UNIVERSITY OF MANITOBA

UNIVERSITY OF CALGARY

CANADA RUSSIA DISABILITY PROGRAM
2003 – 2007

Funded by:
Canadian International Development Agency

FINAL REPORT

August 2007

Acknowledgements

Canadian Centre on Disability Studies
University of Manitoba and University of Calgary
together with their Canadian and Russian partners
appreciate the Canadian International Development Agency's
contribution to this program

TABLE OF CONTENTS

LIST OF TABLES

LIST OF FIGURES

I. EXECUTIVE SUMMARY

The Canada-Russia Disability Program's (CRDP) exceptional level of achievements was the direct result of a clear vision to foster the development of civil society and good governance in Russia that actively created an environment grounded in the principles of full citizenship, accessibility, participation and social inclusion of persons with disabilities in Russian society. The Program spanned over four years (February 2003 – June 2007), gradually building through partnerships the elements necessary for a fundamental shift in attitude towards and knowledge of people with disabilities, and the development of new knowledge needed for building an inclusive society. The Program was premised on the concept of a 'social model of disability' which proposes that barriers, prejudice and exclusion by society (purposely or inadvertently) are the ultimate factors defining who is disabled and who is not in a particular society. The model recognizes that while some people have physical, intellectual, or psychological differences, these do not have to lead to disability unless society fails to accommodate and include them in the way it would those who do not experience impairments. In this view, the focus is on changing the environment, and not on changing the individual to suit the environment.

The Program was conceived and implemented within a socioeconomic and political environment in Russia that was in the midst of change, with the accompanying uncertainty that naturally follows as a country is seeking stability based upon an entirely different economy. Remnants of the pre-Perestroika era remained, with a society still most accustomed to authoritarian governance. The structures in place to support people with physical and mental health disabilities, both in the social protection and health spheres, were based on the 'disease model' of disability, with large institutions serving hundreds of individuals, all based on the notion that disability was equivalent to an inability to function as a full citizen with the same opportunities as other members as society. The institutions were under-funded and over-filled, and there were literally no other options for individuals with physical or mental health disabilities to receive the assistance they needed to fulfill their role in society. Professionals in the field of disability and mental health did not have access to new methods of working with people with disabilities, and the education institutions were far removed from the realities faced by professionals and consumers at the service level, unable to provide students with the knowledge needed to work in the field. Furthermore, social and health related policies that had been developed by governments, universities, and NGOs were created in isolation from the consumers of the services and were largely based on maintaining exclusionary practices rather than social inclusion.

In order to facilitate the shift in attitude and knowledge and significantly affect change regarding people with disabilities, it was evident that the Program would need to be large in scope to include multiple sectors and regions in Russia. The Program activities were organized into four key Components: Education; Demonstration Model; Policy Promotion; and, Networking and Communication. Shaping these activities were three cross-cutting Streams of content designed to build understanding and capacity in: Disability Studies; Social Work; and, Mental Health. These Program activities were implemented within three pilot regions: Moscow (Central region); Stavropol Krai; and Omsk. While the Disability Studies and Social Work Streams focused their efforts in the City of Moscow, the Mental Health Stream expanded their focus beyond Moscow to form the Central region which included Ryazan, Tambov, and St. Petersburg. The primary Canadian and Russian Program partners were representative of the key sectors and pilot regions of the Program and formed the Program Steering Committee which provided the overall guidance and management of the Program. The synergy that developed among government, education, and NGO sectors and across the Disability Studies, Social Work, and Mental Health

Streams was unique in that it did not exist in Canada or other countries, and yet was absolutely critical to the successful results of the Program.

There is no doubt that the Canada-Russia Disability Program successfully achieved its goal and objectives, with the results surpassing what were originally anticipated. The Program's goal to contribute to social stability in Russia through a strengthening of the reform elements, such as civil society and good governance, and promoting democratic values, human rights and inclusion of all citizens, particularly people with disabilities was met through the achievement of its objectives:

1. Developed models for education and preparation of faculty, professionals, community leaders, and people with disabilities in Disability Studies, Social Work, and Mental Health;
2. Established alternative models for service delivery – community-based social programs/services and a network among them;
3. Contributed to the development and implementation of public policies which support reform, and promote human rights and better access to services which are reflective of the inclusion of people with disabilities on federal, regional and local levels; and,
4. Contributed to the formation of a National (Russia-based) Information and Knowledge based Network of personnel working in NGO, education, services, research, government, and business sectors which support the social inclusion of persons with disabilities.

However, what is most notable is the significant impact the Program has made in facilitating a paradigm shift in the mentality of Russian citizens towards the inclusion and full participation of people with disabilities. The Program was able to achieve results within the four Components and across the three Streams that were necessary for the shift to occur. Not only did the shift occur, but it is also sustainable due to the successful completion of the activities within each of the Components. Table 1 below outlines the elements of the paradigm shift achieved and the associated Program results that lend themselves to sustainability.

Table 1: Elements of the Paradigm Shift and Associated Results Towards Sustainability

Elements of Paradigm Shift	Associated Results Towards Sustainability
Education Leads to Individual and Organizational Change	• Value-based education grounded in human rights and participation • Client-centred education focused upon consumer needs and abilities • Intersectoral and inter-professional training and exchange • Common knowledge base from which to develop curriculum, services, and policies • Theory grounded in practice and practice grounded in theory as a basis for innovative service provision

Elements of Paradigm Shift	Associated Results Towards Sustainability
Emerging Leadership	• Supportive environments necessary for the development of natural leadership • Knowledge and empowerment necessary for the development of 'agents of change' • Partnerships and structures in order to exercise leadership skills
Model for Social Work Education and Practice	• Transfer of Social Work knowledge and values into social service development and policies • Demonstration and application of practical education methods • Innovative services grounded in Social Work values, theory and practice • Cross-sectoral collaboration and joint projects with a client-centred focus • Cross-disability professionals capable of working in multiple settings
Model of Mental Health Practice	• Consumer and family involvement in treatment and service planning • New models of community-based mental health services with a change in focus from institutional to community-based care • New and expanded roles of existing professionals in mental health service delivery • Consumers as active advocates for systemic change • Inter-sectoral partnerships conducive to innovative service delivery
Model of Policy Education, Analysis, and Development	• Knowledge transfer and application of disability lens in monitoring existing policy and developing recommendations for new policies • Increased capacity of community NGOs to initiate policy dialogue and contribute to inclusive policy development and implementation • Policies and recommendations developed that reflect the social model of disability and inclusion • Policy base established for community-based services • Supportive environments, partnerships and processes that are conducive to multiple stakeholder and consumer participation in policy planning and development • Publications and mass media programs and events reflecting concepts reflective of the social model of disability

Elements of Paradigm Shift	Associated Results Towards Sustainability
Synergy Between Disability Studies, Social Work and Mental Health Streams	• Innovative solutions to cross-sectoral education • Dismantling of 'silos' in the provision of health and social services • Professionals across education, government and NGO sectors as agents of change towards a common goal

The following Report comprises the Final Narrative Report of the Canada-Russia Disability Program. The Report provides the background to the Program including the context, structure, and strategy. The results achieved are reported based on the performance indicators identified for each of the Program Outcomes and Outputs (refer to Table 2: Logical Framework Analysis in Appendix A for the list of Outcomes, Outputs and Performance Indicators), organized according to the four Program Components, and outlining the results for all three Streams. The sustainability of the results and the emerging social, political and economic factors affecting sustainability are outlined in the final section of the Report. The final Financial Report for CRDP is not contained in this document, but rather is summarized in a separate document that will be submitted to CIDA at a later date.

II. BACKGROUND AND PURPOSE

Background

The Canada-Russia Disability Program (CRDP) was grounded in the recognition that reform of Russia's social and health service systems as it related to people with disabilities and psychiatric disorders was a necessary and complex endeavour requiring a comprehensive approach to systemic change. Previous projects were conducted between Canadian and Russian partners to address social and health service reform and served to reveal the extent to which further reform was required. Beginning in 1997, a mental health related project introduced basic community mental health rehabilitation concepts to leaders of psychiatric service systems in more than 30 regions of Russia. Another mental health related project, beginning in 2000, had as its main objective to experiment with small-scale pilot projects that introduced innovations in psycho-social rehabilitation and community mental health. Also in 1997, a project was implemented in Stavropol Krai with non-government organizations, government and universities to develop new approaches to policy formation, support of disability consumer organizations, and training in the social model of disability. The completion of these projects led to the beginnings of change in the disability and mental health fields and paved the way for a more comprehensive approach envisioned in CRDP.

Prior to the commencement of CRDP, there were three major factors indicating that Russia's disability and mental health service delivery systems were in need of extensive reform. First, the Russian State has historically held a limited perception of people with disabilities and psychiatric disorders, viewing them as chronically ill and not as contributing members of society. As a result, the programs offered to people with any form of disability consisted primarily of financial compensation whereby individuals are provided with inadequate pensions for basic needs, such as housing and food. As the majority of Russia's disability budget went towards monetary compensation, there was no significant investment in assisting individuals to develop the skills to live independently, i.e. attend school and obtain employment. In the absence of any new knowledge of disability programs and policies and the State's ongoing focus on pensions,

the State unwittingly promoted the social exclusion of people with disabilities rather than inclusion.

Second, this paternalistic approach extended into social and health service delivery. Existing services were based on the 'medical model' approach in which individuals were viewed as "sick" and in need of treatment, with little assistance provided beyond the treatment. Treatment primarily took place using outdated methods in large, under-funded hospitals or institutions with an absence of any options for community based treatment or services to promote integration into society. This approach to service delivery of people with disabilities was non-holistic in nature and missed key facets of a person's abilities beyond the illness or disorder. Instead of empowering an individual by assisting them with the skills and means to live full lives, the service system objectified and compartmentalized them, further fostering a mindset of dependency. Unfortunately, the professionals providing the services were largely not exposed to alternative views and approaches to service delivery as training in community-based health and social services had been virtually absent in Russia.

Third, at the base of the State and service delivery approaches was the pervasive stigma towards individuals with disabilities in Russia, particularly those persons with cognitive and psychiatric impairments. There were few apparent examples of persons with disabilities functioning as active members in society due to the sense of shame attributed to them. Society, and even family members shunned and hid their children and adults with disabilities for fear that they would be viewed and treated in a negative light. The disgrace associated with people with disabilities had a ripple effect throughout Russia's public and private social spheres. As a result of this shame and secrecy, there was little opportunity for individuals and their families to share their experiences and receive much needed support and information. The government, educational institutions, and other organizations did not seek the opinions of people with disabilities, nor did they engage with each other, to learn how best individuals could be served. Not only were there deep negative attitudes, the exclusionary practices of existing programs served to reinforce these negative stereotypes of disability. The cumulated effect of the stigma was individuals who were not permitted to reach their full potential, and a society that was denied the opportunity to promote full citizenship built upon the principles of human rights and social inclusion.

Change Strategy

In light of the state of disability and mental health service systems in Russia, as well as the contributing factors, it was evident that in order to create sustainable change, two key elements were necessary: 1) strong support and commitment from Russia for change; and, 2) a comprehensive, multi-faceted and multi-sectoral strategy between Canadian and Russian partners.

There was evidence at the time of the inception of CRDP of the readiness from Russian partners to change their approaches in the disability and health sectors. In July 2000, the Russian government adopted a far-reaching plan for social and economic reform. The "Federal Program of Economic and Social Modernization in Russia" opened the door indicating to other countries their willingness to learn new approaches. As well, there were signs that the seeds of civil society were being planted with disability organizations and people with disabilities and their family members speaking out about the need for change. The success of the previous Canada-Russia projects referred to earlier led to some practical steps being taken towards reform, such as pilot programs aimed at preventing the re-hospitalization of individuals with psychiatric disorders, and the establishment of the first All-Russia mental heath consumer organization,

"New Choices." The government, educators and community leaders unexpectedly found themselves lagging behind without the knowledge to meet the changing demands, and openly acknowledged the need to make long-term, sustainable change in the professional, education, and health sectors.

The Canada-Russia strategy was rooted in two fundamental intentions: capacity building and systemic change. Whatever action was planned, it was with the intention to build the knowledge (and therefore the capacity) of the Program partners and participants empowering them to lead the initiatives necessary for systemic change. The success of the strategy was dependent upon the inclusion of necessary elements and partnerships, namely: the involvement of people with disabilities, their family members, and disability organizations; leadership within the disability and psychiatric community to spearhead new innovations in the regions; and, the support of individuals in positions of authority who could authorize policy changes.

The social service and health systems, at the time of the Program's inception, were complex, and more notably operated as very separate systems or "silos." With this in mind, it was very important that the change strategy include the combined expertise of mental health, disability and professional education as well as partnerships with key organizations in Russia with the commitment to move forward on Program activities. In particular, the synergy between the Canadian partners; the University of Calgary (mental health), the University of Manitoba (Social Work education), and the Canadian Centre on Disability Studies (disability) was crucial in addressing the different facets of reform.

In addition, in order to achieve maximum knowledge transfer, it was determined that the Program would be implemented in three pilot regions chosen on the basis of their previous involvement in Canada-Russia projects and their expressed commitment to the change process. The regions were Stavropol Krai, Omsk and Moscow. For the Mental Health Stream, the pilot regions differed slightly in that Moscow region was expanded to include the communities of Ryazan, Tambov, and St. Petersburg and referred to in the text as Central region.

Program Goal, Purpose, Objectives

The Program Goal, Purpose and Objectives flow from the change strategy and are outlined below.

Program Goal

To contribute to social stability in Russia through a strengthening of the reform elements, such as civil society and good governance, and promoting democratic values, human rights and inclusion of all citizens, particularly people with disabilities.

Program Purpose

To promote citizenship development by pursuing the social inclusion of Russians with disabilities and the transformation of key disability related cross-sectoral policies and practices as they affect people with disabilities, including psychiatric disorders.

Program Objectives

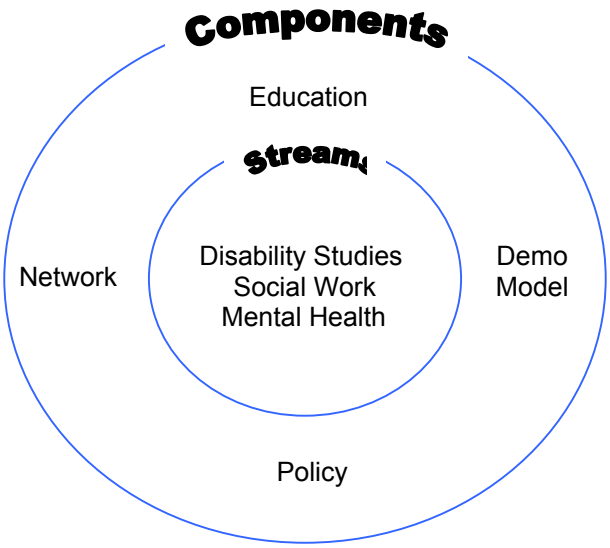
1. Develop models for education and preparation of faculty, professionals, community leaders, and people with disabilities in Disability Studies, Social Work, and Mental Health;

2. Promote alternative models for service delivery – community-based social programs/services and a network among them;
3. Contribute to the development and implementation of public policies which support reform, and promote human rights and better access to services which are reflective of the inclusion of people with disabilities on federal, regional and local levels;
4. Contribute to the formation of a National (Russia-based) Information and Knowledge based Network of personnel working in NGO, education, services, research, government, and business sectors which support the social inclusion of persons with disabilities.

Program Implementation Structure

The implementation of the objectives required that there be four distinct Components of the Program: Education; Demonstration Model; Policy; and, Network. Furthermore, it was planned that there are three separate Streams: Disability Studies; Social Work; and Mental Health. Although it was envisioned that each component and Stream would implement separate activities, it was also intended they would overlap to address the comprehensive and ambitious nature of the Program's goal and objectives, ultimately leading to sustainable change. In other words all four Components' activities would overlap and impact on one another, and the three Streams' activities impact all four components of the Program. The resulting synergy between the Components and Streams is what made the implementation of the significant scope of the Program possible. The fluid relationship between the Components and Streams is illustrated in Figure 1 below.

Figure 1: Program Components and Streams



A brief description of each Component is outlined below:

Component #1: Education
Both formal and informal training would be provided to university faculty, students, professionals, consumers, public, and policy makers within the Streams of Disability Studies, Mental Health and Social Work. This includes the development of a curriculum and courses in

all three areas. As well, national standards for Social Work education would be established leading to the accreditation of the established courses.

Component #2: Alternative Service Delivery Models (Demonstration Models)
Innovative service delivery models would be established at selected pilot sites to demonstrate and test alternative methods of delivering social services to people with disabilities and psychiatric disorders using Social Work practice methods.

Component #3: Policy Promotion
This component of the Program incorporates all components of the Program. Education would be provided to NGOs, universities and government in the tools and processes of policy development. The evaluation of the demonstration pilot models would provide the evidence needed for the identification of necessary policy change and development. The Network component would provide the basis on which the NGOs, educational institutions and government could engage in consultation processes necessary for effective policy development. Although the focus was on policy development in disability, subsequent policy changes in the Mental Health and Social Work Streams also took place.

Component #4: Networking and Communication
Similar to the policy promotion component, the networking and communication component brings together all of the component partners for the purpose of sharing ideas toward social change. It was envisioned that the Russian Disability Information Exchange would provide a forum for inter-sectoral collaboration and knowledge exchange among Russian and Canadian partners in NGO, government, social, health and education sectors.

Program Partners

Key Canadian and Russian partners were identified during the inception of the Program to lead and implement the activities within the Program's Components and Streams towards the achievement of objectives. Outlined below are the primary partners involved in CRDP and their corresponding responsibilities and affiliations. (For a complete list of CRDP partners, refer to Appendix G) It is important to note that during the course of the Program, changes occurred in the Russian organizations involved in the Program. The circumstances surrounding the changes are addressed in the 'Challenges and Lessons Learned' segments of the Report (Refer to Section IV).

Table 3: Program Partners

Primary Partners
Canadian Partners
Canadian Centre on Disability Studies
University of Manitoba, Faculty of Social Work
University of Calgary, Community Rehabilitation and Disability Studies Program
Russian Partners
National Board of All Russian Society of Disabled People (ARSD), regional and municipal offices
Moscow Research Institute of Psychiatry (MRIP)
Russia State Social University (RSSU –

formerly MSSU) - Moscow
North Caucus State Technical University (NCSTU) – Stavropol Krai
Omsk State Technical University (OSTU)
Omsk State Pedagogical University (OSPU)
Omsk Regional Psychiatric Hospital
Omsk ARSD – Regional Office
North East Region – Moscow Department of Labour and Social Protection
Stavropol ARSD – Municipal Office
Ministry of Labour and Social Protection – Stavropol Krai
Stavropol Krai Regional Government – Governor's Coordinating Committee on Disability Issues in Stavropol Krai
Stavropol Psychiatric Hospital
New Choices – Regional Offices

III. PROGRAM SUMMARY

Program Management and Organization

The Canadian Centre on Disability Studies provided the overall management of the implementation of CRDP working in close collaboration with the University of Manitoba and the University of Calgary. Together, these Canadian partners formed the Canadian Management Committee. The Canadian Management Committee met at least quarterly, and sometimes more often, to identify strategic directions for consideration at the Steering Committee, problem solve issues as they arose and, in generally, provide a coordinated approach to the management of this complex, multi-layered Program.

In addition to the Canadian Management Committee, the Program management and implementation structure consisted of a Program Steering Committee, Regional Coordinating Committees, Working Groups, and Theme Coordinating Committees. The mandate of the Program Steering Committee was to ensure that the CRDP objectives were met; to determine the broad policy directions of the Program; and, monitor the Program's progress as it related to the work plan. The Steering Committee met annually and was comprised of Canadian representatives (6) and Russian representatives (11) representing the Regional Coordinating Committees and participating government, NGO, and university sectors.

There were three Regional Coordinating Committees (RCCs), one in each pilot region. Each Committee was comprised of representatives from the region's disability community, government, university, and service providers, and supported by a part time Regional Coordinator and a full time Administrative Assistant. The RCCs were responsible for implementing the Program at the regional level and monitoring and reporting the regional results. Each RCC met on a quarterly basis to review the regional Program's progress and plan next steps. Annual Reports summarizing their progress were submitted to the Program Steering Committee. The RCCs were based out of the following organizations:

- Stavropol – North Caucus State Technical University
- Omsk – Omsk Psychiatric Hospital

- Moscow – Moscow Research Institute of Psychiatry

Refer to Tables 4, 5, 6, & 7 in Appendix B for the list of the Steering Committee and Regional Coordinating Committee members.

In each of the three pilot regions, there were four working groups to carry out and oversee the activities in each of the four components; education, demonstration model, policy and network. The Co-leaders of the Working Groups were also members of the Regional Coordinating Committee. The Working Groups consisted of representatives from the sector in which the Working Group was focused, with an average of 8-10 representatives in each group. The Working Groups met on a quarterly basis and submitted summary progress reports to the RCCs.

In addition to the Working Groups, there was a Policy Theme Coordinating Committee and a Network Theme Coordinating Committee. The former was chaired by a staff member of the National Board of the All Russia Society of Disabled People and the latter was chaired by a staff member of the Russia State Social University. Similar to the Working Groups, each Theme Committee met on a quarterly basis. The rationale for the Coordinating Committees was to oversee the planning and activities in the Policy and Network components as these components were significant in scope and required the inclusion and coordination of all components. The Chairpersons of these Theme Committees were also members of the RCCs and the Program Steering Committee.

In order to build on the collective ideas and information sharing taking place at the Regional Committees and Working Groups, the Program Steering Committee organized annual conferences that brought together the members of all of the Committees and Groups focusing on a particular theme.

Figure 2 in Appendix D depicts the Program Management and Coordination structure.

Outcomes and Outputs

The anticipated Program Outcomes and Outputs were established to support the change process within the disability and mental health sectors. They were designed to reflect the multi-sectoral approach in education, service provision, policy development and network capacity. As well, particular attention was given to building upon the results of the previous Canada-Russia projects, and as stated earlier, with the intention of further building capacity leading to systemic change. Throughout the process of implementing the Canada-Russia Disability Program, there were no significant variances between the planned and actual outputs. In fact, the actual outputs surpassed expectations. Any challenges encountered were successfully mitigated. The details with respect to challenges and mitigation strategies are described as part of the reporting of results achieved in Section IV of this report.

The Outcomes and Outputs listed below are organized by Component. It should be noted that they differ somewhat from those provided in the original Program proposal. At the request of CIDA, the number of outcomes and outputs were reduced and condensed in order to provide a clearer understanding and reporting of the intended results of the Program.

Education Component

Outcome 1:
Increased knowledge of faculty, professionals, community leaders and people with disabilities in Disability Studies, Social Work and Community Rehabilitation models in Mental Health resulting in improved community-based mental health, disability, and social work education.

Outputs:
1.1 Increased capacity of learning institutions and community organizations to provide education in Disability Studies
1.2 Improved ability of learning institutions and community organizations to provide accredited and specialized Social Work education
1.3 Increased knowledge of government, educators, service organizations and consumers in Community Rehabilitation in Mental Health
1.4 Increased knowledge of service providers in community approaches to post-traumatic mental health issues in South Russia
1.5 Increased capacity of mental health consumers to adopt a leadership role in mental health planning and service delivery

Demonstration Model Component

Outcome 2:
Improved community-based services resulting in increased access and support for disabled people, with a particular emphasis on individuals experiencing mental health issues

Outputs:
2.1 Increased capacity of learning institutions to provide Social Work education and fieldwork practice in community-based social services
2.2 Increased capacity of community-based mental health services to implement innovative models in mental health service delivery
2.3 Increased capacity of community-based services to implement innovative service models in Stavropol Krai for children and adults experiencing post traumatic stress issues

Policy Component

Outcome 3:
Improved capacity among stakeholders to develop and implement inclusive policies resulting in improved services

Outputs:
3.1 Increased knowledge and use of tools by government, educators and service organizations in analyzing and developing disability and mental health policy
3.2 Improved collaborative policy development process with government, learning institutions, service delivery agencies and consumers of services
3.3 Improved ability of governments to develop and monitor disability and mental health policy

Network Component

Outcome 4:
Increased capacity of program stakeholders to use information/communication technologies, methods, and processes to share information: a) among and between stakeholders, and b) between stakeholders and broader communities

Outputs:
4.1 Improved infrastructure to support communication and information sharing among Program stakeholders
4.2 Increased knowledge of Program stakeholders in information and communication technology and web-site development
4.3 Increased dissemination of new knowledge, lessons learned or effective practices developed during the course of the Program

For a complete list of the activities associated with the Outputs, refer to the Logical Framework Analysis summarized in Table 2 located in Appendix A.

IV. PROGRAM MANAGEMENT

The Canadian Centre on Disability Studies was responsible for overall program management as a primary partner and the lead agency in Canada. The Faculty of Social Work, University of Manitoba and Department of Community Rehabilitation and Disability Studies, University of Calgary were the other primary Canadian partners with the first being responsible for the Social Work Stream and second for the Mental Health Stream. Both universities were involved in implementation of Policy and Network components. In Canada, these partner organizations formed a management committee, which met regularly throughout the program to address program management issues, as well as collaborative planning, coordination and implementation.

Canadian and Russian partners established a Program Steering Committee, which met annually with regular communication between the meetings. Representatives of the Canadian International Development Agency (CIDA) and Canadian Embassy in Russia were invited to attend the meetings on a regular basis. All three pilot regions were represented equally on the Steering Committee comprising consumers, government and academia/professional fields. The membership of the Steering Committee did not change greatly over the program duration: only three of the original 15 members had to leave the committee due to work-related transitions. The Committee participated in special *capacity building* training sessions such as Results Based Management (RBM) and gender, social model of disability and disability studies, partnership, communication and information sharing, as well as conceptual discussions regarding the emerging scope of practice and role of social work in Russia, importance of community based mental health program and its impact on social changes in Russia. Chaired by the President of the CCDS Board, the Steering Committee reviewed progress made towards the achievement of results, discussed challenges, risks and mitigation strategy, adjusted and approved annual work plans, and made other decisions and recommendations regarding overall program management.

In addition to the overall program management structure, Social Work and Mental Health Streams were managed autonomously to ensure attention to specific program activities within those two Streams. Canadian program staff included the Program Director and Program

Manager (CCDS), Social Work Coordinator (University of Manitoba) and Mental Health Coordinator (University of Calgary). A Regional Coordinating Committee (RCC) consisting of a regional coordinator, administrative assistant and co-leaders (2) from each component working group (WG) was established in each pilot region in Russia. In addition two Theme Coordinating Committees were created, led by NB ARSD and RSSU respectively, with the main responsibility to facilitate the implementation of the Policy and Network components.

It should be noted that key staff in Canada and Russia communicated and met regularly. Many implementation issues, including development, management, coordination and administration, were addressed through study-tours, on-site meetings and visits. In addition, weekly and sometimes daily e-mail and telephone contacts ensured ongoing communication and allowed for planning and problem solving between study-tours and other exchange visits.

Synergy with Other CIDA Initiatives

Throughout the project, there were opportunities to collaborate with organizations that had been involved in other CIDA funded projects in Russia. Prior experience of partners provided a strong base for collaboration built on trust, common understanding and lessons learned from previous CIDA funded projects. Specific examples include: a) advancement and Russia-wide dissemination of a tri-partite partnership and regional model for social change developed through a previous CIDA funded Stavropol/Winnipeg Social Development project led by CCDS in partnership with University of Manitoba; b) building on community mental health strategies explored by University of Calgary with Russian partners in their previous collaboration. CRDP participants established links with other CIDA funded initiatives in Russia through attending annual CIDA consultations coordinated by the Canadian Embassy located in Moscow. Those consultations provided CRDP participants with opportunities to share their knowledge and learn from other projects.

In Canada, annual meetings of the Canadian Disability Studies Association (CDSA) was a good opportunity for CRDP to demonstrate its partnership model and the impact of disability studies on social changes in both countries. Presentations on CRDP developments and models were given annually since 2003, and in 2004 and 2005, CCDS collaborated with the Association of Universities and Colleges of Canada (AUCC), Social Sciences and Humanities Council of Canada (SSHRC) and CIDA to fund special workshops and bring together key Russian partners.

CRDP has achieved considerable success in consolidating and building capacity of disability organizations in Russia. Of major significance is the fact that different disability organizations now collaborate and work together much more effectively, as well as with other partners. With the end of the program, CRDP-initiated activities do not end. On the contrary, there is more energy and desire to continue, expanding networks, and strengthening and advancing achievements.

Challenges, Implications and Future Considerations

Several implications emerged from the analysis of program activities and challenges and risks were identified related to planning and logistics. Some of the major issues to consider in future projects of a similar nature and scope are summarized below.

- Development of a 'common' language, including terminology, definitions and concepts are critical issues, particularly in introducing new professional concepts and disciplines,

such as social work, disability studies and mental health. To ensure common and consistent understanding among partners (between countries and even sectors within Russia) special training and manuals should be developed and implemented throughout projects. Professional dictionaries are also considered to be an important resource in supporting the continuing capacity building and development of comparable terminology.

- A related implication of culture and language differences entails time and cost of development and delivery. Sufficient time and consultation is an important requirement in future initiatives, as in some situations the availability of adequate funds is inadequate to ensure sufficient and quality translation resulting from constant staff changes in partner organizations.
- Participatory approaches are extremely important to social development projects; they are essential to the implementation and sustainability of new initiatives and they help to ensure the adaptation of new models in a cross-cultural context. Participatory approaches were relied upon throughout the program, and this helped to ensure that the principles of social development such as capacity building, partnership development, equal access and equalization of opportunities were extended to the process of designing and implementing new models of pre and in service professional education, policy and program development.
- The development of local leadership is critical to incorporate throughout any project, as it is a key component to the sustainability of new initiatives.
- In planning any training program, it is desirable to engage participants from different regions and service sectors in Russia. More work is needed on a national level to identify the needs of different regions and rural areas. Focus groups, needs assessment, interviews, forums and round tables can be used to identify needs in other regions of Russia (79 regions/oblasts).
- The promotion of social changes is essential to the development of civil society, and this program developed a model that successfully combined pre/in service professional education in social work and mental health with building community capacity through knowledge and leadership development. The model was able to both build significant capacity in the broader community as well as introduce sustainable changes and significant innovations in professional social work and mental health education, role of disability community, and policy and program development.
- The program also demonstrated that a consumer directed, community based service model for people with disabilities can be successfully implemented in spite of a prevailing medical model of service delivery. However, this needs to be complemented by ongoing education and advocacy efforts directed at the general public, all levels of government, and the media in order to extend the social model of disability as a core basis of disability policy in Russia. It is also necessary to lobby government to provide funding to NGOs to ensure the sustainability of innovative relationships and programs, and growth of civil society in Russia.
- Our experience with completing a social development program of this magnitude suggests that funding must be at least 6 or 7 years in duration, leaving the last two years for leadership transfer, sustaining and advancing the results, supporting new initiatives, and the transition of project-based relationships between partners from donor-recipient to equal partnership.

