EU-Compass for Action on Mental Health and Wellbeing

2017 Good Practices survey

Here is a summary of your good practice. You can save it as a PDF at the bottom of the page for your own records. Answer Time 8/3/2017 6:13:28 PM

EU Compass 2017 Good Practices survey

1. 1.1 TITLE of the practice (in EU-language and English translation)

Number of respondents: 1

- Action Platform for the Rights in Mental Health

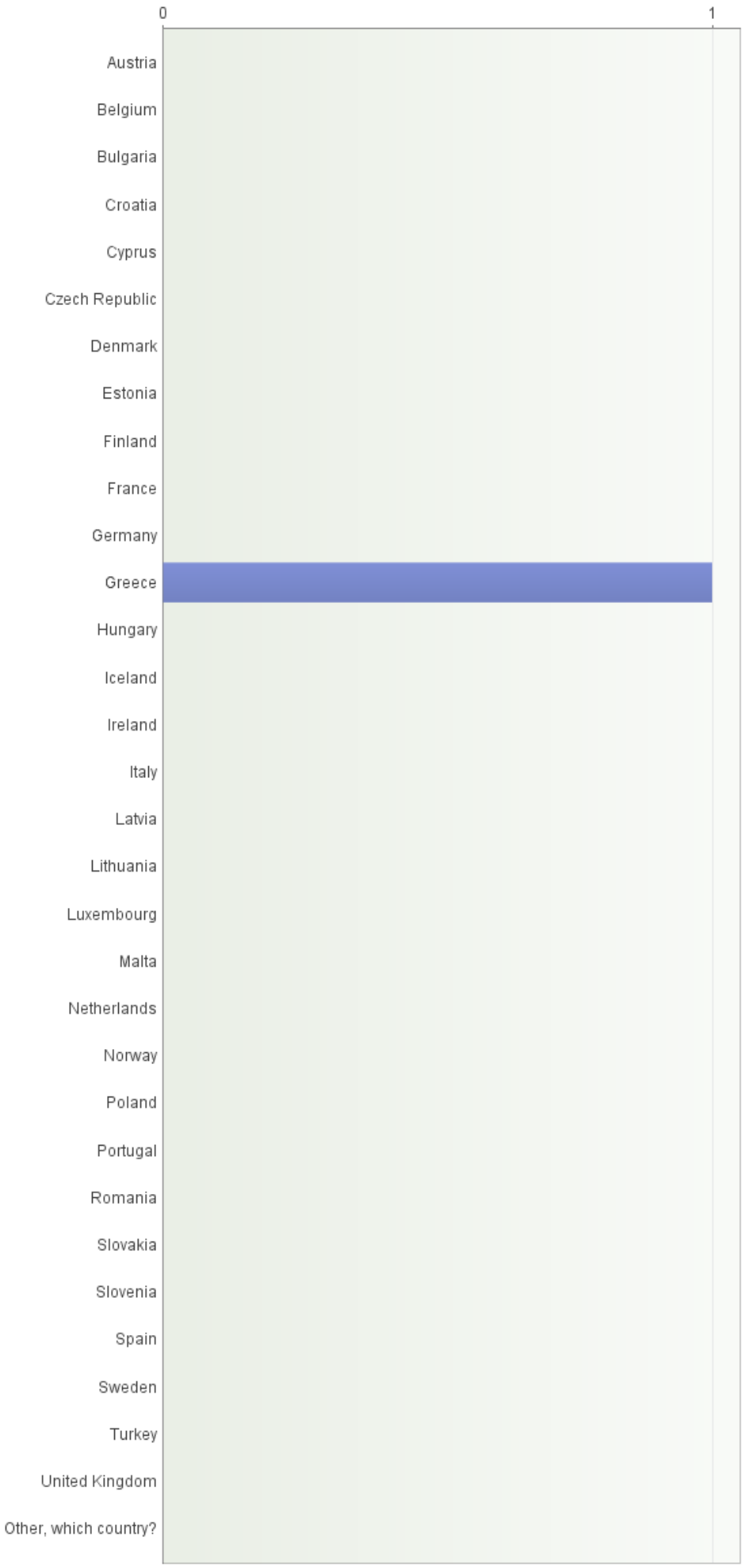
2. 1.2 If a URL (i.e. website address) is available for further information or results of the good practice, please provide it here:

Number of respondents: 1

- http://psy-dikaiomata.gr/en/what-we-do-2/

3. 1.3 COUNTRY OF ORIGIN - Please specify the country where the good practice originated

Number of respondents: 1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1
Austria
Belgium
Bulgaria
Croatia
Cyprus
Czech Republic
Denmark
Estonia
Finland
France
Germany
Greece
Hungary
Iceland
Ireland
Italy
Latvia
Lithuania
Luxembourg
Malta
Netherlands
Norway
Poland
Portugal
Romania
Slovakia
Slovenia
Spain
Sweden
Turkey
United Kingdom
Other, which country?

4. 1.4 What month and year did the practice start?

Number of respondents: 1

01.05.2015

5. 1.4.1 If it has ended, what month and year did it end?

Number of respondents: 1

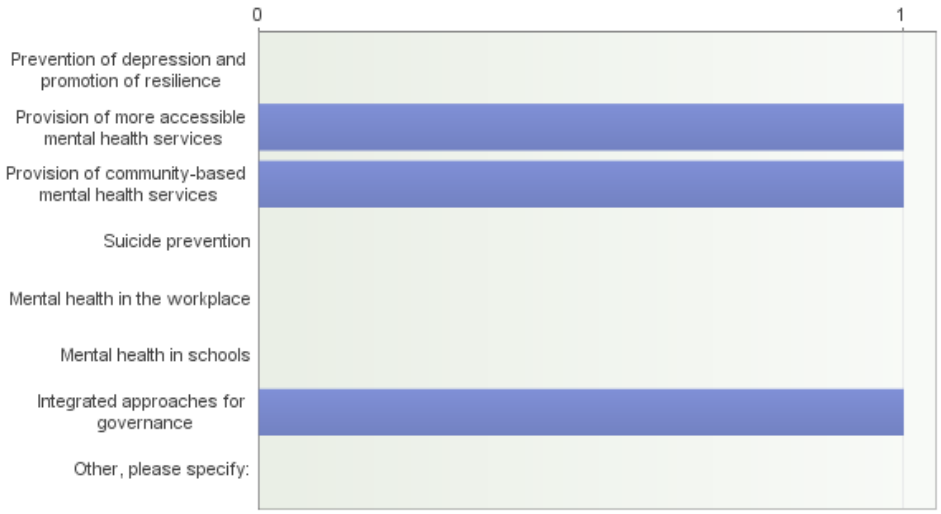
30.04.2016

6. 1.4.2 If not, when is the practice scheduled to end?

