



3.5.4 Czech Supported Education Services: Ledovec, Práh and Baobab

1. Collaborating Organizations and Description of Situation

At this moment in the Czech Republic the entire service of Supported Education (SEd) provides no organization. The reason for this situation is that there is no systematic and financial support from any state department (Ministry of Social Issues, Ministry of Health or Ministry of Education) or other civil or local administration. Requests for EU grants have not been granted to any of the projects written and repeatedly proposed by SE providers.

Some basic and reduced SEd services are currently provided by three nonprofit nongovernmental organizations (NGOs) – Ledovec in the Pilsner region, Práh in Brno and surrounding areas, and Baobab in Prague; all of them occupy themselves with providing social services to people with mental illness. SEd is offered according to their current concrete circumstances, (financial) sources, strong points and legislative options. None of these NGOs report the SEd services for official purposes, they are included in other provided (i.e. legally possible registered) services – usually social rehabilitation and counseling.

Also, most of the colleges and universities have already established some programs of general support for disabled students and started to understand that there are also mentally ill students among them. Nevertheless, the schools still do not have much experience of their concrete support.

So, currently SEd services operate in some kind of run-down or “underground” environment. The topic of SEd does not exist on a systematic and state level, so the question of who should primarily provide the SEd services – NGOs as up to now or schools and educational institutions in cooperation with NGO social services – or whether SEd should be one of the official social services or an educational service integrated in the educational system, has not yet been resolved.

2. History of the SEd Program

- 2004 – the idea of SEd is expressed in discussion between the directors of Ledovec and Práh (both former high school teachers)
- 2005 – first SEd part-time job in Ledovec; source mapping, contact with Prof. Korevaar

- 10/2006 – 6/2008 SEd pilot project in Ledovec (financed by EU grant) – first team, principles, mission, unifying of definitions, clients, seminars, courses...
- 1/2010 – 6/2012 regional SEd project in Pilsner region by Ledovec, within EU grant again
- 1/2011 – 6/2012 SE project funded by EU grant started by Práh in Brno (based on methodology and under the supervision of Ledovec)
- 3/2011 – application of Ledovec into ImpulSE project
- 2012--2013 – one full-time SEd job under the scope of the Social Rehabilitation service of Ledovec, one part-time job in Práh until now
- 4/2012 – visit of Prof. Korevaar to Czech Republic
- 9/2013 – 6/2015 partnership of Ledovec in project ROPOV of West Bohemian University – support for disadvantaged students
- 10/2013 – start of ImpulSE project in Ledovec

There is a service called the “Student under the Scope of Social Rehabilitation Service” in Baobab. It has been provided and developed on the basis of Canadian methodology since 2010. It is currently getting closer to the SEd approach.

3. Philosophy, Mission and Principles

SEd is a service for people with psychological problems or mental illness, their close relatives and friends and pedagogical staff. The service is provided by means of a supportive network of health, social and pedagogical institutions.

The mission and goals of SEd-providing NGOs can generally be summarized by these words: the provision of support and help to people with mental illness to maintain and improve the quality of their lives in society. The aim is for these people to have the skills and abilities they need to live an individual life in their natural environment.

The three organizations all share the notion that the services are “client-oriented”, That means their activities are based on clients' wishes and needs, helping them to achieve their goals, trying to lead them to the most effective use of resources in their surroundings and also handling their illness to prevent deterioration. The principles of client-oriented access (“not to at students but WITH students”) are:

- In cooperation the client is an equal partner
- During the whole time of the cooperation period the clients decide freely and bear the responsibility for their decisions
- The cooperation with the clients is based on their own wishes and motivation

- Each client is a unique individual with his/her own feelings, opinions and experiences
- The services are provided with emphasis on the client's development opportunities and his/her integration in ordinary life.

SEd providers use the Choose – Get – Keep model in full in their access and perform in both individual and group form. The model can be used as a help to individuals to decide and choose the appropriate direction for their further education, facilitation of their access to it and gaining it, and from this point on a support in keeping the student status until the chosen goals of cooperation are accomplished.

The supportive network is a consequence of multidisciplinary effort, which is the next important element of SEd provision in the Czech Republic. It is not possible to support a student enough without functioning health – pedagogic – social cooperation. It is essential to mention an important role of peer consultants and their readiness to share their own experiences with mental illness and study.