V. RESULTS ACHIEVED

Introduction

The results of the four main components of the Canada-Russia Disability Program, comprising Education, Demonstration Model, Policy and Network, are reported according to the Outcomes, Outputs and corresponding qualitative and quantitative Performance Indicators outlined in Table 8 in Appendix D. The Disability Studies, Social Work and Mental Health Streams of the Program contributed to all four Program components as is reflected in the results reported.

The sources of information upon which the results are based include data from quarterly, semi-annual and annual Program reports and organizational documentation and statistics from participating institutions. Specific to Disability Studies and Social Work Streams, sources of data included an evaluation survey of Working Group Leaders, Working Group Members, Students, and Agency Service Providers, as well as evaluation interviews with Program participants. Similarly, the Mental Health Stream drew its data from an evaluation survey of Mental Health Stream partners, and an in-depth qualitative examination of selected innovations in the Omsk region.

Following the report of results for each component, unexpected results are outlined, as well as the anticipated and actual risks, and the challenges and lessons learned. The overall impact of each component is summarized in Section E.

A. Education Component

The Disability Studies, Social Work and Mental Health Streams contributed to the outputs and outcomes of the Education component of the Program. Each Stream had a distinct role to play in building the regional understanding of new concepts in theory and practice of disability studies, social work, and mental health and in creating an interregional/national dialogue. The introduction of new concepts through formal education, study tours and seminars laid the groundwork for building the capacity of regions to develop and implement their own pre-service and in-service education programs/curricula in these three areas.

The Disability Studies Stream of the Canada-Russia Disability Program (CRDP) focused on the development of an interdisciplinary Disability Studies Program Model for the purpose of enriching existing university, professional and consumer leadership training programs with the knowledge and methods needed for effective, inclusive and responsive community practice. It was the intention of the Program to provide participants from three pilot regions, including students, professionals and consumers, with the understanding and knowledge of the social model of disability and the methods of applying an interdisciplinary approach of Disability Studies in their personal and professional environments.

The Social Work Stream focused on building the capacity of university faculty and students, professionals, consumers, and public policy makers. It aimed to create a group of leaders, including persons with disabilities and mental health challenges in Stavropol, Moscow, and Omsk regions to develop and implement curricula for undergraduate, graduate or continuing Social Work education. The activities included the introduction of course content on current best practices and the introduction of new conceptual models and methods towards establishing specializations in Social Work and Disability and Social Work and Mental Health. The Social Work Stream worked with the post secondary institutions in the pilot regions to bring their social work education programs more in compliance with the global vision of social work as identified

by International Association of Schools of Social Work. This vision aims at fostering full citizenship and social inclusion of persons with disability and all other minority groups within a civil society.

The Mental Health Stream gave particular attention to the transformation of services for people with psychiatric impairments. Central to the Education component was the in-service education of mental health personnel, consumer organization leaders and professionals of other sectors through **2** 'Communities of Learners' (COLs). The COLs were comprised of participants from the pilot regions and beyond. Similar to the Disability Studies and Social Work Streams, the Mental Health Stream focused its attention on the three pilot regions (City of Moscow, Omsk, and Stavropol) while also including 4 additional sites in Central Russia (Moscow Region Hospital 10, Tambov, Ryazan and St. Petersburg). The in-service education was supplemented by other training seminars and workshops that introduced new ideas and approaches to mental health service delivery that would assist the regions in the reform process. Early on such events introduced more basic ideas. As these were tried and implemented, more advanced concepts were introduced. Throughout, attention was given to supporting COL graduates expand the knowledge base in their home sites.

i. Output Level

Output 1.1: Increased capacity of learning institutions and community organizations to provide education in disability studies.

Preparatory Work for a Disability Studies Model

In an effort to introduce and prepare Russian Program partners and participants in disability studies terminology and concepts, and to begin to develop a foundation of knowledge among Program partner leaders, the first working sessions on education in disability studies were held in Moscow in March 2003 and in Moscow and Stavropol in September/October 2003. Some of the Canadian partners (University of Manitoba and CCDS) presented to **15** key representatives from partnering universities and demonstration sites on the elements of a disability studies program. The Canadian partners led an analysis of existing models of disability studies programs in Russia and developed recommendations for a model of a Disability Studies program in Russia with a focus on course development and delivery. Members of the Education Working Group at North Caucus State Technical University (NCSTU in Stavropol) and the Russia State Social University (RSSU) contributed to the Disability Studies Model by initiating individual research proposals, including a review of the research relating to existing approaches and models to disability and key principles and strategies to support the participation of persons with disabilities.

Training as Part of Development of Disability Studies Model

Preliminary training on disability studies was provided to Program Steering Committee members and additional Russian leaders through Disability Studies Seminars in Russia and study tours in Canada. Each of the study tours (January 2004, September 2004, February 2005, and February 2006) included a session on the essential Disability Studies concepts and the role of disability organizations in policy development, partnership, and relations between government and community. As well, introductory seminars on the Social Model of Disability and Disability

Studies was delivered to the Program Steering Committee members in Russia on an annual basis.

In January 2004, a seminar entitled "Canada-Russia consultation in areas of relationship between government and community in development of policy; community groups' capacity building and disability lens" was delivered in Winnipeg to **5** Russian leaders in Social Work education; in September 2004 in Winnipeg to a group of **3** leaders from the National Board of ARSD; in February 2005 in Winnipeg to a joint group of **7** individuals (university and disability organizations) from Social Work and Disability Studies; and, in February 2006 to **10** individuals representing the university and disability organizations. Also in February 2006, the same **10** individuals attended more in depth training sessions on the social model of disability, partnerships between government and disability NGOs, and a model of a disability studies program. In depth program development took place May 27 - June 3, 2005 in London and Toronto, Ontario during the annual meeting of the Canadian Disability Studies Association, where CCDS led the discussion among key representatives from RSSU and NCSTU and with participation of the University of Manitoba and Ryerson University.

An introductory Disability Studies seminar was also delivered to Program partners and participants outside of the education component. In October 2004, as part of policy component training in Russia, the seminar was delivered in Moscow with **30** representatives of disability organizations in attendance, including **10** representatives from the All Russian Society of Disabled People (Moscow, Stavropol, Omsk), **20** members of Disability Youth Forum (Moscow, Omsk Stavropol, Novosibirsk, Perm, Saratov) and representatives from the Federal Ministry of Labour and Social Protection. Also in October 2004, the seminar was delivered in Stavropol to **25** representatives of disability organizations, university faculties and students, and the regional government.

Development and Delivery of Disability Studies Model

The analysis of existing disability studies in three regions in Russia, and the development and delivery of introductory seminars on disability studies concepts to Program participants in the education, service delivery and policy areas laid the foundation for the development of a Disability Studies Model tailored to the needs of academics, students, policy-makers and service providers in Moscow, Stavropol and Omsk. The model proposed an interdisciplinary education program to enrich existing university, professional and consumer leadership training programs with the knowledge and methods needed for effective, inclusive and responsive community practice.

Building on the existing experimental courses such as sociology of disability, social work with families, social work with refugees and other marginalized groups, as well as the interest and commitment of staff from the participating partner universities, the interdisciplinary Disability Studies Program Model was developed in 2005 and consisted of three core courses:

- *Introduction to Disability and Disability Studies*, included: history of disability in Russia, Canada and other countries, understanding the paradigm shift and the social model of disability, the role of people with disabilities, the role of professionals, international instruments and classifications (WHO), disability and the law, human rights, gender, children and refugee issues;

- *Disability and Social Policy Development*, included: international agreements and tools to promote disability legislation and policy in Russia, such as the UN Standard

Rules on the Equalization of Opportunities, social policy development and the role of government and civil society, mechanisms for monitoring and implementing policies, and the use of the disability lens;

- *Universal Design and Inclusive Communities*, included: addressing issues of environmental access, as well as the development of adaptive and accessible technology for disabled persons.

The material for the modular course "Introduction to Disability and Disability Studies" was prepared and delivered by a Canadian instructor in October 2005 to a total of **280** participants in Stavropol and Omsk. In Stavropol, **70** participants from university faculties and departments, disability organizations, service providers and government attended; and in Omsk **110** participants from three universities (including students), disability organizations, service providers and government were in attendance. The attendees also included participants from Moscow. A Manual and Book of Readings was prepared and translated into Russian, published in both languages and distributed in e-format and hard copies to all participants, Regional Coordinating Committees, Working Groups, and the Network Theme Committee.

A second modular course entitled "Universal Design and Inclusive Communities" was developed and delivered by Canadian and Russian partners in Omsk in June 2006, with representation from all three pilot regions. There were **150** participants (students and educators, consumers, government officials, city planners, and architects) who took part in the course. A course manual and guidelines for an accessibility audit were published in different formats (Russian and English hard copies/e-copes) and distributed to the Russian participants. During the course, the participants learned and conducted an accessibility audit of selected sites in Omsk, provided recommendations, and developed an action plan that was presented to different levels of government and coordinating committees on disability issues.

The third modular course of the Disability Studies Model entitled "Social Policy and Disability – development, process and practice" was delivered by Canadian partners in October 2006 to **100** participants in Moscow and **100** participants in Stavropol. Similar to the other courses, material was prepared, translated and published in both languages and made available to participants in e-format and hard copies. Approximately **80% - 90%** of the participants who attended this course were female.

Disability Studies concepts and theory were infused in the **7** Social Work courses developed and delivered by Canadian instructors and delivered in Russia including: Social Work and Disability; Social Work Practice with Families with Children with Disabilities; Social Work and Community Practice and Disability; Social Work and Community Mental Health Practice I; Social Work and Community Mental Health II; Social Work and Community Mental Health Practice; and, Field Education in Social Work.

Output 1.2: Improved ability of learning institutions and community organizations to provide accredited and specialized Social Work education.

Needs Assessment of Social Work Programs and Specializations

Each School of Social Work conducted a needs assessment. Over **45** academics, **4** directors, **10** agency representatives and **10** consumer organizational representatives participated in this process. They examined their programs in relationship to the International Standards of Social

Work Education and the Scope of Social Work Practice Statement of the International Association of Schools of Social Work as a basis of comparison. The needs assessment and gap analysis identified five major common areas in all three regions that needed to be addressed:

1. Current relevant curriculum course content relating to social work and disability and social work and mental health;
2. Capacity of class instructors to develop and deliver social work courses;
3. Connection between theory and practice within the social work curriculum;
4. Restructuring the social work curriculum to include more opportunity for skill development through an effective model of practical education in social service agencies; and,
5. Capacity to provide practical education for social work students aimed at developing their skills in working with individual families of persons with disability.

The Social Work and Disability and Social Work and Mental Health specializations were designed to address these needs. Initially, **7** courses (Social Work and Disability; Social Work Practice with Families with Children with Disabilities; Social Work and Community Practice and Disability; Social Work and Community Mental Health Practice I; Social Work and Community Mental Health II; Social Work and Community Mental Health Practice; and, Field Education in Social Work) were delivered by the Canadian partners in each of the regions to a total of approximately **1034** participants. As indicated previously, the content was adapted by approximately **40** academics and the **4** directors of the Schools of Social Work from each region to form the basis of the specializations. Over **20** Canadian academics worked with the Russian academics, students and agency based field instructors.

To date there have been **11** books (**7** at NCSTU and **4** RSSU) and **12** monographs (**6** at NCSTU and **6** at RSSU) published by social work academics on the course content of the specializations. In addition there have been **4** monographs produced based on a compilation of research projects of the social work field students.

Building the capacity to provide accredited practical education to students in the social work programs

Initially **120** Field Instructors participated in a field instructor's course offered by the Canadian partners. This course was adapted by the Russian academics and has subsequently been offered annually to new field instructors. To date this course has been offered by the field coordinators at each of the partners University to approximately **300** Field Instructors across the three regions.

Output 1.3: Increased knowledge of government, educators, service organizations and consumers in Community Rehabilitation in Mental Health

As planned, **2 Communities of Learners** (**COLs)** were led by Canadian educators in **4** intensive one to two-week educational events, supplemented by events led by Russian educators, provided over an 18 month period. Each COL received a total of about **120 hours** of instruction on community rehabilitation in mental health. A total of **116 individuals** from **32** regions across Russia participated, **71** from CRDP demonstration sites, and **45** from other regions across Russia. Participants represented diverse professional backgrounds including psychiatrists, psychologists, social workers and specialists in social work, psychiatric nurses, administrative leaders, and

family members of service users (refer to Figures 1 and 2 for geographical and professional distribution of the learners). With each learning event, resource materials were developed and translated into Russian, and combined to form a training manual (**5** manuals in total).

Figure 3. Number of COL participants by region

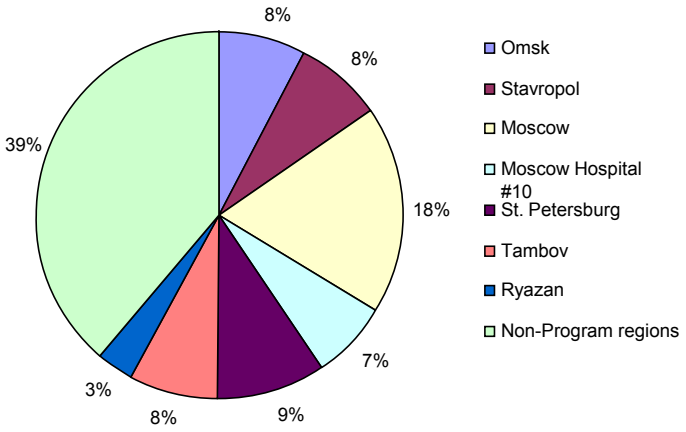
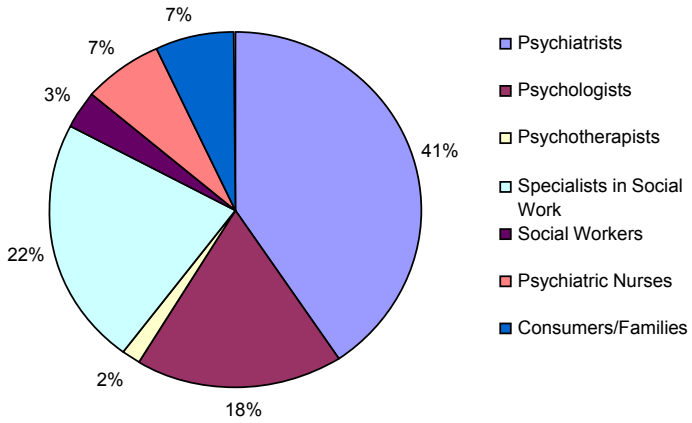


Figure 4. Background of COL participants



Additional *Russia-led training* was delivered by the Moscow Research Institute of Psychiatry Program personnel who traveled to the various demonstration sites. These included **14** training events (including a 3-week outreach seminar for psychiatrists on psychosocial rehabilitation, and a number of 1-3 day seminars with an inter-disciplinary focus), and involved over **1,600** participants in total. In addition, **147** smaller-scale clinical conferences were facilitated (with the average participation up to **12** persons each). Some examples of topics include interdisciplinary collaboration in mental health, principles of psychosocial rehabilitation, and demonstration model design.

The Moscow-based inter-regional training seminar series on Early Psychotic Episode Treatment (EPET) represented a major undertaking. This series of events included **4** intense seminars and on-going on-site outreach implementation consultations. A total of **208** Mental Health professionals from the 7 demonstration sites and beyond participated, representing **54** regions in total. This series of events has had a strong impact on service transformation across Russia (refer to Outcome 2).

In addition, a series of learning events on the psychology of disability was delivered by MRIP personnel to social service centre personnel in Bibirivo and Medvedkovo: **10** seminars, **196** participants in total.

Output 1.4: Increased knowledge of service providers in community approaches to post-traumatic mental health issues in Russia

A series of four (**4**) training events was prepared and delivered in the Stavropol region to enhance knowledge on traumatic mental health issues arising from acts of terror -- **2** intense

two-week courses (**60** hours of instruction each) led by Canadian experts, and **two** 3 to 4 day events (**25** hours of instruction each) led by a Russian expert from MRIP, for a total of **170** hours of instruction.

Multidisciplinary and inter-sectoral participation was achieved as planned, with **255** participants from backgrounds such as teaching, police, social protection, Ministry of Emergency Situations, military, NGOs of refugees and self-help organizations, mental health consumers, medical sector (physicians, psychologists, nurses, social workers), and university faculty and students (social work, medical school, and psychology). Refer to Figures 3 and 4 for professional and sectoral distribution of the learners.

Figure 5. Stavropol Trauma Response Training Participants by Professional Background

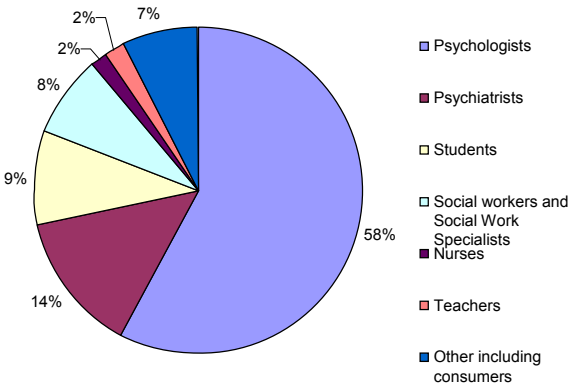
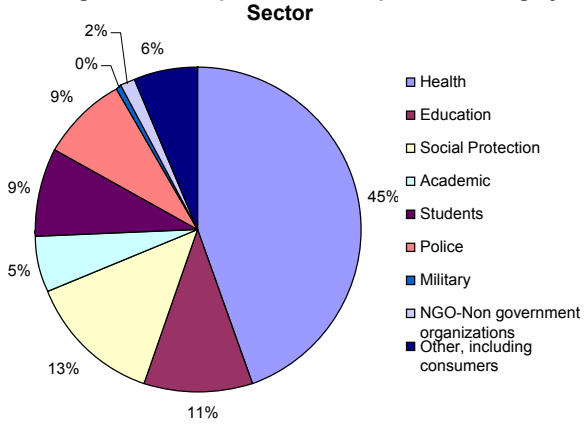


Figure 6. Stavropol Trauma Response Training by Sector



Collaborative connections were developed across sectors during the training events. Inter-regional participation was also encouraged, and involved a small number of participants from Omsk, Moscow, Krasnodar and Rostov.

The content of the training was relevant to the contemporary state of knowledge in community mental health rehabilitation. With each of the learning events, a training manual was developed and translated into Russian (**4** manuals in total).

Output 1.5: Increased capacity of mental health consumers to adopt a leadership role in mental health planning and service delivery

Three **(3)** *Canada-led* consumer leadership events were conducted during the CRDP; one intense, interregional event under the auspices of New Choices involving **68** consumers from **26** regions led by **2** Canadian instructors, and two smaller scale events involving consumers in the Moscow region. A resource manual was developed for the inter-regional event and translated into Russian. In addition, **10** consumers participated in Canada Travel Study tours. In total, Canada-led training involved over **120** consumer participants.

Russian-led consumer training was sponsored by New Choices members, with the support of the Program's "Inter-regional Coordination Project". Examples of Russian-led activities include annual All-Russia New Choices conferences that involve various education and training activities, and regionally initiated consumer education programs such as "Family Schools" in Tambov and Ryazan. Many training events also included service providers. Training in Moscow involved a total of **494** service users in various training events, and **83** participants from service organizations.

Training events created lasting connections between consumers of many regions in Russia. As well, connections have been created between Russia and Canada, with regular reports of letters and e-mails being exchanged by Canadians who led the Russian events.

ii. Outcome Level

Outcome 1: Increased knowledge of faculty, professionals, community leaders and people with disabilities in disability studies, social work, and community rehabilitation models in mental health resulting in improved community-based mental health, disability and social work education

a. Disability Studies

Change in Attitude toward People with Disabilities

As a result of the Canada-Russia Disability Program, there are positive changes in attitude towards people with disabilities in Russia. For example as an increased interest by media in news stories about people with disabilities based on positive images, community living, equal opportunities, access to employment, education, and transportation; and changes in language and themes of publications, now featuring a less charitable tone and more focus on abilities and environmental barriers rather than individual deficiencies. More people with disabilities are employed by the Program's partner organizations, particularly in jobs that were not accessible and available for them previously. For example, the Department of Social work at North Caucus State Technical University in Stavropol hired a person with physical disability to teach and assisted him/her in entering the PhD program. Similarly, in Moscow the Department of Social Work at the Russia State Social University assisted a person with a severe visual impairment to enter the PhD program and teach sessions at the university.

At the conclusion of the Program, Program participants from all three regions including Working Group Leaders, Working Group Members, Social Work Students and Agency Service Providers were asked to complete an evaluative questionnaire. Of the **127** respondents, **120 (94%)** indicated that their perception of disability issues had changed as their awareness of disability issues increased as a result of participating in the Program. The specific changes in perception experienced included: a change in attitude - **96 (76%)**; incorporation of disability knowledge into practice - **78 (61%)**; involvement in disability initiatives - **34 (27%)**; and, development of new disability initiatives - **54 (43%)**. When asked if they had any future plans to undertake further professional development in disability education or practice, **81 (64%)** respondents indicated they did have this intention. Methods of professional development included writing their thesis on a disability related topic; participating in conferences, seminars and educational programs;

choosing to specialize in a disability area; participating in volunteer work with a disability organization, working with government to develop new disability related policy; participating in improving public awareness and reducing the stigma associated with people with disabilities; developing lectures in disability studies; and, developing more field placements with disability organizations for Social Work students.

Increased Access for People with Disabilities

Since the involvement with CRDP, universities and agencies involved in the pilot regions have become more accessible to students, faculty and staff with a physical disability. Some of the buildings at the North Caucus State Technical University (including the social work department, the main floor of another building on campus, and two dormitories) in Stavropol have been made accessible. Also in Stavropol, there were a number of access related initiatives started by ARSD with support of local and regional governments: a) a city access guide was developed and published; b) accessibility audit guidelines were developed; c) city access committee was established; d) a process of approval by municipal ARSD at design and construction stages of new buildings; e) monthly information regarding accessibility in local newspapers; and f) increased accessible public transportation.

The Russian State Social University (RSSU) expressed commitment at Rector level to make the premises on campus accessible. The University has accepted proposals from Masters level students on how the University could be made more accessible. In September 2007, the University will be developing an accessibility plan. As well, the Omsk State Pedagogical University has expressed a commitment to renovating existing structures and the Regional office of ARSD in Omsk was made accessible in 2005. Accessibility audits have been conducted in Stavropol and Omsk of public buildings (including government structures) and public transportation, with plans developed for reconstruction activities. In Omsk, between 2004-2006, 40% of medical establishments and 15% of administrative rural and urban buildings have become accessible to people with disabilities.

Since the implementation of CRDP, there has been an increase in the number of students with disabilities enrolled in courses at the partner universities. At the North Caucus State Technical University in Stavropol, **3** students with disabilities have enrolled; at the Omsk State Pedagogical University, **7** students with severe disabilities have enrolled in various study programs; and, at the Russia State Social University, **1** student with a disability has entered a graduate studies program. Of the **55** Social Work students who completed the CRDP evaluation questionnaires, **10** indicated that they were living with a disability.

Increased Capacity and Expertise in the Provision of Disability Studies Education

Stavropol:

Meetings between the Canadian partners and the senior administration staff of the Program's partner universities took place as part of ongoing developmental work across pilot regions to build a better understanding of the social model of disability, the role of consumers and disability studies towards the creation of an interdisciplinary academic program within the university curriculum. At the North Caucus State Technical University in Stavropol, discussions with the Departments of history, philosophy, culture, economics, sociology and design occurred to introduce Disability Studies topics into the existing curriculum. More specifically, university instructors from other humanitarian courses have gone through training seminars in Stavropol with the purpose of developing lectures on various aspects of disability in the areas of history,

homeland, philosophy, culture study, law, international communications and others. As a result of this increased knowledge, the Department of Social Work and Sociology at NCSTU took the lead role to provide the necessary expertise, in collaboration with the members of the Stavropol All Russia Society of Disabled People (ARSD), and hired a new staff person (formerly staff of ARSD) to conduct a community-based research study on disability. The North Caucus State Technical University has established ongoing university credit courses on 'Introduction to Disability', 'Legislative and Normative Foundations of Disabled Citizen's', and 'Universal Design'. As well, NCSTU has developed a Social Work Specialization in Disability that has been approved by the university and presented for approval to the Social Work Education Accreditation Committee.

Omsk:

In Omsk, discussions took place at the Omsk State Pedagogical University (OSPU) and Omsk State Technical University (OSTU) and with the President of OSPU. Since then, the two universities have established a specialization in "Social Work with People with Disabilities", of which **96** students are currently participating. The Omsk State Technical University (OMSTU) has introduced a university credit course on 'Introduction to Disability Studies'.

Moscow:

In Moscow, faculty members of the Russian State Social University (RSSU) have been actively involved in the promotion of disability studies by organizing and participating in Round Table discussions and conferences, and involving students in disability focused research.

Round Table Discussions and Conferences:

- Attended conference on "Problems of rehabilitation and integration of people with hearing disabilities", November 2003;
- Participated in development of section "Creation of the adaptive environment" as part of the State social doctrine of the Russian Federation, April 2004;
- Participated and implemented 1st International Congress on "Problems of complex children's rehabilitation who suffer from cerebral paralysis", March 2006.
- Participated in North East regional government conference "Modern technologies and social orphanages", January 2007.
- Participated in a Round Table discussion with the Ministries of Health and Social Protection and Labour on the social protection of the population, February 2007;
- Participation and implementation of the 2nd International Congress "Problems of Complex rehabilitation of children suffering from cerebral paralysis", April 2007.

Student Involvement:

- Masters level course developed on "Social work with families of disabled children", April 2006;
- Second year Masters students conducted research on the problem of the availability of funding for RSSU students, beginning in September 2006;
- Research topics in the area of disability studies for faculty and students were determined and a presentation of the projects occurred in April 2007.

- In Moscow, the Russia State Social University (RSSU) developed a Social Work Specialization in Disability that has been approved by the university and presented for approval to the Social Work Education Accreditation Committee.

Inter-regional:

All training provided by CRDP was based on the 'train the trainer' approach in which leaders in attendance were responsible for ensuring that the courses were developed as a part of the university's curriculum and that others were trained in these areas of disability studies courses and topics. Overall, **3** courses were developed by Russians and incorporated into the university curriculum including: Introduction to Disability; Universal Design and Accessibility Audit; and, Sociology of Disability. As well, disability topics were included in Social Work courses, such as gender and disability, children with disability, disability policy and integrated education, the social model of disability, and collaboration with disability NGOs.

Expertise in the area of Disability Studies has grown in Russia as a result of the Program. In June 2005, a team of Canadians and Russians jointly prepared and delivered a panel presentation at the Canadian Disability Studies Association Second Annual Conference at the University of Western Ontario in London, Ontario entitled *"Paradoxes in the Movement towards Citizenship for Persons with Disabilities in Russian Society: Barrier Filled Environments, Exclusionary Social Policy, and Inequitable Access to Health, Education and Social Services".* It was a collaboration between the Social Science and Humanities Council and the Canadian International Development Agency (CIDA).

Individual and Organizational Changes

Changes occurred at the individual level among CRDP participants as a result of their exposure to new information regarding Disability Studies. Of the Social Work Students, Working Group Members, and Agency Service providers who responded to an evaluation questionnaire **(n=106)**, **84 (79%)** indicated that their knowledge of practice issues had increased; **78 (74%)** stated their attitude toward people with disabilities had changed; **55 (52%)** indicated their knowledge of practice approaches had increased; **49 (46%)** experienced an increased level of skills in their practice; **45 (42%)** stated they incorporated new models into their practice; and, **35 (33%)** indicated they incorporated their new knowledge in curriculum development. Furthermore, **39%** of respondents indicated that the organization they were affiliated with had made some changes to the physical building to make it more accessible since being involved with CRDP.

At the organizational level, respondents to the evaluation questionnaire indicated that, since participating in CRDP, their organization has made significant changes in how they practice/educate in the disability field. The participants also identified the changes that they considered would be maintained in the long term. Forty percent **(40%)** of respondents **(50)** indicated changes in the organization's accessibility; **52% (66)** identified changes in curriculum development; **41% (52)** noted changes at the service/program level; **35% (45)** indicated an increase in organizational resources towards disability education/services; and, **37% (46)** noted that the organization was in support of changes in disability education/services. Furthermore, **58% (42)** of respondents identified disability related curriculum development as a long term organizational activity and **60% (43)** of respondents indicated that the organization planned to provide staff with ongoing training in the disability field. (Note: Social Work students were not asked to respond to this question)

Partnership and Consumer Participation

One of the most significant outcomes of the Disabilities Studies component of the Program as identified by Program participants is the partnerships and involvement that had developed and that will continue long after CRDP comes to a conclusion, such as:

- Ongoing partnership of ARSD (national and regional offices) and the ongoing partnership with universities to promote field placements within the organization;
- Social Service Centres and Universities working together to put into practice the principles of the social model of disability within the education sector and apply them in the social service field; and,
- Inter-regional partnerships on disability related initiatives such as the one between Omsk and Stavropol on accessibility audits and universal design; and,
- Universities will continue to work with the Ministries of Health and Social Protection and Labour, providing input into disability and social issues.

b. <u>Social Work</u>

Increased Knowledge of Current Practice Theories Relating to Social Work and Disability, Social Work and Mental Health

Seven **(7)** Social Work Stream courses were developed and delivered by the Canadian Partners across the three pilot regions at the 4 participating universities: North Caucus State Technical University (NCSTU) Stavropol Krai: Russia State Social University (RSSU) Moscow; Omsk State Pedagogical University (OSPU); and Omsk State Technical University (OMSTU) Omsk, and **1034** individuals participated in these courses. These courses provided an opportunity for participants, predominantly social work students, academics and agency staff, to increase their knowledge relating to social work and disability and social work and mental health.

