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Project "ART&INCLUSION"

Intellectual Output 1

"Art is a way of inclusion"

Research of Good Practices

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The ART & INCLUSION project

The Project "ART&INCLUSION" Non-formal education through art as a tool to social inclusion of people with disabilities and people with mental illness (2020-1-PT01-KA204-078809) is co-funded by the ERASMUS+ programme of the European Union (KA2 - Cooperation for innovation and the exchange of good practices, KA204 - Strategic Partnerships for Adult Education).

The main objectives of the project are as follows:

- Promote the social inclusion of adults with disabilities and mental illness, through the capacity building of professionals and organizations working in this field.
- Promote the production of knowledge in the context of the use of artistic methodologies in non-formal education as an adjunct to the construction of the individual life project of people with disabilities and mental disorders.
- Promote the exchange of good practices among professionals, aiming its transnational replication.
- Contribute to the development of innovative practices in adult education, namely non-formal education throughout art.

The Consortium is composed of the following organizations:

- Centro Social de Soutelo (Portugal) - Coordinator
- Zdruzenie institut Za Razvoj Na Zaednicata (North Macedonia)
- Koinonia Ison Eukairion (Greece)
- ARCA Cooperativa Sociale (Italy)
- Galileo Progetti Nonprofit Kft. (Hungary)

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Executive summary

Over the last decades, combatting social exclusion and discrimination has been a key issue in the political agenda of the EU and its Member States and the role of education and training in providing viable and sustainable solutions for these issues has been identified in several key documents. The Europe 2020 strategy clearly sets out lifelong learning and adult education as a key priority, taking into account their positive impact on increasing employment, productivity and social cohesion. This applies in particular for the most vulnerable groups, such as the persons with disabilities and the persons with mental health problems.

However, despite the wide acknowledgment of the role of adult education in the promotion of social inclusion, as well as of the positive trends in adult education over recent years, the participation of adults in education is still limited, especially of the two abovementioned target groups. Thus further efforts are needed, which will aim at both facilitating and promoting the access of persons with mental health problems and of persons with disabilities in adult education and training activities, but also on developing a broad set of basic skills (moving beyond the traditional skills of literacy and numeracy).

In this respect, artistic activities, as a tool in non-formal education, have been proved in practice a particularly effective method of intervention for both the persons with disabilities and the persons with mental health problems. As evidence suggests, artistic activities can contribute significantly in the development of skills which are essential for a successful transition into formal education or into the labor market. In particular, arts provide an environment and practice where the learner is actively engaged in creative experiences, processes, and development. Research indicates that introducing learners to artistic processes cultivates in each individual a sense of creativity and initiative, a fertile imagination, emotional intelligence and a moral “compass”, a capacity for critical reflection, a sense of autonomy, and freedom of thought and action. Education in and through the arts also stimulates cognitive development and can make how and what learners learn more relevant to the needs of the modern societies in which they live.

Yet, thus far, such activities are offered by a wide range of actors in a rather fragmented way, which limits the overall impact of such activities. This applies in particular for the partners' countries. According to the research conducted by the consortium partners, in Portugal, Greece, Hungary, Italy and North Macedonia, artistic activities are being implemented, in the context of non-formal education, mainly by civil society organizations on the basis of own initiatives and not as part of a wider national policy. Although national strategies and/or policies aiming at the social inclusion of persons with disabilities and persons with mental health problems are in place, these do not include artistic activities in their action plans.

As a result, further efforts are needed which will give emphasis on the use of arts as an educational tool for the promotion of the social inclusion of the abovementioned target groups.

Based on the research conducted by the partners, a set of recommendations is highlighted and in particular:

- The integration of artistic activities in the **national social inclusion and education strategies and policies** which will target vulnerable groups, including the persons with mental health problems and the persons with disabilities. Such policies should be characterized by a long-term approach and sufficient allocation of funds which will ensure the continuous implementation of such activities;
- The establishment of **partnerships** with the participation of both public and private organizations. The role of CSOs in this respect in such partnerships is crucial taking into account their experience in the field;
- Implementation of **raising awareness events** and the organization of artistic activities in order to promote and sensitize the general public about the benefits of participating in artistic activities, combatting thus discrimination and the stigma that these groups are experiencing;
- Involvement of health, arts and educational professionals, as well as the target group in the design and implementation of relevant activities; **participatory approaches** in this respect are considered of utmost importance. Regardless of the form of the artistic activity, the close cooperation of all engaged actors is crucial in order to achieve the desired results;
- Development of (online) **platforms and networks** for sharing relevant knowledge in order to deal with the limited dissemination of relevant practices and the lack of knowledge regarding the practices that are being implemented at the local level;
- Investment in **monitoring and evaluating** the benefits of such practices in terms of employability and active citizenship;
- Provision of **training** to professionals and stakeholders as to improve their understanding on the issues of disability and mental disorders, which will allow them to provide better support and facilitate the employment of the target groups;
- Improve the **accessibility** of persons with disabilities in services and areas;
- Improve the functionality of **referral systems** between and within health, social, education, community and religious sectors;
- **Transnational cooperation** is essential. It is a fact that some EU Member States have progressed more than other Member States as regards the use of arts and culture as a tool in non-formal and informal education for the promotion of social inclusion of persons with disabilities and persons with mental disorders. Transfer of knowledge and good practices in this respect can lead to more effective interventions.

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Aim of the Intellectual Output

The aim of the intellectual output is to present good practices of artistic and cultural activities, in the context of non-formal adult education, which have facilitated the development of the skills of persons with disabilities and persons with mental health problems and contributed to their social inclusion process, including the process of (re)entering into the labour market.

However, the consortium partners consider that it is also important to describe the context in which these good practices were or are being implemented in the partners' countries. Thus, the report presents a short description of the situation at the national level regarding the social inclusion of the two target groups; the national strategies and policies aiming at the social inclusion of the project's target groups; the national strategies and policies in the area of adult education and training; as well as the strategies, policies and measures which foresees the implementation of artistic and cultural activities for the promotion of social inclusion of the persons with disabilities and persons with mental disorders.

Target groups of the Intellectual Output

The target groups of this document are as follows:

- Teachers – Educators – Students;
- Artists working with people with disabilities and/or persons with mental disorders;
- Psychologists and social workers;
- Managers and professionals of private and public organizations providing non-formal educational services to members of vulnerable groups, as well as of organizations working for the promotion of social inclusion of vulnerable groups.

Short description of the process for the production of the Intellectual Output

The production of this document was achieved following a step-by-step process by the consortium members. In particular, the steps undertaken were as follows:



Introduction

The European social policy has long ago identified the importance of investing in lifelong learning and training as a key factor for improving the socioeconomic situation of the European citizens. In particular the Europe 2020 strategy identified lifelong learning and adult education as a key priority, taking into account their positive impact on increasing employment, productivity and social cohesion. Indeed, the role of education and training in reducing inequalities and promoting social inclusion has been widely acknowledged and noted over the last decades. A relevant study, which was conducted under the Edam project and aimed to measure to what extent vulnerable adults show an increase in social inclusion after participating in adult education programmes, showed that there is a strong relation between social inclusion and adult education. In particular, and after participating in adult education, 44.2% of the participants experienced a better mastery of basic life competences (“Activation”) and experienced more feelings of happiness, safety and control (“Internalization”). In addition, 37.4% of the participants participated more in the community (“Participation”) and experienced more social interactions (“Connection”).

However, despite the wide acknowledgment of the role of adult education in the promotion of social inclusion, as well as of the positive trends in adult education over recent years, the participation of adults in education is still limited, especially of people with mental health problems and of persons with disabilities. The relevant data for persons with disabilities clearly supports this finding. In particular, according to the available data from 2011, in the EU Member States, almost one person with disability out of 10 (aged 15-64) participated in education and training (formal and non-formal education), while the percentage for persons without disabilities was double (10 % against 21% respectively).

It becomes apparent, that although adult education and lifelong learning policies reach those who already are well educated and who have higher socioeconomic status, they have proved to be inadequate in ensuring the participation of those who are most in need of learning opportunities. Thus further efforts are needed, which will aim at both facilitating and promoting the access of persons with mental health problems and of persons with disabilities in adult education and training activities, but also on leading to the development of a broad set of basic skills (moving beyond just the traditional skills of literacy and numeracy).

Yet, partners’ experience suggests that formal school education does not necessarily guarantee the development of essential skills for employability. The two target groups of the project need training and lifelong learning services that favor their effective social, educational, and professional integration and that are suited to their unique characteristics. Non-formal education is a fundamental means of intervention in these target groups, supporting them in the development of essential skills for the transition to formal education or employment responses. The target groups need training responses that promote the development of soft skills essential to the construction of a life project that favors their full social inclusion. Artistic and cultural activities, in this respect can have a substantial contribution in achieving this objective. In particular, “the arts provide an environment and practice where the learner is actively engaged in creative experiences,

processes, and development. Research indicates that introducing learners to artistic processes, while incorporating elements of their own culture into education, cultivates in each individual a sense of creativity and initiative, a fertile imagination, emotional intelligence and a moral “compass”, a capacity for critical reflection, a sense of autonomy, and freedom of thought and action. Education in and through the arts also stimulates cognitive development and can make how and what learners learn more relevant to the needs of the modern societies in which they live”.

Overall, artistic activities are a powerful tool for learning and inclusion and a desk research clearly shows that there is an immense richness and diversity of cultural and artistic activity at local level which contributes to greater social inclusion across the European Union. Practice in the field is often well ahead of policy and coordination at national or international level and can provide evidence, good practices and recommendations that need to be taken into consideration at the policy level. However, thus far, such activities are offered by a wide range of actors in a rather fragmented way, which limits the overall impact of such activities.

Especially with regard to the partners' countries, it is noted that, although national strategies or policies have been in place for the promotion of various vulnerable groups (including persons with mental health problems and persons with disabilities), the integration of artistic and cultural activities in such policies remains a challenge, despite the fact that the positive role of arts in the development of skills of persons with mental health problems has been acknowledged over the last decades.

PART A: DISABILITY

Description of the situation in the area of disability in the partners countries

The section aims to present information concerning the socioeconomic integration of persons with disabilities in the partner countries; examples of cultural believes and the stigma that persons with disabilities is facing; national strategies and policies that are being implemented with the aim to promote the social inclusion of persons with disabilities; national strategies and policies in the area of adult education and training; and whether art is being used as an instrument of non-formal education for the promotion of social inclusion of persons with disabilities.

Portugal

Over recent decades, several developments have taken place in Portugal which brought positive results to the socioeconomic situation of persons with disabilities. Indeed, the issue of socioeconomic inclusion of persons with disabilities has given more attention not only by the state but also by the civil society. As a result, more projects are being implemented in this direction, while some of these focus in particular on the promotion of arts as a tool of inclusion. Yet, several challenges remain unaddressed. This situation is clearly described in the Observatory on Disability and Human Rights' report titled "People with disabilities in Portugal - Human Rights Indicators 2019". The main findings of the report can be summarized as follows:

- Between 2010/11 and 2017/18, there was a marked growth (67%) in the total number of students with disabilities attending regular public education, but the staff of technicians/specialists who supported this important tendency was reinforced by only 8%;
- Between 2009 and 2018, the number of beneficiaries for vocational rehabilitation has almost doubled (from 17,103 in 2009 to 32,452 in 2018). However, in the same period, the expenditures allocated to this field registered an inverse trend, with a 59% decline.
- In the same period, i.e. 2009-2018, the number of unemployed people with disabilities registered in the Job Centre increased by 41%, while in the general population it decreased by 38%; the situation started to change only after 2018.
- there is persistent weakness of responses in the field of support services for people with psychosocial disabilities, especially in community settings.

Another positive development which should be noted is that in 2018, the Occupational Activity Centers increased their capacity, to 15.448 vacancies at national level. The number

of Residential Homes for people with disabilities was 273, with a total capacity of 6.660 people. In the same year, the number of Centers for Attendance and Social Rehabilitation for People with Disability was 40 with 2547 user's capacity. Moreover, there were 33 home support services for adults with disabilities at a national level, with a response capacity for 1104 people with disabilities. Regarding transport support for adults with disabilities, there were four services, with a capacity for 81 people.

However, the wider public is not yet aware and sensitized about the issues of disability and still remains, in general, quite distant from these issues. One also needs to point out the difficulty of insertion of this target group into the labor market, while in public education segregation is still apparent. Regarding the latter, one main difficulty that can be underlined is the limited number of teachers and special education experts.

North Macedonia

In recent years, the issue of inclusion of persons with disabilities in North Macedonia, who according to the available data from the World Health Organization are estimated to be between 300 and 400 thousand, has become increasingly important and more related activities are being undertaken by relevant public institutions and non-governmental organizations. In the last 2 years, substantial efforts are being made on the process of inclusion in the educational system, as well as on changing the activity and functionality of the special schools and transforming these into resource centers for support of the mainstream schools. Moreover, 3 years ago, the process of deinstitutionalization was successfully implemented, which resulted in placing people with severe forms of disabilities in small communities called "small group homes".

However, despite these positive developments and the fact that the government ratified the CRPD (Convention on the rights for people with disabilities) in 2011, little has been done to ensure that persons with disabilities can exercise their rights. This is even more obvious nowadays, in circumstances of an economic crisis, where persons with disabilities are in a significantly worse situation than the other citizens. Some of the main critical issues that need to be addressed are as follows:

- **Stigma remains:** The lack of understanding and awareness regarding the causes of disabilities and their resulting characteristics is a key factor in the stigma experienced by people with disabilities. Moreover, there are stigmas and misconceptions about the nature and abilities of people with disabilities, including that they are unable to contribute financially to their families; have a normal relationship; and that their disability is contagious or they bring bad luck. One other thing that has to be noted is that different types of impairments are related to different levels of stigma. For example, people with intellectual disabilities, people with severe mental disorders and people with sensory disabilities are often more stigmatized than people with physical disabilities.

- Physical barriers are common: people with disabilities are facing several obstacles in every step they take. This is even worse for people with physical disabilities, as well for people with visual impairments. The public buildings and spaces in the country, to a large extent, are not accessible to persons with disabilities as they do not have ramps, tactile carpers, signs on Braille, etc.
- Access to mainstream education, employment, healthcare and other public services is denied: A large number of children with disabilities remain out of school and thus they are deprived of basic education. In mainstream schools, children with disabilities are often facing bullying; do not have didactical materials adjusted to their needs; and teachers are not prepared to work with this group. With regard to the labor market, people with disabilities fall behind other job candidates since they have lower educational qualifications as a result of the difficulties they are experiencing in the context of the educational system.
- women and girls with disabilities face double discrimination.

At the same time, those living outside institutions often find themselves in the care of overburdened biological and foster families, with women shouldering a disproportionate burden of care. Opportunities for social integration are often missed, while healthcare services for persons with disabilities are inaccessible or of poor quality. In particular, according to the latest research study conducted by the Helsinki Committee (2017), 67.24% of people with disabilities find it difficult to have access to health services, mostly due to the lack of physical accessibility to the healthcare institutions.

On the other hand, disability-related organizations are working to improve the situation but their geographical distribution is not equitable which has a significant impact on their efforts: the Polog and North-eastern regions have in particular lesser number of disability-related organizations, while none organization is headquartered in an urban settlement. Moreover, the vast majority of the organizations working on autism and learning difficulties are located in Skopje.

As regards the initiatives these organizations undertake, it is noted that they use a variety of methods in order to promote the social inclusion of the target group and in particular: awareness raising, advocacy, service provision, capacity building of other actors, etc. In the field of art, many non-governmental organizations organize inclusive workshops, adapting activities to the needs of people with disabilities.

However, the existing system and practice of inclusion of persons with disabilities in North Macedonia is still characterized with fragmentation, isolation, incoherence and inefficiency. In this respect, more efforts are needed at institutional, organizational, conceptual, technological and infrastructure level, in order to further promote the social inclusion of persons with disabilities. Moreover, it is important to have a more organized and continuous preparation of the community for acceptance and adaptation. In this context, the Centers for Social Work can, within their legal competencies, undertake a wide range of social and economic measures for improvement of certain conditions, such as material

assistance under conditions determined by law, and provide support for resolution of family problems when they occur.

Hungary

At the time being, the main legislative and policy documents which aim at promoting the social inclusion of persons with disabilities are the following:

- Act No XXVI of 1998 on the Rights and Equal Opportunities of Persons with Disabilities;
- the National Disability Program of Hungary;
- Act on the Ratification of the UN Convention on the Rights of Persons with Disabilities.

It is noted that Hungary has ratified most international instruments, including those with provisions on people with disabilities, but it has yet to ratify the Revised European Social Charter (RESC) or Protocol No. 12 to the European Convention on the Protection of Human Rights and Fundamental Freedoms (ECHR). However, the Act on Equal Treatment and Promotion of Equal Opportunities (Equal Treatment Act) introduces a comprehensive anti-discrimination framework, which also covers people with disabilities. The act transposes the provisions of the European Union's Employment and Race Equality Directives into national legislation. It also establishes a new equality body, whose remit will cover all areas of discrimination, including discrimination on the grounds of disability. The main legislation on people with disabilities is the Act on the Rights and Ensuring the Equal Opportunities of People with Disabilities (Disabled Persons Act).

In the area of education, it is noted that the education policy in Hungary supports school integration and it is seen as a very important political, social and pedagogical aim. The amendment of the Act on Public Education of 1993 is intended to enforce the anti-discrimination efforts in the process of education and training and in the activities of all institutions involved, while students with educational needs may attend mainstream educational institutions of all levels, in accordance to the abovementioned Law.

In addition, accessibility has been improved as certain public transports provide access for the wheelchair users. However, more infrastructures have to be built in order to deal with the still challenging accessibility of persons with disabilities in buildings and areas.

Overall, more efforts are needed in order to promote the social inclusion of persons with disabilities. Despite the fact that there are several projects with good practices that work therapeutically with the persons with disabilities and promote their inclusion in the society, myths, ideologies and stigmas still exist in Hungary that have a significant impact on social interaction and social policy targeting persons with disabilities.

A very strong belief is that the people with disabilities are not able to be autonomous, and the segregated school models and the overprotective families are also confirming this fact.

Concerning their integration into the labour market, this is considered particularly difficult, while the number of day-care centres offering services to the target group is limited, impacting also the quality of the services provided. In Hungary leisure and social activities (such as sports and cultural events) for people living with disabilities are usually organised by primary and secondary schools, but these opportunities are fewer in the countryside than in bigger cities.

It becomes apparent that the recent changes that have been made in regards to the terminology used, are the most important positive progress achieved to date.

Italy

The journey in Italy towards an effective integration of people with disabilities has been characterized by profoundly different moments. For example, at the beginning of the 20th century, the integration of persons with disabilities was not an expression of a right, but the need to assimilate people who were considered "different". Only with the Constitution of the Italian Republic (January 1948) this has begun to change.

In the area of education and till the second half of the century, people with disabilities were not considered to be in a position to be included in normal school classes. By the end of the 1920s, space was given to the so-called "differential classes". These "differential classes" existed until the mid-1970s with over 1500 institutions. The problem remained linked to a vision that assessed the deficiencies, to be filled or reduced where possible, more than the residual capacities of people. Moreover, one needs to note the lack of appropriate preparation of teachers was obvious until at least 1977. The reformation of primary school and, above all, the new school organization have certainly also favored the emergence of a phenomenon which existed and continued to exist for a long time yet, i.e. the strictly closed management of situations of distress and disability of various types. In many areas of Italy, in fact, the problem was taken into account above all where it could represent a danger, a situation, in short, that could harm the stability of the community.

Overall, the level of inclusion of people with disabilities in Italy is still low, despite the considerable progress made over the past fifty years. Especially since the social and cultural movements of 1968, radical transformations have taken place in the social dynamics that have upset the concept of authoritarianism: from the undisputed dominance of the father, of the office manager, of the teacher to the possibility of a free thought, divergent and non-conformist.

Until 1960 in Italy people with disabilities were commonly called "the unhappy", a generalizing definition with a racist and pietist flavor. Pietism is the heaviest stigma that people with disabilities and their families are forced to endure. Architectural barriers and

the work that fails to include these people complete the bleak picture. In addition, one needs to note the issue of sexuality of people with disabilities, which is a hidden and neglected phenomenon, a taboo that generates suffering and further alienation.

Greece

During the previous decades in Greece, disability was approached and dealt with through the Medical model, which in practice was identifying disability as a disease, hindering the participation of the persons with disabilities in social activities. In this respect, it was up to the person to treat and “heal” this disease/disability, while the society was ready to accept this person once his/her disability was treated successfully. Yet, nowadays, the social model is being applied which understands and approaches disability not as a disease/problem of the person, but as a condition that requires from the society to take appropriate measures for facilitating the process of social inclusion of the persons with disabilities. Thus, the non-inclusion of persons with disabilities in the mainstream society is rather a “disability” of society to design effective and efficient actions (architectural, social, employment interventions, etc.), that will promote the social inclusion of persons with disabilities.

Over the last years in Greece, important initiatives have been implemented with the aim to promote de-institutionalization, while a recent law has opened up the opportunity for state-run community-based day care. Overall, in 2017:

- more than 20 institutions were recorded providing services to persons with disabilities; and
- 1,642 persons with disabilities lived in institutions and another 460 received rehabilitation services in residential units.

Apart from the above institutions, it should be pointed out that there are also private institutions (charity/ church led), which provide services to persons with disabilities. Yet, data is not systematically collected and/or reported in those settings.

Additional positive steps have been taken, highlighting among others that in education, 87% of students with disabilities are enrolled in mainstream schools, which is a substantial progress; the capacities of the teachers in supporting students with disabilities have been improved; some cities are quite accessible to PwDs (such as Komotini and Kalamata); and architectural improvements have been made to some extent. Indeed, the level of inclusion has been improved. Unfortunately, despite these improvements/developments since the '80s, several efforts are still required.

According to the data from the EU Survey on Income and Living Conditions 2016, it becomes apparent that persons with disabilities still face significant inequalities. In particular, persons with disabilities continue to present high poverty rate, a situation which

has been worsened since 2009 as a result of the economic crisis in Greece which stroke hard especially the members of vulnerable groups, including the persons with disabilities.

In addition, discrimination against persons with disabilities remains widespread in Greece and there are persistent negative stereotypes and prejudices about people with disabilities. Some examples are presented below:

- Persons with no disabilities have no or limited social interactions with persons with disabilities
- Persons of disabilities are incapable of being independent. They need care and continuous support.
- Parents feel "uncomfortable" with the idea that one of their children is having an affair with a person with a disability.
- Employers are reluctant in hiring persons with disabilities because persons with disabilities are unable to work,
- Persons with disabilities are unable to have a sexual life.

