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PROPOSAL FOR PRACTICAL POLICIES TO IMPROVE SOCIAL INCLUSION OF PERSONS WITH DISABILITIES AND MENTAL DISORDERS IN MONTENEGRO

biljana

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I INSTEAD OF INTORODUCTION

Comprehensive quality principles in social service delivery:

Availability: A wide range of social services should be available to users, in order to provide an appropriate response to their needs, preferably with freedom of choice among services within the community, a place that is best for service users and, where necessary, for their families.

Accessibility: Social services should be accessible to all those in need. All users should be provided with information and unbiased advice on the range of services available. Persons with disabilities should be provided with access to the physical environment in which the service takes place, adequate transportation to and from the place of service provision, and access to information and communication channels (including information and communication technologies).

Affordability: Social services should be provided to all persons in need (universal access) either free of charge or at a price that an individual can afford.

User-centered: Social services need to respond to the changing needs of each individual in a timely and flexible manner in order to improve their quality, life and equal opportunities. Social services should take into account physical, intellectual and social environment of users and should respect their cultural specificities. Furthermore, they should be managed according to the needs of direct service users and, where appropriate, the needs of other related service users.

Comprehensiveness: Social services should be designed and provided in an integrated manner which reflects the multiple needs, abilities and preferences of the users and, when appropriate, their families and carers to improve their well-being.

Continuity: Social services should be organized to ensure continuity of service throughout the need, especially when the service responds to developmental and long-term needs, according to a lifecycle approach that allows service users to rely on a continuous, uninterrupted array of services, from the beginning of the support intervention and monitoring, avoiding the negative impact of service interruption.

Outcome-oriented: Social services should focus primarily on the benefit of the service users, taking into account, where appropriate, benefits for families, informal carers and the community. Service delivery should be optimized on the basis of periodic assessment/evaluation, which should, among other things, serve as a channel for organizing feedback from users and stakeholders.

II ABOUT THE PROJECT

The project SOCIETIES is funded by the European Union. Caritas Serbia is the developer of the project together with 15 partner organizations from the countries of Southeast Europe and Italy. The project involves 7 national Caritas from partner countries involved in the project: Caritas Serbia, Caritas Albania, Caritas Montenegro, Caritas Bosnia and Herzegovina, Caritas Kosovo, Caritas Italy and Caritas Bulgaria.

Co-applicants in the project are: Our House (Serbia), Psicologi per i Popoli nel mondo (Italy), Fenix (BiH), the Association of Paraplegics Bar (Montenegro), Center for self-help (Kosovo), CODE Albanian Association for Psychotherapy (Albania), Bulgarian Center for Non-Profit law, the World Foundation Maria (Bulgaria).

The overall objective of the project is to enhance the capacity of civil society organizations in South East Europe in the processes of social inclusion and to promote social inclusion policies through effective dialogue with institutions during the decision-making process.

The specific objectives of the project are to strengthen the skills of civil society organizations in promoting the social inclusion of persons with disabilities and mental disabilities, as well as to strengthen their capacities in dialogue with relevant institutions responsible for social inclusion.

In order to achieve these goals, it is also planned to draft practical policies for decision makers in the social and health care system. In order to make the proposals relevant to the current situation and needs of the beneficiary groups, working groups have been set up to address issues of importance of the social inclusion of people with disabilities and people with mental health problems. The groups were composed of representatives of the public and civil sectors. In order to see the overall situation in the target areas, the groups consisted of participants from different Montenegrin cities (Podgorica, Berane, Andrijevica, Bijelo Polje, Mojkovac, Kolasin, Plav and Bar).

The meetings were multisectoral in nature, representing the involvement of relevant services/secretariats under the authority of local government, public institutions responsible for social and health care, employment services and civil society organizations dealing with persons with different types of disabilities, as well as direct representatives of target groups covered by the program. In addition to looking at the current situation and problems in the targeted areas, the participants, with the support of an engaged consultant, developed ideas on how to improve the situation. Therefore, the document before you does not represent the perceptions of experts, but the vision of the problems and solutions of user groups that face problems of disability and mental health in their daily lives and work.