No answers.

7. 1.5 Priority areas addressed [Please tick the appropriate box(es)]

Number of respondents: 1



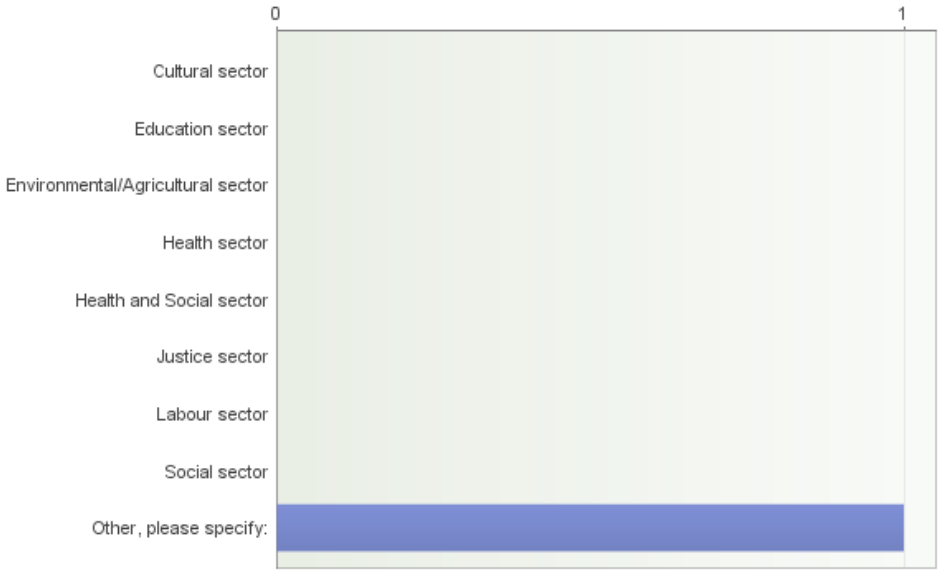
8. Additional information

Number of respondents: 1

- The biggest challenges for the rights of people with mental health problems concern their limited access to adequate community services due to fragmentation, lack of coordination of services and the limited ability to react to abuses of rights due to lack of information, limited access to legal services and institutional / legal gaps. Institutions and services partly fail to mainstream rights in mental health. Our innovation was that we brought together clinical, institutional/legal and community approach with active participation of users and thus addressed better their complex needs and facilitated their access to services.

9. 1.6 Which sector initiated the practice? [Please tick appropriate box(es)]

Number of respondents: 1



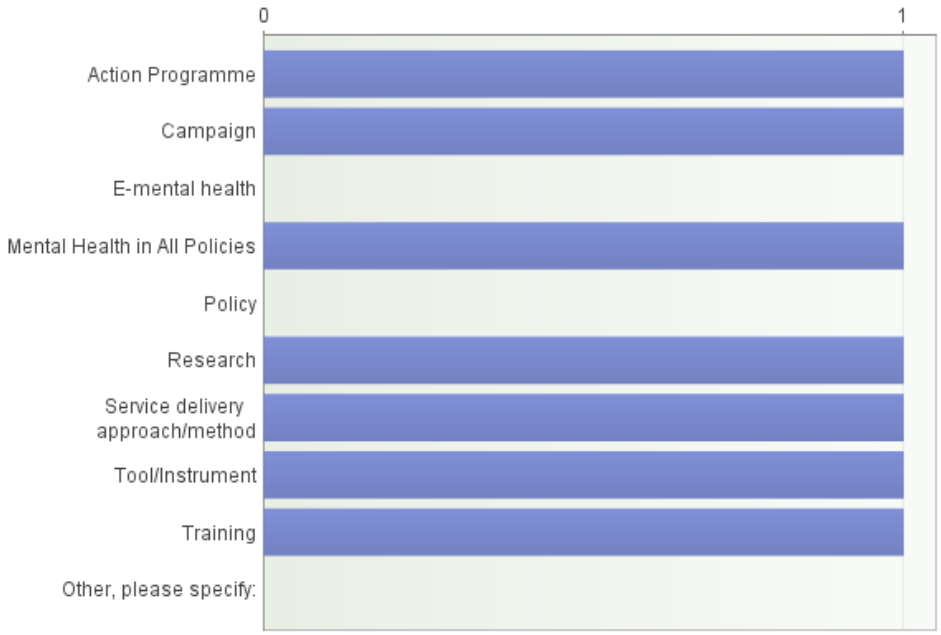
Open text answers

Other, please specify:

- Mental Health NGO sector in collaboration with human rights sector. EEA Grants Greek NGO Programme “We are all Citizens”. The Bodossaki Foundation is the Fund Operator of this Programme.

