

## VETmh TuTo+

# Vocational education process in European tutoring for immersion trainees in the mental health sector

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## Developing mental health competences



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## 1 The importance of mental health domain

Health is one of the main concerns of our society, and Romania has stipulated since 1977 that the main social goal of governments and WHO in the coming decades is to achieve a health status of the entire population of the Globe, allowing all people to carry a productive life from the economic and social point of view (Ministry of Health, 2016). The prevention and preservation of health, and we refer in particular to mental health and the struggle with mental illnesses as permanent concerns of the modern society, which seeks to prolong the life of man. The problem that concerns the modern society is that of quality of life, the active life expectancy is the one to be pursued. Medicine often contributes to prolonging life, but efforts must be made to increase the quality of life (Charlson F.van Ommeren M.Flaxman A., Cornett J., Whiteford H., Saxena S., 2019). This concept is also a social indicator that determines the level of the quality of life of people suffering from a mental illness (Fond-Harmant L, 2008). An obvious challenge is represented by the mental disorders that bring significant changes in the social and family life.

The OECD in the annual report on the health status of Europeans stated: “*We can and must do more to promote psychological well-being and prevent mental illness*” (OECD (2014). Mental health is part of a multidisciplinary system of theoretical and practical means aimed at defending, preserving and strengthening mental health, but also preventing and eliminating suffering, respectively increasing the quality of life and implicitly the well-being of the individual. According to S.D. Kipman (1996) we should be concerned with the mental health of the society, while P. Bailly-Salin (1996) believes that the attention should be directed to the causes that lead to the installation of mental illnesses, with a view to their definitive elimination.

Within our project we carried out a rigorous analysis of the social context of each country involved in the project, we found the urgent needs regarding the optimisation of the mental health networks and the needs of improving the care system for the elderly persons suffering from different mental disorders



([http://www.who.int/mental\\_health/evidence/en](http://www.who.int/mental_health/evidence/en)). In order to live with dignity, respect and for an increased quality of life, the factors involved have moral and social responsibility for the health of future generations, which depends on the decisions and actions taken today (Pop, Cosmina-Elena, 2010).

Good mental health is related to mental and psychological well-being. WHO's work to improve the mental health of individuals and society at large includes the promotion of mental well-being, the prevention of mental disorders, the protection of human rights and the care of people affected by mental disorders. (<https://www.who.int/mental.health/en>).



When we talk about mental health, first of all, we think about the well-being of the person suffering from a mental illness and then about the integration into work and society.

Following the documentation and the study of the specialised literature, we identified some relevant aspects regarding the mental health issues in the European and Romanian context. Although medicine has made substantial progress in this area, regarding the treatment of sick people, there is still much to be achieved regarding the socio-professional reintegration of these people, an aspect that we are trying to focus on in the current project.

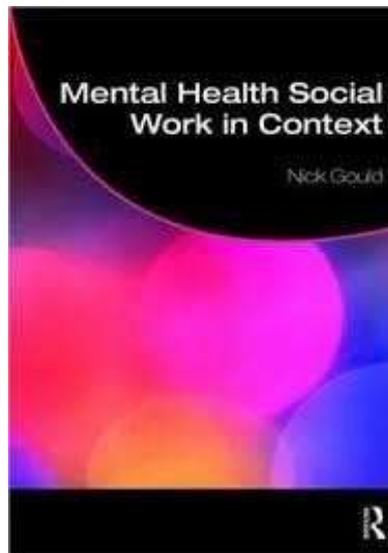
We believe that social reintegration leads to a much faster and more efficient return to normalcy of these people in an advanced state of vulnerability (Carlson, N.R., Buskist, W. & Martin, G.N., 2000).

Another aspect identified by us in the specialised studies, but also from the practice, refers to the insufficient knowledge of the characteristics of mental illness, hence the attitude of stigmatisation and prejudices of the population.



We propose through our research to draw attention and to raise awareness that this mental health problem is a particularly sensitive one, but like any other disease, it is curable, if it is addressed with specific methods, adapted to each person. It is said that there is no disease, there are only patients, that is why each person should be treated as a separate individual (Corbière M., & Lanctôt N. 2011). Poverty, social isolation, loss of independence are causes that aggravate the mental health of older people. The promotion of mental health implies the creation of conditions for the elderly so that they can enjoy life, personal qualities and talents, carry out a creative activity, participate actively in social life. Sigmund Freud said: "Health is the capacity to love and work", and medical sociologist T. Parson adds: "Health represents an optimal state of performance of the individual." Psychological changes are caused by many factors, such as heredity, retirement, loss of social status, biological decline, hormonal factors, associated pathology, death of a life partner or family member, feeling of worthlessness, loneliness, etc. (Bush, P. W., 2010).

Our project focuses on the acquisition of professional skills by specialists working in the field of social assistance.



## 2 European social context

In Europe, but especially in the former communist countries such as Romania, the services offered to the elderly with mental problems are still far from meeting the real needs of society. The statistics show us that in Europe mental illnesses constitute 36.1% of the causes that lead to disability, which is why public health systems allocate funds for the prevention and treatment of mental disorders. In Denmark, 44% of social services funds are allocated to them, in Finland, 43 %, and in Romania, 37%. Although the need to invest resources in the field of mental health is strongly stated, as stipulated each year on October 10, when World Mental Health Day is celebrated, they remain inadequate and poorly distributed. In accordance with the provisions of the legislation (in our Law no. 292/2011) of social assistance, long-term care for vulnerable persons is provided at home, in residential centers, in day centers. At the home of the person providing the service and in the community and hospitalization is less recommended. From the theoretical point of view it sounds coherent, but in fact things are quite precarious. We must acknowledge the existence of economic-social and cultural limits that are particularly noticeable in the former communist countries such as: bureaucracy, the absence of a geriatric network at national level, the lack of objective evaluation criteria, the insufficient development of the social services market, the lack of specialists, lack of impact assessment, lack of databases with beneficiaries and providers, lack of transparency of local public administration.

A decentralisation of the provision and financing of social assistance services for vulnerable persons and a specialisation regarding the skills of the specialists for the care of these persons:

- elaboration of a unique strategy of decentralisation and specialisation on services for each category of mental disorders;
- identification of the necessary resources and the related integral costs;
- establishing quality standards for the different social assistance services;
- establishing social indicators based on which to calculate the related budget (Carol E. Adair, Gerald M. Mc. Dougall, Craig R. Mitton, 2003).

In Romania at least, measures are needed to improve the social assistance services for people with mental health problems.



*Sources:*

WHO Mental Health Atlas 2011, Profile Romania. Public institutions for social assistance for adults with disabilities, coordinated by the Ministry of Labor and Social Justice through the National Authority for People with Disabilities, on December 31, 2016;

Ministry of Labor and Social Justice, National Authority for People with Disabilities, Quarterly Statistics, Statistics 4th quart. 2016, ANPD NR PERS HAND TRIM 2016, <http://anpd.gov.ro/web/transparenta/statistici/trimestriale/>;

Statistical Bulletin,  
<http://anpd.gov.ro/web/wp-content/uploads/2015/04/ANPD-Bulletin-statistic-IV-2016.pdf>



### 3 Distinctive features



<https://www.verywellmind.com/symptoms-of-bipolar-depression-379840>

Most of the time people who have mental problems hide from those who are close to them or sometimes they do not even realize the problem they have ([http://www.cnpv.ro/pdf/analize2014/studiu\\_calitatea\\_vietii\\_2014.pdf](http://www.cnpv.ro/pdf/analize2014/studiu_calitatea_vietii_2014.pdf)).

In most cases there are warning signs, which can be easily identified if certain symptoms are observed<sup>1</sup>. The person in question<sup>2</sup>:

- loses the pleasure of living and enjoys nothing more;
- no longer finds its meaning in life;
- experiencing strong feelings of guilt;
- is isolated from family, friends, society;
- feels strong panic, fear, anxiety;
- lost interest in the most pleasing activities and hobbies;
- manifests a state of lethargy, lack of energy;
- manifests too much energy, difficulties in completing an activity, low concentration;
- condition of irritation, nervousness not controlled;
- hears voices and sees images that other people do not perceive;
- believes that other people are conspiring against them;
- have violent tendencies towards themselves and others;
- feels unable to cope with daily problems and activities;
- shows substantial changes in daily habits regarding food, sleep;
- manifests suicidal thoughts.

<sup>1</sup> [https://www.google.ro/?gws\\_rd=ssl#q=sanatate+mi%20ntala+sau+mentala](https://www.google.ro/?gws_rd=ssl#q=sanatate+mi%20ntala+sau+mentala)

<sup>2</sup> [http://centruldesanatatemintala.ro/sanat%20atea\\_mintala\\_in\\_licee/files/in-atentie-%20sanatatea-mintala-a-copiiilor-si-%20adolescentilor.pdf](http://centruldesanatatemintala.ro/sanat%20atea_mintala_in_licee/files/in-atentie-%20sanatatea-mintala-a-copiiilor-si-%20adolescentilor.pdf)



Good mental health allows the person to find a balance between family, social activity and maintain control over one's own life. Health and mental illness are thus the two poles of a continuum, between which each person evolves (Obsan, 2011)<sup>3</sup>.

