



GLOSSARY

- **BOTTOM-UP APPROACHES**

Bottom-up approaches emphasize the participation of the **local community** in **development** initiatives so that they can select their own goals and the means of achieving them.

On the other hand **top-down approaches** are considered as development planned by experts at the top, who also lead the process.

- **CIVIL RIGHTS**

Rights can be achieved when there are **multiple possibilities**. Care for people affected by mental illness is not linear, as it follows different paths and is influenced by a number of places and relationships.

Rights are closely connected to the **possibility of being in different places, establishing relationships** and **becoming the architect of one's life**.

To support rights the path is "**subsidiarity**" which is different from "support".

- **COMMUNITY-BASED ACTIVITY**

Community-based refers to a philosophical **approach** in which **communities** have an **active role** and participate in highlighting and addressing the issues that matter to them. (...) These challenges community members to identify what the issues are and to **work together** to address those issues (Van Bibber, 1997).

According to WHO, community treatment is associated with a more favorable outcome related to **increasing the quality of life**, and **better adherence to treatment, less stigma, housing stability** and **job ability** (World Health Assembly, 2013).

- **DEINSTITUTIONALIZATION**

The locus of treatment of individuals suffering from mental disorders has always been an issue of debate.



The **massive relocation of patients from state hospitals to the community** implied but frequently did not deliver a parallel shifting in delivery of services on a long-term basis.

The period of **deinstitutionalization of care for the mentally ill** in the **United States** began in the **1950s** and peaked in the 1970s.

It started with the law 180/78 in Italy. The last discharge was in 1999.

The Greek Psychiatric Reform started in 1984.

Croatia: 2014-2016 - Operational plan on de-institutionalization and transformation of homes and other legal entities providing social welfare services in Republic of Croatia; 2018-2020 - Plan for Deinstitutionalization, Transformation and Prevention of Institutionalization.

In 1914 there were over one hundred thousand patients within over one hundred mental institutions around the United Kingdom, the majority of these institutions were built since the passing of the 1845 Act. With the passing of the care in the community act in the 1980's, many of these institutions have since closed; only a few of them remain open and in the use for Mental Health services. About four of them are in London. [<https://thetimechamber.co.uk/beta/sites/asylums/asylum-history/the-asylums-list>]

In Belgium there are a lot of psychiatric hospitals, but there is an evolution towards more ambulatory support. Important innovation comes from innovative rules on disability (regarding mental health, elderly, degenerative illness) and health services, they are changing the way of organizing and delivering support in the Country in order to increase people's autonomy and their possibility of choice.

- **EBOOK ON QUALITY INDICATORS**

“Housing and Mental Health – Quality Indicators For Local Communities,” published in July 2017 and accessible on the internet in five languages, is an **e-Book** containing **ten key areas** and approximately **200 indicators** a housing project should take into consideration.

- **EDUCATION WITHIN HERO**

The concept of education is usually strictly linked to professionals who educate patients. On the other hand, HERO stresses the importance of **Local Communities**, in other words, all the actors who, from different perspectives and standpoints, are involved in the housing project of the mental health department.



HERO features four distinct target groups: **mental health professionals** who work in public and/or tertiary sectors; **operators from other departments** who take part in the creation of housing programs including social workers, general practitioners and support administrators; **people in general** who are involved in housing initiatives; and last but not least, **people and family members who are users** of housing programs.

- **ERASMUS+**

Erasmus+ is the **European Union** programme for **Education, training, youth and sport**. It runs for seven years, from 2014 to 2020, with organizations invited to apply for funding each year to undertake **creative and worthwhile activities**. Erasmus+ aims to modernise education, training and youth work across Europe. It is open to education, training, youth and sport organizations across all sectors of lifelong learning, including school education, further and higher education, adult education and the youth sector.

The ERASMUS+ is subdivided into three Key Actions, which have different scopes and targets. Our project falls under the Key Action 2, focused on **Cooperation for Innovation and Exchange of Good Practices**.

- **HOUSING IN HERO**

HOUSING AS A SYSTEM

Housing is more than a supported apartment; it is a **system of social facilities** into a **network of human relations** in a safe neighbourhood.

HOUSING AS A PROCESS

Housing is a complex process that requires qualified interventions and the activation of skills and competencies of each **local community actors**.

THE RIGHT TO HOUSING

The **right to housing**, into the context of Mental Health, offers an **alternative** to non-appropriate institutionalization. The excessive institutionalization of people with mental health issues encumbers on public finances and it has repercussions on the quality of care services.

HOUSING AS A STRATEGY

Housing is a strategy that focused on the transition **from aid to inclusion** into the context of disability and mental health issues.

HOUSING AND DE-INSTITUTIONALISATION



The experiences of de-institutionalisation, therapeutic communities and shared supported apartments are already known at the **international level**, but housing for mentally impaired people represents an **advance strategy** for the **social inclusion** with widespread experiences in different European countries. It is a complex phenomenon that requires a deeper level of qualification and the activation of specific competencies from each actor involved, in order **to allow local communities to include people** with disabilities and to support them in the best way.

HOUSING AND FUNDAMENTAL RIGHTS

The experience of housing for people affected by mental disorders is closely linked to what is stated in the UN convention on the rights of people with disabilities. Housing implies the **implementation of fundamental rights**, and represents a solid experience through which users can **fully express their individuality**. It is also an extraordinary antidote to opposite trends, which tend to be too institutional, thus producing incapacitating results.

