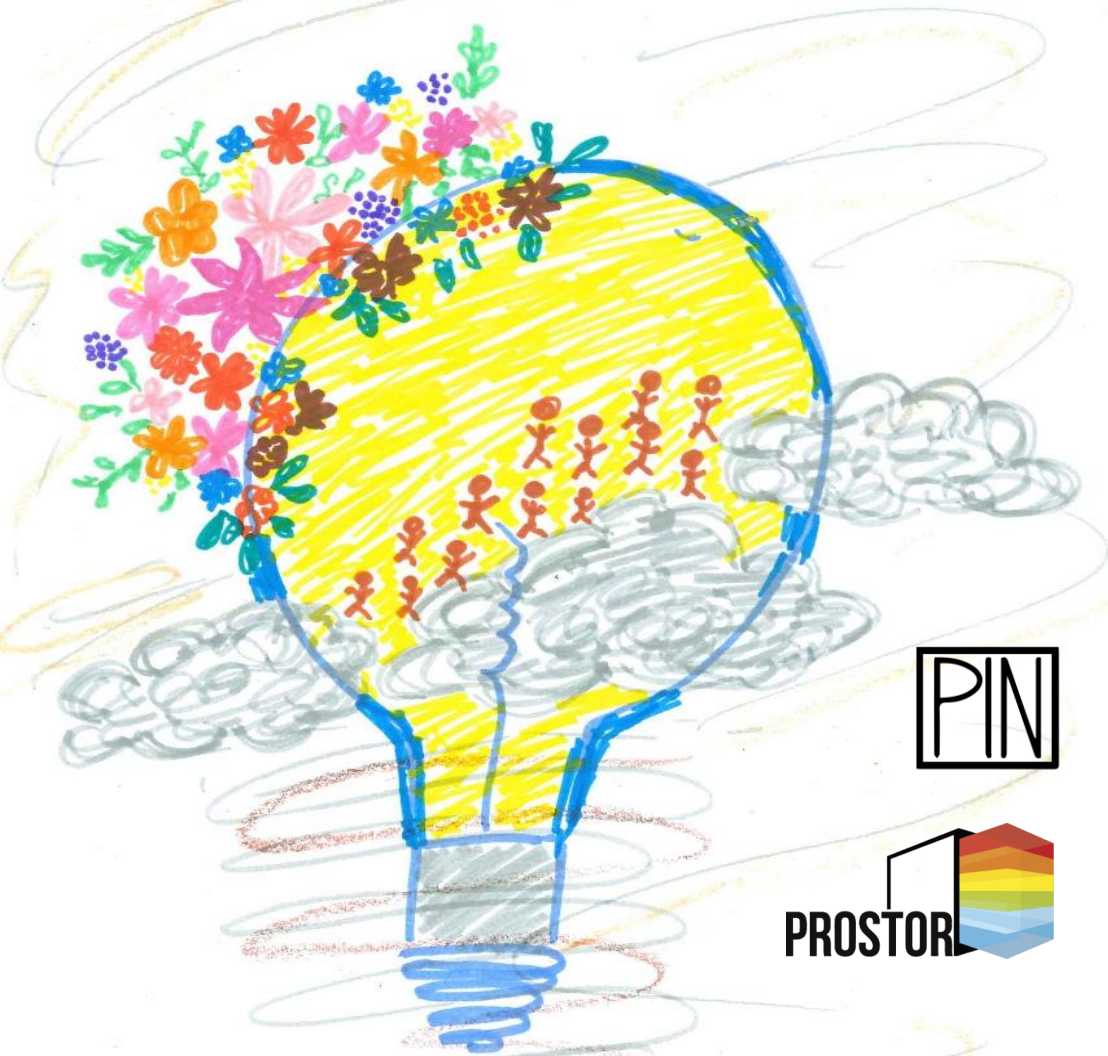


Evaluation of Program “Creative Space for Mental Health” and Results of the Study on Experiences of Users of Psychiatric Services

“Together Towards Community” Project's
Research Report



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SUMMARY

This report is a presentation of the program “**Creative Space for Mental Health**” (**the Program**) which has been conducted by “Prostor” association during 2021. It contains details on results of the Program, users of psychiatric services, their experiences, as well as the experiences of associates who implemented the Program.

Additionally, the report also presents the results of a study on predominant psychosocial difficulties of users of psychiatric services and challenges they face in their everyday lives.

The report aims to provide insights required to further adjust existing and develop new programs of psychosocial support to psychiatric users, in order to establish empirically based practice.

This report is intended for anyone who wants to have better understanding of the needs and issues which users of psychiatric services face and get a peek into their experiences and perspective. The report may be particularly useful for psychiatric service providers, decision makers, and anyone interested in improving the position of users of psychiatric services in Serbia and developing the community-based mental health services.

Note: “User of psychiatric services” is the term of choice of “Prostor” association because it, on the one hand, is the opposite to the term “patient” which implies a position power, i.e. inferior position of the person dealing with mental health issues. The term “user” puts a person in active position held by someone who willingly asks for help (although unfortunately it is not always the case). On the other hand, use of the term “psychiatry” very clearly refers to a specific, vulnerable group of people and differentiates them from persons with mental health issues. This term was selected in consultation with associations of users of psychiatric services.

