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**BEST PRACTICE TO IMPROVE THE FUTURE TEACHER  
INITIAL FORMATION**

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*Abstract*

In our article we want to emphasize the importance of mental health in individual life. Mental health as part of an individual's life, is a state of wellbeing which offers the individual personal comfort, offers the individual the ability to assort daily. Mental health offers to an individual inner peace and tranquillity, make him/her involves acceptance, work with satisfaction and joy of living. Yet mental health is not only a strictly personal matter. A person suffering from a mental condition is of concern for family and society under several aspects: affective, professional, social, economic. Thus, mental health is a major issue in the European community and a desideratum followed with special attention. Our faculty is involved in a European project whose main objective is to improve the professionals' competences by changing good practice and having as target group the elderly suffering from a mental condition. After documentation and study of field literature we identified that there is insufficient knowledge about the characteristics of mental conditions, hence stigmatization and prejudices. The purpose of our research is to warn and to make students aware of the sensitiveness of mental disabilities to the elderly age. They must to be aware about some important issues concerning elderly's mental condition, such as poverty, social isolation, loss of independence that are causes that lead to a deterioration of their life. One of the major objective of the society in the 3th Millennium is the improvement of life quality for the elderly who contacted a mental disorder.

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**Keywords:** Mental health, elderly age, prejudices, good practice, competences.



## 1. Introduction

Health contributes to the well-being of any person; moreover, mental health is indispensable for the quality of life; without health it is impossible to prepare for life, to carry out your profession, to participate in the social life (Abbatt & Mejla, 1990). The European Commission for Health draws attention to the low level of health of Europe's population. The aging population of the European continent has increased the number of cases of mental disorders (Mintzberg, 2010). The European Union estimates that nearly 50 million citizens (about 11% of the population) suffer from mental disorders, with different symptoms in men and women. In particular, depression, according to the World Health Organization, this being a serious problem with the highest prevalence in the EU.

According to the latest WHO estimates, more than 300 million people are now living with depression, an increase of more than 18% between 2005 and 2015. WHO draws attention to another important issue in terms of population health, namely an increase in juvenile suicide. Most countries around the world face an increase in suicide among young people aged 18-29, and in the European Union we find an alarming figure of around 58,000 suicides per year (Corbière, Brouwers, Lanctôt, & Weeghel, 2015).

Awareness of the incidence of mental illness, knowledge as well as the preventive and curative intervention measures remain the responsibility of the education for health in the educational institutions (Parent & Jouquan, 2015). School should promote actions to prevent and maintain mental health in young people through the educational system, aiming at implementing the following objectives:

- to empower education professionals with performing skills;
- to propose programs that would strengthen hygiene and sanitary skills;
- to promote high-quality training for professionals involved in health, education, youth organizations and other relevant sectors in the field of mental health;
- to emphasize socio-emotional aspects in curricular and extracurricular activities as well as in school culture;
- to promote programs to prevent abuse, intimidation, violence and social exclusion;
- to stimulate young people's participation in education, culture, sport and work.

In Romania, health education has become a priority in educational programs, and it is considered that school is the most appropriate institution to carry out education on all important levels of life and health. The specialized curriculum includes health knowledge that aims at empowering young people with hygienic and sanitary skills and, in particular, with prevention (Drake, Bond, & Becker, 2012). The focus of the educational process on the formative aspect of education leads to the formation of attitudes and skills which are mandatory for responsible and healthy behaviour and is one of the main objectives of the field of Education for Society (Gavrila-Ardelean, 2016). Health education is a necessary step in the training of young people in schools starting with the kindergarten until the end of the compulsory cycle through age-appropriate programs and projects (Gavrila-Ardelean, 2017).