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<sup>3</sup> Plan d'action en dix objectifs pour la santé mentale, Canton de Neuchâtel Elaboré par le Service cantonal de la santé publique, Département de la santé et des affaires sociales (DSAS), 2012 [www.ne.ch/.../sante-mentale/.../Plan%20d'action](http://www.ne.ch/.../sante-mentale/.../Plan%20d'action)



#### 4 What needs to be achieved



Of course, state policies aim to allocate funds to increase the capacity to promote public health, prevent and implement actions that will come in the interest of these patients, which are known to be a completely separate category (Corbière M. & Lanctôt N. 2011). A person who has contacted a mental illness already has the stigma attached to social prejudices and with great difficulty can be reintegrated into a social activity.

Stigmatisation leads to discrimination and isolation of the person concerned who gradually loses self-confidence and respect, which leads to the degradation of family, work relationships, alienation and removal of all, which will consequently lead to complication of the disease. The costs are both emotional and economic in nature.

Preventive measures, health education, mental health promotion, treatment in accordance with the disease and the person concerned and palliative intervention, which is often long lasting and require continuous rehabilitation treatment, are required. (Bush, P.W. 2010). (Fig.no.1)

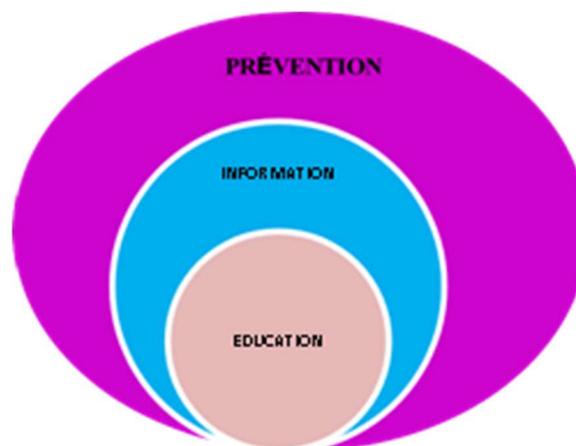


Fig.no 1 Promoting mental health



Bringing these people back to a normal life in order to lead an active, productive, creative life is a costly and complicated step if not impossible (Bond GR, Drake RE. Becker DR 2008). This is why programmes are necessary, programmes that focus on:

- strategies for developing skills to maintain mental health;
- strategies for identifying risk factors and accessing measures to combat them;
- strategies for maintaining the activity of people suffering from mental illness.



*Fig.no 2 Strategies for fight with mental illness*

At present, at least in Romania, there is a very large discrepancy between the needs of people suffering from mental illnesses and the offers in the socio-medical field (Stănculescu M.S., D. Nițulescu, M. Preotesi, M. Ciumăgeanu, R. Sfetcu). Even at the European level, these discrepancies are noted, a study carried out by the WHO in 2003 shows that out of the 90% persons with mental illnesses only 2.5% have received treatment in the last 12 months (OECD 2014). 8% of the urban population and only 4% of the rural population appealed to a psychologist, mainly because the institutions in which psychologists work are more numerous in cities than in villages<sup>4</sup>.

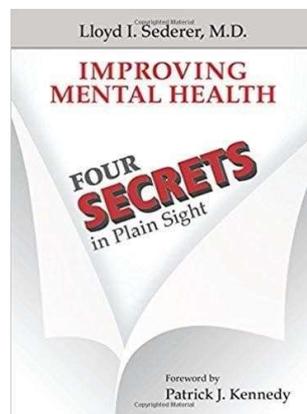
<sup>4</sup> Manuela Sofia Stănculescu, Dana Nițulescu, Mihnea Preotesi, Mugur Ciumăgeanu, Raluca Sfetcu, Persoanele cu probleme de sănătate mintală în România: stereotipuri, cauze și modalități de îngrijire percepute, atitudini și distanță socială



At the level of European policies on mental health, huge steps have been taken to develop programmes within projects funded by the European Union.



*Fig.no 3 Relations and cooperation between implied factors*



<http://www.revistacaliteteavietii.ro/2008/CV-3-4-2008/04.pdf>



## 5 Training the skills of specialists working with people suffering from mental illnesses

The vocational education process project in European tutoring for immersion trainees in the mental health sector (VETmh TuTo+) started from the premise that there are few programmes for training specialists in the field of social psychiatry and social inclusion, even when professionals have theoretical knowledge, accusing serious limitations in translating them into practice. Thus, this need was discovered at the target group level regarding the development of new competences for optimising the rehabilitation and social inclusion services of people with disabilities which constitute a difficulty or a limit for most mental health professionals (Pop, Cosmina-Elena, 2010). By involving the external experts within the project, an opening is offered in the direction of transnational partnerships, transfer of know-how, good practice models, supervision and logistical support, leading to the development of new viable procedures.

Our project aims to follow the standards required by the EU on improving the situation of people with mental illnesses and promoting social inclusion, by developing strategies on social inclusion, for developing quality social services, for the protection, integration and social inclusion of people with disabilities ([http://ec.europa.eu/health/archive/ph\\_determinants/life\\_style/me](http://ec.europa.eu/health/archive/ph_determinants/life_style/me)).

The participants in the project, specialists in the field, in the course of the training courses discover methods for the implementation of strategies that can be carried out without difficulty, through a personalised assistance of the persons with disabilities, leaving aside the institutionalist, biomedical model, in favour of the rehabilitation services and social inclusion. Emphasis is placed on the fact that the assistance of these persons must be made less at the institutional level, without placing special emphasis only on the patient's medical assistance, but to focus on strategies for their social inclusion (David Mechanic, 2003).

The participants in the training process within the project highlighted that one of the main causes of this situation is the insufficient number of professionals involved in developing and providing community rehabilitation and social inclusion services (Corbière M, Durand MJ, & al., 2011).



In the training curriculum of the professionals working with these persons (psychiatrists, psychologists, social workers, ergotherapy instructors, nurses), the most important topics to be addressed in the training are:

- rehabilitation and social inclusion of people with mental disabilities;
- their occupational rehabilitation;
- case management;
- integrated development of social and mental health services.

The trainers within the project vocational education process in European tutoring for immersion trainees in the mental health sector (VETmh TuTo+) set out to train and develop the competences of the professionals regarding the modalities of social inclusion of persons with disabilities and the establishment of a coherent and integrated system of competences related to the assistance and intervention services in this regard as a starting point for the effective addressing of this need. It is certain that the numerical insufficiency and the precarious training of professionals in the field of social rehabilitation and inclusion have direct or indirect consequences, on multiple levels (Roth Maria, Baciu Cristina, 2010).

The professionals identified difficulties in accomplishing the daily tasks, the services provided do not correspond to the quality parameters established at national and international level, the offer of community services is deficient and the few services offered have no continuity (Paziuc Petronela, Alexandru Paziuc, 2008). It is obvious the need regarding the development of social inclusion programmes ; the professionals in the field are facing an excessive agglomeration of work, which leads to difficulties in teamwork and the premature wear and tear of the trained personnel. The efficiency of the therapeutic and rehabilitation plan is affected by the lack of completeness of the work (Knapp M., McDaid D. and Parsonage, M. 2011). All this leading to a decrease in the quality of the work of the specialists and of the services offered to the beneficiaries.

The professionals participating in the project found that:

- the process of social recovery and integration into the micro-group of and community is low ;
- access to services is difficult ;
- there is a high latency in receiving the requested services ;
- there is no emphasis on focusing services according to the needs of customers ;
- there is a reduced rate of employment of people with disabilities ;
- the risk of institutionalisation is increased.



All of these lead to the premature abandonment of services, discouragement and distrust of providers, turning beneficiaries into permanently assisted social cases and passive consumers of medical services, but also through the low involvement of beneficiaries in the provision of services.

Social marginalisation is an important factor of recidivism and risk factor, the quality of life and the level of living of the beneficiaries decreases. Insufficient information and education, inadequate accountability of the family, poor health of family members, intra-family conflict, with isolation or abandonment in institutions of the person with disabilities (Bert Schreurs, Hetty van Emmerik, Guy Notelaers & Hans De Witte, 2010).

The main objectives of the training curriculum within the project are:

- changing the society's perspective on the concept of mental illness ;
- stimulation by all methods and means of reintegration into society and family ;
- developing psychic recovery modalities ;
- the effective help of people with mental health problems ;
- finding solutions to change the mentality of the society ;
- development of strategies for community integration of this group of people ;
- adopting and applying measures aimed at ensuring social, cultural, educational, economic integration ;
- ensuring a dignified existence for people with mental health problems.