HOUSING AND ITALIAN CONSTITUTION

As housing can help **establish social relationships** and **develop feelings**, it is consistent with Italian Constitution (Art.2), which establishes that a person can fully express himself as a person through the implementation of individual rights.

- **LIFELONG LEARNING**

Lifelong learning is defined as the **continuous process**, either **formal or informal**, of **development and improvement of one's knowledge and skills**.

Lifelong learning in Housing is a basic requirement to guarantee the **quality of housing**, and it should be available for all those involved in housing: professional staff, users, families, volunteers and others. Lifelong learning brings reinforcements of and challenges to already acquired knowledge and skills as well as bring new basis of research and up to date practice in the field.

This process can be applied to **improve social understanding and acceptance of mental health and illnesses**, easing the implementation of housing projects.

- **MENTAL DISORDERS**

Mental disorders comprise a **broad range** of problems, with different presentations. However, they are generally characterized by some combination of **abnormal thoughts, emotions, behaviour and relationships** with others (WHO).



- **MENTAL HEALTH**

“Mental well-being has been defined as essential to general health according to the WHO (**World Health Organization**).

Good mental health generates **personal fulfillment**, the **ability to cope** with ordinary everyday tensions, **professional behavior and productivity**, and a **positive contribution to the community**.

To give this subject the attention it deserves, all over the world there is still much work to be done.

Many things must change if we are to reverse unfavorable trends and end human rights violations and discrimination against people affected by mental disorders and psycho-social disabilities. This global action plan recognizes **the essential role mental health plays in reaching our overall health objectives**.

Based on a **lifelong approach** that aims to achieve equality through universal health coverage with a focus on prevention, the plan revolves around four core principles: an **effective leadership and governance** in the field of mental health; the availability of integrated, comprehensive **mental health and social services** that meet the **needs of the community**; the implementation of **prevention strategies**; and the dissemination of **in-depth information** through the gathering of more scientific evidence and promotion of **research**. The objectives of this action plan are certainly ambitious, but the WHO and its Member States are fully committed to achieving them” (Mrs. Margaret Chan, Director General, World Health Organization, Presentation of “2013-2020 Action Plan for Mental Health”).

- **MENTAL HEALTH ACTION PLAN 2013-2020**

WHO’s comprehensive mental health action plan 2013-2020 was adopted by the 66th World Health Assembly.

Dr Margaret Chan, the WHO Director-General, described the new Comprehensive Mental Health Action Plan 2013–2020 as a landmark achievement: it focuses **international attention** on a long-neglected problem and is firmly rooted in the principles of **human rights**. The action plan calls for changes. It calls for **a change in the attitudes that perpetuate stigma and discrimination** that have isolated people since ancient times, and it calls for an **expansion of services** in order to promote greater efficiency in the use of resources.

- **NON-FORMAL EDUCATION**



Non-formal education is any educational action that takes place **outside of the formal education system**. Non-formal education is an integral part of a **lifelong learning** concept that ensures that young people and adults acquire and maintain the skills, abilities and dispositions needed to adapt to a continuously changing environment (glossary of the Council of Europe).

- **RECOVERY**

The recovery process provides a **holistic view of people** with mental illness that focuses on the person, not just their symptoms.

(...) Recovery is about **looking beyond those limits** to help people achieve their own **goals, aspirations and dreams**.

Recovery can be a voyage of **self-discovery** and **personal growth**; experiences of mental illness can provide opportunities for change, reflection and discovery of new values, skills and interests (K. S. Jacob, 2015).

From the perspective of the individual with **mental illness**, **recovery** means gaining and retaining **hope**, understanding of ones **abilities and disabilities**, engagement in an **active life, personal autonomy, social identity, meaning and purpose in life**, and a **positive sense of self**.

- **STANDARDS SUPPORTING HOUSING - WHO**

1. The right to an **adequate standard of living** and **social protection**;
2. The right to enjoyment of the highest attainable standard of **physical and mental health**;
3. The right to **exercise legal capacity** and the right to **personal liberty and the security of person**;
4. **Freedom** from torture or cruel, inhuman or degrading treatment or punishment and from exploitation, violence and abuse;
5. The right to **live independently** and **be included in the community**.

- **THE HOUSING CURRICULUM AND ITS TESTING**

It is an Educational Curriculum, a learning path based on the **four targets' educational needs**, inspired by the e-Book's 10 key areas and indicators and by the training needs survey, and offering effective learning practices and references.

The "Curriculum" represents an integrated product for **users and their families, health workers and other operators and citizens**, which could facilitate the **empowerment of local communities** and the development of specific skills aimed at



developing independence and inclusion of users in the communities. Its purpose is to promote housing projects as a strategy to create an **inclusive society**, especially with regards to mental health users.

The Housing Curriculum was first tested in Liverpool, United Kingdom in July 2018, with all the representatives of the partnership. It was undergone a **piloting phase** for the evaluation of **more than 200 people** belonging to the project's target groups. It was **shared, discussed** and **validate** with **national and international experts** during the multipliers events organized by each partner and during the International Congress held in Rome (14-15 June 2019). The curriculum's final draft and all the other training materials are available online on the project's website (www.housing-project.eu).

- **HERO: HOUSING AND MENTAL HEALTH TRAINING TOOLKIT**

THE TRAINING TOOLKIT IS MADE UP OF

- ✓ Educational Needs Survey
- ✓ Quality indicators toolkit for local communities E-Book and it's annex
- ✓ Training Curriculum for local communities and Hero Curriculum Guide Lines
- ✓ 12 videos (www.youtube.com/channel)

Other documents and piloting reports are available on www.housing-project.eu in 5 different languages.