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Recovery movement

258/46. Permanent Commission, expression of the recovery model oriented to the management of centers

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Introduction

Under the philosophy of rehabilitation and recovery models there are many movements that place the user as experts in experience, not only in the center of attention, but also in the center of center management.

A current loaded with values that proposes a horizontal model where users, care professionals, family members, managers, etc. They are at the same level to achieve common objectives from the role of expert and looking at reality in a multidimensional way.

If we dissect the components of recovery, we could talk about nonlinear processes, based on strengths, where the role of equals is key, for the strengthening and self-determination of the individual, requiring high doses of hope, respect and shared responsibility. These are the values that are set in motion in our participation spaces at the Psychosocial Rehabilitation Center of Badajoz: assemblies, working groups, etc. and from the last years, the Permanent Commission.

Objectives

to fight against internalized stigma, to fight against stigma in Mental Health professionals, to commit all the agents of the centers to enable higher quality services and to value the recovery model, are the key objectives of the PERMANENT COMMISSION.

Methods

The Permanent Commission is a space with representativeness and proportionality of all the people that make up care processes: USERS, FAMILY MEMBERS and PROFESSIONALS, going beyond the informative, passing through the decision making of improvements for the services of the center, assuming responsibilities of both action and promotion. The work carried out by the Permanent Commission imbricates directly with the center's objectives.

Results

We not only believe in the participation of users in their process, we show it every day. The reality is aligned with the scientific evidence, the participation of the person identified in their process and in actions of visibility reduce the internalized stigma. And... together, only together, we can fight against the stereotypes that multiply the weight of mental illness in people's lives.

Conclusions

The reality is aligned with the scientific evidence, the participation of the person identified in their process and in actions of visibility reduce the internalized stigma.

Conflict of interest disclosure

No conflict

258/75. Flamenco y salud mental. Experiencias de recuperación pioneras en España

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Introduction

El baile flamenco se considera uno de los más expresivos. Goza de una amplia variedad musical, rítmica y de movimientos, es un potente vehículo de emociones y llega más allá del lenguaje verbal. Se cree en los beneficios de la actividad no solo a nivel terapéutico, de mejoría de síntomas y rehabilitador, sino también como estrategia de participación, integración social y empoderamiento de personas con diversidad funcional.

Objectives

Se intenta valorar la efectividad de un programa de Flamenco impartido en Casa Candela (Barcelona) como instrumento de recuperación en usuarios de salud mental provenientes de distintos servicios del Centro Psicoterapia Barcelona. Para ello se evalúa el progreso terapéutico (bienestar objetivo, problemas/síntomas, funcionamiento general y riesgo) y la calidad de vida percibida por los usuarios en las áreas globales de calidad de vida y salud general y específicas (salud física, salud psíquica, relaciones sociales y ambiente). También se quiere ver el grado de satisfacción de los usuarios con la actividad.

Methods

13 usuarios participan en un grupo semanal de flamenco en Casa Candela durante año y medio con clases impartidas por tres profesores. También participan en actividades relacionadas con el mundo flamenco asistiendo a eventos como la feria de abril, tablaos flamencos, pasos de modelos, talleres de maquillaje o preparando coreografías para espectáculos creados por ellos y actuando en vivo. Se realiza rapport de cada sesión y se graban todas en vídeo, tanto bailes, coreografías y espectáculos así como testimonios de los usuarios. Se realiza pasación de escalas CORE y WHOQL (basal, a los 6 meses y a los 18 meses).

Results

Las personas que han realizado esta actividad aumentan significativamente en bienestar objetivo, funcionamiento general y disminuyen sus problemas y síntomas. También aumenta significativamente la calidad de vida autopercibida en todas las áreas. Asimismo, los usuarios muestran un alto grado de satisfacción global con el programa y pueden narrar sus progresos.

Conclusions

El baile flamenco mejora la calidad de vida de los usuarios en todas las áreas.

Conflict of interest disclosure

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258/146. Recovery and research: presentation of the project InterComuniCare

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Introduction

Taking into account the importance of community life for people with mental illness, the investment in recovery becomes a priority, regarding the international health policies. Recovery research becomes a necessity, and the development of transdisciplinary knowledge is essential to the scientific evidence that is consolidated in this area of intervention.

Objectives

Evaluate the needs of people with mental illness after hospital discharge; develop an individual intervention program, establishing as a purpose the recovery; approach the caregiving through a close community service; develop a Recovery Intervention Guide for people with mental illness.

Methods

The InterComuniCare project is being developed by University of Minho in collaboration with Casa de Saúde do Bom Jesus, in a period of execution of 18 months. An action research is being developed. The sample is composed by people with mental illness, with whom it is possible to develop an intervention program at their homes. Cognitive assessment instruments, social support, quality of life and, a needs assessment instrument developed by the research team, are being applied. The project was approved by the ethic commission of Casa de Saúde do Bom Jesus. Participants of the sample sign free informed consent.

Results

At the moment, the sample is constituted by 29 individuals with an initial evaluation. Of these, 18 are being submitted to an individual intervention program, which contemplates 16 sessions, during 4 months, which is addressed to the needs demonstrated. It will be made an intermediate evaluation at 2 months of intervention and a final one at 4 months.

Conclusions

It is expected that this project contributes to the development of scientific knowledge in mental health, specifically in the scope of recovery. It is also expected that it will contribute to identification of needs of the people with mental illness who live in community, and to the scientific support of health professionals that work in this area, through the development of an intervention guide that intends to be available in 2019.

Conflict of interest disclosure

None. This is a result of the project (NORTE-01-0145-FEDER-023855), supported by Norte Portugal Regional Operational Programme (NORTE 2020), under the PORTUGAL 2020 Partnership Agreement, through the European Regional Development Fund (ERDF).

