INNOVATIVE TECHNOLOGIES FOR SOCIAL INCLUSION A T THE CAMPOLIETO PSYCHOSOCIAL REHABILITATION COMMUNITY

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RESEARCH ARTICLE | RIABILITAZIONE

ABSTRACT

Numerous scientific evidences show that people with a mental disorder suffer not only from the disorder itself, but also, and perhaps above all, for the social and relational consequences that the disorder produces and which manifest themselves in the form of stigma. The improvement of mental health, with a view to Recovery, is in fact based on the possibility of taking advantage of socio-professional contexts in which users and operators have the opportunity to live meaningful relationships, and this can translate into a form of existence as much as possible rewarding and satisfying. The main purpose of the work was to investigate how much the "Innovative Technologies for Social Inclusion" project allowed to combine the promotion of the territory and the social inclusion of people with severe mental health problems. It was possible to analyze this element through the FPS Scale (personal and social functioning) and two evaluation grids administered. The New Communication and Information Technologies (ICT) have made it possible to rethink a new relationship between Digital Technology and the world of Disability; in fact they have allowed the patients of the Psychosocial Ria Community of Campolieto a more satisfactory quality of life and a better enhancement of the territory. These results offer promising preliminary evidence that the use of ICT provides an effective tool for promoting the social inclusion of discriminated groups of the population such as people with severe mental disorders.

INTRODUCTION

The Psychosocial Rehabilitation Community (CRP) of Campolieto, managed by the "Dialogo Social Cooperative", has decided to design the "Innovative Technologies for Social Inclusion" project, approved and funded by the Molise Region (POR Molise 2014-2020). The implementation of the project took place in Campolieto, a small town in Molise, and it lasted for 9 months, from March to December 2019. The Project was implemented by the CRP team of Campolieto through the involvement of the 13 patients of the structure , which have different diagnoses: schizophrenia, mood disorders and personality disorders. Each patient has a Personalized Rehabilitation Therapeutic Project oriented to Recovery; therefore the patients are accompanied towards a process of change through which they can improve their health and well-being, live in a Self-Directed way, committing themselves to live to the best of their potential (SAMSHASA). The purpose of the regional project "Innovative technologies for social inclusion" was to combine the promotion of the territory and the social integration of the guests of the rehabilitation facility, the aim is to break down barriers and prejudices, combat discrimination and allow true social integration of people with mental disorders in the community to which they belong. The protagonists of the project have promoted and enhanced the assets present in

the area, using the new Information and Communication Technologies (ICT). The project envisaged the enhancement of the "Invisible Assets" present in the Campolieto area. By "Invisible Assets" we mean material assets (monuments, ancient objects and photos, etc.) and intangible assets (traditions, popular religiosity, ancient tales, folk songs, know-how, popular sayings, customs, traditional games, etc.). Since ICT are increasingly widespread in every aspect of daily life, they could prove to be an effective and positive tool for promoting the social inclusion of discriminated groups of the population, such as people with mental disabilities. The goal of the study is to investigate how much the promotion and enhancement, through the use of ICT, of the assets in the Campolieto area can produce real social inclusion for people with severe psychiatric disorders; this purpose reflects good care practices in the field of mental health.

MATERIALS AND METHODS

The "Innovative Technologies for Social Inclusion" Project lasted for 9 months and involved all patients of the Psychosocial Rehabilitation Community who presented different diagnoses, mainly psychotic disorders. The project envisaged the involvement of a Psychiatric Rehabilitation Technician, a Psychologist, a ProfessionalTechnician, a Psychologist, a Professional Educator, a Social Assistant, a Nurse and the
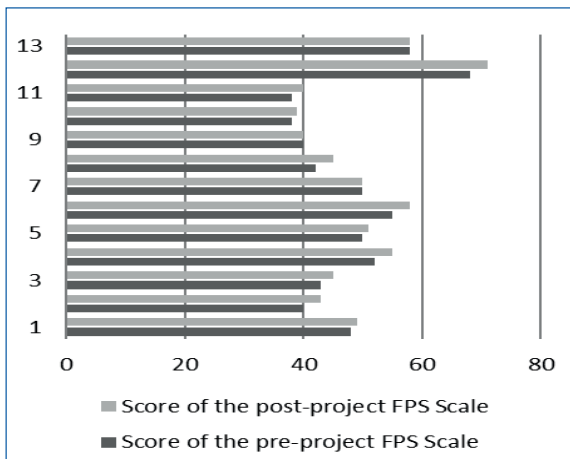
Tab.1 – *Score of the FPS Scale*
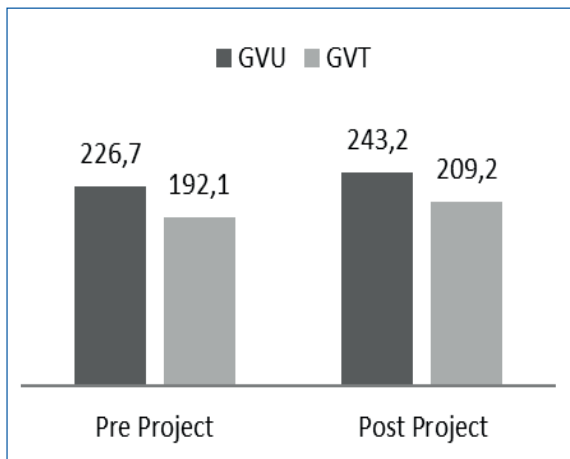
Tab. 2 – *Average total Score of the Evaluation Grids*