During the training courses, the professionals were asked to answer questionnaires in order to consult their point of view regarding the services offered by the community to the mentally ill, but also on their training needs. It was identified as follows:

- the need to develop skills and working methodologies for initiating integrated mental health and social inclusion services ;
- information on models of good practice and national and international working procedures regarding rehabilitation and social inclusion ;
- identifying concrete ways to implement the presented models, potential obstacles and strategies to overcome them.



The professionals participating in the training courses also identified some aspects related to the state policies regarding health in general and mental health in particular:

- the need for advocacy for the adoption of legislation to support people with mental health problems, its continuous improvement, in accordance with community requirements ;
- the professional training of the persons involved in the community psychiatric assistance ;
- initiation and promotion of organisational structures of community psychiatric assistance ;
- supporting public-private initiatives and partnerships at local, national and international level ;
- organising scientific and professional events with specific topics of community psychiatric assistance ;
- creation and distribution of an information publication and promotion of community psychiatric assistance ;
- promoting scientific and applied research in the field of community psychiatric assistance ;
- stimulation of exchanges and internal and international scientific contacts.

We consider that the professionals participating in the training become useful and opinion-trainers for the other members of the community in which they operate, which ensures the effective dissemination of knowledge and practices in the field of social rehabilitation and inclusion.

The questionnaires applied to the professionals in the field of health contained items referring to:

- methods of acquiring theoretical and practical knowledge from models of good practice at national and international level ;
- the medical and legal issue in the community psychiatric assistance ;
- continuity of mental health services from the hospital to the community ;
- ways of developing/promoting mental health policies – the current legislative framework ;
- community psychiatric assistance services, social assistance and support services (urban / rural) ;
- models of psychosocial recovery and rehabilitation; ethical principles in psychosocial rehabilitation ;
- integrating primary care into mental and public health care ;



- the community therapeutic team in the success of the psychosocial rehabilitation ;
- the role of beneficiaries and their families in the development of services ;
- the principles of social economy and the importance of social inclusion of the beneficiaries of mental health services ;
- media and anti-stigma initiatives.

All these approaches and concerns for increasing the quality of care, recovery and rehabilitation services are aimed at initiating and developing alternative mental health services for the purpose of recovery, rehabilitation and social inclusion of people with mental health problems, in order to increase the quality of their life (Gavrilă-Ardelean, M., 2018).

A suitable strategy would be to create a model of psychiatric assistance appreciated at national and international level, including:

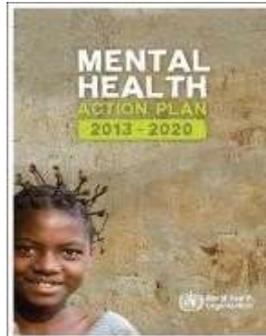
- hospitals that promote the model of open doors ;
- organisation of occupational therapy workshops ;
- mobile team service.

The acquisition by professionals within the project of new competences regarding the approach of new strategies for the implementation of rehabilitation and social inclusion procedures, represents the basis for developing partnerships and granting mutual support in accessing and implementing community psychiatric assistance services. Sharing experience and transferring knowledge is a means of promoting successful models, empowerment and challenging biases associated with people with mental health problems (Fiona Charlson, Markvan Ommeren, Abraham Flaxman, Joseph Cornett, Harvey Whiteford, Shekhar Saxena, 2019).

The information provided should bring about changes in both mentalities and vocational rehabilitation, social reintegration and involvement of people with mental disabilities to overcome the obstacles of disease and social reintegration. Social inclusion of people with mental disabilities reduces their tendency to institutionalize, and consequently the costs, turning them from consumers into taxpayers, from passive people to active people. By increasing the level of skills of the professionals involved in the rehabilitation of people with mental illness, they will deal with this issue more effectively and inclusively, addressing the needs of patients better: their social reintegration with positive impact on improving the quality of life and improving the health status of people with mental disabilities, as well as and on economic development.



## 6 Urgent needs – Actions needed



[https://www.who.int/mental\\_health/action\\_plan\\_2013/en/](https://www.who.int/mental_health/action_plan_2013/en/)

Thus, a series of measures for the qualitative and quantitative improvement of the social assistance system for people suffering from a mental illness are required:

- developing a specialised infrastructure for people with mental disorders;
- preparing specialists-professionals: social workers, geriatric doctors, psychiatrists, caregivers, occupational therapists, physiotherapists, physicians, etc. ;
- creating a social assistance system that includes multidisciplinary teams that provide specialised services at home for people with mental problems;
- creation of services to deal with social and professional reintegration and maintaining an active life of elderly people with mental problems.

### RECOVERY PROGRAM FOR MENTALLY ILL

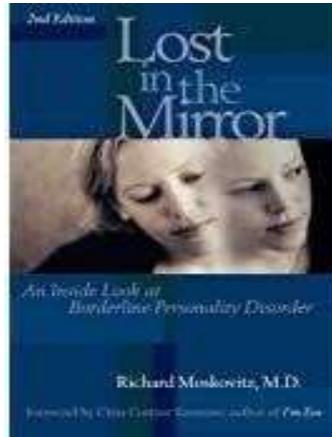


## 7 Short qualitative study

We thought that it would be useful to discuss also the social perception regarding the persons with mental disorders, as well as the determination of the models of perception that the young people possess in relation to the elderly, and to present the social effects that these models of perception induce, such as social stigma. If we identify the stereotypes resulting from the way people with mental health problems are perceived, we can have a perspective on how social stigma can be overcome, how mentalities can be changed, how the reactions of young people and other social actors can be positive.



## 8 Prevention of depression and suicide



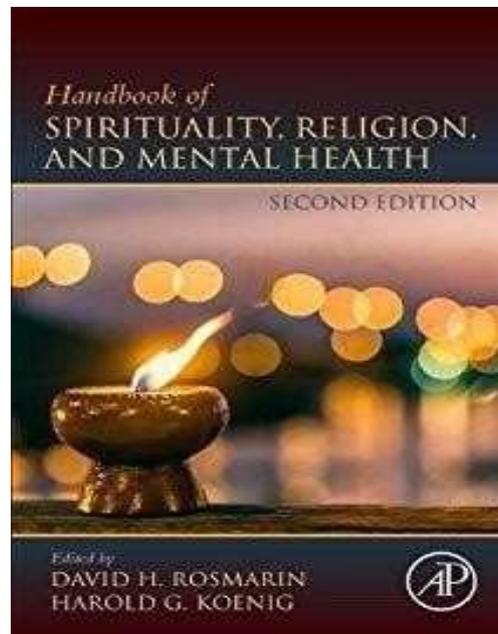
In order to reduce the frequency of depression cases and suicidal behaviour, several courses of action are needed through specific training courses for general practitioners and psychiatric staff, including doctors, psychologists and nurses, on the topic of prevention and treatment of depressive disorders, for risk recognition of suicide and its management.

At the same time, urgent and applicable measures are required:

- Creating cross-sectoral programmes to prevent suicide, especially among young people and adolescents ;
- promoting a healthy lifestyle ;
- reducing risk factors, such as easy access to pharmaceuticals drugs, harmful chemicals and alcohol abuse ;
- granting treatment for people who have had suicide attempts ;
- the integration into a programme of psychotherapeutic treatment for families of people who have committed suicide ;
- establishing regional information networks for medical staff, users of services, people with mental health issues and their families and educational institutions ;
- Wider access to information on the single European emergency number 112, which can be used, for example, in the case of suicide attempts or psychic crisis situations, in order to allow the rapid intervention and the provision of emergency medical assistance.



## 9 The education system on the prevention and mental health of young people



As a primary factor in education, the school has the obligation to promote viable health education programmes to be followed with pleasure and interest by young people, to form a proactive, informed, non-discriminatory attitude (Carol E Adair, Gerald M Mc Dougall, Craig R Mitton, 2003).

The school's mission is to train well-informed generations, to maintain a healthy lifestyle and to engage with responsibility and involvement in society (Kutcher Stan and Yifeng Wei, 2015).

Teachers have the role to make their contribution to the rigorous training of young people, which is why it is necessary to implement a health programme that promotes health education in general, but especially education for mental health, so that through proper information, through a rigorous education the young people will follow willingly a healthy lifestyle.

Educational partnerships between schools, parents, health care providers and the community can contribute to mental health education through:

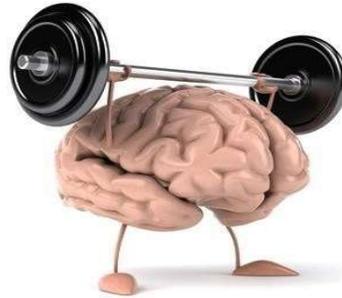
- The elaboration of optional, extracurricular programmes, for the prevention of illnesses, focusing on the formation of socially appropriate attitudes: improvement of self-respect and crisis management ;



- within the family-school partnership, they can develop educational support programmes for parents, especially for disadvantaged families ;
- support in hiring in each school an educational counsellor to provide assistance for the social-emotional needs of young people (according to the Scandinavian model) ;
- informing through different ways: meetings, lectures, projects, informal meetings to prevent the installation of mental problems in young people;
- training the educators to identify the mental health problems of the minors for an effective improvement intervention ;
- educating the local community regarding the deterioration of the situation regarding the mental health of the children who have immigrant parents ;
- the introduction in schools of programmes designed to help these young people to cope with the psychological problems related to the absence of parents ;
- education for tolerance, acceptance of differences, understanding of problems related to different mental illnesses and removing prejudices and stigma.