10. 1.7 What kind of practice or programme is being implemented? [Please tick the appropriate box(es)]

Number of respondents: 1



11. Additional information

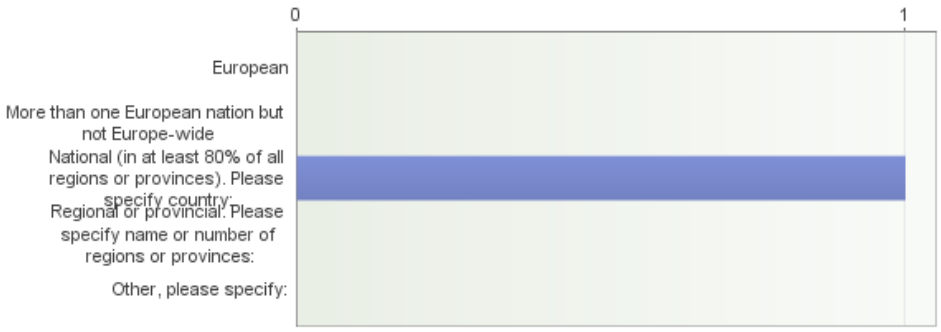
Number of respondents: 1

- The main pillar of the project was the operation of the first Advocacy Office in Greece, which responded to 319 cases in close collaboration with key actors in the field of advocacy (Greek Ombudsman, the Audit Committee for the Protection of the Rights of People with Mental Health Problems etc).
  The pilot implementation of the "reporting methodology for mental health rights violations" encouraged 122 people to overcome their fear and ignorance and make their voice heard.
  Another activity of the project was the training of professionals with a view to make them approach the therapeutic and social rehabilitation process through the human rights perspective. For this purpose, it was planned a series of 6 training seminars for 394 professionals (policy officers, judges, prosecutors, clinicians) who have already expressed their strong interest for additional training.
  The website -developed for the needs of the project- included the training material, a digital legal library and a mental health rights guide. The approximately 20.000 visitors has rendered it as a reliable source of information about mental health rights both for services' users and professionals.
  Another key activity was the organization of the Pan-Hellenic Network Meeting, with the participation of 150 representatives from related stakeholders, including services' users and families, clinicians and advocates, NGOs and mental health services, policy makers and authorities. The meeting’s interactive character led to substantial

conclusions and recommendations, which have been already submitted to the Ministries of Justice and Health. Proposals encourage legal and institutional amendments that will potentially improve the quality of life of people with mental health problems.
Lobbying, along with promotion activities have contributed tremendously in raising awareness about mental health rights, while have also supported the sustainability of the project.

12. 1.8 Level of implementation of practice [Please tick only ONE box]

Number of respondents: 1



Open text answers

National (in at least 80% of all regions or provinces). Please specify country:

- Greece

13. 1.9 Is there a specific mental health disorder that the practice focuses on?

Number of respondents: 1

14. 1.9.1. If so, which?

No answers.

15. 1.10 If not, what does the practice focus on?

Number of respondents: 1

- The direct target group is people with mental health problems / intellectual disabilities, their families and cares. The indirect target groups are the professionals working with them or influence their situation (lawyers, judges, mental health professionals, police, policy makers, the local community and key people from the community).

16. 1.11 Please give any references (Author (date). Title. Journal/publisher). Please include links or pdfs of relevant documents.

Number of respondents: 1

- FITSIOU P., M. MOUSMOUTI, DARMOGIANNI N., MALAKOZI A., R. AGATSA, "ADVOCACY, NETWORKING AND MOTIVATION OF CIVIL SOCIETY: AN INTERVENTION PLAN FOR MENTAL HEALTH AND HUMAN RIGHTS PROMOTION". Presented in: 4th East European Psychiatric Congress & 3rd Preventive Psychiatry International Congress, Athens, November 2015. https://www.slideshare.net/ssuserd2c2b0/fitsiou-easteuropean-psychcongress-2015

  http://www.huffingtonpost.com/entry/greece-mental-health-care_us_56339ef0e4b0631799122507?utm_hp_ref=world

  http://psy-dikaiomata.gr/wp-content/uploads/2016/05/egxeiridio_teliko_en.pdf

17. 1.12 Disclaimer: I agree on collecting, processing and publishing my personal data by the European Commission, DG Health and Consumers. If the data were collected from a third person I state that I received unambiguous consent from the data subject on using it for this purpose. The purpose of the database is to provide to researchers, policy makers and all interested bodies, good practice in the area of mental health. Submission of the data is made on voluntary basics, and there are no consequences by not doing so. Data are collected according to the Regulation (EC) No 45/2001 of the European Parliament and of the Council

of 18 December 2000 and you as a data subject have the right to have recourse at any time to the European Data Protection Supervisor. Form Completed by:

Number of respondents: 1

- Panagiota Fitsiou, Psychologist MSc, Project Manager of the "Action Platform for the Rights in Mental Health", employee of the Society of Social Psychiatry and Mental Health

18. 1.13 Your contribution to this Call for Information will be acknowledged.

Number of respondents: 1

19. 1.14 Please include details of the contact person.

Number of respondents: 1

First name:	Surname:	Position:	Email address:	Address (work):	Country:	Telephone:	Website:	LinkedIn:	Other contact details:
Panagiota	Fitsiou	Psychologist MSc, Project Manager of the "Action Platform for the Rights in Mental Health", employee of the Society of Social Psychiatry and Mental Health	ekpsath@otenet.gr	22 Meletiou Piga Str, GR 11636, Athens	Greece	00302109227611	http://www.ekpse.gr/en/contact		personal email: pfitsiou@gmail.com

20. 2.1 Is the practice based on an existing evidence-based intervention, conceptual framework, or approach?

Number of respondents: 1

21. 2.1.1 IF YES, please describe and include references to the existing scientific evidence, the conceptual framework, or the approach.