### 1.1. Education and Vocational Training

Education through its status has a social dimension, aiming the education of the younger generation at a high quality level for the involvement in the social life of the future society they will live in. The European Commission for Education in its work on the Education and Vocational Training 2020 Strategy

launched the call for the promotion of equity, social cohesion and active citizenship. Thus, the initial training of future specialists must be achieved through coherent programs that promote social diversity, use modern methods through which future specialists can enhance professional and transversal skills in order to be able to find innovative solutions and to make the right decisions. Our faculty has as an assumed mission to train specialists through the study programs it offers: Pedagogy of preschool and primary school education, Special psychopedagogy, Psychology and Social Work. The future specialists are teachers, psychologists, social workers that would contribute to the social life and add value to the society. We can call all these study programs vocational because they are socially oriented, promote cultural and human values and civic responsibilities. One of the main roles of initial training of future specialists is to educate them in terms of social involvement so that they would understand these values and contribute to the application of social tolerance norms and practices. These social competences are formed within the specialized programs through the active participation of students in the life of the community through various compulsory activities and volunteering, as well as projects in open, creative learning environments, coherently combining the theoretical knowledge with practice. In order for this educational approach to be successful, it is extremely important for students to reflect on aspects of social diversity, cultural diversity, to know and to assume their role and responsibility when practicing their future profession. Understanding the norms and social values that every citizen must respect and promote, awareness of the existence of vulnerable population groups, groups with special needs that have the same rights to a dignified, decent life as any human being will lead to the formation of pro-social attitudes. According to the definition given by the social economy among vulnerable individuals or groups, there are: persons or families who are at risk of losing their ability to meet their daily living needs. According to social solidarity and responsibility, every human being has rights and responsibilities, there must be a certain convergence between the personal, individual interests and the general interests of a community.

It is known that the world population is aging, statistics show that between 2015 and 2050 the aging population will increase from 12% to 22%. If by 2015, globally, there were 900 million people over the age of 60, the number is estimated to be around 2 billion in 2020. The issue of existing risk factors for the health of these people and especially with regard to mental health is raised. The risk of suffering from a degenerative mental illness remains high among the population over the age of 60 and raises a number of social issues (Kelemen, 2017).

With aging and the irreversible aging process, a number of health problems such as decreased work capacity, physical pain and even disabilities occur. These can be remedied with medication and sustained care, but when elderly people suffer from a mental illness, according to specialists, this is hard to detect, primarily because of the age, then because some elderly people hide such conditions, which they consider embarrassing, and sometimes they themselves are difficult to diagnose (Zepke, 2013).

As we have said, social services aim to maintain the well-being of the population throughout their lives by providing opportunities for prevention, care, maintenance of autonomy and social life. These issues are pursued by social inclusion specialists who are trained and empowered with the skills needed by highly trained professionals.

## 1.2. Projects intellectual referential outputs

A way of making youth aware of the social issues risen by the population`s health in general, and mental health in particular are the European Union financed programs such as: ERASMUS Plus KA2. The projects conducted lately by our faculty have been: SPSM- Employability and mental health in Europe – Public health and mental health, (Kelemen, Fond-Harmant, Pluss, Stassen, & Nache, 2015). ARPA- Améliorer les réseaux des professionnels pour la santé mentale des personnes âgées atteintes de troubles psychiques en Europe, TUTO- European TuToring Process in Psychiatry and Mental Health, DigyFamily- Digitalising a network for peer collaboration and learning in family and community resources for workers in the social, educational and mental health sectors, VetHt- Vocational education process in European tutoring for immersion trainees in the mental health sector. Their main objective is the development of professional competences with specialists who work with people who contacted such a disorder at some point in their lives. The partners engaged in these projects are specialists who build multidisciplinary teams: social workers, doctors, psychologists, therapists, specialists in education. The SPSM project – Employability and mental health in Europe – Public health and mental health: urgent training social integration and employability needs had as its main objective the acquisition of new competences by specialist in social work to enhance social and occupational integration on the labour market of people who contacted a mental disorder at some point in their lives. Another targeted aspect was the improvement of abilities and practices of the interested parties: beneficiaries, professionals and employers with a view to reintegrate the beneficiaries on the labour market and socially (people with contacted mental disorders). The partners` involvement in the project added value to the research and led to the publication of a material with the project objectives and the way they were achieved by the five partner countries. It also provides data on the manner the professional training needs were implemented and recommendations after analysis conducted in all five countries. The project is a plea for reflection, search and implementation of viable solutions to support people in vulnerable situations at a certain point in their lives.

