

Palliative Care in Romania:



MenACE

Mental Health, Aging and
Palliative care in European
Prisons

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Palliative Home Care Based Services (adults –1992, children –1996)





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Day center children





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Day center adults



Ambulatory





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Rural teams



Education since 1997



LEADING PC ORGANISATION - HOSPICE Casa Sperantei

- charity founded in **1992** in Braşov
- introduced in Romania the concept of palliative care
- **25 years** of existence
- over **20,000 patients and their family members** cared for free of charge
- over **21,000 professionals** beneficiaries of our educational programme

The organisation is recognised as a **benchmark in palliative care education** through:

- providing **EDUCATION** for professionals from Romania and abroad
- **ADVOCATING** for development of palliative care in Romania and in the region



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LEADING ORGANISATION - HOSPICE Casa Sperantei



We know our destination, that point in the future where all patients with an progressive illness in Romania will receive proper care at the right moment in order to live every moment with dignity, alongside their loved ones.



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www.hospice.ro

Palliative care

Central concepts:

- for patients with life limiting diseases and their families
- holistic care
- relieve of suffering as sole measure or alongside disease modifying therapies
- quality of life as a core element
 - support for families in the bereavement period.

World Health Organization

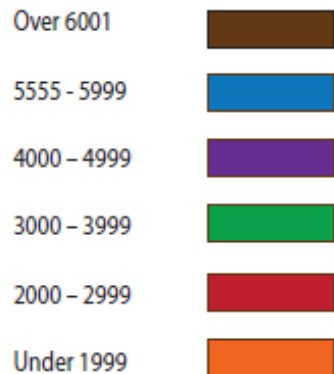
Imagine ...

- You are 45 and have been diagnosed with lung cancer ; you were successfully running a family business but you must go in a different city to get radiotherapy for 6 weeks, you have 2 children 16 and 14 years old, your partner has depression and you must start your treatment (RT) but your oncologist has not spend too much time with you to explain the procedure and also he is not treating your back pain so you are unable to sleep

WHAT ARE YOUR NEEDS/PROBLEMS WORRIES?