Number of respondents: 1

- "Despite all the efforts and the progress that has been achieved in most countries, not only does mental health remain low on priorities, but even when it exists on the agenda one observes a very great distance between what the law or the institutions stipulate and what happens in reality.
  The problems relate to various levels: (a) to the level of awareness of the population, prevention and the promotion of mental health, (b) to the level of the stigma, of social exclusion and breaches of fundamental rights experienced by people with serious mental health problems, (c) to the level of the adequate functioning of the institutions which exist to protect the rights of these people and to ensure the implementation of the corresponding legislation, and (d) to the level of access to adequate community services. The system is very fragmented and people do not have equal access to it". Introductory Note (2016) In T. Vidalis (ed.) The Age of Autonomy. A Guide to Rights in Mental Health, Athens: Society of Social Psychiatry & Mental Health, Hellenic League for Human Rights, Institute of Mental Health for Children and Adults http://psy-dikaiomata.gr/wp-content/uploads/2016/05/egxeiridio_teliko_en.pdf.
  "The advocacy movement began 40 years ago as a means of combating the stigma and prejudice against people with mental disorders but also as a means of improving the respective services. Advocacy is considered to be one of the eleven actions that constitute an integrated policy on mental health and one of the main strategies for achieving the promotion of health" (The remaining actions are: legislation and human rights, financing, the planning & organisation of services, the improvement of the quality of services, the workplace policy & programmes, psychotropic medicines, information systems, human resources and education, mental health of children and adolescents, research & evaluation (W.H.O., 2003, Mental Health Policy and Service Guidance Package. Advocacy for Mental Health http://www.who.int/mental_health/policy/services/1_advocacy_WEB_07.pdf?ua=1) .
  ""Institutionally, advocacy in Greece is based on a series of laws and texts. Greece has a fairly adequate legislative framework which guarantees the rights of people with

mental disorders. Advocacy actions in our country are carried out both by government bodies such as the Mental Health Directorate of the Ministry of Health & Social Solidarity and also by groups/user organisations and their families, non-governmental organisations and mental health workers." (Malakozi, Kadoglou, 2012, Advocacy in the mental health sector, a modern theoretical approach. http://psychografimata.com/7489/i-sinigoria-sto-choro-tis-psichikis-igias/). Of course, the basic aim of advocacy is to lead to self-advocacy and to the pursuit of the rights of the interested parties by themselves" Introductory Note (2016) In T. Vidalis (ed.) The Age of Autonomy. A Guide to Rights in Mental Health, Athens: Society of Social Psychiatry & Mental Health, Hellenic League for Human Rights, Institute of Mental Health for Children and Adults http://psy-dikaiomata.gr/wp-content/uploads/2016/05/egxeiridio_teliko_en.pdf.
It is obvious that advocacy and mainstreaming human rights is an integral part of promoting mental health.
Especially in our country, the biggest challenges for the rights of people with mental health problems concern their limited access to adequate community services due to fragmentation, lack of coordination of services and the limited ability to react to abuses of rights due to lack of information, limited access to legal services and institutional / legal gaps. Institutions, services and professionals partly fail to mainstream rights in mental health. This leads people with mental health problems to low social participation, to lower quality of life. This also puts an extra load to health services and institutional bodies, as the references remain in a fragmented level. The professionals (low professionals and clinicians) are confused regarding how to adequately support their clients. So, based on the conceptual framework of integrating advocacy to mental health services, we developed an innovative project, bringing together clinical, institutional/legal and community approach with active participation of users and thus addressed better their complex needs.
The projects cornerstone was the first Advocacy Office in Greece for people with mental health problems in Greece, which offered individualized support jointly by lawyers and clinicians. The main services included information, consultation, guidance and referral to other services and institutional bodies to users of mental health services. It worked closely with representative users' and families' associations, trying to empower people to claim their rights, to recover from mental illness and "passive" position and adopt active citizenship.
We combined these services with community awareness activities, networking with relevant services, targeted capacity building for professionals (lawyers, judges, mental health professionals, police) and lobbying activities, including proposals for institutional changes, based on the development of the cases, in order to address the gaps regarding rights mainstreaming in mental health and barriers in access to adequate clinical and legal services.

22. 3.1 Please write a short description (250 word) of the practice or programme, including information about the need for the programme or practice and the local context of the programme or practice.

Number of respondents: 1

- The aim of the project "Action Platform for the rights in Mental Health" was to bring about a “paradigm shift” in mental health rights perception with a view not just to tolerate as a society but to fully support the self-evident rights of people with mental health problems facing stigma and exclusion. The transition from the medical model of disability to the rights based or social model, that views people with disabilities as subjects of rights rather than beneficiaries of charity, relies on two central concepts that aim to reverse the disabling environments: respect for autonomy and individualised support as a path to empowerment, and targeted interventions to remove barriers in information, access to services and representation. And this was the main aim of the project, to support this transition.
The specific objectives: to address the barriers through improved referral and networking, the provision of information and legal support, the provision of targeted capacity building, community awareness and information.
The objectives were served, through the following activities: the operation of the first Advocacy Office in Greece (319 cases), pilot implementation of the "reporting methodology for mental health rights violations", 6 training seminars for 394 professionals, website -developed for the needs of the project- included the training material, a digital legal library and a mental health rights guide, the Pan-Hellenic Network Meeting, with the participation of 150 representatives from related stakeholders, including services' users and families, clinicians and advocates, NGOs and mental health services, policy makers and authorities and systematic lobbying.

23. 3.2 What are the main aims of the practice?

Number of respondents: 1

- The aim of the project "Action Platform for the rights in Mental Health" was to bring about a “paradigm shift” in mental health rights perception with a view not just to tolerate as a society but to fully support the self-evident rights of people with mental health problems facing stigma and exclusion. The transition from the medical model of disability to the rights based or social model, that views people with disabilities as subjects of rights rather than beneficiaries of charity, relies on two central concepts that aim to reverse the disabling environments: respect for autonomy and individualised support as a path to empowerment, and targeted interventions to remove barriers in information, access to services and representation. And this was the main aim of the project, to support this transition.

24. 3.3 What are the specific objectives of the practice?

Number of respondents: 1

- The specific objectives: to address the barriers through improved referral and networking, the provision of information and legal support, the provision of targeted capacity building, community awareness and information.

25. 3.4 In what ways does the practice aim to reduce inequalities in health?