Moreover, much effort is still needed especially in the area of accessibility (accessibility in transportation means, accessibility in houses, etc.) as well as in the area of raising awareness on issues related to disability. Improvements are also needed to be made in the area of financial independence (someone should be able to live independently without the family's support), in the area of living conditions, in the labor market (finding jobs, but also connecting jobs to their skills), etc.

Apart from the above, another challenge is that although inclusion has been achieved to a certain degree, the integration remains a question. The term "integration" in this respect is defined as the ability of the person to "co-shape" the common social space and the society at large. However, society is not ready or willing yet to provide this "opportunity" to persons with disabilities. Although the understanding of the need to include persons with disabilities in society is widespread, stereotypes and perceptions about the inability of the persons with disabilities to work and to participate meaningfully in social life is still persistent. It is true that society does not provide people with disabilities with the support that they need in order to participate in a meaningful way in educational activities, to support the independent living, etc.

National strategies and policies for the social inclusion of persons with disabilities

In this section, a short description of the national strategies and policies for the social inclusion of persons with disabilities in the partner countries is presented.

Portugal

The XXI Constitutional Government developed and implemented public policy instruments that contributed to further strengthen social inclusion and greater civic participation in all aspects of community life by all people, especially people with disabilities. According to the Observatory on Disability and Human Rights' report titled "People with disabilities in Portugal - Human Rights Indicators 2019", in the area of social protection, the introduction of new benefits and social responses, in line with the human rights perspective, such as the Social Benefit for Inclusion, the Legal Regime for Inclusive Education, the creation of the "Modelo de Apoio à Vida Independente"/Support Model for Independent Living (MAVI) Programme, the approval of the new Legal Regime for Accompanied Minority, the Promotion of Employability of Disabled People and the Promotion of Physical and Digital Accessibility, should be acknowledged as a positive step.

More specifically, given the conditions foreseen in the legal framework of the CRPD (Convention on the Rights of People with Disabilities, 2008) the Portuguese social protection system foresees a set of social benefits, financial support and social responses, i.e. social support measures and services for children, young people and adults with disabilities. Among these are services and facilities integrated in the Network of Social Equipment and Services (Rede de Equipamentos e Serviços Sociais - RSES), under the responsibility of the Ministry of Labor, Solidarity and Social Security (Ministério do Trabalho, Solidariedade e Segurança Social MTSSS) and more recently a set of services and facilities to support people with psychosocial disabilities, integrated in the National Network of Continued Integrated Care, in the Mental Health area.

Moreover, in 2018, the Support Model for Independent Living (MAVI) Programme, created by Decree-Law no. 129/2017(30), continued its implementation with the approval of the Support Centers for Independent Living (CAVI), which integrates the pilot phase of MAVI. The Social Benefit for Inclusion (PSI), created by Decree-Law No. 126-A/2017 was also introduced in a phased manner. In 2017, the Base Component was instituted, aimed at compensating the increased general charges resulting from the disability condition. Already in 2018, the second phase of implementation of the measure started, with the introduction of the Complement, a financial reinforcement that adds to the value of the base component, aiming to combat poverty of people with disability or impairment living alone or in households with economic need or insufficient resources. As of 1 October 2019, through Decree-Law No. 136/2019 which amends Decree-Law No. 126-A/2017, the PSI was extended to children and young people under the age of 18, who reside in Portugal and have a certified disability equal to or greater than 60%. The value of the benefit may also be increased by 35% in situations of single-parent households.

North Macedonia

The Republic of North Macedonia was among the first 82 countries that signed the Convention on the Rights of Persons with Disabilities on 30 March 2007, as well as the Optional Protocol to the Convention on 29 July 2009. The Law on the Ratification of the Convention and the Optional Protocol was unanimously adopted by the Assembly of the Republic of N. Macedonia on 5 December 2011, and officially entered into force on 22 December 2011 (Official Gazette of the Republic of N. Macedonia No. 172/2001 dated 14 December 2011).

Moreover, the Government of the Republic of N. Macedonia, on the session held on 11 November 2012, adopted a Decision Establishing a National Coordination Body for the Implementation of the UN Convention on the Rights of Persons with Disabilities in the Republic of N. Macedonia (Official Gazette of the Republic of Macedonia No. 144/2012), composed of representatives of relevant institutions such as the Inter-party parliamentary lobby group for the rights of persons with disabilities and the Commission for Protection Against Discrimination, the Ombudsman's Office, ministries, state and public institutions, Judicial Council, Broadcasting Council, National Council of Disability Organizations in N. Macedonia, Association of Citizens –Polio Plus- Movement Against Disability and numerous actors which are equally responsible for the implementation and monitoring of the Convention.

Additional legislative and policy documents that ensure the equal rights and the social inclusion of persons with disabilities are as follows:

- In 2003, the Assembly of the Republic of N. Macedonia adopted a Declaration on the Protection and Promotion of the Rights of Persons with Disabilities which elaborates upon “persons with disabilities”, “special needs of persons with disabilities” and “persons with a handicap”.
- In the Law on Social Protection (Official Gazette of the Republic of N. Macedonia No. 79/09, 36/11, 51/11,166/12, 15/13, 73/13,164/13 and 187/13, 38/14 and 44/14) the terms “persons with physical disabilities and persons with mental disabilities” are used.
- In the Law on Employment of Persons with Disability (Official Gazette of the Republic of N. Macedonia No. 87/2005 (consolidated text), 113/2005, 29/2007, 88/2008, 99/2009 and 136/2011), as the title suggests, the term “persons with disabilities” is used.
- In the Labor Relations Law (Official Gazette of the Republic of Macedonia No. 106/2008, 161/2008, 114/2009, 16/2010 (consolidated text), 50/2010, 52/2010, 158/2010 (consolidated text), 47/2011, 11/2012, 39/2012, 52/2012 (consolidated text), 13/2013 and 25/2013) it is emphasized that “the employer shall not put the applicant or the employee in unequal position due to their race, skin color, gender, age, health condition, i.e., disability...” (Article 6, paragraph 1).

- The National Strategy on Equal Opportunities and Non-Discrimination on Grounds of Gender, Age, Ethnic Affiliation, Mental and Physical Disability 2012-2015 is a national document that has the purpose of improving the status of the most vulnerable categories of citizens in society, such as persons with disabilities. This Strategy also envisages a continuous advancement in attaining equality and non-discrimination. One of the goals of this Strategy is “Provision of access to goods and services for persons with mental and physical disabilities on equal basis as for the other people”.
- The Operative Action Plan of the abovementioned Strategy is a document of the Government of the Republic of N. Macedonia and it defines the aims, measures, activities, implementing bodies, indicators and fiscal implications for the implementation of the National Strategy on Equal Opportunities and Non-Discrimination on Grounds of Gender, Age, Ethnic Affiliation, Mental and Physical Disability for the 2012 – 2013 period, while forecasting measures and activities for the 2014-2015 period, as well which will be largely funded under IPA projects, then under the Special Fund for Working and Employment of Persons with Disabilities at the Agency for Employment of the Republic of N. Macedonia, as well as by foreign donations and partners.

Hungary

In Hungary, the main policy measures for the promotion of social inclusion of persons with disabilities are included in the National Disability Program 2015-2025 (Assembly, 2020). It determines the policy interventions of the coming years and specifies the main points of cooperation among the sectors and beyond state administration. The National Disability Program is built on the experience of the report approved with Decision 70/2012 (of 16.10.) OGY of the National Assembly on the 2007-2010 Implementation of the National Disability Program and the Relevant Government Measures, and it meets the criteria under Government Decree 38/2012 (of 12.03.) on Governmental Strategic Management.

The Program is the key strategic document of the disability policy in Hungary and in this respect a wide range of related authorities and organizations were involved in defining the strategic guidelines and proposals. Societal partners played a substantial role in the development of the program as a result of their substantive observations and proposals. 'Nothing about us without us' was and is the main principle for preparing the Program and this principle is also the first target of the Program.

Italy

At the end of the 1970s, a series of initiatives aimed at social inclusion policies took shape. At that time Italy came from a period, the post '68, which was characterized by a strong civil and cultural ferment but also by a series of strong contrasts that gave rise to the so-called "years of lead". The change, from the cultural point of view, was perceived, in those years, as epochal. In reality, the "revolution" was still far away because, during the '70s, work was basically carried out on a policy and regulations that guaranteed the "presence" of the disabled in the "normal" classes (Law 118/1971).

Law 517/1977 is certainly an important step forward and, in addition to reaffirming the principle of the right to education as an essential element of social growth, it also begins to give some concrete elements, for example, by defining a maximum number of lower pupils in classes with placements. In the 1980s, new elements of growth and responsibility on the part of the school world developed, not only until the establishment of the support teacher, but also the reform of primary school curricula, milestone in the history of school integration in Italy, with the end of the single master and the birth of the modular organization. The Dynamic Functional Profile and the Individualized Educational Project were also created in 1994. It was intended to move, in the end, from the theoretical definition of a right to its concretization, to make it explicit in concrete processes that truly guarantee not only the right to education but also the right to social growth that education brings with it. It was certainly not easy also because it was necessary to take into account many aspects, starting with the expectations of the persons with disabilities and their families. On the one hand, efforts were being made to improve the tools and techniques of intervention (educational and assistance), while on the other hand, it was also necessary to deal with the daily needs of families for which everything was still a problem in the management of a child with disabilities, starting with transport, difficulties related to the need for assistance in school (the support teacher is joined by the school educator or, in many cases, the caregiver). For this reason, in some cases, the need to keep alive the abilities of the persons with disabilities ended up in conflict with the problems of a family that had to deal with reality on a daily basis.

Greece

Some of the most important national laws, policies or strategies concerning the persons with disabilities that have been implemented or adopted in the past are as follows:

- The Greek Constitution (article 4): establishes the principle of equality among all Greek citizens. Article 21 in particular refers explicitly to the fundamental rights of persons with disabilities for autonomy, employment, and participation in social and

political life, as well as the responsibility of the state to implement measures that safeguard those rights.

- Law 3304/2005: refers to the right of equal treatment irrespective of racial or nationality origin, religion, disability, age or sexual orientation. The Law forbids discrimination on the grounds of disability in accessing employment as well as within the workplace, while it foresees the necessity of reasonable adjustments in order to accommodate access requirements of employees with disabilities.
- Law 3699/2008: The Law includes provisions for the special education of people with disabilities or with special education needs.
- Law 2643/98: The Law includes provisions for the employment of vulnerable groups and regulates the quota scheme of the obligatory placement of persons with disabilities, as well as of other vulnerable groups, in the public and private sectors.
- Law 4067/2012: The Law refers to Urban Planning Regulations, according which compliance with the Design Guidelines for the Autonomous Movement and Living of People with Disabilities is required for all new buildings, ensuring horizontal and vertical access.
- Ministerial Decision 1301/B/12-4-2012: e-accessibility standards became compulsory within the framework of the provision of e-government services.
- Law 3230/2004: all buildings (new and old) hosting public services are obliged to ensure accessibility for persons with disabilities. All public services are required to operate a dedicated unit for producing, implementing and monitoring action plans on improving accessibility.

Moreover, more recently and following several years of discussions and advocate for the adoption of a National Strategy which will focus on persons with disabilities, the Greek Government developed in 2019 the National Action Plan for the Rights of Persons with Disabilities. One year later, in 2020, the government shared the National Action Plan with social partners and opened a process of public consultation. The National Action Plan is a 'roadmap' that provides a framework for action, mainly, but not exclusively, for the period 2020-2023.

According to the Action Plan, the network of the Coordination Mechanism of law 4488/2017 is activated and put into operation for the implementation of the United Nations Convention on the Rights of Persons with Disabilities throughout the country. In addition, specific reference is being made with regard to the accessibility of persons with disabilities, the protection of their rights, the establishment of electronic databases and platforms, etc. Moreover, it is noted that the National Action Plan foresees the de-institutionalization of persons with disabilities and the adoption of the approach of independent living. Finally, the Action Plan includes a specific chapter regarding the participation of persons with disabilities in cultural activities and sports.

Apart for the National Action Plan, it is noted that in the context of the NRSF 2007-2013 and NSRF 2014-2020 several programmes have been implemented with the aim to promote the social inclusion of persons with disabilities, such as the operation of Daycare

structures, improvement and enhancement of lifelong learning, etc. The majority of these programmes did not focus exclusively on persons with disabilities, but on vulnerable groups in general.

National strategies and policies in the area of adult education and training

In this section, a short description of the national strategies and policies in the area of adult education and training in the partner countries is presented.

Portugal

In Portugal, although between 2011 and 2016, the public policy of adult education was suspended during the period of crisis and economic adjustment, timid developments, that have occurred since mid-2016, have allowed resuming certified public offers, such as the recognition, validation and certification of skills and adult education and training courses. Despite these initiatives, the logic of human resources management continues to remain dominant.

In recent years greater importance has been given to the recognition, validation and certification of skills acquired in formal, informal and non-formal contexts. As such there has been an increase in adult education and training courses (EFA Courses), extending the network of centres for recognition, validation and certification of skills, later called New Opportunities Centres (CNO). The Qualifica Centres design a reference framework of key competences for adult education and training. Besides recognising the skills previously acquired by adults in formal, informal and non-formal learning, these centres also provide guidance and referral to other qualification solutions, training courses, certified modular training or other alternative routes for completing secondary education, etc. The Qualifica Programme which launched in 2016 (Decree-Law no. 232/2016, 29/08), aims to bring Portugal closer to the EU average in terms of lifelong learning, mobilising the adult population to improve qualifications, and by 2020 aimed to meet the following targets: 50% of the working age population completing secondary education; a 15% participation rate of adults in lifelong learning activities, reaching 25% in 2025; 40% of higher education graduates in the 30-34 age group and the enlargement of the Qualifica Centres network (310 centers, by the end of September 2020).

Moreover, in 2018, the National legislation on compulsory schooling was amended through Decree-Law No. 54/2018, which approved the Legal Regime of Inclusive Education. This regime aims to implement a model of pedagogical intervention adjusted to the needs of the student, by recognizing that everyone has the potential to develop learning with the

necessary support for that purpose. The main developments achieved through this Decree are as follows:

- The idea that it is necessary to categorize in order to intervene is eliminated,
- the classification "special educational needs" has been removed,
- a multi-level approach that gives a personalized response to the needs of each student has been adopted.

There are three modalities of support to meet the needs of each student, which are universal, selective and additional measures, while the main principle is that inclusive education is not a responsibility of special education teachers, but of the entire teaching staff and school community.

In addition, in May 2009, the Methodological Guide for the Access of People with Disabilities and Impairments to the Process of Recognition, Validation and Certification of Competences (RVCC) - Basic Level was launched, which constituted a privileged instrument to support the operationalization of processes of recognition, validation and certification of competences acquired through formal, non-formal and informal ways, adapted to the demands of these specific publics.

In 2010 the National Disability Strategy 2011-2013 was approved, through the publication of the Resolution of the Council of Ministers no. 97/2010, of 14 December. This regulation indicates a set of measures for fighting discrimination and for promoting the improvement of living conditions for people with disabilities, with impact in the field of vocational training, employment and qualification throughout life, among which stands out the integration in the National Catalogue of Qualifications (CNQ) of training references and respective vocational profiles adapted to people with disabilities.

The training paths, aim to contribute to the increase of qualification of people with disabilities, facilitating employability and promoting lifelong learning. The training actions are dynamized by the Instituto do Emprego e Formação Profissional, I . P. (IEFP, I .P.), as the public employment service that promotes professional rehabilitation, in articulation with ANQEP, I .P. and the Federations of the Rehabilitation Entities, being the rehabilitation entities responsible for being also the training entities. Currently, the CNQ integrates 22 qualifications, of level 2 of the QNQ, in 13 areas of education and training, adapted to people with disabilities.

North Macedonia

In North Macedonia, the Lifelong Learning Strategy 2017–2020 was developed, inspired by the European standards and funded under the European Union (EU) Instrument for Pre-Accession Assistance (IPA), which aims to enhance lifelong learning by modernizing the vocational education and training (VET) and adult education systems.

The strategy promotes a lifelong, life-wide and life-deep learning concept. It traverses the foundations of learning acquired in early childhood and schooling to the competences, knowledge, skills, attitudes and values gained throughout life while adapting to a constantly changing world, workplace and social environment. It carries with it principles of equality of access, social justice and an active civil society working in partnership with the state and the commercial sector. The strategy refers to several European strategic documents, such as the Memorandum on Lifelong Learning (2000). It also adopts the UNESCO Institute for Lifelong Learning (UIL) definition of lifelong learning, which sees the development of learning activities for people of all ages, in all life-wide contexts, through a variety of modalities (formal, non-formal and informal), which together meet a wide range of learning needs and demands, as fundamental to sustainable development.

Hungary

In Hungary, the National Disability Program 2015-2025 gives particular emphasis on education and training. As stated in the Program, the promotion of an effective shift from integration to inclusion is among the key tasks of public education. As regards in particular the vocational training and adult training, in order to improve the participation of young people with special educational needs into the labor market, attention needs to be paid to vocational trainings which are accessible to them. Moreover, attention should be given on developing the infrastructure conditions of special technical schools and on urging more and more young and prepared pedagogical experts to work in technical schools.

Another key objective is to make business associations interested in continuing the practical training of children with special educational needs and to offer continued employment for young people who finished technical schools or special technical schools.

Finally, it is noted that due to their condition, persons with disabilities are obliged to make thorough plans in order to make their long-term decisions that influence their life and are related to their education, training, employment and the choice of their residence. In this respect, access to advice about continued learning and vocational orientation, given in the special service system, needs to be improved and guaranteed.

Italy

It is important to mention that from the point of view of national policies on the education and training of adults with disabilities in Italy, Article 3 of the Constitution states that "... It is the Republic's task to remove economic and social obstacles which, by effectively restricting the freedom and equality of its citizens, prevent the full development of the human person and the effective participation of all workers in the political, economic and

social organization of the country". Ultimately this foresees a double commitment: on the one hand the commitment of the state to remove differences and promote the social growth of the individual, and on the other hand the commitment of the worker, of the citizen, to make available its own growth according to that of the country.

Ultimately, the Constitution has produced, over time, a path that can be summarized with these words: assistance, inclusion, integration and social inclusion understood as recognition of the value of diversity. And it is on this basis that the law number 104 was born in 1992: "Framework law for assistance, social integration and the rights of disabled people". Beyond the terms, now obsolete, Law 104/92 remains a milestone, a sort of guide for all.

Greece

Regarding the national strategies and policies in the area of adult education and training, and in particular for those targeting persons with disabilities, it is noted that the legal framework in Greece, it is noted that it has been fully harmonized with the international and European requirements, as stipulated in:

- The United Nations Convention on the Rights of Persons with Disabilities
- The Charter of Fundamental Rights of the European Union,
- The Directive 2000/78 / EC
- The European Agenda for Adult Education and Training

Also, explicit reference is made in Law 3879/2010 "Development of Lifelong Learning and other provisions" to the education of adults with disabilities. In particular, Article 5 foresees the establishment of a Council for lifelong learning and employment. The Council is a collective body, which aims to assist the competent Ministry of Education, Lifelong Learning and Religions in the design and implementation of educational programs. In this Council, one representative of the National Confederation of Persons with Disabilities will participate in order to ensure the access of adults with disabilities to education programs and on the other hand to increase their participation in these programs.

In addition, the National Action Plan for the Rights of Persons with Disabilities which was developed in 2019 highlights in particular the aim of the Greek State to promote the participation of persons with disabilities in education. In particular, Objective 12 foresees the development of a Strategic Action Plan for ensuring the equal access of persons with disabilities to quality and inclusive education.

Strategies, policies, and measures which foresees the implementation of artistic and cultural activities for the promotion of social inclusion of persons with disabilities

In this section, a short description of the current situation regarding the implementation of strategies, policies and measures which foresees the implementation of artistic and cultural activities for the promotion of social inclusion of persons with disabilities is presented.

Portugal

The Directorate General for the Arts - DGARTES is a body of the Ministry of Culture of the Portuguese Republic whose mission is to coordinate and implement policies to support the arts in Portugal, with the priority of promoting and qualifying artistic creation, as well as ensuring the universality of its enjoyment.

The Art without Limits Programme - Accessibility to Artistic Offering (2020) has as main objectives to ensure access to people with disabilities to the artistic offer in different presentation spaces, promoting the inclusion of accessibility services in the creations developed by Portuguese artistic structures.

The partnership with Acesso Cultura, a non-profit association that, since 2013, has been carrying out pivotal work in promoting improved conditions of access, namely physical, social and intellectual, to cultural participation in Portugal.

Overall, the words diversity and inclusion are part of the discourse of those working in the cultural sector and in cultural organizations. Moving on from the democratization of culture (still very much demanded) to a more democratic culture, the sector has become more aware of the lack of access to cultural participation at various levels – for audiences, teams, artists and everyone who collaborates with organizations. Access in this respect refers to physical, social and intellectual access and several services and resources should be considered to create access conditions for artistic and cultural activities.

North Macedonia

So far in Republic of North Macedonia, no national strategies, policies and measures which foresee the implementation of artistic and cultural activities for the promotion of social inclusion of persons with disabilities exist.

Hungary

In Hungary, no national strategies, policies and measures which foresee the implementation of artistic and cultural activities for the promotion of social inclusion of persons with disabilities are in place.

Italy

As regards the strategies, policies and measures which foresees the implementation of artistic and cultural activities for the promotion of social inclusion of persons with disabilities, a distinction should be made between two different situations: on the one hand policies for the enjoyment of artistic and cultural activities for persons with disabilities and on the other the interventions aimed at ensuring that the person with disability is not only a passive user of art and culture but also an active "producer".

In the first case, policies aimed at the use of artistic and cultural content have gone hand in hand with the growth of a widespread civil awareness of the need to ensure accessibility to people with disabilities in the broad sense: policies to ensure mobility, for example, rather than projects aimed at eliminating so-called "architectural barriers". It must be said that these policies have always been the result of an increase in awareness at local level rather than the result of national planning. There is still a lot to do but in any case the road is the right one.

The argument regarding the possibility of favoring the cultural and artistic production of persons with disabilities is different. The difficulties in this area are also linked to the element of "therapeutic" character: artistic production as a "clinical" element, to be analyzed not only as a product of inspiration but as a tool of "clinical" knowledge. This diachrony has meant that, over the years, the artistic abilities, manual or intellectual, of persons with disabilities have often been mortified by the fact that they exist only as tools of clinical knowledge. It is true that, in some cases, the artistic expression is the only instrument of emotional communication granted to certain types of disability but also in this case the evaluation also of the "value" of the product is not useless. The fact remains that, in the majority of the institutional contexts that characterize the life of persons with disabilities (for example, the Socialization Centers), the achievement of certain objectives remains a challenge ahead.

