

“Public Health Policies – Training Romanian staff at Regional level to develop Public Health Policies (PHPRO)”

Territorial pact for mental health 2009 - 2011

Lombardy Region, Local Health, Province of Mantua (Mantova)

In the line with requirements specified by PSSR (Regional Health Plan) 2002-2004 (states that "once defined the organizational structure for mental health services it becomes important to focus on: treatment programs, routes of diagnosis and therapy, the relationship with the sick persons and his family and protect their rights as citizens) with DGR (Delibera Giunta Regionale) 7/17513/2004 was issued the Three year Regional Plan for Mental Health. First objective was to develop a "*Psychiatry Community*" to create a platform rich in resource and caring, with effective and evaluated treatment models, large area programs functional and clearly designed, loosely defined, with the possibility of integrating different services, health and social, public, private and non - profit, and to cooperate in an informal network. This, in a real open civil society. In this perspective it is necessary to tackle the problem of integration and connections between different subjects and several institutional providers involved in the promotion of mental health and recall the role of coordinating body of the DSM (Mental Health Department) to open to the collaboration with: Local Health Agencies, GPs, Local Authorities, other providers (agencies, network, associations) that work in this field.

Among the tasks assigned to the Coordinating Body for Mental Health Promotion is to establish a Territorial Pact for Mental Health, that consists with the Plan itself, renewed every three years and updated annually.

Starting from the information above, the coordinating body for Health Mental Province of Mantua – (OCSM) supported the DSM of the Hospital in starting the network and spreading information, stimulate debate, collaboration with other agencies working in the social (from general practitioners to relations with the operators of the municipalities), with the services for children, dependent services (SERT), and others, thus giving space and achievement in addressing Mental Health. The concept of Mental Health was defined as the welfare psychic citizens of a territory and the integration of the various moments within social therapeutic structure. The real prevention, in fact, creates routes pass from the consolidated and shared, so the discomfort is picked at its emergence with qualified answers and early. Four thematic groups have been created: Continuity of cure from hospital to home; Rehabilitation and Residential; Developmental age and Border areas.

The four themes were developed from suggestions emerged from the four district round tables. The work allowed the district to make a revision in terms of relationships between the actors involved and to highlight the fragility of existing criticality. At the conclusion of the work the thematic groups have produced a summary table that identifies objectives and implementation times.

The Pact for the period 2009/2011 was the reference point, as regards mental health, for programs/agreements/contracts /arrangements by which the ASL, the AO (Hospital Agency), the accredited providers, municipalities, the Third Sector will undertake to share policies and necessary actions to improve the health care system's network, social care and social welfare in order to make it more suitable to the demand for mental health in this population.

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Why?

The emergence of the **so-called dual "diagnosis"** (with its related phenomena: the frequent relapses, the number of years of take over the social burdensome and clinical severity, the radical suffering of the patient and his family and negative experience of the operators) have made believe to the professionals a common opinion: that the toxic and alcohol addiction, and in general all the addictions, are post-modern forms of psychiatric illness.

At this point, in which the experts have not reached a common position or a majority, we prefer "bracket" the theoretical question and speak rather of "dual therapy" that means that for some patients and particular problems, it is entirely appropriate and even necessary to work together: Ser.T. / CT and CPS / SPDC, in order to contain (and perspective to overcome) the suffering of the patient and his family.

The evolving epidemiology - clinical picture data of the province (from drug addiction, the addiction, additive spectrum, as illustrated) has become **dramatically complicated**: use of illegal substances (drugs) and legal (alcohol, nicotine, drugs) by people. Not just the addiction itself, but also the performance, problematic use and abuse, multi-drug abusers, not just young people but also adolescents, on one side, and adults and the elderly, on the other, not only the "classic" risk groups, but social every class and every class express the need for support, taking into load, and the consequent need for assistance in the sphere of prevention, care and reintegration.