## 10 Mental health at work



<https://insp.gov.ro/sites/cnepss/sanatatea-mintala/>

The workplace plays a particularly important role for the social reintegration of people with mental health problems, which is why we must give due importance to this aspect (Corbière, M., & Lanctôt, N. 2011). Mental health professionals must provide support for the rehabilitation, recovery and retention of beneficiaries in the workplace, with the aim of integrating the most vulnerable groups. (OECD, 2014). Identifying the factors and conditions at the workplace that could increase the incidence of mental disorders, especially among women, promoting and implementing specific vocational training courses for people with mental health problems, which will take into account their potential and existing skills to facilitate their integration into the labour market can be achieved by:

- the development of reintegration programmes in the workplace ;
- the need for adequate professional training of employers and their employees to meet the specific needs of persons with mental health problems ;
- establishing a healthy working environment, paying attention to stress in the workplace, to the underlying causes of the mental disorders that occurred in the workplace, and to addressing these causes ;
- greater attention given to the mental health status of the employees, based on the same criteria used to report on physical health and safety at work ;
- promoting the emotional and mental health of employees, offering support alternatives that are confidential and do not stigmatise ;
- disseminating positive models of support for people with mental disorders and publishing them on the Internet ;
- promoting social policies against harassment, the right to work and social life in the community ;
- promoting equal treatment in terms of employment.



## 11 The mental health of the elderly



<https://www.glasulcetatii.ro/articol/576/telefonul-varstnicului-prima-linie-telefonica-nationala-gratuita-si-confidentiala-dedicata-seniorilor-din-romania>

As regards the elderly with mental health problems, it is necessary to optimize the services in the field of social protection and integration, through measures to support the medical care and long-term care necessary to avoid the bad treatments applied to the elderly and to allow them to live with dignity in an appropriate environment. The training of medical personnel to improve their level of knowledge regarding the needs of the elderly with mental health problems by developing a real connection between research and social policies in the field of mental health and well-being can be achieved through:

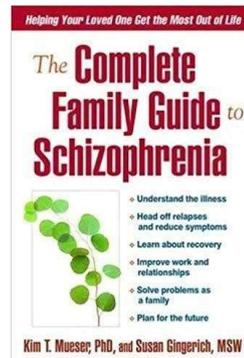
- improving the quality of life of the elderly and maintaining them at a high standard of living ;
- promoting a healthy and active way of aging by participating in community life ;
- development of flexible retirement systems;
- development of prevention and care programmes necessary for neurodegenerative disorders and other mental disorders related to old age ;
- avoiding the social isolation and exclusion of elderly people with mental disorders

(<http://www.estuar.org/dre--sanatatea-mintala>, accessed 2/8/2020).

In order to achieve these goals, programmes are needed for the permanent and efficient improvement of the staff who care for the elderly (Hamdy, R. C. Kinser, A., Depelteau, A., 2018).



## 12 Challenging stigmatisation and social exclusion



In order to prevent prejudice, stigmatisation and social exclusion, the factors responsible for social policies must organise public information and awareness-raising campaigns for society through the media, the Internet, schools and jobs. <https://mhe-sme.org/wp-content/uploads/2018/01/Romania-country-fiche.pdf>

In order to promote mental health, it is necessary to pay extra attention to increasing the level of knowledge regarding the symptoms of the main mental disorders in society, such as depression and suicidal tendencies, but also to stop the tendencies of stigmatising people with mental disorders (European Commission, 2010). In order to achieve these, the following are considered:

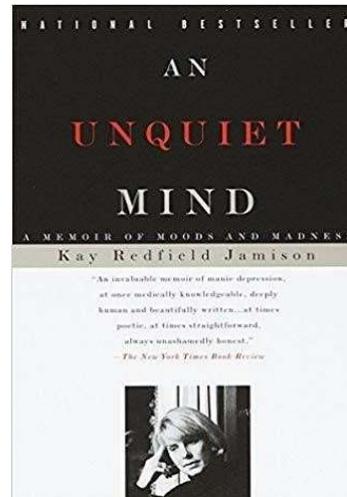
- informing the population through the media to change perceptions about mental disorders ;
- responsible media coverage of mental health issues ;
- the responsibility of the staff providing care services for these persons and their involvement in the elaboration and implementation of social policies, as well as at all the stages of mental health research ;
- abandoning the application of invasive and inhuman treatments, as well as of practices based on the principle that mentally ill persons should be kept closed ;
- promoting and supporting the psychological and social rehabilitation activities undertaken by the small public, private or mixed institutions that offer day care or continuous care services ;
- integrating residents into personalised therapeutic and rehabilitation processes ;
- elimination of stigmatisation and discrimination of any kind (based on religion, beliefs, disability, age or sexual orientation) of people with mental health problems ;
- effective protection of people with mental health problems.



Social policies must establish programmes that require the most effective assistance, and encourage active integration of people with mental health problems (Drake, R. E., Bond, G. R., & Rapp, C. 2012).



## 13 Psychotherapeutic interventions



Psychological treatment includes (Bailly Salin Pierre, 2007):

- cognitive therapy : tries to correct the thinking distortions that favour and maintain the depressive state ;
- behavioural therapy : is focused on correcting unwanted behaviours ;
- interpersonal therapy : emphasises the relationship problems of the person ;
- psychoanalysis : helps the patient to understand the subconscious causes that can promote the onset of depression ;
- supportive psychotherapy : provides the depressed patient with emotional support, for example in the event of a period of mourning ;
- group therapy : helps patients to express their feelings, to meet people with similar sufferings, to interact and to learn behaviours that will help them overcome the disease ;
- family therapy : is indicated when the patient's suffering disrupts family life or is maintained by certain behaviours within the family (Van Hees MLJM, Rotter T, Ellermann T, et al, 2013: 13:22).



## 14 Conclusion

As a result of our study we can conclude that most of the times the deformed interpretations regarding mental illnesses and the people who have mental disorders are determined by the lack of information, gaps in education. The findings from the experiment highlight the fact that stigmatising attitudes are still present in society, and the path to reforming attitudes, stereotypes, beliefs, regarding mental health issues and people suffering from a mental illness is education (Thomas Insel, MD, Bruce Cuthbert, Ph.D., Marjorie Garvey, MB, B.CH., Robert Heinssen, Ph.D., Daniel S. Pine, MD, Kevin Quinn, Ph.D., Charles Sanislow, Ph.D., Philip Wang, MD, DR.PH, 2010). More than this, a properly informed person can become a spokesperson for promoting proactive anti- stigmatisation attitudes in society.



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<http://www.estuar.org/despre-sanatatea-mintala>



## 16 Author presentation



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<http://www.uav.ro/en/journals/educatia-plus>

She has a PhD. in Educational Science obtained at Faculty of Psychology and Educational Science, of University Babes Balyai Cluj Napoca, under the direction of Vasile Chiş, PhD. Her domain of expertise are: Pedagogy of preschool and primary school, Romanian Language didactics, Psycho Pedagogy of play, Psycho Pedagogy of learning disabilities, Fundamentals of Special Education Methodology of integrative activities, The didactics of early learning activities and young schooling, The competence profile of educators for early education and young schooling.

She has published over 30 scientific papers. She is author of more 12 books as unique author or in collaboration and she has participated in over 30 scientific gatherings.

### Research and publications in the field of mental health:

- **Kelemen, G.**, *Social and cultural contexts regarding mental health in Romania. Intervention strategies* Educația Plus, Volumul XVII, Nr. 1/2017, ISSN : 1842-077X, E- ISSN (en ligne) 2068 - 1151, Editura Universităţii "Aurel Vlaicu", Arad, DOI : 10.24250/1.2017.jpe.a18.GK.uav.