2016: 128 PC services in Romania

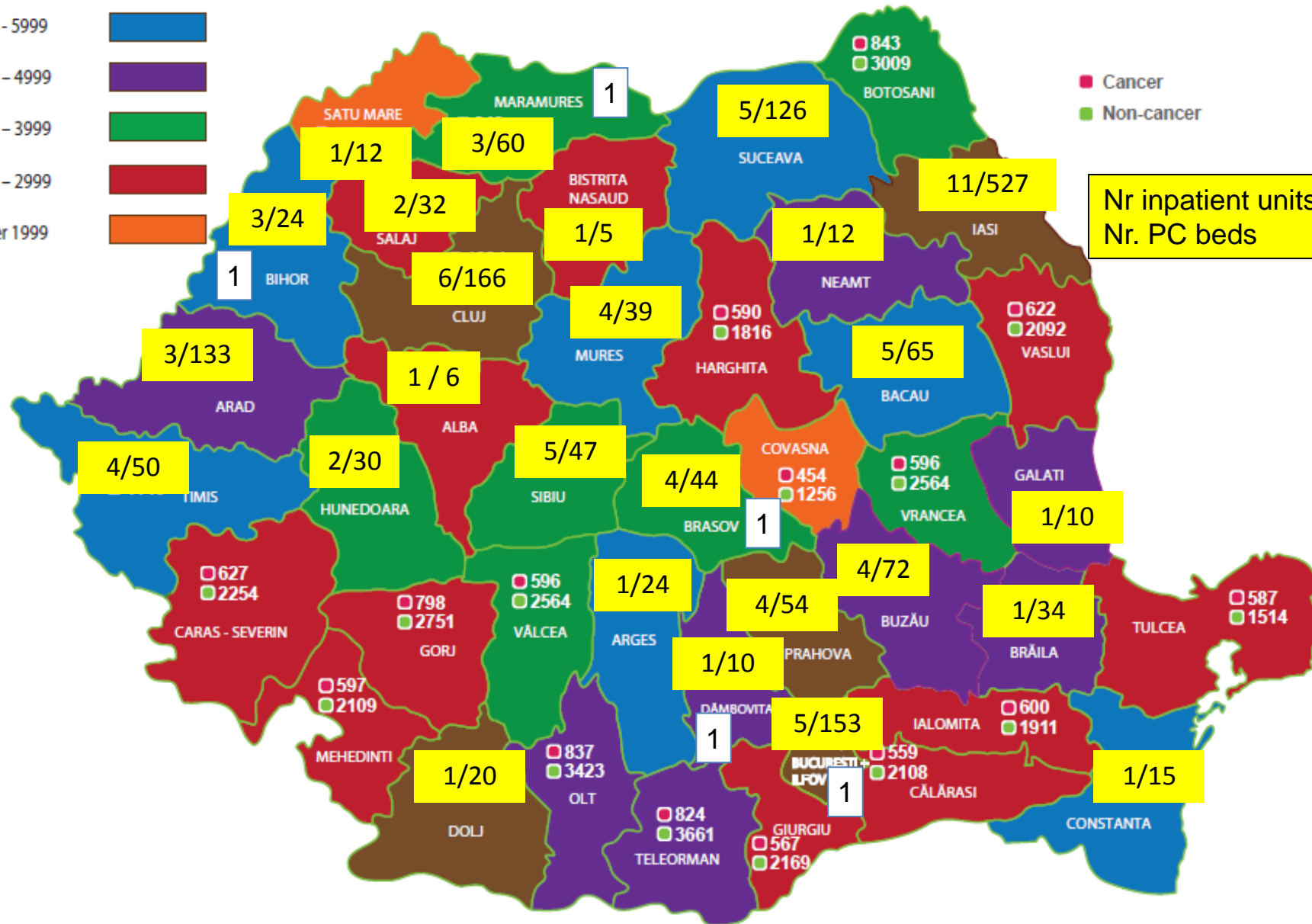
- In public, non-governmental and private for profit sector
 - 90 inpatient units (77 with partial all total public funded through the insurance system),
 - 24 home care services (7 with partial public funded through the insurance system)
 - 5 outpatient clinics (no public funding),
 - 4 day care centers (with some public funding from the Social Welfare Fund)
 - 5 mobile hospital teams (some public funding through the insurance system)



■ Cancer

■ Non-cancer

Nr inpatient units/
Nr. PC beds



EDUCATION

- New ARACIS criteria PC compulsory education for medical and nursing students (at present in Brasov, Iasi)
- 18 months Subspecialty for palliative care for doctors since 1999 with over 450 doctors trained (atestat studii complementare)
- Compulsory module for nurses in postgraduate school since 2009
- PC master Transylvania University Brasov

PROGRAMUL NATIONAL – NIVELURI ALE INGRIJIRII PALIATIVE

3a. INGRIJIRE SPECIALIZATA

ALTE SERVICII DE
SUPPORT

INGRIJIRI PALIATIVE
LA DOMICILIU

CONSULTATII IN
AMBULATOR

Centre de Zi

CALL CENTRE
pt PACIENT/FAMILIE

CALL CENTRE
pt PROFESIONISTI

ECHIPA
MOBILA DE
SPITAL

MEDIC DE
FAMILIE

PACIENT
SI
FAMILIE

SPITAL

2. ABORDARE PALIATIVA

1. SUPORT PENTRU
AUTO-INGRIJIRE

3b. SUPORT PENTRU DEZVOLTARE, EDUCATIE ȘI CERCETARE

Suport pt autoingrijire

PC NEEDS IN PRISONS

2016 in prisons

– M: 26044

– F: 1411

Out of them 7598 with chronically medical illnesses, 51 died, 15 received medical compassionate release

MenACE Mental Health, Aging and Palliative Care in Prisons aims to increase the response to mental health disorders within prisons and the quality of palliative and life care services provided by enhancing the competences of management and frontline staff to address prisoners' mental health needs and the special needs of older prisoners.