Number of respondents: 1

- The biggest challenges that the Advocacy office has identified concern the lack of an adequate network of health and support services, the lack of continuity in care, the lack of cooperation between services and institutional bodies involved with the rights of people with mental health problems, the lack of data and evidence based interventions and the complete lack of a rights based approach in mental health services. To overcome the fragmentation of the system effort is made to invest in a systematic collaboration with existing services and institutional bodies, a most effective collaboration of social solidarity initiatives and mainstream services (public sector and NGOs) and an active engagement and motivation of civil society in these efforts. We achieved these through: the main services of the Advocacy Office, which included information, consultation, guidance and referral to other services and institutional bodies to users of mental health services. It worked closely with representative users' and families' associations, trying to empower people to claim their rights, to recover from mental illness and "passive" position and adopt active citizenship.
We combined these services with community awareness activities, networking with relevant services, targeted capacity building for professionals (lawyers, judges, mental health professionals, police) and lobbying activities, including proposals for institutional changes, based on the development of the cases, in order to address the gaps regarding rights mainstreaming in mental health and barriers in access to adequate clinical and legal services.

26. 3.5 In what ways has the practice addressed patient empowerment?

Number of respondents: 1

- The main services of the Advocacy Office, which included information, consultation, guidance and referral to other services and institutional bodies to users of mental health services. It worked closely with representative users' and families' associations, trying to empower people to claim their rights, to recover from mental illness and "passive" position and adopt active citizenship.
  Most of the activities in this project (Pan-Hellenic Network Meeting, Lobbying meeting with Ministry of Justice, capacity building seminars to professionals) were actually a co-production, which means that users and carers were equally participated. E.g. In the seminars the educators were: 1 lawyer, 1 psychologist or psychiatrist and 1 user or carer.

27. 3.6 In what ways do patients/clients learn about the practice?

Number of respondents: 1

- We had a well elaborated plan of communication and dissemination.
  Patients and families learn about the practice through these venues:
  Emails and meetings with their associations, articles in newspaper, campaign (we created a specific spot, which was playing for a specific period in the monitors in the metro stations), banners in popular websites, our website.

28. 3.7 In what ways are patients/clients involved in the development of the practice?

Number of respondents: 1

- Most of the activities in this project (Pan-Hellenic Network Meeting, Lobbying meeting with Ministry of Justice, capacity building seminars to professionals) were actually a co-production, which means that users and carers were equally participated. E.g. In the seminars the educators were: 1 lawyer, 1 psychologist or psychiatrist and 1 user or carer.

29. 3.8 In what ways is patient/client feedback incorporated into the practice?

Number of respondents: 1

- As we described in the previous question, the patients and their families equally participated in Pan-Hellenic Network Meeting, Lobbying meeting with Ministry of Justice, capacity building seminars to professionals and their ideas, needs, changes were incorporated in the next steps regarding par example the proposals for changes we addressed to the Ministry of Justice about some problematic areas in the legal framework.

30. 3.9 How are patients/clients able to voice complaints or concerns about the practice?

Number of respondents: 1

- Directly to the staff of the project, via email, telephone, consultation session (they could call in the Advocacy Office and ask for another consultation session).

31. 4.1 What is the methodology (describe all activities) that form part of the implementation of the practice?

Number of respondents: 1

- The main pillar of the project was the operation of the first Advocacy Office in Greece, which responded to 319 cases in close collaboration with key actors in the field of advocacy (Greek Ombudsman, the Audit Committee for the Protection of the Rights of People with Mental Health Problems etc).
  The pilot implementation of the "reporting methodology for mental health rights violations" encouraged 122 people to overcome their fear and ignorance and make their voice heard.
  Another aim of the project was the training of professionals with a view to make them approach the therapeutic and social rehabilitation process through the human rights perspective. For this purpose, it was planned a series of 6 training seminars for 394 professionals (policy officers, judges, prosecutors, clinicians) who have already expressed their strong interest for additional trainings.
  The website -developed for the needs of the project- included the training material, a digital legal library and a mental health rights guide. The approximately 20.000 visitors has rendered it as a reliable source of information about mental health rights both for services' users and professionals.
  Another key activity was the organization of the Pan-Hellenic Network Meeting, with the participation of 150 representatives from related stakeholders, including services' users and families, clinicians and advocates, NGOs and mental health services, policy makers and authorities. The meeting's interactive character led to substantial conclusions and recommendations, which have been already submitted to the Ministries of Justice and Health. Proposals encourage legal and institutional amendments that will potentially improve the quality of life of people with mental health problems.
  Lobbying, along with promotion activities have contributed tremendously in raising awareness about mental health rights, while have also supported the sustainability of the project.

32. 4.2 What is the target group for your practice and why?

Number of respondents: 1

- The direct target group is people with mental health problems / intellectual disabilities, their families and cares. The reason is that they suffer from exclusion, stigma, limited access to adequate community services due to fragmentation, lack of coordination of services and the limited ability to react to abuses of rights due to lack of information, limited access to legal services and institutional / legal gaps.
  The indirect target groups are the professionals working with them or influence their situation (lawyers, judges, mental health professionals, police, policy makers, the local community and key people from the community). The reason was that Institutions, services and professionals partly fail to mainstream rights in mental health.

33. 4.3 Who are the project or practice leaders? Please list the position or titles of the practice leaders, their institution, their work sector or area and their roles. Describe if and/or how the target population was involved at the practice leader level.

Number of respondents: 1

- The leading applicant and project leader was the Society of Social Psychiatry & Mental Health. The partners were:
  - Hellenic League for Human Rights. They brought the experts from the legal field.
  - Institute of Mental Health for Children and Adults. They brought expertise from the filed of clinical work

  Leaders on behalf of the Society of Social Psychiatry & Mental Health were: Panagiota Fitsiou, Psychologist MSc, project manager, vast experience in social inclusion of people with mental health problems and support of human rights. Professor of Psychiatry Panagiotis Sakellaropoulos, President of the Organization and Athena Frangouli (PhD) Vice President of the Organization were the unpaid consultants of the project, bringing their vast experience in the area of social inclusion and human rights. Alexandros Lountzis, Social Anthropologist MPhil CAM, Legal Expert, is the Responsible of the Legal Department –Administration Department of Institute of Mental Health for Children and Adults and he was the leader of the Advocacy Office. Vaggelis Mallios, was the General Secretary of Hellenic League for Human Rights, with a PhD in Law and he is very active in the field of health and human rights, he teaches in the University of Crete the lesson "Law and Bioethics".