The estimates provided by The National Health Institute (Istituto Superiore di Sanita), in two national conferences (1 National Conference on Alcohol, Rome, October '08, 5th National Conference on Addiction, Trieste, March '09), are:

Drug users: 350,000

Known: 180,000

155,000 in Ser.T. (520 total)

25,000 in CC.TT. (740 total)

Addicted to Alcohol: 1,000,000

Known: 82,000

62,000 in the NOA (57 total)

20,000 in 'Self-Help (AA, CAT).

In essence:

a) for alcohol problems: the estimated number of addicts are far more higher; the number of known is very low;

b) for drug users: the borne were about 50% of those estimated (in comparison, to U.S. the program does not intercept more then 13%), so also here there maybe un under estimation.

A on socio-demographic research on characteristics of users of the SerT users in the Mantua province (years 2004-2005-2006) gave an overall local situation essentially identical to the rest of the Country.

In summery:

- SerT users who also had one or more accesses to the PSC / SPDC: 7%;
- the age group most represented: 40/59 years;
- type of patients:
 - alcohol dependent, **18%**;
 - among drug users, **9%**;
- most frequent diagnoses:
 - or in alcohol dependent, mood disorders, **anxiety disorders**;
 - or drug abuse, personality disorders, the spectrum of psychosis;
- psychotropic drugs most commonly used:

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or linked to alcohol, antidepressants, anxiolytics;
or drug abuse, major tranquilizers, antipsychotics.

Actors

Department of mental health

The Department of Mental Health is the organizational structure responsible for the mental health promotion and treatment of mental disorders and emotional present in the adult population.

Internally integrates the areas of adult psychiatry, neuropsychiatry and the clinical psychology.

The DSM is the reference for the articulation of corporate social district in preparing Area Plans.

This service charter outlines the services available, restricted to the population adults offered by the three operating units: the Unit of Psychiatry 26 based in Castiglione, the Psychiatric Unit 27 based in Mantova and the OU 28 with headquarters in Quistello Psychiatry.

The catchment area includes the entire province of Mantua, whose population is over 375,000 inhabitants.

Objectives

Promote mental and emotional health of the citizens of the province of Mantua ensure satisfactory care arrangements are appropriate and not restrictive.

The DSM is oriented to the citizen / user as rights holders, as well as sufferer, it enhances the view both in the definition treatment, gaining consensus, after having actually provided adequate information both about the alternatives to proposed treatment, both in the evaluation of the results, gaining a regular proceedings of satisfaction. The DSM is open to the participation of voluntary associations, especially during definition of work programs.

Operators

Doctors psychiatrists, psychologists, nurses, educators, social workers, technicians and operators administrative staff.

Association club 180 - in and outside the walls -

The "180 Club inside and outside the walls" is a voluntary association composed of users the psychiatric service, practitioners, family, friends and people interested in mental health.

The purpose of the association can be summarized quoting an article of its statute:

"Art 2 - Object and purpose of the Association.

1. ... *In particular purpose of the association is to reduce psychological distress and the fight the stigma of people suffering from psychological problems and combating stigma in all its shape.* "

As stated in the name "180 Club inside and outside the walls," the club acts and intends to operate as a reality-voluntary association that includes everyone share the values expressed in the statute through the realization of the same people suffering from discomfort and professional services designed. All this "in and outside the walls "because the club also promotes the participation of all citizens to" outside" who share these values to reinforce the principle that it is based on the circle.

Through what activities does the club?: Social events of various kinds, hospitality schools, welcome visitors, art gallery, celebrations, activities of theater, music, debates, presentation books, etc..

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Role of towns/municipalities

Law 328/2000 "Framework Law for the implementation of integrated interventions and Social Services and Regional Law 3 of March 12, 2008 - "Government of the network interventions and services to people in social and health and social clarified the role Communities "attests clearly and definitively **to local authorities (municipalities) the role Government** of the integrated system of interventions and social services, to be realized in the form associated with the territory. This system is designed to promote citizenship rights, eliminate or reduce conditions of need and individual and family distress resulting from inadequacy of income, social problems and conditions of non-autonomy. These laws represent an important opportunity to emphasize that mental health across all ages and human conditions and therefore in all technical fields, the question must be taken

present and evaluated in relation to local needs and priorities for action.