- Laurence Fond-Harmant, Catalin Nache, Michel Pluss, Jean Michel Stassen, **Kelemen, G.**, Mihaela Gavrilă-Ardelean, Building a new training referential for the employment accompaniment jobs for people with psychic handicap, The Journal of International Educational Science, Yıl : 4, Sayı : 12, Eylül 2017, s. 1-12.
- **Kelemen, G.**, Mihaela Gravrila-Ardelean, Cécile Hanon, Simon Vasseur-Bacle, Jocelyn Deloyer, Christine Maes, Nicolas Hustinx, Margarita Moraitou, Emmanouil Tzanakis, Isabelle Tournier, Isabelle Ernens, Social work networks for the elderly with mental disorders – a comparative insight, Educația Plus, Volumul XXI, Nr. Numéro spécial, 2018, ISSN : 1842-077X, E-ISSN (en ligne) 2068-1151, Editura Universității "Aurel Vlaicu", Arad, DOI:10.24250/JPE/2018/GK.MGS.CH.SVB.JD.CM.NH.MM.ET.IT.IE
- Jocelyn Deloyer, Margarita Moraitou, Kepsipi, **Kelemen, G.**, Mihaela Gavrilă-Ardelean, *VET<sub>mh</sub> TuTo+ : training of tutors and immersion in europe of young mental health professionals*, Educația Plus, Volumul XX, Nr. 2/ 2018, ISSN : 1842-077X, E- ISSN (online) 2068 - 1151, Editura Universității "Aurel Vlaicu", Arad, DOI : 10.24250/2.2018/JD.MM.GK.MAG.
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<http://www.uav.ro/jour/index.php/jpe/article/view/1005>.
- Valasaki M. (University of Crete), Tzanakis M. (University of Crete), Kelemen G. (University of Arad), Gavrilă-Ardelean M. (University of Arad) and Fond-Harmant L. (Luxembourg Institute of Health) Researching the sociocultural dimensions of professional networks in mental health care (ARPA project) Mental Health Policies and Professional Networks, Crète, Grèce, 15 juin, 2018(/images/VALASAKI\_ET\_AL\_Abstract.pdf)  
[http://iconss.soc.uoc.gr/en/content\\_page/2-uncategorised/209-final-programme-209.html](http://iconss.soc.uoc.gr/en/content_page/2-uncategorised/209-final-programme-209.html)



## 17 New European project in mental health – benefits and beneficiaries – The specialty part

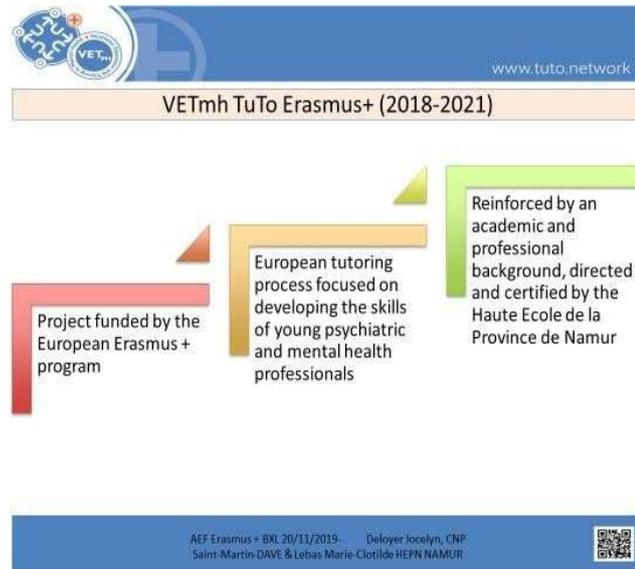
The positive experiences of the beneficiaries and the result of the improvement of the professional competences through the European mobility of the Erasmus+ projects in the field of mental health: "Public health - mental health", with the French acronym SPSM, led to the idea of continuing the mentoring type training project in the field of mental health. This was accomplished through the Erasmus+ project: "TutoTraining in Mental Health", with the acronym TuTo, at a higher stage of training of trainers in mental health tutoring, through the new strategic vocational project: VET<sub>mh</sub> TuTo+ (Hustinx, Gavrilă-Ardelean, et al., 2017), on the axis of Strategic Partnership for adult education, cooperation for innovation and exchange of good practices.

The European coordinator of this project is the Neuropsychiatric Center Saint-Martin (St.-Martin C.N.P.), from Dave, Namur, Belgium, through sociologist Jocelyn Deloyer. He has experience in coordinating innovative clinical and sociological research projects, in the field of animal-assisted therapy, support therapy for people with addictive behaviour, as well as facilitating access to healthcare for asylum seekers and refugees with psychological difficulties, reintegrating internal patients and constructing practice networks and digital networks (Web network).

The project aims to develop tutoring skills for specialists working in the field of psychiatry and mental health, with the aim of super-specialisation and professional enhancement.

The purpose and objectives of the project, as they were presented in Brussels, to the European Commission, during the conference of AEF Erasmus+ BXL 20/11/2019, are shown in figure no. 1, made available by the kindness of Mrs. Lebas M.C. (HEPN NAMUR) - trainer within the project - and the project coordinator, Mr. Deloyer J. (CNP Saint-Martin-DAVE, Belgium).





*Figure 1 - Purpose and objectives of the VETmH TuTo+ Erasmus+ Project*

(AEF Erasmus+ Conférence BXL 20/11/2019, Brussels, Deloyer J. de CNP Saint-Martin- DAVE & Lebas M.C. de HEPN NAMUR)



## 18 What is tutoring in mental health ? Terminology and definitions

The dictionary defines the tutoring process as a process of support and support, in an action (<https://dexonline.ro/definitie/a%20tutora>).

Starting from the action of tutoring itself, tutoring in mental health is defined either as the action of providing support in solving mental health problems, or as ensuring support for people with mental disorders in solving various aspects of life. This includes solving manifold problems, that can be encountered from creating human relationships, to finding and keeping a job, accessing services and learning how to access legal rights and obtain legal social benefits.

For all these specialty aspects, there is a strong need for the intervention of health specialists, people with competences in mental health, social assistance, as well as other fields, who work directly with people with special needs in the field of psychiatry.

In French specialised literature, we encounter two terms with significance attributed to the accompanying support: tutoring and accompaniment. Tutoring is based on a relational mechanism of equality, of exchange through dialogue. It is based on a series of ethical principles of decisional non-substitution, of facilitative listening, with the main role of reflecting one's own ideas.

Thus, the tutoring process in mental health is defined as an active and reflexive listening of the person with mental health problems. The person who benefits from the tutoring process becomes able to put together, as in a puzzle, the elements of the problem they are facing, in order to solve it, through the process of self-empowerment (figure 2).



Figure 2 - The action of empowerment through mental health tutoring activities (freepik.es)



## 19 The vocational Erasmus+ project: Education Process in European Tutoring for Immersion Trainees in the Mental Health Sector – VETmh TuTo+

The tutoring process within the VETmh TuTo+ project has been assimilated to the definitions given by Menaut to conceptualise the differences between the two functions and professions (Menaut, 2013, pp. 30 and 31): tutoring and accompaniment.

The **tutoring process** is carried out by specialised people, who act as tutors. Their function requires mainly pedagogical, teaching and supervision skills, to guide the trainees during the course modules. Tutors can also offer distance guidance. This process is carried out during periodical meetings.

Tutors thus not only have the role of pedagogue in the learning process, but also a support and liaison function (Le Boterf in Menaut, 2013, pp. 74-75). They support the trainees to evaluate their own traineeship and to guide themselves according to the objectives of their volitional progress. There are three training stages within the project, in the form of three course modules, over the course of three years.

### **The mission of the tutoring process**

The process of tutoring includes all the activities that enable to put into practice the professional skills of the trainee, through learning situations. Knowledge, whether theoretical, practical, methodological or relational has the professional purpose of practical application, in real life situations. The duty of the tutors is not only to convey their knowledge of the disciplinary field, but also to encourage the construction of learning that the trainee will be able to mobilize in new practices and different working contexts. In this process, the position of tutor is equivalent to that of guiding the trainee's activity and providing coordination from a distance, while allowing individualisation

The **role of the tutor**, as it results from the tutoring process in the European VETmh TuTo+ project, is to:

- Accompany the trainee during the intervention periods between the traineeships ;
- Assist the trainee in acquiring the capacity for a complex and integrative approach to the problem case ;
- Transmit knowledge about different forms of care ;



- Empowering the trainee to exert a hypothetical-deductive clinical reasoning and a clinical judgment based on the intercultural knowledge acquired during the different stages ;
- Enabling the construction of a personalised portfolio of individual learning of each trainee, by encouraging the reflexive reasoning through the interview technique.

Within the VETmh TuTo+ project, the role of the tutor is based on integration guidance, focused on developing the transversal competences of the trainee. It is a tutoring process of personal development in the field of mental health. This represents an opportunity to acquire new knowledge of action in modern learning environments (figure 3).

The **accompanying process** consists of being with the specialist during training, until the validation of the personal project, helping the trainees to evaluate their acquired knowledge. The specialist guides the trainees in the volitional/conative objectives of personal progress, dealing with their monitoring and training. The tutor organises activities that not only allow new discoveries to be made, but also offer new opportunities, contexts and learning sources. The tutor fulfils a function of "modelling" the trainee, by explaining the rules, standards and working contexts of the institution, appealing to good practices at national level. In each host-institution of the country where the tutoring traineeship took place, there was a professional that supervised the internship. He worked as a teacher-attendant, for eight hours daily.