Note: This policy proposal is based on comprehensive analyses obtained from the research process in 9 areas relevant to the social inclusion of people with disabilities and people with mental health problems. Documents available at CARITAS Montenegro.

III SITUATION ANALYSIS AND IMPROVEMENT MEASURES

ARCHITECTURAL BARRIERS

Situation Analysis: Few institutions are accessible when it comes to the movement, stay and operation of persons with disabilities, in accordance with the accessibility standards prescribed by the applicable regulations. The situation is worrying both when it comes to state institutions of the legislative and executive branches of power, as well as to public institutions, schools and housing at the local level. There are no analyses of accessibility for people in wheelchairs and visually impaired people, which would indicate the current situation and therefore the need to solve existing problems. Particular emphasis was placed on the position of blind persons, for whom not even a minimum of conditions for accessibility to facilities is provided. In most cities in Montenegro, regardless of population and very high frequency of traffic, there are no traffic lights and therefore no audible signals. When it comes to accessibility, it should not be overlooked that architectural barriers are not the only factor relevant to the mobility of PWDs. People without the necessary orthopedic aids are prevented from moving, ie. from using existing facilities accessible to other people. The willingness to address the issue of architectonic barriers on the part of the community is weak, which with insufficient involvement of the Local Government makes the problem even more serious. The lack of public policies at the local level, which would also address the issue of architectural barriers, is a serious challenge for the Local Government in the future.

Recommendations for improvement:

- Develop accessibility analysis for people in wheelchairs and visually impaired persons, when it comes to public institutions and enterprises under the jurisdiction of Local Governments and institutions founded by the state, as well as analysis of accessibility of housing facilities; The analysis should be done by the local authorities in close cooperation and partnership with organizations dealing with the protection of the rights of PWDs;
- Strengthen links with the community and ensure the widest possible support of the public in addressing the issue of accessibility for persons with disabilities; Undertake initiatives in advocacy in order to provide accessibility, especially to public institutions;
- Provide orthopedic aids in accordance with the needs of PWDs, put pressure on the health system, establish links with public institutions that receive frequent donations in the form of orthopedic aids;

- Increase the participation of local governments in the adaptation of space in residential buildings through the Citizens' Initiative
- Initiate the development of new Action Plans for the Integration of Persons with Disabilities with the full participation of CSOs and PWD representatives
- Define and promote accessibility as an integral part of public policy, through action plans and support under existing grant schemes.

FINANCIAL SUPPORT FOR PWDs (Financial and Social Situation of PWDs and Their Families)

Situation Analysis: In order to provide financial support to PWDs and their families, the state provides various types of subsidies (child allowance, care allowance and assistance, personal disability allowances, etc.). However, these subsidies are not sufficient for life, the implementation process is slow and complicated, and so a large number of these families are at constant risk of poverty. It is further neglected the fact that, due to inadequate health care, education systems and other specific living needs, the cost of living of these families is higher than the cost of the average family. Very often, mothers of children with disabilities leave work to take care of their child, which, no matter what the humane reasons, further threatens the existence of the family. The financial and social situation of PWDs and their families is crucial for professional rehabilitation and re-socialization that will lead to greater employment of PWDs. However, the interest and motivation of the business sector for the employment of PWDs is poor, despite the significant benefits that the state is providing them with. Another problem is the so-called "social awareness", where persons with disabilities who are afraid of losing their acquired disability rights do not take a job. Local strategic plans defining goals and measures for improving the quality of life of persons with disabilities are lacking, and institutional mechanisms such as the Council on Disability Issues do not work. Significant support for PWDs and their families is provided by civil society organizations, whose survival has been called into question due to lack of adequate financial support.