258/149. A community project: assessing needs in people with mental illness

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Introduction

The community, essential in the construction and maintenance of well-being and quality of life, has become a focus of attention of health professionals that work with people with mental illness. Recovery is developed in this space and it is a priority to assess the needs of people who go through this process.

Objectives

Assess the needs of people with mental illness after hospital discharge in the scope of recovery.

Methods

Quantitative, descriptive and exploratory study, inserted in a broader investigation with people with mental illness, subjected to an individualized intervention program with 3 evaluation moments: M0 - initial; M1 - intermediate (2 months); and M2 - final (4 months). The sample, at this moment, consists of 29 individuals. This study intends to present results related to M0. Applied a needs assessment instrument, developed by the research team; it was made a descriptive analysis of the data. The study was approved by the ethic commission of the institution where the sample was selected.

Results

Of the 29 people, 12 are employed, 12 unemployed, 4 retired and 1 is studying, the mean of ages is 48.6 years, with a predominance of mood and personality disorders and psychoses. The needs assessment instrument evaluates 6 dimensions: social relationships, illness, economic, access to health services and professionals, psychological and environment. The higher is the score obtained, the lower is the need presented in that dimension. By the descriptive analysis of the dimensions of the instrument, the mean values for each one are: social relations – 53.8; disease – 61.4; economic – 47.6; access to health and professional services – 67.0; psychological – 52.3; environment – 74.0.

Conclusions

The people evaluated present more needs in the economic and psychological scope. These data suggest to researchers an attention to these dimensions. For each person an intervention program was designed, taking into account his/her needs. The data should be read with caution, because the sample is not yet closed.

Conflict of interest disclosure

None. This is a result of the project (NORTE-01-0145-FEDER-023855), supported by Norte Portugal Regional Operational Programme (NORTE 2020), under the POR-

TUGAL 2020 Partnership Agreement, through the European Regional Development Fund (ERDF).

258/216. Qualitative study on the recovery journey of peers affected by severe mental illness: the experience from the "Entrelaços" peer support program. Rio de Janeiro.

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Introduction

The recovery movement has been transforming the assistance to mental health in different countries. A holistic approach to the recovery process, by prioritizing the voice from consumers, has been contributing to a larger participation of patients in services, as they start playing an active role in their own treatment and psychiatric rehabilitation of their peers. In Brazil the peer support movement is a very timid initiative. Since 2011, the Institute of Psychiatry of the Federal University of Rio de Janeiro has been developing the "Entrelaços" Program, a psychoeducational program for relatives and patients with severe mental illness. Our works already achieved the creation of five peer groups into the community and outside the walls of psychiatric institutions, that are made available to anyone wishing to join them, with peers involved with the therapy, and, in some cases, even acting as coordinators.

Objectives

The purpose of this research is to investigate the recovery journey experienced by each peer, as well as the contribution of the "Entrelaços" program to this process.

Methods

From 2011 to 2016, patients joined the program for a 12-month period comprising: 3-month step of seminars and 9-month step for solving problems. Six patients were selected to participate at a qualitative study about their experience with the program and, subsequently, with community groups. A semi-structured interview was used to explore the onset disease, awareness, qualification and recovery stages throughout the trajectory. The results were analyzed according to the grounded theory method.

Results

Patients reached a level of understanding about their difficulties and their lives they did not present before joining the program. All of them are fully inserted into communitarian life. We noted improved resilience, and consequently an improvement of symptoms. Some essential values for personal recovery, such as empowerment, hope, self-determination and freedom to deliberate and fight the stigma were encouraged.

Conclusions

Psychoeducational programs can be useful to qualify patients to act as peer workers. In relation to "Entrelaços" Program, the participation of peers at community groups meets a demand for peer support to the community, that is not always available to other patients from health community services.

Conflict of interest disclosure

No conflicts

258/307. El Modelo de Recuperación y Atención Basada en Derechos. Un canario de mirada en las políticas públicas de salud mental.

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Introduction

La sesión está basada en la presentación de una propuesta formativa de actualización de conocimientos impartida por Activament para profesionales de los servicios de salud mental que se ha desarrollado en la Asociación BCN Salud Mental y ha sido impulsada des de su Consejo de Participación (formado por profesionales, personas usuarias y familiares).

Objectives

La propuesta de actualización de conocimientos está orientada a acompañar un cambio de mirada en los equipos profesionales, en acuerdo con el paradigma actual de las políticas públicas de salud mental, orientadas des del Modelo de Recuperación y atención basada en los derechos.. Se trata de una serie de Módulos de Capacitación impartidos por las propias personas con la experiencia del trastorno mental, usuarias de los servicios a les cuales va dirigida. Se trata de una inversión de los roles que se acostumbran a jugar en el ámbito de la atención profesional, para repensar la propia práctica cotidiana

Methods

La formación esta compuesta por una serie de 4 Módulos, independientes pero complementarios que se han desarrollado en las diferentes líneas asistenciales de la asociación BCN Salud Mental: 1. Servicios de Inserción Comunitaria 2. Órganos de gobierno de las entidades y Responsables asistenciales 3. Centros de Salud Mental 4. Servicios de Hospital de Dia 5: Servicios de Infancia y Adolescencia.

Results

En la exposición se presentaran los contenidos, valoraciones de los cursos desarrollados y su impacto en los profesionales participantes analizando su incidencia en los prejuicios que tienen especial relevancia, como el de cronicidad o irrecuperabilidad y la infantilización (Causa, Sampietro y Faura,2009. Sampietro, 2015).

Conclusions

Los estereotipos con más incidencia en los profesionales de la salud mental generan una reproducción de microdiscriminaciones, de las cuales los mismos profesionales no son conscientes, y que afectan tanot a la comunicación y