COMMUNITY-BASED MENTAL HEALTH IN SERBIA

In Serbia, the reform of the mental health system started around 15 years ago, with the first National strategy for the mental health protection for the period 2007-2017 (Vlada Republike Srbije, 2007) and the first law on the protection of the rights of people with mental disabilities was published in 2013 (Vlada Republike Srbije, 2013). The strategy stated that the prevalence of mental disorders in Serbia is at the second place, right after cardiovascular diseases. The main goals of the strategy were the gradual transition from solely in-patient treatment to the development of community-based services, as well as improving the quality of life of people with psychosocial difficulties. In the following years, four community-based centres for mental health have been established, however, only as units of the psychiatric hospitals and not distinct centres located in local communities. Moreover, the National network of associations of psychiatric users ([NAUM](#)) has been established, gathering more than 10 associations of psychiatric users. After these developments, a period of stagnation followed. Parallely, the associations of psychiatric users and local CSOs have been developing community based support for people with psychosocial disabilities offering a range of services. However, the national system of community-based services hasn't been developed yet nor was systemic support provided and directed towards the associations of psychiatric users and CSOs for the implementation of their programs.

With the National program for mental health protection for the period 2019-2026, followed by the action plan for its implementation (Vlada Republike Srbije, 2019), and the highlights on the importance of mental health protection that has been brought by the COVID-19 pandemic, the reform of mental health protection system in Serbia reignited, as well as the transition towards community-based mental health services. The Republic experts' committee on mental health was reformed in May 2021 and started with the implementation of the National program on mental health protection and its action plan. Moreover, in July 2021, a first national dialogue on mental health was held, bringing together ministries' representatives, UN agencies and local CSOs working in this context, and a national mental health movement has been established, gathering the CSOs working in this area, with the goal of advocating for the reform of the mental health protection system that is in line with the needs of beneficiaries and their families, and is focused on the protection of their rights. Furthermore, following the COVID-19 pandemic and mental health crisis it brought, both CSOs and State institutions started various programs focused on prevention and mitigation of negative effects of pandemic on mental health, and additional initiatives on mental health promotion were established.

ABOUT THE PROJECT “TOGETHER TOWARDS COMMUNITY”

As a part of the regional project [SOCIETIES2](#) that is being financed by European Union and realized by [Caritas Serbia](#) and [Građanske inicijative](#), “Prostor” association got the opportunity to implement the [project](#) “Together Towards Community” from 1 February 2021 until 31 January 2022, which aimed to improve quality of life of users of psychiatric services by ensuring quality and structured program of community-based psychosocial support; The program “Creative Space for Mental Health” (hereinafter: the Program) was also developed and implemented as a part of the project. The Program is conducted at the premises of “Prostor” association and during the program users of psychiatric services were provided with continuous support and a safe space for recovery through various educational, therapeutical occupational and other activities aimed at achieving social and economic empowerment. This program of psychosocial support is in compliance with the Convention on the Rights of Persons with Disabilities, Law on Protection of Persons With Mental Disabilities and Action Plan For Implementation of Program for Protection of Mental Health in the Republic of Serbia for the Period 2019-2026.

Since this is the first time a comprehensive community-based program of psychosocial support for users of psychiatric services is being implemented in Serbia, with an aim of establishing empirically-based practice, the project has been carried out in partnership with non-governmental organization [PIN](#) (Psychosocial Innovation Network).



THE PROGRAM “CREATIVE SPACE FOR MENTAL HEALTH”

The aim of the [Program](#) „Creative Space for Mental Health“ is to work on improvement of quality of life and reduction of social exclusion of users of psychiatric services through activities aimed at psychosocial support and development of life skills. The program consists of four units:

Educational and occupational program

96 educational and occupational activities carried out in 2021 – computer courses, English courses and painting workshops.

Psychosocial and psychotherapeutical program

Peer support program

45 psychosocial and psychotherapeutical activities and peer support carried out in 2021 - art therapy, group psychotherapy, peer support

Self-help groups of Association of Users of Psychiatric Services “Duša” were also held

Program of economic and social empowerment

40 of social empowerment activities carried out in 2021 - meetings with social worker and lawyer for social and legal empowerment, workshops for creating a radio show “Are you normal?” which resulted in release of 4 digital episodes.

5 economic empowerment activities carried out in 2021 - exhibition sales and fairs.

Empirical Basis of the Program

The following has been carried out in order to establish empirically-based practice:

- Qualitative study aiming to gain preliminary insight into everyday experiences, quality of life, difficulties and strengths of psychiatric users in Serbia;
- Evaluation of the Program through preliminary information on its effectivity and experiences of program users and associates that were in charge of the program.

