



DIFFICULTIES IMPLEMENTING UN CONVENTION FOR PEOPLE WITH DISABILITIES IN CLINICAL SETTINGS

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SEMINAR IN ROMANIA 17-20 MARCH

The United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) is an important document whose aim is to ensure that people with disabilities have fundamental human rights applied and are not discriminated against in various areas of life, including healthcare. Implementing the UNCRPD in clinical settings can be challenging, and in this month's newsletter, we will be delving into the difficulties healthcare providers may face when trying to implement the UNCRPD. Factors such as limited accessibility, communication barriers, stigma, lack of education and training, and limited financial resources will be explored, providing insight into the struggles healthcare providers face. Stay tuned to learn more about how we can create a more inclusive and accessible healthcare system for all individuals.

Before we delve into the details, we invite you to read until the end because we will be sharing everything you need to know about the exciting upcoming event that is taking place in Romania on 17-20 March. The seminar is titled "Ongoing reform of mental health: From institutions to community services" and will take place in Gura Humorului, Romania and is a joint event organized in collaboration between EUCOMS Network and the Psychiatric Hospital from Siret coordinated by Tibi Rotaru.

This event promises to be an incredible opportunity to learn from respected experts in the field of mental health. The focus of the seminar will be on the ongoing reforms that are taking place in the field of mental health, and how they are changing the way that we approach mental health treatment.

René Keet, chair of EUCOMS
March 2023

The United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) was established to ensure that people with disabilities have equal rights and opportunities as everyone else. The convention outlines the fundamental principles of human rights and provides guidelines on how to ensure that individuals with disabilities are not discriminated against in various areas of life, including healthcare.

However, implementing the UNCRPD in clinical settings can be challenging due to several factors. In this article, we will explore the difficulties healthcare providers may face when trying to implement the UNCRPD in clinical settings.

Limited Accessibility and Infrastructure

Accessibility is one of the primary challenges faced by people with disabilities in clinical settings. It is critical to ensure that healthcare facilities are accessible to all patients, regardless of their physical abilities. However, due to limited infrastructure and resources, healthcare providers may find it difficult to provide an accessible environment for all patients. For example, a lack of wheelchair ramps, elevators, and accessible restrooms can create barriers to access for people with mobility impairments.

Stigma and Discrimination

Stigma and discrimination against people with disabilities are still prevalent in society. Unfortunately, healthcare settings are not immune to such biases, and many patients with disabilities may encounter discrimination and negative attitudes from healthcare providers. This can lead to patients feeling stigmatized, misunderstood, and reluctant to seek care. Healthcare providers must be trained to recognize and overcome their own biases and provide compassionate, non-judgmental care to all patients.

Communication Barriers

Communication barriers can also pose significant challenges for healthcare providers when implementing the UNCRPD. Many individuals with disabilities have unique communication needs, which require specific strategies to ensure effective communication. Healthcare providers must be trained in alternative communication methods, such as sign language and augmented communication devices, to ensure that they can communicate effectively with all patients.

Lack of Education and Training

Healthcare providers may not have sufficient knowledge or training in providing care to patients with disabilities. This can result in patients receiving inadequate care, leading to negative health outcomes. Healthcare providers must receive comprehensive training to understand the needs of patients with disabilities and provide appropriate care.

Limited Financial Resources

Providing quality care to people with disabilities can be expensive. Medical equipment and assistive devices, such as hearing aids and wheelchairs, are often not covered by insurance, making them unaffordable for many patients. Healthcare providers must consider the financial burden on patients with disabilities and provide appropriate resources and referrals to ensure that patients have access to the care they need.

There are some notable differences between Western Europe and Eastern Europe regarding the implementation of the UN Convention on the Rights of Persons with Disabilities (UNCRPD) in clinical settings.

In Western Europe, there is generally greater awareness of disability issues, and there are more resources available for individuals with disabilities. Healthcare providers in Western European countries are more likely to have received training and education on disability-related issues, and there is generally more investment in infrastructure to support accessibility.

