

PROJECT "BEYOND EXCLUSION – EFFECTIVE RIGHTS FOR MENTAL HEALTH PATIENTS"

**Human Rights Action (HRA), Centre for Women's and Peace Education – ANIMA
and Mental Disability Advocacy Center – MDAC
with the support of the European Commission**

1 January 2016 – 30 June 2017

DESCRIPTION OF THE ACTION

The Action responds to a strong need to improve human rights situation of mental health patients, with the **overall objective** to increase capacity of CSOs to support the respect for mental health patients' human rights. The Action will contribute to this objective by implementing **specific objectives**, i.e. by effectively influencing respect of mental health patients' rights by CSOs; determining and addressing social distance towards people with mental health, and adopting sustainable model of deinstitutionalization of patients whose mental state does not require further hospitalization. By achieving those specific objectives, the Action will enhance CSO participation in the creation, implementation and monitoring of mental health policy and practice to improve protection of mental health patients. The Action is planned to require **18 months** for implementation and will attain the following results in pursuit of its objectives:

RESULT 1: Assessed implementation of laws securing rights of persons with mental health problems with recommendations for improvement

This result will be achieved through: a) capacity building and technical support to project team members, and formulation of proper methodology and plan of operations; b) monitoring and advocacy of respect for human rights of patients in mental-health institutions, and c) analysis of the relevant normative framework, institutional framework and public financing of mental health institutions, focusing, in particular, on the implementation of the Law on Non-Contentious Proceedings and the Law on the Protection and Exercise of the Rights of Mentally-Ill. The achievement of this result will enable project partners to assess the implementation of laws safeguarding the rights of persons with mental health (some of which have never been analysed); identify systemic strengths and weaknesses; and outline actionable recommendations for improvement.

Activities leading to the 1st RESULT:

A1.1. Project team (PT) formation and meetings with all relevant authorities

The Project Team (PT) will be created at the beginning of the project, composed of representatives of all partners to the Action. Team Leader - Project Coordinator will assume responsibility for overall coordination, but also help each team member assume his/her own concrete responsibility vis-à-vis the Action. Following establishment of the PT, its members will hold initial meetings with all relevant state authorities, including the Special Psychiatric Hospital (SPH) in Kotor, Psychiatric Unit within the public health institution General Hospital in Niksic (Unit), Psychiatric Clinic at the Clinical Centre of Montenegro in Podgorica (Clinic), Ministry of Labour and Social Welfare, Ministry of Health, Ministry of Justice and the Ombudsman who is obliged by



law to conduct monitoring visits to SPH. These meetings will serve to foster authorities' responsiveness towards project objectives and ensure their awareness as well as participation in project activities. Memorandums of cooperation will be concluded with the SPH and the respective ministries. Communication and cooperation between ministries in relation to SPH will be initially as well as continuously encouraged in the course of the Action.

A1.2. PT receives technical support and training and formulates methodology and plan of operations

In order to maximize CSO capacity, comprehensive technical support and training will be provided to PT members by the EU partnering organisation – the Mental Disability Advocacy Center (MDAC) with relevant experience on supporting implementation of international standards relevant for the respect of the rights mentally-ill and intellectually disabled persons, focusing on the formulation of proper methodology and plan of operations. Specifically, this support and joint planning sessions will focus on identifying best strategies and methods for conducting desk research, monitoring and advocacy to improve the rights of persons with mental conditions. The Plan will define concrete tasks for each PT member, timeline of activities, as well as milestones and success indicators. By producing such a Plan, a disciplined and well-structured approach to project implementation will be ensured and the PT will be able to follow-up its implementation through concrete tasks, deadlines and benchmarks.

A1.3. Monitoring respect of human rights of patients hospitalized in mental-health institutions in Montenegro

The aim of the activity is to help improve human rights of persons placed in mental-health institutions by indicating good practices and shortcomings in their work, based on international standards and recommendations. As outlined in the HRA 2013 Report on the Respect for Human Rights of Patients Placed in Psychiatric Institutions (http://www.hraction.org/wp-content/uploads/Psychiatric_institutions_0113.pdf) severe deficiencies exist in relation to respect for mental health patients' human rights, especially in implementing occupational therapy and respecting privacy rights of those patients. Building upon stated Report, this activity will pin point any progress or regression made since 2013, especially in light of recommendation addressed to relevant authorities by HRA with respect to so-called social patients (people whose health condition does not require further hospital treatment, but who continue to stay at the Hospital because they cannot be provided with adequate social care otherwise).