Fifteen (**15)** academics (Stavropol **6**, Moscow **5,** Omsk **4**) and **2** doctoral students (Stavropol **1,** Moscow **1**) participated in the study tours in Canada. These individuals served as leaders in their working groups in developing and implementing the social work specializations. In addition they assisted in the process of identification of development of the Teaching Learning Multi-disciplinary Service Centres (TLMSCs). The academic staff, students, agency staff and representatives from consumer directed NGOs from each of the Schools of Social work reviewed the International Standards and scope of practice statement of the International Association of Schools of Social Work, and examined the curriculum content of the schools in relation to the international standards. They also reviewed The United Nations Statement on the Rights of Persons with Disabilities prior to proceeding with their development of the two specializations. All of the specializations were grounded in a rights based social model of disability. They are aimed at the preparation of professionals who will be able to develop and deliver consumer focused community based social services that foster social inclusion and participation of persons with disabilities.

Over **10** faculty and **50** students with disabilities actively participated in the activities of the social work Stream. Their participation provided a significant contribution to the knowledge base relating to and awareness of issues of social exclusion faced by persons with disability.

Development of Specializations through TLMSC Centre Sites for Practical Education and Program Innovation

Over **40** social work educators and **4** program directors were involved in the development of the course content for each of the Social Work specializations in Disability and Mental Health that were approved in the focal regions. The specializations were adapted to address the different levels of capacity and need of the local consumer populations.

The Education and Demonstration Working Groups in each region were composed of academics, agency service providers and representatives of NGOs. The working groups from each region used the **7** courses that were prepared and delivered by the Canadian partners as a base for the two specializations. The regions developed **37** new courses (Stavropol **10**, Moscow **11**, Omsk **16** - *OMPU **8** and OMTU **8***) and organized them into their own specializations in disability and mental health. All of these additional courses have been approved by the National Commission on Social Work Education. As of April 2007, approximately **300** students have taken these courses.

Of the **7** courses developed and delivered in Russia by the Canadian partners, **3** courses addressed social work and disability and **3** addressed social work and mental health. Of the **37** additional courses developed by the Russia partners, **30** courses related to working with persons with disabilities, and/or their families and/or their communities (Stavropol **9**, Moscow **9,** Omsk **12**). Approximately **300** participants have taken these courses.

In addition, **7** of the courses developed by the Russian partners focused on social work and mental health (Moscow **2**, Stavropol **1** and Omsk **4**). Approximately **100** students have been involved in these courses. Further, **5** academics and **6** social service providers/field instructors attended the Community of Learners courses provided by the Mental Health Stream.

Practical Education and Community Based Innovation in Service Development and Delivery

All **4** participating Russian Universities have had their specializations in Social Work and Disability approved by their respective University Councils and the Commission on Social Work Education. Three of the Universities have begun implementing the specializations and the fourth University will begin implementing the social work and disability specialization in the fall of 2007.

The Social Work Stream worked with **9** social service/mental health organizations (TLMSCs) that were committed to providing practical education. Over the life of the Program these settings provided practical education to over **500** students in the field of social work practice with people with disabilities. All of these students participated in the development of a total of **40** service/program innovative projects that were developed in TLMSCs across the regions, such as social skills for teens with disabilities, computer education club for adolescents with disability, a parent support group for mothers of children with disabilities, clubhouse programs for persons with mental health disabilities, community newspaper for persons with disabilities, and a friendly visitor program for elderly persons with disabilities.

Gender Equality

Gender equality was an important outcome of the Social Work Stream of CRDP. The Stream focused its activities on engaging more women in management positions in Schools of Social

Work and social service agencies. Also the Stream's activities were focused on working with the women academic staff in order that they may acquire more job security and benefits. The results that reflect this outcome are as follows:

- Eight **(8)** of the **9** courses were developed and delivered by the Canadian partners in this Social Work Stream were done by females.
- **7** out **9** Directors of TLMSCs sites were female.
- Two **(2)** of the **4** Social Work Programs were headed by women directors.
- The current chairperson of the National Commission on Social Work Education is a director of a School of Social Work Program at RSSU, one of the Social Work Stream's major partners.
- **10** of the **15** women academics and the **2** doctoral students who were chosen to participate in the Canadian study tours were women.
- **75%** of the course participants were female.
- All of the people charged with field program development in Moscow, Omsk and Stavropol were female.

c. <u>Mental Health</u>

Graduates of COLs became Trainers in their Home Sites

Participation in 'Communities of Learners' gave participants the *knowledge* and *confidence* to train professionals and service users in their home sites. This was supported by regional directors of mental health services who mandated COL participants to train hospital and other personnel. Indicators of success of this 'training the trainer model' include the following:

- Across the **7** Mental Health Stream demonstration sites **293** staff are reported as providing training on community mental health concepts to other professionals in their home regions.
- The cumulative numbers of staff members trained in their home institutions by COL participants (from 2003 to 2006) number several thousand. For example, Omsk reported **711**, Stavropol over **1000**, and the Central Region **780**.
- The number of professional educational *events and on-going series of events* facilitated by COL participants in their home institutions totalled **47** (**19** in Omsk, **10** in Stavropol, and **18** in the Central Region). These included clinical conferences, series of seminars and lectures, practicum sessions and other similar events with broad interdisciplinary participation. The number of participants per event ranged from **30** to over **300** people.

Agents of Change

Training *empowered* Mental Health Stream participants to actively pursue innovation of services towards system change. Several ideas introduced during COL teaching programs were experimented with and became adopted as innovative new services for the Russia context. Examples include:

- Involving consumers in program decision-making (all **7** sites),
- Using psycho-educational and other group techniques both for teaching and treatment (all sites),
- Developing new kinds of services outside the psychiatric hospital (all sites),
- Developing collaborative relationships between mental health and social service agencies (all sites).

The new innovative services led to changes at the policy level. (Refer to Outcome 3)

Extension of Knowledge beyond Mental Health Services

COL participants continue to promote service system transformation through transferring the knowledge on community mental health practices to professionals and students of other disciplines and beyond the psychiatric institutions. Many Mental Health Stream participants have acquired sustainable positions in social and educational institutions that allow them to continue this work beyond the completion of the Program. Examples include the following:

- **39** participants were offered teaching roles in local colleges and other higher education facilities, as well as in other community agencies.
- **15** post-secondary education institutions currently employ graduates of the COL program as instructors; e.g., Colleges of Nurses, Social Work faculties, etc.
- Participants reported having facilitated over **60** training events for colleges, educational institutions and other non-psychiatric agencies during the years of the CRDP. Examples include seminars for Social Work students, training Notary Chamber personnel in mental health issues, trauma response training for various professionals, and educational sessions in Social Service Centres.

Sustainable Collaboration with Social Work Faculties by Establishing Mental Health Practicum Sites

An initial capacity has been developed for recruiting and training much needed professionals in the area of social work in community mental health. Although the numbers are still small for Russia, this result provides the basis and high potential for sustainable growth:

- Across the three regions a total of **56** practicum placement units are now committed to Social Work student training in mental health.

Sustainable Curricula for Cross-sector Professional Development in the Future

Two major cross-sector achievements emerging from collaboration of the Mental Health and Social Work Streams will have significant lasting influence across Russia:

- *Pre-service Social Work Mental Health specialization curriculum* approved for use in Social Work faculties across Russia, and
- *In-service (after-diploma) Social Work Mental Health training curriculum* approved by the Federal Ministry of Health for graduates of social work faculties and current practitioners. The Moscow Research Institute of Psychiatry is mandated by the Ministry *to implement* the training with professional trainees across Russia.

Both curricula incorporated ideas and practices consistent with the directions of the Program.

iii. Unexpected Results

Disability Studies

In Omsk region, interdisciplinary research has been conducted by the universities together with public organizations of people with disabilities to study the issue of disability in Russia and Stavropol region. The results were published in the collective article “Integration of people with disabilities into the Russian society: theory and practice.” As well, several members of the CRDP Working Groups have obtained a higher level of education in disability studies. A member (Co-leader) of the Demonstration Working Group has finished a doctoral dissertation on the topic of people with disabilities in society, and published an article entitled “Society and problems of disability.” A member of the Policy and Network Working Groups has defended a

Master's thesis on pedagogy and a member of the Education Working Group has defended a Master's thesis in sociology on the topic of people with disabilities. There are additional sociology dissertations in progress: 1) "Mobility of people with disabilities (member of the Demonstration Working Group); and 2) Problem of work mobility (career) of people with disabilities (member of the Education and Demonstration Working Groups). Members of the Working Groups have published approximately 100 research articles in relation to people with disabilities.

The National Board of ARSD in Moscow developed a training program for leaders of their organizations based on CRDP's disability studies concept and content. They are also working on developing a course on Disability Studies to be introduced at the RSSU in the Fall 2007.

The Russian State Social University (RSSU) in Moscow identified unexpected results from their involvement with CRDP as: 1) increased involvement of young disabled students in education and seminars such as "Education as a way to an independent life"; 2) young disabled students educating graduates of educational institutions about the challenges of being disabled as a means of improving their understanding; 3) the research conducted at the dissertation level on people with hearing disabilities including "System development on qualification improvement of people with hearing problems" and "Development of employment and adaptation of people with hearing problems"; and 4) working with the regional and federal Ministries of Labour and Social Protection in the development of the state social concept of children with disabilities and the development of the state social doctrine on the "Creation of an adaptive environment."

Social Work

An unexpected result within the pilot regions with regard to the Social Work component was the inclusion of persons with disabilities as teachers, students and community based researchers. In addition, across the pilot regions, unexpected results included: 1) the development of an interregional directors' of schools of social work working group and their actual and potential impact on the development of the national standards for social work education; and, 2) a collaborative consultation network amongst academics and the shared curriculum content and resource materials amongst of the Schools of Social Work in the three disparate regions in development and implementation of the specializations.

Mental Health

At the beginning of the Program, it was not expected that educational activities would spread so broadly across Russia, beyond the initially identified regions. The interest of the Communities of Learners was much broader than anticipated, so that each of the two series of educational events was over subscribed by a large margin. Each COL was planned for 25 participants, for a total of 50 individuals from the regions directly participating in CRDP. Actual participation of CRDP participants exceeded this number (the actual number was **71**). In addition, training involved **45** participants from other regions across Russia.

Participation of mental health consumer learners in training events was broader than anticipated, and occurred in an unexpected format: the family members of mental health service users took more vocal, independent roles. They chose to audit only selected sessions, rather than participating in the entire courses, and on some occasions, took the role of session co-facilitators. Consumer participants took initiative in requesting certain training events and influencing their design. These developments are indicative of the increased capacity and empowerment of the mental health service consumer groups in Russia.

iv. Anticipated and Actual Risks

Disability Studies and Social Work

Of the risks identified at the Output level in the beginning of the Program, one turned out to be an actual risk as it related to the Disability Studies component. In Year 1 of the Program, the Moscow State Social University (MSSU) began a significant reorganization process that continued on into Year 2. The process that eventually led to the establishment of the Russia State Social University (RSSU) involved major staff and program changes. This resulted in a delay in establishing the Education Working Group for Moscow region. As well the preparatory work conducted by the University for involvement in CRDP was lost as many people were transferred to other positions. Organizational concerns were addressed and resolved during an in-person meeting in Moscow between the Canadian partners and university staff involved in the Program.

There was some concern midway through the implementation of the Program that the accreditation function would be taken away from RSSU (one of the Social Work Stream's major partners) when the accreditation standard setting function was transferred to the Ministry of Education from the Ministry of Social Protection. This would have undermined much of the progress of the Social Work Stream. However, RSSU succeeded in retaining this function and continues to directly accredit Schools of Social Work throughout Russia. This has enabled the impact of the new knowledge and specialization generated from the CRDP to be disseminated to the **140** Schools of Social Work throughout Russia.

Mental Health

Within the Educational component, no major risks were anticipated or incurred.

v. Challenges and Lessons Learned

Disability Studies

There was one significant challenge experienced by the Canadian and Russian Program partners when attempting to execute the activities of the Disability Studies component. Unlike Stavropol and Moscow, the Canadian Program partners did not have a previous working relationship with the Program partners in Omsk region. As a result, the initial Program activities in the Omsk region focused on establishing a relationship with the Program partners and orienting them to the Program objectives, including disability studies concepts. Additional time was required to establish the membership for the various Working Groups and Committees, as well as ensuring that Omsk participants were included in all training activities. Initially, there was evidence of a lack of strong leadership at the Omsk State Pedagogical University to carry forward the activities of the Education Working Group. This situation was resolved with the appointment of a new leader of the Education Working Group in Omsk.

Omsk region also sited difficulties in creating accessible environments at the partnering universities and social service agencies. Even though some buildings in Omsk have become accessible or have committed to becoming accessible, the region noted that any reconstruction effort requires additional material and financial resources which are difficult to obtain.

Social Work

There were a number of major challenges faced by the Social Work Stream. One of the most formidable challenges was having the universities and field agencies work together on curriculum development and practical education. In Omsk, a major challenge was to get the two University Social Work Programs to work together on curriculum development and practical education as well as developing an agreed upon set of agency partners. The development of these relationships was greatly assisted by the leadership provided by the North Caucus State Technical University to all regions as they developed their relationships with field agencies. Also, the Omsk Regional Psychiatric Centre provided a great deal of support and direction to the two Universities within the region on working collaboratively in the development of their capacity for social work education.

Another challenge was a great deal of tension and disagreement on the preparation of professionals for practice in mental health service settings. There was a great deal of confusion as to whether this area of professional preparation was the purview of psychiatric education resources or whether the Schools of Social Work were responsible for this preparation. This issue had many implications nationally and locally and was made more complex by the rigid boundaries of the social service and mental health sectors in Russia.

The local regional working groups and the Program steering committee devised an innovative solution to this issue. That is, the partners agreed to having the Schools of Social Work take responsibility for pre-professional education of social workers working in mental health settings and the Moscow Research Institute of Psychiatry would take responsibility for the continuing professional education. This resolution was quite practical, effective and sustainable. It also etched out and legitimized the role for Schools of Social Work to provide pre-professional education in the area of mental health and raised the profile and the importance of continuing education and upgrading of social work practitioners currently in the field of mental health.

Mental Health

Creating human capacities for community-based mental health services in Russia is associated with a number of challenges in the context of two clusters of activities:

1. Pre-service education: training social work students at the universities, under the mandate of social work schools, with the objective of preparing community workers to support people with psychiatric disabilities:
    - In the context of CRDP, this cluster of education activities was mostly managed within the Social Work Stream, and aimed at the developing and legitimating of university curricula for mental health specialization in social work.
    - One of the major challenges in this area was associated with the extremely low motivation of the majority of social work students for choosing the specialization area of psychiatric disability and community mental health.

2. In-service education: training professionals who are already working in the field in the area of community mental health. This cluster of training programs, typically, is interdisciplinary in nature, and includes mental health workers of various backgrounds:
    - In the context of CRDP, it was designed as a “train the trainer” model (see the description of COL training activities and results).
    - One of the major challenges was associated with the interdisciplinary participation in community mental health rehabilitation training. The traditional

understanding of psychiatric rehabilitation in Russia is strongly based on the medical model; therefore integrating the identities of other mental health professions presented a challenge.

The lessons learned in overcoming these challenges included the importance of listening to our Russian partners and relying on the natural, contextually-based development of interdisciplinary relationships in Russia, while educating the participants in the principles of trans-disciplinary community mental health. Also learned was the lesson of emphasizing inter-stream collaboration and relying on the strengths of each partner.

The Social Work and Mental Health Streams have combined their efforts to build a strong basis for pre-service education and to create effective cohorts of knowledgeable professionals of different backgrounds already working in psychiatric institutions (in service education). The experiences demonstrated the great flexibility of Russian psychiatrists and their readiness for change, as well as the strong and active position of newly emerging social work and other mental health professionals. For example, in-service COL graduates created practicum training placements in psychiatric institutions for social work students (Omsk, Tambov, Stavropol). Simultaneously, through the efforts of Social Work Stream partners, university curricula were developed in the area of social work with persons who have psychiatric disabilities. In Omsk, Mental Health Stream education graduates have initiated active outreach to Social Work faculties of the local universities. This strategy, along with creating the pre-service capacities, has been successful in recruiting a number of new social work students and organizing ongoing, sustainable courses taught by Mental Health Stream participants who are former in-service trainees. Another effect of in-service Mental Health Stream graduates' activities – the availability of demonstration sites for student practicum – has created a great potential for merging theory and practice in student education that will lead to further service transformation and sustainability of innovations.

vi. Concluding Comments

The Education Component of CRDP was significant in scope in that it involved providing education and training in Disability Studies, Social Work and Mental Health provided to multiple target groups including university faculty, Social Work students, government and NGO representatives, agency service providers, and consumers. Despite the challenges encountered, the results surpassed expectations with more individuals trained than anticipated, a higher than expected number of consumers involved in training, and a greater extent to which research in the areas of disability and mental health is being conducted as demonstrated by the number of PhD dissertations and Masters theses being completed in these areas. As well, individuals with disabilities became increasingly involved as students, teachers, and researchers. One of the most significant achievements was the collaboration between the social work and mental health sectors in the preparation of professionals in mental health service organizations. Historically, the preparation of professionals in mental health service delivery has been entrenched in the medical model, often to the exclusion of other professions. This was typical of the 'silo' approach to professional education, and similar to that in other professions. Since Social Work was a new profession, the collective synergy from the Disability Studies, Social Work and Mental Health Streams served to address some of the barriers, laying a path for the Russian participants to build on the progress made.

B. Demonstration Component

Introduction

The involvement of the Social Work Stream in the demonstration component of CRDP has been focused on building capacity and opportunity for the practical education of social work students and the promotion of the development of innovative community based social services. The Stream has accomplished this through the development of **9** Teaching Learning Multidisciplinary Service Centres (TLMSCs) as demonstration sites. The TLMSCs according to pilot regions are as follows:

Stavropol
- Ministry of Labour and Social Protection Family Resource Centre
- Library for the Blind
- Stavropol Regional Psychiatric Hospital
- Family Resource Centre – North Caucus State Technical University

Omsk
- Omsk Regional Psychiatric Hospital
- Sudarushka Family Centre
- Nezhinski Centre

Moscow (Central region)
- Medvedkovo
- Bibirivo

These sites have provided venues for field work placement where students (mostly social work students) have worked with agency staff to develop new consumer-focused approaches to disability services. The operations of the TLMSCs were guided by the input of consumers as well as consumer/practitioners working to provide multi-service and informational resources needed at the community level in culturally and socially acceptable, economically feasible ways. These Centres provided a vehicle for the development of innovative forms of social service delivery, which has fostered the social inclusion of persons with disabilities in the communities. The Centres have also served as a model for other agencies within the focal regions and other regions in Russia.

Concepts introduced in the Education component, supplemented by the opportunity to observe examples of new service forms during travel study trips to Canada, shaped the innovations at the heart of the Mental Health Stream Demonstration projects. There were two types of Demonstration projects. Some were directed towards *reforming existing mental health practices*; others *introduced new models of service* that previously had not existed in Russia. Given the considerable enthusiasm for reform from the earlier projects, and sizable risk of failure of reform initiatives in their early stages, it was decided to support **7** sites in **3** regions – West Siberia (Omsk), North Caucasus (Stavropol), and Central Russia (Moscow city, Moscow Region Hospital 10, Tambov, Ryazan and St. Petersburg). The 7 sites by region are as follows:

Stavropol
- Stavropol Regional Psychiatric Hospital

Omsk
- Omsk Regional Psychiatric Hospital

Central Region
- Moscow Research Institute of Psychiatry
- Moscow Regional Hospital #10
- Tambov Regional Psychiatric Hospital
- St. Petersburg City Psychiatric Hospital #1
- Ryazan Regional Psychiatric Hospital

It is important to note that the Mental Health and Social Work Streams defined the term "demonstration site" differently. The Mental Health Stream viewed the term "site" as a location with one leading institution led by one individual, and including more than one program or demonstration model. For example in Omsk, the Omsk Regional Psychiatric Hospital was the lead institution, led by the Chief Psychiatrist, and included the Nezhinski and Sudarushka Family Resource Centres. Social Work, on the other hand, identified sites by their direct involvement in Social Work Stream activities. Four of the demonstration sites identified by the Social Work Stream were also involved with the Mental Health Stream, including: Stavropol Regional Psychiatric Hospital; Omsk Regional Psychiatric Hospital; Sudarushka Family Resource Centre; and, Nezhinski Centre. It is at these sites that particular effort was devoted to building on the synergies of the three Streams (i.e. Mental Health, Social Work and Disability Studies).

Refer to the Map identified as Figure 3 in Appendix E for the location of the demonstration model sites.

i. Output Level

Output 2.1: Increased capacity of learning institutions to provide social work education and fieldwork practice in community-based social services

Increased Capacity

Initially the Demonstration Model Working Groups in each region conducted reviews of all practical education sites that were being used by their respective university's Social Work programs. The demonstration working groups initially chose **2** Training Learning Multi-disciplinary Service Centre (TLMSC) sites per region. In addition, after the Program was initiated each regional demonstration working group worked with the local agency representatives to identify a TLMSC site that also was a demonstration site with the Mental Health Stream. This was done in every region except Moscow which opted for an experimental program initiative for persons with mental health disabilities at Bibirivo, a Social Service Centre. In addition the North Caucasus State Technical University (NCSTU) created an unique Family Resource Centre on one of its campuses which involved social work students, instructors and consumers in providing a range of support resources to families of children with disabilities.

A needs assessment was conducted of the chosen centres which resulted in the development of a capacity building strategy. As mentioned previously, an initial field instructor's course was offered by the Canadian partners. This was adapted by the demonstration working group members into a training program and manual for all new field instructors. The local committees also developed an instrument for assessing student field performance. This standard instrument was developed through the interregional collaboration of the working group members and is currently being implemented in each of the focal regions for assessing student field work learning.

The TLMSCs demonstrated significantly increased capacity to provide field education to students. The demonstration working groups in each region developed their field instruction course and began offering regularized courses for new field Instructors. Also each regional demonstration working group prepared a field manual for field instructors to assist instructors to provide relevant accredited field education for social work students. Approximately **350** (Stavropol **75**, Moscow **55**, Omsk **220**) social work students were involved in active field placement/work related to services for persons with disabilities working under the supervision of field instructors who had been trained in the new field instruction course. In Omsk **40** students wrote term papers and **14** graduate students wrote Masters Theses that assisted agencies in developing their services for persons with disabilities. In Stavropol **16** students wrote term papers, **8** students wrote Masters Theses, and **2** students completed their PhD dissertations which contributed to the knowledge available to Program participants.

As CRDP comes to a conclusion, there are **9** well established TLMSCs of which **7** are physically accessible. The remaining **2** Centres have concrete plans for making their sites accessible. All of these sites plan on continuing to provide practical education to students and all have detailed specific plans for engaging students in the process of developing new programs and services.

Output 2.2: Increased capacity of community-based mental health services to implement innovative models in mental health service delivery

Output 2.3 Increased capacity of community-based services to implement innovative service models in Stavropol Krai for children and adults experiencing post traumatic stress issues.

Outputs 2.2 and 2.3 were created to highlight the emphasis on addressing post-trauma stress issues in Stavropol, and in practice this emphasis represented a sub-set of the broader community-based mental health demonstration initiatives undertaken. For that reason, the results for these two Outputs are merged below.

Travel Study Program

Three **(3)** two-week Travel Study Tours to Calgary were organized, one each in 2004, 2005 and 2006, to provide practical opportunities to examine innovative service forms for introduction to Russia. Each group was comprised of 10 to 12 Russian participants (**33** in total, including consumers – **10** members of New Choices) representing a unique blend of family advocacy organization leaders, mental health professionals, and administrative leaders from all three Program regions. *Figures 5 and 6 below* provide a breakdown of participants. The Study Tours were hosted by the University of Calgary in partnership with the Calgary Health Region. These intense learning events were designed to enhance knowledge capacity and strategies for collaboration, governance, and innovative policy development in mental health.

Figure 8. Study Tours to Canada: Number of Participants by Region

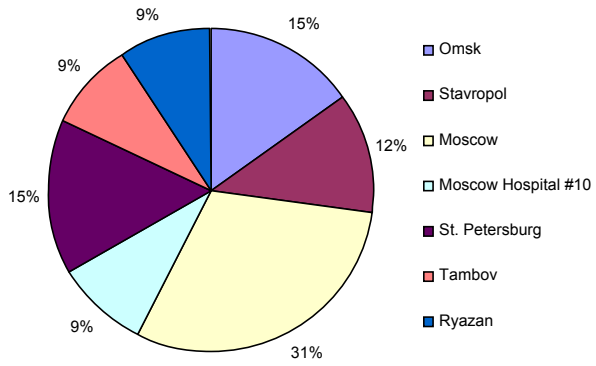
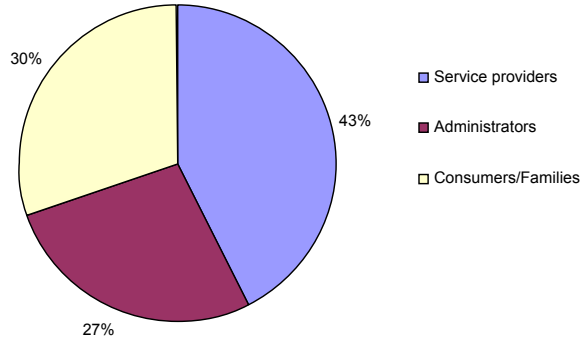


Figure 9. Study Tours to Canada: Background of Participants



Canadian Content Experts' consultation visits to regional demonstration sites

Consultation by Canadian experts helped to deepen the understanding and expertise of community-oriented mental health service in each region. Canadian content experts relevant to the focus of each particular region visited the regions, to provide narrow-focused on-site consultation and training to Program Leaders and facility personnel. In total, **eleven (11)** Canada-led events were delivered. Each of the events was supported by participation of MRIP team members. Since each of the 7 demonstration sites had a different focus, the content of events was shaped accordingly (including the consultations on mental health services related to trauma). The number of participants ranged from **20** to over **200**. Several events involved intense 5 to 6-day seminars of all personnel of the psychiatric institutions (e.g. in Omsk, Tambov, and Moscow regions). On many occasions, these events involved personnel from *more than one* region, when participants from other demonstration sites, or regions beyond, traveled to join their colleagues. For example, Stavropol partners participated in Omsk-based events, and Ryazan partners joined Tambov-based consultations.

Dissemination of knowledge through inter-regional consultations and exchanges

Mutual exchange of knowledge between the 7 demonstration sites of the Mental Health Stream (4 of which are also connected with the TLMSCs of the Social Work Stream) has been enhanced as a result of the CRDP. Keen interest has developed among participants to learn from the overall Program experience as well as specific innovations introduced at other demonstration sites. Some exchanges were funded by the Program, with the focus of these on inter-regional transfer of specific innovative service models. For example, Stavropol personnel traveled to the Omsk Psychiatric Hospital to learn of their rehabilitation day program; Omsk personnel and Moscow consumers participated in trauma-related training events in Stavropol, and, Tambov professionals traveled to Omsk to examine the Assertive Community Treatment model. Other exchanges were initiated and supported by participating regions. For example, Ryazan and Tambov have signed a collaboration agreement specifying their intent to support each other's developments by promoting exchanges, jointly sponsoring learning events, etc. A third region outside of the CRDP (Tula) has been invited to join the agreement, demonstrating dissemination of knowledge beyond the Program. This is indicative of a broad resonance of the Program with other regions across Russia and the growing interest in innovative mental health service delivery.

ii. Outcome Level

Outcome 2: Improved community-based services resulting in increased access and support for disabled people, with a particular emphasis on individuals experiencing mental health issues

a. Social Work

Improved Community-Based Social and Mental Health Services

A major problem faced by persons with physical and mental health disabilities and their families in the community was social isolation and lack of social supports, particularly instrumental support for their activities of daily living. Over **80** students (Stavropol **25**, Moscow **30,** Omsk **25**) working in project groups have been involved in assessing the needs of various groups of persons with disabilities and assisting agencies with the development of remedial and preventive services and programs aimed at addressing the needs of at risk individuals and families**.** In addition, over **200** students (Stavropol **70,** Moscow **60,** Omsk **70**) have been involved with agency staff of the **9** TLMSCs developing and implementing programs aimed at working with children, youth and young adults with disabilities individually or in groups in all three regions. These programs/services have assisted consumers to develop social skills, improve their ability to access social and employment services, and have greater access to community resources. Table 9 below shows the types of programs developed and/or implemented by students by location.

Table 9: Student Involved Program Development by Region

Region	Demonstration Site	Programs Developed/Implemented
Stavropol	Stavropol Family Centre	• The Wings of Hope is a program related to opportunities for employment for children with disabilities. • The World Around Us- takes children with disabilities out into the community and involves them in 'regular' child activities. • Children to Children is a program that involves healthy children playing with those who are less physically able-bodied.
	Stavropol Regional Psychiatric Hospital	• Students are involved with a federal program "Children of Russia" – particularly with the sub-groups, Children with Disabilities and Healthy Child.
	All Russia Society for Disabled People	• Created a counselling resource centre • Assisted with the development of 2 courses to be delivered in conjunction with the university (NCSTU)

Omsk	Omsk Regional Psychiatric Hospital	• Developed 20 educational programs for patients in the hospital. • Involved in creating a resource centre on hospital grounds for students, specialists, other professionals who work with persons with disabilities and other stakeholders.
	Sudarushka	• Involved in developing a community-based social club to improve communication, • Assess people's needs for home-based programs • Work on quality control of home-based programs • Survey the needs of senior citizens in day programs and look at barriers to seniors becoming involved in day programs.
	Nezhinski Centre	• Surveyed seniors as to what they saw as their needs, ability to adapt to change, etc. • Conducted consultations about living resources in the community • Conducted consultations on living arrangements at internats as well as for those people attending day centre. • Involved in conducting 'circles of interest' for clients including health related issues, reducing barriers in the community, etc. • Developed a program for organizing a Building Renovation and Remodelling team in the Centre with the goal of repairing client apartments. (Note: Some of the staff have professional building engineer designations.) • Conducted Topical evenings and competitions • Published a consumer involved newsletter for which they have now received a national prize. • Surveyed the community regarding attitudes towards people who are in receipt of pensions.
Moscow	Bibirivo	• Established club for young people with disabilities • Involved in project "Hand of Help"
	Medvedkovo	• Involved in project "Developing Communication Skills" • Worked in homes with children with disabilities and their families

In addition social work students have been involved with persons with mental health disabilities in the First Episode Clinics, community residences, and clubhouses at the Omsk Psychiatric Centre. Twelve **(12)** social work students in Omsk developed a consumer led initiative where persons with disabilities produced a regular newspaper for people with disabilities living in the Sudarushka area providing news and vital information to persons with disabilities on how to access new and available services. This project received an award and ongoing funding from the Ministry of Labour and Social Protection.

