure activities. The laws of 2002 and 2005 modernize the existing arrangements. See below:

Respect for the dignity, integrity, privacy and safety of the person.

Disabled people can obtain a disabled worker's status.

The creation of Pre-orientation centres.

Technical committees for Vocational Guidance.

The possibility to work in a protected environment.

The generalized accessibility of all social.

Respecting the consent of a person when the person is capable of expressing its will and participation in the decision making.

A Charter of rights and freedoms is an obligation for medical and social centres.

Since 1987 (the N 87-517 law of July 10th 1987) imposes to companies with more than 20 employees to have within their staff a 6 % quota of disabled employees. Only 45 % of French companies employ, in accordance with the law, 6% of disabled workers. The law of February 2005 sets out that as from January 1st 2010 companies that do not respect this quota will incur a fine which can represent 1 500 times the minimum hourly rate.

Poland

The first part of the Polish contribution pays much attention to the definition of the concepts Mentally ill and Mental Illness in the Polish law. The same for the concept of disability.

The rights of persons with disabilities in Poland:

- Every employer who employs a person with a disability can receive a monthly payment to pay the employed disabled person. (max. 75% of the wage that employers must pay.)
- The amount increases for people with mental illness.
- Polish law aims to eliminate funding for people with diseases of the lightest and instead proposed increasing support for the so-called people with specific disorders (mental illness a person, mentally retarded, blind, and epilepsy)
- An employer who, for at least 36 months, hires an unemployed disabled person may receive, upon request, reimbursement of workplace equipment of fifteen times the average wage.
- A disabled person can receive a onetime public fund for starting a business. The funds are up to fifteen times of the average wage.

A comparison

In the Netherlands there is currently much attention to cost reduction. And also care should be more patient focused, more effective and results should be more visible. This approach is largely due to the recession and the associated cuts. In the contributions of the other countries this is not mentioned at all. Which is surprising, because all Europe is currently going through a period of recession and reduction of costs?

We see the same around the effectiveness and visibility of results.

On the other hand, there is in all participating countries a lot of attention to the needs of patients and the development of guidelines.

Development as an "online assistance and more treatment at home" is found only in the Netherlands. In the other countries, this has not been discussed.

Similarities between the countries we see especially in the equality and rights of patients with other residents. The laws and regulations aiming at participation in social life is object of policy in all countries.

The commitment to help people with mental problems in finding work and jobs is strongly present in all countries. Various means are used for this purpose, such as training, extra money, income supplement and quote systems. In the latter case, the various developments and the results are not as expected. It is also the question whether coercion a playing a substantial tool.

Glossary

To better understand the context of the services and support given by each organization to their clients, we thought it would be useful to present a glossary for each organization / country containing the technical words and their descriptions, to minimize misunderstandings.



ERP Malleterre



Vivre – Alexandre Dumas Centre

AAH

Allowance for Disabled Adults

Allowance granted after passing through CDAPH. The recipient must be suffering from a permanent incapacity rate of at least 80%, or between 50 and 79% and have a substantial restriction of access to employment because of his disability.

AGEFIPH

Association for Management, Training and Insertion of People with Disabilities.

French organization to support the employment of disabled workers. It particularly provides aids and advices to businesses and to individuals with disabilities.

CAP EMPLOIS

Cap EMPLOIS is a national network of Specialized Placement Agencies serving people with disabilities and employers to match job, skills and handicap.

CDAPH

Commission of Rights and autonomy of people with disabilities.

It is a county authority with a national mission that aims to take decisions relating to the whole rights of the person on the basis of the assessment achieved by multidisciplinary team and the wishes expressed by disabled person concerning on his life project.

DELIRIUM

Global disturbance, sometimes acute and reversible, sometimes chronic, operation of thought. Delusions are always pathological (the result of an illness or a disease process). They usually occur in the context of neurological or mental illness.

DEPRESSION

Depression is a mood disorder.

Depression is primarily characterized by a state of motivation loss or elan vital in an individual, associated or not to various symptoms.

Symptoms of major depression contrast clearly with normal functioning of the person. Most features are a loss of hope, envy, self - esteem. Other signs may occur, such as anxiety or mental distress, tiredness, sadness, negative thoughts, dark thoughts, suicidal intentions or other mood changes.

DIRECCTE

Regional Department of Enterprises, Competition, Consumption, Labour and Employment.

DIRECCTE intends to address four main tasks :

- encourage companies to work on the adaptation of skills and training of their employees to secure careers and anticipate economical mutations ;
- improve the economic competitiveness of companies by encouraging them to develop innovation, opening on international and vigilance in intelligence matter and economic security;
- improve the quality of work and social relationships in developing the prevention of vocational risks, social dialogue and ensuring of compliance with the labor law ;
- protect the economic interests and safety of consumers and contribute to proper functioning of markets and to the loyalty to transactions.

ESAT

Institution and assistance service by working

Institution of protected work, aiming for reserved for social and professional reinsertion.

The ESAT help people with disabilities being unable to work in the mainstream, in adapted company or independently, allowing them to achieve a professional activity in the protected area.

GEM

Mutual aid Group

Their mission is to improve the living conditions of people with disabilities mental and / or cognitive. These individuals are invited by the government to take responsibility by taking an active part in the definition and in the organization of a project which concern them :mutual aid project of GEM of which they can freely set the terms.

MDPH

Departmental Home for disabled people

MDPH has a general mission of reception, information, support and advice for people with disabilities and their families as well as the awareness of all citizens to disability.

In addition, within each MDPH, the Human Rights Commission and the autonomy of people with disabilities (CDAPH) takes decisions relating to the whole of their rights particularly in the matter of handing out of allowances(grant for disabled adults, providing compensation ...) and orientation towards specialized services and institutions.

MDPH supports disabled people in his life project, especially on the professional level, and ensures the implementation of a plan for disability compensation.

RQTH

Recognition as a disabled worker given by Article L5213-1 of the Labour Code:

"Is regarded as disabled worker within the meaning of this section any person whose chances of obtaining or retaining employment are substantially reduced as a result of the alteration of one or more functions physical, sensory or mental or psychic. "

This recognition may be granted to any person aged 16 or more, exercising or seeking to exercise a professional activity, and whose physical or mental abilities are impaired by disability.

SAMETH

Maintenance Support Services in the Employment of Disabled Workers

The SAMETH help the company to find a tailored –made solution to allow the maintaining in employment in case of appearance or worsening of a disability for an employee.

Their missions are:

- Advise on the legal framework of maintaining in the employment, tools accessible (ergonomic studies, assessments, training ...), technical support, financial and human that can be mobilized (Agefiph FIPHFP, Health Insurance ...)
- Advise on the process of maintaining in the job.
- Mobilize technical support, administrative and financial
- Research, develop and implement a solution to maintaining in the job

SAMSAH

Support Service for Medico-Social for Disabled Adults.

This service includes provision of care: it supports disabled adults in their life project while favouring family circle, social, educational, professional links ...

The SAMSAH support adults with disabilities who require:

- An assistance or a support for some or all of essential activities of daily life
- A social support in opening area and an apprenticeship to the autonomy and also in proportions tailored to needs of each user
- Regular and coordinated cares
- A medical and paramedical support in an opening environment.

The SAMSAH accompany people with disabilities on CDAPH decision.

SAVS

Support Service in Social Life.

SAVS have the mission to contribute to the achieving of life project of adults with disabilities by a support favouring maintaining or restoration of their family circle , social, educational or professional and facilitating their access to all services offered by the community.

STRESS

This is the set of body answers subject to pressure or constraints from the environment.

According to the medical definition, it is a complex sequence of events leading to physiological responses, psychosomatic. By extension, all these events are also called stress. Stress generates fear and uncertainties that affect behaviour.

In adult human, stress can have physical, chemical or psychological origins. In today's society, psychological causes are more common, especially in the workplace. In the short term, stress is not necessarily bad, if not indispensable, but its long-term effects can cause serious health problems.

UNAFAM

National Union of Friends and Families of Patients Psychic.

