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**Pathways to social
integration for people with
mental health problems:
the establishment of
social co-operatives**

Comment Paper, Romania



on behalf of



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DG Employment, Social Affairs
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Part 1: A brief assessment of the possible relevance of the policy/measure to the peer country

Vocational rehabilitation and work integration of persons with severe mental health problems is still at the stage of a policy outline in Romania. Despite recent developments with regard to work inclusion of persons with disabilities (developed in collaboration with the Romanian Ministry of Labour) and the collaboration of stakeholders in mental health in order to develop a coherent mental health reform plan, work integration for persons with severe mental health problems is an issue approached mainly as a future development in the psychosocial care context.

Romania has not produced in the last two decades sound epidemiological studies of the situation of the persons with mental health problems. Indirect evidence suggest that the number of persons with severe psychiatric disability is far more larger than the evidence of the National Authority for Handicapped Persons (ANPH – which has about 90.000 persons registered as having a severe mental health problems) or the evidence of the Pension House (which has a mixed register of people with mild, moderate and severe mental health problems).

An estimate that should align the data to existing epidemiological surveys in the developed countries of Europe or the United States could account of about 1 to 2% of the population as suffering from a severe mental health disorder (schizophrenia, bipolar disorder or major depression, schizoaffective disorder, but also some severe forms of personality disorders or anxiety disorders). Such a figure could suggest a number of 200.000 to 400.000 persons, at the national level, suffering from a severe mental health disorder. Also from international surveys, one could say that no more than 10% of the total population are in some form of occupational activity – the rest being simply jobless, unemployed, or, in the majority of the cases, retired or on benefits.

The few existing studies that make the link between burden of disease and the labour market show that, in the case of behavioural and mental disorders, the disability adjusted life years (DALYs) account for 9.98% of the total burden of diseases in the year 1998.

With regard to mental health inclusion policies, the comparing of the Greek mental health system with the national situation of Romania shows a delay of



about a quarter of a century: the Romanian policy papers and system audits (see some of the main papers mentioned below), show the same situation as it was described in Greece in the '80s:

- Uneven spread of services with regard to both infrastructure and medical and nursing personnel in which large parts of the country had no public mental health care at all;
- A number of large overcrowded institutions in major population centres, which had no serve the whole country and which necessitated people being moved from their home areas;
- A medical/custodial framework of care in which the basic tasks were performed by untrained staff whose main role was containing their charges within the institution.

Policy papers and statements that could contribute to establishing vocational services and work integration programs for persons with severe mental health problems:

- The Mental Health Audit of the World Health Organisation, "Mental Health in Romania – Report of the Assessment Mission", August-September 2000
- The Mental Health Law (487/2002)
- The Emergency Ordinance no.102/1999 regarding special protection and employment of handicapped persons, approved by the Law no.519/2002
- The Amnesty International Memorandum regarding the treatment of persons hospitalized in psychiatry institutions (Spring 2004)
- The Mental Health Strategy of the Romanian Ministry of Health (Summer-Autumn 2004)
- Mental Health Action Plan for Europe – Facing the Challenges, Building solutions (Helsinki, January 2005)

Only the last years show a sign of improvement with regard to the promotion of a new care culture based on community care principles (especially after the Mental Health Law was adopted and the international pressure from bodies like Amnesty International and Mental Disability Rights International). The situation in Romania shows further similarities with the '80s in Greece, in that a expert committee is working, under international assistance, to develop a mental health reform plan for the following 5 to 10 years (the formal activities of this collaboration are financed by Phare Funds and the collaboration is between the Romanian Ministry of Health and a group of Dutch experts).



More important steps have been done by the National Authority for Handicapped Persons. According to the National Strategy in the field, the National Development Plan, the process of deinstitutionalization represents a priority and the efforts of the public authorities will be targeted on developing social care services and opportunities for education and employment. It must be also recognized that the persons with severe mental health disorders are the beneficiaries of a special attention in the specialized centres for care and rehabilitation only. By consequence, their participation on the labour market is insignificant, the employers preferring to offer jobs to the persons with physical disabilities, even the costs of the environmental arrangements are higher.