*There were **2** major projects (Stavropol **1**, and Moscow **1**) developed between social service agencies*. In Stavropol the Family Service Centre, the Library for the Blind and the All Russia Society of Disabled People (ARSD) collaborated on a range of activities to provide an information and referral resource to families of disabled people. In Moscow the Bibirivo Centre and Medvedkovo Centre collaborated on providing supports for families of children with disabilities in North East Moscow.

*There were **4** major collaborative projects (Omsk **2,** Stavropol **1**, Moscow **1**) developed between mental health and social service organizations*. In Omsk, the Regional Psychiatric Centre collaborated with the staff of the Sudarushka and Nezhinski Centres to provide services to persons with mental health disabilities and support for their families in the community. Social work students were engaged in the development and delivery of these services. In Stavropol, the regional Psychiatric Centre worked with the Family Centre to provide support for families who had a parent or child with a mental health disability. In Moscow, the Moscow Research Institute of Psychiatry provided individual and group treatment to persons with schizophrenia at Bibirivo. Social Work students from the Centre were included in the provision of these services.

At the beginning of the Program none of the University buildings or the TLMSCs involved in the Program were accessible*. By the conclusion of the Program **1** of the 4 Universities* where social work programs were located *and **7** out of the **9** TLMSCs* were physically accessible. The sites that are not physically accessible have developed plans for improving the physical accessibility of their facilities.

At the beginning of the Program social work program directors, academics, agency staff and students were unclear about the role of social work. There was very little understanding about the social exclusion issues faced by persons with disabilities. The focus groups and individual interviews conducted in February and April 2007 with all program directors and members of education and demonstration working groups *indicated that by the completion of the CRDP there was a clearer sense of the role of social work in assisting with the social inclusion of persons with disabilities.* Academics felt empowered to take action to effect change in their social work curriculum. Agency staff felt empowered to develop programs and students felt they would be more likely to pursue a career in social work. In the Omsk Regional Psychiatric Centre, the number of graduates being hired from the Social Work programs being hired as had the salary of the Social Workers.

b. Mental Health

Introducing innovative models of community-oriented mental health services

In each of the 7 demonstration sites mental health services underwent a major transformation. There were two types: 1) transforming *already existing* service models by applying community rehabilitation principles; and, 2) *creating new* models of service that previously had not existed in Russia.

Examples of the first type included:

- Introducing the use of psycho-social education groups within psychiatric hospitals and at dispensaries;
- Inviting family members and service users to participate in planning in-hospital activities, rather than having such activities decided by staff only;
- Shifting the focus of hospital programming from traditional medically oriented, long-term treatment of persons with chronic psychiatric illness towards psycho-social rehabilitation activities that actively engaged both ward nurses and hospital patients (notably, Moscow Hospital #10, Stavropol, Omsk and St. Petersburg); and,
- Developing a model of "staged" preparation for community living for long-term hospital patients with severe and chronic psychiatric illness (Ryazan and Tambov).

Examples of the second type, adapted from models in Canada, were:

- Development of *Early Psychotic Episode clinics* aimed at preventing hospitalization and preserving their community connections and social roles. This model was first tested at MRIP, and has since been adopted in **26** regions across Russia (see Policy Component in Section C).
- The first Assertive Community Treatment (ACT) team was developed in Omsk, and will shortly be implemented in Tambov. This model provides intense support to people with severe, acute, and persistent psychiatric illness to prevent their hospitalization and ensure that they continue to live in the community.

These and other examples of major innovation are summarized in Table 10 below which also shows their adoption by region. Definitions of the models are provided in the Glossary (refer to Appendix F).

Table 10. Innovative Community-Oriented Mental Health Models in Participating Demonstration Sites

Presence of an innovation is noted by an 'x'.

Demonstration Model Type	Omsk	Stavropol	Central Region				
			Moscow	Moscow Hospital #10	Tambov	St Petersburg	Ryazan
1. Early Psychotic Episode Clinics	x	x	x				
2. Psycho-education programs	x	x	x	x	x	x	x
3. Consumer-run education programs and "Family Schools"				x	x		x
4. Supported Housing programs of different levels	x	x			x	x	x
5. Rehabilitation Day Programs	x	x	x	x	x	x	x
6. Rehabilitation in-patient units	x	x	x	x	x	x	x
7. Assertive Community Treatment Team (ACT)	x				x (in		

Demonstration Model Type	Omsk	Stavropol	Central Region				
			Moscow	Moscow Hospital #10	Tambov	St Petersburg	Ryazan
Treatment Team (ACT)					progress)		
8. Collaborative community programs with Social Services	x	x			x		x
9. MH rehabilitation program based on Social Service Centre	x		x				
10. Employment facilitating programs	x						
11. Art, Drama, and other club Programs	x					x	x
Trauma Response MH Programs:							
12. Trauma and Crisis Response Psycho-Social Support Clinic ("Cabinet")	x	x			x		x
13. Mental Health Emergency Support Outreach Team	x	x					
14. Crisis Hot Line	x	x			x		x

Increased consumer and community orientation of mental health service providers

Surveys and interviews with participating *professionals* provide evidence for the following:

- Paradigm shift within professional community towards the adoption of bio-psycho-social rehabilitation philosophies/approaches. When the collaboration with the Russian partners began in 1997, the number of personnel knowledgeable in this approach was non-existent, and in 2002 the number was small though growing. By 2006, **2,395** professionals in the 7 demonstration sites reported using such approaches.
- **108** professionals – COL graduates continue to be active in the mental health field, along with **23** professionals in leadership positions who were selected to participate in three Canadian Study Tours (for their professional background and location, refer to Figures 5 & 9.
- Concurrently the number of people receiving psychosocial rehabilitation services in psychiatric hospitals dramatically increased. For example, between the years 2002 and 2006, Tambov reports the number of hospital patients receiving psychosocial rehabilitation services increasing from **26** to **1,379** persons per year, and Omsk reports an increase from **0** to **97%** of all hospital patients (includes inpatients and outpatients). Moscow Regional Hospital #10, which was the first in Russia to re-orient an entire institution to be a psychosocial rehabilitation centre for people with severe and chronic mental illness, reported an increase from **10%** to **60%**.
- As a result of implementing innovative community-oriented programs, people with psychiatric impairments spend less time in hospitals and more in the community. For example, in Omsk, between 2002 and 2006 the number of patients with the duration of hospital stay more than a year decreased from **28%** to **14%**, the average duration of hospital stay decreased from **74** to **66** days, and the number of hospital re-admissions

decreased from **16%** to **12%**. (NOTE: the length of stay in hospital is still much longer than in Canada, but the changes are in the right direction).

- The number of consumers involved in *psycho-education programs* significantly increased. For example, in Stavropol these programs did not exist in the beginning of the Program. Now the region reports the involvement of **all** hospital patients. In Omsk, **14,120** persons were reported as participating in various educational programs for consumers, including psycho-education. Of these, **1,257** participated in *consumer-run* educational programs.
- In Stavropol, following the two-year Canada and Russia-led training, *crisis and trauma-related service* was implemented within three elements: Trauma and Crisis Response Psycho-Social Support Clinic ("Cabinet"), Mental Health Emergency Support Outreach Team, and Crisis Phone Hotline. The services have been developed and are delivered by the Mental Health Stream trainees. Each year, these services are used by up to **3,000** clients residing in Stavropol Krai.
- Whereas there was little or no *involvement of consumers in decision-making* concerning their treatment and rehabilitation at the beginning of the Program, now people with mental health problems and their families are involved in all demonstration sites with the percentage varying from **70%** to **95%**, depending on the region.
- Other reported outcomes are:
  - Increased practical knowledge, skills, and capacity in understanding and implementing the concepts of community mental health;
  - Increased feeling of empowerment among Mental Health personnel in decision making and influencing the process of service change;
  - Increased trust and knowledge exchange between consumer and professional communities, and an increased understanding of consumers' perspectives;
  - From the perspective of providers, increased perceived levels of responsiveness to client needs; and,
  - Increased acceptance of an interdisciplinary approach in most participating institutions.

Increased consumer confidence and involvement

Surveys and interviews with participating *service users and their families* provided evidence for the following:

- Increased consumer trust towards service providers that results in increased access to services
- Perceived increased knowledge of service providers
- Enhanced quality of life
- Perceived increased responsiveness of services to person's needs
- Perceived openness of service providers to the expressed needs of the users
- Increased perceived levels of social acceptance
- Increased awareness of need for the further change; a vision of desirable changes in services, and consumers' confidence in expressing their needs and their vision

iii. Unexpected Results

Social Work

Unexpected results within and across the pilot regions include:

- Collaboration between health and social service agencies in all three regions in providing classroom and field instruction and the development of service innovation.
- Collaboration between consumer NGOs and the Schools of Social Work in all focal regions.
- Collaboration between demonstration sites and academics on service development.
- Use of agency service providers as teachers in the classroom field education of students.
- Development of an "Uninterrupted model of Practical Education of students" and the impact that it had on the promotion of collaboration between academic and agency partners, and the impact it has had and will continue to have on the integration of relevant theory and practice.
- Interregional collaboration across sectors in the provision of education and training in mental health for social work academics and agency service providers.

Mental Health

Unexpected results, on the outcome level, included the following:

- The range and level of inter-regional collaboration exceeded the expectations. The exchange between leaders and personnel of different participating regions (including those beyond Program-identified) has taken on a life of its own, under the initiative of the participants, often beyond the planned activities. These collaborative connections will continue to impact service change after the completion of the Program.
- Initially, it was anticipated that each regional site would develop a small number of narrow-focused, lower-scale community mental health pilot programs, specific for each region. As a result of the cross-regional exchange, the range of innovative services implemented in each region became broader than expected (for example, the development of an ACT program in Tambov, and Rehabilitation Day programs across all sites).
- Crisis and trauma response programs were developed not only in Stavropol, but also in three other sites (Omsk, Ryazan, and Tambov). This was a result of the great need, as well as the preparedness of the personnel and leadership. Cross-regional participation in training events contributed to this outcome.

iv. Anticipated and Actual Risks

Social Work

Initially there was a great deal of concern about the interest and the abilities of the health and social service agencies and academics in working together to provide a high quality practical education. There was also a great deal of concern about the willingness of these partners to work together in promoting the development of new and innovative ways to work with students

involved in practical education. As the agency and academic staff became more involved in CRDP Social Work Stream activities there was an increase in motivation and capacity amongst these partners in working together to accomplish the Program outcomes.

Mental Health

In the early stages of mental health reform initiatives, the risk of their failure was considered on both local and federal levels. The risks were associated with the administrative and policy-related difficulties in the context of the large, centralized, and traditionally institutional mental health system in Russia. Risks were also associated with the inevitable possibility of leadership and personnel composition changes within the administrative and governmental organizations. To mediate such risks, it was decided to support 7 sites in 3 Program regions, with the maximum reliance on local initiatives, rather than attempting to initiate changes directly on the central level. As a result, the innovative initiatives were experimented with in multiple regions, and then brought to the attention of the federal-level decision makers. That said, the strategic choice of MRIP as the central partner, with its strong potential of federal-level influence, also contributed to the ameliorating of risks associated with the attempts of meaningful system change.

With respect to risk mediation, it is noteworthy that most radical elements of mental service system change were initiated in regional sites other than Moscow city, where Program leadership had an advantage of higher local flexibility and independence. Although MRIP at the Moscow city site has been experimenting with fewer hands-on programs, the Moscow partner played a larger, invaluable role as the Mental Health Stream inter-regional "hub" for identifying, analyzing, evaluating, and promoting of best practice models, with the consequent effective dissemination of the local innovative experiences through the federal government.

v. Challenges and Lessons Learned

Social Work

There were many challenges faced promoting the development of innovative service delivery models. Many of the TLMSC administrators lacked knowledge and motivation to foster the development of more accessible, inclusive and innovative mental heath and social services. The Canadian Study tours served to identify and foster the development of administrative leaders within the agencies and Schools of Social Work. These individuals identified models of health and social services and practical education that could be applied to the TLMSCs in each region and actively engaged their local regional working groups in the development and implementation of these new programs. These included innovations such as the development of club programs in Bibirivo and Medvedkovo agencies in North East Moscow, the Family Resource Centre at NCSTU, and the development of the community based service for persons with mental health disabilities at the Sudarushka Centre. These challenges highlighted the importance of providing a wide range of educational resources to assist in building the capacity of the administrative leadership as the health and social service systems undergo major transformation.

Mental Health

COL graduates or agents of change were greatly relied upon in the design and implementation of mental health demonstration models. COL training participants were initially selected on the basis of their demonstrated and potential ability to contribute to service transformation through initiating innovative community-oriented models of mental health practice in their home facilities and beyond. Through training, the goal of building the motivation and knowledge capacities among our leadership cohorts was achieved. Mental Health Stream trainees did not encounter many challenges designing and modeling innovative demonstration services. However, they faced challenges in the implementation stage, when new community-oriented service models had to be adopted by broader communities of mental health and social sector professionals, as well as communities at large. The following factors were most challenging:

- The common prejudice and stigma associated with mental illness created significant obstacles for creating any initiatives that focus on community inclusion. General public and community services are not ready to embrace the needs of persons with mental health concerns. As such, employment initiatives targeting people with psychiatric disabilities did not have much success. Housing initiatives also faced great challenges, especially in larger metropolitan areas, although many independent living programs were very successful in rural settings and smaller towns (e.g., in Omsk region, Ryazan, and Tambov region).
- As a result of the stigma associated with psychiatric disability and the existing official instructions and standard legislative documentation in Russia, social service agencies in most demonstration sites were unprepared to serve people with psychiatric disabilities.
- In the context of Russia's large, traditionally institutional psychiatric system, resistance was encountered with personnel and administration in the facilities that were chosen for the implementation of innovative initiatives.
- The traditional funding system in Russian psychiatry (based on funding per hospital bed) also presented a challenge. Because newly developed, innovative community-focused programs often did not fit into the traditional funding frameworks, justifying and legitimating funds required creative problem solving activities on behalf of demonstration site leaders.
- Lack of trained mental health professionals, especially social workers who qualify for work in mental health, was one of the major challenges within the demonstration model component. Traditional low pay, low status, lack of training programs, and general stigma of mental illness that also spreads towards professionals in the mental health field are some of the factors that contribute to this challenge.

Although overcoming the major systemic challenges in Russia will take a long time, CRDP has contributed to the change through creating cohorts of knowledgeable and committed professionals who were able to ensure the sustainable implementation of small, low-scale, but successful and effective local initiatives focused on community orientation of mental health services. The effectiveness of demonstrating success through small innovations, in the midst of the challenging context, was the major lesson that both Canadian and Russian partners have learned. For example, Omsk's experience with housing initiatives demonstrated that leaders cannot wait until the general community will becomes accepting and tolerant towards people with psychiatric disabilities, before housing projects are developed. On the contrary, successful housing units had changed public perceptions and created favourable community conditions for the extension of the independent living initiatives.

vi. Concluding Comments

There is no question that the demonstration models established within existing social service organizations served to successfully broaden the understanding of new methods in Social Work education and new practice methods in disability and psychiatric service delivery. What was initially apprehension on the part of the Russian participants to operationalize new service delivery models changed to new learning and acceptance once they were exposed to the new models as part of the Canadian Study Tours and through the successful implementation within the pilot regions. The risks and challenges were considerable for this component as it meant that partnerships that had not previously existed between academia and agency administrators needed to be formed in order for the models to be successful. As well, the pervasive stigma, traditional treatment methods, and traditional funding system acted as major barriers to the introduction of innovative mental health services. Despite these challenges, significant in-roads were made through CRDP of service delivery models that benefited not only consumers, but staff as well.

C. Policy Component

Introduction

The activities of the policy component are interwoven into all aspects of the Canada-Russia Disability Program. From Social Work and Mental Health Education and Demonstration Sites to Networking and Communication, policy development was either an outcome of activities, such as accreditation of a Social Work curriculum, or a focus of policy change, such as the existing policy restricting Social Service Centres from accepting individuals with serious mental health disabilities. Disability policy in Russia has historically been developed by institutions such as universities, governments, and psychiatric hospitals in isolation from one another. Furthermore, disability related policy in particular has focused on the “disease model” premised on the belief that the fault lies with the individual, separate from their environment.

It was on the basis of these historical processes and assumptions that CRDP focused its attention. The hypothesis was that by building the knowledge and capacity of disability organizations, governments, universities, and health sector institutions in policy analysis and development using the tools of the disability lens and public consultation processes, the result would be participatory policy development that supports individuals with disabilities. Training sessions and modular courses in policy development were developed by Canadians and delivered in Canada and Russia to government, non-government, education and health sectors. Methods of consultation were modelled through Round Table discussions, conferences, and meetings of the CRDP Steering Committee.

The activities within this component were particularly focused on the dissemination of knowledge regarding key disability concepts such as the social model of disability, as well as critical thinking using a Disability Lens. It is also important to note though, that in order for the activities within the Social Work and Mental Health Streams to be sustainable, issues of policy needed to be addressed. For example, all mental health demonstration sites initiated policy discussions with their respective regional governments on ways of accommodating the innovations being developed. Each of the innovations summarized in Table 10 (p. 40) required some level of approval from their respective governments, with innovations such as the Early

Psychotic Episode Clinics, Assertive Community Treatment, and Supported Housing as they represented new ways of using approved financial resources. As a result of the Program, the existing policies and policy processes with respect to disability, social work education, and mental health were examined, with plans developed by the Russian participants for the development of new policies at the municipal, regional, and national levels to meet current needs.

The results as they relate to the three policy component outputs follow the logic described above: training in policy development; participatory policy development processes; and, subsequent changes to policy. Where applicable, the results are reported beginning with the broad, or national level results, and moving to regional and municipal level results. The work of the Policy Theme Committee was intended to be cross-regional and cross-sectoral but this did not always occur and is further explained as part of the challenges of this Component. The Policy Component training sessions and courses included participants from all three Streams, sectors and partner organizations. The sources of information for the policy component results include participant evaluation questionnaires, participant interviews, quarterly and annual Program reports, regional Program reports, and analytical documents prepared by the regions. The results at the Outcome level are also summarized and organized according to themes, and include the challenges encountered and measures taken to mitigate any negative effects.

i. Output Level

Output 3.1: Increased knowledge and use of tools by government, educators, and service organizations in analyzing and developing disability and mental health policy.

Preparatory Work for Policy Analysis and Development

Two foundational documents were prepared with the direction of the Canadian partners and compiled by the Council of Canadians with Disabilities (CCD) for training and dissemination to Russian Program partners. The documents entitled, “Meaningful Consultation/Citizen Engagement, What it Means for the Advocacy Organizations of Persons with Disabilities, Nothing About us without us” (September 2004) and “Inclusive Policy Development Incorporating a Disability Lens” (March 2005) were translated into Russian and provided the basis for future seminars and modular courses.

The first testing of the Canadian consultation approach to policy development was conducted with Moscow in September 2003 with **8** participants (representatives from the All Russia Society of Disabled People and government officials) and in Stavropol in October 2003 to **11** participants (representatives from ARSD and government officials including the Minister and Deputy Minister of Labour and Social Protection) through training sessions delivered by Canadian instructors. The training sessions included topics such as: Understanding Consultation; Consultation with Government; and Models of Consultation. The sessions resulted in recommendations regarding further implementation in Russia. For example, Stavropol region recommended a series of Round Tables in Stavropol Krai as part of their integration plan for people with disabilities. Stavropol region also indicated they would establish training for government officials to be provided by NGOs and the University. A second session was prepared and delivered by the same Canadian instructors during the same time period entitled “Introduction to the Concept of the Disability Lens in the Development of Policy.” In

addition, special sessions were provided to the Vice-Governor of Stavropol Krai and the Regional Committee of Disability Issues.

In September 2004, a modular course entitled "Policy and Program Development through a Public Consultation Lens" was developed and delivered by Canadian instructors as part of a Study Tour in Winnipeg. The course was considered to provide foundational knowledge for disability organizations and government officials in disability policy development, and was a test for subsequent delivery in Moscow and Stavropol in October 2004, with participation of Omsk representatives. Three **(3)** members of the National Board of All Russia Society of Disabled People (ARSD) were in attendance in Moscow.

Training in Policy Development, Consultation and Disability Lens

Based on previous testing, the modular course entitled "Social Policy and Programs Development Through Public Consultation and Disability Lens" was developed by Canadian instructors and delivered jointly with representatives from ARSD in Moscow (Oct 4-8, 2004) and in Stavropol (Oct 11-14, 2004). In Moscow, **30** representatives from disability organizations, including members of Disability Youth Forum (Moscow, Omsk, Stavropol, Novosibirsk, Perm, Saratov) attended and in Stavropol, **25** representatives from disability organizations, university faculties and students, and the regional government participated. Subsequent sessions on the use of the Disability Lens approach in analysis of programs and services were included in Disability Studies courses delivered in Omsk (April 2005 and October 2005) and in Stavropol (October 2005).

Each Canadian-based study tour included a session on 'Policy and program development using a consultation and disability lens. This session (previously mentioned as having been delivered in Winnipeg in September 2004) was also delivered in Winnipeg in February 2005 to **11** representatives from Russian partner universities, government officials and New Choices, and in Winnipeg and Calgary in February 2006 to **14** representatives from ARSD, Social Service Centres and partner universities.

The modular course entitled "Disability and Social Policy" was developed and delivered by a Canadian instructor in Moscow to **100** participants and in Stavropol to **100** participants in October 2006. Course material was prepared, translated and published in both languages and made available to participants in e-format and hard copies.

Policy Training Initiated and Developed by Russian Program Partners

The delivery of policy related training and education by CRDP prompted the development of further training initiated and delivered by Russian Program partners, namely:

National

- The Regional offices of ARSD as well as the National Board have developed and introduced ongoing training seminars for their members, service providers, and government officials based on the modular courses "Policy and Program Development through a Public Consultation and Disability Lens" and "Inclusive Society and Universal Design". It is intended that these courses will form part of the basis for professional development and leadership training for disability organizations and government officials.
- The National Board provided training to youth who anticipated they would either become members or staff of ARSD. The training program called "School of Young

Leaders" consists of 10 courses delivered in regions throughout Russia. It is a 3-year program that is offered during the summer months. The course has been offered in the Northwest and Northeast regions in Russia with plans being developed to offer it in the Pacific region. The South and Siberian regions are just beginning to work more with youth.

- Members of the Policy Theme Coordinating Committee provide ongoing leadership in transferring knowledge in policy development, public consultation and disability lens to disability organizations and government.

Stavropol

- The Governor's Coordinating Committee on Disability Issues recommended that a training session be prepared for key government staff in how to use the Disability Lens approach. Beginning in December 2005, Russian Program leaders delivered monthly training seminars to the staff of the Ministry of Labour and Social Protection on 'Policy Development using the Disability Lens and Consultation Process'.

Omsk

- The Policy Working Group in Omsk also requested and received introductory training in universal design and accessibility audit in October 2005 and April 2006. The region is planning to develop and deliver a course on universal design and access.

Output 3.2: Improved collaborative policy development process with government, learning institutions, service delivery agencies and consumers of services.

As a result of participating in CRDP, there has been progress made both within the three pilot regions and inter-regionally to implement collaborative processes towards the development of disability policies.

National

The National Board of ARSD conducted a Youth Forum in Moscow (2003) and has formed a Youth Council as part of their organization in an effort to create new leadership and develop new ideas and approaches to disability policy development. It is intended that the Youth Council will be the core group involved consistently in ARSD's program activities. In December 2004, ARSD representatives took part in a Round Table discussion regarding the problems faced by families of disabled children and the improvements required to the current legislation, organized by the State Duma of the Russian Federation on women, families and children's affairs.

In addition, the National Board of ARSD through the Public Chamber Working Group on Disabilities led the development and implementation of three on-line surveys from October to December 2006 requesting the public's opinion of the effects of Law 122, or the monetarization of benefits for disabled people. The results of the survey showed that **36% (135)** of respondents indicated that the Law dramatically worsened the circumstances of disabled people, and **38% (118)** of respondents supported inclusive education and employment opportunities as a solution towards the betterment of the quality of life for disabled individuals.

Stavropol

Stavropol has made significant progress in the area of collaboration largely due to the initiative and leadership of the regional Ministry of Labour and Social Protection and the municipal office of ARSD. The Stavropol Ministry of Labour and Social Protection is leading the development of the "Regional Comprehensive Program of Rehabilitation and Integration of People with Disabilities." This Program was the primary focus of the CRDP Policy Working Group in Stavropol in the development and application of public consultation process and disability lens. The Ministry and the Working Group worked with the Governor's Coordinating Committee on Disability Issues in Stavropol Krai with representation on the Committee. The Committee was comprised of members from 11 Ministries, 2 of the largest universities in the region, and 3 major disability organizations. The Committee meets monthly and is responsible for implementation of the Stavropol Krai plan of rehabilitation and integration of people with disabilities. Canadian partners of CRDP were consistently invited to attend and participate in the meetings, providing progress reports on CRDP annually.

The All Russian Society of Disabled People (ARSD) municipal office in Stavropol has been particularly active in support of collaborative policy development initiatives. Working with the Ministry of Labour and Social Protection, and supported by the Governor's Committee on Disability Issues and City Council, ARSD has developed and introduced a model of round table discussions leading to the development of regional priorities, namely: universal design/ training; accessible transportation and housing; and, access to education. The Policy Working Group in Stavropol led by a staff member of the municipal ARSD office developed two policy consultation processes: 1) an ongoing roundtable consultation on accessible transportation and city access, and 2) an inter-organizational consultation on setting priorities in the area of disability in Stavropol Krai.

Overall, the involvement of Stavropol in CRDP has led to linkages between health and social development through the establishment of regional priorities; analysis of existing policies and social programs; and, an increased role of the disability community including a strong relationship established with New Choices, a family advocacy organization for persons with psychiatric disabilities. Representatives of the Regional State Duma and the Regional Ministry of Health participated in a number of mental health conferences and events (e.g. Conference on "Society and Mental Health: The Ways of Integration", 2004). Stavropol became a leader for other pilot regions in policy development and consumer leadership by: a) modelling of the Governor's Coordinating Committee on Disability Issues shared with Omsk; and, b) developing a city access guide shared with regions and recommended by the National Board of ARSD as best practice.

Omsk

Omsk region recognized the progress made in Stavropol and has actively collaborated with the region in utilizing their round table discussion model, as well as working with their regional Governor's Coordinating Committee on Disability Issues. Similar to Stavropol, regional priorities have been set in Omsk for public consultation, namely physical accessibility and partnership between disability organizations, including New Choices.

In April 2007, a Round Table discussion was hosted by the Academy of Transportation in Siberia focusing on issues related to accessibility including a barrier free city, accessible public transportation and accessible public buildings. Also presenting at the Round Table were the Regional Chief Psychiatrist, Deputy Minister of Labour and Social Protection, Academy of

Transportation in Siberia, and the regional office of ARSD. Approximately **50** members of regional disability organizations, regional government, the general public and media were in attendance.

With respect to mental health specifically, there were at least 7 working meetings involving Canadian specialists, with the Ministry of Labour and Social Protection, Ministry of Health, the Deputy Chair of the Government of Omsk region and the Deputy of the State Duma. The Omsk Regional Psychiatric Hospital was visited by the Deputy Chair of the Government of Omsk region for the purpose of organizing collaboration between the hospital and the city Social Service Centres. The Omsk Regional Vice-Governor participated in the opening ceremony for the First Episode Clinic (2003) and for the group home for persons with psychiatric disabilities (2004). And, a Resolution of the Inter-Regional Mental Health Demonstration Model Conference in Omsk, March 31 – April 1, 2004, was submitted to the Government of Omsk region. Two of the recommendations included in the Resolution promoted further inter-sectoral collaboration for the purpose of achieving universal accessibility and multi-profile, cross disability services.

Central Region

In Moscow, the interests of people with psychiatric disabilities were represented in the Moscow City and Regional Duma, with participation in **2** Duma sessions; and, **5** individual consultations were facilitated with the representatives of the Ministries of Health and Social Protection. Consumer representatives from New Choices were actively involved in these interactions. In Ryazan, a mental health representative has been added to the City Public Health Program Advisory Council. And, in Tambov, visits by Canadian experts provided an occasion for meetings with the Vice-Governor and the regional administration of Tambov (2005-2006).

The All-Russia organization New Choices presented the interests of persons with psychiatric disabilities to national and regional level policy making bodies on several occasions. For example, in July 2004 New Choices addressed the State Duma of the Russian Federation with an official letter with recommendations on mental health services, and in April 2006, New Choices approached the Moscow Duma and **10** Moscow District administrations with recommendations on organizing housing programs for persons with psychiatric disabilities.

Output 3.3: Improved ability of governments to develop and monitor disability and mental health policy.

National

a) National Board - ARSD

National disability organizations including the National Board of ARSD were able to secure a commitment from the President of Russia to restore the Presidential Committee on Disability Issues (June 2004). In April 2005, this Committee was replaced with a Federal Public Chamber and a Working Group on Disability Issues, of which the President of the National Board of ARSD was appointed as Chairperson. A staff person of the National Board is working with a government Commission to draft new legislation to address the accessibility of public/private buildings, and in doing so has recommended the concepts of universal design.

A document entitled "Impact of Federal Law #122 -FZ (effective 22/08/2004) on situation of people with disabilities - monitoring conducted by NB ARSD during 01/04/05 -01/07/06" was

prepared by the National Board of ARSD regarding the impact of Law 122 on disabled people and disability organizations. In its initial draft form Law 122 incorporated an international approach to disabilities, reflecting the social model of disability, human rights, and integration. Over time, Law 122, also known as "Legislation re Monetarization of Benefits" was changed and contradicted the social model of disability in that it restricted the paid income allowed for disabled people, and as a result restricted their employability. It is widely acknowledged that the benefits received by disabled people in Russia are woefully inadequate, and the inability to earn income results in further poverty among disabled people. Law 122 was altered without the benefit of consultation with the public, and as a result, the passing of the law led to widespread mobilization of people with disabilities including protests and media stories. The purpose of the analytical document prepared by ARSD was to monitor the impact of the law, and serve as a basis for influencing policy change at the Federal government level. The document provides an analysis of existing disability programs and services; recommended practices between disability organizations and different levels of governments; and, recommendations for the dissemination of report's findings.