Association of public utility that welcomes, supports and informs families faced with mental illness of one of them.

higherhythm Higher Rhythm Ltd.
› music · media · creativity · progression ››

Anxiety

Anxiety disorders range from feelings of uneasiness to immobilizing bouts of terror. Most people experience anxiety at some point in their lives and some nervousness in anticipation of a real situation. However if a person cannot shake unwarranted worries, or if the feelings are jarring to the point of avoiding everyday activities, he or she most likely has an anxiety disorder. Anxiety can be associated with depression.

Assertive Community Treatment

A multi-disciplinary clinical team approach of providing 24-hour intensive community services in the individual's natural setting that help individuals with serious mental illness live in the community.

Behavioural Problems

Difficulties or problems caused by someone's behaviour.

Behavioral Therapy

As the name implies, behavioural therapy focuses on behaviour- changing unwanted behaviours through rewards, reinforcements, and desensitization. Desensitization, or Exposure Therapy, is a process of confronting something that arouses anxiety, discomfort, or fear and overcoming the unwanted responses. Behavioural therapy often involves the cooperation of others, especially family and close friends, to reinforce a desired behaviour.

Bipolar Disorder

Extreme mood swings with recurrent episodes of depression and mania (being high or up) punctuated by periods of generally even-keeled behavior characterize this disorder. Bipolar disorder tends to run in families. This disorder typically begins in the mid-twenties and continues throughout life. Without treatment, people who have bipolar disorder often go through devastating life events such as marital breakups, job loss, substance abuse, and suicide.

The Care Programme Approach (CPA)

The Care Programme Approach is a system of assessing and looking after people with mental health problems. People can either be offered standard or enhanced CPA, and being on CPA means a patient has a care plan which they should have a copy of, and have regular review with the mental health team looking after them. CPA has four main elements:

- Assessment - Systematic arrangements for assessing the health and social needs of people accepted by the specialist mental health services.
- A Care Plan - The formation of a care plan which addresses the identified health and social care needs.
- A Key Worker - The appointment of a Key Worker (now Care Co-ordinator) to keep in close touch with the patient and monitor care.
- Regular Review - Regular review, and if need be, agreed changes to the care plan.

Chronic Disease

Is a long term condition that a patient has to live with, which may often fluctuate and for which there is usually no cure such as diabetes, asthma or many mental health problems.

Clinical Psychologist

A clinical psychologist is a professional with a doctoral degree in psychology who specializes in therapy.

Cognitive Therapy

Cognitive therapy aims to identify and correct distorted thinking patterns that can lead to feelings and behaviours that may be troublesome, self-defeating, or even self-destructive. The goal is to replace such thinking with a more balanced view that, in turn, leads to more fulfilling and productive behaviour.

Cognitive / Behavioural Therapy

A combination of cognitive and behavioural therapies, this approach helps people change negative thought patterns, beliefs, and behaviours so they can manage symptoms and enjoy more productive, less stressful lives.

Community Mental Health Team

This is a team of mental health workers who work together in a community setting. They often include Psychiatrists, Community Psychiatric Nurses, Occupational Therapists, Social Workers, Care workers, Psychologists.

Community Psychiatric Nurses (CPNs)

- A CPN sees people who are living in the community. This is most often in the person's own home but it can also be in clinics based, for example, in a GP's surgery.
- CPNs provide support to people through difficult periods of their illness. They may also see patients who are currently well to check everything is going okay and be the first point of contact if the patient starts becoming unwell again.
- A CPN will help patients with their medication and make sure that the patient understands what they should be taking and when.

- Because CPNs see patients in their own homes, they also play a valuable role in helping the patient's family and carers understand and cope with the illness.
- Patients may be referred to CPNs from a number of sources including GPs, psychiatrists and inpatient wards so that the CPN can help the patient's transition from hospital back into the community.
- CPNs are often a patient's keyworker.

Consultant

In a hospital a consultant refers to a specially trained doctor who has finished his training and works in one area of medicine, usually with a team of doctors in training and other professionals working with them. In other areas of work, a consultant is someone who is consulted in order to get his opinion on something.

Counsellors

- Counsellors work in various settings such as the independent or voluntary sector, GPs' surgeries and hospitals.
- Counsellors offer counselling to those in need. Counselling aims to identify the problems a person is facing in any sphere of life and to help them discover effective ways of dealing with these. Simply talking through a problem with somebody neutral can often help a person to see a way forward.
- Counselling can be carried out informally by GPs, psychiatrists, nurses or in a more formal manner by counsellors. CPNs often carry out counselling in general surgeries.
- Counsellors have people referred to them by GPs, social workers, CPNs and, in many cases, the people themselves.

Crisis resolution and home treatment services

Short-term, round-the-clock help provided in a non hospital setting during a crisis. The purposes of this care are to avoid inpatient hospitalization, help stabilize the child, and determine the next appropriate step.

Declaration

A statement of intent. A communication or declaration in speech or writing, setting forth facts, particulars, etc.

Delusions

Delusions are bizarre thoughts that have no basis in reality.

Dementia

Significant loss of intellectual abilities such as memory capacity, severe enough to interfere with social or occupational functioning.

Dementia is a problem in the brain that makes it hard for a person to remember, learn and communicate; eventually it becomes difficult for a person to take care of himself or herself. This disorder can also affect a person's mood and personality.

Criteria for the diagnosis of dementia include impairment of attention, orientation, memory, judgment, language, motor and spatial skills, and function. By definition, dementia is not due to major depression or schizophrenia .

Dementia is reported in as many as 1% of adults 60 years of age. It has been estimated that the frequency of dementia doubles every five years after 60 years of age.

Depression

Depression is a mood disorder characterized by intense feelings of sadness that persist beyond a few weeks. It is associated with many physical symptoms such as disturbance of sleep, appetite, and concentration. Depressed people often feel tired, guilty and can find normal life extremely difficult. Depression can be associated with anxiety.

Doctors Consultation

This is where a doctor meets a patient, asks them questions about their problems, and maybe examines them and arranges investigations. The main objectives are to try and understand what the problems are and what is causing them, understand what the patient thinks and feels about them, and work out a plan of action that the doctor and patient can agree on.

Early intervention

A process used to recognize warning signs for mental health problems and to take early action against factors that put individuals at risk. Early intervention can help people get better in less time and can prevent problems from becoming worse.

Empowerment

Giving people the skills, knowledge attitudes and power to allow or enable them to be more responsible for their own lives, health and care.

Evidenced Based (Medicine)

Where actions, treatment or care are based on widely accepted evidence. This evidence can be from scientific trails, or based on the collective experience of senior professionals. The evidence must be published and accepted by a large proportion of professionals. Such evidence can be used to develop guidelines to help health care workers improve the care they provide, but the evidence is based on what is best in general for people/patients. Care for an individual may need to differ from what the guidelines says due to individual circumstance, patient wishes etc.

General Practitioners (GPs)

Doctors who are specially trained to work in a community setting, seeing any patients for any problems they have. They often work in a group, sharing resources. Access is usually available to any person who requests a consultation. Most health problems are dealt with solely by GPs and their staff, although they can refer on to specialist services.

Generalist

This refers to someone who will see, assess and treat any type of problem as opposed to a specialist who usually sees a limited type of problem (such as a Cardiologist). GPs, practice nurses, district nurses are all generalists.

Hallucinations

Hallucinations are experiences of sensations that have no source. Some examples of hallucinations include hearing nonexistent voices, seeing nonexistent things, and experiencing burning or pain sensations with no physical cause.

Local Government

Local councils and the services they run such as Social Services, Schools, Housing and Leisure departments.

Mania

A symptom of bipolar disorder characterized by exaggerated excitement, physical over activity, and profuse and rapidly changing ideas (scattered or tangential thoughts). A person in a manic state feels an emotional high and generally follows their impulses.

Managing Disease

This involves making a diagnosis, deciding on a plan of treatment which may involve medication, therapy, training etc and will include regular review and giving information to patients and their carers.

Mental Health

A state of emotional well-being in which an individual is able to use his or her thinking and feeling abilities, live with others, and meet the ordinary demands of everyday life.

Mental Illness / Ill health

A state where the persons mental health is disrupted so that their thinking, emotions or behaviour are affected to an extent that it has an effect on their daily life. It does not necessarily mean that they have a diagnosable psychiatric disorder or need any form of medical treatment.