PARTNERS

The consortium is represented
by five EU member States
Geographically represent:
Northern (Norway),
Western (Belgium, the Netherlands),
Southeastern (Romania) and
Southern (Portugal).



<http://www.menace-project.org/>



MenACE

Mental Health, Aging and
Palliative care in European
Prisons

LEARN MORE

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News & events

MenACE kick-off project
meeting

Bucharest, 6th February 2017

SPECIFIC GOALS

1. To develop **pedagogical materials and learning processes** in the field of mental healthcare and geriatrics in prisons.
2. To develop and pilot a **‘train the trainer’ course for prison professionals** so that they can be able to train continuously their colleagues on mental healthcare and the needs of older prisoners;
3. To develop and pilot a **training course targeting prison administrators and first line prison staff** on basic mental health and age-related health issues.
4. To develop and pilot a **training course targeting first line prison staff** on the recognition and prevention of suicides.
5. To raise the awareness of prison staff, prisoners and their families with **information and educational materials about mental problems, and the risk of suicide and self-harm** (including awareness of times of risk: when prisoners may be at risk of particular distress and anxiety).
6. **To enhance cooperation with community health care providers and NGOs**, through referral of mentally ill inmates to local or regional mental health care organizations to ensure access to that can provide further evaluation and treatment after incarceration or during community probation measures.
7. **To raise the awareness of policy makers and judicial staff** (namely judges and prosecutors) to the problem of mental health disorders, palliative and end of life care and aging and its consequences to prison systems.

ACTIVITIES

Intellectual Output 1 - Development of a state of art analysis and best practices review:

- define and map the current EU practices in prison mental healthcare, geriatrics and palliative care,
- identifying and analyzing relevant stakeholders
- find the best practice models by investigating the state of the art in a variety of European Countries.

Intellectual Output 2 - MenACE training curricula and programme

Development of 3 training courses divided in three key areas of learning:

- mental healthcare;
- suicide prevention;
- geriatrics and palliative care in prison

ACTIVITIES

Intellectual Output 3 - E-learning (multimedia) training course and a train the trainer course:

- the partnership will develop an e-learning course that will serve as a complement to the class session programme
- the e-learning content will be an adaptation of the contents of the class session training to e-learning

Intellectual Output 4 - Train the trainer course:

- this course will ensure dissemination and sustainability of the proposed approach over time since different groups of professionals will be trained as trainers and can, therefore, train others.

ACTIVITIES

Intellectual Output 5 - European roadmap with policy recommendations:

The MenACE Roadmap has three different goals:

- Contextualization of the problems identified within MenACE project;
- Raising awareness about these issues among a broader community of practitioners and (especially judicial staff and other stakeholders of the criminal justice system) and policy makers;
- Development of policy recommendations to accelerate health care in detention settings.

BENEFICIARIES

The direct beneficiaries (411):

- corrections professionals from different prison departments (guards, administrative, education, economic and reintegration)
- a minimum of 195 participants in the multiplier events

The Indirect beneficiaries:

- prison staff working within the national prison system participating in the project (cca 1800)
- around 300.000 prison staff working in European prison system (as potential future users)

EXPECTED RESULTS

- an enhanced capacity of staff to recognize and manage mental health disorders,
- an improved capacity of staff to identify prisoners at risk of particular distress and anxiety (awareness of suicide and/or self-harm risk),
- a greater awareness of age-related needs and challenges regarding social rehabilitation of older inmates,
- an improved healthcare and palliative care in the targeted prisons, among others
- On long term we expect to raise awareness among policy makers about these important challenges that are part of public health, since “good prison health is good public health”.



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Thank you!