Greece

As stated also in the report for persons with mental health problems, there is no concrete strategy, policy or measure which foresees the implementation of artistic and cultural

activities for the promotion of social inclusion of vulnerable groups. Yet, one need to point out that there are several initiatives undertaken by private organizations/CSOs which many are funded by the Greek State, which implements artistic and cultural activities for the promotion of social inclusion of vulnerable groups.

The National Action Plan for the Rights of Persons with Disabilities makes specific reference to the implementation of activities for ensuring that persons with disabilities have equal access to cultural, entertainment and sport activities, as well as to leisure activities.

In particular, under Objective 25, the Greek States aims at the implementation of activities which target:

- The promotion of activities which will familiarize children with disabilities with culture and art;
- To encourage the active involvement in contemporary artistic expression, and facilitate the access to information on artistic activities and synergies, as well as to relevant funding
- To promote equal access to art education.

The use of arts as an instrument of non-formal education for the promotion of social inclusion of PwDs

In this section, a short description of the current situation regarding the use of arts as an instrument of non-formal education for the promotion of social inclusion of persons with disabilities is presented.

Portugal

In recent years, the achievement of a balance between the social and artistic dimensions of a project has been given particular attention in Portugal, particularly in the last decade when the Calouste Gulbenkian Foundation (CGF) launched PARTIS. Participatory practices first became visible and started expanding during the period of economic crisis in which Portugal had to seek financial support from the International Monetary Fund (IMF) and the European Union. The phenomena of participatory artistic practices (PAP) are not confined to Portugal but have been seen across the world at different times.

Although Portugal is increasingly on a path of deconstruction of the gaps that are inherent to the cultural and artistic sector, several challenges remain and it is necessary to train the different publics, creating in them a will to enjoy culture. In this respect, it is necessary that

those responsible for cultural spaces change their understanding of what they should be: places for reflection, discussion, meeting and provocation, where diversity has its place.

North Macedonia

So far in North Macedonia, there is no evidence as to the use of arts as an instrument of non-formal education for the promotion of social inclusion of persons with disabilities.

Hungary

There is no information so far concerning a national policy aimed to enhance the use of art as an instrument of non-formal education for the promotion of social inclusion of people with disabilities. However one can identify NGOs who realized the importance of the art as an instrument of non-formal education for the promotion of social inclusion and other Civil Society's Organizations who share their experience and knowledge in this field in the form of videos or articles on social media.

Italy

In Italy, no actual national policy can be identified which aims at encouraging the use of the arts as a non-formal tool of education in the area of disability. Much of what has been done in recent decades is the result of the commitment of non-institutional realities, such as, for example, the social cooperatives, as regards work and, above all, voluntary associations and protection associations.

Over the years, there have been more cooperation between these organizations and the Institutions at local, regional, municipal, district level, which led to the design of a project and following to what matured at national level, such as the law 112/2016 which aims to address the problem of decay of care givers linked to the pace of time. In general, attempts are made to meet the needs of the family members of the persons with disabilities, even if not definitive, by aligning these needs with the needs of autonomy of the persons with disabilities. From this point of view it is not easy to imagine paths that consider art for what it is. Just the law 112/16 cited above offers an obvious example. The legislation, in fact, provides for the possibility of achieving three different levels of intervention. The most complex level of intervention refers to the area that deals with the activities aimed at the realization of paths aimed at protected living, given that the "After Us", as the name also clarifies, is aimed at managing that period that sees the progressive detachment of parenting figures for the normal pace of age. The other two interventions aimed, in

summary, at encouraging what is implemented in the phase of residential intervention with activities that also involve the Social Centers and the activities that are carried out in the centers themselves, among which certainly those with a strong "artistic" content but always, or almost, without this then has effects of non-formal education.

Greece

Art has been used for the promotion of wellbeing and of social inclusion of persons with disabilities for many years in Greece. The realization of the benefits of using art in the context of the therapeutic process, has led many organization in adopting the implementation of artistic activities as a psychotherapeutic method.

This has been recorded in various dissertations which are available online, while at the same, one can identify several organizations which are stating in their websites that they are implementing artistic activities targeting persons with disabilities. One such example is the implementation of the project "Accessible Routes for the Social Inclusion of People with Disabilities (PWDs)" by the National Confederation of Persons with Disabilities.

The Project concerned the implementation of activities for the expression and entertainment, psychological and kinetic development, sports and physical education of persons with disabilities living in open or closed care units or in the family. The program of activities included sports activities, music activities, visual arts, dance, theater, and leisure activities.

Presentation of good practices implemented in the partners' countries

A review of the bibliography clearly shows that there is no consensus on what is a good practice. As a result, various criteria have been used in order to identify good practices depending in the thematic area in question. For the purposes of this project, a good practice is defined as an activity which resulted in the development of skills of the two target groups and thus facilitated their social inclusion process. In addition, these practices should have been measured as to its impact, using either quantitative or qualitative methods.

In this section we present the good practices that the partners have collected through the focus groups.

Portugal

In Portugal, one can identify various good practices of artistic and cultural activities which target persons with disabilities. However, despite the growing number of activities in this area, there is limited information and knowledge about these as they lack a widespread visibility and they are dispersed and act at the local level.

Good Practice No 1

Title: Imagine Conceptuale	
Implementing organizations	MEF - Movimento Expressão Fotográfica
Content	<p>The main objective is to bring people with congenital, acquired blindness or low vision in contact with art and artistic production; and learn about some relevant aesthetic movements through photography and image. The organization in this respect is collaborating with associations from all over the country and in particular with the parish of Marvila, in Lisbon.</p> <p>The goal of this practice is not to work with professional photographers or professional artists. The goal is not professionalization but the promotion of a communication and expression tool.</p>
Methodology applied	<p>Photography/Image</p> <p>The work starts by analyzing photographs and images that introduce different artistic currents. In the production phase, the participants themselves choose the place where they want to photograph and how they want to photograph.</p>
Categories of staff involved in the implementation of the good practice	Mainly professionals in the artistic area and in the social and educational fields.
Materials and resources used for the implementation of this good practice	<p>Thermal printing, touch-sensitive layout, - photo with sensors that as the hand passes by activates the audio description.</p> <p>Technical printers with finely engraved printing.</p> <p>Reinterpretation of art pieces (prints and photographs) with engraved lines (touch) plus audio description.</p>
Source	http://www.mef.pt/mef/imagine-conceptuale/

Good Practice No 2

Title: Creative Orchestra	
Implementing organizations	Município de Santa Maria da Feira
Content	<p>It is a place for improvisation and musical creation that allows the development of socio-educational and artistic processes with a significant social, cultural and educational impact, whose intention is to make music accessible to everyone.</p> <p>The aim of this project is to provide enriching musical experiences (that open a way to creativity and that culminate in concerts), and real moments of enjoyment and artistic achievement, to children, young people, people with disabilities and seniors, aged between 8 and 80 years old, from different parishes in the municipality of Santa Maria da Feira.</p>
Methodology applied	Music
Categories of staff involved in the implementation of the good practice	Social workers, conductor and professionals working in the social and educational field.
Materials and resources used for the implementation of this good practice	Musical instruments
Source	<p>https://www.facebook.com/orquestracriativa</p> <p>≈</p> <p>https://cm-feira.pt/orquestra-criativa-de-santa-maria-da-feira1</p>

Good Practice No 3

Title: Puppet Theater	
Implementing organizations	<p>Mandrágora Puppet Theater</p> <p>Teatro de Marionetas de Mandrágora</p>
Content	It is a professional puppet theater company which was founded on April 2, 2002 focusing on community work and social and inclusive enhancement. The company explores cultural

	<p>practices and seeks to discover the aesthetic, plastic, scenic and dramatic potential of the puppet itself, as in relation to the actor and in this demand to explore the dramaturgy that characterizes them.</p> <p>The company works with adults and young people, with or without disabilities, as well as schools and families. Especially with regard to people with disabilities it is noted that they implement puppet theatre.</p>
Methodology applied	Puppet theater
Categories of staff involved in the implementation of the good practice	Artists in collaboration with social workers, psychologists and social educators.
Materials and resources used for the implementation of this good practice	Puppets, music
Source	https://www.marionetasmandragora.com/?p=abt

Good Practice No 4

Title: Philharmonic Enharmony	
Implementing organizations	Bengala Mágica – Association of Parents, Friends and Families of Blind and Low Vision Children, Youth and Adults
Content	<p>The main objective is to create a philharmonic band that allows participants to perform and play together promoting rehearsals and concerts. It intends to promote musical training and the practice of percussion instruments among 30 children, young people and adults who are blind or have low vision. The musical works are adjusted to the musical interests of the participants.</p> <p>Overall, it operates as a conservatory with different classes that take place weekly. The classes are focusing on:</p> <ul style="list-style-type: none"> ● music theory ● wind instruments or percussions <p>Musical reading and memorization are taught using printed syllabus, braille musicography and relief figuration diagrams.</p>

	They adapt some musical instruments and pedagogical tools in order to create content, methods, materials and equipment that can be replicated in other contexts.
Methodology applied	Orchestral music
Categories of staff involved in the implementation of the good practice	Artists, special education teachers and psychologists. Everyone has minimal training in musicography and braille and access to a guide of good practices to learn how to work with the target group.
Materials and resources used for the implementation of this good practice	Musical Scores with Braille guidelines embossed. Card game for braille musicography, domino with dots/braille cells for notes and musical cells. With Tecnica University they are developing a “baton” with wifi that transmits vibrations to the bracelets/wrists of musicians such as Optic Batom, but in a simpler way, for mobile phones.
Source	https://bengalamagica.pt/o-que-fazemos/projetos/

Good Practice No 5

Title: Psych pedagogical interventions - Sound and gesture articulation	
Implementing organizations	(Transdisciplinary Investigation Center “Cultura, Space and Memory”) e Centro de Investigação em Ciência e Tecnologia das Artes (Investigation center for Arts Sciences and Technologies) - CITCEM/CITAR – implemented by Slavisa Lamounier (researcher and artistic).
Content	Individual psych pedagogical interventions that are focused on the relationship between sound and gesture as a pedagogical practice for physical, motor and cognitive stimulation (memory). Works with children and youngsters and seniors. Psycho-pedagogical relationship, individual or in small groups through the sound and body stimulation of the gesture.
Methodology applied	Sound and gesture

Categories of staff involved in the implementation of the good practice	The team is composed of a choreographer and dancer who is also a therapist.
Materials and resources used for the implementation of this good practice	<ul style="list-style-type: none"> • Digital sock for the feet with sound sensors and light/color projection. • Papers and textures, objects such as balloons, handkerchiefs, music, or “notebooks of memories”.
Source	https://slavisalamounier.wixsite.com/digitalsock/bio https://slavisalamounier.wixsite.com/slavisalamounier

Good Practice No 6

Title: Casa da Música Educational Service	
Implementing organizations	Casa da Música Foundation
Content	<p>Paulo Rodrigues created and founded the educational service from Casa da Música Foundation. One of the most recent projects implemented was the creation of a collective sound instrument/sculpture, which is composed of a set of porcelain pieces that have circulated throughout the whole country.</p> <p>He also participated in an inclusive project, in the area of disability, which included music, visual expression and movement and had the participation of different audiences, high school and university students.</p>
Methodology applied	Music and performance
Categories of staff involved in the implementation of the good practice	The team is composed of artistic professionals in collaboration with teachers and professionals with experience in the educational and social fields.
Materials and resources used for the implementation of this good practice	<ul style="list-style-type: none"> • Gamelans with pieces of ceramic, porcelain and crystal. • Plastic gamelan with tubes used for electricity.
Source	https://www.casadamusica.com/pt/servico-educativo?lang=pt#

Impact:

The practices presented above had a significant impact to both the participants in the activities and to those who see the results of the work done. Regarding the participants in particular, the impact can be summarized as follows:

- Get in contact with art;
- Personal satisfaction and personal appreciation of believing and realizing what he/she is able to do;
- Community recognition increases self-esteem;
- Increases visibility and awareness on disability issues and promotes new points of view over ourselves;
- Enable new ways of communication for aspects that are apparently incommunicable; enable the expression of emotions, feelings and inner ideas that the participants otherwise would not be able to express.

North Macedonia

In recent years, many state institutions and non-governmental organizations have started organizing activities related to various types of arts for persons with disabilities, as well as inclusive events in order to promote the social inclusion of persons with disabilities.

Good Practice No 1

Title: Traditional event "Different and equal"	
Implementing organizations	CITIZENS 'ASSOCIATION "WORLD OF DIFFERENT AND EQUAL"
Content	<p>This project realizes the legal rights and freedoms of people with disabilities and offers the conditions for creative expression of each individual in the context of the Ratification of the Convention on the Rights of Persons with Disabilities in N. Macedonia.</p> <p>In this respect the project includes the following activities:</p> <ul style="list-style-type: none"> ● Presentation of the project proposal in the Day Care Centers for People with Disabilities, Institutions, Small Homes, Boarding Schools, etc.;

	<ul style="list-style-type: none"> • Trainings for mentors of groups and people with special needs in order to select talented people (for dance, acting, music, pantomime); • Drama workshops with people with PP, led by professional actors, directors, pantomime artists; • Choreography workshops - with professional dancers, choreographers; • Music workshops - with music collaborators, music authors, arrangers, composers, performers; • Staging of drama, dance and music performance in collaboration with a professional director and assistant director; • Final performance - including a debate meeting with the leaders, mentors and the artistic team of the association.
Methodology applied	Drama, dance and music
Categories of staff involved in the implementation of the good practice	The team is composed of a choreographer, scenarists, artists, dancers, special educators and music teachers.
Materials and resources used for the implementation of this good practice	Musical instruments
Source	https://civicamobilitas.mk/grantisti/zdruzhenie-na-gragani-svet-na-razlichni-a-ednakvi/

Good Practice No 2

Title: EUREKA – inclusive dancing	
Implementing organizations	EUREKA
Content	EUREKA is an inclusive dance studio and currently has about 220 full members, working in four locations in Skopje. The members are divided into groups according to their age and level of knowledge, while one of those groups consists of people with different types of disabilities.
Methodology applied	Dance

Categories of staff involved in the implementation of the good practice	The team is composed of a choreographer, dancer and special educator.
Materials and resources used for the implementation of this good practice	Musical instruments
Source	https://sdk.mk/index.php/magazin/kaj-nas-nema-posebni-i-neposebni-tanchari-site-se-ednakvi-i-taka-ima-rezultati-velat-od-eureka-prvoto-tantsovo-inkluzivno-studio/

Impact:

Through these project and activities, people with disabilities participate equally in social life, resulting in an increase in their self-confidence and in the acquisition of new skills, which are crucial for their integration into the labour market.

Regarding the impact on professionals who work on such activities, it can be concluded that they develop professionally, become more flexible and expand their knowledge of working with a specific target group. As to the overall social impact of such practices, it is noted that it is invaluable, especially when the events are supported by the media, as they contribute to raising awareness on disability issues and promotes the improvement of the situation of people with disabilities in society.

Hungary

In Hungary several NGOs and public institutions use art in order to enhance the social inclusion for people with disabilities. Some of these are presented below.

Good Practice No 1

Title: Roll Dance Budapest	
Implementing organizations	Roll Dance Budapest
Content	The Roll Dance Budapest is a very special dance club where people with motor disabilities and people without disabilities learn to dance together. The dancers perform dance together in various styles like Latin, modern dances, typical Hungarian folk dance, oriental and hip-hop. They believe that this kind of performance is a good way for

	enhancing the social inclusion of people with motor disabilities and even the non-disabled persons can learn to overcome the fears towards the disabled peers.
Methodology applied	Dance
Categories of staff involved in the implementation of the good practice	Dancer, musicians, choreographers.
Materials and resources used for the implementation of this good practice	N/A
Source	http://rolldance.hu/en/index.html

Good Practice No 2

Title: FILM CLUB Budapest for hearing impaired youngster	
Implementing organizations	Informal group of special need teachers
Content	Film Club is a place where hearing impaired youngsters meet each other every month. During these sessions they watch a movie together (that can be on different topics) and after that they have a conversation about the film. This unique experience and the discussions after the films offer a good possibility for hearing impaired people to discuss their feelings regarding the disability, partnerships, employability, etc. The movies are mostly selected by the club leaders and the aim is to present good examples for good coping strategies for living with disabilities and the struggles in connection with that.
Methodology applied	Movies
Categories of staff involved in the implementation of the good practice	Therapist, special education teachers
Materials and resources used for the implementation of this good practice	Cinematic works
Source	N/A

Good Practice No 3

Title: Arts workshops and festivals	
Implementing organizations	Hungarian Special Arts Workshop Association (MSMME)
Content	<p>The Association was founded to promote the artistic activity of people with disabilities, to raise the standard of the artistic activity and to spread special techniques. It aims to give the persons with intellectual disabilities the possibility of active participation in artistic activities; to know and show their talents in the wider public, and through this to improve/develop their self- expression and promote their social inclusion.</p> <p>To this end, MSMME organizes festivals, art camps for disabled people and trainings for professionals. The arts and crafts and fine arts camps – which are being organized since 1993 - provide an opportunity for the artists with intellectual disabilities and their pedagogues to acquire basics skills and to broaden their knowledge. The camp offers a great variety of workshops, such as painting and drawing, woodcarving, basket weaving, making objects of cornhusks, weaving and embroidering, pottery and ceramics, leatherwork, felting, threading of beads, patchwork, paper- and batik work.</p> <p>Moreover, special professional training has been organized annually in Eger since 1994. The organization has offered gradually more and more courses, including trainings in music, in Latin and folk dance and in acting, while later on training offered on puppetry and handicraft.</p> <p>In practice, 40-50 pedagogues participate in the training every year, while experienced artists support them to learn the special techniques and the fundamental methods of certain branches of art. The aim is that the pedagogues become not only simple demonstrators but artists with original thinking.</p> <p>Finally, the annually organized festival aims to present films created by people with disabilities and also for people with mental health problems. The festival gives the opportunity for more space and publicity for the films made by people with disabilities in</p>

	order to enhance their integration and acceptance by the wider public. It also gives the opportunity to all independent filmmakers and creative groups to present the world of the people with disabilities.
Methodology applied	Festivals, art camps, trainings on arts
Categories of staff involved in the implementation of the good practice	<ul style="list-style-type: none"> • various artists such as dancers, painters, musicians, choreographers; • art therapist; • special education teachers; • psychologists.
Materials and resources used for the implementation of this good practice	Art and crafts tools, music instruments, devices for film
Source	http://www.msmme.hu/index.php/english/eng-al

Good Practice No 4

Title: Artman Association For The Arts And Movement Therapy, Tánceánia	
Implementing organizations	Artman Association For The Arts And Movement Therapy - Tánceánia
Content	<p>The mission of the Association and Tánceánia independent dance group is to create a common space -through dance and therapy - for a society of inclusion. Tánceánia Dance Ensemble functions as an independent dance group supported by the Association.</p> <p>The Association offers arts and movement therapy for persons with intellectual disabilities (such as Autism Spectrum Disorder) and for persons with visual impairment. These therapy groups were initially closed but eventually opened up and have been performing public performances and demonstrations.</p> <p>In the last decade, a lot of artists and therapists joined the group, bringing new therapy and art concepts (dance therapy, body awareness techniques, improvisation) which got integrated into the program. These ideas and techniques support the participants to experience a layer of body-mind-movement</p>

	relationship which rather connects than separates people with different abilities.
Methodology applied	Arts and movement therapy
Categories of staff involved in the implementation of the good practice	Artists, art therapists, psychologists.
Materials and resources used for the implementation of this good practice	N/A
Source	http://artman.hu/en/kik-vagyunk/rolunk/

Good Practice No 5

Title: I Don't give up Association	
Implementing organizations	I Don't Give Up Association
Content	<p>"I Don t Give Up Association" is more than the name of the Association. It is also the slogan that communicates their approach: if they don't give up, they may be able to succeed and create value.</p> <p>The Association works on more fields like: Never give up Gospel Choir, Arts and Crafts Workshops, Arts Competitions, and Never Give up Cafe.</p> <p>The Association has become famous in Hungary with opening the first Cafe in Budapest where the employees are persons with disabilities. The Cafe is also an exhibition room for paintings made by the target group.</p>
Methodology applied	Music, Arts and Crafts Workshops
Categories of staff involved in the implementation of the good practice	Artists, art therapists, conductors, psychologists.
Materials and resources used for the implementation of this good practice	Art and craft materials, music instruments
Source	https://nemadomfel.hu/

Impact:

Although there are no evidence based studies as to the impact of these good practices, it is noted that according to the representatives of the organizations implementing the abovementioned good practices, the impact has been particular significant for the participants.

Italy

In Italy there are many realities that bring art in the context of disability. For example, in the world of theatre, Lenz Foundation carries out a complex project of contemporary performative and visual creations and integrated laboratory practices aimed at people with mental, intellectual and sensory disabilities. In addition, Isolecomprese Theatre, since 1988, is producing plays in the field of experimentation and theater research with the participation of persons with disabilities and persons with mental disorders. In the world of figurative arts, Bottega L'incontrario in Pistoia has carried out many projects of training and semi-professional activities over recent years, while the CircoSfera Network brings together many associations that implement circus activities with persons with disabilities.

Good Practice No 1

Title: L 'INCONTRARIO	
Implementing organizations	San Lorenzo Hand Made in collaboration with the Social Cooperative Gli Altri
Content	<p>L 'INCONTRARIO is a workshop of artists and artisans created by San Lorenzo Hand Made, a Social Promotion Association that was born as a project for the work integration and social inclusion of people with disabilities, in collaboration with the Social Cooperative Gli Altri.</p> <p>Initially the project was financed by the Fondazione Della Cassa di Risparmio di Pistoia, giving the opportunity to start the commercial and training and creation of the workshop. Over the years, the Association established collaborations with the service Inventotempo, social workers, the City of Pistoia, the Health Company, Schools and the Associations Agraba and Manusa.</p> <p>The workshop welcomes in its atelier people with disabilities aged 16 years old and over. The key features of the practice are as follows:</p>

- The methodology of the practice differs from other laboratories of Art Therapy as, apart from art and crafts, it includes also a shop. The shop in this case is an integral part of the methodology as it provides a stimulus, which is precisely the purpose of working to sell the works produced.
- The methodology of the workshop is the same as that of the figurative arts. Therefore in this place there is the possibility of expressing oneself and transforming experiences.
- The relationship with the object, the contact with it and its transformation are all factors that activate the sensory experience of the participants.
- The collaboration between artists and educators within the workshop allows making the most of the personal inclinations of the participants in respect of their integrity and personal dignity. The operators are trying to identify the strengths of each participant and organize the various skills channeling the creativity for results aesthetically and ethically consistent with each other.
- The artists who run the workshops launch ideas that are elaborated in the workshop and which lead to the production of works that are competitive on the market.
- In collaboration with the City of Pistoia, the Association organized an open-air exhibition. In the exhibition, billboards consisting of works of the participants were presented.
- As to the shop, it is highlighted that it provides the ground for new exchanges and knowledge with the people who enter the store, allows the weaving of networking with institutions while maintaining a private dimension of free activity, ensuring the possibility of cultivating a pedagogical and artistic mission in line with the principles of their association.
- The recognizability of the brand has allowed the marketing in the store, producing lines of gadgets of various kinds (lapis, pins, bags, etc.).