Mental Well-being

A good or satisfactory condition of thinking, feeling and living; a state characterized by health, happiness, and prosperity. It is a broader term than mental health and includes the wider aspects of a persons life, not just how they feel.

Mortality

Death

Morbidity

Causing illness or disease, but not death

Obesity

Being significantly over weight. Having a body mass index of over 30.

Obsessive Compulsive Disorder (OCD)

Obsessive Compulsive Disorder is a chronic, relapsing illness. People who have it suffer from recurrent and unwanted thoughts or rituals. The obsessions and the need to perform rituals can take over a person's life if left untreated. They feel they cannot control these thoughts or rituals.

Occupational Therapists (OTs)

An occupational therapist can have many different roles. They help people to adapt to their environment and to cope with their daily life.

OTs may work in hospitals or in the community. They supervise and assess a person's ability to look after themselves, eg self-care, cooking and housework. This may be done in purpose-built occupational therapy departments in hospitals or in the patient's own home.

OTs work with both individuals and groups. They can set goals for individuals with depression to encourage them to achieve more than they have been able to do while ill. They may get patients involved in specific job-related training schemes to improve their decision making and planning about the future. Group work is often aimed at increasing people's social interactions.

OTs may use many different types of therapy on an individual or group basis, including cognitive behavioural therapy and art and music therapy. They may also be involved in providing relaxation training to patients referred to them by the mental health team or GPs.

If patients have been in hospital for a long time, OTs become involved in rehabilitation work to help them reintegrate back into life outside hospital.

Panic Disorders

People with panic disorder experience heart-pounding terror that strikes suddenly and without warning. Since they cannot predict when a panic attack will seize them, many people live in persistent worry that another one could overcome them at any moment.

Paranoia and Paranoid Disorders

Symptoms of paranoia include feelings of persecution and an exaggerated sense of self-importance. The disorder is present in many mental health problems and it is rare as an isolated mental illness. A person with paranoia can usually work and function in everyday life since the delusions involve only one area. However, their lives can be isolated and limited.

Person Centred Care

Puts the patient at the heart of diagnosis and treatment. Patient centred care explores the main reason for the consultation, seeks an integrated vision of the patient's world, finds common ground and creates a mutually agreed management plan, enhancing health promotion, and providing a solid basis for the long term doctor patient relationship. Patient centred care is therefore based on the patient's problems, the patient's needs, their feelings and beliefs and the skills and support they already have to combat their problems.

Phobias

Phobias are irrational fears that lead people to altogether avoid specific things or situations that trigger intense anxiety. Phobias occur in several forms, for example, agoraphobia is the fear of being in any situation that might trigger a panic attack and from which escape might be difficult; social phobia is a fear of being extremely embarrassed in front of other people.

Practitioner

A person who practices a profession or art, anyone licensed to provide healthcare services.

Primary Care

Community services which provide open access to patients. They include GP's, Pharmacists, Dentists, District Nurses and Health Visitors and many others. Also called tier one services.

Psychiatrists

A consultant psychiatrist usually works in a community mental health team which is involved in looking after people living in a certain area. Team members include trainee psychiatrists, social workers, community psychiatric nurses, psychologists and others.

The consultant or the team will have patients referred to them by GPs and other professionals such as health visitors and social workers. Referrals are then allocated to various members in the team, depending on the nature of the individual's problems. The consultant has overall responsibility for the management of patients under the care of the team.

The consultant will also have responsibility for a certain number of patients in a hospital ward.

A consultant is approved under Section 12 of the Mental Health Act, enabling them to recommend the involuntary detention of a patient who is severely ill in hospital in the interests of their health, their safety or the safety of others. Involuntary detention in hospital only occurs if two doctors and an approved social worker all agree that this is an appropriate thing to happen.

The consultant often has a senior house officer or a specialist registrar under their supervision. The consultant closely supervises and monitors their work and progress.

A psychiatrist may use psychological treatments or medication to help a patient with depression.

Quality and Outcomes Framework (QOF)

This is part of the GP contract, and encourages Primary Care teams to work towards achieving standards of care in a wide range of conditions including mental health, diabetes, asthma and heart disease. Primary care teams keep computerized records of their performance and they are assessed on an annual basis to see how many points they have achieved. For mental health these targets include screening for depression in high risk groups, using questionnaires to assess depression, monitoring some of the medicines used, performing annual checks for those with a severe mental health problems and monitoring the care of patients with dementia and their carer's needs.

Recovery

This may not mean cure, but does include not only a significant reduction in symptoms but also an improvement in the ability of the individual to lead a normal life including work, home life and leisure. Mental health recovery is a journey of healing and transformation enabling a person with a mental health problem to live a meaningful life in a community of his or her choice while striving to achieve his or her full potential.

Schizophrenia

Schizophrenia is a mental disorder characterized by "positive" and "negative" symptoms. Psychotic, or positive, symptoms include delusions, hallucinations, and disordered thinking (apparent from a person's fragmented, disconnected and sometimes nonsensical speech). Negative symptoms include social withdrawal, extreme apathy, diminished motivation, and blunted emotional expression.

Secondary Care

Specialist health services which are usually hospital based and serve a wide area, such as a County or a large city. Apart from accident and emergency services, they are usually accessed through a referral from a primary care professional.

Self Management

Where a patient develops the knowledge and experience which enables them to be able to monitor their condition and modify their treatment with the full support of health care professional.

Service Provider

A person or an organization that provides a service to a member of the public. This can be an NHS body, a small local group or a national voluntary sector organization.

Severe and Enduring Mental Illness

This term is used to describe a group of illnesses which can cause more severe mental health problems. It includes schizophrenia, bipolar affective disorder (manic depression) and other psychotic illnesses.

Social Inclusion

Ensuring the marginalised and those living in poverty have greater participation in decision making which affects their lives, allowing them to improve their living standards and their overall well-being.

Social workers

Social workers are usually employed by social services rather than the health service. However, most mental health social workers are based in multidisciplinary community mental health teams.

Social workers may see patients referred to the team by GPs. They are likely to be involved if patients have social problems, such as housing, money and work. They may provide counselling and advice or more specific therapies.

Social workers may control access to some services such as day centres, respite care, residential care and other community support services, e.g. home helps.

The primary role of an approved social worker (ASW) is to act as the guardian of the patient's rights. If a psychiatrist believes that a patient should be detained in hospital against their will, they will request an ASW to see the patient, along with another doctor. If both doctors and the ASW agree that the patient is mentally ill and that it is in the interests of their health, safety or the safety of others, that they remain in hospital, then an order under the Mental Health Act will be applied to detain the patient. The ASW has responsibilities to contact the patient's next of kin and to help any appeals against the order that the patient wants to make.

Specialist

Someone who sees, assesses and treats a specific type of problem, usually having been asked to see a person by a generalist such as a GP. Examples would include Cardiologists (hearts), Paediatrician (children), Psychiatrist (mental health problems).

Statutory Sector

Organizations that are governed by law and set up to run certain parts of society, this may include local councils, national governments, the NHS etc.

Stigma

Stigma is discrimination, based upon societies fear and ignorance about an illness or a problem. It causes peoples to be marginalized and mistreated, and therefore leads to social isolation, health inequalities and many forms of discrimination. It is derived from the term used to describe the marks burnt onto Roman slaves.

Tertiary Care

Highly specialized services which may cover a very large area, or even the whole country. They usually provide care for rare or complicated problems requiring very specialized skills.

Voluntary Sector

Because of its diversity, it is not easy to define the voluntary sector. Voluntary sector organisations vary enormously in size, from small local groups staffed exclusively by volunteers, to large national charities that are household names with complex infrastructures and many hundreds of staff.