In accordance with the guidelines expressed by PSSR 2002-2004, the municipalities involved have implemented the legislative wording of the law 328/00 and LR 3 March 12, 2008, defined according to the principle of subsidiarity, **the area-based district plans**, with involvement of third sector and in synergy with the service system social, health, governed by SLA.

Role of GPs and relationships with regional services

The protection of mental health in the territory by general practitioners is necessarily at 360 degrees, ranging from depression to frank psychosis, but also to eating disorders and dependencies.

As is known, the daily work of GPs is too broad and lacking specificity, so that the management of mental disorder, requiring time and manners organization other than the routine, it often becomes difficult if not impossible.

On the other hand, many efforts need to be addressed because the management of mental illness most common can be effectively carried out by GPs with a view to optimize resources, but in particular to promote the role of GPs as the first (and sometimes only) point of contact patients with mental disorders.

Surely the psychosis must have a management specialist, which supports treatment and social integration of patients, rather anxious-depressive syndromes, disorders of anxiety, abuse of alcohol may (as already happens in many clinics) to be addressed by GPs, obviously with the possibility of a specialized supervision.

The critical issue becomes not so much as the doctor can be integrated in health services mental, but rather as the psychiatrist can collaborate in a more functional with basic health services in order to increase the effectiveness of medical interventions GP in the management of patients with psychiatric disorders. The intention is not to simplify the complexity of psychopathology and nosographic wide range of psychiatric disorders, with the risk of creating a "child psychiatry. Tutt 'else: a set of development ways to collaborate and share strategies to achieve responses shared, primarily to help the patient but also to meet criteria for appropriateness clinical setting a framework of **"collaborative care"**.

And 'useful to identify a series of critical Frequently in the GP office on which they could work:

- Prevention of mental disorders in adolescents
- Anxiety Disorder
- Depression
- Postpartum Depression

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- Substance Abuse

For these clinical pictures can be hypothesized shared between GPs, including diagnosis and therapy under the supervision of psychiatrists, using tables work and specific updates, some arguments which have already been studied.

A new feature this in our clinics generality and psychiatric pathology in extra patient, which is highlighted with signs other than our knowledge is for the expressive cultural differences: we are totally unprepared and very doubtful about pharmacological treatments are most useful and not harmful (see intolerance related to different genetic expressions).

A major problem, as I have already had occasion to emphasize, is that of Communication between specialist psychiatrist, operator of Sert and GPs, who still can not find a straight road and usable, if not linked to personal knowledge and dutifully should be responsive and accessible (see SISS).

As in the relationship with other specialists (specialist-visit report submitted to the MMG) information activities carried out on the patient must be shared with the GP, even if it is management of psychiatric cases in more chronic treatment at Psychiatric services: this is absolutely important for "good care", including internistic of attention, the general prevention of cardiovascular disease and of cancer, pharmacological interference with potential and considerable implications Medicolegal.

In conclusion, certainly not a matter of secondary integration between GPs and psychoeducational interventions and *counseling*, with specific indications and use of monitoring and evaluation tools, to avoid the risk of simplifying the complexity of mental suffering, everything for evitanre the prevailing approach symptomatic culturally and technically reductionist substantially dependent market and especially little attention to the link between suffering and the person, which is played largely the outcome of treatment.

The commission for mental health of caritas mantua

The Commission Caritas Mental Health was founded in '97 on stress and pulse Dr. Emmanuel Short (psychiatrist) and the Director of Caritas Don Claudio Onion. The basic understanding, revealed ahead of his time, was to create a space comparison between ecclesiastical and civil society actors involved in promoting human rights people with psychiatric disorders and the same service operators specialist, according to shared values and principles related to the so-called "Psychiatry community".