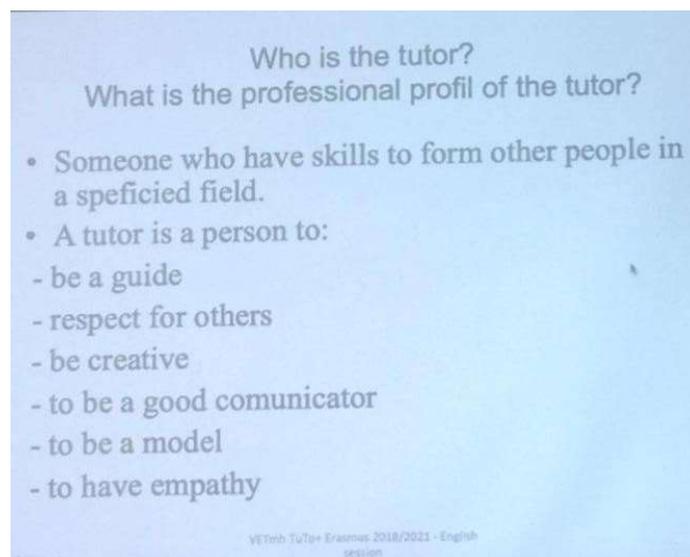


Figure 3 - The role of the tutor in the VETmh TuTo+ Project



Accompanying person is a term that comes from the French "companion". It designates a person who supervises a trip, a comrade, a colleague or even an associate (in the field of economic specialty), as found online in the Explanatory Dictionary of the Romanian Language.

(<https://dexonline.ro/definilien/compagnon>).

From a historical perspective, this term is a technical one, with connections in the economic and professional sector of guilds. In this context, being a member in a guild implies respecting certain organisational regulations and behaviours (Ellul, 1999 in Menaut, 2013).

From the current perspective of tutoring in mental health, within the VETmh TuTo+ project, the companion type person has a limited role in transmitting the cross-cutting professional skills, based on the practical experience shared with the trainee (Ellul, 1999 in Menaut, 2013). The meaning of the term is similar to that of "coach" or "counsellor".

The person who has the role of "coach" or "counsellor" is an experienced individual who supports either a trainee, a learner or client in reaching a specific personal or professional objective through training and guidance (Renton, 2009). Coaching differs from tutoring by focusing on specific tasks and goals rather than more general development goals.

Mental health tutoring is an informal relationship between two people, one of whom has more experience and expertise than the other and offers guidance and coordination/supervision, until the trainee learns to solve his problems.

Tutoring is a learning technique adapted to the needs of the 21st century, in which the focus is on the development of transversal competences, acquired through field activities, in a practical life situation. These forms of professional learning are thus "socially shared" in a real situation. Through the pedagogical support of the trainee in both his learning strategies and in sharing his objectives, as well as by highlighting the prior knowledge and activity that this requires, the tutor favours a less inert mental and cognitive structure and thus more transferable and professionally reusable (Neenah, 2018; Grant, 2005). As a result of this pedagogical process, reproducible and transferable forms of learning are obtained, resulting from the experiences of trainees and trainers, in different intercultural situations.



Cognitive accompaniment in the mental health tutoring process involves seven steps. These will be reproduced as synthesized in the scientific research approach of the specialised literature, within the VETmh TuTo+ project (Poteaux&Pelaccia, 2016; Raynal&Rieunier, 2014):

- Helping the learners to formulate and to articulate their own knowledge (knowledge) ;
- Stimulating the trainee to develop his own cognitive skills (critical thinking);
- Facilitating trainee acquisition of new knowledge ;
- Supervising the learner in the individual approach to solving the problem ;
- Encouraging the autonomy and self-determination of the trainee ;
- Developing the Cognitive Model, with an important role in understanding and prediction for the learner.

**The cognitive model** of learning and thinking helps the trainee to (Van Gelder, 1998; Warren, 2006):

- focus on a single phenomenon or cognitive process (list-based learning);
- explain how two or more processes interact (decision making and visual search) ;
- make behavioural predictions for a task to be solved ;
- opt for specific working tools, with the aim of maximum, ergonomic resolution of the task ;
- perform a standardised cognitive modelling, so that, if presented with a new task, to be able to quickly find solutions through the learned cognitive-architectural structure.

In the process of tutoring in mental health, there are various discussions and common topics that need to be opened between tutor and trainee. These are aimed at:

- Apprehending the objectives of the traineeship, the knowledge and skills that the trainee intends to develop during the training, as well as the clinical/practical approach that the tutor will apply in order for the training objectives to be achieved by the learner ;
- Performing explicit, verbalised actions, in order to develop metacognition/ meta-knowledge and debate of ideas and interpretations ;
- Encouraging the trainee to develop a cognitive process of discrimination (differentiation between similar learning situations) and generalisation (finding similarities in different traineeship situations), based on critical and comparative thinking ;



- Optimising the feedback, through comments and participatory observations of the learner's actions ;
- Providing culturally and individually tailored assistance for each student;
- Developing the learner's autonomy and self-determination in solving the problem ;
- Helping the trainee develop his own critical thinking mechanism, by explaining and sharing the clinical reasoning of the tutor in a life situation, during debates or brainstorming sessions.



## 20 How to prepare for mental health tutoring ?

The grounding in mental health tutoring is done through courses taught by a tutor-teacher. The person who occupies this position has a clear mandate within the VETmh TuTo+ project.

In the Erasmus+ project, the positions and functions of the participants are well-established, as follows: tutor, trainee, supervisor trainer. The tutor has the duty to analyse the expectations and objectives of each person; to not only guide and support, but to also help in the implementation of both the teaching methods and the actual contents of formative practices for the trainee. All with the aim to open perspectives for optimal learning, intended for trainees, in the context of the VETmh TuTo+ international project, during the period in which it takes place 2018-2021.

To build a tutoring course, the tutor-teacher must:

- Establish the objectives of the training module ;
- Clarify the mission that must be fulfilled towards the students, by explaining the purpose of the tutoring course in mental health ;
- Define the guidance methods he wants to use in the project's course modules ;
- Know both the formal and informal learning mechanisms and pedagogical methods ;
- Establish on-the-spot connections with the host-institutions and with the accompanying instructors/people ;
- Prepare the working framework ;
- Make a daily programme for working with the trainee.

To ensure that the meetings with the trainee are didactic, formative and even emancipatory, the tutor must not only make the educational and pedagogical accompaniment exploitable in the context of care, but also work in the field of mental health. This can lead to a potential progress in the common learning with the trainees and the accompanists from institutions (the course supervisor/accompanying trainer during the course).

At the end of each course module, the tutor assesses the results of the training objectives of the project and performs an analysis of both the stage results and the cultural particularities of the learning process. These characteristics can vary depending on the country where the course takes place.



Within the VETmh TuTo+ project, international training modules are a particular feature. They are carried out by rotation in the countries participating in the project, with the same tutor, but with different groups of students.



## 21 The stages of the tutoring course in mental health through the VETmh TuTo+ project

As part of the VETmh TuTo+ project, the stages of mental health tutoring are carried out throughout the three years of the project: 2018-2021.

The mission of both the teacher-tutor and the supervisor of the tutoring process is to guide the young colleagues during three distinct stages.

At the beginning, the project had a systematisation and information workshop, where the trainer in tutoring conceptualised and integrated his tutor position and his role throughout the course modules.

The training modules were constructed in such a way as to ensure the complementarity of the information. They aim to gradually achieve the objectives of knowledge exchange, professional development and discussion between professionals of the experiences and achievements in the work field of mental health. The purpose was to apply this knowledge in the tutoring process and to acquire new, intercultural skills, in international exchanges.

This type of informal learning, through exchange of practical experience in the work field, by discussing opinions during brainstorming sessions, leads to a shared training of the learners.

Following the interactions with the tutor-teacher within the course modules, the students will be motivated to make an individual effort to access the theoretical and/ or human resources, ensuring a constructive organisational exchange. The assimilators thus develop not only their cognitive ability to conceptualise the training, but also to systemize the categories of information.

Within the course modules, activities are carried out that will lead to empowering the professional skills of the learner. The theoretical knowledge of the trainees will be transformed by the means of reflexive pedagogy sessions, into practical skills, suitable for field work. During the modules, the role of the tutor-teacher is mainly to empower the learner in the construction of strategies/action coping that the trainee will be able to use in the practical situations he encounters in the professional field, in different work contexts. The tutor-teacher acts as a guide in outlining the self-determined activity of the trainee.



### **The mission of the tutors/trainees**

In the course stages, throughout the three years of the project is to participate fully in all the phases of the course modules.

In this regard, they must accept the mission of:

- Guiding the younger colleagues ;
- Being open for sharing specialised knowledge and experiences ;
- Have a professional development through cognitive interaction ;
- Sharing and publishing of personal professional achievements.

#### 21.1 Training stages

During the tutoring course in mental health, the same trainees participate in all the training stages, in order to ensure the gradual continuity of the training. The training modules take place in three distinct stages. Each course module in tutoring lasts for 1 week, 8 hours/ day. These modules are complementary and aim to gradually fulfil the goals of knowledge exchange in the field of tutoring in mental health.