In contrast, Eastern Europe has historically had less investment in disability rights, and healthcare providers in these countries may have less training and experience in providing care to individuals with disabilities. Infrastructure and accessibility in healthcare settings can also be limited in some areas, which can create barriers to access for people with disabilities.

In conclusion, implementing the UNCRPD in clinical settings can be a challenging task for healthcare providers. However, with appropriate education, training, and resources, healthcare providers can provide compassionate, equitable care to all patients, regardless of their abilities. By recognizing and addressing the unique needs of patients with disabilities, healthcare providers can help to ensure that all individuals receive the care they need to maintain their health and well-being.

However, it is important to note that there are significant variations within both Western and Eastern Europe. For example, some Western European countries may still have gaps in accessibility or face challenges in implementing the UNCRPD, while some Eastern European countries may be making significant progress in this area.

Overall, it is important to recognize the unique challenges and opportunities that exist in different regions and to work towards greater accessibility and inclusion for people with disabilities across all countries. The implementation of the UNCRPD in clinical settings requires ongoing commitment and collaboration between healthcare providers, policymakers, and disability rights advocates to ensure that all individuals receive the care they need and deserve.

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Tiberiu Rotaru
EUCOMS Board, Psychologist &
Manager of the Psychiatric Hospital Siret, Romania
March 2023



EUCOMS Network Seminar

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ONGOING REFORM OF MENTAL HEALTH

FROM INSTITUTIONS TO COMMUNITY SERVICES

17 - 20 March 2023

Gura Humorului, Romania



In collaboration with the
Psychiatric Hospital from Siret

We are excited to share with you the incredible line-up of panels that will be discussed during the upcoming seminar on "Ongoing reform of mental health. From institutions to community services" in Romania on 17-20 March. This event promises to be an eye-opening and thought-provoking opportunity to learn from respected experts in the field of mental health. The panels that will be discussed during this seminar are both diverse and insightful, covering a range of topics that are relevant to mental health professionals and enthusiasts alike.

Get to know the speakers

Ongoing Reform of Mental Health
From Institutions to Community Services
17 – 20 March | Gura Humorului, Romania



Rene Keet – *Dr. Psychiatrist, EUCOMS Chair, GGZ-NHN Director*

René Keet is a practicing psychiatrist and director at the community mental health service GGZ-Noord-Holland-Noord, in The Netherlands. He leads the FIT Academy (Flexible, Innovative Top-ambulatory that provides training, e-learning, service evaluation and support to international reform projects of community mental health care. He uses his own lived experience as a resource of expertise next to science and clinical practice and is still learning this.

He is chair of the European Community Mental Health Services network (EUCOMS, <https://www.eucoms.net>). The aim of this network is to learn from each other's practice in international exchange and support human rights in mental health care. It is a community of practice, based upon a shared vision of community mental health.

Community Mental Health is based upon 6 principles: human rights, public health, recovery, effectiveness and peer expertise.

He describes these principles in <https://vimeo.com/256413380>

He is an international expert in mental health reform projects like MENSANA in Moldova (<http://trimbos.md/?lang=en>) and other projects throughout Europe and beyond. He is a member of the Council Clinical Leaders of the International Initiative Mental Health Leadership (IIMHL) <https://www.iimhl.com/>.



Tiberiu Rotaru – *Psychologist, Manager of the Psychiatric Hospital Siret*

Tiberiu is a highly accomplished psychologist with an impressive track record spanning over a decade. As the manager of the Chronic Psychiatric Hospital Siret since 2008, Tiberiu is responsible for the coordination and overall activity within the hospital. He holds a degree in sociology-psychology-pedagogy from Bucharest University and a certificate as a specialist psychologist in clinical psychology and trained psychotherapist in CBT from The College of Psychologists in Romania.

