

Community Care for People with Disabilities



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Deinstitutionalising Mental Health Support: the experience of Support-Girona

Assistance: transforming service delivery towards supported decision-making and independent living services

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Fundació Support-Girona

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Social Services Leading Care in the Community

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Who are we?



Support-Girona, before known as **Girona Guardianship Foundation** was born on 11th April 2003, promoted by IAS, the Public Health Service Provider and Manager of the Network of Mental Health and Addictions in Girona. At that time about 500 people lived permanently in the Psychiatric Institution and many of them were warded by the institution (sometimes by the director of the institution). **The creation of the Foundation was an integral part of the strategy of Deinstitutionalisation.**

Support-Girona is shifting towards practices based on the recognition of Rights of the individual based on the UNCRPD. SUPPORT promotes the **exercise of Rights** by empowering individuals to achieve social inclusion, increasing their autonomy and providing intense social support. We support individuals in their decision-making process, enabling them to live in the community and respecting their Right to Legal Capacity among other Rights.

Origins

- **Non-for Profit & Non Governmental Organisation**
- Founded on 11th April 2003
- Promoted by the Public Health Service Provider in Girona as part of the Deinstitutionalisation strategy taken place **without specific funding**
- Conceptualised as an **intense social service**
- Developed as a service included in the **Catalan Portfolio of Social Services** and using the **Catalan Civil Code** as main legal framework.
- Provides SUPPORT to **every person** that could need support to **make and manage decisions** as a non-exclusive factor (Intellectual disabilities, psychosocial disabilities, elderly people experiencing dementia,...)

“Paternalist Guardianship”

- Restrictive system
- Potential Abuse
- Subrogated decisions
- Neglectful practices & Institutional abandonment
- Institutional Services

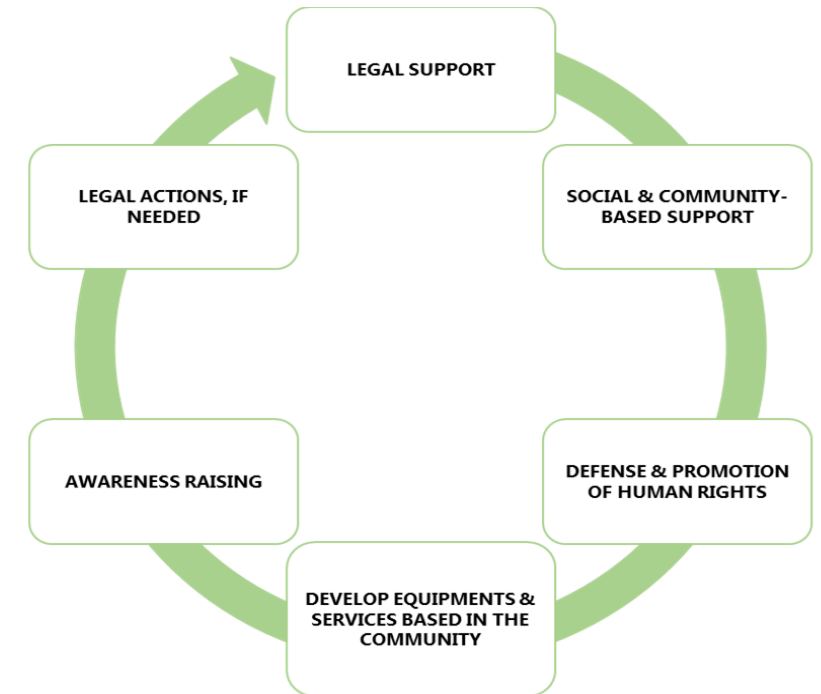


“Support Decision-Making”

- Right to Legal Capacity
- Flexible system
- Choice & Control (Will, Wishes & Preferences)
- Improved self-esteem & Independence
- Person Centred Planning
- Independent Living & Personal Assistance
- Social Support & Individualized Intervention
- Community-based Services

What do we do?