Finally, within Ledovec, there is an effort to take advantage of opportunities given by the principle of "Recovery" from mental disease. Recovery is a way to live a satisfied, hopeful and beneficial life despite the limitations caused by the illness. Recovery builds a new meaning and purpose to a person's life by overcoming disastrous consequences caused by mental illness. The model (Dr. Ragins, MHS Village, Los Angeles, USA) terms that are used following the phases of recovery are as follows:

- Hope – confidence that it will be better. Without hope there is nothing to look forward to. This is no false daydream but a reasonably based vision of how things may develop.
- Autonomy a sense of one's own abilities and possibilities; confidence that I can handle what I have; opportunity to make decisions by myself.
- Responsibility – realization of having one's life in one's own hands; bearing the risks and learning from one's own mistakes; cut off the "caretakers."
- Meaningful role in life – it is not the role of the victim of mental illness, a chronic patient ... it is a normal life role unrelated to the disease: employee, son, mother, neighbor, volunteer, specialist on something...

The framework of SEd service consists of three basic activities:

- Prevention – creating general awareness of mental illness and its prevalence in society, destigmatizing activities, informational and educational programs and courses for students and teachers.
- Direct support – individual work with clients (student, teacher, family and close friends) at their request, one-time or short-term consultancy in the field of study,

individual supportive student program. Further comprising and offering educational and preparing courses, psychosocial rehabilitation, regular therapeutic meetings, peer consultancy, group support (supportive group for students, group for parents and other close people).

- Work of supportive network – includes cooperation of various parties, organizations and institutions concerned, which is coordinated in the same way as the goal of support for students and elimination of stigma is pursued.

4. Participants

The following participants are involved in SEd services: clients, SEd provider (coordinator), members of supportive network, eventually other involved persons or institutions ready to cooperate.

Clients. In spite of the fact that the services of SEd are now provided within other social services, the student must usually reach the target group of the service (e.g. diagnosis) of the organization. Other set criteria are usually age over 15, socially unfavorable situation, motivation to study and contract in the field of study.

SEd services are provided to students of all educational levels. The reason is that secondary school in the Czech Republic ends at about the age of 20, which means many students fall ill in the course of their studies in high school, and after overcoming all the obstacles to its completion it is hard to find the motivation for further studies. When aged over 20 they often require shorter and more focused educational forms.

SEd service provider (coordinator). At this time there are three service coordinators – the three NGOs providing a wide spectrum of social services for people with mental illness. SEd service demand at the moment exceeds supply because of the low capacity (financial reason). That is the reason why SEd services are not offered much in public. The time of service provision to a student is not set, it is individual according to the chosen form of cooperation and the client's needs. Services are provided on an outpatient basis and in the field.

SEd supportive network. Apart from the client and coordinator the SEd network includes the client's family, the psychiatrist, counseling centers of colleges and universities, educational consultants of secondary schools, peer consultants, social workers from other services, school psychologist, special pedagogic-psychological centers, and eventually other interested people or institutions with whom cooperation is established (physician, classmates and friends, employer, psychologist, psychotherapist, psychiatric hospitals ...). It is the first considerable attempt at a systematic interconnection and cooperation in a climate of trust, which is entirely dependent on the willingness of its individual segments to cooperate. Membership in the network is completely voluntary, financially unvalued and contractually unfounded.

The expert system of mental health care in the Czech Republic is quite rich (there is a certain lack only in the case of child psychiatrists), but its individual parts do not cooperate together, sometimes quite the opposite. From the negative manifestations of relations it is necessary to mention first of all the general mistrust between institutions. Also significant is the distrust of patients/parents toward institutions. It is necessary to mention the rivalry of psychiatric wards of general hospitals and specialized psychiatric hospitals. At present, this is enhanced by the uncertainty and fear of impending transformation of psychiatric care and the changes that will bring.

Among the positive signs, it is the competition between individual schools for students (read money) that ensures their survival and therefore the effort to enable and facilitate the study also for handicapped students. Finally, there is a significant increase in the number of specialists whose education has already taken place in the post-communist period and who have experience from abroad.

As for the societal atmosphere, the stigmatization of mentally ill persons, which is gratefully encouraged by some media, is worth mentioning. On the other hand, people who have adapted their own experience of mental illness tend to be very open and willing to help others.