Prior to his leadership role at the Chronic Psychiatric Hospital Siret, Tiberiu worked as a teacher and in care for people with special needs. Tiberiu's contributions towards the development of the hospital since he joined as a psychologist in 2006 were significant, including the submission of various projects. He became a trainer in 2012 after completing his studies at The Ministry of Labour and Ministry of Education. Tiberiu has worked with several NGOs such as 'A New Life', 'Eagle House' as well as representing state institutions including The County Department for Social Assistance and Child Protection, Public Health Department of Suceava, the National Child Protection Authority, MENSANA Moldova.

His involvement in studying and implementing the process of deinstitutionalization and its effects for people with disabilities, developing professional skills for staff working with children or adults with special needs, and training promotion of human rights has won him widespread recognition. Tiberiu is also a trainer on organizing support groups and an auditor for quality services in public hospitals.

Tiberiu's outstanding work has been commendation-worthy, earning him the prestigious "Bukowina Order" from Suceava County Council, and recognition from Bucharest Council for his contribution to the field of Mental Health.

Community Psychiatry in Romania. Challenges and opportunities



Alexandru Paziuc – Psychiatrist, President of Romanian Association of Social Psychiatry

Dr. Alexandru Paziuc is a psychiatrist, doctor of medicine. It is recognized for introducing the concepts of psychosocial rehabilitation, psychiatric community assistance and the multidisciplinary team in Câmpulung Moldovenesc, one of the centers concerned with mental health reform in Romania.

It promotes the involvement of beneficiaries/patients in their own therapeutic process by training them in activities useful to them and the community in which they live. He was involved in European projects (Pathways to policy in mental health, national coordinator of the HELPS project, European network for promoting the physical health of residents in psychiatric and social care units, coordinator of the PHARE program, Community alternatives for psychiatric care - mobile team), was part of the evaluation group of the prestigious magazine The Economist.

He was included in the USAID scholarship programs of the George Washington and Georgetown Universities in Washington, USA, obtaining the title of associate lecturer.

He is president and founding member of the Romanian Association of Social Psychiatry, organizing together with his team congresses and symposia with national and international participation on various topics in the field of mental health and social psychiatry.

Mental health Reform in Moldova - a Model Pathway



Jana Chihai - MD, PhD, MSc

President of SPNPPC

Professor, chief of Department of Mental health, medical psychology and psychotherapy State Medical and Pharmaceutical University "Nicolae Testemitanu" from Republic of Moldova

Coordinator of Mental Health Nation Program of Ministry of Health, Labor and Social Protection

Senior Community Mental Health Advisor "Support for the Reform of Mental Health Services in Moldova" project, Ministry of Health



Victoria Condrat – Executive Director "Trimbos Moldova" & Project Manager MENSANA

She has a legal background; however, her work was closely linked to public health. She graduated from Moldova State University with a licence in International Law. Starting in 2003, Victoria was the Head of the Public Relations Department at the National Center of Health Management in Chisinau, Moldova. After her successful graduation from the Masters in Public Health International Course at the Hebrew University of Jerusalem, she was invited to work at the Ministry of Health of the Republic of Moldova as the main specialist in public health. The experience at the Ministry of Health, and further in a private pharmaceutical company and in NGOs gave her a broader view of the public health sector in Moldova. Her previous position was Public Health Program Coordinator at the Soros Foundation-Moldova. Victoria's public health experience spreads for more than ten years and shows a different background, both from the point of view of education and expertise.

'No Addict' programs and the need to develop community psycho-social interventions



Ovidiu Alexinschi – Dr. Psychiatrist, MD, PhD, Medical Director of the "Socola" Institute of Psychiatry and Coordinator at No addict Clinic

President of Bridging Eastern and Western Psychiatry Romania

'No addict' program coordinator, doctor of medical sciences, with training in the country and abroad in alcoholism, addictions and drug addictions, psychopedagogy, cognitive-behavioral psychotherapy, and palliative care.



Cristina Nedelcu – Clinical psychologist and cognitive-behavioral psychotherapist

No addict represents an initiative to offer quality, accessible and complex specialized assistance tailored to the needs of those who have problems related to mental health and addictions, as well as their families, adapted to Romanian realities.