Monitoring of human rights of patients hospitalized in mental-health institutions in Montenegro, notably in the SPH, Unit¹ and Clinic will be conducted through on-site monitoring visits, CSO reports, reports of relevant international organizations, requests for free access to information, etc. Monitoring team will be consisted of Project Coordinator (HRA), Assistant Coordinator (ANIMA) and 2 HRA & ANIMA monitors (1 monitor per each organization – one of them will be a psychiatrist with both Montenegrin and international experience). The team will be supported by 2 MDAC Experts who will come to the initial monitoring visit to SPH for 2 days, after which HRA/ANIMA monitoring team will continue to operate during the project.

¹ The Unit can be considered as a closed-type institution, where patients are committed to treatment against their will. Although the windows are not barred, the Unit is locked and patients do not have the possibility to discontinue treatment at any time and leave the institution.

The Monitoring report will include assessment of the monitoring team of the extent of adoption of recommendations of the European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT) to improve respect for the rights of patients in SPH, in particular Forensic Psychiatric Unit (FPU) based on the CPT's visit to that particular department only carried out from 13 to 20 February 2013. Among other, CPT recommended that FPU create a more personalised and therapeutic environment to increase the number of patients taking part in therapeutic and rehabilitative activities adapted to their needs, as well as to offer a wider range of such activities.

Also, the CPT reiterated its former recommendation that steps should be taken to ensure that visits to SPH are carried out on a regular basis, by a body independent of health authorities. Monitoring activities will result in: 1) publication of evidence-based reports with concrete assessment of the situation in accordance with international standards and recommendations and with proposals of legal, policy and other reform; 2) presentation and discussion of the reports at the round tables with the management of the respective institutions and other stakeholders through open debate and dialogue. Monitoring will be performed by trained PT members with relevant experience from MDAC (having comparative experience of monitoring psychiatric establishments in several states also members of the EU) and HRA (having experience from former monitoring of SPH, Unit and Clinic in 2012-2013) and ANIMA (having local experience as psychologists and members of local community to which SPH also belongs).

A1.4. Analysis of the normative, institutional framework and public financing of SPH, Unit and Clinic

Analysis of the normative, institutional framework will include analysis of the laws based on which institutions have been established, bylaws as well as founding acts. Finally, by using human-rights budget analysis, emphasising analysis with regard to SPH (bearing in mind that SPH is partly financed from its own funds), project partners will seek to pin point the flow of funds earmarked for the hospitalization of persons with mental conditions and assess fiscal commitments made to improve human rights of those persons. This is particularly relevant for the budgeting of the Forensic Psychiatry Unit that is still entirely dependent on the budget of the SPH, including the costs of guards, although the Ministry of Justice should have been contributing to that ever since 2009, according to the information provided to the CPT in 2008.² The SPH claims continuous lack of funding responsible for not having developed occupational therapy, which is essential for treatment of mental-health patients.

A1.5. Analysis of implementation of the Law on Non-Contentious Proceedings regarding involuntary placement in psychiatric hospital and removal of legal capacity and the Law on the Protection and Exercise of the Rights of Mentally-ill

The involuntary placement and treatment of mentally-ill patients represents a central issue in mental health care system. Its massive impact upon the liberty and freedom of the persons concerned have made it a topic of controversial legal and ethical debates, evolving from the necessity to apply coercive measures in certain circumstances to a more human-rights centred approach based on the need for appropriate treatment. The 2013 HRA Report indicated the existence of systematic shortcomings of the laws and other legal instruments regulating compulsory admission and involuntary placement in a psychiatric institution in Montenegro,

² Report to the Government of [Montenegro](#) on the visit to Montenegro carried out by the European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT) from 15 to 22 September 2008, paragraph 90.

calling for more in-depth analysis and observations. In addition, the practice of removing and regaining legal capacity in Montenegro was never analysed, despite its immense bearing on basic rights of mentally-ill persons. Therefore, the project will provide a thorough analysis of the implementation of the Law on the Protection and Exercise of the Rights of Mentally-Ill and the Law on Non-Contentious Proceedings regarding involuntary placement in psychiatric hospital and removal of legal capacity and to assess to which extent the institutional practices comply with the provisions of these laws. Previously, those Laws have been amended to some extent (2013 the Law on the Protection and Exercise of the Rights of Mentally-Ill and 2015 the Law on Non-Contentious Proceedings) in accordance to HRA proposals e.g. recommendations outlined by HRA 2013 Report on the Respect for Human Rights of Patients Placed in Psychiatric Institutions. However, assessment of the proceedings for removal of legal capacity was never done in Montenegro and CPT expressed concern in relation to it in its reports on visits to Montenegro in 2008 and 2013.