- **Promotion and implementation of Assistance**, a legal mechanism included the Civil Code of Catalonia, which is aligned with the United Nations supported decision-making paradigm.
- Promotion of **alternative measures for managing financial & real estate assets** of persons with disabilities, aiming at covering the needs of the individual, preserving full legal capacity.
- Use of **advanced planning mechanisms** (powers of attorney, advanced directives, future support planning service) to avoid judicial intervention.
- Creation and development of **services for independent living** and inclusion in the **community** and full inclusion and participation in society that allow enjoyment of the human rights as set by CRPD
- Part of ****Mental Health Steering Committee**** of the Public Mental Health Service Provider and the ****Social Services Housing Commission****



Origins: Deinstitutionalisation process in Girona



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Comarques Gironines

L'APUNT El senyor Sánchez-Bustamante

El senyor José Manuel Sánchez-Bustamante és el subdelegat del govern de l'Estat a Girona. El senyor José Manuel Sánchez-Bustamante, de manera suau, atenta i cordial, va anunciar la setmana passada que Costes encarregava el projecte dels dos pisos que han de garantir l'estabilitat de la plaça de Sant Antoni de Calonge. El senyor José Manuel Sánchez-Bustamante ho va dir quan de Costes no es té la intenció de pagar la exposició de la plaça de Sant Antoni pels temporals, una 50.000 euros cabal d'ajuda. El senyor José Manuel Sánchez-Bustamante, de manera suau, atenta i cordial, va assegurar que el projecte dels dos pisos no quedarà en un calaix, ho cal dir ve, i menys entre sempre.

La consulta psiquiàtrica, al carrer

RECURSOS L'IAS ha posat en marxa aquest any un seguit de programes per acostar l'atenció a malalts mentals greus. **PLANTILLA** S'han contractat 81 nous professionals, entre que 29 psicòlegs clínics, per als nous serveis

professionals de l'atenció que es donen al carrer

Atenció individualitzada

Set equips mòbils que es fan càrrec de fins a 180 pacients greus

S'han posat en marxa set equips PSI, integrats per dotze professionals (diplomats en infermeria, treballadors socials i educadors socials) i que tenen assignades persones amb trastorns mentals greus i patologies relacionades. L'equip, a qui s'ha donat un nom, és el seguiment. Els professionals acompanyen l'usuari a viure la seva vida social i laboral del seu entorn. Així, la persona afectada pot fer-se càrrec de quins casos allibera, de manera que, en conjunt, es poden estar atenent fins a 180. "Els dispositius d'aquesta professionalitat són la seva mobilitat i un telèfon mòbil, amb què mantenen una comunicació ràpida amb els usuaris. Cada dia, fan ruta i els ajuden en la presa de decisions", explica Camps. Al mateix temps, els primers resultats d'aquest programa han estat un 30% d'ingrés hospitalari d'aquestes persones. "Aquest darrer és una dada molt significativa, perquè són pacients que van sovint a urgències i també fan moltes ingressos hospitalaris", indica el psiquiatra. Els set equips PSI estan distribuïts per comarques de la manera següent: quatre al Gironès, dos a l'Alt Empordà, dos al Baix Empordà i un altre quatre per cobrir la Selva, la Garrotxa i el Ripollès.

Atenció als psicòtics

Intervenció ràpida en casos de brots psicòtics

L'IAS ha posat en marxa dos equips més d'atenció prèvia a la crisi, un a l'Alt Empordà i un altre al Baix Empordà, que s'afegiran al servei que funciona al sector de salut mental del Gironès i Pla d'Estany (Gironès) i la Selva marítima (Blanes). Aquests equips, format per un psiquiatra, un psicòleg, un diplomant en infermeria i un treballador social, actuen en els casos de brots psicòtics i fan una avaluació i una primera intervenció en l'usuari. Amb el reforç de personal que s'ha hagut de fer, la Bita d'espera s'ha reduït en un mes.