Broadly speaking, however, the sector can be said to comprise organisations that are:

- Independent of government and constitutionally self-governing
- Value-driven - in other words, they exist for the good of the community, in that their primary purpose is to promote social, environmental or cultural objectives in order to benefit society as a whole, or particular groups within it
- Not established for financial gain - they re-invest any surpluses to further their primary objectives (rather than distribute surpluses to shareholders, for example)



V.O.F. Eskwadraat

GGZ	-	Mental Health Care
ADHD	-	Attention Deficit and Hyperactivity Disorder
Ministerie van V.W.S.	-	Ministry of Health, Welfare and Sport
WAjong	-	Work and Employment Support for Young Disabled
WIA	-	Work and Income according to Labour Capacity
WAZ	-	Disability Insurance Law
Wwnv	-	Work Capacity Law
WSW	-	Sheltered Employment Act
ITP	-	Individual Transition Plan

A

Accessibility

Access, passage or entrance to a place or activity without limitation because of impairment, disability, or handicap. We can talk about architectural accessibility and communication

Activity limitations

Difficulties an individual may have in the performance / activities

Adapting the workplace

Consists of removing barriers and changing the conditions of the working process so it can be performed by a person working with disabilities

Adaptive behavior

Set of conceptual, social and practical function learned to daily life. The limitations in adaptive behavior affects your daily life and the ability to respond to life changes and environmental demands.

Analysis of the "Social Network"

Means the process of assessing the quantity and quality of supportive relationships, and the tensions and conflicts in these relationships regarding a person.

Assistive Technologies

Media and technical means that enable personal autonomy and quality of life of individuals, enabling them to function in their environment facilitating mobility and enable the development of activities and participation in society. They can be, according to their purpose, preventive, enabling and rewarding

Attention

Ability to focus persistently on a particular stimulus or activity. A disturbance in attention may be manifested by easy distractibility or difficulty concentrating on tasks or work.

Attention to diversity

Educational Principle referred to the global concern and specific actions that seek to give appropriate response to different abilities, needs, interests and cognitive styles that show students.

Autonomy

The ability to control, manage and take their own initiative, personal decisions about how to live according to the norms, preferences, and to perform basic activities of daily living.

B

Behavioural therapy

Treatment based on the belief that psychological problems are the products of faulty learning and not the symptoms of an underlying disease. Treatment is directed at the problem or target behaviour and is designed for the particular person, not for the particular diagnostic label that has been given.

Bipolar Affective Disorder

A severe mental illness with repeated episodes of mania and depression. The person is usually well in the intervals between episodes.

Brief psychotic disorder

A disturbance that involves the sudden onset of at least one of the following positive psychotic symptoms: delusions, hallucinations, disorganised speech, etc.

C**Career Guidance**

The provision of advice and information regarding the choice and mobility.

Chronic mental illness

An illness or disorder which is severe in degree and persistent in duration. The symptoms may be permanent or episodic. There may also be a substantially diminished level of functioning in the primary aspects of daily living.

Cognitive Disorder

A disorder where the person shows decreased abilities in memory, problem solving, etc. It is generally associated with a general medical condition but could be a psychological impairment.

Cognitive Distortion

Inaccurate perception of oneself and how others see us.

Communication disorders

A group of disorders where there are problems in communicating, either through difficulties in receiving language or in speech. Generally these disorders stem from a general medical condition such as a brain injury or stroke, or a developmental problem in children. Examples are: Expressive Language Disorder, Mixed Receptive-Expressive Language Disorder, Phonological Disorder, Stuttering and Communication Disorder Not Otherwise Specified.

Community support systems

Resources that are used to bolster the natural support system (including the family) of with disabled people living in the community.

Community treatment

The provision of routine treatment and support services in a variety of community settings to people with mental disorders and serious mental health problems. These include clinic based services, outpatient services, domiciliary and other visiting services.

Comorbidity

The existence of more than one condition at the same time

Compensation

The set of individual means technical, human, legal, etc., That enable people with disabilities to increase their independence and financial aid that let you choose the media you want to implement. These means may be granted to the same person and / or family.

Competence

set of knowledge, skills and abilities that allow play roles and work situations required for efficient self-employed and in the workplace.

Compulsive

Irresistible impulsive behaviour in which a person feels compelled to carry out certain actions, such as repetitive hand washing based on a fear of contamination.

Conduct

It is the outward manifestation of the personality. Styles of interpersonal behavior: Liabilities: No defends their interests. There is little direct and uninhibited. Aggressive: Attack the other regardless of the feelings. Assertive: Defend your rights without violating those of others, being direct and active

Conduct Disorder

A repetitive or persistent pattern of aggressive behaviour. It is usually recognised in childhood or adolescence and can lead to an Impulsive Personality Disorder.

Conscious

Being aware of the existence of one's own mental state.

Continuing vocational training

Any training action by a worker of the European Community during their working lives.

Continuity of care

The provision of barrier-free access to the necessary range of health care services and other support agencies, with the level of support and care varying according to individual needs.

Counsellor

A health professional, a psychologist or education professional who helps clients and families evaluate their patterns of problem solving and develop more effective ones.

Crisis

A turning point that results from a stressful event or a perceived threat to one's well-being that cannot be readily solved by methods that have been successful in the past.

Cyclothymic Disorder

A disorder with marked swings of mood from cheerfulness to depression. These fluctuations are not as severe as those of Bipolar Affective Disorder.

D

Decompensation

Deterioration in a person's ability to cope with life stresses, which may lead to the development of symptoms of psychological distress.

Deficiency

From the point of view of health, is any loss or abnormality of structure or psychological, physiological or anatomical (absence of a limb, mental retardation, paralysis, etc).

Degree of disability

Degree to which the person has a decreased or limitation in activity due to their health condition

Dependence

Permanent state in which they are the people who, for reasons connected with their condition, require the attention of another person or persons or support for personal autonomy.

Developmental disorder

Impairment, dysfunction or general difficulty of general intellectual functioning and adaptive behavior of a person, which implies the need for resources and support elements in the context in which it operates.

Disability

A chronic condition that makes a person unable to perform an activity in a usual manner. At present the correct use of the concept is Disabled Persons.

Disability support services

A range of service responses which enable the individual to live as independently as possible and be included in the ordinary life of their community.

District mental health service

A structure that provides a range of specialist mental health service components delivered by specialist mental health professionals to a geographically defined population.

DSM-IV

Diagnostic and Statistical Manual of Mental Health Disorders 4th Edition.

E**Empathy**

Understanding how others feel

Euphoria

A sense of extreme well-being and optimism, the absence of pain or stress which might be exaggerated in psychiatric cases.

F**Family therapy**

Psychotherapeutic treatment of the family as a unit to clarify and modify the ways they relate together and communicate.

Formation professional initial

Any previous training to allow the person access to a vocational qualification recognized by the competent authorities of the State in which it was obtained

G

Generalised Anxiety Disorder

A disorder with excessive anxiety and worry, occurring more days than not for a period of at least six (6) months about a number of events or activities.

Global psychosocial functions

General mental functions, and development throughout the life cycle, required to understand and constructively integrate various mental functions that guide the formation of interpersonal skills necessary to establish reciprocal social interactions both in terms of meaning and purpose.

H

Hysteria

A neurosis, with emotional instability, repression, dissociation and physical symptoms such as paralysis. This is not the same as malingering and it should not be confused with psychopathic conditions.

I

Identity

The awareness of being a person separate and distinct from all others.

Independent living

the situation in which the disabled person exercises discretion over their own existence and participates actively in the life of their community, according to the right to free development of personality

Insanity

A degree of mental illness such that the affected person is not responsible for his/her actions or is not capable of entering into a legal contract. This term is used in legal rather than medical contexts.

Insight

A term which relates to the person's recognition or lack of recognition that he/she has a mental illness.

Institutionalisation

Syndrome occurring to hospitalised clients, characterised by a loss of identity as a person, seeing oneself instead as a patient with total dependence on external sources of reinforcement, pleasure and affirmation. The person loses community living skills and feels uncomfortable in environments other than the institution.

Intake

Initial contact by clinical staff with a person referred to a mental health service. It involves the collection of information to assess the appropriateness of referral and enables a person to be directed to the most appropriate service response within or outside the mental health service.

Intellectual abilities

Intelligence is considered a general mental capability that includes: reasoning, planning, problem solving, abstract thinking, comprehending complex ideas, learning quickly and learn from experience.

Intellectual disability

A disability caused by significantly sub-average general intellectual functioning that is accompanied by limitations in functioning in at least two (2) of the following skills areas: communication, self-care, home living, social/interpersonal skills, use of community resources, self-direction, etc.