ARPA Project- Améliorer les réseaux des professionnels pour la santé mentale des personnes âgées atteintes de troubles psychiques en Europe continues the previous project having as target group the elderly this time and aiming at optimizing the specialists` professional skills and improving the care practices of the elderly affected by various diseases and mental disorders. Research activities have been developed in the field of interventions and ameliorative therapies, promoting appropriate attitudes in concrete situations, stimulating research to contribute to the good functioning of interdisciplinary teams accompanying mentally disordered patients, dissemination of good practices in scientific articles and conferences.

TUTO-European TuToring Process in Psychiatry and Mental Health conducted over a period of three years focused on improving the young specialists` competences in the field of care for mentally disordered patients. Visiting the different mental health care institutions in the partner countries (France, Belgium, Germany, Belgium, Romania), these young professionals have benefited from different practical experiences. This ambitious project has succeeded in combining the theoretical and practical professional training through direct contact with the staff of the different institutions and with the different situations encountered. The results of the project are found in intellectual outputs in the form of a handbook that includes the entire positive experience of the project, scientific articles in specialized journals and a conference in Berlin through which the results of the project were disseminated. As a result of the project`s success, the scientific activity continues this year with a strategic project VetHt-Vocational Education

Process in European tutoring for immersion trainees in the mental health sector. This project aims to train specialists working in the field of social work through training courses at our university.

Another project with impact on the development of professional competences of specialists in the field of mental health issues is DigyFamily-"Digitalising a network for peer collaboration and learning in family and community resources for workers in the social, educational and mental health sectors. A strong argument is the estimations to be found in the document entitled Green Paper "Improving the Mental Health of the population" which stipulates that more than 27% of the adults in Europe face an episode of mental disorder of various intensity that requires special care. This strategic project aims cooperation and innovation in providing care for people suffering from a mental disorder by bringing together interdisciplinary teams that deal with maintaining mental and family health.

### **1.3. Social policies for people with mental disorders**

Recommended policies for recovering mental patients and their reintegration into work are based on a collaborative relationship between different sectors and professions. There is an attempt to give up on services based on hospitalization and to further develop community-based services through social reintegration. Decision makers try to develop opportunities for adequate employment, in line with the possibilities of the beneficiaries. In the case of the elderly, social reintegration is also being pursued through collaboration with their guardians through counselling and recovery activities. The aim is to optimally combine mental health services, complemented by collaborative activities within different sectors on prevention, amelioration and recovery services, using specific means and methods tailored to the needs of the beneficiaries. Recovery also focuses on psycho-emotional aspects to create an affective-motivational state that is appropriate to maintaining the psychological comfort required for social reintegration. Specialists show that in recovering people suffering from a mental disorder, they have to pursue several levels of recovery: psychological, pedagogical and medical. Treatment and rehabilitation intervention strategies are tailored to the characteristics of the patient regarding:

- Mental affection and its severity;
- The post-hospital level of recovery and evolution;
- Recovery possibilities of the damaged functions;
- Level of mental disorder;
- The age of the beneficiary;
- Potential of social reintegration.

Rehabilitation and recovery involve complex strategies that try to bring adjustments to the beneficiary's behaviour: re-learning according to the psychological recovery of mental disorder and depending on their actual reintegration into the social activity. Learning should be stimulated by a series of enforcers with concrete support, by promoting each patient's ability to make independent decisions through the stimulation of positive aspects of behaviour. The learning or re-learning of certain behaviours is accompanied by psychotherapy, tailored to the needs of the individual, by psychotherapy of suggestion and relaxation to remove anxiety, negativism, to stimulate the beneficiary's involvement in the rehabilitation act. Results can be obtained by stimulating the beneficiary's wish to take part in the family life or work place activities, by getting involved in social activities with focus on practical daily issues and by strengthening positive results and minimizing negative expectations. Tension and hyper excitability can be

overcome through psychotherapy and by emphasizing the beneficiary's existing abilities. Occupational therapies: play therapy, ergo therapy, art therapy, adapted to the beneficiary's capacities are recovery methods with beneficial results when their aim is the stimulation of a certain interest for the activity and a state of well-being. (Wittchen et al., 2011).