Methodology:

- Qualitative study included 11 respondents, who were interviewed by trained interviewers. The data was transcribed and subjected to thematic analysis (Braun & Clarke, 2006). Two researcher first proceeded with coding the material, then interpreted and connected codes to wider themes that reflected key aspects of user's experience.
- The program has been evaluated by users and service providers who completed evaluation forms, as well as by Client Satisfaction Questionnaire, which was used to learn about satisfaction of the users with the Program - CSQ-8 Attkisson and Zwick 1982; Larsen et al. 1979)
- Evaluation of the Program also included monitoring of changes in severity of symptoms of depression, anxiety, stress, other predominant mental difficulties, level of well-being and satisfaction with different aspects of life and social circumstances. These indicators have been selected based on set objectives of the Program measured at the beginning of the Program and after 6 months and then ranked. They have been measured by the following instruments:
 - Depression, Anxiety Stress Scale DASS-21 (Osman et al., 2012)
 - Brief Psychiatric Rating Scale BPRS (Overall & Gorham, 1962)
 - Well-being Index WHO-5 (Bech, 2004)
 - Dialog+ (Priebe, 2020)
 - Objective Social Outcomes Index SIX (Priebe, Watzke, Hansson, & Burns, 2008)

Since this is an exploratory study aiming to provide preliminary data for improvement of the Program and for further designing the research, the results give only a preliminary view into effects of the Program, which have to be further tested and measured. Additional funds and resources would have to be available for a study to be conducted on a larger sample and with control group, but in compliance with ethical norms.

THE USERS OF THE PROGRAM “CREATIVE SPACE FOR MENTAL HEALTH”

Out of total of 30 psychiatric users that participates in Program activities during 2021, 12 long-term users, both men and women, participated in the activities organized by “Prostor” in the community.

9 (75%) were male

3 (25%) were female

Respondents were between 26 and 65 years of age ($M = 48.5$)

All users had been diagnosed with a disorder from schizophrenia spectrum and all of them use prescribed medication

They have been service users for 11 to 57 years ($M = 29$), while they have been using other community activities for 2 to 11 years ($M = 8$).

Nine users (75%) were unemployed, while three (25%) were considered officially not capable of work.

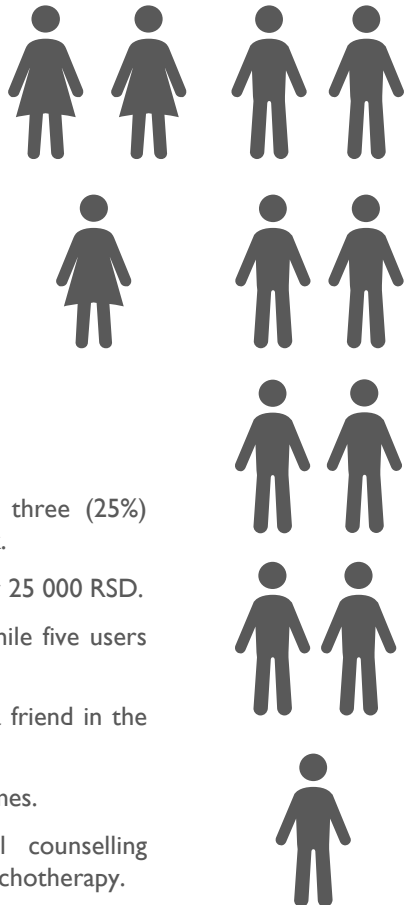
Most users (70%) have monthly income below 25 000 RSD.

Seven users (58%) live with their parents, while five users (42%) live on their own or with their families.

Most users (73%) have not spent time with a friend in the week prior to the measurement.

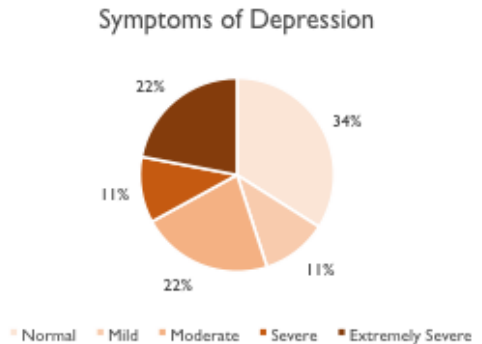
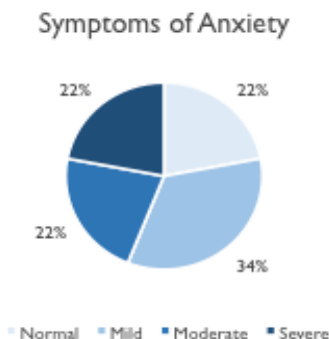
On average, users have been hospitalized 7 times.

Only two users (17%) use psychological counselling services, while only one user (8%) goes to psychotherapy.



PREDOMINANT PSYCHOLOGICAL DIFFICULTIES

Anxiety symptoms mostly fall in the category of moderate severity, but closer to the upper limit, bordering with severe symptoms ($M = 14.0$). The users of psychiatric services named the following symptoms as the most common: *the feeling that their heart beats harder, even when they are not tired, shaking and feeling nervous, but also feeling frightened for no apparent reason*. Frequency of certain symptom severity categories is shown in graph 1. This is also supported by the fact that anxiety symptoms have been identified as the second most severe symptoms by Brief Psychiatric Rating Scale, having an average rating of 3.11 out of 7, which is closest to the category of mild symptoms, such as *person often worrying about various issues, but is able to divert its attention to other matters without much trouble*.