13 patients of the structure, whose average age is 43. The criteria for inclusion in the study were:
- to be a patient in the Psychosocial Rehabilitation Community;
- have a severe mental disorder with impaired social functioning.

The project provided five steps:
1. The first step was the research of tangible and intangible assets present in the Municipality of Campolieto. It was necessary to give some basic notions on the use of a digital camera and on the creation of a photographic reportage to the protagonists of the project, the patients of the structure, in order to give them the opportunity to make the best use of the equipment made available by the project.
2. After selecting and processing the information collected, two post-production workshops for the photographic material and assembly of the material were created using the computer.
3. During the third phase, the 13 users created a Facebook page relating to the Project (https://www.facebook. com/ICT perinclusionesociale/), a georeferenced map on the Google Maps site (https://www.google.com/ maps / d / viewer? mid = 1CLYgfK soAtwmH8xZkfd7r0POXywsP961

& ll = 41.63370829197936% 2C1 4.765993165661598 & z = 17), and the creation of 6 captions / information points scattered throughout the territory in the vicinity of the enhanced assets. These points include a short text in Italian, English and sensory (Braille) and two QR codes that allow you to connect with your smartphone to the information gallery of the assets (georeferenced map) and to information on the project.
4. The organization of a conference about accessible tourism issues, communicating and disseminating the results obtained through the regional project.
5. Periodic monitoring reports.

Assessment

Three evaluation tools were adopted for the research: VADO FPS scale (personal and social functioning) and an Evaluation Grid "in two versions: the first compiled by the patient, the second by the multi-professional team.

The Scale FPS (Personal and Social Functioning) of VADO, was used to assess the patients' level of functioning in four main areas: work and socially useful activities; family, personal and social relationships; self-care; aggressive and destructive behaviors. The FPS requires a brief and simple training, that is de-
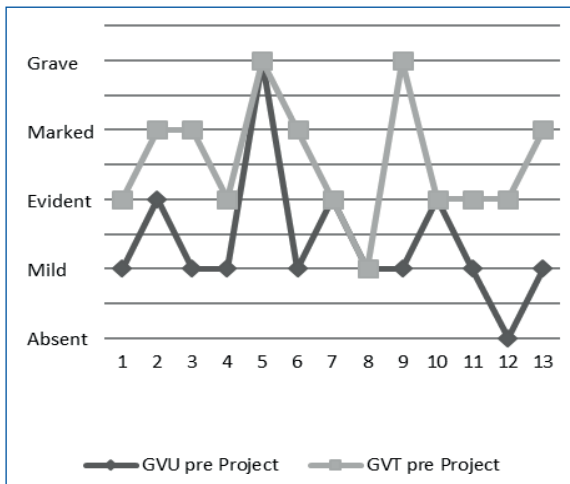
Tab. 3 – *GVU and GVT dysfunction level, pre Project*
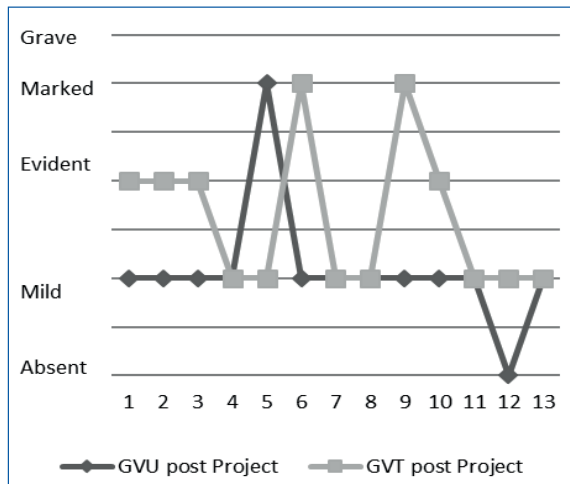
Tab. 4 – *GVU and GVT dysfunction level, Post Project*

scribed in the VADO manual. The evaluation of the areas takes place according to the following levels of dysfunction: absent, slight, evident, marked, severe. The overall evaluation is then transformed into a score from 0 to 100 (higher scores corresponding to better functioning) according to the instructions of the VADO guide.