34. 4.4 Who are the key staff in the practice or programme? Please list the position or titles of the key staff, their institution, and their roles in the practice (such as design, implementation, communication, research, policy development, healthcare professional, monitoring, administration, etc).

Number of respondents: 1

- The leading applicant and project leader was the Society of Social Psychiatry & Mental Health. The partners were:
  - Hellenic League for Human Rights. They brought the experts from the legal field.
  - Institute of Mental Health for Children and Adults. They brought expertise from the filed of clinical work

  Leaders on behalf of the Society of Social Psychiatry & Mental Health were: Panagiota Fitsiou, Psychologist MSc, project manager, vast experience in social inclusion of people with mental health problems and support of human rights. Professor of Psychiatry Panagiotis Sakellaropoulos, President of the Organization and Athena Frangouli (PhD) Vice President of the Organization were the unpaid consultants of the project, bringing their vast experience in the area of social inclusion and human rights. Alexandros Lountzis, Social Anthropologist MPhil CAM, Legal Expert, is the Responsible of the Legal Department –Administration Department of Institute of Mental Health for Children and Adults and he was the leader of the Advocacy Office.
  Vaggelis Mallios, was the General Secretary of Hellenic League for Human Rights, with a PhD in Law and he is very active in the field of health and human rights, he teaches in the University of Crete the lesson "Law and Bioethics". Mr Mallios was the leader of the activity of the collection of data and creation of the legal library in the website and participated to the seminars.
  Panagiotis Vidalis has a PhD in Constitutional Law, he is scientific associate of the National Bioethics Commission, member of Hellenic League for Human Rights, has vast experience in Law Drafting regarding health, human rights and bioethics, and he has also has vast teaching experience in University and publications. In the project he was the editor of the mental health rights guide and participated in seminars to professionals.
  Maria Mousmouti, Lecturer in Law in IALS, and executive director of the Center for European Constitutional Law. Studies: LLB (Faculty of Law, University of Athens); LLM (Institute of Social Law, Katholieke University of Leuven, Belgium); PhD (IALS, University of London). Experienced in: Legislative effectiveness; Legislative quality and legislative drafting; Better Regulation policies; legislative evaluation; Equality and non-discrimination Law; EU Law; EU and national law. In the project she participated in the Advocacy office and in capacity building seminars in professionals and in the mental health rights guide. She is member of the Hellenic League for Human Rights.
  Maria Anagnostaki is a Lawyer and Criminologist, (currently she is Scientific Associate in the General Secretariat of Anti-Crime Policy in the Ministry of Justice, Transparency and Human Rights), she is member of the Hellenic League for Human Rights. She has vast experience in prevention of exclusion policies (prevention of drug addiction) and human rights promotion. In the project she worked in the Advocacy Office and wrote a chapter in the mental health rights guide.
  Renia Pournara, Attorney at Law, MfA is a member of the Hellenic League for Human Rights and very active in the field human rights and vulnerable groups. She combines expertise in Law and clinical view, as she has a post graduate degree in physical theater. In the Project she participated in the Advocacy Office, in the mental health rights guide and was leader in the seminars for professionals.
  Niki Darmogianni, has a master in Social Psychiatry and Child Psychiatry and works for the Society of Social Psychiatry and Mental Health. In the project she was basic associate for the Advocacy Office, she was the leader for the pilot implementation of the "reporting methodology for mental health rights violations".
  Evie Mylonaki, Lawyer, worked for the Society of Social Psychiatry and Mental Health for this project, in the Advocacy Office, the mental health rights guide and the seminars for professionals. She was the key-staff supporting the collaboration with users and families associations.
  PLEASE NOTE THAT THIS IS NOT THE COMPLETE LIST OF THE STAFF. WE RECORDER MOST OF THE STAFF, BUT NOT THE WHOLE LIST.

35. 4.5 Who are the key collaborators? Please list the position or titles of the key staff, their institution, and their roles in the practice (such as design, implementation, communication, research, policy development, healthcare professional, monitoring, administration, etc).

Number of respondents: 1

- The main collaborator (voluntarily and unpaid) was the National Confederation of Disabled People (NCDP), which supported this effort. Ioannis Vardakastanis the Chairman of the National Confederation of Disabled People (NCDP) and the European Disability Forum (EDF) and his efforts regarding human rights and social inclusion of the disabled people, and his collaboration with the actors of these project constituted a strong mechanism for influencing policies regarding the human rights of people with psychosocial disability.

36. 5.1 Has the practice been evaluated or assessed?

Number of respondents: 1

37. 5.1.1 IF YES, was it an internal evaluation?

Number of respondents: 1

38. 5.1.2 IF YES, what steps were taken to reduce bias and ensure fair evaluation?

Number of respondents: 1

- The evaluation was an internal and informal evaluation process. It was conducted in the Advocacy Office. We choose (random chose) 30 out of the 319 cases that received our services and we elaborated a short questionnaire asking how our services helped them. It was a telephone follow-up. The coordinators of this follow-up were Alexandros Lountzis (the leader of the Advocacy Office) and Nikolitsa Darmogianni. However, the follow-up telephones were performed by volunteers, who were not involved in the cases.

39. 5.2 Who did the evaluation?

Number of respondents: 1

- The 2 main actors of the evaluation were:
  Alexandros Lountzis, Social Anthropologist MPhil CAM, Legal Expert, who is the Responsible of the Legal Department –Administration Department of Institute of Mental Health for Children and Adults and he was the leader of the Advocacy Office in our project. He designed the simple questionnaire.
  Niki Darmogianni, has a master in Social Psychiatry and Child Psychiatry and works for the Society of Social Psychiatry and Mental Health. In the project she was basic associate for the Advocacy Office, she was the leader for the pilot implementation of the "reporting methodology for mental health rights violations". She coordinated the team of volunteers who performed the process of evaluation (telephones to random cases).

40. 5.3 What was the goal of the evaluation?

Number of respondents: 1

- To understand if and how our intervention was useful, what worked and what did not work and after the results to elaborate more our methods.