Recommendations for improvement:

- Develop a precise database on the actual number of persons with disabilities, and an analysis of the material situation of persons with disabilities and their families;
- At the state level, analyze the material allowances for persons with disabilities and their families, as well as procedures for their implementation and implement compliance measures;
- To fight prejudices about the role of the wife/mother in the family who is expected to leave work in order to nurture her child, to promote the role of father and the use of existing benefits by fathers (part-time, etc.);
- Strengthen the foster care system by developing foster families for children with disabilities;

- Increased level of awareness of PWDs and their families about existing support programs, legal procedures for obtaining benefits, employment opportunities, etc;
- Strengthen institutional mechanisms to support persons with disabilities at the local level, in particular the Council on Disability Issues;
- Ensure the sustainability of local CSOs dealing with the rights of persons with disabilities, in a way that they will be defined by the Local Government as organizations of particular interest to the community, for which funds from the local budget will be provided.

PEOPLE WITH DISABILITIES IN FAMILIES / COMMUNITY

Situation Analysis: Still a largely traditional Montenegrin family, it values the roles and behaviors reflected in a high level of care and commitment, especially when a family member is a person with disability. However, the level of commitment and sacrifice, above all by the mother, sometimes presents the risk of the child entering a zone of different types of isolation, which parents, convinced that they best care for their child, often do not recognize (overprotection, isolation, do not use different community support services, etc.). Caring for a child/person with disabilities also requires specific knowledge and skills, but there is not a sufficient number of educational programs or psychological support and empowerment for parents and carers of persons with disabilities. Parents' unwillingness to accept the fact that their child has a developmental disability is one of the key obstacles, which causes the child's health problem to be revealed late. Equally complicated and difficult is the process of getting used to the existence of a child's disability. What is still a taboo topic is the multiple vulnerability of children with disabilities to all forms of violence, including domestic violence, to which children are often exposed because of greater dependence on family members. There is also very little talk about parents who are disabled, for whom financial and psychosocial support is completely lacking, both from institutions and from the civil sector. Children and persons with disabilities are in a particularly specific position, and because of the inability to care within the family, they must be placed in an institution. In these situations, the contacts of persons with disabilities with families are usually minimized. For example, only about 15% of parents (relatives) maintain permanent contact with residents of Komanski Most Institute in Podgorica, which houses people with severe physical and intellectual disabilities.

Recommendations for improvement:

- Continually educate parents and guardians of children and persons with disabilities;
- Continually promote existing community-based disability support services and educate parents about the importance of social inclusion for their children;

- Conduct research on work discrimination against parents and guardians of children and persons with disabilities;
- Conduct an analysis of the situation of parents with disabilities and consider the possibilities of psychosocial and financial support;
- Educate the general public about the importance of early detection of developmental disorders in children;
- "Break the Silence" about the abuse of children with disabilities. Conduct educations of experts on recognizing violence against children with disabilities and how to effectively protect them;
- Design and implement animation measures for families whose members are housed in institutions for the purpose of establishing and maintaining contact and active participation in the treatment and rehabilitation process;
- Increase the level of involvement of the civil sector and social services in educational and other programs aimed at children and persons with disabilities placed in institutions.

SUPPORT SERVICES FOR PWDs

Situation Analysis: Support services play a key role in integrating PWDs into community life. Providing services for persons with disabilities is an obligation of the state and it is defined by the Law on Social and Child Welfare (day care centers, supported housing, home assistance, personal assistant service, sign language interpreter service, leisure and recreation services). In addition to the lack of such services, these services are of a general nature and only partially cover the needs of persons with disabilities for community support. The housing program with support for PWDs is slowly evolving and there is no parent respite care for parents of children with severe disabilities. Personal assistance and home assistance services are not adequately developed. There is a lack of employment support services and free legal counseling. Special education, psychology, speech therapy, physio-therapeutic, and other services that are part of the health system, are not supported by health or social sector to the extent it is necessary. There is insufficient specific training for professionals and associates in institutions to work with this socially sensitive category of beneficiaries. PWDs are not sufficiently involved in the process of planning the development of services at the level of their communities. Civil society organizations continue to provide the largest number of services for persons with disabilities. The reform of the social protection requires from CSOs to have licenced services for which it is necessary to provide high standards, which a large number of organizations that operate mainly through project finance are not able to fulfill. This situation undermines the purpose of reforming social protection because, thanks to greater flexibility and authentic non-profit motivation, smaller NGOs often manage to contribute to improving the position of marginalized groups by providing services to those who are not reached by government institutions.

