



# SUGGESTIONS - Interview with Sladjana Štrkalj Ivezić

## Sladjana Štrkalj Ivezić

University psychiatric hospital Vrapce. Head of Referral center of Excellence of Ministry of Health for Psychosocial Rehabilitation.



# Sladjana, the training curriculum is based on ten housing key areas, could you please remind us what they are?

The ten key areas concern the main topics of housing for people with experience of mental health issues, as internationally shared by the scientific community and confirmed by the stakeholders involved in the survey conducted before setting up the Curriculum's structure and contents. They refer to: evaluation, resources, case management, motivations and satisfaction of users, flexibility, clinical governance and coordination, responsibility and decision making, volunteering and lifelong learning.

They are well described in the eBook "Housing and mental health. Quality indicators toolkit for local communities"

#### What kind of information could we find related to the ten key areas by reading the Curriculum?

Each key area contains six thematic units . Each unit is made up of: definition, videos, challenges and benefits, links to international good practices, training activities, self-learning exercises.

#### Give us an example, please

For instance, in MODULE 1, that as you know is dedicated to the users and their families, unit 1 refers to the "Motivation" key area and deals with the topic "support and facilitation of the users' wishes".

### What was your experience using the Curriculum in learning/educational events in Croatia?

First of all there was the opportunity of expanding some topics with additional explanation and context; secondly interaction and group practice, pertaining to the learning theme of the units, were very easy to promote; and then there was great interest and very positive feedback for the best practices as well, so that we were motivated to add photos and links

# You have a great experience in the use of the training curriculum, how could it be improved, what kind of potential do you see in it?

The curriculum is focused on people with serious mental illness at the moment, we think that the curriculum could be interesting for other groups, as well.

The 10 areas could be integrated with other units referring to the quality housing indicators. At the moment only one indicator has been selected for each key area although thanks to the previous HERO project we've found out 10 indicators at least for each key area. You can find them in detail in the eBook "Housing and mental health. Quality indicators toolkit for local communities".

Case histories have to be shared when using the Curriculum, as they sound good and motivate the audience.

Demonstrations of good practice are important as well as links to websites and videos. They must be updated when appropriate.

## What are the main characteristics of the tutorial of the Curriculum you've recommended?

Starting from my experience with colleagues, students and users, as a guideline for the tutorial, I'd like to highlight: the basic principles and presentation of housing models recommended by HERO/ CIVIC projects;



brief definitions of the ten key quality areas; educational content adapted to the needs of each target group; good practice examples: case reports, web pages, videos.

Human rights are strongly linked to Housing for sure, can you select the most relevant of them?

I'm thinking about the UN Convention (CRPD) and its key rights:

- 1. The right to an adequate standard of living and social protection (Article 28 of the CRPD)
- 2. The right to exercise legal capacity and the right to personal liberty and the security of person (Articles 12 and 14 of the CRPD)
- 3. The right to enjoyment of the highest attainable standard of physical and mental health (Article 25 of the CRPD)
- 4. The right to live independently and be included in the community (Article 19 of the CRPD)
- 5. Freedom from torture or cruel, inhuman or degrading treatment or punishment and from exploitation, violence and abuse (Articles 15 and 16 of the CRPD).

You've suggested that the recovery principles could be used to refer to housing pathways for people with experience of mental health issues. What did you mean by that?

I've in mind Samhsa's working definition of Recovery and its 10 guiding principles. I just listed them according to Samhsa, you could see that it's not difficult at all to connect them to the housing pathways. They are: 1. Recovery emerges from hope; 2. Recovery is person driven; 3. Recovery occurs via many pathways; 4. Recovery is holistic; 5. Recovery is supported by peers and allies; 6. Recovery is supported through relationships and social networks; 7. Recovery is culturally-based and influenced; 8. Recovery is supported by addressing trauma; 9. Recovery involves individual, family and community strengths and responsibility; 10. Recovery is based on respect.

And now, can you tell us something about the Housing model recommended by the twin projects HERO and CIVIC?

I'd just like to underline three points:

- A typical paternalistic approach where options are few and the decisions are rarely made by the users themselves should be avoided, and flexibility in degrees of support for achieving independence and social inclusion should be the rule. That means supporting people's autonomy.
- Different types and intensity of support (formal/non formal support) could be offered depending on the level of the residents' autonomy; housing facilities can offer formal and non formal support both in "housing first" and "housing step by step" approaches.
- CIVIC's approach to housing supports social inclusion as a great opportunity for all the members of
  the community to meet people recovering their mental health and can be beneficial for both
  parties. Citizens can lose their prejudices, and users can re-establish their roles as citizens and get
  included in society again. As a result, communities will invest in housing.