Methodology applied	Weekly workshops focused on: <ul style="list-style-type: none"> ● Pottery ● Painting ● Plastic arts ● Drawing ● Ceramics and clay ● Advanced painting
Categories of staff involved in the implementation of the good practice	<ul style="list-style-type: none"> ● President ● Coordinator ● Educators ● Artists of various kinds ● Volunteers ● Trainees
Materials and resources used for the implementation of this good practice	Clay, kiln to bake clay, acrylic colors, oil, watercolors, paper consistent with the product, canvas, brushes, tools to shape clay.
Source	http://www.lincontrario.org/

Good Practice No 2

Title: EN PISTE Association	
Implementing organizations	EN PISTE Association
Content	<p>EN PISTE Association was founded in September 2008, with the aim to promote circus arts and in particular juggling, balancing, clown and acrobatics.</p> <p>It has created a circus school for children and adults, and over the years it has launched many projects of circus activities targeting persons with disabilities (e.g. circus workshops and courses of graphomotricity for children and young people who have difficulty in writing).</p> <p>A particular feature of En Piste is the involvement of parents in the activities proposed, who provide support as costume designers, set designers, graphics, as well as helping in the search for spaces and accompany them on tours. In this way they generate a further opportunity for socialization and cultural production around the world of the circus.</p> <p>One of the important aspects of En Piste's training is the creation of a non-competitive</p>

	<p>environment, where anyone can find space to have fun, grow and learn together with others. This is made possible due to the lack of a competitive aspect and the ability of operators to promote collaborative dynamics, in addition to the use of games and playful approaches both in the teaching of techniques and in the management of the group.</p> <p>Another method of En Piste to combat social discrimination is to create, in private courses, mixed groups including children diagnosed with High Functioning Autism and Down Syndrome.</p> <p>Unlike other forms of live entertainment, where the audience attends a front stage space, in the Circus arena the audience is included in the viewer's optical space, becoming part of the stage space and consequently of the show itself. It is therefore the nature of the circus itself to be inclusive: in fact, the educational methodology carried out by En Piste is based on the inclusiveness of the various facets of society. The philosophy of the track arts is based on sharing, diversity, where everyone finds their place within the space and where the skills are compensated.</p> <p>On many occasions, in the workshops open to the public that En Piste organizes in the various Italian squares, people with disabilities become trainers themselves teaching the passers-by.</p>
Methodology applied	Circus
Categories of staff involved in the implementation of the good practice	<ul style="list-style-type: none"> ● Circus operator, qualified instructor; ● Educator; ● Graphologist; ● Teachers.
Materials and resources used for the implementation of this good practice	Foulard, balls, circles, club, diablo, flowerstick, Chinese plate, sphere, rolabola, beam, stretched wire, monocycle.
Source	https://enpiste.org/

Impact:

Concerning the first good practice presented, it is noted that in addition to the satisfaction of the innate need to create, the laboratory's activities improved the self-esteem of the participants, preventing the social withdrawal and the exclusion of the persons with

disabilities. Moreover, due to the shared nature of the works, teamwork and the sense of empowerment are expanded.

The impact of the store is also crucial as it functions as a place which promotes the exchanges with its customers, offering the territory and the context to enjoy a permanent exhibition open to all. The fact that people come into the shop and compliment the professionals, as they are amazed when they discover that the works are made by the persons with disabilities who attend the workshops, is a clear indication of how the wider public perceives the results of this practice and how this practice can break down the stigma.

In addition, the ongoing training that is implemented within the workshop has allowed the participants to become real experts in artistic techniques.

Regarding the second good practice, it is noted that their methodology aims at improving psychophysical abilities and the functionality of people. The circus workshops offer the opportunity to work on psychophysical coordination, balance, reflexes, presence to themselves and to others and also expressive skills; for example, with the workshops on the art of the Clown, mimics are used to develop transversal skills, useful to facilitate the communication of the individuals with others. This is particularly important taking into account that the participants are particularly introverted; or do not use words but communicate through the gesture.

Greece

Thus far in Greece, there has been no coherent approach related to the use of arts for the empowerment and the promotion of social inclusion of persons with disabilities. However, one can identify individualized activities of organizations which are being implemented at the local level, information about which are not widely disseminated.

Good Practice No 1

Title: Amimoni – Music groups	
Implementing organizations	Panhellenic Association of Parents, Guardians and Friends of Multiply Disabled Visually Impaired People “Amimoni”
Content	The activity aims and contributes to providing opportunities, either at individual or group level, for self-expression. Through this activity, various music groups have been established over the last decades.

	<p>One of the most successful examples of music groups was “Oneiremata”. The music group established in 2009 and since then has made over 40 appearances, with Greek and foreign repertoire, inside and outside Attica, as in the opening ceremony of the 5th European Conference of the International Association for the Scientific Study of Intellectual and Developmental Disabilities, at the 1st European Art Festival for Mental Health, at the 1st Festival of Special Education Institutions in the Technopolis of the Municipality of Athens, in schools, hospitals, theatrical scenes, etc.</p> <p>With the cooperation of the music therapist and the professionals of the organization, the target group started expressing themselves on a safe environment/context and gradually they transformed into a music group which participated in various social events. Throughout this process, the participants built strong relationships not only among the members of the group but also with the professionals involved in the rehearsals and meetings, as well as with the local community. The group members realized that they have a talent which not only facilitated their therapeutic process, but also provided them with an employment opportunity.</p> <p>It is interesting that the whole process is co-created by the target group themselves who participate in all decisions related to the rehearsals, the repertoire, and the events. Taking into account that a “one-size-fits-all” approach cannot be applied in art therapy, the process is evaluated in every session.</p>
Methodology applied	Music therapy
Categories of staff involved in the implementation of the good practice	Music therapists
Materials and resources used for the implementation of this good practice	Musical instruments
Source	https://amimoni.gr/

Good Practice No 2

Title: Theatrical group	
Implementing organizations	Association of People with Disabilities and friends of Rodopi Prefecture “Perpato”
Content	<p>The Association has established a theatrical group which is composed of members/beneficiaries of the organization’s activities, friends as well as supporters of the Association. Through this activity, which involves a combination of movement, performance and theater elements, voice expression as well as psychotherapeutic techniques, the organization aimed to cultivate a space where everyone is free to express himself/herself and becomes visible to other people.</p> <p>At the beginning of this process, the involved persons discussed as to whether this activity could lead to the organization of a local festival. In this context, the staff of the organization decided that it was possible and also agreed with another theatrical group to take part in a festival.</p> <p>Once the Association decided that the theatrical group will perform Molière’s “Imaginary Patient”, they started discussing about the steps that need to be taken in order to organize the local festival and the theatrical performance. In this respect the steps taken were as follows:</p> <ul style="list-style-type: none"> ● Identify and book an accessible space in the city; ● Identify the members of the target group who would participate in the theatrical group. ● Started working on the roles within the team. ● Since the beginning of the activity and according to the needs they identified throughout the process, they selected the supporting staff that is necessary to be present during the rehearsals (based on the type of disabilities of the participants for example, or the content of the rehearsals). <p>Overall, throughout the process, the organization and the involved staff, tried to bridge various gaps, such as the participation of both younger and older people, people without</p>

	and with comorbid conditions (for example persons with mental disorders and physical ankylosis). Regarding the methodology in particular, it is noted that the organization worked with kinetic improvisation in theater conditions. In addition, they used meditation at the beginning and at the end of each rehearsal. The whole process of the rehearsal resulted in a continuous discussion about the interaction, the difficulties and the wishes of the participants.
Methodology applied	Theatre (which includes kinetic improvisation, visual arts, theater conditions, body music, group feedback, narrative techniques, conscious breathing exercises)
Categories of staff involved in the implementation of the good practice	Psychologist, director, personal assistants, social workers, musicians, project manager
Materials and resources used for the implementation of this good practice	N/A
Source	https://perpato.gr/

Impact:

In the context of the abovementioned initiatives, it is noted that the implementing organizations assessed the impact of their activity by conducting informal discussions with the participants as well as the observations of their staff.

As stated by the representatives of the Perpato Association, what they realized was that although at the beginning of the activity there were significant differences among the participants, they collaborated effectively, and this applies particularly for those who were introvert. Throughout the process and the rehearsals, the staff experienced various moments, which cannot be recorded through formal evaluations and which are related to the changes in the way participants performed and expressed themselves and their feelings (getting excited for example) during the rehearsals.

The evaluation of the activity was conducted mainly at the end of each rehearsal where they had a discussion with the participants in order to share their experiences.

Overall, the impact that the participants of the abovementioned initiatives acknowledged are as follows:

- Body contact;
- Improved communication and expression;
- Empowerment and sense of liberation;

- Enhancement of self-esteem and enthusiasm;
- Improvement of their “visibility” and “presence” in society.

Concluding remarks on the good practices

Overall, in the partners’ countries, the devaluation of the identity of persons with disabilities through history is an obstacle to their inclusion that has continued in our modern times. This is due to the social stereotypes that prevent society from fully acknowledging the personhood of people with disabilities.

The emergence of a new perspective of inclusion and a new mentality has been mentioned by all the partners of the project and everyone has agreed that arts could be a major contributing factor on this road. The road to a participatory society for people with disabilities will be the one in which their needs are not considered as needs of a limited group but as the interest of an entire society.

It is also important for each partner’s country to have a more organized and continuous preparation of the community for acceptance and adaptation. The accessibility remains a major issue especially in the smallest cities and the range of social and economic measures hasn’t been really effective. Even if the last few years the policies regarding people with disabilities are in the right direction there is more to be done in order to remove the barriers, which cause the social exclusion of people with disabilities from many dimensions of their social life.

Another issue that needs to be highlighted is that the organizers of any cultural (and not only cultural) festival should take all the necessary actions in order each event’s site will be accessible absolutely to everyone and that people with disabilities learn through, participate in, and enjoy the arts.

In conclusion, two major topics that the policy makers should consider as they create the new strategic plans of social inclusion for people with disabilities are the fields of education and employment. Earning a postsecondary education credential like a degree or certification expands a person’s employment choices and is an important indicator for future earnings and job security. The majority of the partners mentioned that this increased emphasis on a postsecondary educated workforce stands to disproportionately affect people with disabilities and it is important to develop targeted strategies in building a more inclusive and equitable society which facilitates employment and educational opportunities for people with disabilities.

Recommendations

It is a fact that people with disabilities are more likely to experience adverse socioeconomic outcomes such as less education, poorer health outcomes and lower levels of employment compared to the general population. In the meantime arts could be an important factor of social inclusion but up to now there is not an organized section that could promote the importance of culture as a tool of inclusion.

The 2030 Agenda for Sustainable Development clearly states that disability cannot be a reason or criteria for lack of access to development programming and the realization of human rights. With this statement in mind further efforts are needed. Some of the recommendations of this consortium are the following:

- Accessibility is a collective good that benefits all. It facilitates full and effective participation of all and should therefore be considered a central component of a policy to achieve inclusive and sustainable development.
- The integration of arts as a tool of inclusion in the national strategies is an important outcome of the research process of the project. In this direction it is vital to create a curriculum that includes people with disabilities in cultural activities. In this respect, a distinction should be made between two different situations: on the one hand policies for the enjoyment of artistic and cultural activities for people with disabilities and on the other the interventions aimed at ensuring that the person with disability is not only a passive user but also an active "producer" of arts and culture.
- Awareness activities with the aim to promote acknowledgement, understanding, and embracement of the widespread nature of disability. Disability touches every demographic category – gender, age, race, sexual orientation, etc. and impacts most people eventually through accident, illness or aging.
- Each country should make sure people with disabilities are part of the solution. People with disabilities are ready to contribute their living experiences to problem-solving and thus participatory approaches and contexts need to be promoted and ensured.
- The national policies should foresee training to all relevant stakeholders and professionals to make inclusion successful and it is important each strategic plan to include activities to both hire and retain employees with disabilities. Moreover, training is needed as regards:
 - the various forms of disabilities and its specificities, to understand the importance of therapy;
 - The identification of the needs of the employers and the employees' skills that they require/need;
 - How to adapt the working environment and provide flexibility (i.e. in terms of working hours).

- Training and awareness for artists on the specificities of people with disabilities.
- It is necessary to develop a handbook for people with disabilities and mental health problems, in order to produce signposting information for a set of existing responses, identified in various areas of life; a specialized, intelligible document, presenting responses specifically addressed to people with disabilities and mental health problems, and relevant information for these citizens, as well as for their families and for the professionals developing their professional activity in this domain, enhancing the quality of life of people with disabilities, their capacities and autonomy;
- There is also a need for programmes and opportunities which will improve the degree of functionality of referral systems between and within health, social, education, community and religious sectors.
- Transnational cooperation is also essential. It is a fact that some EU Member States have progressed more than other Member States as regards the use of arts and culture as a tool in non-formal and informal education for the promotion of social inclusion of persons with disabilities.

PART B: MENTAL HEALTH

Description of the situation in the area of mental health in the partners' countries

The section aims to present information concerning the socioeconomic integration of persons with mental health problems in the partner countries; examples of cultural beliefs and stigma regarding persons with mental health problems; national strategies and policies that are being implemented with the aim to promote the social inclusion of persons with mental health problems; national strategies and policies in the area of adult education and training; and whether art is being used as an instrument of non-formal education for the promotion of social inclusion of persons with mental health problems.

Portugal

In the 1980s, in Portugal, the issues of mental health became an issue of higher political concern which resulted in the establishment of the National Commission for mental health. Since then, the social perception of mental illness has changed, while the provision of mental health care has undergone substantial revisions, putting at its center the psychosocial rehabilitation of the individual, their integration into society and the fight against the discrimination they are experiencing. The main developments are as follows: reduction of beds in the public sector; generalized increase in the number of external consultations and day hospital sessions, prioritizing local mental health services with a focus on community responses; increased access in the area of child psychiatry; creation of the National Network for Continued Care in the area of mental health.

In this context, the aim is to create responses that: ensure long-term support in a logic of proximity, greater accessibility to mental health services; mobilization of community resources adapted to the specific problems of the person concerned; stimulating autonomy and decision-making in their rehabilitative process; and an overall increase in the number of mental health professionals, namely psychologists, social service technicians, nurses, and physicians, with emphasis on the area of child and adolescent psychiatry.

In 2020, the targets set in the area of the Mental Health are the following:

- Increase by 25% the registration of mental disorders in Primary Health Care;
- Reverse the trend of benzodiazepine prescription to the population through its stabilization;
- Provide the support the creation of 1500 places for adults and 500 for children/adolescents in Continued Integrated Mental Health Care;

- Increase by 30% the actions in promoting the mental health and mental illness prevention programmes developed by the PNSM (National Plan for Mental Health).

However, despite the improvements achieved thus far and the fact that Portugal is among the European countries with the highest percentages of persons with mental health problems, which has a substantial social and economic impact, it seems that there is a stagnation over recent years, without major improvements in what concerns inclusion in the labor market, housing, daily-life support and education.

Overall, the continued care network, envisaged by the Portuguese state for some years now, has not kept up with the population's needs. According to a study conducted by Almeida and Xavier (DGS, 2013), there is a gap among those who need treatment and those who receive it. In particular, the relative percentages clearly show the situation: 18.2% for those with mild disorders, 35.1% with moderate disorders, and 66.4% with severe disorders. One should also note that the time needed, for those who experience major depression, to receive treatment is, on average, four years. This situation worsens in periods of crisis, such as the current situation related to COVID-19.

Another major issue of concern is that the persons with mental health problems, belatedly seek care services, resulting from the combination of different factors, namely: the stigma and lack of knowledge about the disease; the shortage of human and structural resources; the low priority in terms of political options; the poor organization of psychiatric services, in particular when there is a high concentration of services in centralized institutions and insufficient coordination with primary health care services. Especially with regard to the stigma and the discrimination that the persons with mental health problems are still facing, it is noted that assumptions such as that a mental disorder equals to mental disability or that a mental disorder is associated with “madness”, are still common in the general public. Beliefs that mentally ill “are crazy” and unpredictable or very aggressive; as well as less capable and less intelligent, are still persistent. Moreover, there are still a lot of stigmas on the side of the mental health professionals, who often do not have the opportunity to collaborate with other services in order to apply individualized therapeutic processes and plans. In this respect, the provision of training to professionals that will contribute to changing perspectives in the way they frame treatments and work with the target group by applying a more humanistic and person centered approach.

North Macedonia

Post-independence law reforms in North Macedonia provide substantial and procedural protection of rights of the patients with mental disorders and they are generally in line with international best practices. North Macedonia has had a mental health policy and mental health legislation since 2005 and has established a national human right review body which performs regular inspections and reviews complaints processes. In addition, a National

Mental Health Committee and a Coordinator for mental health have been appointed by the Minister of Health, being responsible for the provision of advice on policy and legislation as well as for service planning, monitoring and quality assessment of mental health services.

However, vulnerabilities in the mental health care system in North Macedonia are profound and the coronavirus pandemic and its socio-economic consequences are likely to exacerbate these preexisting vulnerabilities of the mental health system in the country. Even before the outbreak, overall social mental health was deteriorating, a trend which is likely to be exacerbated under the health and socioeconomic pressures triggered by the pandemic. At the same time, the vast majority of mental health needs remain unaddressed due to the lack of investment in infrastructure and human resources which are essential for mental health prevention and care provision. Such challenges are compounded by the structural weaknesses of the healthcare system, which instead of alleviating the healthcare concerns causes extra uncertainty and distress both for patients and medical workers. In view of this, a comprehensive mental health strategy needs to be pursued by the healthcare authorities, as part of an overall strategy to improve of the healthcare system as a whole. Such a strategy needs to consider the social treatment of mental health issues, looking for ways to address the material and structural healthcare conditions, which cause distress and uncertainty to the population and to the medical workers. It should also include educational and raising awareness activities and interventions that will contribute to changing the attitude of society towards persons with mental health problems. Indeed, persons with mental disorders continue to face multiple difficulties and are stigmatized, which impacts their daily life. Cultural and religious teachings often influence beliefs about the origins and nature of mental illness, and shape attitudes towards the persons with mental disorders. In addition to influencing whether mentally ill individuals experience social stigma, beliefs about mental illness can affect patients' readiness and willingness to seek and adhere to treatment.

Hungary

At the systemic and policy level, until 1989, officially there were no persons with mental disorders in the country and the persons with mental health problems were systematically excluded and „hidden” in closed institutions. In 1989, one can note a change in the terminology used and the definition of what a disorder means and how this should be regarded. An actual change occurred in 2004, after Hungary joined the EU, when efforts started as to better understand and overcome the negative and disruptive perceptions towards persons with mental disorders.

According to the data provided by the Hungarian Central Statistical office 2019 (KSH) there are 148.935 individuals registered with mental disorders while the number of children and adolescents with mental disorders amounts at 18.503. Yet, despite the

outstanding number of people committing suicide or suffering from depression, and the profound need to support persons with mental disorders, the attitude of the general public towards these persons are negative. It is true that the persons with mental disorders are one of the most socially disadvantaged and marginalized groups in the country, often seen as “strange”, unpredictable, violent and dangerous. A significant part of the society has no actual knowledge on the issues related to mental health disorders and the rejection that the persons in question are experiencing is highly influenced by gender, education and the level of familiarity with mental illnesses.

Overall no substantial change in this attitude appears to have happened over the recent years and many efforts need to be made in order to deal with problems such as:

- lack of information about the mental disorders;
- lack of well structured, coordinated and evaluated national awareness campaigns and sensitivity trainings;
- the lack of relevant human resources
- the paternalistic institution-centered attitude;
- the mass supply of care services in dilapidated buildings;
- the stigmatization of the patients.

Italy

Italy is considered by the WHO as the country that has the most respectful legislation for the rights of people with mental disorders and also boasts the primacy for being the first country in the world to have abolished the psychiatric hospital. The process of change begins in the second half of the 1950s when psychiatric care activities are traversed by the deinstitutionalization that questions the asylum and starts the debate about the new ways of taking charge of the psychiatric patient. In Italy, the new anti-asylum culture introduces concepts such as decentralization, territoriality, therapeutic continuity between psychiatric hospital and territory, teamwork, training for the development of new professional skills. Law 180 which was adopted in 1978 (known as Basaglia law) was intended to be a way of modernizing the clinical setting of psychiatric care, establishing renewed human relations with staff and society, fully recognizing the rights and the need for a quality life of patients, followed and cared for also by territorial structures. Law 180, however, has delegated the implementation of this modernization to the Regions with the result that each Region has legislated for itself, producing quite diverse realities in the types of structures and services.

In any case, the logic of welfare, homologation and institutional segregation is overcome; at the same time, care, rehabilitation and attention to the civil rights of the patients are valued, embracing the logic of interaction between social and health. The right to care is interpreted as the right to mental health and citizenship. With the closure of the asylums, the need for employment as an inalienable right has increasingly emerged.

In 2019, in the National Conference for Mental Health, the steps taken were recognized and highlighted the positive outcomes achieved by that time. Yet, the need for the inclusion of Mental Health among the priorities of the political agenda was also acknowledged, which would require also the allocation of adequate funding and ensure the application of the new guarantee system for Essential Levels of Support. It also stressed the need to define qualitative, structural, organizational and quantitative standards with a specific measure; to provide specific measures to combat practices that violate the rights of the patients; formalize places and arrangements to ensure the full participation and involvement of citizens and social and trade union forces in decision making forums at all levels.

Apart from the developments at the systemic and policy level, it should be noted that in Italy there's a substantial lack of knowledge by the population on what having a mental disorder really means. The asylum apparatus made up of walls, restraint beds and straitjackets has moved to a psychological level, where these tools of coercion and isolation of the patient have taken the form of fears, stereotypes and lack of knowledge. And it is above all the lack of knowledge that generates fear and mistrust towards people who are being treated at a mental health care structure.

Some of the most common beliefs, which are widely spread in society, is that people with mental disorders are dangerous and likely to commit violent crimes; and people suffering from mental disorders are lacking in terms of will and self-determination. These examples of stigma create a vicious circle from which it is difficult to get out and very often prevent people from asking for help from a mental health care service because they fear what others would think if they found out that they are being treated in a mental health center.