Recommendations for improvement:

- Work to provide social, health and other services to persons with disabilities in accordance with their real needs and international standards, with active participation of CSOs in the formulation of public policies and laws;
- Establish and develop new/missing services based on researched user needs (day care and home assistance services for children and youth with disabilities, day care centers for people with disabilities and over 27 years of age, supportive housing program, parent respite care for parents of children with disabilities, employment support services and free legal counseling services for PWDs and their families);
- Increase the number of trainings for professionals and associates in social care institutions on the rights of persons with disabilities and the standards provided by the by-laws in this field;
- Conduct an analysis of capacities and needs with recommendations for improving the standardization of social services in CSOs dealing with the rights of persons with disabilities.

WORK INTEGRATION OF PERSONS WITH DISABILITIES

Situation Analysis: The Law on Professional Rehabilitation and Employment of Persons with Disabilities regulates the manner and procedure of exercising rights in this field. In Montenegro, vocational rehabilitation is conducted by two associations (in Tivat, Podgorica, Niksic and Pljevlja, Bar, Bijelo Polje and Berane). The law gives preferential status to the Work Center, protective workshops and protective facility, but there is no example of the formation of these forms of economic activities. Social entrepreneurship that could greatly improve the economic position and social inclusion of persons with disabilities is underdeveloped. Employers' interest in employing PWDs is minimal. The situation is the same with the state and local authorities. Regardless of the significant amount of funds available to the Vocational Rehabilitation Fund, PWDs representatives draw attention to the disadvantage of "project employment", within which employment ends when the project ends, and they highlight the need for sustainable and long-term employment. Due to recent changes to the law, which allow financial compensation for persons with disabilities who have been registered with the Employment Agency, there has been a drastic increase in the number of persons aged 63/64 applying for the first time, of which only 30% are able to work. The opinion of the employees of the Agency is that the law did not make the necessary systemic solutions and is often not in line with what is being done in practice. Emphasis is also placed on the lack of communication and connection between institutions at the local level, which makes it difficult to exercise the right to employment of PWDs.

Recommendations for improvement:

- Provide conditions for the development of legally prescribed forms of economic activity, namely for the Work Center, protective workshops and protective facility;
- Facilitate the development of Social Entrepreneurship as an alternative and innovative tool for the integration and employment of PWDs;
- Develop and adopt the Rules on Employment of PWDs;
- Develop an Action Plan for Social Entrepreneurship, the Law on Social Entrepreneurship, and the Law on Benefits in Social Entrepreneurship, which would define precisely what benefits Social Entrepreneurship has;
- Implement information and motivation activities of the private and public sector in order to increase the employment of PWDs;
- Activate Assembly Working Bodies - Councils to better address issues relevant to the integration of PWDs;
- Establish a multisectoral working body at the level of the Municipality or the Employment Agency / Bureau of Labor to deal exclusively with this issue;
- Monitor projects funded by the Vocational Rehabilitation Fund and, based on the results, revise the terms of the competition and the manner of monitoring the projects.

