

The project "The Way to Self-Empowerment" co-financed by The Global Fund For Forgotten People, Order of Malta

The project implementation began in **mid-July 2021 and will last 12 months**. The total budget of the project is PLN 234,693.18, including PLN 132,349.84 (\$ 34,774.00) from The Global Fund and PLN 102,343.34 (\$ 26,890.00) by the Social Assistance House " Michael the Archangel "in Szyldak.

These people are "forgotten" because...

with the current rigid system of providing institutional care to the chronically mentally ill people in Poland, the residents are dependent on pharmacotherapy (drugs) and other people's decisions, have no self-esteem, and are treated as "lost" in the context of returning to normal life, family, and society. People who go to the Social Assistance House, usually do not return to their families from there. Often they do not even leave the building, having no motivation and purpose in life, suffering from side effects of prescribed drugs, such as dementia, lethargy, and convulsions. Some people are forgotten by families and friends (only 10% are visited by families and friends), territorially isolated, because the facility is located in the countryside, 7,5 miles from the nearest town, and some people come from towns located up to 370 miles away. Everyday life comes down to eating, sleeping even during the day, watching TV, therapeutic and recreational activities.

The Key Problem

Inhabitants of the "Michael the Archangel" Social Assistance Home (SAH) in Szyldak, 100 patients with chronic mental diseases (including 70 with schizophrenia and bipolar affective disorder) are deprived of a chance to recover and enter the process of independence. The funding is sufficient only for the living, pharmacotherapy, and staff maintenance.

The Key Objective

Implementation of the process of mental and physical healing and preparation for independence for a group of 25 residents and leading at least 2 people to independent living and work within 1 year. Support and strengthening the remaining group of 23 people and leading to independence in the following years.

The Detailed Objectives

1. Preparing a team of 7 therapists to work with the **Recovery concept method** with the use of actigraphic studies supported by the use 6 actigraphs and 1 computer set with actigraphy software, 1 biofeedback set leading to the recovery of patients suffering from schizophrenia.
2. Increasing the efficiency of the work of a team of 7 therapists and 43 other staff, improving team relationships by at least 30%, and preventing job burnout by at least 40% by implementing work using **the Balint Group method** and conducting a systematic process of supervision.
3. Preparing a group of 8 residents and employing at least 2 of them as recovery assistants (experts through experience) supporting the healing process of other residents.
4. Establishing and maintaining 1 training - sheltered flat for 2 self-reliant people.

Actions

1. Expanding and intensifying help and education for employees through regular work using the Balint Group method (meetings once a month for a group of 7 therapists and 43 other staff), which will increase the efficiency of their work, improve team relations and prevent burnout.
2. Conducting a systematic process of supervision through sessions once a quarter for 7 therapists.
3. Extending the psychoeducation and psychotherapeutic offer for residents in the form of group psychoeducation (25 people in 2 groups, 12 weekly meetings x 2 hrs) and psychotherapy (10-12 people in 1 group, 32 weekly meetings x 2 hrs) based on the Recovery concept in the treatment of schizophrenia. Work focused on psychotherapy and environmental activities aimed at the concept of recovery from mental illness.

4. Supporting the psychoeducation process with dietitian nutritionist consultation for 25 residents for 12 months, including a nutritional assessment of the complete diet; foods, beverages, supplements, and medications that influence the medical status of that individual, eating patterns, allergies, therapeutic adjustments, food preferences and aversions.
5. Extending the psychotherapeutic offer for residents in the form of individual psychotherapy in the amount of 8 hours. per month per person, based on the concept of Recovery in the treatment of schizophrenia. Purchase of 1 actigraphs and 1 computer with actigraphy software and implementation of actigraphic tests to adjust activities for residents to the times of their best activity and effective social inclusion of people diagnosed with schizophrenia. Application of biofeedback diagnosis to support social reintegration process.
6. Conducting 4-day workshop (16 hours) and group psychotherapy (16 hours) for 12 people outside SAH, to break them out of the daily routine in the SAH, motivate them to act, integrate and strengthen/accelerate the process of becoming independent. The action will allow, for the first time since the announcement of the pandemic, when the residents will be able to temporarily stay outside the SAH.
7. Preparation to self-empowerment with recovery assistant (expert through experience) for 8 people, 4 hrs a month, 12 months.
8. Establishing and maintaining 1 training flat for residents. After the first person moves in, this flat will be a sheltered flat for ultimately 2 independent people.
9. Providing support to people living in a sheltered apartment - creating 2 community teams to support self-empowered people in their new environments. The teams consist of 4 SAH therapists and caregivers, paid as part of the SAH own costs.
10. Preparation for re-entry into the labor market 8 residents (the project will start a 3-year process) who can work as recovery assistants (experts through experience) and employ at least 2 people in the SAH during the project and others in next years. Preparation and employment costs as part of SAH costs.