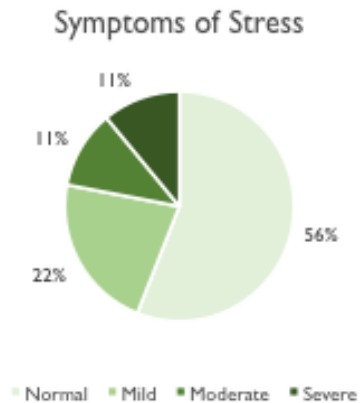


Graph 2 Frequency of certain severity categories of depressive symptoms (DASS-21)

Depression symptoms are also in the moderate category ($M = 16.2$), and the most common difficulties include *feeling that life is meaningless, finding it hard to show initiative and start anything, as well as total absence of positive feelings*. Frequency of certain symptoms by severity categories is shown in graph 2. Also, symptoms of depression are ranked first by severity of psychiatric symptoms according to the Brief Psychiatric Rating Scale, having average rating of 3.33 out of 7, which falls in the category of mild symptoms. This severity category commonly means *frequent feeling of sadness and dejection, but preserved ability to divert attention to other matters*.

Graph 1 Frequency of certain severity categories of anxiety symptoms (DASS-21)

Self-assessed stress falls in the category of moderate severity, but is closer to the lower limit, bordering with mild symptoms ($M = 19.1$). The most prominent symptoms mentioned by users were *finding it difficult to relax, hypersensitivity, being nervous, having difficulties calming down, but they also reported feeling annoyed when interrupted in something they were doing*. Frequency of certain symptom severity categories is shown in graph 3.



Graph 3 Frequency of certain severity categories of stress symptoms (DASS-21)

In the Brief Psychiatric Rating Scale the most prominent symptoms (besides previously mentioned depression and anxiety) were **hallucinatory behaviour** (2.78 out of maximum 7) and **unusual thought content** (2.67), which both mostly fall into mild symptoms category.

In case of hallucinatory behaviour, mild symptoms included occasional occurrence of *less complex hallucinatory experiences during clear, full consciousness (such as user hearing someone calling his name, hearing non-verbal sounds, such as whistling, seeing shapeless visual hallucinations, etc.) or presence of illusions (perceptions in the presence of stimulus of appropriate modality)*, for example once or twice a week. This severity category means that functioning is preserved, i.e. that hallucinatory experiences do not affect everyday activities.

As for unusual thought content, mild severity would mean *beliefs such as relationship ideas (e.g. feeling that people are staring at the user or laughing at him/her), ideas of persecution (feeling that the user is being treated badly) or other beliefs of unusual content, such as believing in psychic powers, ghosts, UFOs*. The content may be highly unusual, even bizarre, but lacking full belief in its truthfulness, meaning a persons reserves at least a small dose of doubt.

QUALITY OF LIFE AND WELLBEING

Average score on **self-assessed wellbeing** on the scale from 0% (the worst quality of life) to 100% (the best quality of life) was 54.2%.

On the scale of **satisfaction with various life aspects**, the users were least satisfied with work situation (4.09 out of 7) and their mental health (4.18), followed by situation regarding their partner or family (4.36), and their physical health (4.64).