Greece

Overall, the situation of persons with mental health problems has been improved the last three decades. This can be attributed to a large extent to the implementation of the psychiatric reform in Greece which started in 2017. The two major programmes which led to the psychiatric reform in Greece were Psych Argos I (1984-94) and Psych Argos II (1999-2007) and to aimed to modernize the outdated system of care and in particular:

- To provide community psychiatric services in sectors ('sectorization')
- Reduce the number of traditional hospitals, in parallel with the creation of a network of housing units;
- Establish psychiatric units in general hospitals and mobile units in rural areas and the islands;
- Establish a network of units for psychosocial rehabilitation;
- Establish pilot units for psychogeriatric patients and people with autism.

Through this reform, persons with mental health problems were managed to move from psychiatric hospitals to protected apartments with the aim to activate them and promote their social inclusion. Their participation in a “protective” environment within the context of the labour market (i.e. the Social Cooperatives of Limited Liability) have had a positive impact in their mobilization and their transformation into active citizens.

Yet, despite the recent developments, studies show that the general population maintains negative attitudes towards those it recognizes as mentally ill. Indicatively, there are still stereotypes that present persons with mental health problems as irrational, unpredictable and dangerous, creating a sense of fear towards them and the belief that they are inferior and different.

As a result, persons with mental health problems in Greece face several barriers which hinder the efforts to promote their social inclusion. In particular, some of the most common barriers are as follows:

- Lack of resources that will allow the development and delivery of mental health services to all those in need.
- Housing exclusion: Landlords often refuse to rent their homes to people with mental health problems.
- Limitation of job opportunities: Although many persons with mental disorders have a significant ability to work, a very small percentage actually finds work, mainly due to the negative attitude of employers.
- Social isolation: Many persons with mental health problems, and in particular those who have severe disorders, are being social isolated not only because of the symptoms of their illness but also to their social status.
- Stereotypes: Stereotypes have a particular negative impact to the target group as they internalize these and feel “helpless and useless”, thus withdrawing from social life.

However, not all people have the same attitudes towards persons with mental health problems. Two factors that appear to have an impact on how people perceive mental health problems are age and educational level. In particular, according to a study which focused on the attitude of professionals who are working in the field of healthcare towards the persons with mental health problems, showed that the variables age and educational level has a significant impact on the attitudes and perceptions of health professionals towards them.

Notwithstanding the above, it should be noted that a change in the perception and attitude towards mental disorders seems to have changed as a result of the financial crisis which started in 2009 and of the recent COVID-19 pandemic.

In particular, during the financial crisis, the percentage of the population suffering from depression increased as a result of the inability to cope with the loss of wages and benefits. In 2013, more than 12.3% of the population suffered from depression, while in 2017, according to a survey conducted by the National School of Public Health, more than half

of the respondents had mental health struggles. As the Greek economy slowly began to turn around, the connection between the financial crisis and mental health became even more evident and discussions regarding mental health care in Greece became more acceptable and open. According to the relevant data, conservative attitudes towards mental disorders slowly began to change in 2014 as mental health stigma in Greece reduced from 63.1% to 36%. In addition, it is noted that the public discussion about mental disorders has also strengthened as a result of the COVID-19 pandemic and the restrictions imposed by the Greek government as preventive measures against Covid-19. Remote work, curfew restrictions and other related measures had a significant impact in the mental health of a large number of citizens, which led to a more open discussion about mental health problems and the understanding of these by the general public.

National strategies and policies for the social inclusion of persons with mental health problems

In this section, a short description of the national strategies and policies for the social inclusion of persons with mental health problems in the partner countries is presented.

Portugal

According to the document "Joint Action on Mental Health and Well-being, Portuguese situation Analysis" (2015), there were four relevant stages for the restructuring and the modernization of mental health services:

In the *First Stage (1963-1980)*, psychiatric services started to be decentralized and transferred from psychiatric hospitals to mental health centers. The Law 2.118 which was adopted in 1963 concerning community care, foreseen the creation of an organizational structure (national, regional, and local) with an approach close to the continuous care approach, which will be able to implement; coordinate; and offer services for the promotion of mental health, as well as for the prevention and treatment of mental disorders and their rehabilitation. Through this law, the Mental Health Centers (CSM) became the basic structure of mental health services, one service per district. Despite the fact that close to the '80s, these centers encounter several difficulties such as the limitation of available resources; the difficult hiring of professionals; and the integration of some of the Centers in local institutions (beggars asylum type), which compromised the community care development, these centers completely changed the mental health system because they were implemented at a local level, improving people's access to care and facilitating new forms of community intervention, with interconnection between health and social services.

In the *Second Stage (1980s)*, the creation of the National Health Service in 1984 was a giant step towards the development of community psychiatry. Two mental health plans were approved in 1985 and 1988 respectively aiming at promoting in mental health services:

1. the geographical development of an integrated system of community care;
2. the continuity of care; and
3. the integration and joint management of the different structures, including those of health centers and general hospitals.

The implementation of this reform led to other significant breakthroughs: the development of a national information system for mental services; the setup of structures for the planning, monitoring, and evaluation of mental health services; the creation of the first CSM (MHC – Mental Health Centers) in Lisbon and Porto, as well as several psychiatric units in general hospitals throughout the country. An extensive training programme was also initiated, designed for community psychiatry professionals and family doctors on a national scale, and it was created as well an inter-ministerial commission (Health and Social Affairs) for deinstitutionalization and rehabilitation of patients. Finally, due to the availability of resources, it was possible to support several innovative projects, in various regions of the country, within the scope of the community-based intervention.

In the *Third Stage (1990-2006)*, the whole restructuring process was interrupted by political changes. All Mental Health Centers were integrated into general hospitals. Most community programmes were discontinued, and there were dramatic cuts in the resources allocated to mental health. In 1994, the Commission for the Study of Mental Health (within the DGS) produced a document used as a basis for the National Mental Health Conference (1995) that became the fundamental basis for the new Mental Health Law (No.36/98) and the Decree-Law No.35/99 that established the principles of the national mental health policy. This new law put an end to the practice of compulsory hospitalization without a legal basis, regulating mandatory treatment, defined the rights that should be recognized to people with mental disorders, and established the guiding principles for the organization of mental health services, following international guidelines. The approval of this new law has indeed promoted significant developments in this sector. The joint decree-law no. 407/98 regulated the coordination of the social and health sectors in providing psychosocial care for people with disabilities due to mental disorders and the decree-law no. 348-A/98 enhanced the creation and financing of social enterprises, which are fundamental for designing psychosocial rehabilitation programmes for people with mental health problems. The Health XXI Programme has also widely promoted improvements in the mental health departments of general hospitals.

A substance abuse policy was introduced in 1999, while in 2000 an alcohol prevention policy was adopted.

In 2004, the Directorate General for Health published the Psychiatry and Mental Health Referral Network and promoted the organization of the second National Mental Health

Conference, stressing the inclusion of mental health in the National Mental Health Plan, specifically in the areas of depression, alcohol abuse, and post-traumatic stress disorders. However, the impetus to the reform of health services and the focus on community-based services was concentrated in the Lisbon Region, making clear the need for investment in a national plan that would promote all the essential parts of the reform and extend them to the whole country.

In the *Fourth Stage (2006 - 2012)*, a National Commission for Mental Health was approved by the Portuguese Government (2006), and a National Mental Health Plan (2007-2016) was created in 2008, which defines the strategies for the mental health area in Portugal. Moreover, an action plan for the restructuring of mental health services was developed aiming to: Ensure equal access to care, including especially vulnerable groups; promote and protect the human rights of people with mental health problems; reduce impacts and promote the mental health of the population; promote the decentralization of mental health services, the provision of care in the community, and facilitate greater participation of patients and families; promote the integration of mental health care in the general health system.

The *fifth Stage (2012-now)* began with the abolishment of the National Coordination for Mental Health (2008) and its replacement by the National Programme for Mental Health (DGS) with an even more reduced decision-making capacity and administrative and financial autonomy. In 2012, the National Mental Health Plan was updated and extended until 2020.

North Macedonia

The North Macedonia Parliament signed up to the National Mental Health Policy on 13 October 2005 (Law on Mental Health, 2006), which includes the following components: development of community mental health services; reduction of mental health hospitals; development of a mental health component in primary healthcare; development of human resources; involvement of patients and families; advocacy and promotion; human rights protection of patients; equity of access to mental health services across different groups; financing; quality improvement and monitoring systems.

This Policy also addresses and regulates issues such as access to mental healthcare, including the access to the least-restrictive care; rights of mental health service consumers, family members and caregivers; competency, capacity and guardianship issues for people with mental illness; voluntary and involuntary treatment; accreditation of facilities; law enforcement and other judicial system issues for people with mental illness; and mechanisms aimed at overseeing involuntary admission and associated treatment practices. However, there are still no mechanisms enabling the implementation of this Policy and, in practice, the implementation of new guidelines have been very slow.

Moreover, the National Program for the Treatment of People with Mental Disorders (WHO, 2009) offers improvements by decentralizing mental healthcare to community mental care centers, which are distributed in various parts of the country. Currently there are eight such centers working on the re-socialization and reintegration of people with mental disorders into society. Additional mental health legislation includes an important amendment (Law on Amendment and Addenda to the Law on the Protection of Patients' Rights, 2011) – the Supplement to the Law on Health Protection – that helped to establish new institutions called 'Community Mental Health Centers' (CMHCs), which form part their public mental health services. These CMHCs have the role of organizing and implementing treatment for people with a range of mental health problems with the aim of promoting mental health and preventing mental illnesses, providing psychosocial care and rehabilitation and reintegrating people with mental illnesses into the community.

In September 2018, the Government of Republic of North Macedonia adopted the National Mental Health Strategy 2018-2025 while in January 2019, the Program for Health Protection of Persons with Mental Disorders in the Republic of Macedonia for 2019 was adopted.

At the time being, the Health Strategy of the Republic of Macedonia 2020 is the overarching strategy for improvement of health status of the population, including mental health, and sets out the vision for improvement of the health and of the health care system, which will be responsive to the needs of the population. Mental health of the population is targeted in Target 6 and focuses on improving the psychosocial well-being of the citizens and on providing better comprehensive services and accessibility to people with mental health problems.

Hungary

In 2001 the Government developed a mental health strategy, while in 2002 the "National Public Health Programme" was adopted, addressing also the prevention of mental disorders. Tackling the questions of alcohol and drug prevention is also included in the programme.

Some years later, in 2006, on the basis of the Hospital Law of 2006, the government reduced the number of psychiatry beds and closed the National Psychiatry and Neurology Institute, which was the country's largest in-patient mental hospital. In 2009, the National Programme for Mental Health was adopted but its financing remained a question. Another significant development was the development of the "National Children Health Programme" which aimed among others, at strengthening the mental health of children and adolescents.

Finally, it should be noted that the national legislation regarding mental health issues, especially with regard to the protection of the human rights of the patients, has strengthened over recent years, conforming to the EU requirements.

Italy

On May 13, 1978 the Italian Mental health act [Law 180] was approved, better known as the Basaglia law, which started the process of the transition from a hospital-based system of care to a model of community mental health care. According to the Law, patients with mental disorders have the right to be treated the same way as patients with other diseases and in this respect:

- acute mental health conditions have to be managed in psychiatric wards located in general hospitals;
- treatments should be provided on a voluntary basis, with compulsory admissions conducted only when: (1) an emergency intervention is needed; (2) the patient refuses treatment; (3) alternative community treatment is impossible;
- new community-based services were to be established to provide mental health care to the population of a given area;
- gradual closure of public mental hospitals
- new admissions were prohibited and thus discontinued.

A key element of the mental health system in Italy is the so-called "health budget" which represents the unit of measure of the economic, professional and human resources necessary to trigger a process of capacitation aimed at giving a person an acceptable social functioning. This process involves the patient, his/her family and the community. This instrument responds to the question of what and how many professional, human and economic resources are needed to restore social functioning, rights and positive prognosis to persons who are institutionalized or at serious risk of institutionalization. The health budget aims to promote effective individual pathways in the four areas of possible shortage (learning/expressiveness, training/work, home/social habitat, affectivity/sociality) which are also the main social determinants of health and relate to constitutionally guaranteed citizenship rights.

The Health Budget integrates health, social, educational, human, professional, economic resources both of the person himself/herself and of the family and of the local community starting from the joint responsibility between public system (services) and private system (the person and the family). The economic resources provided by the public system are temporalized, with varying intensity depending on the need.

The different trials of the Health Budget in the last twenty years in different parts of Italy are now mature experiences of a new welfare approach for the target group, experiences

that need to be replicated at national level and extended to other categories of social health and social fragility, to prevent the harmful effects of a culture of asylum and segregation that still exists in the welfare system 40 years after the Basaglia law.

In addition, regarding the practices of socio-occupational inclusion that have been developed in the field of mental health in the last 15 years, all seem to have been placed in a perspective of participation in local development (work grants, work placements). These are part of the innovative practices, of the new experiences of residential support (or "light residentially"), which however are heterogeneous and difficult to model, because the forms of inclusion are shaped on the multiformity of territories and, ultimately, on the infinite possibilities of relationship of an individual with the local community. The principle of "preparing and then placing" has dominated the field of psychiatric rehabilitation which is also connected to the concept of linear continuum in psychiatric residency, i.e. the development of a gradual continuum of residential programs through which the patient "progresses" towards a better social functioning and therefore towards less restrictive settings. To achieve this in each territorial area it is necessary to provide a coordinated and coherent range of structures at different levels of assistance intensity, each of which can respond appropriately to the needs of the individual.

The patient should then pass along this supply chain of services, in relation to the degree of autonomy reached, ideally tending to get out of it to access the "independent life", or, possibly, "retrocede" in case of worsening of its state. It is a paradigm that, perhaps also for its apparent conceptual simplicity, has found a wide diffusion.

Greece

Over the last 3 decades, several interventions have been implemented with the aim to promote the social inclusion of persons with mental health in Greece. One of the most important interventions has been the implementation of the programme "Psychargos". The implementation of the "Psychargos" programme, which started in 1997, aims at the development and modernization of the mental health services in Greece. The objective of the programme was to reform the psychiatric services in Greece and to move from the operation of institutionalized psychiatric structures to different type of structures and services provided to the persons with mental disorders. In particular, the programme promoted the idea and approach of Social-Community Psychiatry and Psychosocial Rehabilitation through the development of a comprehensive Community Mental Health Services System.

The implementation of the Psychiatric Reform started in Greece with the enactment of the law on the National Health System (Law 1397/83), was expanded with Law 2071/92 and consolidated with Law 2716/99 "Development and modernization of Psychiatric services Health and other provisions".

The latter Law provides also the legal framework for the establishment of the Social Cooperatives of Limited Liability (KOI.S.PE.). The Social Cooperatives of Limited Liability aimed in particular at the socioeconomic integration of people with mental health problems and to date in Greece, more than 20 Social Cooperatives of Limited Liability have been established, offering sustainable jobs to more than 700 persons with mental health problems.

Moreover, in the context of the National Strategy for Combatting Poverty and Social Exclusion as well as of the Sectoral and Regional Operational Programmes, co-funded by the EU, numerous interventions have been implemented which however target vulnerable groups in general and not persons with mental disorders specifically.

National strategies and policies in the area of adult education and training

In this section, a short description of the national strategies and policies in the area of adult education and training in the partner countries is presented.

Portugal

In Portugal, despite the fact that one can identify some Health Education plans that aim to contribute to the goals and objectives defined by the Health 2020 European policy, the Europe 2020 Strategy and the United Nations Agenda 2030 for Sustainable Development, there is no coherent plan or sustained integration policy focusing on promoting and supporting the participation of persons with mental health problems in education and training.

On the other hand, it should be stressed that there have been several interventions and projects implemented by NGOs and Associations at the local level, which included non-formal education practices specifically for persons with mental health problems.

The INtegra Project (2015), which was designed after the publication of the Mental Health and Integration study by The Economist Intelligence Unit in which 30 European countries were assessed including Portugal, recommends a set of actions for the promotion and development of mental health services. In particular, among others, the project recommends the establishment of the Peer Support which refers to a mutual support system based on the understanding of someone who has faced/overcome adversity and who can offer support, encouragement and guidance to others facing similar situations.

On the basis of the INtegra Project's recommendations, the INRecovery Programme was designed and is being implemented under the supervision of the National Mental Health

Plan and in partnership with the Boston Psychiatric Rehabilitation Centre and Boston University. Currently, the project implementation is at the stage of identification and training of Peer Supporters at the level of public and private Mental Health services.

Moreover, in the context of the Portugal 2020 Operational Programmes (co-funded by the European Structural and Investment Funds), the MAVI pilot projects are being implemented. The activities of MAVI include the provision of personal assistance through the operation of Support Centers for Independent Living (CAVI). Both initiatives are still considered pilot projects that cannot respond to the high number of requests, whose implementation seeks, through regular monitoring tutors, to promote the acquisition of skills for an independent life.

North Macedonia

So far, in Republic of North Macedonia there is no coherent national strategy or policy in the area of adult education and training which targets persons with mental disorders.

Hungary

In Hungary, the adoption of the Act LXXVII of 2013 on Adult Education, aims to ensure that all Hungarian inhabitants “are capable of meeting the challenges of economic, cultural and technological development; enter the world of work successfully; succeed in life and have an improved living quality from adult learning, it is necessary to have better organization in vocational, foreign language and state-supported training and improve the quality of the content and reinforce the supervision of implementation”.

In this content, adult education and training should:

- encourage adults to obtain missing educational attainment and/or qualifications;
- provide adults’ training for vocational and partial vocational qualifications;
- develop economy and the competitiveness of knowledge;
- provide competency based and vocational training programmes for groups disadvantaged in the labour market;
- improve social cohesion, and the inclusion of disadvantaged groups to grant equal opportunities;
- boost language competencies;
- meet the new knowledge demands of the information society;
- operate a labour market forecast system.

Concerning the persons with mental health problem in particular, it is noted that with the support of the National Public Employment Foundation, the “Effective Occupational

Rehabilitation for people with psychiatric and psychosocial problems” was published in 2004. In this context, training are provided by NGOs in accordance to the following methodology:

1. The NGOs assess the individual’s needs, abilities and skills with the involvement of professionals who are working with people with mental disorders;
2. Based on personal and individual preference, NGOs support the individual to make a selection of „ideal” and „still good” jobs and develop a work rehabilitation plan with the involvement of a professional;
3. The next step includes the development of skills needed in order to enter the workplace;
4. Provision of individual and/or group training to make job search more effective;
5. Identification of the most appropriate and ideal job for the individual based on a job search in which both professionals and the individual are engaged.
6. After the successful job placement of the individual, the professionals of the NGOs regular contact with the employee and the employer if necessary.

Italy

In Italy, ‘adult education’ refers to a series of activities aimed at cultural enrichment, requalification and professional mobility. These activities can be organized by a school in collaboration with local communities, also involving the labour market and the social partners at territorial level.

With regard to persons with mental health problems, the objective of education and training is to contribute to the insertion and support for the construction of active income forms of people-users of working age with emancipative or economic aims; or as active and fruitive participation, as members, workers or users of industrious, productive and highly inter-human exchange environments.

The Law of 12 March 1999, n. 68 is aimed at «promoting the integration of disabled people into the world of work». This aim is pursued not only through the recruitment obligations imposed on companies, but also through targeted placement. The "Job Training Grant" is the preparatory and promotional tool for job placement and is an integral part of the Health Budget. The organizations of the Third sector and private enterprise promote and implement together with the Municipalities, Provinces, etc. the L. 68/99 to develop territorial pacts for the training-work of disadvantaged people.

The job exchange is an educational/training tool to facilitate the integration into the labour market of people belonging to the so-called disadvantaged groups through work experience. The job grant, therefore, serves the purpose of creating the space for training; creating real advantage for the individual in the perspective of a reduction of hardship; and

promoting social integration. It is a rehabilitative tool that the Department of Mental Health can use for the benefit of users of its services, integrating it into the individualized rehabilitative project of each user, if the therapeutic opportunity is determined.

Work grants may be:

- internships: these are completed and can last from a minimum of three months to six months and can be classified as training internships (not productive);
- on completion: they are intended for recruitment and may last from eight to twelve months and may be classified as work activities and practical training;
- for an indefinite period: their purpose is to sustain the job where the training and training took place.

The internship also called stage is a measure that facilitates the first entry into the labour market. It is a training solution aimed at encouraging the enrichment of one's knowledge through the acquisition of new professional skills. It is an active labour policy measure governed by the Regions on the basis of the indications of the state agreement - regions pursuant to Art. 1. Co from 34 to 36 June 28, 2012 n.92.

Greece

Over the last two decades, Greece has taken several steps in order to develop a coherent system in the area of lifelong learning, which includes adult education and training. In 2010, with the enactment of law 3879/2010 ("Development of Lifelong Learning and other provisions"), the Greek State developed for the first time a national holistic strategy on Lifelong Learning and the National Network for Lifelong Learning was set up, consisting of all Lifelong Learning governing bodies and service providers. Among its objectives was the promotion of vocational training and general adult education as two equal pillars of lifelong learning; increasing the access of individuals and especially of members of vulnerable groups in all training and general adult education actions; continuing education and evaluation of adult educators; creation of a coherent national framework for the evaluation and certification for all forms of training and general adult education, by establishing the National Organization for the Certification of Qualifications and Vocational Guidance (EOPPEP); the establishment of a single national framework of qualification recognition and certification of knowledge, skills and competences (Hellenic Qualifications Framework).

Ten years later, the Government adopted the Law 4763/2020 ("National System of Vocational Education, Training and Lifelong Learning, transposition into Greek legislation of Directive (EU) 2018/958 of the European Parliament and of the Council of 28 June 2018 on proportionality control"), which attempts a holistic reform of VET and Lifelong Learning, focusing on 3 main axes:

- common planning of VET and LLL,
- linking VET and LLL to the real needs of the labour market,
- upgrading of VET provision.

The new Law establishes the National System of Vocational Education, Training and Lifelong Learning, which, among others, aims at upgrading and strengthening the general adult education provided by the Second Chance Schools (SDE) and the Lifelong Learning Centers (K.D.V.M.).

As it becomes obvious from the above, strategies and policies which are being implemented in Greece in the area of lifelong learning, does not target persons with mental health problems specifically, but the general population. However, it is noted that in the aforementioned Laws or in the National Programme on LLL, specific reference to vulnerable groups is being made.

Strategies, policies and measures which foresees the implementation of artistic and cultural activities for the promotion of social inclusion of persons with mental health problems

In this section, a short description of the current situation regarding the implementation of strategies, policies and measures which foresees the implementation of artistic and cultural activities for the promotion of social inclusion of persons with mental health problems is presented.