L**Learning Disorder (formerly Academic Skills Disorders)**

A disorder where the person shows achievement in standardised tests in reading, mathematics or written expression which is substantially below that expected for age, schooling and level of intelligence.

M**Mania**

A state of mind characterised by excessive cheerfulness and increased activity. The mood is euphoric and changes rapidly to irritability. Thought and speech are rapid to the point of incoherence and behaviour may be overactive, extravagant, overbearing. There may be grandiose delusions.

Manic episode

A distinct period during which there is an abnormally and persistently elevated, expansive or irritable mood. This period of abnormal mood must last at least one (1) week.

Mental health

A dynamic process in which a person's physical, cognitive, affective, behavioural and social dimensions interact functionally with one another and with the environment.

Mental illness (mental disorder)

Physical, cognitive, affective, behavioural and social patterns that interact dysfunctionally with the environment.

Mental status examination

Examination in which the following mental processes are reviewed: appearance and behaviour, thought content, sensorium and intellect, thought processes, emotional tone and insight.

N

Need

Discrepancy between the current situation and the desired situation of the development of a person. The analysis of these discrepancies is the basis of the intervention

Need support for personal autonomy

Those that require people with intellectual or mental disabilities to enforce a satisfactory degree of personal autonomy within the community.

Neurosis

A mental illness in which insight is retained but there is a maladaptive way of behaving or thinking that causes suffering. For example, depression, anxiety, phobias or obsessions.

Normalization

Principle whereby people with disabilities should be able to lead a normal life, accessing the same places, areas, goods and services that are available to any other person.

Norms

Unspoken rules of conduct or standards of acceptable behaviour in a culture.

O**Obsession**

A recurrent thought, feeling or action which the person cannot prevent, that is unpleasant and provokes anxiety.

Obsessive-Compulsive Disorder (OCD)

A disorder with persistent ideas, thoughts, impulses or images that are experienced as intrusive and inappropriate and that cause marked anxiety or distress.

Obsessive-Compulsive Personality Disorder

A disorder with a preoccupation with orderliness, perfectionism and mental and interpersonal control at the expense of flexibility, openness and efficiency.

Occupational therapy

A form of therapy in which clients are encouraged to perform useful tasks and develop interests that may either re-establish old skills and knowledge or initiate new ones. The aim is to reach the maximum level of function and independence in all aspects of daily life.

Orientation

Awareness of oneself in time, space and place. Introduction given to staff and clients as they enter the unfamiliar environment of an inpatient unit.

Outcome criteria

Statements of measurable client goals that are expected to be reached as a result of therapeutic interventions.

P

Panic Attack

A sudden, unpredictable, intense episode of anxiety characterised by personality disorganisation, a fear of losing one's mind, going crazy, being unable to control one's behaviour, a sense of impending doom, helplessness and being trapped.

Panic Disorder

A disorder with recurrent, unexpected Panic Attacks followed by at least one (1) month of persistent concern about having another Panic Attack, worry about the possible implications or consequences of the Panic Attacks, or significant behavioural change related to the attacks.

Personality

An enduring disposition to act and feel in particular ways. These patterns are sometimes described by different dimensions, eg. extroverted, neurotic.

Personality Disorder

A disorder with deeply ingrained and maladaptive patterns of behaviour, persisting through many years, usually commencing in adolescence. The abnormality of the behaviour must be sufficiently severe that it causes suffering, either to the patient or to other people or both.

Primary health care

The first level of contact with the health system (GPs, community health centres, etc.).

Psychiatric crisis response and treatment

Provision of ongoing assessment, short-term interventions and treatment in the community for psychiatric crisis resolution. It includes the management of a person in an acute episode of mental illness with access to treatment options in a variety of settings to prevent admission to an acute inpatient unit.

Psychiatrist

A medical practitioner who has completed formal specialist training in the study of abnormal behaviour from a medical perspective. Psychiatrists are able to prescribe medication and authorise medical treatment to people suffering from psychiatric conditions. Psychiatrists provide diagnoses and can provide psychotherapy.

Psychoanalysis

A treatment modality based on Freudian constructs, the analysis of the relationship that the client develops with the psychoanalyst.

Psychologist

A person who has completed six years of training in the science of human behaviour. There are a number of types of psychologists involved in mental health. Clinical psychologists typically have an individual focus based on a medical model and work with clients presenting with psychiatric symptoms.

Psychosomatic

Refers to the mind/body relationship. Usually refers to illnesses which are caused by the interaction of mental and physical factors.

Psychotherapy

Psychological methods for the treatment of mental disorders and psychological problems, eg. psychoanalysis, family therapy, group therapy.

R**Rationalisation**

An unconscious defence mechanism where an individual uses a feasible and acceptable reason to explain irrational behaviour, motives or feelings.

Risk factor

Indication of increased likelihood that a person will develop a disorder or sharpen some symptoms

S**Schizophrenia**

A severe mental illness characterised by a disintegration of the process of thinking, of contact with reality, and of emotional responsiveness. Delusions and hallucinations (especially of voices) are usual features, and the person may feel that thoughts, sensations and actions are controlled by or shared with others. The person may become socially withdrawn and lose energy. No single cause of the disease is known. There are strong genetic factors in the causation and environmental stress can precipitate illness.

Self-concept

The sum total of perceptions, feelings and beliefs about oneself.

Self-determination

A person's control of decisions that influence his or her life.

Self-efficacy

The belief in one's own capacity to perform the actions needed to control events affecting one's well-being and the ability to successfully execute the appropriate required behaviours.

Self-esteem

The evaluative internal image of oneself formed by the interaction of one's experiences with influential variables in the environment.

Somatization Disorder

A disorder characterised by multiple recurrent changing physical symptoms such as back pain, the absence of physical disorders that could explain them.

Special educational needs

Derived from the discrepancies between the conditions of the subject or its interaction with the context and offered educational response to it. We distinguish between temporary and permanent

Specialized services

meet the specific support needs of people, sensitive to the particular difficulties or problems they may have. Some may be: home help services, family support services, telecare services, respite care services, residential services and hospital

Stigma

A sign of disgrace or shame associated with an illness.

Stress

Any factor that threatens the health of the body or has an adverse effect on its functioning such as injury, disease or worry. The existence of one form of stress tends to diminish resistance to other forms.

Supported Employment

The set of actions individualized guidance and support in the workplace, provided by specialized job coaches, which are intended to facilitate social adjustment and work in similar conditions to other workers performing equivalent positions.

Support groups

Groups of people who meet regularly to discuss specific problems that are common to all of them.

Support System

Set of resources and strategies to promote development, interest, quality of life and independence of people with disabilities

Symptoms

Characteristics by which diseases are recognised. The complaints which a patient presents.

Syndrome

Set of symptoms occurring together.

T**Team**

A group of mental health professionals of different disciplines to democratically share expertise and develop a comprehensive therapeutic plan of action for clients. A client may be considered a member of a team.

Transference

Projection by the patient in a series of unconscious feelings and emotions in the figure of the doctor

Trauma

Any injury - either physical or emotional.

U**Universal Accessibility**

A condition that must be met environments, processes, goods, products and services, as well as objects or instruments, tools and devices to be understandable, usable and practicable by all people in safety and comfort and how more autonomous and natural as possible.

Unspecified mental disorder

There are several circumstances in which it may be appropriate to assign this code:

(1) for a specific mental disorder not included in the DSM-IV Classification, (2) when none of the available Not Otherwise Specified categories is appropriate, or (3) when it is judged that a non-psychotic mental disorder is present but there is not enough information available to diagnose one of the categories provided in the classification. In some cases, the diagnosis can be changed to a specific disorder after more information is obtained.

V

Values

Individualised rules by which people live.



G.N.A. "Ο ΕΥΑΓΓΕΛΙΣΜΟΣ" ΜΕΤΑΝΟΣΟΚΟΜΙΑΚΟΣ XENONAS VRACHIAS PARAMONIS

Deinstitutionalization: The release of institutionalized people, especially mental health patients, from an institution for placement and care in the community.

Disability: impairment of an individual as it affects his or her role in life, such as an inability to work because of a health condition.

Halfway house : a specialized treatment facility, usually for psychiatric patients who no longer require complete hospitalization but who need some care and time to adjust to living independently.