Hospitalització a domicili

El programa d'alternativa a l'hospitalització, integrat per un psiquiatra i dos diplomats en infermeria, té com a objectiu principal mantenir al domicili per evitar ingressos hospitalaris. Els pacients que són afavorits per aquest programa són aquells que, en un moment determinat, poden tenir una descompensació psiquiàtrica. "Se'n segueix el diagnòstic i després d'una concertació amb l'equip de treball de l'hospital", explica Camps. El tractament de pacients que es troben en aquesta situació es fa al centre de salut mental de referència on estan ingressats per una urgència psiquiàtrica prèvia. En moment, està funcionant al Gironès. L'equip intervé a domicili amb el pacient i la seva família.

Atenció al carrer

Servei específic per als sense sostre

L'equip de salut mental per a les persones sense llar està integrat per un psiquiatra, un infermer i una treballadora social. Duen un suport a les persones sense llar que pateixen algun tipus de trastorn mental i de alguna addicció. Aquests aproximadament un 80% dels 300 sense sostre que hi ha a la ciutat de Girona. Els professionals tenen com a base d'operació el centre d'acollida La Sopa de Girona, però el seu treball s'extén fins a diferents punts de la ciutat. Segons explica Camps, els professionals han de fer visites endorres per visitar-los en els seus punts de venda, en els carrers, en els centres de venda, en les defensories. Tracten de veure'ls-hi al centre de salut mental.

és qualitat

cal rei

L'ASSESSOREM SENSE COMPROMÍS CONTACTA'NS!!

TALAIA

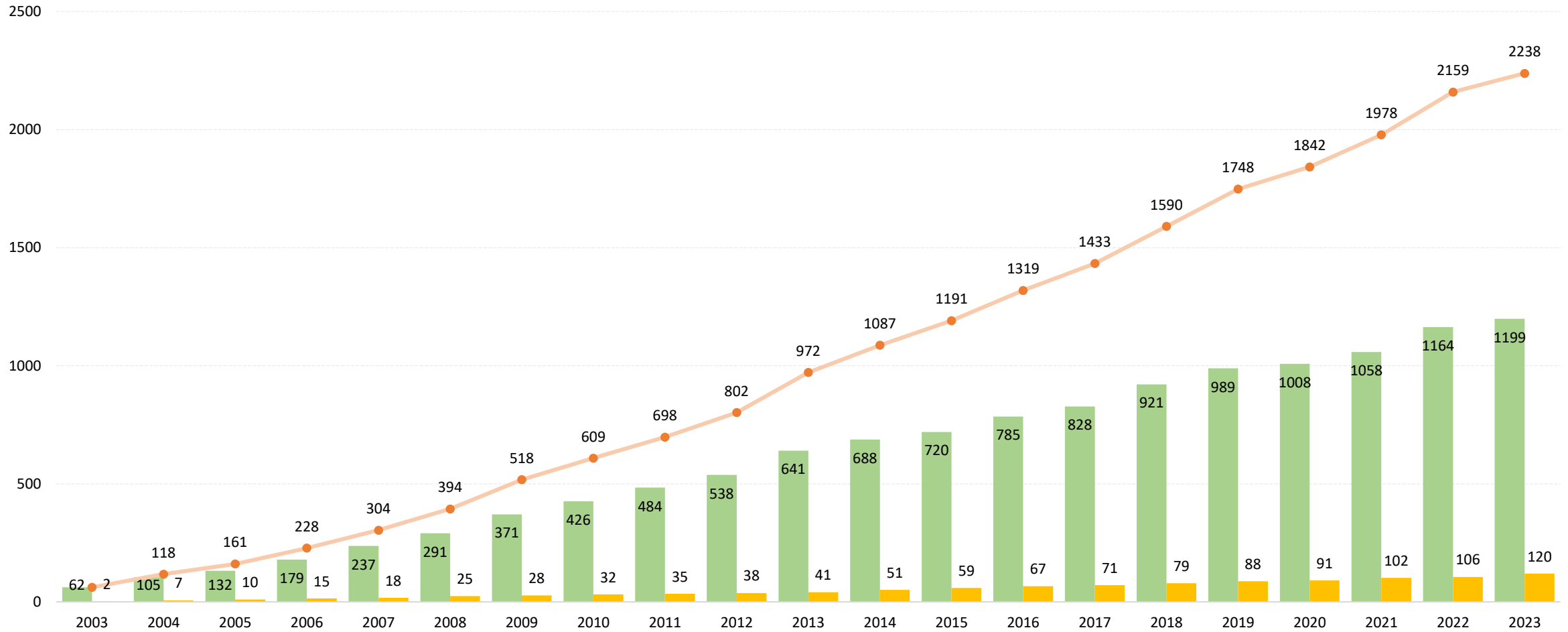
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La gestió realment