The present situation regarding work inclusion of persons with severe mental health problems is problematic in Romania, since there are not major developments since the 70's, when a special law regarding the organization of occupational and ergotherapeutical services was issued. The present situation is as follows:

- Some major psychiatric hospitals or clinics have the so-called **ergo therapy sections**, where persons with severe mental health problems, hospitalised or after the discharge from the hospital, are assigned to routine activities such as paper-envelope manufacturing or basic carpentry or tailoring. These ergo therapy wards (still active in big units such the psychiatry hospital from Iasi or the psychiatry clinic from Timisoara) do not develop enough working skill for their clients, rely on poor financial rewarding and can be considered stigmatising, since the community sees them part of the hospital. The number of such units is in decline, after 1989 a lot of the occupational therapy and ergo therapy units being closed in the majority of the hospitals.
- Sheltered work and hiring of persons with disabilities in normal jobs is not accessible to persons with mental health problems. Although there are legal provisions to allow such procedures, the general trend of the employers is to search for persons with sensorial or motor disabilities and to avoid hiring persons with mental health problems. The main explanation of this reluctance is related to cultural and social issues – people with a psychiatric background are considered as being violent, unpredictable and unreliable and therefore not appropriate for a job on the free market.
- Occupational therapy is not a profession per se in Romania. The first occupational therapy department in an university was established in the year 2004 (in Timisoara), and professionals that could play the role of job tutors,



job coaches or job brokers for persons with severe mental health problems are missing inside the system.

- The legislative framework is unfriendly with regard the accessing and the keeping of a job if you are a person with severe mental health problems. The large majority of persons with psychiatric disabilities are on benefits or on handicap pension, which don't allow them, from a legal point of view, to work (even part-time). The procedures of regaining the benefits after losing a job are time-consuming and complicated, and a lot of persons able to work are afraid of losing their financial support and finally prefer to stay on benefits than searching for a job. There is a minority of persons with severe mental health problems, which prefer to work on the black market in unemployed and underpaid job (especially in constructions).

As a general conclusion of this section, the development of a work inclusion policy focused on the problems of the persons with severe mental health disorders could solve some chronic issues related to the problematic of this target population. The high number of persons unemployed or on benefits does not reflect their incapacity to work, but points out to a general social reluctance towards their work inclusion and a poor legislative and service infrastructure to promote alternatives to the present situation.

Part 2: A brief assessment of the potential transferability of the policy/measure to the peer country and of the likely conditions for its application

The social cooperatives of limited liability (Koi.S.P.E.) solution for promoting the work inclusion of persons with severe mental health problems could be an interesting alternative to the present situation in Romania. The arguments are manifold:

- Modern solution, based on the choose-get-keep model of supported employment, are to far away from the Balcanic social fabric (that could assimilate on a certain level shared traditional attitudes of the Greeks and Romanians towards madness, inclusion and the scope of social services). Therefore, individual coaching and on-site job assistance, performed by the job coach in direct collaboration with the employer, are still distant solutions for the work inclusions of persons with severe mental health disorders. In contrast, an intermediate solution such the social cooperative (similar to what the



vocational rehabilitation literature calls the affirmative industries) is much more adequate to local cultural and institutional conditions.

- The Koi.S.P.E. solution could bring an extra sense of empowerment both for persons with mental health problems (as being part of the decision-making process and of being paid for their work), but also for the persons involved in the cooperative and for the local communities, in lowering their resistance towards the inclusion of people with psychiatric back-ground. The participation inside the cooperative of both persons with and without mental health problems provides a good context of normalizing the milieu for ex-psychiatric patients.
- The Koi.S.P.E. solution could reflect the expectancy of stakeholders regarding a unique, state-level intervention. There is still a problem with the de-centralization of services in Romania, a country used to respond to paternalistic and centralistic commands. Therefore, the incentive to develop such solutions at the local level would be welcomed by a lot of professionals and users, since there is a “central” decision of service development. From this point of view, the way service developers in Romania act is more similar to countries like France, where the central decision-making bodies start the reform and the local empowering process starts only after the central decision is taken.

Part 3: A note of any important questions about the policy/measure that are being raised and debated in the peer country

A series of questions and issues can be raised regarding the implementation of the Greek solution to the Romanian context:

- **Attitudes of Romanian psychiatrists** – the Romanian psychiatric care system is not yet based on epidemiological catchments areas and there is not a coherent attitude of mental health professionals (especially psychiatrists, who outnumber the other specialized mental health professions) towards community care. Therefore, a decision to change the vocational rehabilitation framework would need a preparation for not being refused by the professional body as a solution that promotes “anti-psychiatry” ideas or that will bring in conflict ex-users with their professionals.
- **Staffing issues** – one major problem for implementing on the local level such a measure would be related to staff. Working with persons with mental health problems requires, at least for a part of the persons involved, a



special set of skills and some information about mental illness. As mentioned in the paper before, there are no occupational certified therapists in Romania, the social workers are under trained in mental health issues and the mental health professionals have few experiences and information about vocational rehabilitation issues.

- **Funding issues** – a problem for Romania in developing such services could be related to the identification of funding resources for developing social cooperatives – central funds are scarce, and there is a high competition of the social service providers at local level for financial and material resources.
- **Stigmatization issues** – even if, for the Romanian context, solutions like the social cooperatives seem much more humane than the existing ergo therapy wards, there is a potential risk of these services of becoming sources of stigmatisation or self-stigmatisation of persons with severe mental health problems, since these working environments function still under some kind of sheltered principles.