No addict knows situations from their experiences, but also through the lens of the latest scientific acquisitions worldwide, that the best results are obtained by combining biological therapies with psychotherapy.

For the cognitive behavioral therapy used in No addict, some of the major elements of the intervention include:

- systematic achievable increases in pleasurable activities to maintain or improve mood and to prevent the onset of depressive symptoms following cessation;
- cognitive self-management techniques to reduce negative thoughts and increase positive thoughts;
- ABC technique for identifying and challenging distorted, depressive thoughts;
- assertiveness training using modeling exercises, role play and homework, including situations involving social pressure to smoke.

Mental Health Service Users' Participation. Social and health services needs of mental health service users in Romania



Gabriela Tănăsan – *European Network of (Ex-)Users and Survivors of Psychiatry, Board Consultant, Advocacy expert*

Gabriela is an ex-user of mental health services and, for more than 20 years, an activist for user empowerment. Leader, organizer, trainer, project coordinator, and public speaker in the user/survivor movement, working at local, national and European level, she acquired a good knowledge of mental health service users and survivors of psychiatry community at the European level. Working later with several European umbrella organizations in advocating for persons with psychosocial and intellectual disabilities, her area of expertise has extended to disability issues as a whole.

Former Chair of the European Network of (Ex-)Users and Survivors of Psychiatry – ENUSP, the only grassroots umbrella organisation working across Europe to unite local and national organisations of (ex-)users and survivors of psychiatry. At the same time, she is a consultant for several Romanian and European NGOs on mental health policy and users' involvement in the development and implementation of mental health policy and related policies, rights of persons with disabilities, and fundraising.

Gabriela invests passion to strengthen the cooperation among various NGOs, to mainstream disability issues in their work and to provide a direct standpoint from users and survivors of psychiatry and persons with disabilities on various areas of work.

WHO Quality Rights, a supporting tool for mental health care innovation and human rights input



Simon Vasseur Bacle – *Clinical Psychologist, Lille Community MH services*

A clinical and systemic psychologist by training, he works at the EPSM Lille Métropole (public mental health hospital), as Director of Programmes at the WHO Collaborating Center for Research and Training in Mental Health (WHOCC, Lille). Since March 2020, he is also Project Manager at the Ministerial Delegation for Mental Health and Psychiatry, French Ministry of Health, in charge of the organization and follow-up of the World Summit on Mental Health Rights "Mind OurRights, Now!", which took place in Paris in 2021. He brings his expertise on issues related to respect for rights in mental health, the organization of mental health services and international cooperation in the field of mental health.

The WHO QualityRights programme is a tool aiming at promoting and improving the respect of rights in mental health-related services. It offers a concrete methodology to achieve a crucial but complex objective in the organization of services. The WHO Collaborating Center for research and training in mental health (WHOCC - Lille) supports WHO in the promotion of the QualityRights programme in France, french speaking countries and countries of the WHO-Euro region. This presentation will give an overview of the programme and some concrete examples of application.

Mental Health and Social economy, examples of good practices in North East Romania



Vasile Gafiuc – *President Bukovina Institute*

Over 15 years of experience in the field of employment support services and Adult Education development in Romania. Worked in several areas of the civil society as an adviser for NGO development, support services for people with mental disabilities, and support for youngsters coming from isolated rural and poor communities. He is also passionate about community service and believes that the knowledge gained from his studies, his work experience and volunteer work could help him improve his skills and contribute to the community and society in general.

Mental Health and Social economy, examples of good practices in North East Romania



Doina Chirap – *Chief medical assistant of Suceava Psychiatric Section, Suceava "Sfantul Ioan Cel Nou" Emergency Hospital*

Healthcare professional with over 25 years of experience working in the Psychiatry section of The County Hospital Suceava. She began her career as an engineer, specializing in Chemistry and Textile Technology, and worked in this field until 1992. In 1995, after completing her studies in high school for nursing, she transitioned into the field of nursing and began working as a nurse in the psychiatry department.