In order to help harmonize the concepts and guidelines for mental health care with the existing international and EU standards and reduce frequency of compulsory admission to mental health care, the analysis will focus on the application of the: a) corresponding legal frameworks and routine procedures (e.g. consent to treatment - specific treatment method - and the “dangerousness criterion” as a mandatory prerequisite for compulsory admissions), b) practices of the misdemeanor authority in imposing a measure of compulsory treatment and confinement in a psychiatric institution (misdemeanor proceedings), c) judicial control and imposition of a measure by the court in criminal proceedings, d) reactions by the Ombudsman, international organizations and domestic civil society and of compulsory treatment. Regarding removal of legal capacity proceedings, monitoring and desk research will seek to establish cases in which such proceedings have been initiated and concluded, as well as related consequences (administration of property by the hospital, for example) and assess the fairness of proceedings (in particular regarding respect of the rights of the person to be stripped of legal capacity).

Expected outcomes and outputs of the 1st RESULT:

- Project Team (PT) formation established and operating;
- Minutes from internal PT meetings;
- At least 5 meetings with relevant authorities held;
- Minutes from the meetings of PT with authorities;
- Memorandums of understanding concluded with the respective ministries;
- Tailor-made technical support delivered to PT members;
- Comprehensive methodology and plan of operations, defining concrete tasks, timeline and success indicators, formulated, printed out and utilized by PT;
- Comprehensive monitoring of the human rights situation of persons hospitalized in mental-health institutions in Montenegro executed;
- Preliminary findings and recommendations of monitoring debated with key stakeholders;
- Final monitoring report (300 copies) published and disseminated;
- Analysis of the normative, institutional framework and public financing of SPH, including the Forensic Psychiatry Unit prepared and used to support monitoring activities;
- Analysis of implementation of the Law on Non-Contentious Proceedings and the Law on the Protection and Exercise of the Rights of Mentally-Ill conducted with support of the Mental Disability Advocacy Centre (MDAC);



- 300 copies of the Analysis of the implementation of the Law on Non-Contentious Proceedings and the Law on the Protection and Exercise of the Rights of Mentally-Ill published and disseminated to stakeholders (judges, media, universities, CSOs, Constitutional court, etc.).

RESULT 2: Public perception and perception of patients and doctors of social distance and discrimination towards people with mental illness determined

Through this result, the Action aims to gather highly needed feedback and perception evaluations coming from the most important stakeholders - doctors working with mental patients, citizens, and mental patients themselves. The result will be achieved through public opinion polls on the perception of mental health issue which will also indicate levels of social distance towards people with mental health conditions; as well as through focused opinion polls targeting doctors and patients which will outline their needs and obstacles they face due to such distance, and help design actions to address them. Gender-based research targeting female patients in mental health institutions will be conducted in addition, to accentuate gender approach to mental health issues and identify mental health disparities based on gender affiliation.

Activities leading to 2nd RESULT:

A2.1. Public opinion poll on general perception of mental health issues and social distance towards people with mental health conditions

A stigma remains within the Montenegrin society against persons with mental health issues that is undoubtedly influencing respect of their rights. However, comprehensive public opinion polling has not been conducted to date to provide facts about perceptions of general public in this regard. In order to assess general perceptions of mental health issues and measure social distance towards people with mental health conditions, including factors affecting it, Bogardus Social Distance Index will be used. The double-stratified research sample will be based on a random selection of respondents, with a standard error of measurement of +/-3% and the incidence of 50%. The research will operate with 700 respondents from 15 municipalities. Thematic analysis and SPSS tools will be used to process data gathered from the field. An agency will be hired to produce survey methodology, outline and sample and to process the obtained data through open call. The polls will serve to demystify the topic and lift the taboos about the persons hospitalized in mental-health institutions, while sensitizing the general population for the needs and rights of those persons. Also, the polling results will be used to support monitoring and advocacy actions of project implementers.

A2.2. Focused opinion polling of patients and their doctors on discrimination and other violations of rights of persons with mental health conditions

Psychiatric intervention has been, and often still is, perceived as a key element of the mental health patients' treatment. Hence, the basic venue for caring for the mentally ill should be the medical community and the major goal of psychiatric care should be improving the quality of patients' life. However, in the past, treatment of mental health patients by primary care practitioners or non-psychiatric medical specialists was reported ineffective and inappropriate, resulting in negative effects, such as unnecessary prescribed drug dependency and discrimination towards patients. Only in recent years have primary care physicians (doctors) acquired more extensive knowledge in the field of mental health disorders. Despite the new training initiatives,

the majority of physicians are still in a need for additional capacity-building on early diagnosis and specific methods of treating mental health disorders. In addition to human capacity constraints, professionals are also facing technical difficulties in conducting their work. Patients, themselves, are in a need for appropriate treatment designed to respond to their priorities.