POSITION OF CHILDREN AND YOUNG PEOPLE WITH DISABILITIES IN THE EDUCATIONAL SYSTEM

Situation Analysis: The Montenegrin educational system for children with disabilities, as the first choice and imperative, places inclusive education - that children attend regular schools. However, despite the evident progress, there are a number of obstacles that can undermine the quality of the inclusive process. It is believed that the government's policy of enrolling all children in pre-school education has not yielded results, primarily because the state has not been able to provide the funding to open enough kindergartens. The large number of children per group, especially when these groups include children with disabilities, greatly impedes the work of educators and impedes the quality implementation of the program. When it comes to Primary school, the participants of the survey believe that the caretakers are not sufficiently prepared and that children in inclusion should be accompanied by a specialist team through a special program. Secondary education is not adequately adapted to persons with disabilities and inclusion must be linked to the Employment Service. Often, children are educated in a profession for which they do not have the necessary work skills. The situation of students with disabilities has improved somewhat, but it is still not close to the needs, especially when there is a question of physical access to the premises of the faculty or lack of professional literature for the visually impaired. The number of personal assistants in the education system does not meet the real

needs, while the inability to use personal assistance services when young people study outside Montenegro is particularly worrying.

Recommendations for improvement:

- Provide the required number of kindergartens according to the needs and number of preschool children;
- Reduce the number of children per group and increase the staff capacity accordingly (increase the number of educators);
- Continue to provide specialized training for all employees of pre-school institutions;
- Provide expert assistance to educators in working with children with disabilities;
- Make sure to include parents of children with disabilities in parent and school boards;
- Conduct an analysis of vocational education available to children and young people with disabilities and evaluate the effects on economic status and employment;
- Adapt vocational education to the needs of the labor market;
- Form professional teams to support employees of educational institutions;
- Provide support and counseling to parents in the guidance process for their children;
- Provide physical access for students with disabilities to all facilities at universities and the necessary professional literature for the visually impaired;
- Provide the required number of personal assistants;
- Legally regulate free education for young people with disabilities.

POSITION OF PERSONS WITH DISABILITIES IN THE HEALTH SYSTEM

Situation Analysis: Despite the state's ongoing efforts to improve the health care of disabled people, user dissatisfaction is evident at all levels of health care. Persons with disabilities point out that it is very difficult to provide adequate rehabilitation for the existing number of persons with disabilities in the state of need, primarily because of the low level of the stated right, but also the overload of the existing institution. Difficulties in exercising the right to appropriate medical and technical aids are evident, especially when it comes to children, and parents are often forced to provide the necessary funds for procurement abroad, alone or with the assistance of donors. The small number of Centers for the Support of Children with Special Needs (7) greatly complicates the early detection, monitoring and treatment of children with psychomotor dysfunction. In smaller Montenegrin cities, the situation is extremely complicated. In addition to the lack of Support Centers, no Mental Health Centers have been established at the level of the Health Center. There is a lack of professionals at all levels of health care, so even the smallest services need to go to larger cities, which makes it difficult to provide health services to people with disabilities. Apart from the lack of professional staff, mutual lack of knowledge of experts,

lack of much needed cross-sectoral cooperation and insufficient sensitivity of health care personnel as a cause of discrimination of persons with disabilities are recognizable. Experts point out that in small environments, parents find it difficult to understand that their child is having a problem and most often bring the child to the doctor late, and they themselves lack the expertise to provide parental support.

Recommendations for improvement:

- Improve the availability of medical rehabilitation in health care facilities performing specialized rehabilitation, as well as procedures and rights to provide medical and technical aids, especially for children;
- Create conditions for the establishment of centers for the support of children with special needs in smaller Montenegrin municipalities, especially in the north;
- Consider setting up Mental Health Centers in small underdeveloped municipalities;
- Design and deliver training for health professionals at all levels of health system;
- Increase the mutual knowledge of experts and cross-sectoral cooperation, by establishing effective channels of communication and organizing more meetings in the form of experiential groups;
- Develop counseling and psychological support programs for parents to accept their child's condition in a less stressful way and to be familiar with all types of support for their child in the health care system;
- Work to provide the daycare facilities with space to ensure that the reach of users is in line with their needs.