As a direct result of the training and education received through CRDP, there has been an evolution in the perceived definition of 'disability', especially among the various disability NGOs that is more in line with the current international definition as outlined in the UN Convention on the Rights of People with Disabilities. Table 11 below shows how the definition is evolving, and how ARSD and other disability NGOs through the Policy Theme Committee, are attempting to advance the inclusion of people with disabilities in Russian society.

Table 11: Evolution of the Definition of Disability in Russia

The definition of "a person with disability" in the Russian Federal Law under "Social protection of people with disabilities in Russian Federation", November 24, 1995 № 181-ФЗ	**The definition of "a person with disability" under the UN Convention of Rights of People with Disabilities**	**The definition of "a person with disability " in the current Federal Law project, prepared by Policy Theme Committee members**
A person with disability is - a person who has health problems with a continuous disruption of physical functions, as a result of illness, traumas or defects, which lead to limited longevity and as a result require for the person social protection.	A person with disability is - a person with consistent physical, mental or intellectual challenges, which in interaction with various barriers may impair or prohibit the person from active and fully-fledged longevity and an equal status in the society.	A person with disability is - a person who has consistent disruptions in health functions, as a result of illness, traumas or defects, which in concussion with various barriers may prevent or prohibit the person from being fully active and equal in the society, and as a result requires social protection.

The current priority of the National Board of ARSD is to advocate for Russia to sign the United Nations Convention on the Rights of People with Disabilities. In an effort to gain support for the Convention in Russia, the Board has translated, published and disseminated the complete Convention. As well, the Board has been active in influencing the Russian government to adopt the definition of disability developed by the Policy Theme Committee.

b) Mental Health

The Moscow Research Institute of Psychiatry, by its mandate as the head Federal Institute, is in a position to inform and update the Federal Ministry of Health on regular basis, by providing the Ministry with ongoing documented reviews, analyses, and recommendations on existing mental health policies in particular areas of practice in Russia. The ongoing collaboration between MRIP and the Federal Ministry of Health represents favourable conditions for bringing the needs and recommendations for policy changes consistent with the Program to the attention of Federal policy makers. Feedback from MRIP to the Ministry takes a variety of forms including ongoing research reports, surveys, recommendations, correspondence, meetings, and other forms of communication.

The consumer organization New Choices is becoming increasingly active in initiating mechanisms of policy promotion in mental health. In Moscow, New Choices among other NGOs began to represent interests of people with psychiatric disabilities affiliated with the NGOs at the Committee on Health Care of the State Duma. The New Choices representatives first participated in a working meeting of the Committee in December 2004.

The development of mechanisms for monitoring and transforming mental health service policies involved legitimizing the new, community-oriented models of service initiated and tested in mental health demonstration sites. To this end, work is underway on preparing standards based on regional community-oriented innovative models for the approval of the Federal Ministry of Public Health. It is planned that by assuring Ministerial approval of these standards, mental health facilities in all regions across Russia will be encouraged to replicate the community-oriented models implemented and tested by CRDP participants.

Stavropol

A staff person of the municipal ARSD office is the leader of the Policy Working Group in Stavropol and is a member of both the Governor's Coordinating Committee on Disability Issues and the City Access Committee. He is a leader in promoting access for people with disabilities in Stavropol Krai, North Caucasus area and among CRDP partners. By working collaboratively with the Ministry of Labour and Social Protection and disability organizations such as the regional ARSD membership and New Choices, the CRDP Policy Working Group was involved in achieving the following:

- North Caucasus State Technical University is wheelchair accessible;
- ARSD, together with the municipal department of architecture, conducted an accessibility audit of the downtown area of Stavropol, some schools, recreation facilities, major parks and some government buildings and developed a plan for reconstruction;
- Brochures were created and published entitled "Accessibility and universal design" and "Accessibility guide of Stavropol" – 1st edition";
- On July 14, 2006, the Minister of Labour and Social Protection signed a declaration authorizing individuals to report any law violations with respect to new construction and accessibility;
- An extension of the program "Rehabilitation and integration of persons with disabilities in Stavropol" was granted by the Governor in February 2007 from 2004-2006 to 2007-2009;
- From 2004-2006, the Rehabilitation and integration of persons with disabilities program accomplished the following:
    - A series of round tables in Stavropol Krai was organized with the focus on priorities, collaborations and implementation of the regional program of social rehabilitation and integration of people with disabilities;

- **40%** of the medical establishments and **15%** of the administrative rural and urban buildings became accessible to people with disabilities;
- Sign language services were created and two television stations provide sign language translation;
- Disability advisory bodies are affiliated with the government administration in each city and area in the region;
- The mass media has been regularly highlighting the work done to improve the social integration of people with disabilities; and,
- Warning devices **(210)** for people with impaired vision have been installed on traffic light posts in high traffic areas.

- A training course was developed for architects and builders on Universal Design. The plan is to introduce the course as a part of professional development training for the staff of municipal and regional levels of departments of architecture and constructions;
- Sites were established for university-based field practice for Social Work students; and,
- A grant system for disability organizations to deliver some services was established.

Omsk

A staff member of the Omsk ARSD regional office is the leader of the Policy Working Group and is the member of the Governor's Coordinating Committee on Disability Issues in Omsk. The Chief Psychiatrist and a staff of the Omsk Pedagogical University are CRDP partners and members of the Committee. The Omsk Policy Working Group collaborated with disability organizations such as ARSD and New Choices, and the Ministry of Labour and Social Protection to initiate the following regional developments:

- Membership of the Policy Working Group was expanded to include the Deputy Minister of Labour and Social Protection providing direct links with the Ministry;
- An accessibility audit was conducted and recommendations were developed for two museums, the Ministry of Labour and Social Protection, and regional disability organizations;
- The regional office of ARSD became accessible in April 2005;
- Members of the Policy Working Group are actively influencing government to achieve a "boundless" (accessible) environment in the City of Omsk in time for their 300th anniversary celebration in 2016;
- Omsk State Pedagogical University expressed its commitment to promote physical access by reviewing its plans for reconstruction and facilitating the creation of an association for disabled students;
- The policy working group initiated the "social taxi" (accessible taxi) program whereby four **(4)** vehicles are available to serve people with disabilities in the city of Omsk;
- Dialogue was initiated with the private sector regarding employment opportunities for people with disabilities. Partner organizations in Omsk reported that **125** employment placements were created by disability organizations; New Choices and Elf. The placements were located in sewing workshops, woodworking workshops; and in farm teams.
- In Omsk, there were at least **7** working meetings involving Canadian specialists, with the Ministry of Labour and Social Development, Ministry of Health, the Deputy Chairman of the Government of Omsk region and the Deputy of the State Duma. The Omsk psychiatric hospital (which served as Omsk RCC) was visited by the Vice-President of the Government of Omsk region for the purpose of organizing collaboration between the hospital and the city Social Service Centres.

- And, a Resolution of the Inter-Regional Mental Health Demonstration Model Conference in Omsk, March 31 – April 1, 2004, was submitted to the Omsk regional government. Two of the recommendations included in the Resolution promoted further inter-sectoral collaboration for the purpose of achieving universal accessibility and multi-profile, cross disability services.
- Omsk partners developed 'instructions' and **5** manuals on the operation of psychiatric institutions in emergency situations including the establishment of specialized teams of psychiatrists, psychologists and other specialists providing psychiatric services in emergency situations.

Central Region

- Ryazan – developed regulations that established a Centre for Crisis Situations, specifying the role of the Centre's specialists and establishing a telephone hotline; and,
- Tambov – adopted an Order outlining the "Measures on preventing and liquidating medical-sanitary losses in emergency situations" (2005), and recommendations on activities of public health services personnel during threats of terrorist acts, explosions, or fires.

ii. Outcome Level

Outcome 3: Improved capacity among stakeholders to develop and implement inclusive policies resulting in improved services.

The activities at the Output level have culminated into long-term, sustainable results in each of the pilot regions (Stavropol, Omsk, and Moscow) in the areas of policy development training and collaboration, changes to existing policies and future plans for further changes.

Capacity Building – Ongoing Education

With over **60** individuals representing disability organizations, government, and universities trained in the policy consultation process and use of the disability lens, and another **200** individuals trained in disability policy development, there has been significant progress made in increasing the capacity in the three pilot regions to transfer knowledge regarding disability policy development processes.

- Stavropol – Monthly training sessions on 'Policy Development using the Disability Lens and Consultative Approach' are delivered by Russians to staff of the Ministry of Labour and Social Protection. Stavropol ARSD developed a course on Universal Design targeting architects and builders.
- Omsk – The Academy of Transportation is planning to develop and deliver a course on Universal Design and Access.
- ARSD (Regional and National) – Courses have been developed on 'Policy Development using the Disability Lens and Public Consultation' and 'Inclusive Society and Universal Design' and are delivered by the leaders at ARSD to their members, service providers and government officials. As well, the delivery of a Youth Training Program will be expanded to other regions in Russia.
- Standards have been developed for Social Work education, including disability related courses, towards the accreditation of Schools of Social Work.

Partnership/Collaboration

At the conclusion of CRDP, it was evident that a number of initiatives that were established for multi-sectoral collaboration in disability policy development would continue and that the Program partners and consumers would be involved in these initiatives.

- The Governor's Coordinating Committees on Disability Issues in Stavropol and Omsk will continue to collaborate with disability organizations such as ARSD in the development of regional priorities and initiatives;
- The Public Chamber of the Russian Federation Disability Working Group will continue to work towards changes in disability related legislation and the advancement of disability issues nationally;
- The Moscow Research Institute of Psychiatry will continue to influence changes in mental health policy with the Federal Ministry of Health;
- Inter-regional collaboration in areas of accessibility initiatives will continue.
- The collaboration between ARSD (regional level) and New Choices will continue, particularly in the Omsk and Stavropol regions;
- The regional offices of ARSD in Stavropol and Omsk will continue to work with the municipal levels of government to improve accessibility of the public infrastructure and new construction;
- NB ARSD and RSSU will continue their collaborative work with the Federal Ministries of Health and Labour and Social Protection to influence changes in policy process and programs development.

Policy Changes

The Program participants representing the Working Group Leaders (Education/Demonstration, Policy, and Network), Working Group Members, Social Work Students, and Agency Service Providers completed a Program evaluation questionnaire in which they were asked what changes took place within their organization as a result of participating in CRDP and what changes would be maintained in the long term. The respondents were given a list of possible changes, one of which was policy development. Of those that responded (n=127), **28%** indicated that their organization had instituted disability related policy changes. Furthermore, **42%** of respondents (not including Social Work students) identified disability related policy development as an activity that will be incorporated into the organization's practices over the long term.

A summary of the policy/program changes that have occurred in the regions as a result of CRDP are as follows:

- **National Board of ARSD** – successfully advocated for some changes to Law 122 and has established a training program for youth with disabilities as a means of fostering leadership. The Board is currently advocating for the Russian Federation to sign the UN Convention on the Rights of the Disabled and adopt a new definition of disability. The Board is also actively involved in efforts to change legislation impacting people with disabilities especially as it affects the employability and compensation provided to disabled people. And, the Board is advocating for the reinstatement of the Presidential Committee of Disabled People. Universal design, building codes and guidelines for inclusive communities are also priorities for the National Board of ARSD.
- **Mental Health** – A number of significant shifts in mental health service policies at both Federal and Regional levels have resulted from activities of the Mental Health Stream. Given the nature of Russia's prescriptive approach to policy formulation and

implementation, *the net outcome* is that the Program has had a substantive impact on Russia's mental health system:

Federal Level:

To date, MRIP has submitted to the Federal Ministry of Health **six (6)** Methodological Recommendations based on the involvement and learning through the CRDP Mental Health component activities. These documents have been adopted by the Federal Government, and have the net effect of bringing these innovations into force as recommendations for adoption by Mental Health service providers *across all of Russia.* These are:

- 2003: *Policy Guidelines on Early Psychotic Episode Treatment (EPET).* This is a community-based program aimed at preventing hospitalization and maintaining community inclusion for young people experiencing their first attack of psychotic illness.
- 2003: *Policy Guidelines on the Role of Middle Level Medical Personnel in Mental Health Poly-Professional Team.* This document promoted and provided practical guidelines for inter-disciplinary approaches in community mental health.
- 2003: *Policy Guidelines on the Role of a Specialist in Social Work and a Social Worker in Mental Health Poly-Professional Team.* This document promoted and provided practical guidance for the role of Social Work in community mental health care.
- 2004: *Policy Guidelines on Optimization of Mental Health Services to Persons with Schizophrenia.* This document introduced the psychosocial component as an essential part of psychiatric treatment in schizophrenia, along with the traditional pharmacological treatment. This policy document served legitimating the psychosocial model in mental health care.
- 2006: *Policy Guidelines on community approaches to trauma response in emergency situations.* This document resulted from the CRDP Stavropol trauma response training program, and introduced interdisciplinary community approaches to mental health emergency response for children and adults experiencing posttraumatic stress issues.
- 2006 (***submitted; approval pending***): *Policy Guidelines on Assertive Community Treatment Teams (ACT).* This document resulted from the implementation in Omsk of the first Russian ACT demonstration model. The Federal level document will serve legitimating and replicating this community-based, hospitalization-preventing model across Russia.

Regional Level:

In each region, policies were adopted by the regional governmental department (usually Health) in support of innovative Mental Health programs such as:

- Early psychotic episode clinic (Omsk, Stavropol)
- Assertive Community Treatment Team (Omsk)
- Supported and Community Housing (Omsk, St. Petersburg, Tambov, Ryazan, Stavropol)
- Role of Social Worker in Psychiatry (Stavropol)
- Rehabilitation Day Programs (all regions)

- **Stavropol** - conducted an accessibility audit of their public buildings, downtown areas, and some schools, and has developed plans for redevelopment/renovation. Forty percent **(40%)** of the medical establishments and **15%** of the administrative rural and urban buildings became accessible to people with disabilities. Some buildings of the North Caucasus State Technical University (NCSTU) became accessible during the course of CRDP. Sign language services were created and two television stations

provide sign language translation. Two staff members of the Regional ARSD office and Ministry of Labour and Social Protection have emerged as leaders in the area of accessible environments and their expertise is sought after from outside the region. The region's future priorities through the Rehabilitation and integration of persons with disabilities program include: creation of employment opportunities for disabled people; inclusive education; integration of people with mental health issues into society; and, participation of Stavropol athletes in the Para-Olympic games.

- **Omsk** – a strong partnership has developed between the health and social protection sectors. The region has also conducted an accessibility audit of some public buildings and developed recommendations for redevelopment/renovation. The Omsk Regional ARSD office became accessible in 2005 and the Omsk State Pedagogical University expressed its commitment to promote physical access, review its plans for reconstruction of its facilities, and promote the creation of an association for disabled students. As a group, members of Omsk RCC expressed their interest in collaborating with Stavropol in the area of inclusive education.

iii. Unexpected Results

Mental Health

The influence of local mental health demonstration models on national policy development significantly exceeded the initial expectations. It was anticipated that new local policies in each region would result from building regional innovations (i.e., at the level of local psychiatric administrations, or local governments). However, the extent of national influence potential of new mental health service models was higher than initially estimated. For example, the development of the Assertive Community Treatment Team (ACT) in Omsk has led not only to the establishment of local Policy Guidelines, but also to the submission of Methodological Recommendations to the Federal Ministry of Health, with the potential of implementing national standard for this service model. Similar developments are now on the way with respect to other regional initiatives in community-oriented mental health services.

Stavropol

The Russian Program partners in Stavropol indicated the following unexpected Program results:

1. Practical training for students became available at ARSD with the co-operation with Education Component of Regional Coordinating Committee.
2. Co-operation with non-governmental organizations and other interested organizations (i.e. specialists of the Academy of Transportation in Siberia, municipal cultural organization, and others) was initiated and the following projects created:
   - The Omsk non-governmental organization of people with disabilities "Apeiron" together with the rehabilitation complex of the psychiatric clinic have put into action a project "Toys for kids" that is directed towards the rehabilitation of people with limited finances and their integration into society and towards providing help to children in orphanages.
   - Specialists of the Academy of Transportation in Siberia along with CRDP have developed a project "Barrier-free city" within the regional program "Social support of people with disabilities 2004-2008." This project was submitted as part of the third

educational competition "Connections with the Society" and "How do we settle Russia?" where it earned the honour of being the "Best Project".

Omsk

The Russian Program Partners in Omsk involved in the policy realm indicated that unexpected results in the region as part of their participation in CRDP included:

1. The strong relationship that has formed between the Social Work students and the Regional Office of ARSD as a result of the students conducting their practical field placements at ARSD.
2. Despite the delayed involvement of Omsk region in CRDP, changes for people with disabilities occurred rapidly, such as the accessibility of buildings, increased awareness of the challenges encountered by people with disabilities, and increased participation of people with disabilities in the discussions and planning of services and programs.

iv. Anticipated and Actual Risks

As anticipated, a change in government occurred during the course of the Program, resulting in some delays in achieving Program results. The Russian Federal election held in 2004 resulted in the combining of the Ministries of Labour and Social Protection and Public Health. The restructuring continued over several months, causing delays in the delivery of policy development training to government officials, especially those involved directly with CRDP. The course schedule was adjusted to allow for complete delivery of the course material. Also, contact was made and maintained with existing and new government officials to ensure continuity of previous commitments to CRDP.

v. Challenges and Lessons Learned

Challenges were experienced both within the Program and the environment external to the Program and affected the implementation of activities. As indicated previously, the Omsk region joined the Program later than the other pilot regions. Any possible negative affects were circumvented by ensuring that there was adequate representation at training events, and Program Management made concerted efforts to communicate with regional leaders on a regular basis. Canadian partners also worked closely with both Governor's Coordinating Committees in Omsk and Stavropol.

Throughout the Program, there was a lack of collaboration between the Moscow Regional Coordinating Committee and the Policy Theme Coordinating Committee (National Board of ARSD). In hindsight, the reason could have been that the Moscow Policy Working Group consisted of representatives from New Choices, a family advocacy group for individuals with psychiatric disabilities while the Policy theme Committee was comprised mainly of ARSD members, an organization that has historically focused on individuals with physical disabilities. Although the two areas of disability have common elements, there are some differences in the supportive services required by individuals in each area. In an effort to bridge the gap in knowledge, a representative from ARSD was appointed to the Moscow Policy Working Group. A similar situation occurred in Omsk region. It is evident at the conclusion of the Program that the regions would have benefited from separate educational sessions focused on the

terminology used in the physical and psychiatric disability fields, and emphasizing how both groups could jointly work together to develop policy based on social inclusion.

Another method implemented by CRDP to address this issue was to encourage a review of the Policy Theme Committee's Terms of Reference. In 2005 and 2006, the Committee underwent a process to review its membership and the relations between the regional Policy Working Groups and New Choices. The result was that representatives from New Choices were appointed to all three regional Policy Working Groups as well as the Policy Theme Coordinating Committee.

One key policy area that CRDP did not manage to resolve with its Program partners is the existing Federal Regulation that stipulates that Social Service Centres cannot provide services to individuals with severe mental illness. Although some inroads have been made in Stavropol and Omsk regions, the North-East Region of Moscow maintains that Social Service Centres are not permitted to provide services to this population. The Canadian partners are hopeful that as the effectiveness of the new community-based mental health programs becomes better known, that regional and federal governments will re-visit this regulation.

vi. Concluding Comments

The development of new policies related to disability and mental health education and service provision was likely one of the most difficult outcomes to achieve due to the reliance on changing government structures and associated processes. Despite the challenges encountered, there is evidence to show that the processes in developing policies, particularly the collaborative approaches adopted by government, educational institutions and NGOs, have changed substantially with a subsequent commitment for long-term sustainability. Equally important is the increased involvement of individuals with disabilities, including psychiatric impairments, resulting from the collaborative processes in shaping the policy that affects them. Although some progress was made in bringing together the disability and mental health organizations in establishing joint policies, this remains an outstanding issue that requires more time and effort. This is not unlike the Canadian experience where the two areas remain largely separate. As well, the regulation excluding individuals with severe psychiatric impairments from Social Service Centres remains, but it is anticipated that the innovative service delivery models introduced by CRDP will provide the evidence needed to eliminate the regulation. And finally, the policy directions implemented at the regional and national levels as a result of CRDP have laid the groundwork for further progressive policy development and will be difficult to reverse.

D. Network Component

Introduction

Historically, communication and information sharing in Russia between and among government, university and NGO sectors consisted on one-way communication. Directives were given and followed. A fundamental objective of CRDP was to introduce methods of information sharing among stakeholders and sectors to demonstrate the benefits of combining ideas to achieve greater results that are supported and implemented. The CRDP was able to show that the traditional method of communication actually limited creativity, with each 'silo' producing only limited achievements that were difficult to sustain in that they were not necessarily supported by other stakeholder groups. By introducing technology-based methods, i.e. e-mail and Internet;

collaborative methods, i.e. round tables; and, effective dissemination practices, i.e. mass media and presentations, changes occurred in how communication and information sharing was perceived among Program participants. There was a change from "top-down" communication to partnerships and collaboration among peers and stakeholders across sectors and regions.

In order to achieve successful and sustainable information sharing partnerships and means of collaboration, it was evident from the beginning of the Program that this significant change from historical practices would need to be nurtured and strengthened throughout the Program's tenure. The Program Outputs for this Component were designed to reflect the building blocks for effective information sharing. First, the Russian participants would be provided with the technology in the form of computers and accompanying software, including e-mail and Internet access. Structures were also put into place to facilitate regular communication among key partner organizations representing all Program Components and Streams, such as the establishment of Regional Coordinating Committees and Information Resource Centres. Second, training was provided to a core group of Russian Program participants in the use of the technology and web-site development. And third, Russian participants were exposed to different methods of disseminating information such as on-line forums and round table discussions. Annual conferences were also held as a means of demonstrating the transfer of knowledge and idea generation among representatives from different sectors and regions. The results reported below reflect the logic of the Program's intention and demonstrate achievements attained by the Russian participants, which met or surpassed expectations.

i. Output Level

Output 4.1: Improved infrastructure to support communication and information sharing among program stakeholders.

In each pilot site, Regional Coordinating Committees (RCCs) and Information Resource Centres were equipped with computers, access to Internet and e-mail, and designated staff to support communications functions. CRDP contributed to an overall increase in the number of computers available and increased access to Internet and e-mail in each partnering organization. In Stavropol and Omsk, partnering universities provided technical support, as well as financial support (e.g. to provide cable internet) to community partner organizations and Social Service Centres. University-based Information Resource Centres were made available to other CRDP participants, including students who actively used this resource. A key informant from Omsk described the Information Resource Centre as providing an important resource for students of the State, Pedagogical and Technical universities.

Information Resource Centres served as repositories for all CRDP related publications produced by Program participants. The Information Resource Centres will continue to be maintained and staffed beyond the duration of the program. In Stavropol, the North Caucasus State Technical University supports the continued operation of its Information Resource Centre. In Omsk, the Psychiatric Hospital has recently secured additional funding for equipment and staff of its Resource Centre.

The CRDP website (www.crdp.info) is fully developed and operational in both Russian and English languages. The website provides a comprehensive description of the program, covering such topics as: program goals and objectives; background; partners; structures; activities, including courses and conferences; and outcomes. Regional Network Working

Groups were responsible for input to and maintenance of regional pages (i.e. Pilot Site Developments/Moscow, Stavropol, and Omsk). An automated "group email", which runs from the CRDP website, is also fully operational. It is accessible to all registered users as a means of broadcasting e-mail messages to all participants. The Group Email replaced a Listserv, which did not work due to technical barriers and limitations. Lastly, an online forum, linked to the CRDP website, is also fully functional. The forum has been successfully piloted with a small group of participants to demonstrate the potential benefits this mechanism has for facilitating inter-regional and inter-sectoral communications, as well as overcoming other barriers to communication, such as the social exclusion of persons with disabilities.

Network and information sharing activities were primarily supported by three regional Network Working Groups, a cross-regional Theme Network Coordinating Committee (TNCC), Regional Coordinating Committees (RCCs), and key administrative staff. The structure of these groups and their processes for communication were critical to the effective implementation of all networking and information sharing activities. A communications protocol, developed by program staff (CCDS) in consultation with RCCs, defined the structure and processes of Network Working Groups and the TNCC. (Refer to Figure 10 in Appendix H for the Network Coordination Structure.)

Each regional Working Group was comprised of a leader and/or co-leader, and key representatives from the Policy, Education, and Demonstration Model components, as well as individuals with skills in communications/ journalism, information technology, and/or knowledge of Russian and English. The cross-component structure facilitated information sharing across sectors, which have traditionally operated in relative isolation. Thus, approximately **27** network affiliated program participants (Moscow: **10**, Stavropol: **9**, Omsk: **8**) served as members of regional Network Working Groups, many of whom also served as members of other component working groups. The members actively promoted information sharing, both in the context of program activities and in their respective partnering organizations. The leaders of each regional Working Group coordinated the day-to-day network tasks in their region and facilitated communications between Network and other program participants. Notably, regional Network Working Groups successfully engaged members drawn from all components and members with dual language (Russian and English) skills. Omsk and Stavropol successfully engaged members with media/journalism skills.

The leaders of the Working Groups liaised with the RCC, primarily through administrative staff or the Regional Coordinator. The RCCs were also active in providing program information to partners and other community stakeholders in each pilot region. The integrated structure of the Network and related committees/Working Groups was successfully implemented in all regions. Working Group leaders also comprised the TNCC, which supported cross-regional information sharing.

According to a regional network WG leader, the program has succeeded nearly 100% in equipping RCCs and Student Resource Centres with computers, Internet connections and e-mail. Nearly all participants now have Internet access at the office, and some also have access in their homes. Two **(2)** computers were purchased for the Theme Coordinating Committees; **3** computers were purchased for the Regional Coordinating Committees, and **3** computers were provided to the Information Resource Centres. Additional software provided included Macromedia Contribute. With regard to the Mental Health demonstration sites, one computer with accompanying software was purchased for each site (**7** computers in total).

Output 4.2: Increased knowledge of program stakeholders in information and communication technology and web-site development.

Increased Internet and email access led to further opportunities for participants to gain knowledge in communication technologies and web-site development. Network leaders, designated website maintenance staff, and several other members of regional working groups (core group of **15** individuals) were trained in information technology, and web-site development/maintenance. Training was provided to both novices and individuals with existing technical skills and aptitude, who were identified by regional Network Working Group leaders. Training further developed their skill sets and supported their ability to demonstrate the effective use of information technologies, and facilitated skill development among other Program participants. The training served to enhance local leadership, particularly among younger Program participants with these skills sets.

Regional Working Group members, website maintenance staff, and RCC members actively participated in the development of their regional web pages to be included in the CRDP web-site established for the Program. In addition, Working Groups implemented processes to support website content development.

Many partner organizations developed their own CRDP-related websites, supported by CRDP. Network Working Groups were provided with recommendations for accessible and user-friendly website design. A checklist was developed to guide evaluation of CRDP and partners' websites. These accessibility and design criteria were applied in an evaluation of a preliminary version of the CRDP website, developed by the Moscow Working Group. In addition to the development of the CRDP web-site, other web-sites or web-site content has been developed, and all are linked from the CRDP central web-site. They include:

- CCDS: www.disabilitystudies.ca
- University of Manitoba: http://umanitoba.ca/faculties/social_work/russia/index.html
- University of Calgary: http://www.crds.org/regional/russia/ (www.crds.org)
- MRIP (Moscow RCC): www.psyrehab.ru
- (Omsk RCC): www.disabilitystudies.narod.ru
- NCSTU (Stavropol RCC): http://www.ncstu.ru/
- New Choices: www.nvm.org.ru
- Stavropol Psychiatric Hospital: http://skkpb.nm.ru/
- ARSD (in progress): www.voi.ru

In addition, the National Board of ARSD is in the process of developing its own national web-site with links to the regional ARSD branches. The CRDP web-site served as a model for this development. Staff of the National Board of ARSD also received training and support to run and moderate an online forum. Staff are actively promoting forum use among their members in the national office and in regional braches.

The Program provided the initial impetus and encouragement for increasing interest among participants in new communication technologies, and interest continues to grow. In interviews and surveys of Program participants, the website was commonly described as one of the most important outputs of the Network Component of CRDP. Decentralization of website maintenance was especially valued. While participants were at first reluctant to ask for information, requests for information to be shared increased substantially through the course of the program. For example, Omsk participants reported active use of the website among participants, partners, and individuals seeking information about the program. Overall,

participants noted that the Program increased the capacity of staff for understanding effective methods of information sharing.

Output 4.3: Increased dissemination of new knowledge, lessons learned or effective practices developed during the course of the program.

Education Material

a) CRDP Training/Education

Modular course manuals, and associated readings, were published in Russian and English. These were provided in both print and electronic versions. Print copies were circulated to students and other key Program participants. Electronic versions of all manuals were made available on the CRDP website, including:

- "Social Work and Disability"
- "Social Work and children and families with disabilities"
- "Social Work and Community Practice in Disability"
- "Social Work in Mental Health"
- "Social Work and Community Mental Health II"
- "Social Work in Community Mental Health III"
- "Social work and practical education"
- "Introduction to Disability Studies"
- "Universal Design and Inclusive Communities"
- "Social Policy and Disability"

b) Master's Theses and PhD. Dissertations

In Omsk, **14** graduate students wrote Masters Theses that assisted agencies in developing their services for persons with disabilities. In Stavropol, **16** students wrote term papers, **8** students wrote Masters Theses, and **2** students completed Doctoral dissertations. In addition, a sizable number of PhD degrees were completed at the MRIP on Mental Health Stream related topics. A sample of the Theses and Dissertations are listed below:

- Doctoral dissertation – People with disabilities in society
- Masters thesis – Sociology and people with disabilities
- Doctoral dissertation – Mobility of people with disabilities
- Doctoral dissertation – Problem of work mobility of people with disabilities
- Doctoral dissertation – Examining the preparation of Social Workers in Canada for the implications of Social Work in Russia

Books/Articles

Members of the Working Groups have published approximately 100 books and articles in relation to people with disabilities, some of which are outlined below. Others are in manuscript stage and will be published shortly.

a) Faculty and Students

To date there have been **11** books (**7** from NCSTU and **4** RSSU) and **12** monographs (**6** from NCSTU and **6** from RSSU) have been published by Social Work academics on the course

content of the specializations. In addition, there have been **4** monographs produced based on a compilation of research projects of the Social Work field students. Examples of articles written by academics include:

- "Integration of people with disabilities into Russian society: theory and practice"
- "Society and problems of disability"

b) Selected Publications in the scholarly journal "Clinical and Social Psychiatry":

- Bylim I.A., Yarovitsky V.B. (2006). Socioethical aspects of organization of primary psychiatric care, 16(1).
- Gurovich I.Ya., Shmukler A.B., Utkin A.A., Stepanova O.N., Sheller A.D., Turusheva N.B. (2006) New form of psychiatric care: Assertive (intensive) community treatment unit, 16(3).
- Landyshev M.A. Psychoeducation of family members of schizophrenic patients with frequent hospitalizations 16(3).
- Materials of the Conference "Psychosocial Rehabilitation in Psychiatry" (2003) devoted to the 200th anniversary of the Tambov Regional Psychiatric Hospital:
  - Gazha A.K., Nizkin S.I., Raju N.A.. The Tambov Psychiatric Hospital: its history and rehabilitation of patients with psychiatric disorders.
  - Raju N.A.. Gazha A.K Psychosocial Rehabilitation in the Tambov Regional Psychiatric Hospital.
  - Koltsov A.P., Landyshev M.A. The Center for Social Psychiatry and Rehabilitation by the Ryazan Regional Psychiatric Hospital: Two Years of Functioning.
  - Limankin O.V., Lapteva K.M. On starting a rehabilitation unit with a hostel for patients who have lost social contacts.
  - Shashkova N.G., Baboushkina E.I. Patients with schizophrenia with frequent and long-term hospitalizations and their perspectives for alternative care.
  - Agarkov A.P., Varankova L.V., Semin I.R. Psychosocial rehabilitation of children with early child autism (based on materials of the Tomsk Region).
  - Permyakova O.A., Valinourova I.R. Psychosocial rehabilitation of persons involved in local military conflicts.
  - Poustokin Yu.L., Babin S.M., Sirovskaya V.P. Integration of psychotherapy, psychosocial rehabilitation, and psychiatry: results and perspectives.
  - Limankin O.V. Junior medical personnel of the psychiatric hospital: involvement in psychosocial rehabilitation, training issues.

c) Analytical Documents

- "Impact of Federal Law #122 -FZ (effective 22/08/2004) on situation of people with disabilities - monitoring conducted by NB ARSD during 01/04/05 -01/07/06" – National Board of ARSD.

