

This statement reflects the views of families and friends of people with psychiatric disability on their role in the treatment, rehabilitation and care of persons living with mental ill health such as schizophrenia, bipolar disorder and other conditions.

EUFAMI'S Position on Treatment, Rehabilitation and Care

EUFAMI believes that there must be more to treatment than medication alone, while recognising that medication is usually an important component of a comprehensive programme of care (see also EUFAMI's Position Statement on Medication). The objective of treatment and rehabilitation must be to reduce disability and promote recovery.

Families, key providers of care, can be an important resource in supporting and encouraging people with mental illness to make decisions and achieve their goals if the families are themselves given support and encouragement to work with the care team. The principle of patient confidentiality should not be used to preclude involvement by family carers.

- The information on which decisions concerning treatment and care are based, including the range of available options, their potential consequences, and possible benefits, should be given proactively to all the family (to the person living with mental ill health and to other key family members). The choice of treatment and rehabilitative programs should include all evidence-based, person-centred and recovery-oriented interventions to support and promote employment, education, independent living, and social inclusion.
- The person living with mental ill health needs to be empowered to make decisions about the choice of his or her treatment, rehabilitation, and care, in discussion with an assigned key worker and others, including the family. Decisions taken should be written and reviewed as part of a regularly updated individual care plan aimed at reaching the relevant goals of the person. The choice of treatment and rehabilitative interventions must be person-centred: it needs to take into account the social context (e.g. the place of residence, income and current financial obligations, employment and social networks) and to be suited to the individual's lifestyle, life-stage and needs. It should not be limited by cost factors.
- The individual care plan should include care of physical health as well as mental health.
- Treatment should be provided by mainstream services, such as the general practitioner and primary care team, backed up by mental health specialist teams that are community-based, to facilitate early treatment of symptoms and help reduce stigma.
- *It may be necessary in certain specific circumstances, clearly defined by national law, to require an individual to receive treatment without his or her consent for the safety of the individual or of others. This may necessitate the admission for the shortest necessary time to an appropriate secure hospital setting, not to prison.*

Recommendations

1. National governments should include mental health in their public health priorities, and have mental health laws in place which respect the dignity and human rights of individuals and protects the interests of persons living with mental ill health, their families and the public. The law should include guidance on implementation, in particular:
 - Advice on the sharing of information between the care team, family, and patients;
 - Information on the rights of the patient and family members (e.g. with regard to assessments and formal plans for treatment, rehabilitation and care, early treatment, compulsory treatment, access to information and support).
 - The responsibilities of the government to provide quality community-based services, e.g. standards of treatment and independent monitoring involving patients and families.
2. Persons living with mental ill health and their families have the same rights, as other citizens with a disability, to continuing treatment and care.
3. Families and persons living with mental ill health should be involved in the training of professionals as experts by experience;
4. Persons living with mental ill health who require protection under mental health law should not be incarcerated, but in a specialised secure hospital setting and have access to legal representation.
5. Persons living with mental ill health and their families have a right to inclusion in society and *not* to experience discrimination. Governments must take steps to improve public understanding of mental ill health, and thereby help combat stigma.