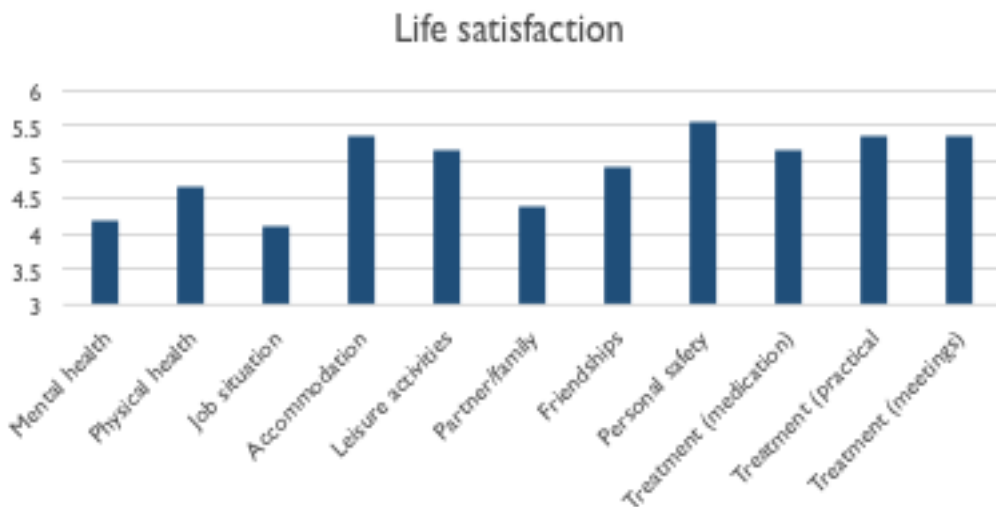
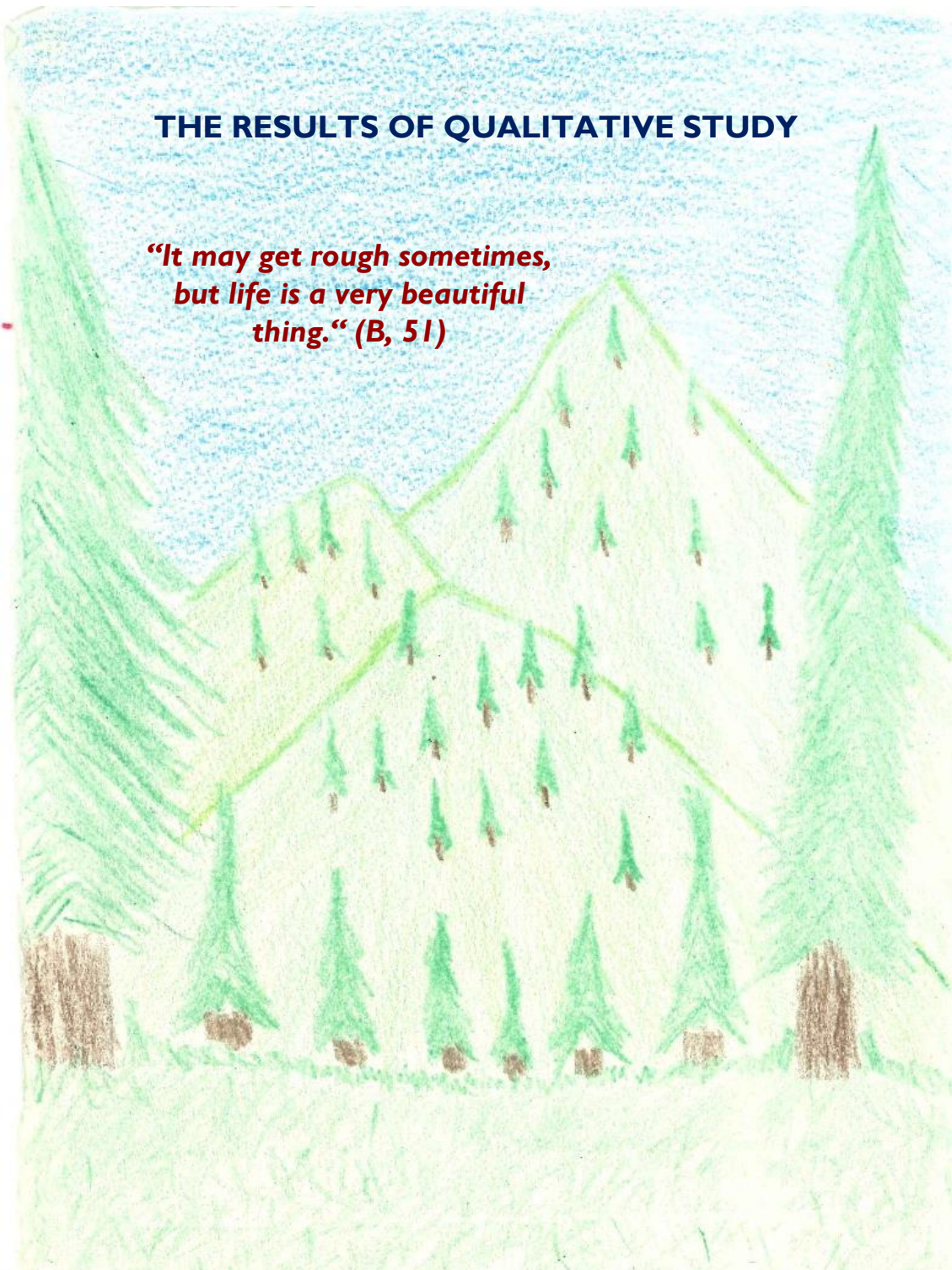


Table 5 Average satisfaction rated by different life aspects (Dialog+)

THE RESULTS OF QUALITATIVE STUDY

***"It may get rough sometimes,
but life is a very beautiful
thing." (B, 51)***



EVERYDAY EXPERIENCES AND CHALLENGES

The aim of analysing qualitative material was to gain an insight in everyday experiences and life context of users, allowing us to better understand their difficulties and unsatisfied needs, but also their strengths and strategies used to overcome challenges.

Sources of satisfaction

One of the most important sources of satisfaction is **self-satisfaction** – satisfaction with own efforts, abilities and competencies, as well as manner of coping with challenging situations. Self-satisfaction is especially present in users who reserve special space in their lives for creative work and creativity. **Socializing**, conversations, going out are most commonly mentioned as sources of satisfaction. Some users find presence of other persons to be very important and they have difficulties overcoming they condition if they spend a lot of time alone. Additionally, the possibility of having a **fulfilling day**, meaning that a person has the opportunity to participate in meaningful activities or be exposed to different contents, is also mentioned as an important source of satisfaction.

“After the weekend, gloomy and very hard time over the weekend, Saturdays and Sundays, we gather on Mondays and everyone is satisfied.” (N, 44)

*“So I come to “Prostor” to fulfil my day!
Because I feel empty if I don’t have anywhere
to go.” (B, 50)*

“I am in particularly good mood when I can produce something, do something, make some contribution. And then I’m sort of... excited, feeling normal. (laughing) Happy, happier.” (B, 54)

Most common difficulties and challenges

Relationships with other people are most commonly recognized as a difficulty, such as problematic relationships with others, family members especially. Furthermore, bad family situation (illness of a family member, bad financial situation, etc.), as well as difficulties in establishing close relationships and fulfilled exchanges with others also present a significant challenge. Users also mention negative reactions of others they have to face, including reactions such as ignoring, lack of understanding or even hostility.