A quick look at our organisation

Evolution of Support-Girona (Active Users - Professionals; Updated: 10.07.2023)



Active Professionals Cumulative

Financing the service

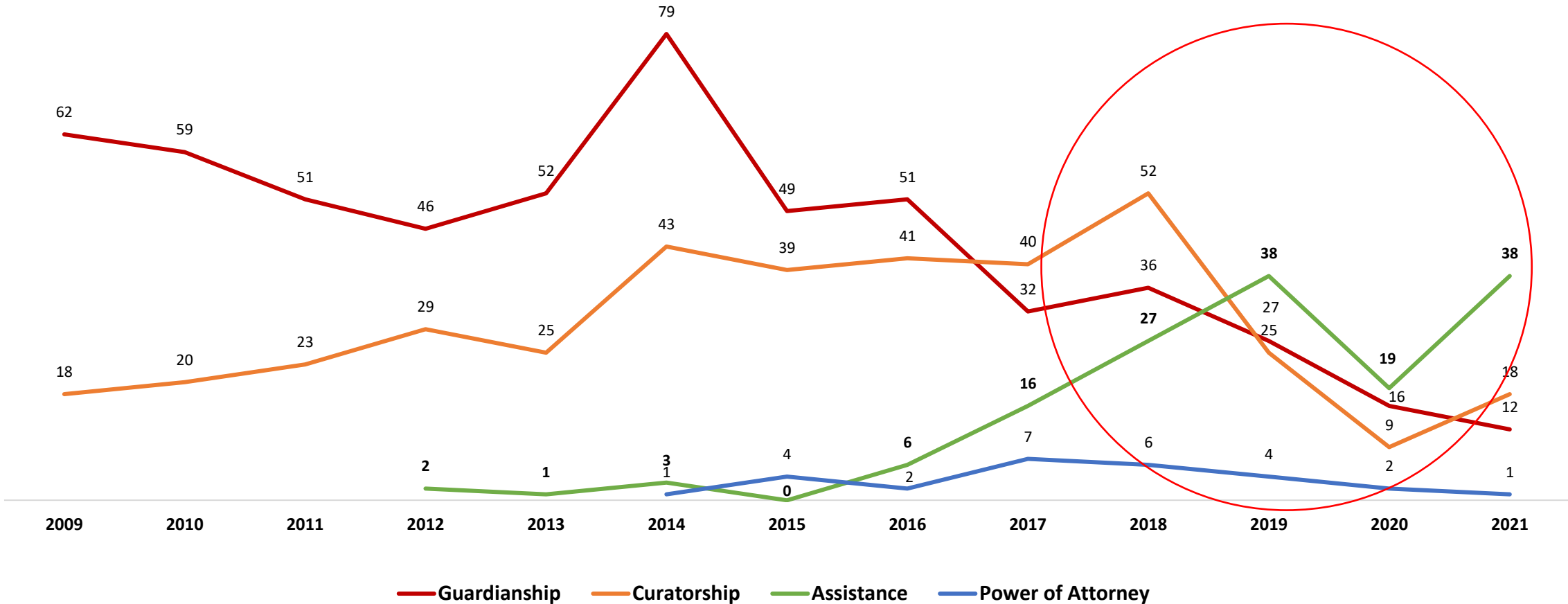


- The service is **included as a specialised social service in the Catalan Portfolio of Social Services** (Decree 142/2010), deployed as a result of the approval of Law 12/2007 on Social Services.
- The **Catalan Civil Code** establishes by law that the **support service can only be offered by either the family network or from non-profit entities accredited as such (associations, foundations).**
- Main source of finance through the **Department of Social Rights of the Catalan Government** through a **grant mechanism (concertum)**
- For each person that the entity supports, the organization perceives a **fixed sum depending on the module** assigned to the person by the administration.
- The service is subject to **supervision. In judiciary appointed cases** the entity is accountable on an annual basis for every individual, if cases comes from a personal planning arrangement (enduring powers of attorney, for example) the person establishes accountability systems, and for all cases to the **administrative authority** that sets the criteria and quality standards of the service.



Impact of the 'assistance' mechanism in Girona before the legal reform

Trends on new supports (per mechanism)



Open House = 'Espai Obert'



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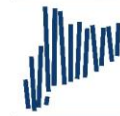
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- Service created in 2017.
- Located in Salt, very close to the general hospital (and the mental health acute and sub-acute unit).
- Open from Monday to Friday (08:00 to 20:00) and weekends only a few hours in the morning.
- Team includes a mix of **nurses**, social **educators** or social **workers** from the public mental health services and from Support-Girona → **Public-private cooperation**.