Portugal

Portugal follows the "Guidelines for political decision-makers and cultural institutions, by the 2017-2019 working group of EU Member State experts on promoting culture's contribution to social inclusion", set by the European Union in September 2019. Several programmes and projects have been designed and implemented with the aim to promote the participation of persons with mental health problems in artistic and cultural activities. In particular, "Art and Mental Health" is a public funding line. This line of support results from the Partnership Agreement signed between DGARTES and P28 - Association for Creative and Artistic Development. With an overall amount available of €300,000, its main objective is to develop artistic projects in the mental health area to fight discrimination and stigma associated with mental disorders. In the first stage (2020), it financed 19 one-year projects with a content such as arts in a health setting, participatory arts programmes, arts on prescription, art therapy and art in medical education.

Moreover, the "Cultura para Todos (Culture for All)" programme provides funding for projects under the Operational Programmes of Portugal 2020 (European Funds). The projects submitted by public entities, both central or local government and private non-profit organizations acknowledged in the Pacts for Development and Territorial Cohesion, promoted by the Inter-municipal Communities (IMC) and the Porto and Lisbon Metropolitan Areas. This programme aims to be a tool to combat social exclusion and aimed at participants from vulnerable contexts, i.e. migrants, minorities, unemployed, people with disabilities or mental health problems, and children and young people from disadvantaged social backgrounds. Due to the pandemic, many municipalities have suspended this programme execution, while others have suffered severe budget cuts. The projects will be under implementation until the first half of 2022.

Additionally, the "Plano Nacional das Artes (National Plan for the Arts)" (PNA), developed by the governmental areas of Culture and Education, aims to make the arts more accessible to citizens, in particular children and young people, through the educational community, promoting participation, enjoyment, and cultural creation, in a logic of inclusion and lifelong learning. It aims to encourage cultural commitment from communities and organizations and develop collaborative networks and partnerships with public and private entities, namely, working in articulation with pre-existing plans, programmes, and networks.

Finally, it should be noted that there are programmes and projects which are promoted by private organizations. For example, the PARTIS PROGRAM - Artistic Practices for Social Inclusion is an initiative of the Calouste Gulbenkian Foundation that supports, through funding and capacity building actions, organizations developing projects that use artistic practices (plastic, audio-visual, and / or performative) as a privileged tool to promote social inclusion. Through these funded projects, it aims to find new languages of communication between groups/communities that contribute to reducing social inequalities and to the achievement of a greater autonomy of the most disadvantaged people and communities. During the period 2014 - 2019, PARTIS funded 48 projects in various regions of the country, which focused on artistic activities such as music, visual arts, theatre, circus, dance, photography and audiovisual material. During the period 2019-2021, the programme intends to continue inspiring and supporting others. Thus artistic practice with the community becomes an increasingly common, generalized, and integrated reality in the habits of society, with fifteen new projects being supported between 2019 and 2021 that, through art, promote change and social transformation, with a view to a fairer and more sustainable society. Finally, Calouste Gulbenkian Foundation in cooperation with La Caixa" Foundation will implement the programme "PARTIS & ART FOR CHANGE", allocating €1.5 million to support projects aiming to demonstrate the role of arts in developing integration pathways and building fairer and more cohesive communities.

N. Macedonia

In North Macedonia, there has been no strategy, policy or measure adopted/implemented thus far for the promotion of social inclusion of persons with mental health problems through artistic and cultural activities.

Hungary

In Hungary, there is no strategy, policy or measure which foresees the implementation of artistic and cultural activities for the promotion of social inclusion of vulnerable groups, including of persons with mental health problems. Despite the acknowledgement of the positive impact of arts in the promotion of social inclusion, national policies are lacking.

Yet, it should be pointed out that at the local level, authorities and NGOs are active, implementing, through projects or initiatives, relevant activities. However, these are not part of an integrated programme.

Italy

The notion that the cultural and social dimensions are closely linked and, more particularly, that cultural policies and institutions can have a positive impact on the lives of individuals and communities is far from unprecedented in Italy. Cultural institutions can act as real vehicles for combating social exclusion, where "exclusion" means «a dynamic process that completely or partially precludes the individual the possibility of participating in those social, economic, political and cultural systems that determine its integration into society».

Despite this awareness however, there is no legal norm or policy that envisages or foresees the use of artistic activities as a means of promoting social inclusion. Activities are often entrusted to the sensitivity of individuals, associations, territories, especially at the local level. Indeed, one can identify projects or initiatives implemented at the local level in this respect. In practice artistic activities establishes a real "bridge" between the reality of mental health services and the rest of society. Through the organization of cultural events (theatrical performances, pictorial exhibitions and concerts), a secular ceremony of social cohesion takes place, shortening the distances between people.

Unfortunately, however, even the most effective programs and projects managed at the local level suffer the effects of the discontinuity of resources, which hinders any substantial impact to the target groups.

Greece

Over recent years, it should be noted that no coherent strategy, policy or measure has been in place in Greece for the implementation of artistic and cultural activities for the promotion of social inclusion of vulnerable groups. Despite the fact that there have been strategies and policies which foresee measures for the promotion of social inclusion of vulnerable groups, no reference has been made to the implementation of cultural activities in this respect.

A positive development however can be recorded recently. In particular, in September 2021, a Memorandum of Cooperation has been signed between the Ministry of Health and the Ministry of Culture and Sports regarding the “Cultural Prescribing”, the design and adoption of initiatives that use arts and culture as a preventive and therapeutic treatment for the promotion of mental health and well-being of citizens. The Memorandum of Cooperation sets up the basis for multilevel cooperation between the Ministries, which is structured in 3 main pillars:

- the training of cultural workers and mental health professionals on cultural prescribing, the development and institutionalization of practices and the implementation of relevant research projects;
- in the design and implementation of cultural prescribing programs
- to inform and raise awareness of the general population, mental health organizations, as well as the artistic and cultural institutions for the development of participatory art programs in mental health and to invite them through announcements for the development of such actions.

Apart from the above, it should be highlighted that thus far, the majority of the artistic and cultural activities for the promotion of social inclusion of people with mental health problems are being implemented mainly by CSOs and organizations which provide mental health services to the target group in question.

The use of arts as an instrument of non-formal education for the promotion of social inclusion of persons with mental health problems

In this section, a short description of the current situation regarding the use of arts as an instrument of non-formal education for the promotion of social inclusion of persons with mental health problems is presented.

Portugal

As stressed by various professionals, art serves as a form of disease prevention and mental health promotion. In particular, artistic activities can improve the feeling of pleasure, as it allows one to escape the stress of daily life, serving as a cathartic process of the tension accumulated throughout the daily tasks of modern life. Several forms of artistic forms, such as the atelier spaces also facilitate a higher social interaction as the activity takes place in a small group and allows a greater satisfaction with oneself with a consequent increase in self-esteem.

In mental health institutions, artistic and creative activities are included in the activity plans for mental health promotion and rehabilitation, with high adherence rates. The skills acquisition and improvement, at the artistic level, proved to be effective in self-confidence levels, in persistence in programmes, and in the development of personal skills.

Overall, art-based practices have had a growing interest in mental health as they aim at emotional, social, and spiritual recovery.

North Macedonia

So far in North Macedonia, there has been no extensive use of arts as an instrument of non-formal education for the promotion of social inclusion of persons with mental health problems. Some limited projects can be identified though which include artistic activities in their workplan, supporting this way the achievement of the objectives of the projects.

Hungary

Despite the fact that there is no relevant official policy in Hungary, art therapy is an often-used method among therapists in Hungary. In this context, therapists link different types of arts and crafts and psychiatric disorders, allowing this way their clients to express themselves and their emotional world. The different types of arts can help the clients to better understand their problems and cope with them. Painting, poetry or performances has proved to serve as a first step, a „point of embarkation” for therapy sessions, as a means of clarifying the client’s experiences and needs.

Italy

From the birth of therapeutic communities to date in Italy, the culture within the mental health services has radically changed. In particular, in the '70s, groups of people started attending the libraries of the mental hospitals for self-treatment and to be informed. This was the basis for modifying the mental health services and for integrating creative and artistic workshops in the mental hospitals.

It was thus in the '70s that one can find the pioneers of the many art experiences applied to mental health services in Italy. The first attempts to introduce the Theatre into psychiatric institutions are part of the activities of the "Psychiatry Democratic" movement led by Franco Basaglia, which intended to oppose the therapeutic methods used until then by traditional psychiatry. Thanks to this drive for renewal, the doors were opened to those groups of artists who decided to carry out their activities in the mental hospitals.

Since then, artistic activities in Italy has managed to connect the reality of mental health services and the rest of society proving useful for both the persons with mental disorders and the general public. On one hand, the participants in the artistic activities have the opportunity to add to their therapeutic path, a training path through art which makes this therapeutic path more incisive.

On the other hand, there is also an educational effect on the public who benefits from the works produced under these artistic activities.

Greece

As stated in the previous section, artistic and cultural activities or relevant projects are being implemented mainly by CSOs and private organizations offering mental health care services to the target group. An example of such projects is the "ART4PSY PROJECT: Promoting social inclusion through art". ART4PSY is a transnational project, co-funded by the Creative Europe programme, which is exploring innovative ways of building understanding between people with severe mental health illness and the general population in order to facilitate their social inclusion, while in the same time it promotes transnational circulation of cultural and creative works produced by mental health patients. Additionally, ART4PSY supports mental health patients to explore the possibility for a career in the cultural and creative sector. Furthermore ART4PSY will promote social inclusion, fight stigma and increase public awareness of talents and skills of artists with mental health problems.

However, such initiatives and projects are not part of a coherent state policy or strategy, but are designed by organizations either as part of their therapeutic programme or as part of accompanying services offered to the target group. The content and type of artistic

activities depend on the decision of the staff of the implementing organization in cooperation with the beneficiaries of the initiatives or projects.

Despite the fact that the relevant national literature acknowledges the benefits of using art for the promotion of social inclusion of persons with mental disorders and for the psychosocial development of the persons in question, the efforts thus far in Greece are fragmented and further action is required in this respect.

Presentation of good practices implemented in the partners' countries

The section presents the good practices that were collected through the implementation of one focus group in each partner country with the participation of professionals and representatives of organizations implementing artistic and cultural activities for the promotion of social inclusion of persons with mental health problems.

Portugal

In Portugal, there are several good practices which need to be promoted and had a significant impact to persons with mental health problems. Yes, the majority of these, despite using the term inclusion, still work only on the dimension of people's integration, working only with targeted/homogeneous groups. Adopting an approach of heterogeneity, meaning ensuring the participation of both persons with and without mental health problems, remains a challenge. This applies also in the case of cooperation among the implementing organizations and the community.

Good Practice No 1

Title: Choir of Hospital Magalhães Lemos and Conde Ferreira	
Implementing organization(s)	Psychiatric Hospital Magalhães Lemos
Content/description of the good practice	<p>The Psychiatric Hospital Magalhães Lemos in Porto has an integrated service providing artistic activities (choir, theater and ceramics) to hospitalized patients.</p> <p>The activities are taking the form of therapeutic/artistic expression workshops. The choristers are exactly "equal" to the other choristers of other groups in other contexts, with naturally different difficulties, but the</p>

	principle of being all together, singing, is exactly the same, whether they are in the hospital or outside. The way they are treated and how they seek to make them feel fulfilled with artistic practice is exactly the same. The activities result in products of high artistic quality and dignify those who participate in these.
Methodology applied	Music and Singing
Categories of staff involved in the implementation of the good practice	<ul style="list-style-type: none"> • Health technicians - doctors, nurses, health assistants, occupational therapists and social workers; • Each workshop/atelier has a leading artist specialized in the area. The personnel of the hospital participate in the sessions as musicians, actors or ceramists in the same way as the other participants.
Materials and resources used for the implementation of this good practice	Creation of sound percussion instruments from the recycling material of the hospital (such as toilets, beds, etc.). It is noted that many of these instruments were created and developed by the users themselves, taking advantage of their construction capabilities. The lyrics and music are also created by the members of the choir.
Source	Site is not currently active

Good Practice No 2

Title: Re.dance - Dance Group	
Implementing organizations	Recomeço - Associação para a Reabilitação e Integração Social Amadora/Sintra
Content	RE.dance is the performing dance group of the association Recomeço. Recomeço - Associação para a Reabilitação e Integração Social Amadora/Sintra is a Private Institution of Social Solidarity that focuses on the psychosocial rehabilitation of people with mental health problems. It was established in 1999 by a group of technicians from the psychiatric service of HFF (Hospital Prof. Dr. Fernando Fonseca EPE) and is active in the municipality of Amadora and in the parishes of Casal de Cambra, União de Freguesias Queluz

	<p>- Belas and União de Freguesias de Massamá Monte Abraão from the Municipality of Sintra.</p> <p>In 2014, following regular dance classes, Recomeço started a new project: RE.dance. In this dance group, some of the association's members take part. Their first independent dance performance "O Ser em Mim" (The being inside me) was premiered in Coimbra at the Teatro da Cerca de São Bernardo and presented in the official celebrations of World Mental Health Day, on October 10th, organized by the National Mental Health Program. Since then, the dance group has performed several original shows and participated in various exhibitions and dance events.</p>
Methodology applied	Dance
Categories of staff involved in the implementation of the good practice	<ul style="list-style-type: none"> • Graduated dance teacher and professional actors from Teatro Bifurcação. • Musicians, painters and several specialists in the artistic field.
Materials and resources used for the implementation of this good practice	N/A
Source	http://recomeco.pt/outros-projetos/

Good Practice No 3

Title: MANICÓMIO	
Implementing organizations	P28
Content	<p>MANICÓMIO is a semi-professional structure with 14 artists. It has ateliers, as well as co-working and art gallery spaces. It is a space shared with other companies.</p> <p>It consists of a network of psychologists, artists and partnerships with companies. It is an artistic creation space dedicated to psychosocial and professional training and reintegration of people with mental health problems and consists of the first space for the creation and innovation of "Outsider Art" (Art Brut) in Portugal. MANICÓMIO works on art and employability, promoting the work made by these artists. Another main objective is to</p>

	<p>reduce stigma and change the culture of mental health in companies and in the public system.</p> <p>It is intended to be a non-directive and experimental space. The admission is done through portfolio analysis - with approval and report from psychologists. At Manicómio, the employees are not aware of the artist's disorder, while the artists are autonomous.</p>
Methodology applied	Plastic Arts
Categories of staff involved in the implementation of the good practice	Artistic Director (visual artist), a sociologist, a journalist and a psychologist. Articulated with a network of psychologists and psychiatrists.
Materials and resources used for the implementation of this good practice	N/A
Source	https://manicomio.pt/

Good Practice No 4

Title: Grupo de Teatro Terapêutico	
Implementing organizations	Centro Hospitalar de Lisboa
Content	<p>The Grupo de Teatro Terapêutico (GTT) of Hospital Júlio de Matos (currently CHPL) was founded in 1968 from a pairing between mental health technicians from the Hospital and patients at the Pavilhão dos Homens ("Men Lodge"), who decided to take part on a "theater experience". João Silva is the director, playwright and one of the group's founders. The GTT develops a specific theater activity in the approach to mental illness, which apart from the therapeutic benefits, familiarizes the actors and other participants, with the discipline and rules of the theater.</p> <p>Each theater play is produced with creativity and professionalism as any other play presented by another, professional or non-professional, company. Yet, the therapeutic process and expected results continue to play an important role in the activity. The pioneering GTT project is both therapy and liberation through the art of theater.</p>

Methodology applied	Therapeutic and Music Theater
Categories of staff involved in the implementation of the good practice	<ul style="list-style-type: none"> ● Health technicians and technicians in the artistic area. ● Producer, Costume Designer, Stage Directors, make-up Artist, Sound Designer. ● The actors are both persons with and without mental health problems. ● GTT has a partnership with an Arts School and receives internships from musicians' students.
Materials and resources used for the implementation of this good practice	<p>Every material that is used is explored as an opportunity, a challenge for the actors to improve themselves.</p> <p>Continuous effort to recycle and reuse group materials, some of which are provided by partners.</p>
Source	https://pt-pt.facebook.com/grupoteatroterapeutico/

Good Practice No 5

Title: TUM TUM TUM Project	
Implementing organizations	Centro Social de Soutelo
Content	<p>The project is implemented in Porto, Gondomar and Matosinhos within schools and the local communities. Under this practice, anyone regardless of their musical skills or knowledge can join the group and contribute to the production of music. It is especially focusing on young NEET (not in education, employment or training), young people with disabilities or with mental health problems.</p> <p>Each group has its own identity, resulting from the collective creation process. Each group goes through a four-phase work cycle</p> <ol style="list-style-type: none"> 1. Group (creation and maintenance of social networks); 2. Exploration (experimenting with instruments and practice); 3. Repertoire (Phase in which each group creates its own repertoire); and 4. Presentation (public presentation of the results). Formal and Non-formal

	instruments are used, depending on the interests of the participants. During this process of creation, the psychosocial monitoring of each participant is done.
Methodology applied	Music, photography and video
Categories of staff involved in the implementation of the good practice	Musicians/Percussionists, Sociologist and Social Educator.
Materials and resources used for the implementation of this good practice	<ul style="list-style-type: none"> • Formal and non-formal instruments (different everyday objects). • Music, video and scenography are created by the participants.
Source	https://www.centrosocialsoutelo.org/

Good Practice No 6

Title: (Re)Veste Project	
Implementing organizations	Centro Social de Soutelo - Unidade de Psiquiatria Forense
Content	<p>Forensic Psychiatry Unit was open in 2019 and since then it has established a close relationship with the community, promoting the integration of its clients in society.</p> <p>In this respect, the Forensic psychiatry unit participates in various projects such as (Re) Veste. The main goal of (Re) Veste is to empower young adults with disabilities, enabling them to integrate into the labour market or to define their life project. The intervention of the project is performed through regular workshops of used clothes customization (motivational strategy) that are complemented with interventions to promote soft skills, financial education and digital literacy (basic computing and use of social media).</p>
Methodology applied	Fashion and clothing customization
Categories of staff involved in the implementation of the good practice	Fashion Designer and psychologist.

Materials and resources used for the implementation of this good practice	Second-hand clothes, fabrics, sewing machines, scissors, material for photographic recording, and dissemination of the project on social networks (camera, computer) and a workroom.
Source	https://www.centrosocialsoutelo.org/ https://re-veste.pt/

Impact:

The abovementioned interventions/practices in Portugal have had a tangible impact to the target groups. In particular, through their activities, the projects resulted in improving self-esteem, self-efficiency and the communication skills of the participants.

In addition, through MANICÓMIO, the participants started to have a source of income and become independent. There was also a positive impact on the families of the participants, and in particular as regards the way they see and perceive the mental health problems of their relatives. Moreover, the extended visibility of the project and its promotion in the media contributed to a certain extent in changing the stigma about mental illness in Portugal. As to the systemic impact, it is noted that this has been realized especially in companies which participates in these interventions/practices as partners. MANICÓMIO is an open space for any public and/or private entity to visit, contributing to the reflection of its own practices.

Finally, the project TUM TUM TUM resulted in the professional integration and training of young people who improved their socio-emotional skills, their interpersonal relationships and anxiety control.

North Macedonia

In general, only a very limited number of relevant good practices can be identified in North Macedonia, indicating that further interventions are needed that will provide support to the target group.

Good Practice No 1

Title: Protection of the rights of refugees and migrants	
Implementing organizations	Macedonian Young Lawyers Association in cooperation with the Open Gate / La Strada
Content	<p>The workshops are part of the project “Protection of the rights of refugees and migrants” which is funded by the USAID with the aim to protect the rights of refugees and migrants.</p> <p>The project is based on the approach that art therapy is a creative approach to dealing with experienced trauma, allowing the participants and therapists to connect through the work, which is the focus of discussion and analysis.</p> <p>Overall, the workshops aims to provide psychosocial support 45 people of different ages, coming from Syria, Iran and Kosovo. An additional goal of these workshops is to raise self-confidence, but also public awareness on the situation of refugees and migrants.</p> <p>Through the workshops, the participants have the opportunity to make jewelry, draw and paint, while communicating and discussing with therapists through both the dialogue and art.</p>
Methodology applied	Art therapy
Categories of staff involved in the implementation of the good practice	The team is composed of health technicians - doctors, nurses, health assistants, occupational therapists, social workers and volunteers.
Materials and resources used for the implementation of this good practice	Jewelry tools, colors, papers.
Source	https://lastrada.org.mk/soochuva-e-so-traumata-preku-art-terap/

Good Practice No 2

Title: Action for support of mental health	
Implementing organizations	CIVICA mobilitas – Association MISLA
Content	<p>The project “Action for support of mental health” aims to promote the social inclusion and contribute to achieving equal opportunities for people with mental health problems.</p> <p>The specific objectives of the project are as follows:</p> <ul style="list-style-type: none"> ● raise awareness; work on removing the stigma against mental illness in the general public; actualize the issue and encourage the dialogue between various stakeholders on current issues; ● contribute to the re-socialization and reintegration into society of persons with mental health problems; ● improve public policies at central and local level for the treatment of mental illness in the country; ● contribute to the protection of mental health, to the prevention of mental illness and to positively influence the mental health of citizens. <p>Under this project, group sessions on psychotherapy have been organized, as well as 10 sessions of art therapy.</p>
Methodology applied	Art therapy
Categories of staff involved in the implementation of the good practice	The team is composed of health technicians - doctors, nurses, health assistants, occupational therapists, social workers and volunteers.
Materials and resources used for the implementation of this good practice	N/A
Source	https://civicamobilitas.mk/grantisti/mali-grantovi/zdruzenie-za-mentalno-zdravje-asotsijatsija-misla-skopje/

Impact:

The impact of the abovementioned projects can be summarized as follows:

- Improvement of well-being, self-confidence and socio-economical skills of the participants.
- Participants were supported for overcoming traumas, etc;
- Raising awareness of the wider public on issues related to mental health.

Hungary

As stated by the participants in the focus group that was organized in Hungary, there are good practices of artistic activities which promote the social inclusion of the target group. Among the Hungarian people who live with mental disorders, it is very popular to attend community based art projects and programs for improving their self-esteem, enhancing the sense of belonging, facilitating the acquisition of valuable competencies and the opening of potential and meaningful occupations.