Through the years, even in light of changes in the legislative and regulatory framework sector (eg socio Regional Health Framework Law 328/00 on assistance, Regional Mental Health Plan, establishment of the local Coordinating Mental Health), the purpose of the Commission are better specified as follows:

- to stimulate and provide support (in reciprocal) dedicated to the expression family associations, voluntary cooperation and social works of the Church;
- inform and educate the church community and the public in general on themes of hardship and mental health through direct action training, Articles, forums, conferences, etc..;
- Pay attention to features of health and social services sector, observing the satisfaction of needs and correspondence with regulatory bodies;
- follow the development of policies to address (national, regional, local) also in liaison with relevant networks and organizations, offering criticisms and contributions of thought;

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- share and prepare for the participation of members called to sit at the tables Members representing the "third sector".

Caritas Mental Health Commission could be called an informal organization founded Energies of spontaneous support, involvement and passion, on the intertwining different roles and approaches to the matter, the powers made by each subject on achievement of common positions.

Volunteer services center of Mantua

The Volunteer Service Center of Mantua (EPICS) is an association of associations set up in 1997 to promote, support and qualify the volunteer, as specified in Article 15 of Law 266/1991.

In recent years the Center works together with the associations to work, design, sharing ideas and goals from their point of view and their activities.

What the EPICS does not want and cannot do is replace the associations or sit at the institutional table or represented them. In fact, the volunteer who carries on with the passion, experience and expertise cannot be replaced. That's why the center supports activities for training, planning, promotion in schools, to raise awareness about issue of mental health (and in general health) in the years and always supported and developed ideas and initiatives of the associations, particularly in this of these associations: *Oltre la siepe, La Rondine, Alba, Orizzonti* .

Contribution and collaboration of social cooperation actions for Mental Health with the DSM

The collaboration of social cooperation Mantua, and in particular those belonging to the Consortium Sol.Co. Mantua, with the Department of Mental Health is somehow largely tied to a national law, 180, better known as Basaglia Law (from its promoter Basaglia Franco), who on May 13, 1978 marks the closure of mental hospitals and regulates the mandatory medical treatment, establishing the public mental health services. In fact, this law gave the input to the first experiences of employment integration promoted by social cooperatives in the area and within the psychiatric hospital, which envisaged development of rehabilitative and through work, social reintegration.

The Province of Mantua and the Pact for Mental Health

The Province of Mantua, as the other provinces, has no specific duties with regard to mental health in the strict sense but are implementing a series of actions and interventions that concern the general welfare of the people, in contrast of deviant behavior, the promotion of healthy lifestyles, etc..

The law n.328/2000 and LR n.3/2008 stipulates that the provinces have the competition in programming and implementing the network of services offered, dealing in particular with training to update the personnel working in social and territorial health services and social observers and set up objects to understand the social phenomena as well as to promote research and needs analysis.

The Department of Social Policies and Health (Province of Mantua) for years organized training for professionals in the areas of services dealing with: disabled, young children and family, for teachers from different school levels, for volunteer associations on specific issues and particular attention was devoted to training the nursery staff which obviously interface with young children. Today still pursuing in training of counseling, addictions and mental health services on intercultural issues as well as a more in-depth training and training of cultural mediators.

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Social Observatory has taken care the issue of mental health in children because the disturbances that occur in this age can become more severe in adults with serious consequences for the individual, family and community. Was launched an information campaign across the provide through conferences with experts aimed at operators, administrators, teachers, etc.. to try to reflect on what they are or should be the mental health services for children and adolescents. Recently has been published a book "Looks on Psychiatry" that collects the materials from these conferences as well as data and observations relating to the protection and promotion of mental health in population in neonatal, childhood and adolescence in the Mantua area. The Province also promotes through various departments various indirect activities in support social and health wellbeing.

SCHOOL HEALTH

The right to education is a *fundamental human right* recognized in the Universal Declaration of Human Rights of 1948 (art. 26) and all the constitutions of democratic countries, including the Italian Constitution (art.33 and art. 34).

Among the fundamental rights, the right to education is a *priority right*, as it allows the effective implementation of other fundamental human rights. Without education you are not a full citizen of any democracy or you cannot participate in autonomy and with conscious in the twenty-first century society and globalized economy.