POSITION OF PERSONS WITH MENTAL DISORDERS IN COMMUNITY AND SOCIAL WELFARE

Situation Analysis: In the area of protection of mentally ill persons in Montenegro, children, the elderly, persons with disabilities, users of psychoactive substances and persons at risk of poverty are particularly vulnerable. Through all these areas, various forms of discrimination in all categories of persons with mental disorders are strongly pervasive. In smaller, still patriarchal communities, the stigma of persons with mental disorders is expressed at all levels, at the level of family, society and institutions. The reasons for stigma include general public misinformation about mental health, prejudice, and a range of behaviors that lead to various forms of discrimination. The situation is further exacerbated by the way in which the media portray people with mental disorders, as mental disorders are most often associated with unacceptable and dangerous behavior. The consequence of social distance to the mentally ill is largely reflected in their economic existence, since employers rarely accept people with any mental disorder. Support programs and appropriate professional services are lacking, and the lack of a sufficient number of professionals to support people with mental disorders, especially in early support and

diagnosis, is particularly worrying. Assertive teams at the level of mental health centers are just under development and are facing a number of work problems. Multisectoral cooperation between institutions and organizations dealing with this issue has not been developed.

Recommendations for improvement:

- Work to eliminate discrimination against people with mental disorders, through education and sensitization of the general public, with strong support and participation from local and national media;
- Design and implement support programs for people with mental disabilities and their families, with an emphasis on particularly vulnerable categories (counseling, personal assistants, supportive employment, daily activities, crisis hotlines, self-help groups, etc.);
- Develop and strengthen appropriate professional services, especially the capacities and roles of assertive teams at Mental Health Centers;
- Provide additional training for all professionals in the chain of support and treatment of persons with mental disorders, especially psychiatrists, psychologists, social workers, etc;
- Pay particular attention to the economic empowerment of people with mental disabilities;
- Establish a multidisciplinary team/body at the local level to plan and monitor community progress on the mental health of citizens;
- Conduct broader research on the situation of people with mental disabilities in the community, and based on the findings obtained in local action plans, integrate adequate mental health care measures and programs and define them as priority areas for funding.

POSITION OF CHILDREN WITH MENTAL DISORDERS IN COMMUNITY AND SOCIAL WELFARE

Situation analysis: There are no staff and inpatient conditions for the treatment of children with mental health problems within the existing healthcare institutions at the secondary level of health care. The diagnosis and treatment of psychiatric disorders is performed in the countries of the region. Outpatient treatment is being implemented at Mental Health Centers in health centers, although they are not initially intended for the treatment of children. Children's Hospital has no conditions for handling this category of patients. Outpatient treatment is performed at the Clinical Center (where it is currently administered by a psychiatrist for adults), while it is not available in other healthcare settings. A positive shift was made with the opening of the Center for Autism, Developmental Disorders and Child Psychiatry in Podgorica in 2018, but in the absence of staff, child psychiatrists from Serbia were recruited to practice over the weekend. Children's mental health is not just the responsibility of the health system. It is necessary for the social welfare system to support the health system in the prevention, treatment and rehabilitation of children with mental disorders. However, the multisectoral approach required

in the prevention, treatment and rehabilitation process has not been developed. In addition, the situation is aggravated by the lack of different support services for both children and parents.

Recommendations for improvement:

- At the secondary level of health care, provide the staff necessary for the treatment of children with mental health problems, and for the existing staff, vocational training and specializations;
- Establish procedures and "reasonable standards" for pediatric psychiatrists and psychologists for greater commitment and quality treatment;
- Develop an analysis of international treaties in the area of treatment and rehabilitation of children and simplify procedures for the treatment of a child outside Montenegro;
- Create conditions for the implementation of mandatory treatment measures for children imposed by judicial authorities and provide specialization for forensic experts in the field of child psychiatry;
- In the process of treatment and rehabilitation of behavioral disorders and mental disorders in children and young people, provide social support / services to both the child and the family;
- Develop a protocol that clearly defines the roles and responsibilities of all sectors in the process of identifying, treating and rehabilitating behavioral and mental disorders in children and young people;
- With the active participation of the media, health, social and educational systems, work to educate and sensitize both parents and the whole community, in order to eliminate prejudice, stigma and discrimination against children with mental disorders.