We recall that our approach tries to analyze the formative/educational needs but also the requirements, which means gathering data that reveal the essential elements of the professional competence to be developed for the students at the level of each study program. The specialist in the social insertion of people with mental disabilities is a person who has the purpose of organizing, communicating and providing solutions according to specific situations. This is as a complex activity with outlines that are not always clear. Hard work, stressful situations lead to crisis situations faced by the socially assisted. Professionals in the field consider internal and external communication very important during daily activities with different actors in the assistance process, particularly when they come from different backgrounds and do not share the same language and culture. The central mission resulting from their function is to look for suitability between productivity requirements and the potential of a person with mental disabilities. The insertion specialist, whatever the level of responsibility, performs comparable activities on all three steps: level of action, informational level and personal level. The insertion specialist will build projects, new approaches to integrating people affected by mental disorders precisely through his/her role as a designer, solution maker. The specialists must figure out solutions for a variety of possibilities so that the ones they care for shall find work and be hired by enterprises. The socio-professional insertion specialist must know how to assign opportunities and different activities offered on his territory, and apply a scheme tailored to the beneficiaries. It is not always everything under control and perfect planning, therefore the specialist has to manage various situations: the unexpected, conflicts, people's problems: crises, stress, etc. The insertion specialist is an interface between two worlds that need to meet: the world of work and the beneficiary's world, each with its own culture and logic. His/her role is to set rules, to find the middle way to satisfy both sides, considering the circumstances. He has to defend the notion of "empowerment" for people affected by mental disorders and to convey in the professional environment the message of beneficiaries' autonomy.

## **2. Problem Statement**

In our study we focus on our students' awareness as future specialists and professionals in their field of training so that they intervene optimally at their workplace, contribute to the prevention of mental disorders, the improvement of the mental health status, the social reinsertion of those who have suffered lifelong psychological disorders, the formation of pro-social attitudes, and the removal of the stigma that still exists in society.

## **3. Research Questions**

The students of our faculty were involved in the projects I mentioned earlier, participating in certain stages of the research, the collection and dissemination of the results at the conferences organized for this purpose. Knowing the different aims pursued by our projects, we believed that our students were prepared to participate in this research.

#### **4. Purpose of the Study**

A total of 100 students from the third year of the undergraduate and master programs selected voluntarily were involved in the research. The study focuses on the awareness of the factors involved in the causes of mental disorders, the risk factors in everyday life, the ways of preventing and intervening in case of symptoms of a mental disorder. Their task was to identify these elements by applying the questionnaire below among their colleagues and friends, respecting the rules of ethics on personal data protection.

#### **5. Research Methods**

The questionnaire contains the following items:

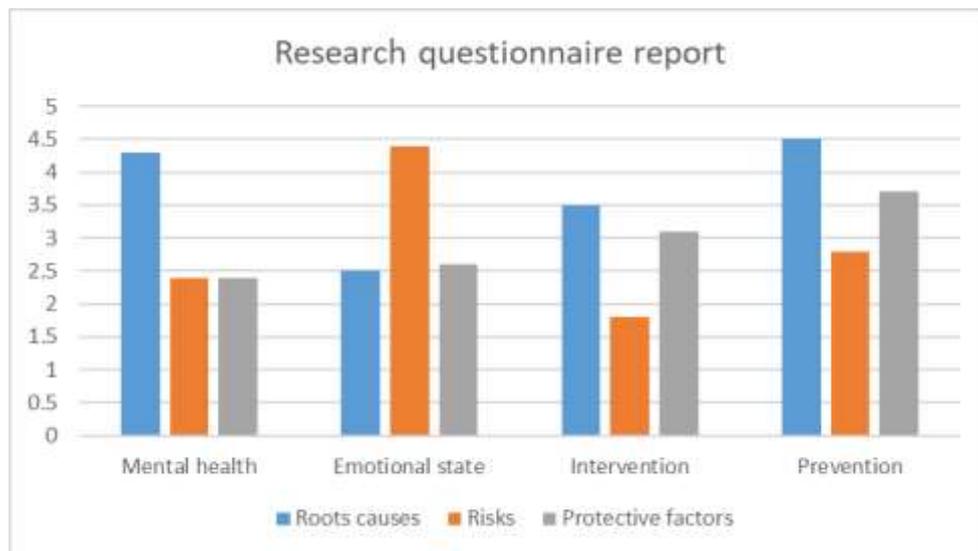
1. What is the relationship between the mother's lifestyle during pregnancy and the occurrence of mental health issues?
2. What is the relationship between phenotypes and endo factors in the installation of mental disorders?
3. To what extent is there an interaction between genes and the environment in association with the increased risk of contracting a mental disorder?
4. To what extent can social disadvantages be considered factors that influence mental disorders?
5. To what extent does the social context play an essential role in the emergence of a mental disorder?
6. To what extent can knowledge of the causes of mental disorder lead to their prevention?
7. To what extent do neuroprotective agents in early life reduce the vulnerability of a person?
8. To what extent can health education contribute to the development of a healthy lifestyle?
9. To what extent can periodic screening help prevent the onset of a mental disorder?
10. To what extent can immediate interventions improve mental health?
11. To what extent can counseling or psychological interventions contribute to the improvement of mental disorder?
12. To what extent does involvement in social life contribute to the prevention of mental disorders?
13. To what extent is stigma prevalent in social life?
14. To what extent can social differences favors the emergence of certain mental disorders?
15. To what extent can student associations contribute to the reduction of social stigma?
16. To what extent can social discrimination contribute to exacerbation of mental disorder?
17. To what extent can macroeconomic factors influence the health of the population?
18. To what extent can faith be a motivating factor in optimizing a person's health?
19. To what extent are social services effectively involved in the reintegration of mentally disturbed people?
20. To what extent do you think that mentally disturbed patients can be recovered?

The undergraduate and master students applied the questionnaire to the subjects who agreed to answer anonymously on a scale from 1 to 5.

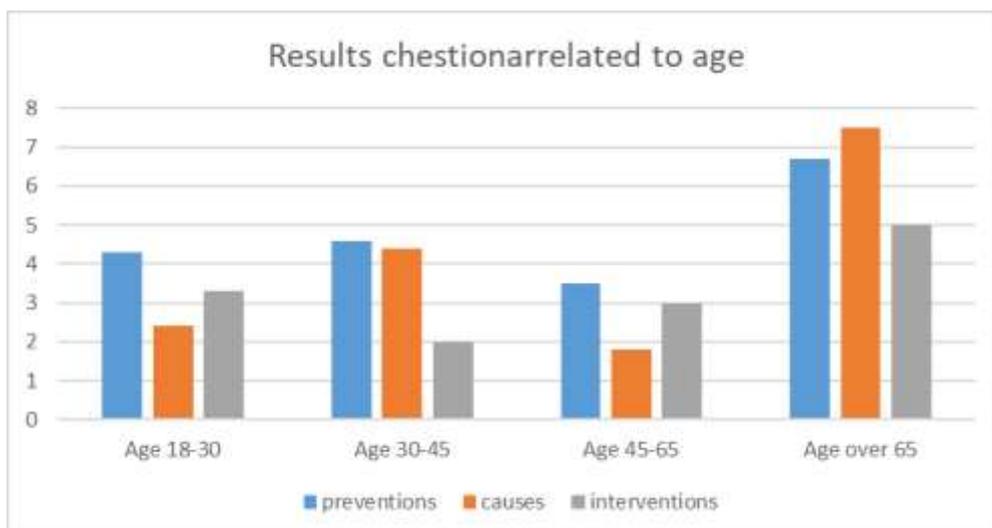
## 6. Findings

The respondents highlighted the need to have “a bigger picture of all mechanisms that stimulate professional integration of people suffering from mental disorders” for all actors involved in the integration process.