As a fundamental right and priority, the right to education cannot be considered as a *good or service to be provided upon application and payment*, but as a *right guaranteed to all people (men and women)* in a capillary and widespread, regardless of their socio-economic and cultural base and the geographical location more or less disadvantaged.

Has right to health, the right to education is, first of all an *individual right* but which also an important *social right*. The full implementation of the right to education for all members of a social is the instrument through which any society can *build its own future and its growth*. The right to education is therefore also a *duty*, which implies an *obligation*.

In addition as integrating factor, the public school is an *important factor of social promotion*, offering *equal opportunities* to people of knowledge from various economic and socio-cultural base as well as ensuring the education and training to students with *mental deficiency, physical and sensory*. This opportunity *not only benefits the individual but also the entire society*. Which can thus enhancing people with different attitudes, lack of tools and resources that otherwise could not build on their skills or make a contribution to the collective development.

STRATEGY SYSTEM

Faced with a complex version of the general picture, as described above, it is necessary to organize a response, equally, if not more, complex.

A "strategy system that integrates unified and consistent (while respecting the autonomy and personality of each subject) all the resources (public, private and social, self-help, formal and informal, professional and voluntary, the operators and users and their families) at all levels (prevention, treatment, reintegration) and in all sectors of activity (ambulatory and semi-residential, territorial) and meet all the needs of the spectrum (from more serious, addiction free, but for those less serious, the problematic use).

Such a system strategy (as outlined briefly) responds to a philosophy of action different from the traditional one: by taking charge of the pathological symptom care of the needs

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of the population. In this, synergistically integrating with the Lifestyles Project, launched last year by the Medical Preventive Service and Community It needs to be implemented, timing, medium / long, 3-5 years.

Priority 2009

For 2009, we identify the following priorities (innovative, and in addition to activities to be delivered):

- Establishment of the Department of Dependencies, with the subsequent restructuring of Ser.D. and the establishment of the Permanent Committee of Accredited Bodies and the Committee of a regional network of Prevention;

- to users "underground" (Prevention):

Project University of Bologna;

Production of Regional guidelines on prevention;

Project Prefecture;

Project The Invisible Network;

Test for the workers at risk for alcohol and drugs intake

- to users "emerged" (Taking charge):

network implementation or strengthening Algology NOA of Mantua;

AA groups, Al-Anon, Al-ATeen, the seat of SerT of Mantua;

Review Protocol driver's license;

Implementation of interventions to situations of serious social marginality and clinical severity:

Review Protocol of Cooperation DSM / Department Dependencies;

Casa Circondariale Protocol;

Housing Programme;

opening door or CT, the headquarters of SerT of Mantua;

- to the Operator:

joint training for operators of public, private and social, self-aid, enhancing and promoting among them the "systems approach";

- to the public:

ongoing interventions in the media intentionally or public network initiatives.

The organizational structure and welfare of UONPIA Mantovana

The EU activities of Neuropsychiatry childhood and adolescence are provided by different regional services and hospital services. This last is located in the Hospital C. Poma while the others are located in Mantua, Upper and Lower Mantua (each with different services delivery points in Castiglione delle Stiviere, Castel Goffredo, Suzzara and Pieve di Coriano) and, recently established in Viadana.

The UONPIA deals with the prevention, diagnosis, treatment and rehabilitation:

various neurological disorders (CP, epilepsy, complex malformation syndromes, metabolic and degenerative diseases, etc.) of a congenital or acquired disorders of mental retardation and language delay and learning difficulties and developmental changes in psychological, emotional and relational (psychopathology).

In the area of disability issues are being promoted, in addition to rehabilitation "health" projects for school and social integration and, in collaboration with the Services for the developmental age of ASL is done in cases of psychological distress by socio-environmental causes.

To meet the various diagnostic and rehabilitative needs of the service is structured in a specific operational units that include various professionals, in part a stable and a small percentage part time.