- Support-Girona rents the whole building where the service is located. Three story building where people in need of support live. The service is on the **ground floor** with **basic commodities** (living room, bathroom, dining room, kitchen, laundry room, a room to provide basic health-care and a courtyard).



Housing Commission



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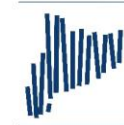


- Developed after the Erasmus+ TopHouse Project: Towards **person-centred housing** services in Europe → Methodology to evaluate and assess housing and individual support needs.
- Person-led residential & support arrangements using the **ordinary housing market**.
- Promoting **flat-sharing** and self-regulation agreements between persons.
- **No waiting list** on official social residential settings in the Girona Region on the existing services in the Catalan Government Portfolio of Social Services.
- Since its creation, more than 220 persons have managed to exercised their right to **live independently** the 60 housing and support arrangements that we've helped them secure.



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Lesson learned after 6 years & transferability



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Social
Network



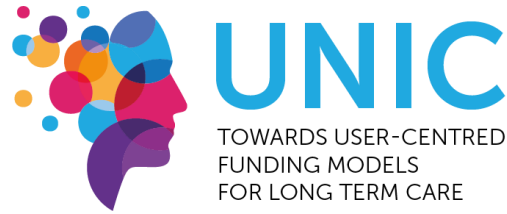
- **Community resistance** to the **service**: during the first months there was rejection by the neighbourhood.
- Enabled **active dialogue** between different **stakeholders**: City Council, Social Services, Law Enforcement Agencies to explain the project and how it works.
- The service has contribute to **bridge the gap** between **health services** and **social services**. Activating and coordinating resources is easy when it is done together.
- Individuals have **increased habits** and **routines** that enabled them to **live independently**.
- **Increased social capital** and social network of individuals.
- **Catalan Department of Health wants to open this resource across all Catalonia** and incorporate it in the Mental Health Network as a service.
- The **Catalan Government is working on a law to close the long term units** and has formalised an agency bridging together the health department with the social department.