41. 5.4 What evaluation methods were used?

Number of respondents: 1

- The evaluation was an internal and informal evaluation process. It was conducted in the Advocacy Office. We choose (random chose) 30 out of the 319 cases that received our services and we elaborated a short and simple questionnaire asking if and how our services helped them. It was a telephone follow-up. The coordinators of this follow-up were Alexandros Lountzis (the leader of the Advocacy Office) and Nikolitsa Darmogianni. However, the follow-up telephones were performed by volunteers, who were not involved in the cases.

42. 5.5 What has been measured/evaluated?

Number of respondents: 1

- We have measured if and how our interventions helped in the development of the case (if the problem was solved or not and why). This was measured through a simple questionnaire with specific questions, which measured the development of the case, how the person used our intervention and if it helped with the development of the case.

43. 5.6 What were the actual concrete results (outputs and outcomes) of the practice?

Number of respondents: 1

- Out of 30 follow-up cases, 17 people declare that our intervention was helpful and helped to solve the problem.
  Of the remaining 13 people, which declare that our intervention was not helpful, said also that they did not follow our advice. (So we are not sure if it was or was not helpful, because they did not follow our advice).

44. 5.7 Did the desired outputs and outcomes of the practice change during the implementation of the practice?

Number of respondents: 1

45. 5.7.1 IF YES, why?

Number of respondents: 1

- The results were very useful in order to refine our practices, however, we did not have the time to expand our practices as much as we wanted as the funding period was only for 1 year.

46. 5.7.2 IF YES, after the results of the practice were evaluated, what were the next steps?

Number of respondents: 1

- We have developed a well-documented proposal looking for new sponsors and we have addressed to major donors in Greece. We also have addressed the same proposal to the Ministries of Health and Justice and we propose that the Advocacy Office has an institutionalized and formal role, based on the pilot implementation of our project.

47. 5.8 In what ways has the practice empowered patients?

Number of respondents: 1

- Most of the activities in this project (Network Meeting, Lobbying meeting with Ministry of Justice, seminars to professionals) were actually a co-production, which means that users and carers were equally participated. E.g. In the seminars the educators were: 1 lawyer, 1 psychologist or psychiatrist and 1 user or carer. The services of the Advocacy Office included: The services include individualized support, information, consultation, guidance, referral to other services and institutional bodies, networking and lobbying in order to mainstream human rights in mental health. The users were empowered through all these actions.

48. 5.9 How has the patient empowerment been measured?

Number of respondents: 1

- Through the development of their cases (for the cases we had the follow-up)
  Through their active participation in the joint actions of our project (seminars, Networking Meeting, community sensitization activities etc)

49. 6.1 What is the funding source of the practice?

Number of respondents: 1

- This project was funded by Iceland, Liechtenstein and Norway under the EEA Grants Greek NGO Programme “We are all Citizens”. The Bodossaki Foundation was the Fund Operator of this Programme. The Programme aims to strengthen civil society and enhance the contribution of NGOs to social justice, democracy and sustainable development.

50. 6.2 What is the duration of the funding for the practice?

Number of respondents: 1

- 1/5/2015 - 30/4/2016

51. 6.3 Please describe in detail how the funding has been used.

Number of respondents: 1

- The funds we received were 123.187,65 Euro.
  Staff costs (including volunteer hours calculation as an in-kind own contribution) 92.187,58 Euro

Equipment 2.146,00 euro
Travel costs 1648,99 euro
Consumables 566,52 euro
subcontracting 9.371,17 euro
other direct costs 9.498,22 euro
indirect costs 7.769,17 euro

52. 6.4 How is future funding acquired?

Number of respondents: 1

- As regards the sustainability of the Advocacy Office, we have developed a well-documented proposal looking for new sponsors and we have addressed to major donors in Greece. We also have addressed the same proposal to the Ministries of Health and Justice and we propose that the Advocacy Office has an institutionalized and formal role, based on the pilot implementation of our project

53. 6.5 Is the evaluation report available? Please put the link or reference below.

Number of respondents: 1

Open text answers

Yes

- the evaluation and the documented proposal are available only in hard copy in Greek by our organization.

54. 6.6 In what ways do you think that your practice has European added value?

Number of respondents: 1

- "The ‘paradigm shift’ from the medical model of disability to the social or rights-based model entails that the burden shifts from individual limitation and impairments to societal and bahavioural constraints that inhibit full participation and inclusion of persons with disabilities in society. Since the adoption of the UN Convention on the Rights of People with Disabilities, this is not only an ethical or ideological stance, but a legal obligation. The UN CRPD is the first international human rights treaty to embrace the social model of disability and acknowledge disability as a condition arising from the interaction between individual limitations and other barriers that hinder full and effective participation in society on an equal basis with others (Preamble of the United Nations Convention on the Rights of People with Disabilities, paragraph (e); Article 1). The notion of „disability" used in the UN CRPD focuses on barriers, which hinder full and effective participation in society on an equal basis with others rather than individual impairments. As shown from the data presented above these barriers include legal, structural, organizational, financial and behavioral barriers which often result in a qualitatively different level of enjoyment of rights by people with disabilities. In Greece, the ‘disabling environment’ in which people with mental health problems live, includes fragmented and poorly coordinated services, a chronic lack of information and neglect for their specific needs, persisting stigma and discrimination in society but also in professionals who often interact with them. The case studies presented are innovative and successful examples of targeted interventions to address these barriers through improved referral and networking, the provision of information and legal support, the provision of targeted capacity building and community awareness and information. These experiments prove that eliminating barriers, facilitating equal access to services set the foundation for meaningful participation and engagement for people with mental health problems in society". (FITSIOU P., M. MOUSMOUTI, DARMOGIANNI N., MALAKOZI A., R. AGATSA, "ADVOCACY, NETWORKING AND MOTIVATION OF CIVIL SOCIETY: AN INTERVENTION PLAN FOR MENTAL HEALTH AND HUMAN RIGHTS PROMOTION"
  Presented in: 4th East European Psychiatric Congress & 3rd Preventive Psychiatry International Congress, Athens, November 2015.
  We believe that these barriers we describe are unfortunately the case in many EU countries and we believe that our innovative solutions will be helpful for many actors in the field.