Over the years, she pursued further education, completing her studies in psychology in 2008 and higher education for nurses in 2011. In 2000, she began coordinating medical staff activities in the psychiatry section and collaborated with the medical team at Kaufbeuren Hospital on projects related to home patient care. In 2004, she became involved with the Bukovina Institute (now known as AREAS organization) and worked with its president, Vasi Gafiuc, on projects aimed at training care staff in her department.

Between 2007 and 2020, Doina served as the director of health care, leading the work of the nurses in her department. In 2010, she collaborated with Mr. Gafiuc and his organization in training hospital volunteers. In April 2020, she returned to her first love – patient care for individuals with mental health problems. Since then, Doina has continued to develop collaborations with AREAS organization and Mr Gafiuc, participating in several projects aimed at improving patient care in their department.

Contemporan Challenges of Ukrainian Psychiatry and Mental Health



Anzhela Levytska – *Psychiatrist, Psychiatry Hospital Manager*

Director General of the Chernivtsi Regional Psychiatric Hospital, deputy of the Chernivtsi Regional Council of the 8th convocation, head of the Chernivtsi Regional Branch of the Association of Psychiatrists of Ukraine.

She graduated from Bukovyna State Medical Academy. She has been the head of the regional psychiatric hospital since 2011.

In 2022, 6,843 patients were treated in the inpatient unit of the Chernivtsi Regional Psychiatric Hospital, 985 of them were internally displaced persons. In the institution's polyclinic, 37,000 patients were treated, 7,000 of whom were children. In 2022, 914 people started receiving outpatient psychiatric care, 602 of them with newly diagnosed mental and behavioral disorders, including 110 children.

The staff of the Chernivtsi Regional Psychiatric Hospital operates a mobile multidisciplinary team, which includes four specialists: a psychiatrist, a psychologist, a nurse and a social worker. Specialists provide services at the patient's location.

The facility also has a crisis department with a center for the rehabilitation of people who have suffered mental combat trauma. Among the treated combatants in the war with the Russian Federation, servicemen of the Armed Forces of Ukraine, territorial defense, and the National Guard of Ukraine, there is a preponderance of patients with post-traumatic stress disorders with a tendency to chronitize the course of the disease and indications for social rehabilitation.

In general, thousands of military and civilian residents of the Chernivtsi region are now faced with fear, anxiety, depression, trauma and other negative consequences of war. Thanks to the help of doctors and psychologists, most of these people have the opportunity to return to a full life.



Mariia Manher-Shalyno – *Psychiatrist at Popasnya regional psychoneurological hospital*

After graduating from the Bukovyna State Medical University, since 2002 she has been working at the Storozhynetsk multidisciplinary intensive care hospital. She is the only psychiatrist in this most populous district of Chernivtsi region, from whom people can get help free of charge. Before the war, Storozhynetsk district had more than 100,000 inhabitants, now this number has increased significantly due to the arrival of IDPs.

Since November 2022, she also works part-time as a psychiatrist at the Popasian Psychoneurological Boarding School. The vast majority of patients of this institution are people with mental disabilities.

Now most often in her work, the doctor is faced with the treatment of post-traumatic stress disorders in children and adults. Due to the military actions since February 2022, the number of appeals and especially the number of complex cases of mental disorders has increased significantly.

She constantly improves her qualifications. During the past year, the doctor underwent training in practical psychosomatics and overcoming the stress of war; diagnosis and therapy of post-traumatic stress disorders; maintaining mental health during wartime, etc.



Tetiana Chernopiatko – *Social worker at Popasnya regional psychoneurological hospital*

Graduated from Luhansk Industrial and Economic Technical School. She worked in the institutions of the water supply system. Since 2020, he has been an accountant in the Nizhnyany boarding house of the Popanyany district.

Currently, she works as an accountant in the communal institution "Popasnya Regional Psychoneurological Boarding House". Originally from the Luhansk region, due to active shelling in March 2022, she was forced to flee from shelling to Western Ukraine together with patients and employees.

Currently, in the boarding school, she performs the duties of not only an accountant but also constantly supports the wards of the boarding school, because people willingly contact her after the experience, and perceive her as a compatriot and a close person.