“(I would like to) be isolated from my family, they fight a lot. Usually I asked them something they understand in the wrong way or they ask me something that I understand in the wrong way” (V, 26)

Loneliness represents a significant source of unpleasant feelings and difficulties for some users, especially those who live alone. They have the need for a company and communication, even if it means contacts in formal context or the company of pets. Interruption of regular socializing and activities due to pandemic had its consequences and made it more difficult to re-establish old practices and relationships.

“Fear. I even fear myself. When you live alone, hundreds of... Information, events and stuff cross your mind. I couldn’t wait to come here for the interview, I couldn’t bear it any longer. Loneliness is hard for me.” (M, 53)

Users express their **dissatisfaction with themselves and their functioning.**

“I would like to change my mood. Be more cheerful, less grumpy.” (M, 53)

Most common difficulties and challenges

Difficulties are also caused by **focusing on negative states**, as well as by **aggravation of condition** such as unpleasant emotions, mood swings, nervousness and anxiety occurring without visible cause.

“Well, I have many intrusive thoughts, I don’t know what to do them, it bothers me a lot. Sometimes I stay up all night, thinking about something, something terrible that could happen.” (B, 51)

“I don’t know, all of a sudden I lost that feeling of happiness. Nothing bad happened, it simply went away.” (B, 37)

Bad financial situation and financial uncertainty are a significant source of difficulties. Considering their ability to independently earn for living is very limited or non-existent, many users rely on their family’s pensions, financial support from the family or welfare. This sphere of life is something they most commonly would like to change or improve, because it is connected to other spheres of life, although they fail to see any concrete way in which they could do so.

“Having no money hits me hard, I’ve stopped receiving welfare a year ago. I suffered a lot and had to borrow cigarettes. My grandma gives me money, but that is only temporary, I’m embarrassed for having to take the money from her. I feel better when I have money, then there are friends and women, everything feels better, and animals, too. (B, 37)”

Coping strategies

Most users state that some form of **creative work** is important for them and that they enjoy it, that it helps them relieve the tension (especially if it involves some manual work), “turns their thoughts away from problems”, helping them to not focus on negative contents. It is important for users to be able to manufacture something, since it helps them prove or develop their talents and capacities.

“It is always fun to do something with my hands and when I’m, for example, knitting, I count and then don’t think about anything. That’s how I take things of my mind and I feel relieved.” (B, 54)

One of the important sources of self-satisfaction, but also a support for practical handling of life challenges is **proactive attitude of a person and his/her readiness to take initiative**. One’s decision to not give in to circumstances and finding a way to organize one’s day, to make the situation easier, etc. is especially important in case of crisis, such as the one caused by the pandemic.

“(Psychiatrist who was responsible for my case) said to me “L, look out for yourself”. I also had a wonderful friend who used to say “There’s no one better for you than yourself”. And now, since I’m visiting a spa, I will use the time to refresh, because I have the right to enjoy a little by myself.” (L, 64)

Many users have clearly and properly **structured days** and repeat the same routine every morning since they wake up. Users sometimes also have habits that resemble **rituals**.

“I used to go to church, now I can’t, and I feel sorry about that. That’s where I feel nice, but I can’t do it. My father doesn’t let me go, because I might catch corona virus, God forbid. I feel nice there. I used to go there every week.” (B, 50)

Acceptance or even normalization of their own condition and diagnosis, are often experienced by the users, which is somewhat expected considering how long they have been living with their symptoms.

“Even when I go crazy, I don’t feel bad, unlike many people who are afraid of their craziness, I am not afraid of my craziness, I know it very well.” (D, 65)

A very efficient strategy is **to seek support from other** persons when they don’t feel well. Even a short, basic exchange, such as text message or call are enough. Some users find exchange with other psychiatric users to be particularly important, since they are the only ones that can truly understand what a person is going through, because they have similar problems.

“People with mental difficulties come to “Prostor”. So that’s where I can feel relaxed. All people I know outside institutions know that I’m a psychiatric patient, I can’t bother them. Here, when we start a conversation, we feel free to talk about it, and I like it, I don’t feel tense.” (D, 65)

A strategy that some users also apply in case of acute exacerbations is braking contacts with others, **isolation** and investing in overcoming the crisis on their own.

“Well, when I don’t feel well, I, so to speak, quietly dwell at home. I want to isolate, so no one can reach me. Simply put, I sort of gather energy and strength to move on. It doesn’t last long in my case. Sometimes not even a whole day. I just, so to say, snooze, ache a little, get things in order in my head, and then I say: “Ok, now let’s move on.” Sometimes, when I feel bad, I don’t even respond to my best friends’ calls. When I’m entangled in my own confusing thoughts, I don’t call them and they know that, but when I feel well, I call them back and there’s no hard feelings between us.”. (B, 54)

What would they like to change in their lives

Most users have **normative wishes regarding their future** – get married and find a job – which are common for adult and independent life, but they frequently find themselves in dependant position, regardless of their age. At the same time, these wishes are accompanied by awareness of how difficult they are to achieve in their situation.