Having in mind that mental health problems need specific clinical care and monitoring, focused polling will be organized within the project. It will entail at least half of the doctors, and at least the third of patients placed in SPH, Unit and Clinic. This polling will be executed by Mrs. Olivera Vulic, psychiatrist, member of the CPT in her second mandate. The polling will serve to obtain highly needed feedback from patients and doctors, while allowing for an assessment of the needs and obstacles that are present in their daily work and patients' treatment. The information collected and assessed may be used to create in the professional training curricula and programs for persons working in mental-health institutions to improve the quality of mental health programs. This will, in turn, lead to improved needs-oriented programs and outpatient services intended at persons hospitalized in mental-health institutions.

A2.3. Gender based research on women as psychiatric patients

Economic and social policies that cause disruptive changes to income, employment and social capital can significantly increase gender inequality and the rate of common mental disorders among women. Gender differences in mental disorders have been reported, particularly, in the prevalence of common mental disorders including depression and anxiety disorders. However, mental health impact of long term, cumulative psychosocial adversity has never been adequately investigated in Montenegro, neither has the position of women as psychiatric patients.

Hence, a prospective research about the gender-based needs and recommendations of women in psychiatric institutions will be developed, focusing on potential gender bias in the treatment of women as psychiatric patients as well as on gender - specific risk factors (gender-based roles including subordinate social status, gender-based violence and socioeconomic disadvantages) that disproportionately affect women' mental health. Also, the research will explore positive relations between mental health problems in women and the scope and quality of available gender-specific measures and psychiatric conditions. By doing so, the project will assist the formulation and implementation of health policies which address women's needs and concerns effectively, but also to enhance the competence of health care providers to recognize and treat mental health risk factors related to women, including domestic violence, sexual abuse or chronic stress.

ANIMA will conduct the research by using the **Patient Health Questionnaire**, developed by ANIMA' team of psychologists, based on cognitive and psycho-social Mental Health Indicators. **2 Focus Groups** will be organized with female patients on a voluntary- based participation (sample: quasi representative, size: 15 participants), focusing on a) **levels of satisfaction** of female patients with the way the institution addresses their needs and problems, b) **suggestions for improving the current situation**. SHP management will facilitate the participation of the patients. Due diligence and confidentiality principle will be applied during the research.

Expected outcomes and outputs of the 2nd RESULT:

- Public opinion polls on general perception of mental health issues and social distance towards people with mental health conditions designed and implemented;



- 300 copies of the Report on the public opinion poll published and at least 5 measures proposed to address social distance towards people with mental problems;
- Focused opinion polling of patients and their doctors on discrimination and other violations of rights of persons with mental health conditions designed and implemented;
- Report on Focused opinion polls of patients and their doctors;
- Recommendations to encounter obstacles faced by doctors and patients (including capacity constraints and discrimination) outlined;
- Gender based research on women as psychiatric patients conducted and recommendations to improve medical treatment of female mental health patients outlined;
- 300 copies of the Report on the gender - based research on women as psychiatric patients.

RESULT 3: Public information campaign promoting awareness of the rights and needs of persons with mental health conditions and their reintegration in society

Through this result, project partners will address the current lack of public debates and information campaigns related to mental health patients, who are frequently exposed to discrimination and social isolation. To promote awareness of the rights and needs of persons with mental health conditions and their reintegration in society, project partners will design and undertake a comprehensive information campaign, which will be based upon coherent Campaign Plan. It will encompass several different methods and tools, including public presentations of polling results, debates over monitoring reports, press conference, production of the short video on project's developments lectures, and debates on mental health issues among students, local organizations and expert community.

Activities leading to 3rd RESULT:

A3.1. Development of public information campaign plan including media coverage;

The intention is to raise awareness among the population of the absolute prohibition of torture, inhuman and degrading treatment of people with mental conditions, the rationale of such prohibition, and the rights of those people. Also, the idea is to promote knowledge and raise awareness of the procedural safeguards and rights of the mentally-ill. Coupled with CSO monitoring and advocacy, this campaign will ensure visibility for the project and encourage cooperation by the state authorities and residents of the mental health institutions and/or their family members. Public information campaign will draw on a specifically designed Plan, which will include mass-media campaign and coverage as a tool to raise awareness of general population and to educate them on specific mental health topics. In addition to wide media coverage including issuance of press releases, short film describing project achievements will be used, and a handful of public outreach activities organized, including presentations of results of opinion polls, and round tables to discuss monitoring findings and legal analyses with stakeholders.