Attention has been drawn upon the level of information about the opportunities offered to people in vulnerable positions and the professionals should be trained to fill these gaps and offer all their support and guidance to vulnerable people in their struggle to overcome the difficulties. Given that 100 people answered the inquiry, we believe that the results should be considered relevant.



**Figure 01.** Research report on mental health and associated factors



**Figure 02.** Results of questionnaire applied and responds associated to age

**Table 01.** Distribution of research on different study programmes

<b>Questionnaire responds</b>	<b>Bachelor responds N=1114 Frequency. %</b>	<b>Master degree, 1<sup>st</sup> year N=701 Frequency. (%)</b>	<b>Master degree responds, 2<sup>nd</sup> year N=2185 Frequency. (%)</b>
R=5	45 (4%)	25 (4%)	34 (2%)
R=4	29 (3%)	23 (3%)	19 (1%)
R=3	92 (8%)	44 (6%)	51 (2%)
R=2	11 (1%)	7 (1%)	6 (0.03%)
R=1	10 (0,8%)	6(0,7%)	5 (0.02%)
	Total 187 (17%)	99,8 (14,5 %)	115 (6%)

After analysing the results` grid we can conclude that formative programmers should focus on the development of personal qualities at theoretical and practical level. Professionals should teach beneficiaries how to handle their emotions, stress, and anxiety. Thus increasing self-control and the control of their diseases all beneficiaries place better relationships with the others and the communication can be improved by learning to work and cohabit medically and professionally in team, but also by acquiring better skills in terms of autonomous daily life and danger/risk awareness. Specialized services should mainly inform and educate people to cope with their mental disabilities, young or elderly.

## 7. Conclusion

Our study highlighted several aspects. First of all, the students participating in the research became more involved in the knowledge of the different mental disorders, the causes that lead to their installation, but especially the indicators that contribute to the amelioration and prevention of mental disorders.

The approach we had made, led to a draft on the formative needs that are part of the competence-based model. Such model is based on cognitive, psycho-motor and affective resources and is used in an appropriate practical context. They are not based only on the theoretical dimension of the profession, but also on a practical activity that favours skills and behaviours tailored to different existing occupational situations. The research activity involving exchanges and analyses represents an approach that simultaneously presents the need for assimilation of conceptual, relational and technical knowledge in the activities of the insertion specialist, as well as a practical approach to the various complex situations encountered in practice. This approach corroborates the literature on issue of assistance in the professional insertion of people affected by mental disorders that students read and discuss during lectures. It really tries to place future specialists in concrete situations that help them acquire scholastic (academic) knowledge. Professional competence is defined as „a complex action science, that mobilizes a set of complementary resources due to various abilities (cognitive, reflexive, metacognitive, operational, psycho-affective, social). It starts with multiple sciences, organized in operational schemes to deal properly with issues within a set of professional situations, defined in relationship to contexts, roles and specific constraints”.

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## Biography

**Gabriela Kelemen** is full professor of the Faculty of Educational Sciences, Psychology and Social Work of „Aurel Vlaicu” University, and she is the head of Department of Pedagogy, Psychology and Social Work, and also the editor in chief of Journal Plus Education <http://www.uav.ro/en/journals/educatia-plus>

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She has published over 30 scientific papers. She is author of more 12 books as unique author or in collaboration and she has participated in over 30 scientific gatherings. In the field of didactics she has published works in Hungary, Serbia, Moldavia and Romania. Some of her scientific papers are indexed in Worldcat.org like:

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- **Identification of highly gifted children**
- **Acquiring Competences for the Didactic Profession**
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She is also member in some prestigious professional membership bodies:

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- *Chinese Romanian House*
- *Honorary Ambassador of Gifted Education Centre*