“Well, (I would like) to get married, but that is hardly going to happen, it is impossible. I would like to get a job, but that is also impossible.” (B, 51)

“If there wasn’t for Liceulice, I don’t know what I would do with myself. I would have to ask around for the job, roam around Belgrade in a hope that I’ll find something. In this way, however, I am guaranteed to earn at least some money on top of my pension.” (N, 44)

Along these, some very realistic and achievable wishes appear regarding **different organization of everyday life** and developing, i.e. restoring some routines – e.g. habits regarding personal hygiene, participating in sports activities, studying.

“I’d love to learn French, yes. My friend will give me this book - “Easy French”, I will start studying it at home for a little.” (B, 54)

They also express **satisfaction with current situation** or at least their acceptance of it.

“It may get rough sometimes, but life is a very beautiful thing.” (B, 51)

**EVALUATION OF PROGRAM
“CREATIVE SPACE
FOR MENTAL HEALTH”**



EVALUATION OF THE PROGRAM “CREATIVE SPACE FOR MENTAL HEALTH” – USER PERSPECTIVE

During evaluation that was carried out after completion of the program, user’s on average rated their experience with the Program as 3.34 out of possible 4, which speaks of very positive experience. The users were the most satisfied with the activities and persons who led them, and they also stated that to a certain extent the Program helped them cope with their issues and it met most of their needs (Table 6). As for the type of activity from the Program they found the most significant, almost all users picked different activity which once again shows *the importance of diversity of content that suits the needs of each user, as well as comprehensive approach to treatment and support*. On Client Satisfaction Questionnaire total score was 28.89 out of 32, which shows very high user satisfaction with the Program. Vast majority of users (89%) stated that they would definitely recommend “Prostor” to their friends, who need similar type of help and the same percentage of users agreed that they would certainly return to “Prostor” if they needed help.

User evaluation by aspects of services provided	Average rating (on the scale from 1 to 4)
How satisfied were you with the activities?	3.70
How satisfied were you with persons who led the activities?	3.70
Do you think that activities at “Prostor” helped you better cope with your issues?	3.30
How would you rate the quality of activities?	3.00
To which extent did program in “Prostor” meet your needs?	3.00

Table 6 User evaluation of the Program

Evaluation of the program “Creative Space for Mental Health”

Users predominantly have positive impressions of “Prostor” and activities offered. Regular and long-term users particularly **highlight the importance of activities and support** they receive and emphasise that they only have positive experiences with the activities at “Prostor”.

“I would tell him (a person experiences similar difficulties) to come, to socialize with us, to talk, to speak to each other, to draw, to complement our thoughts, to speak about our problems, both between ourselves and with volunteers.” (B, 51)

Although socialization, i.e. **regular interaction and communication with other users** is something many users find particularly important, there are some users that emphasise the opportunity of learning something new.

Of all activities at “Prostor”, most users emphasise the importance of **art therapy**. On one hand, they find it important to have the opportunity to be creative and create something, but they particularly underline the psychological importance - discussions about their drawings or paintings, that gives them the opportunity not only to express themselves, but also to learn about themselves and the others.

“I like art therapy and English course. We just had computer course, where N and I fought hand in hand and joined our forces to learn something.” (B, 50)

“What is my motivation to come to the association? Well, a bit of socializing, a bit of therapy. It feels good. In therapy you express your feelings and all. And you draw something, everyone draws something, and then everyone has to present their work, we have a discussion about it, it is interesting because everyone presents their work and then you get a chance to ask about something you find interesting, how other people feel, how you feel.” (A, 49)

Evaluation of the program “Creative Space for Mental Health”

The most prominent **unsatisfied needs** are:

a) **better availability of “Prostor” and more frequent activities;**

“There should be more hours planned for the activities, not only two hours. For example, if this space would be open for us, not 24/7, but from eight in the morning till eight in the evening.” (M, 53).

“If there was a house where you could spend a night, for example, when someone doesn’t feel good, but not bad enough to go to the hospital and he needs support, place where he could get it. A few days ago a user asked me if I could visit him, because he was feeling bad, I said “Sorry, but I have to work tomorrow, I can’t.” But, you know, if there was a centre where users, not only volunteers, could provide support to each other.” (B, 51)

b) **individual psychological support;**

“I would introduce psychological support and psychotherapy, as well. It would mean a lot to me.” (Lj, 64)

c) **additional activities and different schedule;**

“Well, I told them that I would like if they introduced tennis. Some physical activity. That’s what I’m missing. Or some science course. Maybe that big screen, for playing movies.” (B, 37)

d) **increasing the number of users and user diversification.**

“I’m sorry there are no more female members. It’s only L and I, and I think that’s all.” (B, 54)

Evaluation of the program “Creative Space for Mental Health”

Out of 12 users, 9 completed all questionnaires during pre-test and post-test, therefore subsequent analyses were conducted on total sample of 9 users - 8 male and 1 female.