Good Practice No 1

Title: PsychArt® Art Marathon	
Implementing organizations	Budapest Art Brut Gallery
Content	<p>The Budapest Art Brut Gallery was founded with the aim of presenting the works of art brut artists, which contributes to the social acceptance of people with psychosocial problems and disorders. The mission of the Gallery on the one hand is to introduce art brut and „outsider” artists, so that the art conscious public and the opinion forming representatives of art life accept them as well. On the other hand, the other mission is to provide all members of the society and the visitors of the gallery a positive personal experience with the artistic works of people with mental health problems.</p> <p>The Art Brut Gallery has been organizing their creative program, PsychArt® Art Marathon since 2010. The characteristic feature of the event is that the participants, -persons with and without mental health problems- can work together for 24 hours.</p> <p>The activities of the Gallery are diverse: there are regular exhibitions as well as creative programs and workshops on weekdays. Since 2010 the Gallery has been co-organizing its large annual event the PsychArt® Art Marathon. The collection of the artworks is</p>

	currently 3,200 cataloged paintings in the form of free works, art therapy themed creative sessions. The history and the artistic value of the artworks are both important. The most important aspect is that the clients appear in the art life not as a patient, but with a new identity as artist and creator.
Methodology applied	Therapeutic workshops and courses in group setting led by professionals, based on art therapy. Exhibitions and workshops.
Categories of staff involved in the implementation of the good practice	<ul style="list-style-type: none"> ● psychologist ● social workers ● art therapist ● special education teachers
Materials and resources used for the implementation of this good practice	Acrylic paint, oil, watercolors, clay, cloth (made from sheets or cloth donations), sheets of paper and paperboard.
Source	https://artbrut.hu/psychart24/

Good Practice No 2

Title: Hungarian Art- and Socio-therapy Community-building Association (MMSZKE)	
Implementing organizations	Hungarian Art- and Socio-therapy Community-building Association (MMSZKE)
Content	<p>The Association conducts activities in three areas: a) they teach professionals how to lead art therapy groups, b) they are organizing art therapy self-awareness groups for the general public and c) they are conducting art therapeutic groups to help people with various mental health problems.</p> <p>MMSZKE plays a vital role in the Hungarian art therapy scene as the most important training institutions for professionals. The aim of the trainings is to become a socio-therapy/art therapy leader, which is conducted through a three-year long training course. It contains personal experiences, four art therapy techniques (fine arts, motion, music, bibliotherapy) as well as technical and theoretical seminars. This training is nation-wide recognizable and it is considered a part of adult-education. It is open for all those who want to work with art therapy in a wide range of areas.</p>

Methodology applied	Creative therapeutic workshops and courses in group setting led by professionals
Categories of staff involved in the implementation of the good practice	<ul style="list-style-type: none"> ● psychologist ● social workers ● art therapist ● special education teachers
Materials and resources used for the implementation of this good practice	Acrylic paint, oil, watercolors, clay, cloth (made from sheets or cloth donations), sheets of paper and paperboard.
Source	http://www.mmszke.hu/muveszetterapia/mmszke-introduction-english-0

Good Practice No 3

Title: Brummogda	
Implementing organizations	Art therapist Annamária Horváth
Content	<p>Brummogda is an art atelier located in the South of Hungary, in Pécs which is led by Annamária Horváth.</p> <p>Mrs. Horváth who invented her very unique form of treatment of different types of mental disorders. The frame of the therapy is teddy sewing in the art atelier. During these artistic work sessions, the patients open up to the therapist, and the final product -the teddy itself- will be also a very important diagnostical symbol of the patient's inner world.</p> <p>The overall aim of the atelier is to treat the different psychological problems/disorders of the participants.</p>
Methodology applied	Puppet and teddy sewing
Categories of staff involved in the implementation of the good practice	Art therapist and psychologist
Materials and resources used for the implementation of this good practice	Textiles, sewing tools
Source	https://www.pecsma.hu/abszolut-pecs/terapia-segit-a-macivarras/

Good Practice No 4

Title: AutisticART	
Implementing organizations	Autistic Art Foundation
Content	<p>Autistic Art Foundation has developed an art program with a contemporary artistic approach for people diagnosed with autism. The art sessions shed light on the world of the autistic people and gives opportunities to show their creations.</p> <p>Autistic Art started working with people diagnosed with autism in 2010. The goal of the program is to discover the artistic talents of the targeted group and to foster creativity. Hundreds of pieces of art have been created during the programs of the art therapy sessions and some of them are for sale at the yearly gala. The money from auction sales supports the housing facilities for people with autism.</p> <p>The Autistic Art has raised the public awareness on the talents of the autistic artists through the production of well-designed contemporary works.</p> <p>The arts and crafts are presented at the Hungarian National Gallery; at Art Market Budapest; as well as at other venues and places.</p>
Methodology applied	Arts and crafts workshops and courses led by professionals
Categories of staff involved in the implementation of the good practice	<ul style="list-style-type: none"> ● psychologist ● social workers ● art therapist ● special education teachers
Materials and resources used for the implementation of this good practice	Acrylic paint, oil, watercolors, clay, cloth (made from sheets or cloth donations), sheets of paper and paperboard.
Source	https://autisticart.hu/en/about-foundation/the-foundation/

Good Practice No 5

Title: Irodalomterápia (Literature therapy)	
Implementing organizations	Psychologist & Literature Therapist Kitty Jakobovits
Content	<p>The practice concerns conversations which are led by Kitty Jakobovits through literary texts. This is an interactive, accompanying process in which the chosen pieces of literature are presented as a mediating or projective interface, thus helping clients to contribute to mental health and mental health protection.</p> <p>Literature Therapy is about discussions of your most defining reading experiences with a psychologist. In this form of literature therapy, during the 5 sessions, the participant brings the text and can reflect on what he/she has read with the help of the questions that guide through the 5 correspondences. Afterwards, the answers are discussed together with the therapist. Through this process, one can also gain useful knowledge about how he/she can later process readings in such a way that they are really useful for his/ her self-knowledge!</p>
Methodology applied	Literature therapy
Categories of staff involved in the implementation of the good practice	Psychologist & Literature Therapist
Materials and resources used for the implementation of this good practice	Texts
Source	https://jakobovitskitti.hu/

Impact:

Although there are no evidence based studies as to the impact of these good practices, qualitative data suggest that these brought particularly positive results to the participants.

Italy

In Italy, forms of artistic activities in the mental health care area can be identified already in the '70s. Since then, art has been used to a large extent in the context of mental health

care provision, allowing the collection of the experiences of the persons with mental disorders and their transformation, bringing out the voice of people who are never heard.

Good Practice No 1

Title: Project Contro Attacco Teatro	
Implementing organizations	Sfumature in Atto - Cooperativa Sociale Arca
Content	<p>Contro Attacco Teatro is a theatrical project born in 2008, supported by the Cooperativa Sociale Arca in collaboration with SOS Due of the Adult Mental Health Service of Florence.</p> <p>The theatre workshop is open to all patients included in the structures managed by the Cooperativa Sociale Arca. Through the theater workshop, the partners offer the space which allows the participants to express themselves and mobilize their resources.</p> <p>The Workshop</p> <p>The body exercises of the acting training, which include tension and relaxation, observation and reflection, allow you to get in touch with physical sensations by increasing the sense of proprioception, the mastery of actions and the modulation/expression of emotions. Working on the body is both a motivation and a tool: exploring the communicative potential of a body means not only activating it at a physical level, but consider it the repository of emotions too often forgotten, which can finally find their expression.</p> <p>The Shows</p> <p>The conception of the show in a mental health context starts from the idea of providing a container in which various components are coordinated: lights, costumes, make up, writing and memory of the texts, scenic actions, imagination, emotions and more. The integration of all these elements composes that unitary flow called show, which condenses within 45-50 minutes everything that happened in the long period of preparation. The preparation times are not always the same. In particular, Cooperativa Sociale Arca have always considered the production times in relation to the stress that could result to users, therefore calibrated the</p>

	<p>various activities also depending on the reality that occurred from time to time.</p> <p>Since the birth of the project Contro Attacco Teatro (in 2008) four shows have been produced:</p> <p>The first, "Amedeo", was an imaginary narrative work around the memory of a character invented by the members of the group.</p> <p>"We Remember It. Essay of an end and a beginning" was the next project, where each participant of the group wrote the story of his/her grandfather; from these stories the dramaturgy of the show was born.</p> <p>The group's current production, "La Signorina A", deals with the theme of adolescence intertwining memories, images and deeds in a cabaret in which the subordination of adolescence to adulthood is challenged.</p> <p>The last "Narcisi" is the result of a research that was conducted on the potential of everyone, a survey on self-esteem, a necessary overturning of roles, a rejection of the labels that society imposes and that simplify what is actually very complex. The participants created the memory of exaggerated, unreal characters who never existed, but who so much wanted to.</p> <p>The production of the shows was intended not only to pursue the general objectives of the project to promote socialization and personal expression, but above all to give the participants the opportunity to narrate themselves artistically.</p>
Methodology applied	Workshop and shows
Categories of staff involved in the implementation of the good practice	<ul style="list-style-type: none"> ● Actor and director with specific training both theatrical and pedagogical, ● Professional educator, ● Social animator, ● Psychotherapist ● Professional Educator of the National Health Service.
Materials and resources used for the implementation of this good practice	Puppets, drums and bells, flags, stage costumes, support of audio and video materials.
Source	https://www.sfumatureinatto.org/

Good Practice No 2

Title: Musical Project Liete Dissonanze	
Implementing organizations	Two musicians in collaboration with the Adult Mental Health Center and the day-center Cento Stelle
Content	<p>Liete Dissonanze gave 140 concerts and recorded 3 Compact Disks: "Liete Dissonanze" in 2003, "Musically" in 2006 and "Dissodanze" in 2018. The concerts were held in varied places: clubs, public gardens, parishes, residences for the elderly, festivals, university departments (psychology and philosophy), conferences or seminars, institutional venues (such as the council halls of the districts of Florence), bookstores. Through live performances messages and voices have reached a wide and diverse audience. The work of the Liete Dissonanze has been documented in four graduation theses and a speech at a European Music Therapy Conference in 2004 (Pizziolo and Corti, 2005)</p> <p>The Workshop</p> <p>Liete Dissonanze is a group oriented to music therapy for social inclusion and musical animation for social contexts.</p> <p>The goals of the work of music therapy are divided into two levels:</p> <ul style="list-style-type: none"> ● individual rehabilitative inherent to the pathologies of each user of the SMA service, for example by offering a protected environment in which to experience an activity that can mitigate some of the specific symptoms of individual pathologies; ● group rehabilitation inherent processes of re-socialization and acquisition of new active citizenship, both in their context of life and in the group. <p>The Concerts</p> <p>In Liete Dissonanze apart from the individual rehabilitation path, a process of social inclusion is also developed. A process in which those who are undergoing rehabilitation become an asset to the community of reference. In fact, the group has performed</p>

	concerts and musical animation not only in retirement homes and in centers for the persons with disabilities but also in primary schools or public gardens in socially degraded areas of the city.
Methodology applied	Workshop and concerts
Categories of staff involved in the implementation of the good practice	<ul style="list-style-type: none"> ● Music therapist ● Multi-instrumentalist psychologist composer, ● Educator and ● Nurse of the ASL. ● Psychiatrists ● Health service educators, ● Trainees, and volunteers (musicians and not).
Materials and resources used for the implementation of this good practice	Professional musical instruments (bass, drums and guitar), light percussion, microphones, complete sound system, (often re-clapped by musicians who donate them) professional recording material.
Source	https://www.facebook.com/liete.dissonanze/

Good Practice No 3

Title: Expressive Center La Tinaia	
Implementing organisations	Association La Nuova Tinaia and the Adult Mental Health Center
Content	<p>Tinaia was founded in February 1975 inside the former psychiatric hospital V. Chiarugi of Florence. The initiative, promoted by a group of health workers, develops against the background of the profound processes of change that Italian society went through in the '70s and that led to the definitive closure of the 'asylum' (the Basaglia law was promulgated in 1978).</p> <p>Tinaia, in a clear break with the repressive logic of the total institution, is thought of as a space of free creative activity for hospital patients, characterized from the beginning as a revolutionary experience: in addition to the practices of expressive therapy already experimented in the psychiatric regime in the '60s, including the 'first Tinaia' (1963-1970),</p>

the atelier focuses on aesthetic language and expressiveness in drawing, painting, clay processing, as a means of communication, exit from marginalization and isolation from the world. Together with therapeutic or generic occupational purposes, 'artistic' creation, the possibility of making art and through it accesses to new citizenships, become more and more a priority commitment.

The works that have been produced as a result of the Tinaia's initiative have been showed in Italy and abroad (in museums, galleries, collections of contemporary art, etc.).

The Atelier

Inside the expressive center there is a work of accompaniment to the expression, enhancing the peculiarities that emerge from the first moments in the center. In this first phase of insertion, the animator of the center supports the patient in the pictorial activity, carefully observing the first results and grasping the individual capacity of each. In a second phase the animator asks the patient to insist and expand his/her capacity.

At other times, professionals from outside the center are involved in teaching new techniques such as ceramics or photography.

The exhibitions

The center La Tinaia recognizes itself and adheres to a wider artistic movement involving other European countries called "Art Brut Ita and Eu".

In this perspective of cultural artistic movement the center parallel to the workshop and creation activities organizes solo and collective exhibitions of artists. The works are exhibiting also in international museums, galleries, contemporary art collections (Collection de l'Art Brut of Lausanne, L'Aracine of Paris, Musée d'Art Moderne of Villeneuve-d'Ascq, Outsider Collection of Monica Kinley in London, Phillis Kind Gallery of Chicago and New York, Mad Musée of Liège, etc.). In this respect, patients become artists and also sell their paintings some with excellent quotation results. A strong point of the Tinaia is precisely that of being able to maintain in a harmonious way a perspective of care through art and a semi-professional perspective in which patients manage to gain from the production of their works.

	In addition, every year the center creates a calendar and other gadgets depicting the works of the artists of the center and the proceeds of the sale of these unique objects helps to carry on the statutory activity of the association.
Methodology applied	Atelier and exhibitions
Categories of staff involved in the implementation of the good practice	<ul style="list-style-type: none"> ● Professional educators; ● Animators; ● Art critics; ● Artists; ● Exhibition curators.
Materials and resources used for the implementation of this good practice	Acrylic paint, oil, watercolors, clay, cloth (made from sheets or cloth donations), sheets of paper and paperboard.
Source	https://www.lanuovatinaia.org/lab/

Impact:

The most significant educational impacts offered by these projects are the ability to work on the empowerment of groups and the level of awareness of patients participating in the projects described above.

On an individual level, the individuals become more open towards the outside world, overcoming their own limits that make the artistic experience a cathartic event and increasing their self-esteem. At the systemic level, there is no doubt that the abovementioned projects contributed to breaking down the stigma that the target groups are facing. During the events that were organized in the context of these projects, the implementing organizations managed to achieve the important goal of transforming how the wider public sees these people: psychiatric patients usually seen under the lens of clichés, are perceived as sensitive and capable of creating beauty and culture.

Greece

In Greece, good practices of artistic activities which aim at the promotion of social inclusion of various vulnerable groups can be identified. Such good practices make use of various methodologies for achieving its objectives, such as music therapy, drama therapy, dance therapy, etc.

Good Practice No 1

Title: Art in combination with mental empowerment techniques	
Implementing organizations	Emfasis Foundation
Content	<p>Emfasis Foundation is a non-profit organization that was founded in 2013. Its programs support the homeless, the long-term unemployed, families which are at risk of poverty, young people, and homeless people. The organization has been using art in combination with mental empowerment techniques, as part of their programme for providing support to homeless people. In particular, the organization combined streetwork with music therapy so as to: 1) mobilize the target group and motivate them to participate in the organization's activities, and 2) to discuss issues that concern the target group. In the context of this activity, the organization provided the target group with the means to participate in the activity (tickets, mobiles, etc.).</p> <p>Through streetwork and music therapy, the organization aims to activate the participants, to empower and engage them in activities which will facilitate their social inclusion. In this respect, the steps that the staff are taking are as follows:</p> <ul style="list-style-type: none"> • Implementation of Streetwork so as to identify homeless people at streets (who in most cases have also mental health problems); • Provision of resources and means so as to motivate homeless people to attend the activities of the organization (mobile phones, local transportation tickets & issuance of legal documents) • Delivery of artistic activities (mainly music therapy sessions but other artistic activities as well) with the participation of the target group. It is noted that the programme of the activity has a stable timeplan which takes into consideration the needs of the participants. It is noted at this point that these activities are planned taking into account the demographics characteristics and the relationships among the beneficiaries. The activity provides the opportunity to the participants to express themselves, but also to raise discussions on matter of their concern. <p>Overall, the organization is trying in this activity to engage not only homeless people with mental health problems, but also other</p>

	people as a means for promoting further the socialization of the target group. The role of volunteers, who collaborates with psychologists, social workers and sociologists, in this respect is particularly important.
Methodology applied	Street work and therapy through music (mainly), but also collage, painting, dance.
Categories of staff involved in the implementation of the good practice	Psychologists, Musicians, Social Workers, Sociologists, managers, etc.
Materials and resources used for the implementation of this good practice	<ul style="list-style-type: none"> • Musical instruments (guitar, percussion, keyboards) • Gift vouchers • Snacks & coffee • Mobile phones, local transportation tickets, etc
Source	https://www.emfasisfoundation.org/

Good Practice No 2

Title: Festival "Art4More"	
Implementing organizations	EDRA Social Cooperative Activities for Vulnerable Groups
Content	EDRA Social Cooperative Activities for Vulnerable Groups (K.S.D.E.O. EDRA) is a civil, non-profit, cooperative organization established in 2001 and dedicated to the promotion of mental health services while safeguarding the rights of vulnerable groups. EDRA applies a holistic approach regarding its services, offering aid and psychosocial support to various social groups. The organization provides mental health services to those living with mental health challenges, support children and their families in overcoming learning disabilities; and offer special needs education to people with intellectual or other disabilities. In this respect, the organization uses art in the context of the provision of their mental health services. The cornerstone of the organization's artistic activities is the festival "Art4More". Moreover, the organization implements the programme "Art Residencies" which is presented in the festival "Art4More".

	<p>The festival has been implemented since 2007 on an annual basis. It is a festival of contemporary art and mental health in which not only well-known artists participate, but people with mental problems (who are either professionals or come from the social structures of the organization) are also involved. The thematic focus of the festival is different each year but in general the festival promotes graphic designs with social purposes. The festival is funded either by the Ministry of Health or the Ministry of Culture but also by European programs.</p> <p>Many festivals have hosted also the "Art Residencies" programme in Mental Health Structures. As part of this project, artists visit the structures mental and work with people with mental health problems to produce a collective work which is then exhibited at the festival. The "Art Residencies" programme is implemented since 2016 in collaboration with the School of Fine Arts. The students, in the context of their internship, visit the mental health structures of K.S.D.E.O. "EDRA" and under the supervision of the occupational therapists of the structures, psychiatrists or psychologists and the supervising manager of the project, organizes meetings with the beneficiaries of the structures. During these meetings, the beneficiaries and the students collaborate and co-create works of art. From a process point of view, each student/artist proposes a concept on which the team is working with the aim to create a collective work, which includes the small creations of the members. The work of each group, as well as the snapshots of its implementation, is exhibited at the annual International Art festival "Art4More".</p>
Methodology applied	Festival with the active participation of the target group, paintings, etc.
Categories of staff involved in the implementation of the good practice	Psychologists, Musicians, Social Workers, Sociologists, occupational therapists, assistants, managers, photographers, drama therapists, music therapists, etc.
Materials and resources used for the implementation of this good practice	<ul style="list-style-type: none"> • Musical instruments (guitar, percussion, keyboards) • Painting tools • Brochures
Source	https://www.edra-coop.gr/en/

Good Practice No 3

Title: Local cultural actions	
Implementing organizations	Society of Social Psychiatry P. Sakellaropoulos
Content	<p>The Society of Social Psychiatry P. Sakellaropoulos (SSP P. Sakellaropoulos) is a non-profit, scientific organization, which was founded in 1986. The organization has made a significant contribution to Greece's psychiatric reform by providing psychiatric and psychological support services in order to promote good mental health and well-being. Underlined and guided by the ideological framework of social psychiatry, the organization delivers all its prevention and therapeutic services within the community. Particular emphasis is placed on the provision of out-of-hospital treatment to avoid hospitalization and institutionalization. Art has been integrated in the organization's programme with the aim to contribute to prevention, treatment and rehabilitation. In this context, the organization has organized local cultural actions with the contribution and participation not only of the beneficiaries of the organization but also of the local stakeholders. One of these cultural actions was organized in Itea.</p> <p>The cultural action which was implemented in Itea was an idea that the organization discussed initially with the local community. In particular, the staff of the organization addressed all the local associations which were active in the area of culture and arts, and discussed what action could be implemented in the local community that would last about 1 month. There were several meetings during which the framework of the cultural action was discussed and agreed and each local organization and club informed the other stakeholders as to what they will present in the cultural action. The Society of Social Psychiatry P. Sakellaropoulos decided to present a theatrical play as well as a painting exhibition with the participation of local artists and the beneficiaries of the organization's local mental health structure. The overall aim of the cultural action was to bring the beneficiaries of the mental health services together with the local community as a means for reducing the stigma about mental health problems and the negative</p>

	attitudes towards those who experience mental health problems.
Methodology applied	Festival with the active participation of the target group and of local stakeholders
Categories of staff involved in the implementation of the good practice	Psychologists, Social Workers, Sociologists, occupational therapists, assistants, managers, etc.
Materials and resources used for the implementation of this good practice	N/A
Source	https://ekpse.gr/en/

Good Practice No 4

Title: Documentary with the participation of the organization's beneficiaries	
Implementing organizations	ANIMA AMKE-MKO
Content	<p>ANIMA "AMKE-MKO" is a non-profit, non-governmental organization (NP-NGO) which has been an active member of the mental health community since 2005. The organization has started using arts and sports with the aim to bring together the beneficiaries of the organization with the local community, as well as to raise awareness and inform the local community on various mental health issues. One of artistic activities implemented is the production of a documentary with the participation of the organization's beneficiaries.</p> <p>The idea of the documentary was initially proposed by the director, who started collaborating with the organization in 2016. However, the idea was not referring to the production of a documentary using the "usual" way of production. In particular, the idea behind the documentary was not to create an audiovisual material which would present stories of those who lived in the psychosocial rehabilitation center that the organization operates in Attica, but a process in which the participants would eventually establish relationships. During the filming process, the team would record the daily lives of the participants and at a later stage, altogether,</p>

	<p>would select the scenes and build the scenario of the documentary.</p> <p>The first stage of the activity was particularly important as it took 6 months to get to know each other, before starting filming with the camera. Thus, for the first 6 months the participants, the director and the staff were simply discussing. The first use of the camera was made when they decided to organize a masquerade party. Gradually, the participants started asking themselves to use the camera and thus the whole process started to be created by them.</p> <p>The overall goal of the filming process was to show that the participants were not actually “different” than the persons who do not have mental health problems, promoting thus scenes which show the similarities and not the differences.</p> <p>The film was to be shown in the general public but due to the COVID-19 pandemic the organization has postponed it.</p>
Methodology applied	Documentary
Categories of staff involved in the implementation of the good practice	Psychologists, Social Workers, Sociologists, assistants, managers, director, etc.
Materials and resources used for the implementation of this good practice	Camera, etc.
Source	https://www.animahome.gr/

Impact:

All participants in the focus groups stated right from the beginning that the good practices presented had a significant impact to the target groups. Yet, no quantitative data are available in this respect.