KoiSPE -Social Cooperative with Limited Liability: Legislated social enterprises in Greece aiming to establish, maintain and increase job offers for people with psychosocial problems, in an environment of inclusive social entrepreneurship.

Outpatient: a patient, not hospitalized, who is being treated in an office, clinic, or other ambulatory care facility.

Psychosocial rehabilitation: the process of restoration of community functioning and well-being of an individual who has a psychiatric disability, been diagnosed with a mental health disorder.

Rehabilitation plan: A dynamic document based on an assessment which outlines the types and frequency of care services that a resident receives. It may include strategies, interventions, continued evaluation and actions intended to help a resident to achieve or maintain goals.

Resident: The recipient of care in a residential care facility.

Stigma: a distinguishing personal trait that is perceived as or actually is physically, socially, or psychologically disadvantageous.



Stowarzyszenie na Rzecz Rozwoju Psychospołecznego I Psychoprophylaktyki Psychoedukacji

A

Acute stress A transient state of arousal with typically clear onset and offset patterns.

Addiction A condition in which the body requires a drug in order to function without physical and psychological reactions to its absence; often the outcome of tolerance and dependence.

Aggression Behaviors that cause psychological or physical harm to another individual.

Agoraphobia An extreme fear of being in public places or open spaces from which escape may be difficult or embarrassing.

AIDS Acronym for acquired immune deficiency syndrome, a syndrome caused by a virus that damages the immune system and weakens the body's ability to fight infection.

Amygdala The part of the limbic system that controls emotion, aggression, and the formation of emotional memory.

Analytic psychology A branch of psychology that views the person as a constellation of compensatory internal forces in a dynamic balance.

Anxiety An intense emotional response caused by the preconscious recognition that a repressed conflict is about to emerge into consciousness.

Anxiety disorders Mental disorders marked by physiological arousal, feelings of tension, and intense apprehension without apparent reason.

Archetype A universal, inherited, primitive, and symbolic representation of a particular experience or object.

Attachment Emotional relationship between a child and the "regular caregiver."

B

Behavior The actions by which an organism adjusts to its environment.

Behavior analysis The area of psychology that focuses on the environmental determinants of learning and behavior.

Behavior modification The systematic use of principles of learning to increase the frequency of desired behaviors and/or decrease the frequency of problem behaviors.

Behavior therapy See behavior modification.

C

Case study Intensive observation of a particular individual or small group of individuals.

Catharsis The process of expressing strongly felt but usually repressed emotions.

Consciousness A state of awareness of internal events and of the external environment.

Countertransference Circumstances in which a psychoanalyst develops personal feelings about a client because of perceived similarity of the client to significant people in the therapist's life.

Creativity The ability to generate ideas or products that are both novel and appropriate to the circumstances.

D

Debriefing A procedure conducted at the end of an experiment in which the researcher provides the participant with as much information about the study as possible and makes sure that no participant leaves feeling confused, upset, or embarrassed.

Dissociative amnesia The inability to remember important personal experiences, caused by psychological factors in the absence of any organic dysfunction.

Dissociative disorder A personality disorder marked by a disturbance in the integration of identity, memory, or consciousness.

Dissociative identity disorder (DID) A dissociative mental disorder in which two or more distinct personalities exist within the same individual; formerly known as multiple personality disorder.

Dream analysis The psychoanalytic interpretation of dreams used to gain insight into a person's unconscious motives or conflicts.

Dream work In Freudian dream analysis, the process by which the internal censor transforms the latent content of a dream into manifest content.

Drives Internal states that arise in response to a disequilibrium in an animal's physiological needs.

DSM-IV-TR The current diagnostic and statistical manual of the American Psychiatric Association that classifies, defines, and describes mental disorders.

E

Ego The aspect of personality involved in self-preservation activities and in directing instinctual drives and urges into appropriate channels.

Ego defense mechanisms Mental strategies (conscious or unconscious) used by the ego to defend itself against conflicts experienced in the normal course of life.

Egocentrism In cognitive development, the inability of a young child at the preoperational stage to take the perspective of another person.

Electroencephalogram (EEG) A recording of the electrical activity of the brain.

Emotion A complex pattern of changes, including physiological arousal, feelings, cognitive processes, and behavioral reactions, made in response to a situation perceived to be personally significant.

Emotional intelligence Type of intelligence defined as the abilities to perceive, appraise, and express emotions accurately and appropriately, to use emotions to facilitate thinking, to understand and analyze emotions, to use emotional knowledge effectively, and to regulate one's emotions to promote both emotional and intellectual growth.

Endocrine system The network of glands that manufacture and secrete hormones into the bloodstream.

F

Fear A rational reaction to an objectively identified external danger that may induce a person to flee or attack in self-defense.

Fight-or-flight response A sequence of internal activities triggered when an organism is faced with a threat; prepares the body for combat and struggle or for running away to safety; recent evidence suggests that the response is characteristic only of males.

Figure Object-like regions of the visual field that are distinguished from background.

Five-factor model A comprehensive descriptive personality system that maps out the relationships among common traits, theoretical concepts, and personality scales; informally called the Big Five.

Fixation A state in which a person remains attached to objects or activities more appropriate for an earlier stage of psychosexual development.

Flooding A therapy for phobias in which clients are exposed, with their permission, to the stimuli most frightening to them.

Functional MRI (fMRI) A brain imaging technique that combines benefits of both MRI and PET scans by detecting magnetic changes in the flow of blood to cells in the brain.

G

Gender A psychological phenomenon that refers to learned sex-related behaviors and attitudes of males and females.

Gender identity One's sense of maleness or femaleness; usually includes awareness and acceptance of one's biological sex.

Gender roles Sets of behaviors and attitudes associated by society with being male or female and expressed publicly by the individual.

General adaption syndrome (GAS) The pattern of nonspecific adaptational physiological mechanisms that occurs in response to continuing threat by almost any serious stressor.

Generalized anxiety disorder An anxiety disorder in which an individual feels anxious and worried most of the time for at least six months when not threatened by any specific danger or object.

Generativity A commitment beyond one's self and one's partner to family, work, society, and future generations; typically, a crucial step in development in one's 30s and 40s.

Gestalt psychology A school of psychology that maintains that psychological phenomena can be understood only when viewed as organized, structured wholes, not when broken down into primitive perceptual elements.

Gestalt therapy Therapy that focuses on ways to unite mind and body to make a person whole.

Group dynamics The study of how group processes change individual functioning.

Group polarization The tendency for groups to make decisions that are more extreme than the decisions that would be made by the members acting alone.

Groupthink The tendency of a decision-making group to filter out undesirable input so that a consensus may be reached, especially if it is in line with the leader's viewpoint.

Guided search In visual perception, a parallel search of the environment for single, basic attributes that guides attention to likely locations of objects with more complex combinations of attributes.

H

Hallucinations False perceptions that occur in the absence of objective stimulation.

Health A general condition of soundness and vigor of body and mind; not simply the absence of illness or injury.

Health promotion The development and implementation of general strategies and specific tactics to eliminate or reduce the risk that people will become ill.

Health psychology The field of psychology devoted to understanding the ways people stay healthy, the reasons they become ill, and the ways they respond when they become ill.

Hierarchy of needs Maslow's view that basic human motives form a hierarchy and that the needs at each level of the hierarchy must be satisfied before the next level can be achieved; these needs progress from basic biological needs to the need for transcendence.

Hippocampus The part of the limbic system that is involved in the acquisition of explicit memory.

HIV Human immunodeficiency virus, a virus that attacks white blood cells (T lymphocytes) in human blood, thereby weakening the functioning of the immune system; HIV causes AIDS.

Homeostasis Constancy or equilibrium of the internal conditions of the body.

Horizontal cells The cells that integrate information across the retina; rather than sending signals toward the brain, horizontal cells connect receptors to each other.

Hormones The chemical messengers, manufactured and secreted by the endocrine glands, that regulate metabolism and influence body growth, mood, and sexual characteristics.

Hozho A Navajo concept referring to harmony, peace of mind, goodness, ideal family relationships, beauty in arts and crafts, and health of body and spirit.

Hue The dimension of color space that captures the qualitative experience of the color of a light.