55. 6.7 What worked well with implementation of the practice?

Number of respondents: 1

- - The integration/comprehensive approach and complementary function between clinicians and lawyers (interdisciplinary approach).
  - The active participation of users and families
  - The response of the professionals in the capacity building seminars
  - The response of policy makers in our lobbying efforts

56. 6.8 What facilitated implementation?

Number of respondents: 1

- - Systematic procedures for the dissemination and promotion of our work, first of all to the population groups most in need of our services (Public Psychiatric Hospitals, Mental Health NGOs, Public Day Centers and Non-Profit Sector, Associations of People with Mental Health Problems, Self-Representation Associations).
  - From the first day of operation of the project and especially the Advocacy Office we have attempted to address the expected interference and referral gaps through close cooperation with each institutional body body, organization and scientific association that could work complementary to our work. The Advocacy Office addressed and organized targeted synergies with bodies such as the Special Committee for the Protection of the Rights of Persons with Mental Disorders, the Greek Ombudsman, etc
  - In order to deal with each particular case and to create a network of services that a person could refer to and, to the extent possible, meet the demands of the citizens.

-At the same time, training seminars on information and training were conducted in professional disciplines related to the protection of mental health rights (police officers, senior lawyers of the National School of Judges, Athens Bar Association, mental health professionals).
- secondary but equally important goal of the Advocacy Office's pilot operation is the effort to empower mental health services users to be active in fighting for their rights. In this context, a joint event was held to inform and cooperate with the staff and therapists and users of the Day Care Center "Franco Basaglia". (Society for Regional Development and Mental Health) to strengthen the commendable effort to set up and train a self-advocacy group of mental health service users.

57. 6.9 What did not work, and why?

Number of respondents: 1

- - The problem of the restricted time for the implementation. We did not have time to work more deeply in the cases.
  - The fact that the role of the Advocacy Office was not officially institutionalized and our role had a consulting but not regulating character.
  - The lack of adequate services and the fragmented services system many times made it difficult to give a complete reference to people in order to cover their multiple needs.

58. 6.10 What were the main barriers to implementation?

Number of respondents: 1

- The problem of the restricted time for the implementation. We did not have time to work more deeply in the cases.
  - The fact that the role of the Advocacy Office was not officially institutionalized and our role had a consulting but not regulating character.
  - The lack of adequate services and the fragmented services system many times made it difficult to give a complete reference to people in order to cover their multiple needs.
  - Some times we faced the problem of stigma and lack of networking and collaboration "culture"

59. 6.11 What are your recommendations for future adopters of this practice?

Number of respondents: 1

- - Make a multidisciplinary team of experienced but also active and motivated professionals and inspire them.
  -Include in any step of the design, implementation and evaluation users of services and families and give them leading positions
  - Create alliances and include all the actors and stakeholders in the field (every stakeholder and actor has some different view to add)
  - Be very active in lobbying efforts
  - Make your effort very much feasible - have a comprehensive communication plan and use innovative as well as more "traditional" venues to reach different target groups
  -

60. 6.12 What were the planned results (outputs and outcomes) of the practice?

Number of respondents: 1

- Outputs can be described as follows: to address the barriers through improved referral and networking, the provision of information and legal support, the provision of targeted capacity building, community awareness and information.
  Outcomes were expected to be: better service of mental health promotion, prevention and treatment through most effective use of existing community resources, more reasonable use and decongestion of existing services, most effective collaboration of social solidarity initiatives and mainstream services (public sector and NGOs) and an active engagement and motivation of civil society in these efforts.

61. 7.1 Please describe how equity and bioethical principles have been respected through the practice, including during development of the practice, during implementation, during evaluation, during documentation, and during dissemination.

Number of respondents: 1

- First of all, all the professionals were working respecting the codes of ethics of their profession (psychologists, lawyers...).
  Autonomy (it should respect the right of individuals to make their own informed decisions based on adequate, timely information): The project and the its core activity, the advocacy office was primarily aimed at enhancing patients' autonomy by providing information about their rights directly to themselves and their carers, so that if they decide to address to judicial or institutional protection, they are already prepared. The same applies to the publication of our guide: T. Vidalis (ed.) The Age of Autonomy. A Guide to Rights in Mental Health, Athens: Society of Social Psychiatry & Mental Health, Hellenic League for Human Rights, Institute of Mental Health for Children and Adults.
  Nonmaleficence (should not cause harm); The collaboration of psychologists and lawyers at the Advocacy office has ensured informed patients, about sensitive issues and enhanced the avoiding of unnecessary tensions, anxiety and possible crises, situations common to legal disputes. More generally, its function has been attempted to contribute to the therapeutic strategy of patients.
  Beneficiency (should take positive steps to help others); All program actions (advocacy office, seminars, editions, community sensitization activities etc.) were intended to support the rights of a predominantly vulnerable group of people. The success of the Advocacy Office (in number of cases and outcomes we have already described) can easily be compared with the inertia of corresponding government agencies , which demonstrates a tangible benefit for patients.
  Justice (fairly distributed). In particular, Advocacy Office has ensured equal and free access to specialized legal advice for all patients, relieving them of concerns about the cost of delegating even the basic legal support of their rights to a lawyer. The strong visibility of the Advocacy Office in the media has also secured immediate information on the access of anyone interested, without bureaucratic obstacles or the need for "getting acquainted".

62. 7.2 All contributors to the information given in this survey state they have no conflicts of interest related to the program or practice.

Number of respondents: 1

63. If NO, please describe:

No answers.

64. 7.3 How would you rate your facility (or project team) as an ethical organisation?

Number of respondents: 1

	0	1	2	3	4	5	6	7	8	9	10		Total	Average
(Not at All Ethical)	0	0	0	0	0	0	0	0	0	0	1	(Exceptionally Ethical)	1	10