A3.2. Presentation of opinion polls' results

On the occasion of presenting public opinion polls' results, including both results on social distance towards mental health patients as well as attitudes of patients and their doctors, press conference will be convened. Results will be presented in a way that enables stakeholders to acquire all important information regarding current situation in Montenegrin mental health system, with regards to the existing attitudes, stereotypes towards persons with mental conditions, but also the obstacles medical professionals and patients themselves are facing on a

daily basis. Proper media announcement will be made, and results published on the websites of partners to the Action respectively.

A3.3. Three lectures and debates on mental health issues

Mental health issues, such as causes and trajectories of illnesses, but also stigmatization of mental health problems, have seen an increasing interest in public and media attention, in particular in news reporting which is often sensationalistic and stereotypical and increases, as such, mental health related stigma and self-stigma. This reporting has a strong influence on the development of the culture of acceptance around mental health issues. However, not much effort has been invested by the Government to discuss mental health issues on a public platform and increase knowledge of and understanding for the rights of mentally ill people, apart from expert debates. The exact aim of these lecturers/debates is to bring topics around mental health to the public's attention, but in a more informed manner, based on fact portrayal and respect for the rights of mental health patients.

Debates will reflect, from different perspectives, on the following mental health issues:

- The Cost of Mental Illness: Stigma & Discrimination against Mentally-Ill people;
- Ethical aspects of mental health deinstitutionalisation focusing on children, youth and people in situations involving risk to their mental health;
- Reintegration of mental health patients – the pivotal role of media and the local community.

By these lectures and debates, project partners will stimulate public interest for the rights of persons with mental health issues, helping to develop appropriate social attitudes towards persons with mental health disorders, in particular, understanding, tolerance, and counteracting discrimination. Debates will gather app. 30 participants, including public figures, media professionals, students, members of academic community and civil society organizations and will be held in Kotor, Niksic and Podgorica.

A3.4. Presentation of results of monitoring and analysis of implementation of laws with debate;

Very important objective of the project is to establish communication and engage in a dialogue with the competent authorities in charge of running mental health institutions or creating policies affecting mentally ill people, as well as with the wider public. In order to present monitoring reports and recommendations, as well as key findings of the analysis of implementation of laws concerning mentally ill people, one specific round table devoted to the situation in each of monitored institutions/units will be organized. These events will focus on drafting joint recommendations, together with the competent authorities, on how to further facilitate the implementation of recommendations of international bodies (especially CPT's), in cooperation between CSO partners and authorities in charge of the institutions concerned.

A3.5. Short film on project achievements

This activity entails the design and production of a short film representing key activities and achievements of the project. It is intended at wider public, especially youth, as to introduce them to key issues of the project – be it mental health issues, rights of the persons with mental health conditions, or ways to suppress and eliminate stigma and stereotypes against these patients. Such innovative approach will allow for project implementing lessons and ideas to be presented and shared with a number of individuals and organisations in an inspiring and creative manner. Also,

film will serve to attract additional national media coverage of the project. It will be presented at the You Tube channel, as well as on several news portals in the country and on the websites of HRA and partners.

A3.6. Closing press conference highlighting project results

On the occasion of presenting final project results and outputs, a closing press conference will be organized to allow for wide distribution and dissemination of project results. At the same time, press conference will ensure media attention and coverage of project key outcomes and outputs, securing visibility of the donor's support and the project itself. Also, press conference will serve as an additional opportunity to promote multi-sector cooperation, as it will bring together representatives of project partners and mental health institutions involved in the project, who will jointly present and highlight its key outcomes. This is also expected to facilitate key actors' endorsement and ownership over project results.

Expected outcomes and outputs of the 3rd RESULT:

- Comprehensive Public information campaign plan, encompassing media coverage and a set of public outreach activities, designed and implemented.
- Press conference organized in order to present and disseminate opinion polls' results.
- At least 3 lectures gathering app. 100 participants organized to stimulate public debate and interest in mental health issues.
- 3 round tables organized to present and debate the results of monitoring and analysis of implementation of laws among key stakeholders.
- Short film on project achievements designed, made public and widely disseminated via internet;
- Closing press conference highlighting project results by project implementers and representatives of the mental health institutions organized;

RESULT 4: Mini-grants enabling local citizens' associations to support occupational therapy in psychiatric hospitals and reintegration of its patients in society

By this result project partners aim to stimulate engagement of local citizens' associations in mental health reform. To achieve this, partners will create and implement a mini-grant scheme, which will enable local CSOs to advocate the needs of mental health patients on a grassroots level and provide tailored services to them. Nonetheless, this component will greatly support and sustain efforts of less-developed CSOs outside Podgorica in this field, adding to their overall programmatic & financial sustainability and visibility among the target population and donors. Mini grants will target two important aspects of mental health protection and rehabilitation: occupational therapy and patients' reintegration in society.