Human behavior genetics The area of study that evaluates the genetic component of individual differences in behaviors and traits.

Hypnosis An altered state of awareness characterized by deep relaxation, susceptibility to suggestions, and changes in perception, memory, motivation, and self-control.

Hypnotizability The degree to which an individual is responsive to standardized hypnotic suggestion.

I

Id The primitive, unconscious part of the personality that operates irrationally and acts on impulse to pursue pleasure.

Identification and recognition Two ways of attaching meaning to percepts.

Illusion An experience of a stimulus pattern in a manner that is demonstrably incorrect but shared by others in the same perceptual environment.

Implosion therapy A behavioral therapeutic technique that exposes a client to anxiety-provoking stimuli, through his or her own imagination, in an attempt to extinguish the anxiety associated with the stimuli.

Impulsive aggression Emotion-driven aggression produced in reaction to situations in the "heat of the moment."

Independent construals of self Conceptualization of the self as an individual whose behavior is organized primarily by reference to one's own thoughts, feelings, and actions, rather than by reference to the thoughts, feelings, and actions of others.

Insanity The legal (not clinical) designation for the state of an individual judged to be legally irresponsible or incompetent.

Insight therapy A technique by which the therapist guides a patient toward discovering insights between present symptoms and past origins.

Instrumental aggression Cognition-based and goal-directed aggression carried out with premeditated thought, to achieve specific aims.

Interdependent construals of self Conceptualization of the self as part of an encompassing social relationship; recognizing that one's behavior is determined, contingent on, and, to a large extent organized by what the actor perceives to be the thoughts, feelings, and actions of others.

Intimacy The capacity to make a full commitment-sexual, emotional, and moral-to another person.

J

Job burnout The syndrome of emotional exhaustion, depersonalization, and reduced personal accomplishment, often experienced by workers in high-stress jobs.

K

Kinesthetic sense Sense concerned with bodily position and movement of the body parts relative to each other.

L

Latent content In Freudian dream analysis, the hidden meaning of a dream.

Learned helplessness A general pattern of nonresponding in the presence of noxious stimuli that often follows after an organism has previously experienced noncontingent, inescapable aversive stimuli.

Levels-of-processing theory A theory that suggests that the deeper the level at which information was processed, the more likely it is to be retained in memory.

Libido The psychic energy that drives individuals toward sensual pleasures of all types, especially sexual ones.

Life-change units (LCUs) In stress research, the measure of the stress levels of different types of change experienced during a given period.

Lightness constancy The tendency to perceive the whiteness, grayness, or blackness of objects as constant across changing levels of illumination.

Limbic system The region of the brain that regulates emotional behavior, basic motivational urges, and memory, as well as major physiological functions.

Lucid dreaming The theory that conscious awareness of dreaming is a learnable skill that enables dreamers to control the direction and content of their dreams.

M

Magnetic resonance imaging (MRI) A technique for brain imaging that scans the brain using magnetic fields and radio waves.

Major depressive disorder A mood disorder characterized by intense feelings of depression over an extended time, without the manic high phase of bipolar depression.

Manic episode A component of bipolar disorder characterized by periods of extreme elation, unbounded euphoria without sufficient reason, and grandiose thoughts or feelings about personal abilities.

Meditation A form of consciousness alteration designed to enhance self-knowledge and well-being through reduced self-awareness.

Mental age In Binet's measure of intelligence, the age at which a child is performing intellectually, expressed in terms of the average "age at which normal children achieve a particular score.

Mental retardation Condition in which individuals have IQ scores 70 to 75 or below and also demonstrate limitations in the ability to bring adaptive skills to bear on life tasks.

Mental set The tendency to respond to a new problem in the manner used to respond to a previous problem.

Meta-analysis A statistical technique for evaluating hypotheses by providing a formal mechanism for detecting the general conclusions found in data from many different experiments.

Metamemory Implicit or explicit knowledge about memory abilities and effective memory strategies; cognition about memory.

Mood disorder A mood disturbance such as severe depression or depression alternating with mania.

Motivation The process of starting, directing, and maintaining physical and psychological activities; includes mechanisms involved in preferences for one activity over another and the vigor and persistence of responses.

N

Narcolepsy A sleep disorder characterized by an irresistible compulsion to sleep during the daytime.

Negative punishment A behavior is followed by the removal of an appetitive stimulus, decreasing the probability of that behavior.

Negative reinforcement A behavior is followed by the removal of an aversive stimulus, increasing the probability of that behavior.

O

Object permanence The recognition that objects exist independently of an individual's action or awareness; an important cognitive acquisition of infancy.

Object relations theory Psychoanalytic theory that originated with Melanie Klein's view that the building blocks of how people experience the world emerge from their relations to loved and hated objects (significant people in their lives).

Observational learning The process of learning new responses by watching the behavior of another.

Obsessive-compulsive disorder (OCD) A mental disorder characterized by obsessions-recurrent thoughts, images, or impulses that recur or persist despite efforts to suppress them-and compulsions-repetitive, purposeful acts performed according to certain rules or in a ritualized manner.

Organizational psychologists Psychologists who study various aspects of the human work environment, such as communication among employees, socialization or enculturation of workers, leadership, job satisfaction, stress and burnout, and overall quality of life.

P

Panic disorder An anxiety disorder in which sufferers experience unexpected, severe panic attacks that begin with a feeling of intense apprehension, fear, or terror.

Perceptual organization The processes that put sensory information together to give the perception of a coherent scene over the whole visual field.

Personality disorder A chronic, inflexible, maladaptive pattern of perceiving, thinking, and behaving that seriously impairs an individual's ability to function in social or other settings.

Personality inventory A self-report questionnaire used for personality assessment that includes a series of items about personal thoughts, feelings, and behaviors.

Personality types Distinct patterns of personality characteristics used to assign people to categories; qualitative differences, rather than differences in degree, used to discriminate among people.

Phobia A persistent and irrational fear of a specific object, activity, or situation that is excessive and unreasonable, given the reality of the threat.

Physiological dependence The process by which the body becomes adjusted to and dependent on a drug.

Positive punishment A behavior is followed by the presentation of an aversive stimulus, decreasing the probability of that behavior.

Positive reinforcement A behavior is followed by the presentation of an appetitive stimulus, increasing the probability of that behavior.

Posttraumatic stress disorder (PTSD) An anxiety disorder characterized by the persistent reexperience of traumatic events through distressing recollections, dreams, hallucinations, or dissociative flashbacks; develops in response to rapes, life-threatening events, severe injuries, and natural disasters.

Psychiatrist An individual who has obtained an M.D. degree and also has completed postdoctoral specialty training in mental and emotional disorders; a psychiatrist may prescribe medications for the treatment of psychological disorders.

Psychoactive drugs Chemicals that affect mental processes and behavior by temporarily changing conscious awareness of reality.

Psychoanalysis The form of psychodynamic therapy developed by Freud; an intensive and prolonged technique for exploring unconscious motivations and conflicts in neurotic, anxiety-ridden individuals.

Psychoanalyst An individual who has earned either a Ph.D. or an M.D. degree and has completed postgraduate training in the Freudian approach to understanding and treating mental disorders.

Psychobiography The use of psychological (especially personality) theory to describe and explain an individual's course through life.

Psychodynamic personality theories Theories of personality that share the assumption that personality is shaped by and behavior is motivated by powerful inner forces.

Psychodynamic perspective A psychological model in which behavior is explained in terms of past experiences and motivational forces; actions are viewed as stemming from inherited instincts, biological drives, and attempts to resolve conflicts between personal needs and social requirements.

Psychological assessment The use of specified procedures to evaluate the abilities, behaviors, and personal qualities of people.

Psychological dependence The psychological need or craving for a drug.

Psychological diagnosis The label given to psychological abnormality by classifying and categorizing the observed behavior pattern into an approved diagnostic system.

Psychologist An individual with a doctoral degree in psychology from an organized, sequential program in a regionally accredited university or professional school.

Psychology The scientific study of the behavior of individuals and their mental processes.

Psychometric function A graph that plots the percentage of detections of a stimulus (on the vertical axis) for each stimulus intensity (on the horizontal axis).

Psychometrics The field of psychology that specializes in mental testing.