#### 21.2 Initial stage

**Module 1** presents the missions envisioned in the tutoring process, in order to achieve the project objectives, namely, the acquisition of new skills and competences in the field of tutoring in mental health. The first course module is a common initial training module, attended by 25 people from the partner countries of the project.

The initial module aims to develop the learners':

- skills regarding involvement in the mission of tutoring others;
- capacity to use the theoretical resources existing in the specialised literature;
- ability to use material (logistics) and / or human resources (the multidisciplinary network of professionals) to achieve their tutoring goals in mental health;
- skills of interdisciplinary and intercultural professional communication, in order to ensure a constructive sharing of ideas between tutor and trainee, learners and accompanying professionals and between tutors and accompanying professionals.





### 21.3 Staging and working tools for Module 1, VETmh TuTo+ September 2018 - August 2021

The MAP of the course in the initial module contains the following debate topics:

#### **A. Conceptualization and benchmarks for tutoring - 3 days programme;**

##### **Work techniques:**

- brainstorming on preliminary questions (figure 4) ;
- work in subgroups (figure 5) ;
- display of the posters, created through work in subgroups ;
- plenary presentation of the results of the working groups ;
- debates, following brainstorming sessions, to draw a common conclusion regarding mental representations of the role of the tutor.



*Figure 4 – Brainstorming*



## Building a structured network/ community of tutors

### Work techniques:

- socio-constructivist pedagogy for building the role of the tutor ;
- lay out, through theoretical and informational presentation, of the trainee's portfolio and of the tutor's roadmap ;
- explanation of how to create a community, network of tutors ;
- informal sharing and answers to questions.



Figure 5 – Work in small groups

### **B. The tutor-teacher draws up an Operational Files Record Book, which he will work with during the training course.**

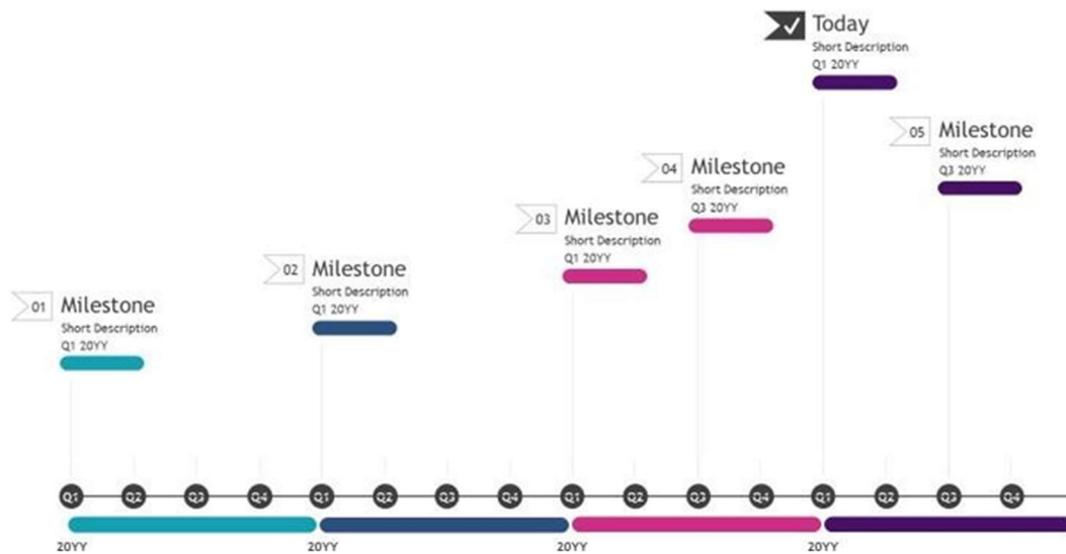
#### 21.4 Intermediate stage

The **second module** allows the tutor-teacher to work with the learners in the pedagogical style of the reflexive approach (Anderson, 1997; Argirys & Schön, 1996; Louise Lafortune, 2012 et al.).

In this stage of the course, an analysis is conducted together with the students, covering: the professional experience they acquired, as well as the practical experiences they were confronted with. Also, various encountered situations are discussed and developed through the pedagogical method of emancipatory approach, described by David A. Kolb (1984).



## Product Roadmap



The pedagogical method of emancipatory approach, applied in the training of tutors in mental health, within the VETmh TuTo+ project is innovative, by opening and expanding the future professional and relational perspectives of the learners-future tutoring specialists. In this method, the tutor-teacher guides the trainee in using the professional situations encountered in practice, in order to identify new ways of approach, which the learner did not initially consider.

The ultimate goal is for the trainee to apply the contents of his theoretical knowledge in the practice of mental health tutoring.

### 21.5 Final step

The last training module highlights the encouragement that the tutor- teacher must show to the learners in the redaction and publication of memoires regarding their experiences during the course modules. In this stage, the tutor trainer will administer and strengthen the working experience of the trainees with tools for managing the relations they have built over the three years of completing the course modules within the European project.

The development of professional relationships between the colleagues in the field, who participated in the course, not only lays the foundation of a network of professionals, but also of an inter-institutional network, within the countries participating in the project.



Trainees are encouraged to share their professional and intercultural experiences, acquired within the VETmh TuTo+ project, at the conferences they will attend (Figure 6). The learning results throughout the entire duration of the course modules are managed by each learner individually. This is done through the course sheets that they complete, which are archived in the training file. The tutor-teacher must support the students in this demarche.

This third session makes it possible to exploit the evaluation instructions from the first module, developed in collaboration with the World Health Organisation - WHO - Collaborating Centre for Research and Training in Mental Health (CCOMS in Lille).



*Figure 6 - Trainees working on TuTo+ roll-up in Romania, Erasmus+*

Following the brainstorming and work sessions in small groups, the trainees from the first module in tutoring within the European project at the "Aurel Vlaicu" University of Arad, coordinated by pedagogue Lebas M.C., some essential qualities of a mental health specialist have been outlined. The following list comprises the transversal competencies and skills required for a mental health tutor to carry out tutoring activities:

- pedagogical skills ;
- oratorical abilities ;
- enthusiasm ;
- expertise in mediation with third parties (other people) ;
- competencies of verification and validation of the tutoring skills acquired by the learners.



The skills of a supervising and accompanying tutor (companion) in training of trainees in the VETmh TuTo+ project, as outlined in the working groups coordinated by the Belgian partner, through pedagogue Lebas M.C. & Piret, A., and the local partner of the University of Arad, professor Dr. Gavrilă-Ardelean M., corroborated with the transversal competences formulated in the specialised literature by Menaut, (2013), are:

- professional skills and experience in care units, medical centers and day care centers;
- companion-supervisor of the daily activities of the professionals, throughout the course;
- the ability to ensure live monitoring of the traineeship;
- communication skills and cognitive modelling skills for the training of trainees;
- intercultural communication skills;
- skills of technical and legal/ moral guidance of the trainees;
- the ability to explain national social standards and contexts;
- the capacity to adapt to the location where the course takes place;
- the ability to adapt to the typology of the learners;
- skills in the field of informal pedagogy;
- the ability to help learners to practically transpose, in an individualised manner, the theoretical notions in different national contexts.

These transversal competences of the tutor will allow to provide from a distance an individualised and personalised assistance to the trainee. The tutor will thus be able to accompany the trainee throughout the entire duration of the course, as well as during the intervals between the training modules.

Through his skills, the tutor helps the trainee acquire:

- an integrative approach to problems;
- an integrative approach of the different forms of care;
- the ability to exercise a hypothetical-deductive clinical reasoning;
- the ability to perform a clinical judgement in an international context;
- the capacity for formalisation and intercultural interaction during the traineeships;
- pedagogical capacities of hetero-homonymous and homonymous reflexivity in the interview technique;
- the capacity to construct a personal learning portfolio.



The VET<sub>mh</sub> TuTo+ project addresses two social pedagogical forms of tutoring guidance: integration and qualification. Qualification is the pedagogical form developed during the training, throughout the modules, mainly in Module 3. It is organised within a personalised journey of the trainees, with a connection between different forms of knowledge. This pedagogical method is useful in training on the vocational-educational axis of adults. It is a development tutorial, in which new knowledge is acquired, so that the trainee - future tutor, can gain action skills in new learning environments.

As a result of the conceptualisations and theorisations through social exchanges of cultural and transnational ideas and opinions within the European project VET<sub>mh</sub> TuTo+, in conjunction with the specialised literature (Paul, 2004; 2009; 2016), we can formulate as element of socio-professional and pedagogical innovation, the role distinction between the qualifications of tutor and companion (fr. "comannonage"). Both qualifications name a person with attributions in accompanying the specialist, with several differentiation elements (table 1).