5. Services and Activities

SEd services generally include:

- support for student in achieving study goals before the beginning, or over the period of, the study,
- support for family and loved ones, who are the natural background of the student,
- support for teachers in working with students with mental health problems or mental illness.

Specific activities are as follows:

- Individual student support program that includes:
- Mapping the client's abilities and study opportunities
- Support in choosing a suitable school, in preparing for study, for entrance examination, in study or returning to study (Choose – Get – Keep)
- Help with planning, orientation and coping with ordinary school duties
- Support in coping with stress and crisis situations related to studies and in everyday life
- Mediation of tutoring
- Support in negotiations with teachers and other school staff (study dept., counselling dept.)
- Help in the implementation of rights and legitimate personal interests at school
- Support in relationships with classmates, family and loved ones

- Assistance (e.g. escort to school, etc.)
- Preparing for the transition from school to work environment
- Long-term individual psychosocial rehabilitation for people with mental health and psychiatric problems, based on their personal needs and offering support in several areas
- Educational and preparatory courses (training and practice of specific skills important for studying and learning in the groups: training of cognitive functions, work with stress, study skills, social skills)
- Counseling for students with mental and psychiatric problems, counseling for teachers and persons close to such a student
- Support in job search and mediation of other related follow-up services
- Supportive groups
- Peer consultations
- Seminars: “How Do I Know That I Am/He Is Going Crazy?” and “The Blind Leading The Blind – On Mental Health in The Education System” and other (custom-made) preventive and destigmatizing actions and activities
- Building and coordination of SE supportive network
- Collaboration with university counseling centers and high school counselors to develop kinds of support for with mental illness in their schools

6. Evaluation (Experience and Results)

Due to the aforementioned considerable stigmatization of students with mental health problems and lack of information about mental disorders in schools we decided to put a strong emphasis on prevention, and in addition to direct support for students, two basic variants of information seminars for students and teachers were created. We also responded flexibly to the demand for tailored seminars or programs. In addition to students, we also offered general support to teachers and family members and other persons close to the student.

Mutual distrust, a lack of communication and lack of cooperation between experts, and a lack of and unsystematic coordination of activities in for clients resulted in the decision to try to interconnect professionals and establish a supportive network for mentally ill students. As part of the SEd program (at the time of the projects funded by EU grants) we managed to build a fairly wide support network of professionals throughout the region. The SEd service provider and coordinator of the network was at the same time trying to carry out the role of case manager in individual cases.

The majority of schools, as well as universities, expressed their willingness to cooperate. The quality of cooperation was very different, and only particular schools went in for active cooperation (search for individuals and presenting contacts of service). Gradually we managed to convince the Pedagogic-Psychological Counseling Center that SEd does not only substitute their work and to initiate an effective cooperation.

The program was open to all students with mental health difficulties. Most of the clients were from secondary schools. Clients learned about the service from both the teaching staff of cooperating schools and collaborating (child) psychiatrists and other members of the built supportive network. A total of 2533 students or pupils were in some way supported during the two years of the last EU project in Ledovec.

7. Success Factors

The growing number of people with mental health problems in society is slowly leading to the opening up of the topic and hence to the increase of awareness and reduction of stigma.

All of the aforementioned organizations, which initiated an SEd network in their regions, primarily adapt their work to the needs of the client. Not only are SEd services offered, but also overall support for clients with mental illness, including related services or referrals to other resources. Psychosocial rehabilitation, which combines the medical and educational environment, is the method used for working with all clients.

Sharing and mutual exchange of knowledge in the education and mental health care environment amongst SEd workers is natural. All the organizations employ social workers, psychotherapists and persons with pedagogic education in their teams. They work together very closely. In the broader SEd team, medical practitioners and direct teaching staff meet with each other.

The reluctance of a number of teaching staff to continue mandatory education even in their own field, much less in such a "distant" one, is well known. In health care we can say it is similar. Since in their work other disciplines significantly overlap, social workers are the most open group towards continuing their education. The willingness and initiation of cooperation also derive from this model. Even within the broader SEd teams the willingness to listen, to be informed, to discuss and solve concrete problems is quite apparent before getting educated "officially."