Psychoneuroimmunology The research area that investigates interactions between psychological processes, such as responses to stress, and the functions of the immune system.

Psychopathological functioning Disruptions in emotional, behavioral, or thought processes that lead to personal distress or block one's ability to achieve important goals.

Psychopharmacology The branch of psychology that investigates the effects of drugs on behavior.

Psychophysics The study of the correspondence between physical stimulation and psychological experience.

Psychosocial stages Proposed by Erik Erikson, successive developmental stages that focus on an individual's orientation toward the self and others; these stages incorporate both the sexual and social aspects of a person's development and the social conflicts that arise from the interaction between the individual and the social environment.

Psychosomatic disorders Physical disorders aggravated by or primarily attributable to prolonged emotional stress or other psychological causes.

Psychotherapy Any of a group of therapies, used to treat psychological disorders, that focus on changing faulty behaviors, thoughts, perceptions, and emotions that may be associated with specific disorders.

Psychotic disorders Severe mental disorders in which a person experiences impairments in reality testing manifested through thought, emotional, or perceptual difficulties; no longer used as a diagnostic category after DSM-III.

R

Rational-emotive therapy (RET) A comprehensive system of personality change based on changing irrational beliefs that cause undesirable, highly charged emotional reactions such as severe anxiety.

Reconstructive memory The process of putting information together based on general types of stored knowledge in the absence of a specific memory representation.

Reflex An unlearned response elicited by specific stimuli that have biological relevance for an organism.

Refractory period The period of rest during which a new nerve impulse cannot be activated in a segment of an axon.

Reinforcement contingency A consistent relationship between a response and the changes in the environment that it produces.

Reinforcer Any stimulus that, when made contingent upon a response, increases the probability of that response.

Residual stress pattern A chronic syndrome in which the emotional responses of posttraumatic stress persist over time.

Ritual healing Ceremonies that infuse special emotional intensity and meaning into the healing process.

S

Schizophrenic disorder Severe form of psychopathology characterized by the breakdown of integrated personality functioning, withdrawal from reality, emotional distortions, and disturbed thought processes.

Self-actualization A concept in personality psychology referring to a person's constant striving to realize his or her potential and to develop inherent talents and capabilities.

Self-awareness The top level of consciousness; cognizance of the autobiographical character of personally experienced events.

Self-concept A person's mental model of his or her abilities and attributes.

Self-efficacy The set of beliefs that one can perform adequately in a particular situation.

Self-esteem A generalized evaluative attitude toward the self that influences both moods and behavior and that exerts a powerful effect on a range of personal and social behaviors.

Self-fulfilling prophecy A prediction made about some future behavior or event that modifies interactions so as to produce what is expected.

Self-handicapping The process of developing, in anticipation of failure, behavioral reactions and explanations that minimize ability deficits as possible attributions for the failure.

Self-perception theory The idea that people observe themselves in order to figure out the reasons they act as they do; people infer what their internal states are by perceiving how they are acting in a given situation.

Stress The pattern of specific and nonspecific responses an organism makes to stimulus events that disturb its equilibrium and tax or exceed its ability to cope.

Stress moderator variables Variables that change the impact of a stressor on a given type of stress reaction.

Stressor An internal or external event or stimulus that induces stress.

Superego The aspect of personality that represents the internalization of society's values, standards, and morals.

Systematic desensitization A behavioral therapy technique in which a client is taught to prevent the arousal of anxiety by confronting the feared stimulus while relaxed.

T

Type A behavior pattern A complex pattern of behaviors and emotions that includes excessive emphasis on competition, aggression, impatience, and hostility; hostility increases the risk of coronary heart disease.

Type B behavior pattern As compared to Type A behavior pattern, a less competitive, less aggressive, less hostile pattern of behavior and emotion.

Type C behavior pattern A constellation of behaviors that may predict which individuals are more likely to develop cancer or to have their cancer progress quickly; these behaviors include passive acceptance and self-sacrifice.

U

Unconscious The domain of the psyche that stores repressed urges and primitive impulses.

Unconscious inference Helmholtz's term for perception that occurs outside of conscious awareness.

Addendum

In this section, we present the various work done by each partner in their own institutions during the duration of the project. As each organization offers different services, it was essential that we share all the activities and services that we provided within the life span of the project. The partners involved shared best practices and expertise amongst each other.

ERP Malleterre

- Creation of a “Mental Health” working group made up with practitioner, nurse, psychotherapist, social worker, teachers, to observe needs of trainees with mental health handicap
- Setting up a Module of Information and Sensibilization on mental health handicap,
- Extension of “Health assessment” to every trainee,
- Achievement of Interview guide, Contract of Commitment, personalized follow-up plan for the trainee,
- Implementation of tutoring for five volunteer trainees,
- Analysis of practices tutorials assessment, self-assessment,
- Achievement of European booklet of good practices for professionals who are not practitioners,
- Relay between pre-orientation and medical department to avoid breakages,
- Creation of partners network “care” i.e psychiatrist in city center, ambulatory follow-up,

Documents Included :

Model of Interview guide, Contract of Commitment, Booklet of good practices for professionals,

Analysis of practices.

HIGHER RHYTHM LTD.

- Survey about mental health problems experienced by our learners and the services that we offer to them.
- State of mental health in the UK – facts and figures.
- Debate and discussion about interview guide and creation of individual support for learners suffering from mental health problems.
- Radio show related to mental health awareness week.
- Analysis of internal practice relating to staff and learners who may be suffering from mental health problems.
- Production of Glossary related to mental health.
- Discussion and debate about laws concerning mental health in the UK.
- Production of booklet concerning Mental Health in the UK and the EU

Documents Included :

Analysis of practices, Survey for Higher Rhythm clients, Information on mental health laws in the UK, Higher Rhythm's approach to helping clients who are suffering from mental health problems.

UNIVERSITY OF MALAGA

- Discussion and development of the principles of our practice guidance to people with intellectual disabilities
- Setting up Modules of Information and Sensibilization on disabilities general and disabilities intellectual
- Debate and discussion about interview guide and creation of individual support for learners suffering from mental health problems.
- Achievement of Interview and Interview guide for advisers
- Analysis of the practice of intervention with students with intellectual disabilities
- Production of Glossary related to mental health and disability
- Discussion and debate about laws concerning mental health and disability in Spain
- Coordination of Comparative Table Law Document

Documents Included:

Special Needs of persons with disability, Special need of people with intellectual or mental disabilities, Model of the Interview, Model of de Interview Guide, Analysis of practices, Information on mental health laws Spain, Recommendations on good practices in orientation with students with intellectual disabilities

STOWARZYSZENIE NA RZECZ ROZWOJU PSYCHOSPOLECZNEGO I PSYCHOPROFILATKTYKI PSYCHOEDUKCJI

- Consultation with mentally handicapped trainee from PP working on Interview Guide.
- Setting up a module of information and sensibilization on psychic handicap (first stage), for the whole staff of our institution.
- Analyzing The Contract of Commitment
- Presented a speech about our association and its activities
- PP has prepared the report from sharing experiences between organizations
- Reporting of the 2 stages of sensibilization module.
- Results of interviews led. Number of participants agreeing to be monitored throughout the project.
- Sharing of individualized path
- Preparing tools to psychological and social intervention dedicated to people after crisis
- Participation in the training program of the Sandplay Therapy – a useful tool for therapy and supporting children, teenagers and adults after mental crisis and trauma
- Preparing GLOSSARY related to vocational rehabilitation and mental disability
- Setting up individualized path.
- Proposal of speech group with survey on the wishes of each.
- Reflection on the methodological guide.
- Preparing Interview Guide:
 - Interview for the assessment of personal and social functioning
 - Trainings with students after psychic crisis in PP
 - Preparing Book of Trainings for Companies with handicapped employees
 - Sharing and achievement of methodological guide.
 - Presenting to the other Partners *The Polish Booklet of Good Practice*
 - A lecture about our activities and Sandplay Therapy (by Agata Giza-Zwierzchowska)
 - Preparing Program LOTTA - innovative and modular program of vocational development for people with handicap in vocational reconversion.
 - Preparing comparison of the legislation due to mental handicapped people in Poland