<b>Tutor</b>	<b>Companion</b>
autonomises the specialist	treats problems in an individualised way
treats problems in an individualised way	personalises approaches
empowers	functionally responds to collective demands
ethical principles of "non-substitution"	"Free conglomeration" similar to a family
unidirectional professional relations	relational mechanism of parity/equality in exchange and dialogue
reflexive facilitator/guide	listener/interrogator

*Tableau 1. Differential diagnosis between mentor and companion for mental health specialists (The VET<sub>mh</sub> TuTo+ Project)*





Figure 7 - The role of a tutor (stock.adobe.com)



Figure 8 – M.C. The role of a companion



Figure 9 - M.C. Lebas – Belgium TuTor professor in VETmh TuTo+ Project





Figure 10 - The trainees with UAV supervisor trainer, M. Gavrilă-Ardelean



Figure 11 – Romanian Belgium team of the Erasmus+ mental health projects

**(Prof. Gabriela Kelemen & Prof. Mihaela Gavrilă-Ardelean from 'Aurel Vlaicu' University of Arad, Romania**

**Mr. Jocelyn Deloyer & Mrs. Christine Maes from CNP Saint-Martin, Dave, Namur, Belgium, coordinator of the VETmh TuTo+ Project)**



## 22 Needs, expectations and prospects in the VETmh TuTo+ project

### **Needs for training in tutoring, for mental health specialists**

After familiarizing the learners with the concepts of tutoring in mental health, at the end of the first course module in Romania, we conducted a needs analysis in the field of tutoring for the mental health specialists who participated in the training stage.

This needs analysis was designed with the purpose of highlighting the usefulness and impact of the course on the specialists in our country, but also to learn new perspectives and development needs in this professional field.

The questionnaire that is partially reproduced below, designed by Gavrilă-Ardelean M., analysing the tutoring needs of the Romanian trainees, was applied:

.....  
.....

This questionnaire is addressed in the context of the mental health tutoring process in which you participated, through the course that was carried out in June 2019, at the AUREL VLAICU University of ARAD; course held by the Belgian partners of the European project TUTORING IN MENTAL HEALTH.

Please answer the following questions:

AGE : .....

PROFESSION : .....

WORKPLACE : .....

PRIVATE/PUBLIC  
INSTITUTION : .....



## 1. What are your needs regarding skills training in mental health tutoring?

In what follows, we will present the results of this needs analysis of the Romanian trainees, who have undergone Module 1 of training in mental health tutoring.

The age range of the trainees that have answered the needs questionnaire is between 28-56 years, with an average of 44.6 years. This shows that the concern for improvement of the learners is present throughout their entire professional career, from the first stages of employment, to the fourth level of seniority in work, according to the Labor Code.

From the point of view of the professional domain, the students come equally from the medical sphere of psychiatry, from the field of psychology, as well as from other border areas, with concerns in the sphere of mental health: social assistance and education.

An analysis of the answers of the specialists concerning the acquisition of professional skills in tutoring shows the following needs at local level (figure 12):

- The need for empowerment in community intervention (mediation, counselling) ;
- The need for endorsement to contribute to the achievement of an integrated community programme ;
- The need for the development of services in the field of mental health assistance and tutoring ;
- The need to capacitate pedagogical competences of curricular development in mental health pedagogy for people in the medical field (medical assistants, midwives, nurses) - introduction of new courses ;
- The need for professional development ;
- The need for intercultural development, through International Professional exchanges ;
- The need for organisational training in mental health, at the level of institutions ;
- The need to develop specialised literature by introducing aspects of evidence-based practice that are currently missing ;
- The need to develop human resources, by training specialised personnel in the field of mental health and tutoring in mental health ;
- Needs regarding the formation of multidisciplinary teams of community intervention in mental health ;
- Financing needs, finding new resources and methods of financing, in order to improve the functioning of mental health care ;



- Community educational needs that would lead to a change of the Romanian collective mentality towards mental illness and/or the mentally ill ;
- The need to develop the monitoring system for mental health services ;
- Needs for up-dating the legal regulations in force, regarding mental health law.

The following are some answers concerning the needs and expectations of the participants in Module 1, from the Mental Health Tutoring Grid:

- "experience exchange with other tutors would definitely be a plus for me" (F.S)
- super-specialisation through "in-depth courses in the field of care for patients with mental health problems" (G.M.)
- "Different programmes in the state system related to tutoring" (H.V.)
- "Consolidating and up-dating knowledge" (L.B.)

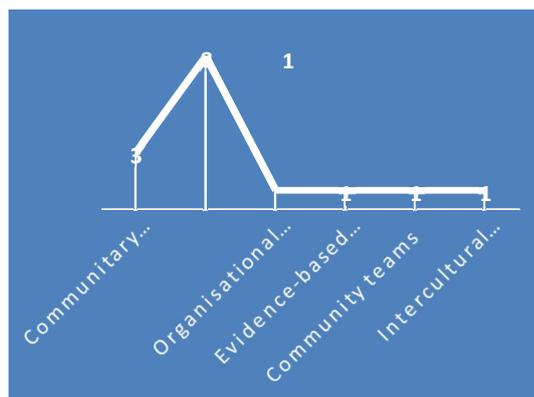


Figure 12 - Local needs for training in tutoring, of the Romanian specialists in mental health (VETmh TuTo+ Project)

The graph above clearly shows the need for professional development of mental health specialists -trainees-, regardless of age and seniority in working with people with health problems.

The expectations and perspectives of the partners involved in this new research project in mental health are:

- Improving the professional and transversal competences of professionals from different domains of work in the field of mental health (adult psychiatry, infant neuropsychiatry, child and adolescent psychiatry, psychological expertise, judicial psychological expertise, psychological expertise in forensic medicine and psychiatry);
- Improving the professional competences of the staff from the mental health services network: psychiatric hospitals, N.G.O.'s, mental health centers,



- special schools, private practice, social and community education centers;
- Improving transversal competences, through participation in the experiences of the international mobility, of the different categories of personnel from the mental health network: social workers, doctors, nurses, social pedagogues, psychologists, with the aim of facilitating the provision of integrated mental health, education, social and legal services;
- Increasing the level of competence and the professional attraction of various categories of personnel: from young employees, who have facilitated social-professional integration, to the staff at retirement age, for whom an Erasmus mobility is a professional reward for fidelity to the workplace, through international exchanges;
- Increasing job satisfaction and improving performance indicators through new professional experiences and work alternation;
- Studies of occupational medicine have shown that attractive work, which leads to professional and financial satisfaction, increases adherence to the workplace, reduces absenteeism and frequent job changes, reduces the number of days of medical leave with temporary incapacity for work caused by the "burn-out" syndrome and increases work yield, thus leading to the increase of the GDP, the impact being not only personal, but also professional and economic;
- International mobilities carry out carry out intercultural exchanges, establish inter-human connections and are excellent opportunities for socialisation and new intergenerational professional experiences.

Expected impact of Erasmus strategic educational mobility projects in the field of mental health:

1. The impact on local socio-economic life by improving the qualified human resources ;
2. Impact on the labour market by improving professional qualifications ;
3. National and international cultural impact through international collaborations between specialists in the field of mental health ;
4. Social impact of the project: promoting social progress.

Module 1 ended with a conference of dissemination of the stage results of the project in the 'Aurel Vlaicu' University of Arad, Romania. The participants received diplomas, as shown in the following pictures.





Figure 13 – Diplomas for the participants in VETmh TuTo+ project conference, Romania



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## Author presentation



**Mihaela Gavrilă-Ardelean**, PhD., professor Faculty of Educational Sciences, Psychology and Social Work 'Aurel Vlaicu' University of Arad. She is Director of the Social Work Services Master, and conducts research in Social Science, Education, Mental Health, and Occupational Medicine.

She took part in the following research projects in the field of mental health :

- SPSM Employabilité, Santé Publique et Santé Mentale : Nouveaux besoins, nouvelles formations : quelle employabilité des usagers en Europe" (Luxembourg) ;
- 'Tutoring Project in Psychiatry and Mental Health' (CNP St-Martin, Dave, Namur, Belgium);
- ARPA Améliorer les Réseaux de Professionnels pour la Santé Mentale des Personnes âgées atteintes de Troubles Psychiques en Europe" (Luxembourg, 2016-2019).

Mihaela has rich scientific and publicist activities, with:

- 27 books and chapters in books during the past 10 years;
- Over 60 scientific articles and international conferences.

### Research and publications in the field of mental health:

- Neuropsychophysiology. Eikon, Bucharest, 2015
- Skills development of cultural expression of youth. Eikon, Bucharest, 2015
- Internal and Social Medicine. Eikon, Bucharest, 2016
- Social policies, health insurance and contributions to the management of health services, Eikon, Bucharest, 2019.





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## VET<sub>mh</sub> TuTo+

### Vocational education process in European tutoring for immersion trainees in the mental health sector

Erasmus+ Strategic Partnership  
Agreement number 18PP0011  
01-09-2018 - 31-08-2021

**Coordinator**  
Saint-Martin Neuro Psychiatric Centre  
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Erasmus TuTo+



[https://www.youtube.com/watch?v=zBPP8\\_hCuJc&ab\\_channel=CNPSt-Martin](https://www.youtube.com/watch?v=zBPP8_hCuJc&ab_channel=CNPSt-Martin)



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