In particular, the representative of “Emfasis Foundation” noted that the staff of the organization conducts qualitative assessment of their activities through informal discussions with the activity’s participants.

The representatives of “K.S.D.E.O. EDRA” stated that the participants improve their self-confidence and feel proud of themselves as a result of their participation in the festival and through their interaction with the community and the staff and external collaborators who are working on the festival. One of the most important aspects of the change they experience is that the participants feel like they are part of the whole community. This has

led them to ask for more action to express themselves and show the public what they can do. Also, their cooperation with artists creates favorable conditions for their integration into the labor market.

In addition, the representative of “Society of Social Psychiatry P. Sakellaropoulos” emphasized that the beneficiaries of the organization’s activity build strong relationships with the staff of the organization as they co-create the activity. They are also given the opportunity to express and further develop themselves and become equal members of the community.

Finally, the representatives of “ANIMA” noted that the impact of the documentary was very clear to the participants. When they watched the documentary, they realized in particular the changes that they have experienced since 2016, when the activity started implementing.

Concluding remarks

Overall, in the partners’ countries, reforms in the mental health area have been implemented by the national governments, although the extent of the reforms differs. In some countries, such as the case of Italy, the first revisions of the mental health system were undertaken in the ‘70s, while in some other countries, such as the case of Hungary, the implementation of the metal health system reform is still under way.

In addition to the above, it is noted that in all partners’ countries, national strategies or policies have been in place for the promotion of various vulnerable groups, including persons with mental health problems. However, the integration of artistic and cultural activities in such policies remains a challenge. Indeed, despite the fact that the positive role of arts in the development of skills of persons with mental health problems has been acknowledged over the last decades in all partners’ countries, thus far, the implementation of artistic activities targeting persons with mental health problems is not part of a coherent policy. Only very recently in Greece, a Memorandum of Cooperation has been signed between the Ministry of Health and the Ministry of Culture and Sports regarding the design and adoption of initiatives that use arts and culture as a preventive and therapeutic treatment for the promotion of mental health and well-being of citizens.

Overall, thus far, artistic activities targeting persons with mental health problems have been implemented mainly by CSOs offering services to the target group or individuals therapists. In this respect, these efforts should be considered as individualized, which are being implemented in a fragmented way, minimizing thus their wider impact. It becomes obvious that additional interventions are needed in this direction.

As regards the good practices that were identified during the research phase of the project, it is noted that the implementing organizations or individuals have adopted several forms of artistic activities ranging from theatrical groups to paintings, choirs, ceramics, music, dance, fashion, festivals, exhibitions, workshops, puppetry and literature therapy. All these

activities propose the adoption of participatory approaches and the inclusion of both persons with and without mental health problems in their implementation. The better understanding, co-existence and cooperation are in this case much stronger and can lead to much more tangible results.

Recommendations

As stated in the previous sections, arts have been increasingly used for the development of the skills of persons with mental health problems and the promotion of their social inclusion. However, despite the existence of several good practices, these are being implemented in a fragmented and non-sustainable way. In this respect further efforts are needed such as:

- Integration of arts in the national social inclusion and education strategies and policies which will target vulnerable groups, including persons with mental health problems. Such policies should be characterized by a long-term approach and sufficient allocation of funds which will ensure the continuous implementation of such activities;
- The establishment of partnerships with the participation of both public and private organisations. The role of CSOs in this respect in such partnerships is crucial taking into account their experience in the field;
- Implementation of raising awareness events and the organization of artistic activities in order to promote and sensitize the general public about the benefits of participating in artistic activities, especially with regard to persons with mental health problems; and contribute to the removal of the stigma;
- Involvement of health, arts and educational professionals, as well as the target group in the design and implementation of relevant activities; participatory approaches in this respect are considered of utmost importance. Regardless of the form of the artistic activity, the close cooperation of all engaged actors is crucial in order to achieve the desired results;
- Development of (online) platforms and networks for sharing relevant knowledge in order to deal with the limited dissemination of relevant practices and the lack of knowledge regarding the practices that are being implemented at the local level;
- Investment in monitoring and evaluating the benefits of such practices in terms of employability and active citizenship.
- Provision of training to professionals and stakeholders as to improve their understanding of the mental disorders, which will allow them to provide better support and facilitate the employment of persons with mental health problems.
- Implementation of measures and actions for removing the barriers and reducing the discrimination that the persons with mental health problems are experiencing.

Bibliography

- Conselho Nacional de Saúde (2019), *Sem mais tempo a perder – Saúde mental em Portugal: um desafio para a próxima década*. Lisboa available at: <https://fronteirasxxi.pt/wp-content/uploads/2020/02/%E2%80%9CSEM-mais-tempo-a-perder%E2%80%9D-CNS-2019.pdf>
- DGS, Programa Nacional para a Saúde Mental available at: <https://www.sns.gov.pt/institucional/programas-de-saude-prioritarios/programa-nacional-para-a-saude-mental/>
- Plano de Desenvolvimento da RNCCI (2016-2019) available at: <https://www.sns.gov.pt/wp-content/uploads/2016/02/Plano-de-desenvolvimento-da-RNCCI.pdf>
- Joint Action on Mental Health and Well-being (Towards Community-Based And Socially Inclusive Mental Health Care) (2015), Portuguese situation Analysis, available at: http://spgg.com.pt/UserFiles/file/23_09_15report_JA_em_PORTUGUES.pdf
- Plano Nacional das Artes 2019-2024, available at: https://www.dge.mec.pt/sites/default/files/Projetos/PNA/Documentos/estrategia_do_plano_nacional_das_artes_2019-2024.pdf
- ENCONTRARSE+SE, Dia Mundial da Saúde Mental nas Escolas 2019 available at: https://www.encontrarse.pt/wp-content/uploads/2020/05/E-book_DiaMundialSM.pdf
- Programa Nacional para a Saúde Mental, 2019, available at: <https://www.sns.gov.pt/institucional/programas-de-saude-prioritarios/programa-nacional-para-a-saude-mental/>
- Republica Portuguesa, Servico Nacional de Saude (2018), *Retrato da Saúde Mental*, available at: https://www.sns.gov.pt/wp-content/uploads/2018/04/RETRATO-DA-SAUDE_2018_compressed.pdf
- Calouste Gulbenkian Foundation, PARTIS initiative trajectories, *Art and Hope* (2014 - 2018), available at: https://content.gulbenkian.pt/wp-content/uploads/2020/01/24105610/Partis-livro-eng-WEB_opt.pdf
- Governo Portugal, Ministerio da Saude, Direcao Geral da Saude (2013), *Portugal Saúde Mental em Números*, available at: <https://www.dgs.pt/estatisticas-de-saude/estatisticas-de-saude/publicacoes/portugal-saude-mental-em-numeros-2013-pdf.aspx>
- António Palha, João Marques-Teixeira (2015), *The emergence of psychiatry in Portugal: from its roots to now* - PubMed (nih.gov), available at: https://www.researchgate.net/publication/280492489_Relatorio_Primavera_2015

- DGS (2017), *Referencial de Educação para a Saúde (RES)*, available at: https://www.dge.mec.pt/sites/default/files/Esaude/referencial_educacao_saude_vf_junho2017.pdf
- Acesso Cultura (2019), *Beyond the Physical: Barriers to Cultural Participation, a tour around Portugal*, available at: <https://adiarts.ie/assets/uploads/2019/12/Beyond-the-Physical.pdf>
- Ministry of Labour and Social Policy (2018), *National Deinstitutionalization Strategy of the Republic of Macedonia, 'Timjanik' & Action plan (2018–2027)*, available at: https://www.mtsp.gov.mk/content/pdf/2019pravilnici/23.4_National%20Deinstitutionalisation%20Strategy%20and%20Action%20plan.pdf
- Ministry Of Health (2007), *Health Strategy Of The Republic of Macedonia, 2020 Safe, Efficient And Just Health Care System*, available at: https://extranet.who.int/countryplanningcycles/sites/default/files/planning_cycle_repository/the_former_yugoslav_republic_of_macedonia/health_strategy_2020_eng.pdf
- The former Yugoslav Republic of Macedonia (2017), *Mental Health ATLAS - Member State Profile*, available at: https://www.who.int/mental_health/evidence/atlas/profiles-2017/MKD.pdf?ua=1
- Novotni A., Manusheva N., Novotni G., (2018), *Mental health law in the Former Yugoslav Republic of Macedonia*, available at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6436046/>
- World's Health Organization (2009), *Who-Aims Report On Mental Health System In The Former Yugoslav Republic Of Macedonia*, available at: https://www.who.int/mental_health/macedonia_who_aims_report.pdf
- Ács A., Molnár E., Molnár G. and Balogh Z. (2019), *The care of people living with mental illness in the Hungarian social care system: The process of deinstitutionalization and the phenomenon of stigmatization*, available at: <https://akjournals.com/view/journals/2066/2/1/article-p1.xml>
- Hungarian Psychiatric Association (2016), *A Magyar Pszichiátriai Társaság állásfoglalása a pszichiátriai ellátás helyzetével kapcsolatban*, available at: <http://www.mptpszichiatra.hu/hirek.aspx?&nid=51722&cid=32>
- Ebredések Alapítvány Awakenings Foundation, *Mi az a közösségi pszichiátria?*, available at: <https://ebredések.hu/modszereink/mi-az-a-kozossegi-pszichiatra/>
- Dell'Acqua G., "Aspetti evolutivi dei servizi di salute mentale nel contesto di Trieste", *Il governo dei servizi sanitari territoriali: logiche, strumenti e processi*, available at: <http://www.triestesalutementale.it/dsm/index.htm>
- Giuliani D., *Sfumature in Atto, Contro Attacco Teatro*, available at: <https://www.sfumatureinatto.org/contro-attacco-teatro/>

- Giuliani D., *Il luogo dell'essere se stessi: lo spazio scenico come tempo sospeso tra arte creativa e formazione. Il laboratorio teatrale all'interno dei servizi di salute mentale*, Tesi di laurea Università Degli Studi di Firenze
- Jung C. G. (2004), *L'uomo e i suoi simboli*, Tea Edizioni, Milano, available at: <https://www.amazon.it/Luomo-suoi-simboli-Carl-Gustav/dp/885020552X>
- Czertok H. (2009), *Teatro in esilio*, Editoria e spettacolo, Milano, available at: <https://www.ibs.it/teatro-in-esilio-pedagogia-teatrale-libro-horacio-czertok/e/9788889036679>
- Foucault M. (2011), *Storia della follia nell'eta classica*, Bur Editori, Milano, available at: <https://www.ibs.it/storia-della-follia-nell-eta-libro-michel-foucault/e/9788817046626>
- Basaglia F. O., Basaglia F. (2009), *L'Utopia della realta*, Einaudi, Torino, available at: <https://www.einaudi.it/catalogo-libri/psicologia/psichiatria/lutopia-della-realta-franco-basaglia-9788806176693/>
- Stanislavskij K. S. (1993), *Il lavoro dell'attore sul personaggio*, Editori Laterza, Bari, available at: <https://www.amazon.it/lavoro-dellattore-sul-personaggio/dp/8842042765>
- Stanislavskij K. S. (2008), *Il lavoro dell'attore su se stesso*, Editori Laterza, Bari, available at: <https://www.ibs.it/lavoro-dell-attore-su-se-libro-konstantin-s-stanislavskij/e/9788842050711>
- Stoppa F. (2007), *La prima curva dopo il paradiso* Edizioni Borla, Roma, available at: <https://www.amazon.it/prima-curva-dopo-paradiso/dp/882631697X>
- Lari P. (2010/2011), *I luoghi dell'esclusione nell'ambito della salute mentale*, Università di Pisa Facoltà di Scienze Politiche Corso di Laurea in Programmazione e Gestione delle Politiche e dei Servizi Sociali, available at: <https://core.ac.uk/download/pdf/14702773.pdf>
- Dell'Acqua P., *Fuori come va?* (2010), in Aa.Vv., *Universale Economica*, Feltrinelli Editore, Milano, available at: <https://www.feltrinellieditore.it/opera/opera/fuori-come-va-1/>
- Stefanoni F. (1998), *Manicomio Italia*, Editori Riuniti, Roma, available at: <https://www.amazon.it/F-Stefanoni-MANICOMIO-Inchiesta-psichiatria/dp/B00NU2UIVQ>
- *Gli Ospedali Psichiatrici Giudiziari sono chiusi, ma le misure di sicurezza (in particolare quelle detentive) sono dure a morire.* di Giovanna Del Giudice, available at: <http://www.sossanita.org/archives/5683>
- Maone A. (2016), *L'INDIPENDENZA ABITATIVA COME ESITO IN SALUTE MENTALE*, 2016, available at: <http://www.nuovarassegnastudipsichiatrici.it/index.php/volume-13/indipendenza-abitativa-come-esito-in-salute-mentale>

- Righetti A. (2018), *I Budget di salute e il welfare di comunità*, available at: https://scienze politiche.unical.it/bacheca/archivio/materiale/274/Ricerca%20e%20progettazione%20sociale%202018/righetti_budget_salute_welfare_comunita.pdf
- Vita (2020), *Per un nuovo welfare*, available at: <http://www.vita.it/it/article/2020/06/12/per-un-nuovo-welfare-linstant-book-della-societa-civile/155835/>
- Il principio dell'uguaglianza formale e sostanziale nella Costituzione (2018), IL POST, available at: <https://www.ilpost.it/2018/06/20/uguaglianza-formale-sostanziale-costituzione-articolo-3-maturita/>
- Bodo-Da Milano-Mascheroni (2009), *Periferie, Cultura ed Inclusione sociale. Quaderno dell'osservatorio*, Fondazione Cariplo, 2009, available at: <https://www.fondazione cariplo.it/it/strategia/osservatorio/quaderni/periferie-cultura-e-inclusione-sociale-quaderno-n-1.html>
- Antonio Slavich, *La scopa meravigliante, preparativi per la legge 180 a Ferrara e dintorni*, Editori Riuniti, Roma, 2003, available at: <https://www.libreriauniversitaria.it/scopa-meravigliante-preparativi-legge-180/libro/9788835954231>
- Conferenza Nazionale Salute Mentale 2019, Dichiarazione conclusive: I partecipanti alla Conferenza nazionale Salute Mentale 2019, available at: http://www.conferenzasalutementale.it/wp-content/uploads/2019/06/2019_06_DICHIARAZIONE-CONCLUSIVA-CONFERENZA-SALUTE-MENTALE.pdf
- Law 2716 on Development and Modernisation of mental health services and other provisions (1999), available at: <http://www.athena-elpis.gr/main/wp-content/uploads/2716.pdf>
- Ministry of Health (2011), *Psychiatric Reform in Greece: PSYCHARGOS Program*, available at: <https://www.moh.gov.gr/articles/health/domes-kai-draseis-gia-thn-yegeia/programma-quot-psyxargws-quot/83-h-psyxiatrikh-metarrythmish-sthn-ellada>
- Programme of Mental Reform "PSYCHARGOS", available at: <http://www.psychargos.gov.gr/>
- EACEA, *Lifelong Learning Strategy - Greece*, available at: https://eacea.ec.europa.eu/national-policies/eurydice/content/lifelong-learning-strategy-33_en
- OECD (2020), *Education Policy Outlook - Greece*, available at: <https://www.oecd.org/education/policy-outlook/country-profile-Greece-2020.pdf>

- THE ART4PSY PROJECT: promoting social inclusion through art, available at: <https://www.juntadeandalucia.es/cultura/europacreativaandalucia/the-art4psy-project-promoting-social-inclusion-through-art/>
- Licínio C. Lima e Paula Guimarães, (2018), *Lógicas políticas da educação de adultos em Portugal* *Lógicas políticas da educação de adultos em Portugal*, available at: <https://www.scielo.br/j/cp/a/h3BqyxY8dswDGShgvr7jihB/?lang=p>
- EACEA, *Medidas de Apoio para Estudantes no âmbito da Educação e Formação de Adultos*, available at: https://eacea.ec.europa.eu/national-policies/eurydice/content/support-measures-learners-adult-education-and-training-53_pt-pt
- Estratégia Nacional para a Inclusão das Pessoas com Deficiência 2021-2025, available at: https://www.inr.pt/documents/11309/284924/ENI_PD.pdf/5bce7969-0918-4013-b95d-2a5a35a870c5
- Pessoas com Deficiência em Portugal: Indicadores dos Direitos Humanos, ODDH (2019), available at: http://paisemrede.pt/wp-content/uploads/2020/02/Relatorio_ODDH-2019-1.pdf
- Fundação Calouste Gulbenkian, Art & Hope 2014-2018, PARTIS Artistic Practices for Social Inclusion, available at: https://content.gulbenkian.pt/wp-content/uploads/2020/01/24105610/Partis-livro-eng-WEB_opt.pdf
- Projeto Integra, Saúde Mental e Integração, Recomendações 2015, Jansen Portugal, available at: <https://www.janssen.com/portugal/projeto-integra-apresenta-conclusoes-e-recomendacoes-para-integracao-das-pessoas-com-doenca-mental>
- Guia de Recursos Para a Área da Deficiência, Câmara Municipal da Amadora, available at: https://www.cm-amadora.pt/images/I_NTERVENCAO_SOCIAL/PESSOAS_DEFICIENCIA/PDF/guia_recursos_deficiencia.pdf
- Plano de Desenvolvimento da Rede Nacional de Cuidados Continuados, 2019 Serviço Nacional de Saúde in Plano de Desenvolvimento da RNCCI, available at: <https://www.sns.gov.pt/wp-content/uploads/2016/02/Plano-de-desenvolvimento-da-RNCCI-2016-2019-Ofi%CC%81cial-Anexo-III.pdf>
- Pessoas com Deficiência em Portugal, Indicadores dos Direitos Humanos, ODDH (2020) in Pessoas com Deficiência em Portugal - Indicadores de Direitos Humanos 2020, available at: <http://oddh.iscsp.ulisboa.pt/index.php/pt/2013-04-24-18-50-23/publicacoes-dos-investigadores-oddh/item/483-relatorio-oddh-2020>
- ODDH, DGE, Inclusão de Alunos com Necessidades Educativas Especiais: O Caso dos Centros de Recursos para a Inclusão, available at: <http://oddh.iscsp.ulisboa.pt/index.php/pt/2013-04-24-18-50-23/outras-publicacoes/item/181-inclus%C3%A3o-de-alunos-com-necessidades-educativas-especiais>

- DGARTES “Arte sem Limites”, available at: <https://www.dgartes.gov.pt/pt/node/3915>
- Art.º30 - Estado da Arte, ANACED, 2020 in Relatório do Projeto Art.º 30 - Estado da Arte
- UN, *National Strategy On Achieving Equal Rights for the Persons with Disabilities in the Republic of Macedonia*, available at: https://www.un.org/development/desa/disabilities/wp-content/uploads/sites/15/2019/10/North-Macedonia_National-Strategy-on-Achieving-Equal-Rights-for-the-Persons-with-Disabilities-in-the-Republic-of-Macedonia-2010-%E2%80%93-2018.pdf
- UN, *Convention on the Rights of Persons with Disabilities: Consideration of reports submitted by States parties under article 35 of the Convention - The former Yugoslav Republic of Macedonia*, available at: https://tbinternet.ohchr.org/_layouts/15/treatybodyexternal/Download.aspx?symbolno=CRPD/C/MKD/1&Lang=en
- Gerovska – Mitev M., Miovska – Spaseva S., Gjorgjev D., (2007), *Policy Priorities for Social Inclusion in Macedonia*, available at: <https://library.fes.de/pdf-files/bueros/skopje/05322.pdf>
- OGP. (2016), *Improvement of Disabled People Social Inclusion at the Local Level*, available at: <https://www.opengovpartnership.org/members/north-macedonia/commitments/MK0114/>
- MTSP, *National Strategy on Alleviation of Poverty and Social Exclusion in the Republic Of Macedonia 2010-2020*, available at: <https://mtsp.gov.mk/WBStorage/Files/strategy.pdf>
- *National Disability Program 2015-2025*, Hungary, available at: https://www.un.org/development/desa/disabilities/wp-content/uploads/sites/15/2019/10/Hungary_National-Disability-Program-2015-2025.pdf
- Greek Government (2020), *National Action Plan for the rights of persons with disabilities*, available at: http://www.opengov.gr/ypep/wp-content/uploads/downloads/2020/09/%CE%95%CE%B8%CE%BD%CE%B9%CE%BA%CE%BF%CC%81-%CE%A3%CF%87%CE%B5%CC%81%CE%B4%CE%B9%CE%BF-%CE%94%CF%81%CE%B1%CC%81%CF%83%CE%B7%CF%82-%CE%B3%CE%B9%CE%B1-%CF%84%CE%B1-%CE%94%CE%B9%CE%BA%CE%B1%CE%B9%CF%89%CC%81%CE%BC%CE%B1%CF%84%CE%B1-%CF%84%CF%89%CE%BD-%CE%91%CF%84%CE%BF%CC%81%CE%BC%CF%89%CE%BD-%CE%BC%CE%B5-%CE%91%CE%BD%CE%B1%CF%80%CE%B7%CF%81%CE%B9%CC%81%CE%B1_2020_%CE%A5%CE%A0%CE%95%CE%A0-1.pdf

- Greek Government (2018), *Policies for strengthening the rights of persons with disabilities*, available at: <https://government.gov.gr/politikes-gia-ti-thorakisi-ton-dikeomaton-ton-amea/>
- Evangelinou A., Fyka G., Strati E. (2007), *Report on the social inclusion and social protection of disabled people in European countries*, Academic Network of European Disability experts, available at: <https://www.disability-europe.net/downloads/363-el-social-inclusion-report>
- Ca' Foscari University (Venice) Master's degree in Economics and Management of Arts and Cultural Activities Thesis of I. Gazzoni: "Giving shape to dreams": the relationship between art and disability analyzed through the work of Felice Tagliaferri" a.a.a. 2018/2019 Borgnolo G. et al. (edited by), ICF and UN Convention on the Rights of Persons with Disabilities. New perspectives for inclusion, Erikson, Trento 2009
- Grignoli D. (2014), *Adult education: a path to social inclusion: A case study in Molise (Italy)*, available at: http://www.scientiasocialis.it/qiic/files/pdf/31-40.Grignoli_qiic_Vol.3-1.pdf