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In addition to medical specialists in the NPI, we include psychologists, with different addresses attitudinal, individual rehabilitation therapists (motor, psychomotor and speech therapy and neuro), professional educators, technicians and nurses neurophysiopathology well administrative staff. Among the latter are three psychiatrists, with different expertise, a pediatric disease expert genetic malformation, a neurosurgeon and an NPI with specific skills for ADHD and drug therapy of psychiatric disorders of adolescence.

The first access is done with a first visit by a doctor on the recommendation of PLS child psychiatrist or GP, on the recommendation of the school or by free choice of parents.

During the first visit you make the collection of history and an initial framework, the problems of the child. When there is a need for detailed diagnostic instrument, the child is sent to hospital services for Mantova.

appropriate clinical and instrumental evaluation and possible admission to the pediatrics department for further investigation.

Following definitive diagnosis of classification, the child is taken over by the specialist and the team responsible for the disease, according to the specific PDT in accordance with the guidelines of scientific societies on (for the most part but also the SINPIA LICE The SISC etc.). Every child has a medical reference and the rehabilitation phase, which can be shorter or longer (up to the entire pediatric age), provides for the involvement of different professionals.

The treatment involves direct intervention on the child, involving, in particular, the inclusion in a rehabilitation (physiotherapy, psychomotor, speech therapy or education) that can be carried out continuously or cycles, which can be individual or through group activities.

In the course of treatment are carried out regular team meetings, coordinated by the physician in charge of the case, for an update of the project and to assess the effectiveness of the treatment through evaluations aimed at specific areas. For the cases included in the schools of various kinds and levels, in addition to the preparation of functional diagnosis, are carried out regular meetings with teachers to agree and update the rehabilitation project.

Interinstitutional working groups are active with:

- Schools (certification law 104/92, functional diagnosis and systematic meetings with team of teachers for the programming and verification of educational activities taking into account the special problems presented by the children into care even if not provided with certification of disability)
- Local Health Services (for situations of social situations or sent by the Lower Court)
- Local Authorities (for the activation of resources such as home educator, transportation, community education, etc.).

EPIDEMIOLOGY proposed Indicators

- Accessibility
- Patients treated annually at the level of CPS and AMB (percentage of treated prevalence
- one year of UOP and rate per 10,000 inhabitants)
- Patients treated annually at the level of AMB and PSC by age and sex
- Patients treated annually at the level of CPS and AMB for classes and sex education
- Patients treated annually at the level of CPS and AMB for classes of gender and social position

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- Patients treated annually at the level of CPS and AMB for classes of gender and marital status
- Patients treated annually at the level of CPS and AMB for classes of employment and sex work
- Patients treated annually at the level of CPS and AMB by year of first contact with the UOP (Percentage and rate per 10,000 inhabitants)
- Patients treated annually at the level of CPS and AMB for major diagnostic groups and to ICD10
- age classes
- Patients treated annually at the level of CPS and AMB for major diagnostic groups for years and ICD10
- first contact with DSM
- Patients treated annually at the level of CPS and AMB for major diagnostic groups for years and ICD10
- first contact - UOP
- Patients treated annually at the level of CPS and AMB with house work (and percentage rate for 10,000 inhabitants)
- Patients treated annually at the level of CPS and AMB with house work for the principal groups
- ICD10 diagnosis by age group (percentage and rate per 10,000 population)
- Patients treated annually at the level of CPS and AMB with UOP interventions for main house
- ICD10 diagnostic groups by age (UOP detail)
- Pattern of used
- Number of related interventions for patients with CPS and AMB and by age (percentage and rate per 10,000 inhabitants)
- Number of related interventions for patients with CPS and AMB and by main diagnostic groups ICD10 (Percentage and rate per 10,000 inhabitants)
- Offer
- Total Posts granted in the PSC and AMB by age (rate per 10,000 inhabitants)
- Total Posts granted in the PSC and AMB for major diagnostic groups ICD 10 (rate per 10,000 inhabitants)
- Related interventions in AMB and PSC by age groups for the main diagnostic ICD 10 (rate per 10,000 inhabitants)
- Related interventions in AMB and PSC by age group and main diagnostic groups ICD10 (rate per 10,000 inhabitants)
- Offer at home
- Related interventions in CPS and AMB at home (percentage of total and rate per 10,000 inhabitants) and else (a percentage of the total and rate per 10,000 inhabitants)
- Types of activities provided in the PSC and AMB vision of service
- Types of activities provided in the PSC and AMB for major diagnostic groups ICD 10 (percentage)
- Repeated performance
- Repeat performance at home
- Speeches delivered on the same day of admission to SPDC
- Interventions delivered during hospitalization in SPDC