Activities leading to 4th RESULT:

A4.1. Developing a plan to improve and diversify occupational therapy in SPH with relevant stakeholders

One of the key objectives the project seeks to attain is the improvement of services provided for mental health patients, especially with respect to diverse occupational therapy in SPH, which has long been considered ineffective. The activity will involve formation of the working group

consisting of representatives of relevant institutions/organizations: SPH, Ministry of Health; Ombudsman for the Rights of Patients; HRA, ANIMA. The simple protocol of work will be made together with the indicative agenda of the future meetings. The main task of the group will be to develop a mid-term Plan to improve the scope, quality and diversity of occupational therapy in SPH, in particular by envisage appropriate-type workshops aimed to develop manual skills of patients as well as their rehabilitation. The Action plan will have a timeframe, as well as specified background information, objectives, measures, activities, responsible institutions, time constraints and the budget for implementation.

A4.2. Announcement of competition for mini-grants to CSOs supporting occupational therapy in psychiatric hospitals and reintegration of its patients in society

In order to support efforts of smaller, community-based organizations to provide services to mental health patients, mini-grants supporting occupational therapy in psychiatric hospitals and reintegration of its patients in society will be made available to those organizations, on the basis of the competitive call for project proposals based on previously developed Plan to improve and diversify occupational therapy in SPH. The text of the call will be prepared by a specially formed commission made of primary grant recipients' members (HRA & ANIMA), SPH and Ministry of Health representative. The call will contain guidance for potential applicants and will list the eligibility criteria, other relevant information for potential applicants and application form. Instructions for applicants will define: *eligibility of projects* (the type of projects, size of grants and duration, type of expense or investment accepted under sub-donating) as well as *applicant eligibility* (type of organization, experience in operation, existing expertise with similar projects or activities). The application form will consist of brief summary of activities, results and implementation approach as well as information on the duration and value of planned activities. Several methods of encouraging smaller CSOs to apply for mini-grants will be used, including through well-established partnerships or associates of HRA & ANIMA (municipalities, the network organization), social networks and advertising of guidelines for applicants in various local media.

A4.3 Selection and training of mini-grantees

Prior to the announcement of competition for mini-grants, selection criteria, procedures and guidelines will be developed by the specially formed commission consisting of HRA/ ANIMA members and representatives of SPH. The title of the call will be: **Mini-Grants Program to Support Activities of CSOs in providing occupational therapy and reintegration social services to mental health patients.** The ultimate call's objective will be to **empower smaller organizations to engage in service provision and (re)integration of mental health patients into local communities.** A number of grants between 5,000€ and 10,000€ will be made available.

Proposed initiatives are expected to last up to six (6) months. Total amount to be distributed to smaller CSOs through this sub-grant scheme is 40.000€. The exact amount for every single grant will be calculated based on the costs eligibility in negotiation with potential grantees as to ensure cost-effective budgets. **The activity should result in establishment of at least 5 new services intended at persons hospitalized (and formerly hospitalized) in mental health institutions.** As to be considered for granting, the proposed projects need to fall into one or more of the following categories: **occupational therapy or/and reintegration**, established within the developed Plan to improve and diversify occupational therapy in SPH.

Decision-making criteria will include the following elements, depending on the nature of the proposed project and the exact amount of each mini-grant:



1) **Organization's eligibility:** Montenegro based CSOs properly registered at the Ministry of Interior, with sufficient proven track record and sufficient capacity to implement actions in the stated area. Partnerships among several CSOs, applying as a consortium, will be highly commendable.

2) **Project Evaluation Criteria**, divided into two categories:

a) *Project idea* (scored up to 70 points), including: 1) Project Design and Feasibility, i.e. the degree to which the application is responsive to and adequately addresses Call's overall programmatic objectives (15 points), 2) Project links with relevant initiatives/strategies/legislation (15 points), 3) Project Impact, including effectiveness of the proposed methodology (15 points); potential for sustainability of project results (15), and involvement of target groups (10 points);

b) *Organizational, Technical and Management Capability and Past Performance* (scored up to 30 points), including 1) Applicant's technical and managerial capacity to carry out project activities on a timely basis, and to report on and produce targeted results (15 points), 2) Organizational Capability - financial strength and organizational structure (10 points), and 3) Past Performance in conducting similar actions (5 points).

Cost Proposal – Pass/Fail test

1. The Budget must be:
 - a. Complete and fully documented,
 - b. Reasonable
 - c. Allocated to appropriate budget categories.
2. The budget must demonstrate a clear and direct relationship between proposed activities and the proposed use of funds;
3. Proposed expenditures must be allowable, allocable to the project and cost-effective.