The second evaluation tool used is the Evaluation Grid designed and structured in two versions: self-compiled by the patient (GVU: User Evaluation Grid) and straight compiled by the multi- professional team (GVE: Èquipe Evaluation Grid). The two versions of the evaluation grid are made up of 34 items; of these 10 investigate the area of socialization, 5 the area of organizational skills, 5 the motivation and autonomy, 4 the learning of "tasks" and 10 the area of professionalism and knowledge. The difference between GVU and GVE is only the setting of the item, which is more simplified and devoid of technical terms in the GVU. The attribution of the score is on a Likert scale from 3 to 8, where 3 corresponds to "Very deficient", 4 to "Bad", 5 to "Not satisfactory", 6 to "Quite satisfactory", 7 to "Very satisfactory" and 8 to "Excellent".

The aspects investigated by the items and divided into evaluation areas are the following:

- Socialization: respect for social rules, behavior appropriate to the context, self-care, clothing, interpersonal relationships, communication skills, collaboration skills.

- Work organization: punctuality, absences or delays and pace of work.

- Motivation and autonomy: perception of the potential possessed, sense of responsibility, level of autonomy, diversification of duties and self-esteem.

- Learning of the duties: maintenance of the role identified for each specific task, recognition of rights and duties, learning of the request / task, verification and identification of the causes of error.

- Professionalism and cognition: flexibility, adaptability, concentration, commitment, Problem Solving.

The evaluation of the areas of the Evaluation Grids takes place according to the following levels of dysfunction: "absent" in which the total score can vary from 272 to 260, "mild" from 259 to 220, "evident" from 219 to 200, "marked" from 199 to 150 and "grave" from 149 to 102.

■ RESULTS AND CONCLUSIONS

The study was proposed to all 13 subjects of the Psychosocial Rehabilitation Community: all patients decided to participate. The sample consisted of 13 patients, including 5 males (45%) and 6 females (55%) with a mean age of 43 years. The graph in *Figure I* allows you to compare the scores obtained by the Scale of personal and social functioning, before and after the implementation of the Project, highlighting an improvement in the areas subject to assessment. (Insert here Figure I)

The comparison of the pre- and post-project results allows to confirm, through a standardized and scientifically proven evaluation, the global improvement that has also emerged from the two Evaluation Grids. The implementation of the "Innovative technologies for social inclusion" project has allowed an improvement in the score of the FPS scale, in fact the average of the results has gone from 47,8 to 49,6.

Figure II allows to compare the mean of the Total Score obtained overall by the 13 patients. The graph shows a significant improvement in the areas investigated after the implementation of the project; this improvement is evident in both the GVU and GVT results. (Insert here Figure II)

Figure III allows you to compare the result obtained by the GVU (self-compiled by the patient) and that obtained by the GVT (compiled by the team) by each individual patient before the start of the Project. (Insert here Figure III)

The self-assessment carried out by the patients of the structure shows that 9 out of 13 patients attribute a higher score to the items than that attributed by professionals; it follows that the participants in the project have a harder time recognizing their own difficulties. The part of the graphs (*Figures II and III*) relating to the GVU identify a "Mild" dysfunction both before and after the end of the Project (*Figure II and VI*); on the other hand, the average of the scores obtained by the GVT highlights a "Marked" dysfunction before the project, and an improvement at the end of the project ("Evident" dysfunction). *Figure IV* shows the Total Scores obtained in the GVT; in this case too, the result of the self-assessment identifies a less severe dysfunction than that assessed by the multi-professional team. (Insert here Figure IV)

The reports and initial, intermediate and final of two evaluation grids carried out make it possible to compare and acquire the results obtained through the implementation of the "Innovative technologies for social inclusion" project. The results obtained are:

- Greater cohesion among the participants thanks to the necessary coordination during the activities.

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- The activities carried out in the area have promoted the integration of the patients of the structure with the citizens of Campolieto. Consequently, this exchange resulted in the expansion of the social network both from a quantitative and qualitative point of view of the participants, allowing the users of the Structure to feel an integral part of the community.

- Regarding the organizational skills, there has been a constant improvement in time management and a growing curiosity about the use of ICT.

- Thanks to Learning by doing it was possible to record a progressive learning in the use of digital technologies.

- All phases of the project made it possible to constantly train cognitive functions, with better results than the evaluation at T0.

- The sharing of common experiences and the resolution of group problems have encouraged the use of communication skills, those dynamics of change and adaptation such as to stabilize socially competent, functional and satisfying behaviors and to contrast those that immobilize the person in a condition of suffering and isolation.

In conclusion, the results of the research confirm how much the Project has made it possible to increase the solidarity of the community, with a consequent direct benefit on people with mental illness and indirect on the general population; in fact, it has allowed the quality of life of CRP users to be more satisfactory and has allowed a better enhancement of the territory. In conclusion, ICT allows us to rethink a new relationship between Digital Technology and the world of Disability.

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