Examples

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“Casa del Sole” rehabilitation project onlus

The mission of this structure is to prevent developmental disorders operationally through the diagnosis and educational and rehabilitative treatment:

Day Service and ambulatory

Mental retardation

Disorder-specific language (DSL) and Disorder specific learning (DSA)

Neuromotor disorders

Neuromotor disease in children under the age of three years or cognitive skills and social skills in under Pervasive developmental disorder of motor coordination

In keeping with the mission of our Centre is placed under the operational rehabilitation regime continued day.

With regard to rehabilitation in the outpatient activities of the Centre ago General and Geriatric relation to the area.

In both types of rehabilitation activities, reference is made to users in childhood.

The PRS organizes activities in compliance with the accreditation requirements and structural organizational set for the type of rehabilitation center.

The mission must be integrated with the Department of Maternal and Child, the UONPIA local services Social Welfare and ASL, school facilities and the pediatricians.

This mission is also to integrate with rehabilitation services and social assistance adult disability in anticipation of discharge facilities and educational-care.

Throughout their time at our Centre's, that is maintained integration through mutual information with the territorial services of the NPI, the social services aspects of ASL, Communities and family pediatricians.

The relationships with the agencies mentioned above are maintained through briefings or written reports with the various professions, to enhance mutual understanding and sharing of choices.

For the development of rehabilitative activity uses the following structures:

two gymnasiums for physical therapy for neuromotor rehabilitation

three gyms for psychomotor activity

a gym for physical activity group

seven studies of speech

three gyms for music therapy

study therapy neurovisiva

two hydrotherapy pools one of which is subject to serious

a room with whirlpool therapeutic

for an indoor riding hippotherapy

a greenhouse for occupational therapy

a vegetable garden for occupational therapy

an 'oasis

a lathe for occupational therapy

a laboratory of creative and expressive activities

a soft room

a room for lux-therapy

For the conduct of educational activities are used the following facilities:

a sector solidarity

a field nursery

an industry first preparatory

a preparatory field 2

an area elementary

a trade

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external or internal space for play activities and socialization

a lecture

a church

gardens and playgrounds

There is a room at the infirmary where they are cataloged, preserved and stored the drugs by nurses

There is a laboratory for packaging orthosis for daily use in X-lite (material Thermoplastic low memory) that allow proper posture district specific bodily functions and facilitate the carrying out of otherwise non-executable correctly.

The lab also serves to create assistive devices for specific activities of life not in the market daily.

To carry out the rehabilitation activities are used the following positions:

Speech

Physiotherapists

Music Therapists

Psychomotor

Hydrotherapists

Hippotherapy

Occupational therapists

Rehabilitative therapy neurovisiva

For the educational activities are used the following:

Teachers and professional educators

ASA

State school teachers and peer

Scholars and trainees

Serving nurses who work for the distribution of drugs to children, assist in the provision of emergency (see procedure) and deal the use of PEP-MASK.

Serving the social workers who are responsible for monitoring relations with the families and local services for users.

He served an educator in charge of educational aspects of the PRI.

The structure finally working medical specialists in the NPI and the Health Director for the

performance of the diagnostic, therapeutic, and for continuous monitoring of projects and programs of rehabilitation therapists and educators.

OPERATION “ENGINEERING”

Day Treatment

1) Phase Diagnostics performed by the doctor (who uses deepening by therapists for each respectively). This comes in all shapes:

- Anamnesis

- Clinical and instrumental evaluation

- Application-level scale in accordance with statutory guidelines relating to various diseases defined.