Required Documents for participating in Mini-Granting:

1. A fully completed Grant Application Form
2. A fully-itemized Budget Form
3. Statute, charter, or other constitutional document of organization
4. Registration certificate
5. Last annual report or similar document (e.g. report on similar implemented activities)

After selecting sub-grantees, a two days long **training on project management and principles of work in mental health institutions** will be held. The trainings will be organized in one of the mental health institutions in accordance with previously signed MoC. The workshop will be interactive and focus on sub grantee's perspectives related to project management, legal framework and context surrounding mental health institutions, working and living conditions, as well as mental health care system. Trainers will be persons with experience with working in mental health institutions, from CSOs and the hospital's administration. Planned sub-activities include: implementing activities of technical preparation of the training (contacting trainers, planning training date and training venue, preparation of training materials); Making of a list of participants and acquiring their accurate contact information; Contacting chosen participants; Planning training expenses; Preparing educational materials as hand-outs; Implementing training activities (keeping records on participants' participation, participants' travel expenses, photographing, training evaluation etc.); Making reports on trainings upon their finalization.

A4.4. Monitoring implementation of mini-grants;

It is essential that the primary grant recipient is informed at all times about the status of implementation of its sub-recipient grants. Key tools in monitoring will be: on site visits (during the implementation of a specific activity), after action reviews (what happened and how people involved in the action responded to events and establishing of an effective monthly reporting system along with adequate reporting forms. Sub-granting organizations will be provided with easy and efficient forms asking essential not excessive information. Monitoring visits and reports will be additionally covered by regular contact via phone, email, or other direct communication channels (organized meetings). Primary grant recipient will be acting largely as a mentor of the donation sub-recipients rather than a controlling factor. By keeping a positive attitude during the process of sub-grants' monitoring is far more beneficial for all parties involved. There may be however, times when decisive action is needed to maintain the temporary implementation of sub-grants and a good system of reporting is still useful in the early detection of potential problems.

A4.5. Assessment of mini-grants implementation;

The aim of this activity is to supplement monitoring of the implementation of mini-grants with proper assessments of the quality of the implementation and attained results. Also, the assessment is expected to reflect on the raised capacity of mini - grants to implement initiatives related to occupational therapy and reintegration. The assessment will be conducted on a bi-monthly basis, including through activity reports and narrative/financial reports provided by recipients. To that aim, project team will prepare Reports evaluations indicating the achievements and results of each of implemented mini-grants.

Expected outcomes and outputs of the 4th RESULT:

- Multi-sectored working group established to work on the development of the Action Plan;
- Action Plan to improve and diversify occupational therapy in SPH developed in close cooperation and coordination among key stakeholders;
- At least 5 areas of possible actions of and cooperation with CSOs indicated;
- Completion for mini-grants supporting occupational therapy reintegration of mental health patients launched;
- Instructions for applicants defined, based on previous HRA experience in managing sub-granting schemes.
- Pre-defined selection criteria applied and the decision on the recipients of mini-grant delivered by the commission consisted of HRA/ ANIMA members and representatives of SPH.
- Approximately 20 participants attended the training, 20 participants expressed satisfaction with skills and knowledge acquired, capacities of sub-grantees raised, level of sub-grantees knowledge on project management and principles of work in mental health institutions raised, training implemented;
- At least 5 organizations provided with mini-grants and at least 5 new services provided to persons hospitalized (or formerly hospitalized) in mental health institutions;
- Effective monitoring of the implementation of mini-grants put in place, though at least 15 monitoring visits and established reporting system;
- At least 5 narrative and financial reports provided by the recipients of mini-grants;
- Assessment of mini-grants implementation conducted on a bi-monthly basis;
- At least 5 evaluation reports provided by project team members to assess the implementation and results of mini-grants.

RESULT 5: CSOs effectively influence sustainable solution for deinstitutionalisation of patients who do not need to remain in the psychiatric hospital

Although deinstitutionalization of patients who do not need to remain in the psychiatric hospital has been promoted as a future direction and result of mental health reform, the authorities are still searching for the best model, which would fit the local conditions and needs. Through this important result, the Action will significantly assist the state institutions to accomplish this objective and to address the problem of so-called “social patients” in close cooperation with CSOs and other stakeholders. This will be done through comparative research allowing different deinstitutionalization models to be assessed and best practices outlined and debated among key actors. Nonetheless, project partners will directly support the Ministry of labour and social care to develop a concrete plan for deinstitutionalisation of patients whose mental state did not require further hospitalization, and thereby respond to some of the critical CPT recommendations addressed to Montenegro.