Conferences/Forums

A partial list of conferences/forums held or attended by type and location is summarized in the table below.

Table 12: Conferences/Forums Held and Attended

Conferences/ Forums	2003-2004	2004-2005	2005-2006	2006-2007
1. Canada-based:				
1.1 "Congress" • Canadian Disability Studies Association; • Canadian Association of Schools of Social Work;		May 2004, Winnipeg, MB	May 2005, London, ON	May-June 2006, Toronto, ON, May 2007, Saskatoon, SK
1.2CCDS International Symposium	June 2003, Winnipeg	September 2004, Winnipeg	June 2005, Winnipeg	June 2006 and September 2007,Winnipeg
1.3 Mental Health Research Showcase			November 2005, Banff	
2. Russia-based:				
2.1 Annual International Social Development Congress/RSSU	November 2003, Moscow	November 2004, Moscow	November 2005, Moscow	November 2006, Moscow, next planned for November 2007
2.2 Annual All Russia Conference of Russian Society of Psychiatrists/ MRIP	October 2003, Moscow	October 2004, Moscow October 2004, Moscow	November 2005, Moscow (the XIV Quadrennial All-Russia Congress of Psychiatrists)	November 2006, Moscow, next planned for October 2007 September 2006, Moscow
2.3 ARSD Congress			April 2006, Moscow	April 2007, Moscow
2.4 RSSU – International Congress on Problems of Children with Complex Needs			March 2006, Moscow	
3. CRDP events:				
3.1 Conferences		March/April 2004, Omsk	March 2006, Moscow	October 2006, Stavropol

3.2 Other	Interregional MH consultation, October 2003, Omsk	October 2004, Stavropol Interregional SW consultation, April 2004, Omsk Interregional Youth Forum (NB ARSD), October 2004, Moscow		
4. Other significant events		Disabled Peoples' International Summit in Winnipeg (Sept 2004)		All Russia Congress of Russian Academy and Ministry of Education (March 06)

Presentations

Approximately 100 presentations were provided by Russian partners in regional, national and international contexts. Examples of presentations made are listed below.

- Canadian Disability Studies Association (May 2004)
- CIDA Consultation (May 2005)
- Canadian Congress 2005, London, Ontario (May-June 2005),
- The Annual All-Russia Conference of the Russian Society of Psychiatrists
- The Quadrennial All-Russia Congress of Psychiatrists
- All Russian Social Work Education Forum (annually)

Media/Public Events

a) Mental Health

- New Choices and member consumer organizations published more then **58** papers, newspaper articles, and other documents. For example, *a film* "The Right to Hope" about everyday living of persons with psychiatric disabilities was shown on the state television (January 2005). The script for this film was written by the members of the society. The film was accepted with great interest by participants of the European WHO conference at the Ministers of Health level (Helsinki, 2005). New Choices leaders also presented at major national forums such as the XIV All-Russia Congress of Psychiatrists (November 2005) and the All-Russia Conference of Russian Society of Psychiatrists (October 2004).
- A large number of media events (publications, television and radio programs) have been reported from the various demonstration regions; for example, **34** in Omsk, **62** in Tambov, and **63** in St. Petersburg. Examples include presentations on television channels such as "Culture" and "NTV", articles in newspapers "Moscow News" and "Moscow Komsomolets", and radio channel "Rossia".
- Mental Health Stream partners participated in the development of the inter-stream Program Bulletins in all three regions (Moscow, Omsk and Stavropol). The Bulletins have been issued regularly. All copies are available upon request (in the Russian language).

- Regular issues of local newsletters have been published by Mental Health Stream partners in all regions. These newsletters include detailed information on current Program activities. This includes the new quarterly magazine "Facets" (Stavropol), "The Sick Leaf" (Moscow Hospital # 10), regular issues of local newsletters in all MH Demonstration sites, targeting consumers, professionals, and families – in total, approximately **30** published magazines, bulletins, and newsletters that provide information on innovations.

b) CRDP – General

- An article entitled *Building Civil Society in the New Russia*, written by Mr. Dale Barbour, Editor of the University of Manitoba – Bulletin, was published August 18, 2005.
- At the request of The Manitoba Schizophrenia Society, an article was written for the September/October 2005 issue of *The Sensitive Scoop*, a consumer newsletter of the non-governmental, non-profit organization. The article provided members and other interested citizens with an overview of the CRDP and activities undertaken in the Social Work and Disability Studies Streams of the program.
- Pilot sites prepared numerous publications in local/regional newspapers and initiated television and radio interviews and informative programs on CRDP and on general disability issues. Program partners, and particularly Network leaders, in all regions actively worked with local media to inform the public about CRDP, on-going activities, planned events, and to facilitate positive attitudinal changes toward disability. Stavropol members are involved in an initiative to bring digital TV to consumers, as a new and additional method of telecommunications.
- Omsk region was particularly successful in their use of public media, having engaged members of the media, or individuals with close media contacts, as consulting members of their Network Working Group. The pilot site published/produced **23** newspaper articles, **13** television programs, and 3 radio programs with content on CRDP. As well, the Omsk Regional Psychiatric Hospital produced a promotional video on CRDP, regional partnerships and key results. Omsk reported an increase in publications produced and media attention during the Program compared to their level of activity prior to the Program (e.g. increased from **3** or **4** articles per year to **10** per year). Visits by Canadians stimulated media interest. The use of the media had a great impact on Network outcomes in that it created widespread awareness of the Program and requests for information and collaboration.

c) Disability

- Social Work students in Omsk produced a newspaper for people with disabilities living in the area of Sudarushka.
- The National Board of ARSD through the Public Chamber Working Group on Disabilities led the development and implementation of three **(3)** on-line surveys from October to December 2006 requesting the public's opinion of the effects of Law 122, "the monetarization of benefits for disabled people."
- In Stavropol, brochures were created and published entitled "Accessibility and Universal Design", and "Accessibility Guide of Stavropol – 1st Edition."
- In an effort to gain public support for the United Nations Convention on the Rights of People with Disabilities, the National Board of ARSD has translated, published and disseminated the Convention document.

ii. Outcome Level

Outcome 4: Increased capacity of program stakeholders to use information/communication technologies, methods, and processes to share information a) among and between stakeholders, and b) between stakeholders and broader communities.

Functioning Networks

The increased capacity of Program stakeholders to share information was evidenced by the information networks that developed as a result of CRDP and their ability to successfully use different means of communication. Different Networks formed on the basis of common factors. For example, there were regional networks based on a common geographic location, sectoral networks formed within particular sectors, networks formed within Program Streams, as well as within professional groups, e.g. university faculty. Each of the Networks shared information among their members and outside the Network to other stakeholders and the broader community. There were over **25** different Networks that formed as a result of the activities of CRDP, with information shared and disseminated resulting in increased knowledge and awareness across sectors, regions, and professionals. Each Network was diverse in its membership. Examples of the different types of Networks formed are outlined below.

- Regional Network – e.g. Regional Coordinating Committees
- Sectoral Network – e.g. Among Social Service agencies participating in CRDP as demonstration sites
- Program Stream Network – e.g. Community of Learners (COLs) within the Mental Health Stream
- Professional Network - e.g. Among Faculty of participating universities

Perceived long-term impact and value of new and ongoing information sharing.

Network leaders described increased capacity of their staff for ongoing use of technologies and methods enhanced by the Program. One leader described plans to add topics to the online forum that would better reflect local and consumer interests as well as plans to increase traffic to the website by adding links to other higher traffic sites including that of the municipal government. This demonstrates capacity for ongoing use of technologies and methods of information sharing.

Participants commonly remarked on the value of personal relationships developed among individuals from different sectors and regions, as a result of the CRDP. Inter-personal contact, made possible by CRDP activities (i.e. courses, conferences, roundtables), stimulated collaboration and cemented partnerships. This was seen as highly important to the ability of partner organizations to develop further professional links after the program ends and to sustain the impacts of CRDP.

Overall, CRDP was viewed as valuable and successful in accomplishing a long term impact. As stated by one participant, “At the beginning of CRDP, I was very sceptical that we’d achieve the results that we spoke of. But I changed my mind when I saw a short report on TV about family members of persons with mental health challenges. Before involvement in the program, these people had been filmed but did not want to show their faces. When the next video was made,

near the end of CRDP, some family members stopped being ashamed of their family members' diseases. Families are also more likely to come for help. The media attention helped and CRDP helped to overcome stigmatization."

Another participant also emphasized the long term effect of the Program when stating, "The program has led to a huge increase in access to information for professionals and students, including information from other regions. Because participants from different sectors were engaged in the Network, this increased the breadth of information that could be provided to students. Information sharing increased. University officials learned to be more organized and systematic in submitting reports and providing information on an ongoing basis. Consumers have had their voices heard, by publishing a newsletter to which family members of persons with disabilities provide content."

iii. Unexpected Results

It was initially planned that the activities across the regions would be centrally coordinated and led by the Network Theme Coordinating Committee. Approximately three-quarters of the way through the Program's tenure, the Russian participants shared that this was largely ineffective as information was not being shared in a timely manner. The partners resolved the issue by decentralizing the coordination function to all three of the Network Working Groups. This proved to be more effective than originally anticipated as each region built their capacity in methods of communication, e.g. web-site development and maintenance and group e-mail, and the knowledge was transferred to a greater number of participants than originally intended.

iv. Anticipated and Actual Risks

As projected in the original Program proposal, personnel change in the Program participants was a factor within the Network Component which led to some delays in implementation. Approximately half-way through the Program, the Leader for the Moscow region Network Working Group left the Program for another opportunity and it took some time to identify, train and update the replacement Working Group Leader. Also, as mentioned previously, the key Program partner in Omsk Region began its participation in the Program later than other regions. There was some initial decision-making and orientation required with respect to the assignment and clarification of the role and responsibility of the Network Working Group Leader within the region. This was clarified through additional discussion and guidance provided through the Canadian managing partner organization.

v. Challenges and Lessons Learned

The challenges encountered while implementing the Network Component included the following:

- Lack of understanding of the need for sharing information and open communication.
- Lack of skills and 'habits' in active communication, and particularly electronic communication.
- Fear that regular electronic communication and information sharing will increase the workload and demands from various partners and organizations

- Language barrier between English and Russian speaking partners, as well as between different sectors.
- Lack of access to high-speed, cable Internet. Many participants rely on slow dial-up connections, which charge users by time taken for downloading information/files.

The lack of understanding, skills, and fear of electronic communication methods began to dissipate once the methods were taught, demonstrated and used by the participants. As an example, the use of e-mail was non-existent in the some of the partner organizations prior to CRDP, whereas by the end of the Program, the partners became fluent in the use of e-mail and Internet.

When no longer working under the auspices of an international Program, it is likely to be challenging for the partners to draw the attention of the public, media, and public officials to disability issues. A potential mitigating strategy developed by the Russian partners is to form a consortium involving clinics, universities, social service centres, and consumer NGOs after the close of the Program. It will constitute a Centre for Disability Studies, and serve to present the image of a united institution to the public.

vi. Concluding Comments

Despite the challenges encountered during the implementation of the Network Component, significant strides were made towards changing the traditional model of communication among education, social service, and government sectors at government, institutional and NGO levels. Multiple partnerships were formed and Networks established for ongoing communication and information sharing. Consumers of services are actively involved in information sharing activities and their participation is valued as part of the information dissemination continuum. When asked what Program results would be sustained in the long term, Russian participants responded most often that the partnerships developed through the CRDP activities would remain and that they could not envision returning to the former “one-way” style of communication. It is evident that the Program has been successful in planting the seeds for collaboration among key partners, and it is anticipated that further growth will occur.

E. Impact Level Results

Impact Level – Strengthening of civil society and good governance in Russia by promoting social changes, democratic values and human rights that will enable Russia’s people with disabilities to become full participants in society.

It can be said with considerable confidence that a number of significant impacts followed the implementation of CRDP. The most notable and over arching impact was the paradigm shift with respect to people with disabilities, ultimately leading to systemic change. The Program served as a catalyst in changing the mentality held by Russian participants of disabled people, namely what disabled people need, want, and are capable of achieving. This change in attitude and knowledge has led to the inclusion of people with disabilities in education, employment, service planning and policy development, which are significant steps toward the development and civil society in Russia. The paradigm shift is as a result of changes that have taken place within the Components of CRDP and that are sustainable by the virtue that they are now being

implemented by the Russian Program partners and participants. The paradigm shift is illustrated by the embracing of a cross-sector and cross-disability approach to planning and implementation of programs and services (involving policy-makers, service providers, educators, NGOs and consumers), the transformation of premises underlying Russia's services for people with psychiatric disabilities, and adoption of approaches to Social Work education that are consistent with those in other Western countries. These increased capacities and others that arose out of synergies afforded by the CRDP are described further, below.

To claim that the CRDP alone through its four years of activity can take all the credit for these impacts would, of course, be an overstatement. The achievements of CRDP were contingent on previous accomplishments and a readiness for change. First, the CRDP was successful because it built on the partnerships established through, and results of, two previous sets of Canada-Russia partnership projects beginning in the mid-1990s – one in the Stavropol region which focused on Social Work education and disability policy, and one that had a broader all-Russia orientation based out of Moscow which introduced community mental health rehabilitation concepts to key leaders of psychiatric services and emerging consumer organization leaders. Second, the earlier projects along with the CRDP were successful because of their timeliness. They were initiated in a context where Russia was seeking to reform its approaches to disability and mental health services and introduce Social Work as a new profession.

That said, the role of CRDP was highly significant. It served as a means of bringing the earlier initiatives together, and building on them systematically in a way that both Russian and Canadian observers conclude that the changes that have taken place are not reversible – the transformations that have begun are likely to continue.

Education Leads to Individual and Organizational Change

There is a great deal of evidence to show that the Canada-Russia Disability Program has contributed to a significant change in how universities, government officials, and disability organizations receive and provide Disability Studies, Social Work and mental health education. This in turn results in a shift in how individuals with disabilities are perceived in Russian society, how individuals adjust their professional practice based on new knowledge and how organizations change their physical structures to allow for the inclusion of people with disabilities. By focusing the education on the social model of disability, there is a change from "blame the victim" mentality to looking at the barriers in the environment and systems that may be preventing someone with a disability to fully participate in society.

At the individual level, changes are noted in:

- Attitude towards people with disabilities
- Knowledge of practice issues and approaches towards people with disabilities
- New models of practice in disability, social work and mental health fields
- Participation (or inclusion) in curriculum development to reflect new approaches

At the organizational level, changes are noted in:

- Access to education, programs and services increased
- Curriculum development around disability issues increased
- New programs and services around disability issues increased
- Organizational resources in disability related education/services increased
- Support for disability related education/services increased
- Provision of ongoing training in the disability field
- Access to public and education buildings increased

Emerging Leadership

Each of the three pilot regions became a leader in a different area of disability, largely due to the initiative of individuals who had a particular interest and commitment to advancing the inclusion of people with disabilities throughout the region.

- In Omsk region, the Omsk Psychiatric Hospital has emerged as a leader in bringing together the health and social service sectors in addressing the needs of individuals with psychiatric and other disabilities. As well, the Social Service Centre "Sudarushka" has met and surpassed the goal of preparing students and providing community-based services to people with disabilities.
- In Stavropol region, the regional ARSD office and the Ministry of Social Protection and Labour have emerged as leaders in the region in the area of accessible environments. Their active involvement with government committees on disabilities at the municipal and regional levels has resulted in significant progress in the area of accessibility. The NCSTU has emerged as a leader in developing Social Work curriculum content in the area disability and for providing practical education of social work students.
- In Moscow, the staff of MRIP has emerged as leaders in the reform of mental health services in Russia.
- Nationally, the All Russia Society of Disabled People has demonstrated a comprehensive understanding of social inclusion and knowledge transfer, especially as it relates to policy analysis and developing capacity among youth with disabilities. The All-Russia organization of people with psychiatric disabilities and their families, New Choices, has become a strong leader in advocating for social inclusion for people with mental illness.

Model for Social Work Education and Practice

In the Social Work Stream the most notable impacts were in its contribution to Social Work education and innovation in social service delivery. As an impact of the Social Work Stream activities there is an emerging consensus in all of the focal areas on the role of Social Work in the development and delivery of community based social services and the role Social Work education in contributing to the development of civil society and a clear understanding of a common scope of Social Work practice. In addition there is a clearer sense of the importance of Social Work practice and Social Work values which promote social justice and a human rights based participatory and inclusive perspective on civil society and social inclusion. The two new specializations and the related curriculum content provide strong evidence of the significant progress that has been made on the inclusion of Social Work values and scope of practice definition in the standards for Social Work education. Further the activities of the Stream have resulted in an increased capacity amongst service providers and field practice educators for the development and delivery of community based social services in the focal regions. The data from the regular reports and the surveys of Social Work Stream participants provide clear evidence of the following impacts:

- Increased awareness among academics, students and agency staff of the issues of marginalization and social exclusion faced by persons with disabilities and the need for more effective community based social services to foster social inclusion.
- Increased awareness of the need for and engagement of persons with disabilities in the planning and delivery of community based social services.
- Increased awareness of the role of social work education in building capacity for reform, innovation and change in the delivery of mental health and social services.

- Effective transfer of Social Work knowledge and the increased capacity for implementing effective social policy, social programs and social development interventions that foster greater inclusion of persons with disabilities in Russian society.
- Increased awareness of the need for the integration of knowledge and skill in the preparation of Social Work professionals which has resulted in the development of more effective educational programs for the preparation of practitioners in the provision of community based social services.
- Increased collaboration between the schools of Social Work and community based social service agencies around program development and research.
- Increased collaboration between mental health and social service agencies in the preparation of professionals.

Model of Mental Health Practice

There is consensus that a *paradigm shift* has occurred in how mental health issues generally are thought about, and how they are addressed in particular – not only by participants in the CRDP, but also in a growing number of professionals and families in other regions of Russia. In the Mental Health Stream the most notable impacts were in *reforming existing mental health practices*; and in *introducing new models of service* that previously had not existed in Russia. Existing mental health services were reformed in a number of ways. All 7 demonstration sites in the 3 regions that were the focus of the CRDP embraced the importance of building multi-sectoral partnerships in planning for and implementing services, rather than have the psychiatrists alone take responsibility (the long standing practice). People with psychiatric disabilities along with their families became recognized as having an important role to play in planning for their own treatment and support, as well as participating in planning for new forms of service for themselves and others. Nurses and other hospital personnel became members and, often, leaders of new kinds of psycho-social rehabilitation programs within hospitals and in dispensaries, a significant change from their traditional role of being caregivers and providers of medication. These changes resulted from the 'training the trainer' approach to in-service education adopted, along with support provided by Russian and Canadian expert resource personnel.

All of the demonstration sites also experimented with new models of service that, if followed through on, will lead to a radical change in provision of mental health service from the traditional reliance on large and specialized hospital-based services to a community-based approach. Significant models experimented with and implemented include early episode clinics, community housing, day hospital treatment programs, assertive community treatment teams, and so on as described earlier. While concepts underlying these new types of service were introduced in the Education component, they were shaped to a significant degree by the opportunity to observe examples of new service forms during Study Tours to Canada. As each of the innovations proved its worth, its sustainability became assured through Russia's policy change mechanisms which begin in the form of 'methodological recommendations' endorsed by the relevant Oblast or Federal Government Ministry, followed by other policy changes as these are indicated. A final, notable impact was in the formation of an All Russia mental health consumer movement. At the beginning of CRDP it was in an early and fragile stage, having emerged in previous Canada-Russia projects. The CRDP provided a venue for it to become a strong and recognized player in the mental health field. It is now recognized as an important partner when governments at the regional or federal level are considering policy changes in mental health.

Model of Policy Education, Analysis, and Development

There is evidence to show that there are changes both within and outside of the Russian partner organizations in how the area of disability policy is perceived and addressed. There is a greater understanding of the interface between individuals and the environment, and how policies can help to address the difficulties experienced by people with disabilities. There is also acceptance and support for collaborative processes towards the identification of municipal, regional and federal priorities, and the development of strategies to address noted gaps in policies. Rather than the historical practice of developing policies in isolation, there is acknowledgement of the benefits of consultation with multiple stakeholders resulting in policies that are adopted and implemented.

The evidence of a paradigm shift includes:

- Use of disability lens by government and disability organizations in the analysis of existing legislation, policies, and regulations impacting people with disabilities
- Ongoing education initiatives on disability policy analysis and development
- Mechanisms in place for ongoing consultation on disability issues among multiple stakeholders, including consumers
- New partnerships among government, organizations and institutions within and across regions
- Increased involvement of people with disabilities in planning and policy development
- Several new programs and services for people with different disabilities based on consumer-centred practice and the social model of disability
- Ongoing monitoring practices of legislative and policy implementation
- Revised disability related policies and new policies adopted by municipal, regional and federal governments
- Numerous publications promoting inclusive policy development and disability related programs, and,
- Positive changes in how the mass media portray people with disabilities, and as a result, how they assist in the advancement of social inclusion in Russia.

Synergy Between Disability Studies, Social Work and Mental Health Streams

Perhaps the greatest impact, though, emerged from synergies that developed between the Streams. One obvious example, raised previously, was the shaping of the mental health specialization in Social Work. The local regional Working Groups and the Program Steering Committee devised an innovative solution to the issue of who had responsibility for the education of Social Work practitioners in the area of mental health policy and services. That is, the partners agreed to have the Schools of Social Work take responsibility for pre-professional education of Social Workers working in mental health settings and the Moscow Research Institute of Psychiatry would take responsibility for the continuing professional education. This resolution was quite practical, effective and sustainable. It also etched out and legitimized the role for Schools of Social Work to provide pre-professional education in the area of mental health and raised the profile and the importance of continuing education and upgrading of Social Work practitioners currently in the mental health field.

A second synergic impact emerged out of efforts of CRDP to bridge the variety of ‘silos’ within which services for people with various kinds of disabilities were bound – mental health issues were governed by Ministry of Health policies, other disability issues were governed by Ministry of Labour and Social Protection policies, and so on. The CRDP succeeded in breaking down these kinds of barriers in a number of places to the satisfaction of all partners. For instance,

where Social Service Centres considered people with psychiatric impairments as ineligible for their services, a number of demonstration sites (Omsk, Moscow North East region, Ryazan) developed partnerships between mental health and Social Service Centres. The Centres' services were made available to people with psychiatric impairments and, conversely, mental health related services were made available to the large number of Centre users with mental health needs. At a policy level, agreements were developed that supported these kinds of inter-sectoral programs.

Another illustration of synergistic impact relating to bridging of "silos" was seen in the collaboration that emerged between the Schools of Social Work at the four respective partner universities and the regional health and social service agencies in the areas of practical education of Social Work students and in the development of innovation health and social services. Both academics and students became active agents in fostering the assessment of needs of person with disabilities and the development of new services and programs. Conversely staff of government and NGO service agencies became increasingly involved in providing classroom education for social work students. Also increasingly agencies began to support their staff to upgrade their knowledge and skill relating to Social Work practice.

Concluding Comments

There is significant evidence to show that the Canada-Russia Disability Program has led to substantial impacts in the disability, social work, and mental health areas in Russia. The objectives of this complex and multi-layered Program could not have been achieved without the considerable involvement of the different sectors represented in the Russian and Canadian partners. Together, the partners were able to address and overcome the systemic barriers that one sector alone could not have achieved. The results of CRDP largely surpassed what was anticipated as the Program, over time, took on a life its own. The successes along with the momentum for change that has developed will be crucial in the sustainability of results within the target regions and target partner organizations. The next section of the Report describes in greater detail how the regions plan to sustain the results, and the implications and recommendations to address the broader socioeconomic factors that affect sustainability.

VI. SUSTAINABILITY OF RESULTS

Introduction

As illustrated in the previous Section, the results of the Canada-Russia Disability Program went beyond what was intended, and acted as a catalyst for new initiatives inspired by the Russian Program partners. More important, however, was the overall impact of CRDP in which the attitudes and knowledge of disabled people changed sufficiently enough to allow for the beginnings of meaningful inclusion of people with disabilities in Russian society.

There are elements, that when combined, comprise the overall shift in mentality toward people with disabilities among Russian people and organizations. These elements are the building blocks of the paradigm shift that has occurred and consist of the changes or impacts that needed to occur in order for the paradigm shift to take place. The broader results within each of the Program's Components, as outlined in Table 13 below are what contribute overall to the sustainability of the elements, and ultimately the paradigm shift.

To capitalize on the momentum created by CRDP, each pilot region and Theme Committee has outlined an Action Plan containing proposed activities to build upon the achievements of CRDP and planned new initiatives to further their progress in disability related education, service delivery, policy and networking. In addition, within these Plans, the regions have identified the actions they intend to implement to make expansion of existing and new initiatives sustainable. In order to demonstrate more clearly how the results of CRDP contribute to sustainable change, tables have been created by component showing the CRDP results, the common areas among the regions that will be sustained, and the methods implemented to ensure sustainability. It is also important to capture the diversity among the regions with regard to the new initiatives they intend to develop and tables have been created in this section to show the new initiatives planned by component and region. The new initiatives provide further evidence to show how the knowledge transferred through CRDP has inspired innovative ways in Russian regions to advance Disability Studies, Social Work and Mental Health.

As the regions move forward with their plans, they will encounter emerging social, political and economic factors that will likely pose challenges. The major factors that are known at this time are outlined at the end of the section, along with the implications and recommendations to address these potential challenges as a means of facilitating future progress.

A. Elements of the Paradigm Shift and Associated Results Ensuring Sustainability

As stated earlier, the Program was successful in creating an overall paradigm shift in the mentality regarding people with disabilities, ultimately leading to the inclusion of people with disabilities in Russian society. The elements that comprise the paradigm shift are outlined in Table 13 below along with the corresponding broad Program results that have contributed to sustainable and systemic change.