After six months of the Program no statistically significant changes in intensity of psychiatric symptoms were observed ($t(8)=-0.417$, $p=.688$), self-assessed depression ($t(8)=0.000$, $p=1.000$), anxiety ($t(8)=-0.710$, $p=.498$), stress ($t(8)=0.674$, $p=.519$) or self-assessed wellbeing ($t(8)=0.610$, $p=.559$), and we observed slight decline in self-assessed stress (from average 19.11 to 16.44). Taking into account that participants were long-term users of “Prostor”, as well as that the study took place during a particularly challenging period affected by COVID-19 pandemic, the results come as no surprise. Furthermore, a slight decline in self-assessed stress could suggest that the possibility of longer, more comprehensive and frequent activities within the Program could contribute to better mental health of users.

However, since this is just an exploratory study, it provides only initial insights into importance of continuous support to users of community-based psychiatric services, while further research is required, which would be conducted on a larger sample and aimed at measuring short-term and long-term effects of the Program.



EVALUATION OF THE PROGRAM “CREATIVE SPACE FOR MENTAL HEALTH” – SERVICE PROVIDERS PERSPECTIVE

Service providers also showed positive opinion during evaluations that were carried out after completion of the program. They on average rated their overall impression of the Program as 3.22 (out of 4). The highest rating of service providers was related to their assessment of user’s opinion on the quality of services provided, but also on how satisfying the services themselves were for the users and how they contributed to user’s ability to better handle their problems (Table 7). They mentioned variety of workshop contents as the most important and the most useful aspect, as well as the fact that activities organized for the users were continuous and free. The main challenges for the Program in their opinion were formal limitations, such as instable income, donor networks, work space, while recommendations for improvement of services were mostly related to introduction of larger number of activities.

User evaluation by aspects of services provided	Average rating (on the scale from 1 to 4)
Do you think that services of “Prostor” helped users better cope with their issues?	3.50
To which extent you think that the users were satisfied with services provided?	3.50
In your opinion, how did user rate the quality of services provided?	3.50
Do you think that users got the type of service they were looking for?	3.17
To which extent you think that the users were satisfied with the amount of help they received?	3.00
To which extent did program in “Prostor” met users’ needs?	2.67

Table 7 Evaluation by providers of Program services.

RECOMMENDATIONS

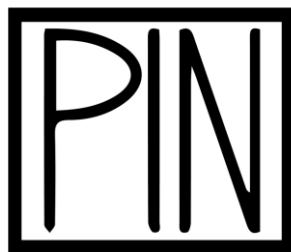
- Secure funds and improve Program so that it meets the needs of users in more comprehensive manner, such as provision of continuous support which includes different types of services (e.g. individual psychological support), but also their availability during the entire day.
- Establish closer collaboration with healthcare and welfare institutions, as well as with decision-makers in order to improve user's journey through healthcare and welfare system, thus ensuring better availability of services to psychiatric users.
- Ensure availability of community-based psychosocial support programs to the largest possible number of psychiatric users in Serbia. This type of support programs is currently available only in Belgrade, within the activities carried out by "Prostor" association, and they have very limited resources.
- Improve systemic solutions in terms of socio-economic and legal needs of psychiatric users.
- Continue conducting studies that aim to research short-term and long-term effects of community-based support programs and improvement of programs based on empirical data.





FROM 2010 "PROSTOR" ASSOCIATION ORGANIZES DIFFERENT ACTIVITIES IN THE COMMUNITY WITH AN AIM OF IMPROVING THE QUALITY OF LIFE AND REDUCING SOCIAL EXCLUSION OF USERS OF PSYCHIATRIC SERVICES. THEIR WORK IS BASED ON PERSON-ORIENTED AND RECOVERY-ORIENTED APPROACH AND IS GUIDED BY PRINCIPLES OF RESPECT AND DIVERSITY AND THE IDEA THAT EVERY MAN IS THE BEST EXPERT FOR HIS OWN EXPERIENCES. ACTIVITIES OF "PROSTOR" INCLUDE: DIRECT SUPPORT AND COMMUNITY-BASED PSYCHOSOCIAL SUPPORT PROGRAM FOR USERS OF PSYCHIATRIC SERVICES; ADVOCATING INITIATIVES AT LOCAL AND NATIONAL LEVEL; PUBLIC CAMPAIGNS AND EVENTS, AND ALL WITH AN AIM OF IMPROVING MENTAL HEALTH PROTECTION IN THE COMMUNITY AND REDUCING PREJUDICES TOWARDS PSYCHIATRIC USERS.

PIN (PSYCHOSOCIAL INNOVATION NETWORK) IS A NON-GOVERNMENTAL ORGANIZATION WHICH SINCE 2015 HAS BEEN INVOLVED IN FIELD STUDIES OF MENTAL HEALTH IN COMMUNITY, DESIGNING AND IMPLEMENTING EMPIRICALLY-BASED PREVENTIVE AND PSYCHOSOCIAL PROGRAMS, PROVIDING DIRECT SUPPORT TO VULNERABLE GROUPS, ORGANIZATION OF TRAININGS AND GIVING SUPPORT TO SERVICE PROVIDERS AND ADVOCATING SYSTEMIC AND SUSTAINABLE PROGRAMS FOR PROTECTION AND IMPROVEMENT OF MENTAL HEALTH IN THE REPUBLIC OF SERBIA.



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Note: All artworks used in the report were created by users of psychiatric services during the program “Creative Space for Mental Health”. Publication is designed by PIN.