Activities leading to the 5th RESULT:

A5.1. Comparative Research on existing models of deinstitutionalization;

Deinstitutionalization and community care are commonly adopted policy preferences to support living and inclusion of mentally ill people in the society as well as to prevent isolation or segregation from the community. However, those making decisions about the pace and scope of change, the kind of services needed and the organization and management of those services are often faced with strongly-held opinions from proponents of different service models. Montenegrin authorities are still seeking for the best possible model of deinstitutionalization, applicable to the local legal context, institutional capacities and patients’ needs. The exact aim of this activity is to provide comparative case study of diverse models of deinstitutionalization in the region and beyond, and to propose viable and cost-effective set of arrangements or practices, as well as associated values, beliefs and conventions to enhance deinstitutionalization process. The research will also allow for replication of some deinstitutionalized features, drawn from best practices, in the local context. Some specific aspects will be taken into account during the comparative research, such as limited existing long-term care resources, increased living costs, the existence of coalitions built to support community home development, etc. The results of the research will be debated with relevant authorities and other stakeholders to opt for best possible solutions.

A5.2. Organizing a debate with the relevant authorities and other stakeholders on finding the best deinstitutionalization model for Montenegro

In order to allow project partners to develop and advocated shared vision on the best deinstitutionalization models, a round-table debate will be organized, gathering representatives of key stakeholders. It will identify opportunities to accelerate deinstitutionalization process and share best practices as well as comparative research results. In order to properly organize the event, we plan to undertake the following sub-activities: create a group of people, composed of project team and consultants who are going to plan, organize and run the conference; plan the debate (agenda, location, presenters, other participants, travel, costs, etc.); announce the debate; select and invite experts and participants to the event. The debate is expected to gather around 25 participants from different backgrounds, including professional working with persons with mental conditions, mental health experts, academic community, CSOs, and members of patients’ families.

A5.3. Encouraging and supporting the Ministry of labour and social care to develop a plan for deinstitutionalisation of patients whose mental state did not require further hospitalization with final assessment on achieved results

This activity responds to lacking capacities of the stated Ministry to design a proper Action Plan for deinstitutionalisation of patients whose mental state did not require further hospitalization with final assessment on achieved results. As previously stated, the lack of effective strategic approach to the solution of problems of so-called social patients has been recognized by the Action Plan for Chapter 24, but has not been yet addressed effectively. Having in main that the solution of that problem is precondition by the proper action-planning, as proven in various cases so far, through working meetings and consultations around draft documents, project partners will assist the stated Ministry to develop a Plan for deinstitutionalisation of patients whose mental state did not require further hospitalization. CSO monitoring and research outputs and lessons learnt will be used to create as best Action Plan as possible, encompassing proper implementation measures, indicators, responsible entities, timeline and the budget. Through this process, linkages among CSOs and state actors will be fostered, forming a good base for civil society involvement in the implementation of the concerning Plan. The fact that project implementers have good public prominence and long history of cooperation with the Ministry will be used as an additional asset.

A5.4. Coordination meetings to accelerate deinstitutionalisation

The aim of this activity is to enable project partners to advocate progressive strategies to accelerate deinstitutionalisation, based on concerted dialogue with mental health institutions and policymakers, primarily with SHP, the Ministry of Health and the Ministry of Labour and Social Welfare, during and after the project. Results of the above stated comparative research on different models of deinstitutionalization will be used as advocacy tools, as well as observations and conclusion from the public debate convened to discuss best suited deinstitutionalisation models for Montenegro. Additionally, meetings will serve to elaborate on the progress made in implementing the Action plan for deinstitutionalisation of patients whose mental state did not require further hospitalization, as well as to coordinate the implementation of activities foreseen by the said Plan. Meetings are also expected to stimulate key actors' responsiveness towards CSO argumentation regarding deinstitutionalization models, and to raise the impact of their research and advocacy efforts.

Expected outcomes and outputs of the 5th RESULT:

- Comparative Research on existing models of deinstitutionalization conducted and the optimal model for Montenegro outlined;
- 300 copies of the Comparative Research Report printed and disseminated to stakeholders.
- Debate gathering together civil society actors, relevant authorities and other stakeholders organized in order to discuss and propose best deinstitutionalization model for Montenegro;
- Plan for deinstitutionalisation of patients whose mental state did not require further hospitalization developed in close cooperation between CSOs and the Ministry of labour and social care, and based on key project outputs and lessons learnt;
- At least 5 working meetings with representatives of the Ministry of labour and social care held in order to coordinate the preparation of the Action Plan.



- At least 15 coordination meetings with key stakeholders held and constructive approached to deinstitutionalisation advocated, based on public debate and comparative research results;
- Effective implementation of the Action plan for deinstitutionalisation of patients whose mental state did not require further hospitalization advocated at key stakeholders.