The various issues of relevance to the diagnostic, prognostic and therapeutic and rehabilitation are specified in the individual PRI to pathology.

2) Presentation and educational and rehabilitative care.

3) The design and comparison of individual means of the PRI as a team.

4) specific programs via the PRI by individual participants (educators and therapists).

5) Checks (initial validation integrated global, intermediate and final)

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6) Final evaluation of annual

Ambulatory Care

The diagnostic, rehabilitation and design is identical but the final assessment is only at the conclusion of the treatment cycle.

Door work for the employment and the start up of micro enterprises and social enterprises

Proposer institution: Hospital "Carlo Poma" Mantova mental health department

Strategic theme: Job placement

Main objectives

1. Establishment of the technical coordination of the project extended to all provincial composed of ATM operators and operators of the CPS job
2. Creating paths to job placement - personam
3. Review and management protocols with the Province of Mantua on compulsory recruitment
4. Activation protocols with all the municipalities of the Province
5. Development of partnerships with organizations where there are users and Family
6. Management and development of portfolio companies and its integration at the provincial level
7. Development of productive forms of collective work within companies (islands of production, etc.).
8. Development of new partnerships with provincial associations group companies and the reality medium large
9. Development of an awareness program and placement, not assistance, within the institutions and public companies
10. Development of partnership with business and social activation joint of an observatory of the economic crisis
11. Designing an organizational tool, allowing the development of micro and retrieval of financial capital and social capital to be used ad hoc.
12. Project support of organizational autonomy and economic network of the 180 voices of those who hear voices

Activities planned to achieve the objectives

1. Sharing of assessment tools in use and design and establishment of protocols of collaboration (see the model as defined for the UOP 28)
2. Analysis of demand for work / training
3. Orientation and job clubs
4. Design of the intervention and its monitoring over time
5. Periodic verification of the project with the person concerned and the senders
6. Activating forms of economic support and job placement on the side of the worker (labor exchanges and internships) and on the business (tax relief and other forms of help)
7. Tutoring situation, including by supporting the development of the post of tutor to the company
8. Support for the firm assumes that the person entering with other forms of mentoring
9. Management with the person, the senders and the company of any difficulties, including the decision to terminate the employment relationship and create a new project.
10. Start-up activities and organizational and financial support through research with ad hoc funding, the social cooperatives mainly made up of people with mental handicap and sent by the CPS

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11. Setting up a training program to support the integration of experiences
12. Definition of a shared instrument for assessing the outcome of the inclusion work
13. Labour Organisation definition of ATM in the various areas District
14. Review of internship programs and job exchange activated in previous years.
15. Revision of the Protocol with the Province of Mantova
16. Annual publication of the guide to work
17. Evaluation activities of the application and orientation
18. Job club activities and development of educational projects in support of the working potential users
19. Design activities for the integration work
20. Tutoring job insertion
21. Evaluation activities integration work, and promotion of recruitment within the company
22. Research activities of firms willing to experiment with production cells
23. Social marketing activities
24. Setting up a program to raise awareness of companies to their corporate social responsibility and supply of products suitable for the growth of the social value of the business.
25. Fundraising additional funding directed to the financial support of individuals entering, to microcredit to start up social enterprises
26. Development of consultancy firms to improve the business climate.
27. Activation and operation of training programs aimed at job placement and other disadvantaged people, on the basis of specific requests (eg voucher system provided by the Consortium for Public Service to the People of Viadana)

Expected Results

1. Recognition of the multiplicity of players involved in a territory to promote mental health with particular reference to employment
2. Involvement of the same design and operational management by developing the potential constructive.
3. Opening in every area of the ATM business district and its participation in the planning of local interventions in the social area (plan area)
4. Maintenance of the volume of assets for job placement in the areas covered by the previous three-year program and an increase in the areas of Mantova.
5. Growth experience of social coop La. Co.Sa. and APIs
6. Increased integration with the system of social cooperation
7. Increased collaboration with public companies.