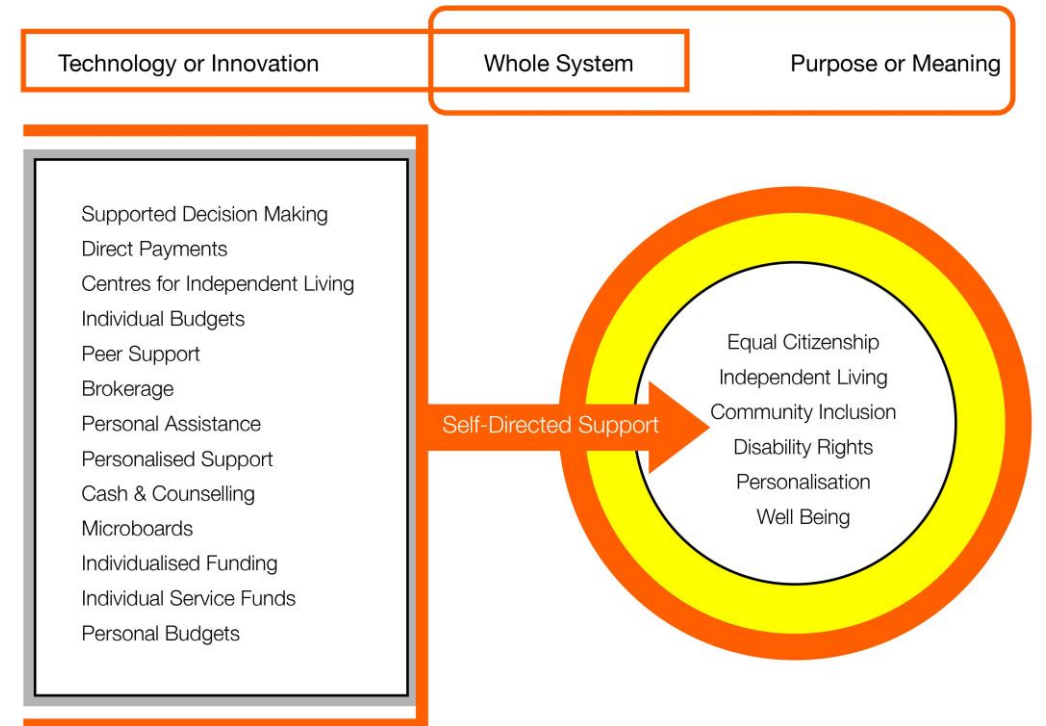
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UNIC Project



- Funded through the **EU Programme for Employment and Social Innovation (EaSI)**
- Focuses on **Personal Budgets** as a form of **self-directed support**, a model already implemented in Flanders (Belgium)
- Develop a **Quality Monitoring Tool** (eight dimensions of Quality according Schalock & Verdugo; aimed for persons with disabilities evaluate the support they receive), a **Service Delivery Tool** (aimed towards professionals and organisations) and a **Compliance Assurance Tool** (aimed at public authorities and decisions-makers to evaluate the system).
- All three tools are available in digital form at <https://toolbox.unicproject.eu/>
- **Transferability & Actions Plans to replicate the Personal Budgets model** in EU countries.




About training!



Associació Catalana de Municipis





Course Guide



Supported decision-making and advance planning

WHO QualityRights specialized training

QualityRights   World Health Organization

Transforming services and promoting the rights of people with psychosocial, intellectual and cognitive disabilities

Course Guide




Strategies to end seclusion and restraint

WHO QualityRights specialized training

QualityRights   World Health Organization



Transforming services and promoting the rights of people with psychosocial, intellectual and cognitive disabilities

Photo by QualityRights.europa



Advocacy for mental health, disability and human rights

WHO QualityRights guidance module

QualityRights   World Health Organization

Transforming services and promoting the rights of people with psychosocial, intellectual and cognitive disabilities

Who QualityRights 

Act, unite, and empower for mental health

Materials for the training of specialists and transformation of mental health services

Quality Rights





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