People working in circumstances of Czech NGOs mostly like to do their job and are recognized for it. The attitude of employees in the mentioned NGOs and their approach to work are enough for them to be called loyal devotees. The current situation of the stagnation of SE services is not so much an expression of the indifference of management and a reluctance to seek finances, it seems it rather hinges on the reluctance of political representation to support the trend. The willingness to cooperate and the amount of work done by other members of the SE network hinge on the activity of the key coordinator (NGO).

Informal contacts and respectful communication are, in a narrower group of the SEd network, a matter of course. Because of the size of the cities and regions where the services are provided, it is, of course, not possible to make do with a limited number of SEd members and with communication with persons unfamiliar with SEd. Therefore it has been suggested

that specialized SEd centers should also be set up in schools and university counselling centers, which may employ their own specialists in the field of mental health. That would allow more intensive contact, cooperation, understanding and, last but not least, mutual learning, and the students would move in a safe and familiar environment of one organization.

At present, all the organizations lack the continuous collection and analysis of feedback, evaluation of the progress of the service and its adaptation to the new conditions. The situation is caused by minimum SEd service levels, where mostly one or two people working part-time within one NGO are devoted to the service. At the moment there are basically no functioning teams and no functioning network. But these principles are common in other services of the mentioned organizations and during the SE project implementation they were also well established, so it can be assumed that the organizations are able to learn from their own experience.

How to present the service, and how to let people know about it, depends largely on the coordinating institution: It is difficult to admit students from other educational institutions to the service in the case of universities. In the case of NGOs, it becomes an obstacle to persuade schools and psychiatrists to promote the service enough, because their mutual cooperation just adds to their work. An offer of cooperation and assistance in the implementation of new trends, and an offer of attractive services for cooperating subjects, must be an essential part of an NGO's activities as well as creating a good reputation in the public consciousness.

8. Risk Factors

An essential element of good practice is the sustainability of SEd in the regular structures of the health, educational and social system in the Czech Republic (independent of EU grants). The question of Supported Education is currently a subject for "disabled" students, social workers providing SEd and some enlightened pedagogic workers or staff of university counseling centers. The success is built on the willingness of individuals (teachers, principals, educational workers, psychiatrists ...) to cooperate, on their will, time and ability to help the student to graduate, and then on the activities, offers and possibilities of the coordinator.

As has been mentioned in many places in the text, long-term financial security is the most important risk factor for the SEd service in the country. In the Czech Republic, the private funds and donations are not yet developed enough to fully secure the provision of some "marginal" social service either in a region or in a city, much less nationwide.

The upcoming transformation of psychiatric care is another present topic and also a risk factor for SEd services. In the psychiatric care environment, the uncertainty of what the transformation will bring, and political maneuvering about possible ways to take a stand in time, shows a lot. This situation contributes to the extension of the unanchoring of the SEd theme, including financial issues.

9. Future

It is necessary to put great emphasis on prevention in the Czech environment. The lack of information and the prevailing stigmatization of people with mental health problems in society are the main target of changes not only in the SE but among the whole range of helping professionals working with people with mental illness. Teachers and educational institutions in general (including universities) still do not have sufficient knowledge, experience or skills in how to interact with and teach students with mental illness or psychiatric problems. They lack the realization that it makes sense and is possible to support and educate these people through the normal institutions. Due to the lack of information, even the students themselves often have no idea where their problem lies and where they can turn.

The effort for a multidisciplinary approach and collaboration helps to prevent “damages” caused by the insensitive attitude of doctors and health professionals (i.e. iatrogenic stigmata) and other situations, where clients or their families are given contradictory information and instructions by professionals of various disciplines. From another point of view, this is an effort to prevent situations that deepen confusion, helplessness, deprivation and closure.

In the Czech environment it is still normal that the so-called helping network of professionals and experts in mental health care is completely unconnected – e.g. a psychiatrist does not communicate with a pedagogical psycho-diagnostics counseling or social therapist, a psychiatric hospital does not cope with the fact that their patient is also a student, and parents in an atmosphere of distrust strategically decide whether to admit the illness of a child at school. Confusion among families and clients from contradictory conclusions and recommendations of the various institutions is quite normal. Case management in social work in the Czech Republic is missing.

SEd needs to be opened up as a nationwide theme of pedagogy or at least social services and integrated into the structure of the health, educational and social system of the country.