



Project description Transition

PROBLEM STATEMENT

Reaching 18 years of age marks a formal limit which affects child and youth services, social work and psychiatry. The psychiatric competence is transferred from child and adolescent psychiatry to adult psychiatry and adolescents living in social pedagogical group homes are in most cases no longer supported by child and youth services. This normative limit does not root in developmental psychological, biological, psychiatric or social realities but is deduced from a legally justified and therefore generally applied rule that neglects to account for the individual needs and resources of adolescents. In some cases exceptions can be made, if certain requirements are met and a delayed psychological maturity is determined by a professional. In such cases the child and youth services may extend their support but this procedure is associated with being arbitrary.

The above mentioned normative limit can be compared to the normative 14th birthday which marks the age of criminal responsibility in Austria. This can be suspended in special cases, if there are psychiatric and developmental psychological reasons or, if the necessary maturity has not been reached. It is, however, hard to explain why the criminal age of responsibility varies between the ages of 10 and 18 even within the European Union. This demonstrates the arbitrariness of such normative limits.

From a scientific point of view the time between 14 and 25 represents one continues development phase during which different steps from childhood or youth towards adulthood have to be mastered. The success of this depends on individual and social resources. Accordingly adolescents need more or less support from their social environment, provided that this exists in an adequate form.

Also psychiatric hospitals are becoming increasingly aware of the arbitrariness of these normative limits due to the issues that arise when adolescents are transferred from the children and youth psychiatric hospitals to adult psychiatric hospitals. Child and youth psychiatric treatment is often succeeded by a close and intensive cooperation with child and youth services. Especially, if there is trouble or even frequent trouble in the adolescent's social environment. By the time adolescents reach 18 years of age they are deprived of the support of child and youth services and often the feeble psychological stability they have gained so far crumbles again. Additionally, adolescents have trouble coping with methods applied in adult psychiatry as those are based on self-responsibility. These circumstances



often lead to severe psychological crisis which result in very frequent hospitalizations and subsequently adolescents tend to quit their jobs or drop out of educational programs.

Studies from social psychiatrists show how important a stable and consistent social network is for adolescents in order to enable them to develop some resilience in the face of psychological crisis and to continue to function in a social context. Thus it should be possible that especially adolescents who have a psychiatric history and are at social risk can receive support from a multi-professional team which provides consistency in terms of social networks and treatment plans regardless of a client's 18th birthday.

SOLUTION

It was necessary to create a group home which operates based on the principals of social psychiatry and multi-professionalism, which takes the individual risk of psychiatric crisis into consideration and considers sociopsychological functionality as well as individual needs and resources. And which offers a setting that provides support even after adolescents turn 18.

Welcome to our group home for people with mental illnesses, where you can receive continuous support from the age of 16 to the age of 25!

Welcome to a place of multi-professional and individual support!

Welcome to Transition!

Target group

Our target group are people from the age of 16 to the age of 25. All residents have a complex psychiatric diagnosis, like different types of schizophrenia, affective disorders, anxiety disorder or impulse control disorder, which is often associated with a chronic and severe danger of harming themselves and/or others.

Mission

It is our mission to create a support system for 12 residents that is participative and evidence-based, that takes a humanistic approach and draws on psychosocial expertise. This concept of a full time care group home that is supported by a multi-professional team and focuses on fostering self-determination and wellbeing is unique in Austria in terms of premises, staff and structure.

Cooperation partners

Transition was actualized in close cooperation with the Child and Youth Services Vienna (*Wiener Kinder und Jugendhilfe MA11*) and the Vienna Social Fund (*Fond Soziales Wien FSW*).



These two stakeholders also cover the expenses. The most important stakeholder is the FSW whose professional committee also operates as group home supervision body. Such a comprehensive and intensive cooperation with public institutions is an innovation in itself. It accounts for the courage of Vienna City when it comes to finding innovative and evidence-based solutions. Further important cooperation partners are the psychiatric hospitals in Vienna, therapists, labour market services and of course, especially for minor residents, friends and family. Special thanks go to Ingrid Pöschmann from *MA11* as well as to Sabine Kratochwil and Harald Motsch from the *FSW* who created the framework for this new kind of cooperation in the city administration and who are always readily available to provide constructive feedback.

Premises

All residents have a small flat. There are some other rooms available for activities and the Café Transition. Our social room can be used for meetings with family or friends, for themed months etc. In our café residents can develop important skills and develop self-efficacy, if they wish to do so.

Team

Our multi-professional team is comprised of 18 committed people including administration and our CEO. Our professionals come from various different fields such as pedagogy, social pedagogy, social work, occupational therapy, outdoor education etc. The social psychiatric know how is provided by Dr. Patrick Frottier who is available for our residents as well as for our team. Mag. Walter Eichmann is a social pedagogue and psychotherapist who operates as the CEO of the non-governmental *GmbH* (Ltd). Our team's concept is based on Ruth Cones theory of theme-centered interaction. Accordingly matters concerning residents, team dynamics, individual needs and emotions of each team member as well as external influences are regarded as equally important.

Important Principles

- We heed head, hand AND heart
- We are authentic
- We work according to the principle of subsidiarity. The goal is to live a self-determined, good life
- We work according to the principles of social psychiatry, especially the principle of individualistic care
- We work in planned manner, according to the safe space concept and promote dialogue
- We heed the principle of a discourse that is not governed by power