Table 13: Elements of the Paradigm Shift and Associated Results Towards Sustainability

Elements of Paradigm Shift	Associated Results Towards Sustainability
Education Leads to Individual and Organizational Change	• Value-based education grounded in human rights and participation • Client-centred education focused upon consumer needs and abilities • Intersectoral and inter-professional training and exchange • Common knowledge base from which to develop curriculum, services, and policies • Theory grounded in practice and practice grounded in theory as a basis for innovative service provision
Emerging Leadership	• Supportive environments necessary for the development of natural leadership • Knowledge and empowerment necessary for the development of 'agents of change' • Partnerships and structures in order to exercise leadership skills
Model for Social Work Education and Practice	• Transfer of Social Work knowledge and values into social service development and policies • Demonstration and application of practical education methods • Innovative services grounded in Social Work theory and practice • Cross-sectoral collaboration and joint projects with a client-centred focus • Cross-disability professionals capable of working in multiple settings
Model of Mental Health Practice	• Consumer and family involvement in treatment and service planning • New models of community-based mental health services with a change in focus from institutional to community-based care • New and expanded roles of existing professionals in mental health service delivery • Consumers as active advocates for systemic change • Inter-sectoral partnerships conducive to innovative service delivery
Model of Policy Education, Analysis, and Development	• Knowledge transfer and application of disability lens in monitoring existing policy and developing recommendations for new policies • Increased capacity of community NGOs to initiate policy dialogue and contribute to inclusive policy development and implementation • Policies and recommendations developed that reflect the social model of disability and inclusion • Policy base established for community-based

	services • Supportive environments, partnerships and processes that are conducive to multiple stakeholder and consumer participation in policy planning and development • Publications and mass media programs and events reflecting concepts reflective of the social model of disability
Synergy Between Disability Studies, Social Work and Mental Health Streams	• Innovative solutions to cross-sectoral education • Dismantling of 'silos' in the provision of health and social services • Professionals across education, government and NGO sectors as agents of change towards a common goal

B. Sustainability of Results – Regional and Theme Committee Action Plans

The Program's pilot regions developed Regional Action Plans that outline the actions intended to be taken in order to sustain the results of CRDP. As well, plans were put forth by the Policy and Network Theme Committees reflecting national level intentions. For each Component there is one table outlining the intended actions that were common across all three pilot regions (Moscow, Stavropol and Omsk) and Theme Committees. The second table related to each Component outlines the new initiatives that build upon the CRDP results that are unique to a particular pilot region or Theme Committee.

i. Education Component

Table 14: Education - Sustaining Results

CRDP Results	Intended Actions Towards Sustainability
Social Work Specializations and Curriculum Content	• Provide education to students in two specializations: Social Work and Mental Health; and Social Work and Disability • Develop courses towards a Bachelor program in Social Work • Conduct research on disability/mental health issues • Include Social Work specialists as staff in the psychiatric hospitals
Education in Disability Studies	• Recruit individuals with disabilities to teach Disability Studies at the universities and become students • Establish Masters program in Disability Studies
Collaboration between Social Work and Mental Health Service Delivery	• Continue collaboration among service organizations and universities to expand the number of practical teaching sites • Increase the number of disability and mental health social service organizations in practical education
Curricula for Cross-sector Professional Development in the Future	• Provide ongoing professional development for interdisciplinary professionals practicing in the mental health field

Table15: Education - New Initiatives

Region	New Initiatives
Stavropol Region	• Establish networks consisting of Social Service Centres, communal apartments and public disability organizations to: develop potential employment opportunities for graduates; and, increase organizational capacity to provide and manage a range of services for people with disabilities.
Omsk Region	• Employ disabled students to assist students in learning about Disability Studies • Establish a volunteer program with the same purpose • Establish a disabled students association
Moscow/Central Region	• Continue to provide seminars in community mental health as part of after graduate specializations with national level participation • Develop a support/resource centre at RSSU for students with disabilities • Include the topic of UN Convention on the Rights of Disabled People in student teachings • Provide education regarding mental health issues through New Choices

ii. Demonstration Model Component

Table 16: Demonstration Models - Sustaining Results

CRDP Results	Intended Actions Towards Sustainability
Improved Disability and Mental Health Services	• Continue implementation of demonstration model sites • Expand demonstration models to other Social Service Centres
Innovative Mental Health Service Delivery	• Sustain and strengthen innovative service models in the 7 mental health Demonstration Model sites • Promote new models of psychiatric service delivery in other regions • Promote necessity of role of Social Workers in field of psychiatry

Table 17: Demonstration Models - New Initiatives

Region	New Initiatives
Stavropol Region	• Create a Centre for Social Work Education and Social Rehabilitation Services including involvement of social service agencies, students, faculty, and stable funding • Form a group of leaders from disability organizations to work with government and NGOs on disability issues • Create a resource centre for people with disabilities to advance the disability movement in the region
Omsk Region	• Create an opportunity whereby students can exchange experiences based on their involvement with the Demonstration Model sites

Moscow/Central Region	• Develop group homes and other forms of accommodation for mentally ill youth at risk for homelessness • Create self-help groups for persons with various disabilities

iii. Policy Component

Table 18: Policy - Sustainability of Results

CRDP Results	Intended Actions Towards Sustainability
Training in policy analysis, processes, and development	• Continue collaboration between NGOs and government • Continue provision of education in 'Policy Development using a Disability Lens and Consultation Process' • Continue monitoring Law 122 and its impact on people with disabilities
Policy planning and development	• Continue to work towards a barrier-free environment for people with disabilities • Continue to work collaboratively to reduce the stigma associated with people with disabilities, including psychiatric issues • Implement national guidelines for the delivery of community-based mental health services

Table 19: Policy - New Initiatives

Region	New Initiatives

Stavropol Region	• Establishment of "Rehabilitation and integration of persons with disabilities program in Stavropol region, 2007-2009"
	• Create more opportunities for people with disabilities, including:
	  ➢ establish work placements
	  ➢ introduce quotas to employ people with disabilities
	  ➢ integrate education
	  ➢ develop sports for disabled people

Omsk Region	• Continue implementation of project "Audit and evaluation of Omsk, accessible environment for people with disabilities", which includes:
	  ➢ Development of specialized bus route and upgraded bus stops
	  ➢ Address barrier free environment
	  ➢ Place signs on stores/buildings that are accessible
	• Design and deliver a course on accessibility audits
	• Develop a work plan and implement the project "Barrier-Free City" from 2008-2016 focusing on accessibility targets in preparation of the 300th anniversary of Omsk

Moscow/Central Region	• Strengthen the relationship between ARSD and New Choices for the purpose of advancing the support for people with mental health disabilities
National	• Coordinate regular youth forums as a means of getting youth involved in disability issues • Develop a grant system as a means of testing innovative ideas in disability service delivery and advocacy

iv. Network Component

Table 20: Network - Sustainability of Results

CRDP Results	Common Results Across Regions to be Sustained
Mechanisms for communication and information sharing	• Continue to organize conferences and roundtables, involving people with disabilities, as a means of sharing ideas for new programs in disability and mental health • Continue partnerships among sectors and regions • Continue use of internet and e-mail resources
Dissemination of new knowledge	• Maintain and support the web-site • Continue maintenance and participation in an on-line forum on disability issues • Continue preparation and distribution of publications on the new models of social and psychiatric service delivery • Ensure staff are available to implement networking activities

Table 21: Network - New Initiatives

Region	New Initiatives
Stavropol Region	• None
Omsk Region	• None
National	• Create a database of demonstration sites for the purpose of sharing with other regions. • Use the New Choices web-site as a model for developing web-sites for other disability organizations

C. Sustaining Results – Social, Political and Economic Factors, Implications and Recommendations

At this time, there are known social, political and economic factors that will potentially affect the sustainability of CRDP results. The table below identifies some of the key factors and possible implications, with recommendations to mitigate any negative effects.

Table 22 – Social, Political and Economic Factors, Implications and Recommendations

Emerging Social, Political, and Economic Factors Affecting Sustainability	Implications	Recommendations to Sustain Results
Education and Training		
Bologna Accord	The Social Work specializations were designed under the old system degree structure and the movement to the new degree structure and credit granting format as outlined in the Bologna Accord poses some significant problems to sustainability of the specializations. Also as a result	To address these issues the Directors of Schools of Social Work and their respective university administrations need to continue their efforts to make the specializations a part of their Masters programs. Also the Directors Group of the Schools of Social Work need to continue

	of the accord the Social Work education standards setting process and compliance appraisal function may be centralized within the Ministry of Education which may be a significant set back to the development of the progressive standards that are consistent with the international standards.	their involvement in the development of the new standards of Social Work education that are currently being developed by the Ministry of Education.
Limited Resources in Schools of Social Work	The cutback of resources to schools of Social Work and the limitations placed on the Universities of the numbers of self funded students that they admit poses major challenges for the schools as they struggle to meet the growing demand for Social Work practitioners.	Schools of Social Work will need to develop more diversified funding bases and more cost recovery based programs to address cutbacks in state funding.
Education Reform in Russia	a) Accreditation process for each post-secondary education institution to receive status of 'state university' b) Trends toward moving in-service and pre-service education process and curriculum development under jurisdiction of Ministry of Education	a) Universities to develop and introduce strategy to address accreditation requirements such as: faculty professional development; research capacity development; ongoing partnership with community organizations and government departments and agencies to stay current in teaching, research and practice; b) Universities to develop working relations with the Ministry of Education
Recruitment of Professionals	Due to the low pay and status, it is difficult for universities to recruit potential students into the field social work. The result is a shortage of professionals trained to work in the area of disability and mental health services.	a) Institutions to continue providing in-service education as a means of recruiting young trainees; b) Institutions to continue to reach out to universities and participate in teaching and program development.
Government		
Amalgamation of Ministries at the Federal Level - Health and Social Protection and Labour	a) negative implication - two 'silos', more gaps, less responsibility and accountability by government departments; b) positive implication - service agencies are forced to 'find' each other, work in collaboration, develop joint initiatives, more community focus	a) On-going participation of government in intersectoral municipal and regional coordinating committees that address disability and mental health issues; b) Government to support the development of more joint community-based projects/initiatives that bridge social services and mental health services.
Administrative Reform in Russia	Many social and mental health	a) NGOs to actively participate

	programs and services are being divided between federal, regional and municipal jurisdictions without coordination, continuity, shared planning etc. There is a negative impact on regional and municipal NGOs as previous links with appropriate government structures were lost/changed, and limited access to funding and premises	in municipal and regional coordinating committees that address disability and mental health issues; b) NGOs to work more collaboratively among each other and with the community in their planning for disability/mental health services; c) NGOs to build links with the corporate sector; d) NGOs to work consistently with the media to promote the work of organizations and the positive impact on people lives as a means increasing public support and ensuring attitudinal changes.
Non-Government Organizations		
Re-registration Process for NGOs	All NGOs (national, regional and municipal) had to re-register with the appropriate authorities to re-confirm their status; negative-organizational time spent on formalities, without contributing to capacity building, organizational and leadership development.	a) Each NGO to develop an organizational Strategic Plan, including plans for leadership renewal, capacity building and organizational growth; b) NGOs to actively engage in membership building activities; c) NGOs to develop active and sound Boards of Directors; d) NGOs to initiate interregional dialogue with other NGOs as a means of contributing to civil society actions.
All Russia Society of Disabled People - UN Convention on the Right of Persons with Disabilities	UN Convention on Rights of People with Disabilities was adopted in March 2007. The next steps for Russia are to sign and ratify the convention. The National Board of ARSD has consultative status with the UN and the Board has identified the process of signing and ratification as its priority. In preparation, the Board is working with the government to revise the current Russian definition of disability.	a) ARSD to lead a national dialogue regarding the UN Convention and its impact on legislation, programs and services for people with disabilities; b) ARSD to develop a new definition of disability with a focus on participation and inclusion (environmental factors) rather individual limitations; c) ARSD to develop disability related educational and awareness actions for public, education institutions, government officials and own members (e.g. promotion of Disability Studies within post-secondary education).
Russian Law 122 –	Law 122 essentially limited the	a) ARSD to continue to monitor

"Monetarization of Benefits"	allowable income received by people with disabilities, and thereby limiting their ability to participated in paid work. The Law is indicative of a potential trend to move away from a social model of disability and return to the historical disease model of disability.	the effects of Law 122, working collaboratively with other disability organizations to lobby government for change. b) ARSD along with other disability organizations to collectively lobby for a change in the definition of disability.

VII. FINANCIAL REPORT

The complete financial report for CRDP is summarized in a separate document and not included in this Report.

VIII. CONCLUSION

The outcomes of the Canada-Russia Disability Program surpassed all expectations and a significant impact was made toward the strengthening of civil society and good governance in Russia in order to promote the inclusion of people with disabilities into society. Key results such as the development of Social Work specializations in disabilities and mental health, the establishment of innovative, community-based disability and mental health services, disability-related, collaborative policy development, and ongoing partnerships are just some of the Program's successes that will be carried on by the Russian partners, and in some instances expanded, in the long-term. There are trends and factors emerging in Russia that could potentially affect the sustainability of the Program's results. However, the knowledge transferred through CRDP to the Russian participants provided a solid foundation upon which to plan future initiatives, rooted in the partnerships developed across regions and sectors. The collective knowledge and momentum created from CRDP will undoubtedly contribute to overcoming any barriers to the full participation of individuals with disabilities and mental health issues in Russian society.

APPENDIX A
Table 2: Logical Framework Analysis

Country/Region	Russia – Stavropol Krai, Omsk, and Moscow (Central) Regions	**Project No.**	
Project Title	Canada-Russia Disability Program (CRDP)	**Project Budget**	
CEA/Partner Organization	Canadian Centre on Disability Studies (Manitoba) - CEA, University of Manitoba and University of Calgary – Partner Organizations	**Project Manager**	Canadian Centre on Disability Studies Dr. Olga Krassioukova-Enns, Executive Director
Related C/RPF Dated	Not applicable	**Project Team Members**	Dr. Olga Krassioukova-Enns, Dr. Aldred Neufeldt, Dr. Don Fuchs

NARRATIVE SUMMARY	**EXPECTED RESULTS**	**PERFORMANCE MEASUREMENT**	**ASSUMPTIONS / RISK INDICATORS**
Project Goal (Program Objective)	**Impact**	**Performance Indicators**	**Assumptions /Risk Indicators**
To contribute to social stability in Russia through a strengthening of the reform elements, such as civil society and good governance, and promoting democratic values, human rights and inclusion of all citizens, particularly people with disabilities.	Strengthening of civil society and good governance in Russia by promoting social changes, democratic values and human rights that will enable Russian people with disabilities to become full participants in society.	1.1 Degree to which education leads to systemic change in the professional development of Social Work practice 1.2 Degree to which demonstration models lead to sustainable change in mental health and disability service delivery 1.3 Degree to which policy development practices lead to sustainable change in planning and service delivery.	1. Further reform or policy change regarding disability 2. Conservatism and negative attitudes of social protection and health care professionals and their resistance to use new approaches 3. Government resistance
Project Purpose	**Outcomes**	**Performance Indicators**[1]	**Assumptions/Risk Indicators**
To promote citizenship development by pursuing the social inclusion of Russians with disabilities and the transformation of key disability related cross-sectoral policies and practices as they affect people with disabilities, including psychiatric disorders.	<u>Outcome 1: Education Component</u> Increased knowledge of faculty, professionals, community leaders and people with disabilities in disability studies, social work and community rehabilitation models in mental health resulting in improved community-based mental health, disability and social work education.	1a. Degree to which participant's views of disability have changed 1b. Degree to which disability studies is incorporated into community practice 1c. Evidence of a shift in Social Work education including course content, methods of Social Work education, and student involvement in disability and mental health services 1d. Evidence of a paradigm shift within professional training/continuing education institutions towards community mental health practice among professionals 1e. Degree to which CRDP mental health stream graduates pass on knowledge and actively participate in broader professional training	1. Corruption 2. Inability of trainees to change their attitudes 3. Insufficient local financial resources 4. Lack of participation and acceptance of new approaches by persons with disabilities 5. Changes in government and hence loss of support
	<u>Outcome 2: Demonstration Model Component</u> Improved community-based services resulting in increased access and support for disabled people, with a particular emphasis on individuals experiencing mental health issues.	2a. Degree to which practical knowledge in community-based social work approaches are modelled 2b. Degree of knowledge exchange between Social Work students and agencies, and between social service agencies 2c. Degree to which Social Work faculty and	

[1] For the purpose of the LFA, only the qualitative performance indicators are listed at the Outcome level and the quantitative indicators listed at the Output level. A detailed list of both quantitative and qualitative indicators are provided in Table 8 of Appendix D.

APPENDIX A
Table 2: Logical Framework Analysis

		students feel empowered to design and deliver Social Work education and practices 2d. Degree to which there is evidence of a paradigm shift towards the adoption of psychosocial rehabilitation approaches 2e. Degree to which there is increased knowledge exchange between consumers and professionals	
	Outcome 3: Policy Component Improved capacity among stakeholders to develop and implement inclusive policies resulting in improved services	3a. Degree to which a shift has occurred in the processes related to policy development 3b. The extent of the evidence demonstrating that changes in policy development practices and policies developed have led to improved services for people with disabilities	
	Outcome 4: Network Component Increased capacity of program stakeholders to use information/communication technologies, methods, and processes to share information a) among and between stakeholders, and b) between stakeholders and broader communities.	4a. Degree to which change has occurred in the nature and extent of information sharing among Program stakeholders and between stakeholders and broader communities 4b. Degree to which the capacity for ongoing use of new technologies, methods, or processes for information sharing has increased	

APPENDIX A
Table 2: Logical Framework Analysis

Activities / Resources	Outputs	Performance Indicators	Assumptions/Risk Indicators
Activity Set 1.1 – Disability Studies 1.1.1 Develop and deliver an accredited education program in Disability Studies a. Develop curriculum, courses and training modules b. Prepare teaching and resource material c. Prepare instructors d. Deliver relevant courses in Canada e. Deliver relevant courses in Russia f. Establish course accreditation	1.1 Increased capacity of learning institutions and community organizations to provide education in disability studies	1.1a # of disability studies courses delivered by Canadians in Russia 1.1b # of disability studies courses delivered in Canada 1.1c # of participants attending disability studies courses delivered by Canadians in Russia 1.1d # of participants attending disability studies courses delivered in Canada	1.1 Insufficient number of faculty to be trained
Activity Set 1.2 – Social Work 1.2.1 Develop and deliver an accredited specializations in Social Work and Disability and Social Work and Mental Health a. Develop curriculum, courses and training modules b. Prepare teaching and resource material c. Prepare instructors d. Deliver relevant courses in Canada e. Deliver relevant courses in Russia f. Establish course accreditation	1.2 Improved ability of learning institutions and community organizations to provide accredited and specialized Social Work education	1.2a # of people who worked on the regional assessment for SW education 1.2b # of courses delivered on social work and disability 1.2c # of participants in the social work and disability educational program as delivered by CRDP 1.2d # of courses developed and delivered at the regional universities in Russia on social work and disability 1.2e # of people involved (developing and participating) in all SW courses 1.2f # of social work students involved in active field placement/work related to services for persons with disabilities 1.2g # of publications by SW faculty and students 1.2h # of SW specializations developed 1.2i # of SW schools in Russia exposed to new knowledge	
Activity Set 1.3 – Community Rehabilitation in Mental Health 1.3.1 Develop and deliver education program on Community Rehabilitation in Mental Health a. Develop curriculum, courses and training modules b. Prepare teaching and resource material c. Prepare instructors d. Deliver travel study events in Canada e. Deliver relevant courses in Russia (Canada-led and Russia-led)	1.3 Increased knowledge of government, educators, service organizations and consumers in Community Rehabilitation in Mental Health	1.3a # of Canada-led courses delivered 1.3b # of MRIP-led courses delivered 1.3c # of inter-regional training graduates 1.3d # of training materials developed and translated into Russian 1.3e # and kind of outreach MRIP-delivered, demo-site based, model development *training events* 1.3f # of participants in outreach MRIP-delivered, demo-site based, model development *training events and consultations*	
Activity Set 1.4 – Post Traumatic Education 1.4.1 Develop and deliver an education program on post-traumatic mental health	1.4 Increased knowledge of service providers in community approaches to post-traumatic mental	1.4a # of Canada-led trauma-related courses delivered	

APPENDIX A
Table 2: Logical Framework Analysis

issues in South Russia a. Develop curriculum, courses and training modules b. Prepare teaching and resource material c. Prepare instructors d. Deliver relevant courses in Russia (Canada-led and Russia-led)	health issues in South Russia	1.4b # of MRIP-led trauma-related courses delivered 1.4c # and professional / sectoral backgrounds of training graduates 1.4d # of training materials on trauma response developed and translated into Russian	
Activity Set 1.5 – Leadership Training for Consumers 1.5.1 Develop and deliver a leadership training program targeting mental health consumers a. Develop curriculum, courses and training modules b. Prepare teaching and resource material c. Prepare instructors d. Involve consumer participants in travel study events in Canada e. Deliver relevant training events in Russia	1.5 Increased capacity of mental health consumers to adopt a leadership role in mental health planning and service delivery	1.5a # and kinds of Canada-led consumer leadership training events 1.5b # and kinds of Russia-led consumer leadership training events 1.5c # of consumer training participants 1.5d # of consumer participants in Canadian travel studies 1.5e # of consumer training materials developed and translated into Russian	
Activity Set 2.1 – Social Work Field Practice 2.1.1 Develop and deliver field work practice models and core services 2.1.2 Establish Teaching-Learning Multidisciplinary Service Centres	2.1 Increased capacity of learning institutions to provide social work education and fieldwork practice in community-based social services	2.1a # of Teaching-Learning Multidisciplinary Service Centres established and accessible in each region 2.1b # of social work students involved in active field placement/work related to services for persons with disabilities	2.1 Lack of core to train different groups and supervise placements
Activity Set 2.2 – Innovative Service Models in Community Mental Health 2.2.1 Develop and deliver innovative community-based mental health service delivery models 2.2.2 Establish seven (7) regional community-based mental health demo sites 2.2.3 Establish demonstration-site based, model-focused training and consultations at the regional Mental Health demonstration sites	2.2 Increased capacity of community-based mental health services to implement innovative models in mental health service delivery	2.2a # of demo-site based, model development *training events* delivered by Canadian content experts 2.2b # of participants in demo-site based, model development *training events* delivered by Canadian content experts 2.2c # consumers involved in psycho-educational and consumer-run educational programs 2.2d # of in-Canada travel studies 2.2e # of Russian participants in Canadian travel study participants from demo sites, by region (professionals, consumers, and administrative leaders) 2.2f # of New Choices staff / members trained in Canadian travel studies	
Activity Set 2.3 – Innovative Service Models for Post Traumatic Stress 2.3.1 Develop and deliver innovative services targeting children and adults experiencing post-traumatic stress	2.3 Increased capacity of community-based services to implement innovative service models in Stavropol Krai for children and adults experiencing post traumatic stress issues	2.3a # and kinds of innovative community-based trauma response services implemented in Stavropol Krai and other regions	

APPENDIX A
Table 2: Logical Framework Analysis

Activity Set 3.1 – Policy Development Training 3.1.1 Develop and deliver a training program on policy development and monitoring using a Disability Lens and Access Monitoring Review mechanism a. Develop curriculum, courses and training modules b. Prepare teaching and resource material c. Prepare instructors d. Deliver relevant courses in Canada e. Deliver relevant courses in Russia	3.1 Increased knowledge and use of tools by government, educators and service organizations in analyzing and developing disability and mental health policy	3.1a # of policy courses delivered in Canada 3.1b # of policy courses delivered in Russia 3.1c # of participants attending CRDP courses 3.1d # of participants attending Canada based study tour policy courses 3.1e # of policy courses incorporated into existing professional education and training programs 3.1f # of participants attending enhanced professional education and training courses in policy 3.1g # of new policy training programs created	3.1 Change in government personnel
Activity Set 3.2 – Policy Development Process 3.2.1 Develop and implement a public consultation model to engage multiple stakeholders in policy development	3.2 Improved collaborative policy development process with government, learning institutions, service delivery agencies and consumers of services	3.2a # of collaborative initiatives between government, learning institutions, service delivery agencies and consumers of services 3.2b # of meetings and consultations with regional government representatives to discuss disabili and mental health policy issues 3.2c # of meetings and consultations with federal government representatives to discuss disabili and mental health policy issue	
Activity Set 3.3 – Policy Recommendations 3.3.1 Develop publications and resources aimed at dissemination of program ideas on community-based mental health (national and regional level) 3.3.2 Provide presentations promoting the adoption of program ideas on community-based mental health services 3.3.3 Provide methodological recommendations for the Ministry of Public Health of other official policy documents on community-based mental health practice	3.3 Improved ability of governments to develop and monitor disability and mental health policy	3.3a # of activities to change existing disability policies 3.3b # of changes made to existing disability policies 3.3c # of new disability and mental health related policies developed and implemented 3.3d # of activities by government and community organizations to monitor disability/mental healt policy 3.3e # of disability and mental health policy documents prepared by community organizations and submitted to government	
Activity Set 4.1 – Infrastructure 4.1.1 Establish three Information Centres 4.1.2 Obtain computer hardware and software	4.1 Improved infrastructure to support communication and information sharing among program stakeholders	4.1a # of Information Centres developed. 4.1b # of IT hardware and software applications supplied or introduced to Information Centres and/or stakeholder organizations. 4.1c # and size of committee/working group structures developed to support information sharing functions. 4.1d Estimated number of Russian and Canadian agencies, institutions, organizations which have participated in programmatic information exchange.	

APPENDIX A
Table 2: Logical Framework Analysis

Activity Set 4.2 – Training 4.2.1 Develop and deliver a training program on information technology and web-site development 4.2.2 Develop criteria and guidelines for useful and accessible information, knowledge and best practices	4.2 Increased knowledge of project stakeholders in information and communication technology and web-site development	4.2a # of people trained in information/ communication technology and/or website development and their applications for networking and information sharing. 4.2b # of new web sites (or web pages) developed by program stakeholders.	
Activity Set 4.3 – Dissemination of Knowledge 4.3.1 Establish information sharing Networks 4.3.2 Establish web-site(s) 4.3.3Plan and implement annual program conferences	4.3 Increased dissemination of new knowledge, lessons learned or effective practices developed during the course of the program	4.3a # of publications produced (includes academic, professional and consumer) 4.3b # of news articles and broadcasts produced 4.3c # of conferences, roundtables, workshops, or other informative events held. 4.3d # of presentations or reports delivered (in Canada and Russia) at external conferences, meetings and events. 4.3e Estimated number of people with whom programmatic information has been shared (i.e. roll-up numbers of participants in program activities for all components, sectors and streams).	

APPENDIX B
Program Steering Committee and Regional Coordinating Committee Members

TABLE 4:
Canada-Russia Disability Program Steering Committee Members

MEMBERS	ROLE IN STEERING COMMITTEE AND PROGRAM	ORGANIZATION
1. Mr. George Dyck, Canada	Chairperson, Program Director	CCDS, President of CCDS Board
2. Dr. Olga Krassioukova-Enns, Canada	Member, Program Manager	CCDS, Executive Director
3. Dr. Aldred Neufeldt, Canada	Member, Program Coordinator, Mental Health Stream	Department of Community Rehabilitation and Disability Studies, University of Calgary, Professor
4. Dr. Don Fuchs, Canada	Member, Program Coordinator, Social Work Stream	Faculty of Social Work, University of Manitoba, Professor
5. Dr. Svetlana Shklarov, Canada	Member, Mental Health Coordinator	University of Calgary
6. Ms. Harpa Isfeld, Canada	Member, Program Network Coordinator	CCDS
7. Mrs. Nadezda Klushina, Russia	Member, Stavropol Regional Coordinator	NCSTU, Stavropol
8. Mr. Michael Cherkashin, Russia	Member, Member of the Stavropol Regional Coordinating Committee	ARSD, Stavropol
9. Mr. Aleksander Gaidukov, Russia	Member, Member of the Stavropol Coordinating Committee	Ministry of Labour and Social Protection, Stavropol
10. Dr. Isaak Gurovich, Russia,	Member, Moscow Regional Coordinator	MRIP, Moscow
11. Mrs. Larisa Starovotova, Russia	Member, Co-Leader of Education Working Group, Moscow Regional Coordinating Committee	RSSU, Moscow
12. Mr. Flyr Nurlygajanov, Russia	Member, Member of the Moscow Regional Coordinating Committee	National Board of ARSD, Moscow
13. Dr. Alexander Utkin, Russia	Member, Omsk Regional Coordinator	Omsk Regional Psychiatric Hospital
14. Michael Kuznesov, Russia	Member, Member of Omsk Regional Coordinating Committee	ARSD, Omsk
15. Mrs. Nadezda Chekaleva, Russia	Member, Member of Omsk Regional Coordinating Committee	Omsk State Pedagogical University
16. Mr. Oleg Ryssev, Russia	Member, Co-Leader, Policy Theme Coordinating Committee	National Board of ARSD, Moscow
17. Mr. Lev Mardahaev, Russia	Member, Leader, Network Theme Coordinating Committee	RSSU, Moscow
18. Mr. Alexander Klepikov, Russia	Member, Co-Leader, Policy Theme Coordinating Committee	National Board of ARSD, Moscow
19. Mrs. Olga Stepanova, Russia	Member, Member of Omsk Regional Coordinating Committee	Omsk Regional Psychiatric Hospital

APPENDIX B
Program Steering Committee and Regional Coordinating Committee Members

TABLE 5:
Stavropol Regional Coordinating Committee Members

MEMBERS	POSITION IN PROGRAM	ORGANIZATION
1. Mrs. Nadezda Klushina	Regional Coordinator	NCSTU
2. Mr. Valerii Shapovalov	Education Working Group Leader	NCSTU
3. Mrs. Elena Gorlova	Education Working Group Co-Leader	NCSTU
4. Mr. Vladimir Tkachenko	Demonstration Working Group Leader	NCSTU
5. Mr. Igor Bylim	Demonstration Working Group Co-Leader	Stavropol Municipal Psychiatric Hospital
6. Mr. Michael Cherkashin	Network Working Group Leader	ARSD - Stavropol
7. Mrs. Elena Lebedeva	Network Working Group Co-Leader	Library of the Blind
8. Mr. Alexander Gaidukov	Policy Working Group Leader	Ministry of Labour and Social Protection - Stavropol
9. Mrs. Svetlana Bujaeva	Policy Working Group Co-Leader	Ministry of Labour and Social Protection - Stavropol
10. Mrs. Rimma Topchieva	CRDP administrative staff	NCSTU

TABLE 6:
Moscow Regional Coordinating Committee Members

MEMBERS	POSITION IN PROGRAM	ORGANIZATION
1. Dr. Isaak Gurovich	Regional Coordinator	MRIP
2. Mr. Michael Firsov	Education Working Group Leader	RSSU
3. Mrs. Janina Storozhakova	Education Working Group Co-Leader	MRIP
4. Mrs. Zhinaida Zhamaraeva	Demonstration Working Group Leader	RSSU
5. Mr. Alexander Shmukler	Demonstration Working Group Co-Leader	MRIP
6. Mr. Lev Mardahaev	Network Working Group Leader	RSSU
7. Mrs. Larisa Movina	Network Working Group Co-Leader	MRIP
8. Mr. Flyr Nurlygajanov	Member, Policy Working Group	ARSD
9. Mrs. Nelly Levina	Policy Working Group Co-Leader	New Choices
10. Mrs. Ludmila Salnikova	CRDP administration staff	MRIP