Nadia Makushynska – *Coordinator of Chernivtsi Emergency Center for displaced people, Bucovina Institute structure in Ukraine, Translator*

Teacher at the Higher Professional Art School No. 5 in Chernivtsi since 2014.

Employee at international aid project for IDPs "Support Ukraine".

Information about the Popasnian Regional Psychoneurological Boarding House

The communal institution "Popasnya Regional Psychoneurological Boarding House" was founded in 2003 in the city of Popasnya, Luhansk Region, for the accommodation of adult men with psychoneurological diseases, single people who, due to their health, need constant outside care, household services, qualified medical care and rehabilitation services. The facility was evacuated twice. In 2014, due to shelling by Russian troops, the wards of the boarding school were taken to safe areas. Since 2020, capital repairs have been carried out at the institution with funds from the state budget, and all premises have been completely updated.

The institution had just started work in the renovated building when the large-scale Russian invasion began. In March 2022, the head of the institution single-handedly took out more than 120 wards due to heavy bombing. People were saved, while the building of the boarding house in Popasnaya was completely destroyed.

Initially, the wards of the boarding school were accommodated in several medical institutions in the city of Chernivtsi, and from October 2022, 90 patients of the institution moved to the village of Krasnoilsk, Chernivtsi region, in the renovated premises of the former anti-tuberculosis sanatorium. Unfortunately, due to a lack of space, not all patients were taken to the premises in the village of Krasnoilsk. Another building is planned for the rest of the patients, but renovations have only just begun.

Currently, the Popasnian boarding house cares for 90 male wards, including 16 people with disabilities who are bedridden or move only in wheelchairs. 55 employees work here, mostly junior medical staff. A large part of them are IDPs from Luhansk Oblast.

Changing practices in psychiatric assistance



Juan Jose Martínez Jambrina – *Psychiatrist MD PhD, Director of the Mental Health Services Avilés, Asturias, Spain*

This presentation will provide a focused and expert overview of the current state of psychiatric assistance for people with severe and enduring mental illness in Europe. He will draw on key indicators from EU/OMS health systems of information and evaluation, delivering concise insights into the current state of mental healthcare across the continent. The presentation will be particularly valuable for mental health professionals, policymakers, and anyone interested in the field of mental health in Europe.

Why hospital-based Mental Health care is not an ethical solution for the most ill



Philippe Delespaul - *Psychologist, Professor in Innovations in Mental Health and co-initiator of the Dutch New Mental Health Movement, Seminar collaborator*

Philippe has almost 20 years of experience in heading the closed ward of the mental hospital in Maastricht, Netherlands. During this time, they developed a hero-identity and felt confident that they were providing the best care for the most severely ill mental patients in the catchment area. Philippe and his team successfully experimented with reducing seclusion and restraint, which led to an increase in referrals from the catchment area and forensic regional services. However, they eventually became hesitant to admit more difficult patients as they feared that they would have to seclude them to protect other patients. Paradoxically, the speaker concluded that the most difficult patients could not be serviced in the most expensive clinical infrastructure, and an ambulatory trajectory was considered feasible and even safer. This presented the team with an ethical paradox, but they decided to provide intensive ambulatory care instead of referring the most difficult patients to colleagues in the less financed ambulatory service. This highlights a paradox in mental health where the most highly skilled professionals and the best-resourced services cannot care for the most severely ill patients.

Towards Mental Health Eco-Systems

The prevalence of mental illness is high (1/2 lifetime; 1/4 year prevalence) and care is unsustainable financially and in considering the necessary professional resources. In essence, there are two pathways to better match the patient's needs. One option is to improve efficiency by precision diagnostics, targeted (AI supported) referrals and optimised matches to accredited experts. This is the pathway that fixes the mental illness of individuals. A pathway that is unsustainable. An alternative strategy acknowledges mental health challenges as underlying health risks and offers the alternative to engage in a process to increase resilience in individuals.



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DO YOU WANT TO BECOME A PARTNER?

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