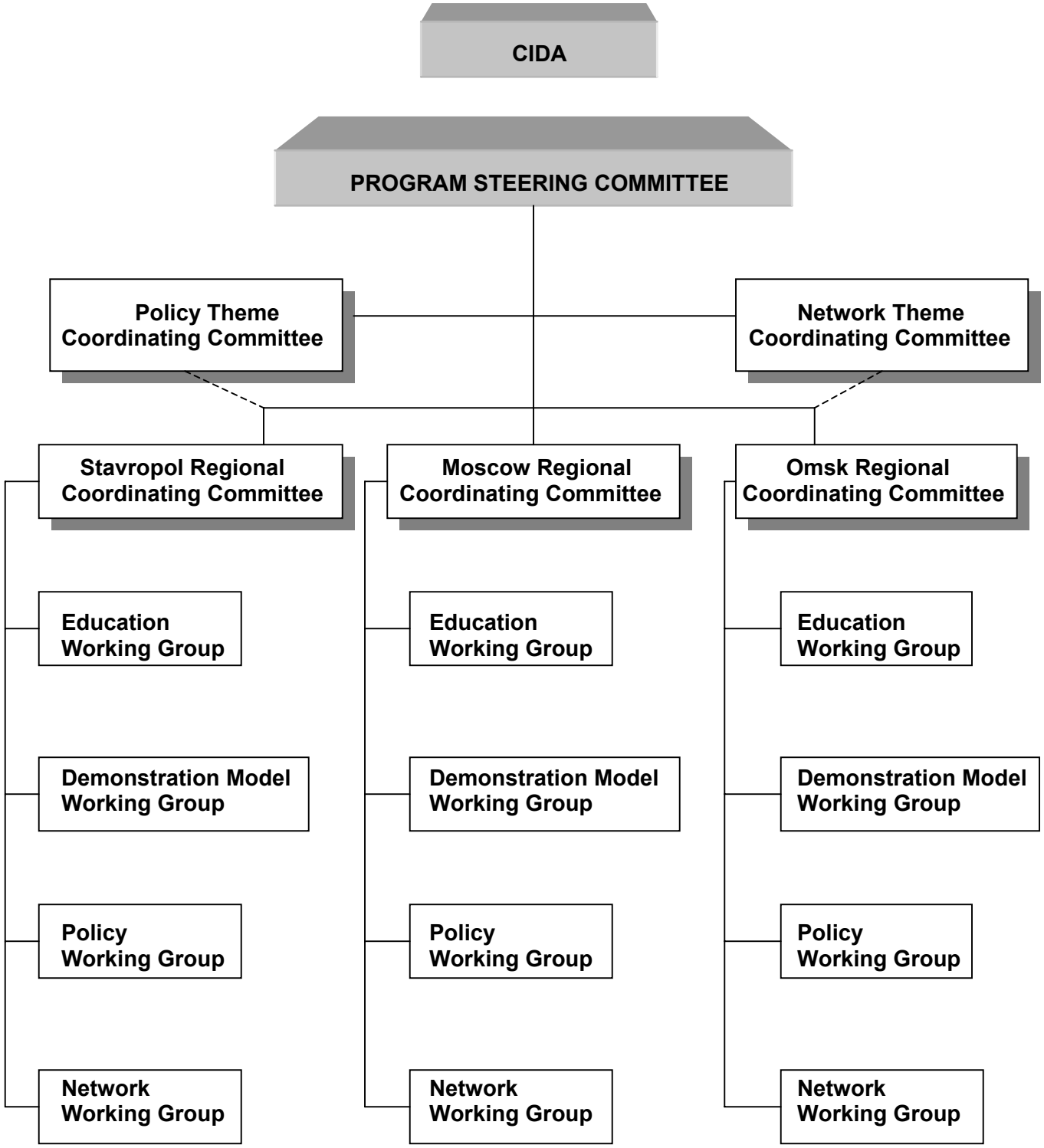
APPENDIX B
Program Steering Committee and Regional Coordinating Committee Members

TABLE 7:
Omsk Regional Coordinating Committee Members

MEMBERS	POSITION IN PROGRAM	ORGANIZATION
1. Alexander Utkin	Regional Coordinator	Omsk Regional Psychiatric Hospital
2. Olga Stepanova	Assistant to Regional Coordinator	Omsk Regional Psychiatric Hospital
3. Svetlana Shmidt	CRDP administration staff	Omsk Regional Psychiatric Hospital
4. Nadezhda Chekaleva	Education Working Group Co-Leader	Omsk State Pedagogical University
5. Liliya Mazurova	Education Working Group Co-Leader	Omsk Regional Psychiatric Hospital
6. Nadezhda Antoshkina	Demonstration Working Group Leader	
7. Olga Dudkina	Demonstration Working Group Co-leader	
8. Mikhail Kuznetsov	Policy Working Group Leader	ARSD - Omsk
9. Natalya Osatyuk	Network Working Group Leader	Omsk Regional Psychiatric Hospital

APPENDIX C

Figure 2: Program Management and Coordination Structure



APPENDIX D

Table 8: Program Outcomes, Outputs and Performance Indicators

Outcome 1: Increased knowledge of faculty, professionals, community leaders and people with disabilities in disability studies, social work and community rehabilitation models in mental health resulting in improved community-based mental health, disability and social work education.		
Stream	**Indicators**	
	Quantitative	**Qualitative**
Disability Studies	• # of students and faculty members with a disability • # of educational services made accessible • # of university based courses that include disability topics (e.g. philosophy, sociology) • # of professional education programs (pre-service) in three pilot regions which introduce or have incorporated disability studies core concepts into their curriculum (e.g. design, sociology, social pedagogy) • # of disability studies courses developed and delivered by Russian partners	• Change in participants' views of disability • Integration of disability studies concepts into community-based practice
Social Work	• # of social work students and faculty with disabilities • # of organizations committed to student practicum training in social work and disabilities • # of social work student placements in disability focused practicum settings • # of social work students participating in agency projects aimed at developing innovative services for persons with disabilities • # of social work faculty participating in the development of innovative services for persons with disabilities • # of participants involved in the social work and disability educational program(s) as adapted and delivered by Russian university partners • # of courses delivered on social work and mental health • # of participants in the social work and mental health educational program as delivered by CRDP • # of courses developed and delivered at the regional universities in Russia on social work and mental health • # of participants involved in the social work and mental health educational program(s) as adapted and delivered by Russian university partners	• Evidence of a shift in social work education including course content, methods of social work education, and student involvement in community program development in disability and mental health services: a) development of specializations in social work and disability and social work and mental health (NCSTU, OSGTU & OSGPT, RSSU); b) introduction of field education programs including ongoing professional education for instructors; and c) development of TLMSC's with new programs at each site made possible through ongoing student placement & student research • Activities/meetings/proposals for adoption of the International Social Work Education Standards and progress achieved • Proportional increase of practical information into curriculum content • Incorporation of new trends into SW specializations • Introduction of new/innovative styles of teaching • Relevance of new SW specializations to SW theory and practice

APPENDIX D

Table 8: Program Outcomes, Outputs and Performance Indicators

Mental Health	• # of organizations committed to student practicum training in MH • # of participants enrolled in continuing (in-service) education developed through CRDP • # of practicum placement units for Social Work student training in Mental Health • # of pre-service ed. institutions where CRDP graduates teach • # of CRDP training graduates providing training to other professionals in regions ("train the trainer"), by region	• Paradigm shift within professional training / continuing education institutions towards community MH practice among professionals • CRDP MH Stream graduates pass the knowledge / actively participate in broader professional training
Output 1.1: Increased capacity of learning institutions and community organizations to provide education in disability studies.		
Stream	**Indicators**	
	Quantitative	**Qualitative**
Disability Studies	• # of disability studies courses delivered by Canadians in Russia • # of disability studies courses delivered in Canada • # of participants attending disability studies courses delivered by Canadians in Russia • # of participants attending disability studies courses delivered in Canada	• Disability Studies course material developed by Canadians
Output 1.2: Improved ability of learning institutions and community organizations to provide accredited and specialized Social Work education.		
Stream	**Indicators**	
	Quantitative	**Qualitative**
Social Work	• # of people who worked on the regional assessment for SW education • # of courses delivered on social work and disability • # of participants in the social work and disability educational program as delivered by CRDP • # of courses developed and delivered at the regional universities in Russia on social work and disability • # of people involved (developing and participating) in all SW courses • # of social work students involved in active field placement/work related to services for persons with disabilities	• Results of SW education needs assessment • Specializations developed – SW and disability and SW and mental health • Range of publications from SW faculty and students

APPENDIX D

Table 8: Program Outcomes, Outputs and Performance Indicators

	• # of publications by SW faculty and students • # of SW specializations developed • # of SW schools in Russia exposed to new knowledge	
Output 1.3: Increased knowledge of government, educators, service organizations and consumers in Community Rehabilitation in Mental Health.		
Stream	**Indicators**	
	Quantitative	**Qualitative**
Mental Health	• # of Canada-led courses delivered • # of MRIP-led courses delivered • # of inter-regional training graduates • # of training materials developed and translated into Russian • # and kind of outreach MRIP-delivered, demo-site based, model development *training events* • # of participants in outreach MRIP-delivered, demo-site based, model development *training events and consultations*	
Output 1.4: Increased knowledge of service providers in community approaches to post-traumatic mental health issues in South Russia.		
Stream	**Indicators**	
	Quantitative	**Qualitative**
Mental Health	• # of Canada-led trauma-related courses delivered • # of MRIP-led trauma-related courses delivered • # and professional / sectoral backgrounds of training graduates • # of training materials on trauma response developed and translated into Russian	
Output 1.5: Increased capacity of mental health consumers to adopt a leadership role in mental health planning and service delivery.		
Stream	**Indicators**	
	Quantitative	**Qualitative**
Mental Health	• # and kinds of Canada-led consumer leadership training events • # and kinds of Russia-led consumer leadership training events • # of consumer training participants	

APPENDIX D

Table 8: Program Outcomes, Outputs and Performance Indicators

	• # of consumer participants in Canadian travel studies • # of consumer training materials developed and translated into Russian	
Outcome 2: Improved community-based services resulting in increased access and support for disabled people, with a particular emphasis on individuals experiencing mental health issues.		
Stream	**Indicators**	
	Quantitative	**Qualitative**
Social Work	• # of new services for persons with disabilities based on the TLMSCs sites • # of new community based resource centres for persons with disabilities. • # and kinds of consumer led on-going initiatives in the community • # of social service agencies and universities made physically accessible • # of joint projects established among social service organizations • # of collaborative projects established between mental and social service organizations • # and type of new services for persons with disabilities resulting from the collaboration between demonstration sites, psychiatric hospitals and universities • # of consumers involved in new, inclusive services at the demonstration sites (incl. Library for the Blind in Stavropol)	• Increased feeling of empowerment in the processes of decision making related to family and community support / approaches • Increased capacity in understanding the concepts of community based social services • Increased knowledge exchange between consumers and academic (social work education) communities • Paradigm shift within professional community towards the adoption of a strengths based ecological / approaches • Increased practical knowledge / skills in community-based social work approaches • Increased understanding of consumers' perspective • Increased sense of identity amongst professionals as social workers in community.
Mental Health	• # and position (sector, profession) of COL graduates, continuously active in the field • # and current position (sector, profession) of Canadian Travel Study graduates continuously active in the field • # of consumers participating in continuous consumer-run training programs • # of professionals who began working in community services (*shifted* from hospital	• Increased feeling of empowerment in the processes of decision making related to MH psychosocial rehabilitation philosophies / approaches • Increased capacity in understanding the concepts of community MH • Increased knowledge exchange between consumer and professional communities • Paradigm shift within professional community towards the adoption of psychosocial rehabilitation

APPENDIX D

Table 8: Program Outcomes, Outputs and Performance Indicators

	settings) • # and kinds of established new services related to trauma and crisis response • # of service users served by newly established services related to crisis and trauma • # and kinds of established new community support service options • Change of # of people served in new community settings over time (from the start of the Program) • Change of # of days of average length of hospital stay for new admissions, over time (from the start of the Program) • % ratio of service users and their families who are involved in decision making regarding their treatment and hospitalization • # of innovative community-based mental health models of practice implemented within each regional site (separate measure of indicator by regions)	philosophies / approaches • Increased practical knowledge / skills in community-oriented psychosocial rehabilitation approaches • Increased understanding of consumers' perspective • Increased role satisfaction among professionals - Enhanced quality of life - Preventing hospitalisation - Increased feeling of empowerment in the processes of decision making related to MH services, education, and policies - Increased perceived levels of service responsiveness to person's needs - Increased perceived levels of social acceptance - From the perspective of providers, increased perceived levels of responsiveness to client needs
Output 2.1: Increased capacity of learning institutions to provide social work education and fieldwork practice in community-based social services.		
Stream	**Indicators**	
	Quantitative	**Qualitative**
Social Work	• # of Teaching-Learning Multidisciplinary Service Centres established and accessible in each region • # of social work students involved in active field placement/work related to services for persons with disabilities	
Output 2.2: Increased capacity of community-based mental health services to implement innovative models in mental health service delivery.		
Stream	**Indicators**	
	Quantitative	**Qualitative**
Mental Health	• # of demo-site based, model development *training events* delivered by Canadian content experts • # of participants in demo-site based, model development *training events* delivered by Canadian content experts	• Evidence of mutual exchange of knowledge and dissemination of innovations between all 7 demonstration sites of the Mental Health Stream • Evidence of dissemination of knowledge to Russia regions beyond the Program; spreading of the

APPENDIX D

Table 8: Program Outcomes, Outputs and Performance Indicators

	• # consumers involved in psycho-educational and consumer-run educational programs • # of in-Canada travel studies • # of Russian participants in Canadian travel study participants from demo sites, by region (professionals, consumers, and administrative leaders) • # of New Choices staff / members trained in Canadian travel studies	accumulated knowledge and experience • Evidence of inter-sectoral and consumer involvement in innovations
Output 2.3: Increased capacity of community-based services to implement innovative service models in Stavropol Krai for children and adults experiencing post traumatic stress issues.		
Stream	**Indicators**	
	Quantitative	**Qualitative**
Mental Health	• # of innovative community-based trauma response services implemented in Stavropol Krai and other regions	• Evidence of inter-regional, inter-sectoral and consumer involvement in innovations
Outcome 3: Improved capacity among stakeholders to develop and implement inclusive policies resulting in improved services		
Stream	**Indicators**	
	Quantitative	**Qualitative**
Policy Component	• # of courses prepared by Russian partners that incorporate tools for disability policy analysis, e.g. disability lens • # of joint, collaborative, planning and feedback mechanisms/structures in place on an ongoing basis for disability/mental health policy development • # and type of disability and mental health policy strategies developed and implemented by government and community organizations • # of government, educational and social services that have developed a policy for buildings to be accessible • # of innovative models of mental health service associated with revised or new service standards, by region • # and kinds of changes in existing community support services based on revised or new policies	• Evidence of a shift in how disability and mental health policy is developed and implemented: a) extent to which tools in policy analysis, such as the disability lens, are used by government and community organizations and incorporated into standard practice; b) extent to which methods in policy development include partnership between government, community organizations and consumers and a public consultation process; c) extent to which new disability and mental health policies have been developed or existing policies revised; and d) extent to which changes in existing policies or development of new policies result in improved services

APPENDIX D

Table 8: Program Outcomes, Outputs and Performance Indicators

Output 3.1: Increased knowledge and use of tools by government, educators and service organizations in analyzing and developing disability and mental health policy		
Stream	**Indicators**	
	Quantitative	**Qualitative**
Policy Component	• # of policy courses delivered in Canada • # of policy courses delivered in Russia • # of participants attending CRDP courses • # of participants attending Canada based study tour policy courses • # of policy courses incorporated into existing professional education and training programs • # of participants attending enhanced professional education and training courses in policy • # of new policy training programs created	• Evidence of increased capacity to analyze disability and mental health policy using analytical tools, i.e. disability lens • Type of policy courses delivered in Canada • Type of policy courses delivered in Russia • Type of policy courses incorporated into existing professional education and training programs
Output 3.2: Improved collaborative policy development process with government, learning institutions, service delivery agencies and consumers of services.		
Stream	**Indicators**	
	Quantitative	**Qualitative**
Policy Component	• # of collaborative initiatives between government, learning institutions, service delivery agencies and consumers of services • # of meetings and consultations with regional governmen representatives to discuss disability and mental health policy issues • # of meetings and consultations with federal government representatives to discuss disability and mental health policy issue	• Evidence of increased interest and support from government for public consultations, round tables, research and broader community participation • Evidence of support from government to facilitate the participation of NGOs in policy development • Type of collaborative initiatives between government, learning institutions, service delivery agencies and consumers of services
Output 3.3: Improved ability of governments to develop and monitor disability and mental health policy.		
Stream	**Indicators**	
	Quantitative	**Qualitative**
Policy Component	• # of activities to change existing disability policies • # of changes made to existing disability policies • # of new disability and mental health related policies developed and implemented	• Extent to which community opinion is incorporated into policy development: a) consumers and NGOs participate in government led policy meetings; and b) the policy documents prepared by consumers/community organizations are incorporated

APPENDIX D

Table 8: Program Outcomes, Outputs and Performance Indicators

	• # of activities by government and community organizations to monitor disability/mental health policy • # of disability and mental health policy documents prepared by community organizations and submitted to government	into the policies developed • type of activities to change existing disability policies • type of changes made to existing disability policies • type of activities by government and community organizations to monitor disability/mental health policy • type of disability and mental health policy documents prepared by community organizations and submitted to government • type of disability/mental health policy documents prepare by government at national and regional levels • levels of government that have identified disability and mental health issues as priority areas for policy development • extent to which ongoing monitoring process is incorporated into practice
Outcome 4: Increased capacity of program stakeholders to use information/communication technologies, methods, and processes to share information a) among and between stakeholders, and b) between stakeholders and broader communities.		
Stream	**Indicators**	
	Quantitative	**Qualitative**
Network Component	• Number of ongoing partnerships or collaborative initiatives which engage in information sharing. • Number of sustainable, functioning networks established. • Number of sustainable websites. • Number of sustainable Information Centres.	• Evidence of change in the nature or extent of information sharing among/between program stakeholders and between stakeholders and broader communities. • Types of networks established (i.e. defined according to geography, sector, field or level within organizations/ institutions, or mode of communication). • Evidence of increased capacity for ongoing use of new technologies, methods, or processes for information sharing. • Perceived long-term impact and value of new and ongoing information sharing.
Output 4.1: Improved infrastructure to support communication and information sharing among program stakeholders.		
Stream	**Indicators**	
	Quantitative	**Qualitative**
Network Component	• Number of Information Centres developed. • Number of IT hardware and software applications	• Evidence of increased capacity of Information Centres. • Types of IT hardware and software applications

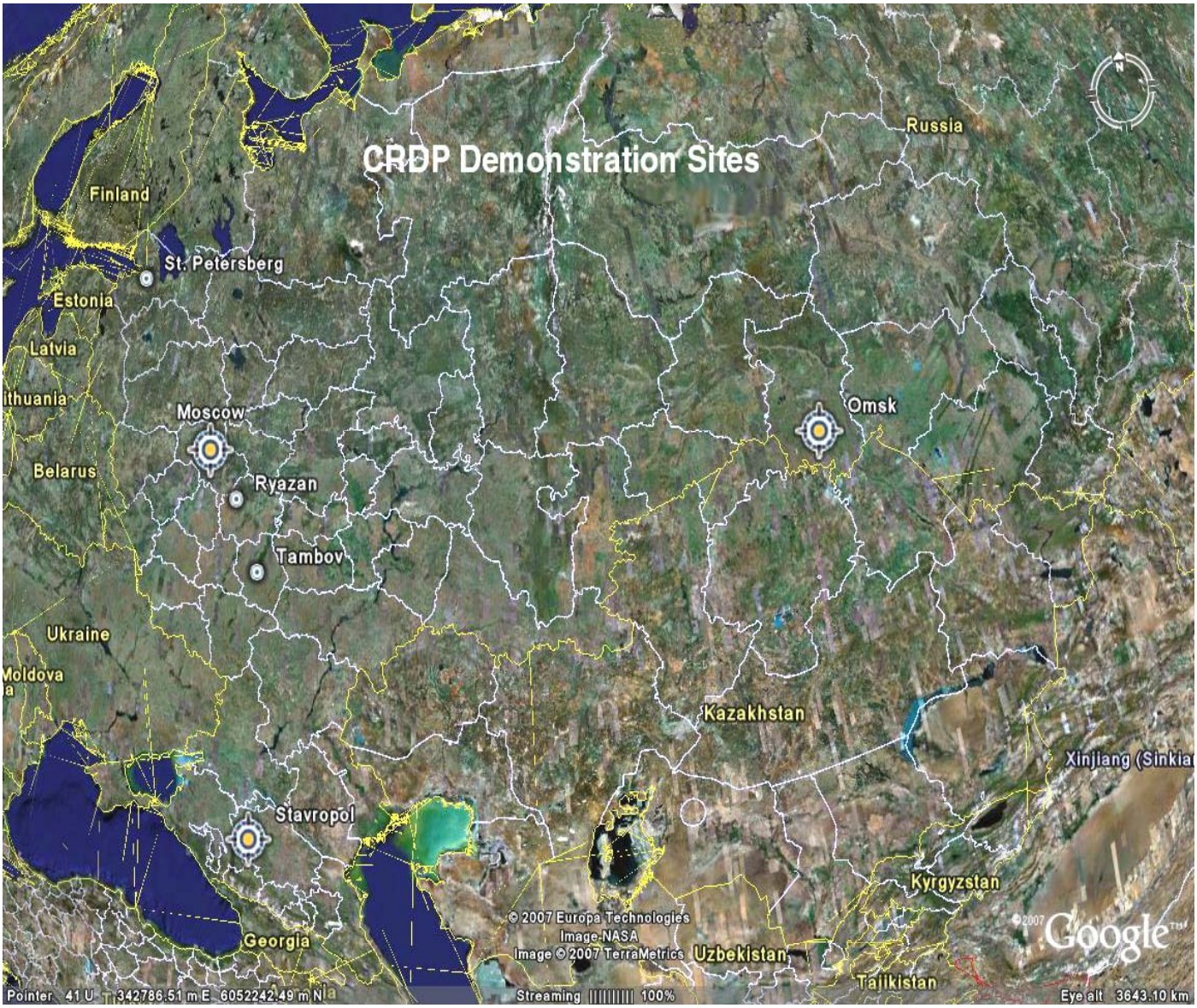
APPENDIX D

Table 8: Program Outcomes, Outputs and Performance Indicators

	supplied or introduced to Information Centres and/or stakeholder organizations. • Number and size of committee/working group structures developed to support information sharing functions. • Estimated number of Russian and Canadian agencies, institutions, organizations which have participated in programmatic information exchange.	supplied or introduced. • Evidence of successful implementation of committee/working group structures (i.e. relative to plans and protocols). • Types of roles and functions fulfilled by participating agencies, institutions, and organizations that have enhanced information sharing. • Perceived effect of program on internet/email access among program stakeholders and participants.
Output 4.2: Increased knowledge of project stakeholders in information and communication technology and web-site development.		
Stream	**Indicators**	
	Quantitative	**Qualitative**
Network Component	• Number of people trained in information/ communication technology and/or website development and their applications for networking and information sharing. • Number of new web sites (or web pages) developed by program stakeholders.	• Type and level of knowledge in information/ communication technologies and web site development among program stakeholders (differentiating sectors, where applicable). • Evidence of increased application of knowledge of information/ communication technology and web site development (i.e. in practical application). • Listing of website URLs. • Evidence of increased awareness of or interest in new information/communication technologies.
Output 4.3: Increased dissemination of new knowledge, lessons learned or effective practices developed during the course of the program.		
	Indicators	
	Quantitative	**Qualitative**
Network Component	• Number of publications produced (includes academic, professional and consumer) • Number of news articles and broadcasts produced. • Number of conferences, roundtables, workshops, or other informative events held. • Number of presentations or reports delivered (in Canada and Russia) at external conferences, meetings and events. • Estimated number of people with whom programmatic information has been shared (i.e. roll-up numbers of participants in program activities for all components, sectors and streams).	• Publication listings. • Listing/description of news articles and broadcasts. • Listing and programs/proceedings of informative events held. • Listing of presentations and reports delivered and description of the event or audience to which it was delivered. • Evidence of knowledge transfer among/between program stakeholders or with other communities (i.e. acquisition of new knowledge and ability to act upon new knowledge).

APPENDIX E

Figure 7: Map of Demonstration Model Sites



APPENDIX F
Glossary of Terms

Social Work Stream

Training Learning Multi-disciplinary Service Centres: Demonstration model sites whereby pratical education of Social Work students takes place.

Mental Health Stream

Community of Learners (COL): A cohort of inter-regional, interdisciplinary professionals and consumers – trainees in the Program's train-the-trainer model. It is assumed that upon completion of the training, the COL participants become actively involved in program development and training in their home institutions. It is also expected that most COL cohort participants continue to collaborate after graduation, comprising a sustainable, active professional community. Within MH Stream we trained two cohorts: COL A and COL B.

Innovative community-oriented mental health service models (Demonstration Models):

Early Psychotic Episode Treatment (EPET) Program: This model provides multidisciplinary, team-based early intervention to mostly young adults experiencing their first psychotic episode, without hospitalization, while they live in the community (as opposed to the traditional long-term hospital treatment). This includes active involvement of families, facilitating lasting community supports and inclusion, and preventing the loss of skills and social connections due to psychosis. Russia's first Early Episode Treatment Day Clinic was developed at the MRIP, and has become a model for others. The movement has spread across Russia, with over 25 centers developed in different regions.

Psychoeducation programs: Professional-led, formal or informal, group or individual educational programs for mental health consumers and their families. Education is focused on various aspects of mental illness, treatments, coping, and available supports. These programs are innovative in that they are based on open, trusting, partnership relationships between professionals and consumers, and provide information and support that were not available for people with psychiatric disabilities before the implementation of psychoeducation. Psychoeducation is included, as an essential element, in most innovative service models. Program users report the great value of increased access to much needed information, and the increased sense of empowerment through gaining knowledge.

Consumer-run education programs and "Family schools": Educational programs provided to service users by service users. Family Schools are consumer-run, self-support and educational groups for family members of people with psychiatric disabilities.

Supported Housing programs of different levels: The term 'supported housing' refers to the provision of supports for living along with housing, according to the varying needs of people who live with psychiatric disabilities. People with mental illness have needs that differ from others in the general population that may include assistance with daily living activities, medication monitoring, or socialization. The levels of support vary, according to individual needs, from intense assistance ("hostels" and "satellite apartments" located at hospital campus, group homes in the community) to independent living programs (apartment units in the community with minimal support). This continuum of support is important when considering the fluctuating stages of illness and subsequent need states, to support community inclusion, prevent hospitalization, and improve the quality of life.

Rehabilitation Day Programs (out-patient): This service is established for people with psychiatric disabilities who live in the community, with the purpose to provide psychosocial rehabilitation and

support independent living. Innovation here is in providing an alternative to hospitalization and focusing on the quality of life for people with mental illness in the community.

Rehabilitation in-patient units: A new concept of service, in which traditional hospital units for people with severe psychiatric disabilities *shifted its focus* from conventional facilities for long-term treatment towards facilitating rehabilitation and successful discharge. Such units adopted a model of "staged" preparation for returning to community living. Psychosocial rehabilitation approaches have been implemented across hospital units in all Program sites. This included on-going in-service education and training of personnel in use of psycho-social rehabilitation program approaches.

Assertive Community Treatment Team (ACT): An interdisciplinary team that provides treatment to persons with severe chronic psychotic illness or with acute relapses of psychosis without hospitalization, by professional outreach at patients' homes, in the community. The innovative focus is on preventing hospitalization that was conventionally used for these people, maintaining patients' living in natural community environment, preventing their loss of social connections, and preserving their adaptation skills. Russia's first ACT was implemented in Omsk, in the framework of CRDP.

Collaboration of MH services with Social Service Centers: Prior to 2003, access to social services for people with psychiatric disabilities was limited. Social service centers did not provide services to people with psychiatric impairment, as a consequence of misinterpretation of the existing legislation. As a result of joint advocacy initiatives of mental health service providers and consumers in Program sites (with Ryazan pioneering the efforts), services to people with psychiatric disabilities are now available in a number of demonstration sites' social service centers. Examples are of two types. First type includes general *collaborative community programs*, such as instrumental support (food, medications, clothing, etc.), vocational services, community outings and clubs, and regular support groups. Second type involves more specialized, professional services targeting the unique community-living needs of people with psychiatric impairments. This type of service is provided through *MH rehabilitation programs based on a Social Service Centers.*

Employment facilitating programs: Employment options for people who have mental health issues are affected by the stigma associated with mental illness and the impact of long hospitalizations and the disease itself. Employment assistance programs can include assessment, education, work skill development, individual job search and placement, support, sheltered employment options, and intense work with community employers and social agencies.

Art, Drama, and other Club Programs: Club work is included, as an essential element, in most innovative service models. Participating in creative activities enhances recovery process through community inclusion, social skill development, self-expression, and consumer empowerment.

Trauma Response MH Programs:

Trauma and Crisis Response Psycho-Social Support Clinic ("Cabinet"): An out-patient clinic located at a regional mental health facility, and staffed by an interdisciplinary team most often comprised of a psychiatrist, a psychologist, a nurse, and a social worker. The clinic provides assessment, evaluation, treatment, and a variety of outpatient and outreach community supports to individuals and families who experience psychological trauma or mental health crisis.

Mental Health Emergency Support Outreach Team: An interdisciplinary group of professionals affiliated with various institutions of health and social sector. The team is trained to provide assistance as a mobile group, on the sites of war operations, terrorist attacks, or disasters (e.g., a flood zone in Stavropol Krai, and the site of Beslan hostage tragedy in September 2004).

APPENDIX F
Glossary of Terms

Crisis Phone Hotline: The phone line provides free and confidential telephone service for clients in crisis. It also provides referral to other services, according to the need.

APPENDIX G
CRDP Partners

KEY CANADIAN PARTNERS
Canadian Centre on Disability Studies (CCDS)
School of Social Work, University of Manitoba
Community Rehabilitation and Disability Studies Program, University of Calgary

ASSOCIATE CANADIAN PARTNERS
Manitoba Provincial Government
Manitoba-based Disability Organizations
Council of Canadians with Disabilities (CCD)
Canadian Institute on Universal Design
Alberta-based Disability Organizations
Canadian Association of Independent Living Resource Centres (CAILC)

INTERNATIONAL ORGANIZATIONS
Disabled Peoples' International (DPI)

KEY RUSSIAN PARTNERS
National Board of All Russian Society of Disabled People (ARSD)
Moscow Research Institute of Psychiatry (MRIP)
Russia State Social University (RSSU)
North Caucasus State Technical University (NCSTU)
Omsk State Technical University
Omsk State Pedagogical University
Omsk Regional Psychiatric Hospital
Stavropol Psychiatric Centre
Omsk ARSD (Regional office)
Stavropol ARSD (Municipal office)
Stavropol Krai Regional Government, Ministry of Labour and Social Protection
Governor's Coordinating Committee on Disability Issues (Stavropol Krai)
All Russia Society "New Choices"

ASSOCIATE RUSSIAN PARTNERS
Stavropol Institute of Childhood
Stavropol Municipal Government
Stavropol Krai District Branches of ARSD
North Caucasus Social Institute (NCSI)
Regional organizations of ARSD
Perspectiva (Moscow)
Association of Deaf (Stavropol and Omsk)
Association of Blind (Stavropol and Omsk)
Association of Afghan Veterans (Stavropol)
Elf (Omsk)
Governor's Coordinating Committee on Disability Issues (Omsk)
Omsk Regional Ministries of Labour and Social Protection, Health, and Education
Disabled Athletes Association
Association of Disabled Students
Association of Down Syndrome and Children with Disabilities
Association of Parents of Children with Disabilities (Stavropol)

RUSSIAN PARTNERS IN ADVISORY ROLE
Federal Ministry of Labour and Social Development

APPENDIX G
CRDP Partners

Federal Ministry of Education
Russian State Duma
Federal Ministry of Health
Federal Ministry of Economy

APPENDIX H

Figure 10: Network Coordination Structure