



## STATEMENT OF EUFAMI'S POSITION ON MEDICATION

This statement reflects the views of families and friends of people with persons with psychosocial disabilities on the use of medication in treating severe mental ill health such as schizophrenia, bipolar disorder and similar conditions.

### **EUFAMI's Position on Medication**

EUFAMI believes that while medication is an important component of treatment, it must be given within a comprehensive programme of care, including psychotherapeutic, rehabilitative and social interventions such as support with income, housing, training, productive occupation, employment and socialisation. These interventions should be tailored to individual needs and focused on improving quality of life. The use of only medication to reduce symptoms has a limited success in the recovery process and, in extreme cases, can lead to human rights abuses. Using medication merely to reduce symptoms is no longer adequate. New psycho-therapeutic approaches which combine working together with families (the whole family, including the person who is experiencing mental ill health, relatives and friends), teaching social skills (e.g. through CBT), and the use of the most appropriate anti-psychotic medications, can reduce mental disability, lead to remission from symptoms for sustained periods, and for some people to recovery. Any reduction in disability will help reduce the stigma and discrimination experienced by people with mental illnesses and their families.

Eufami will work in partnership with ethical pharmaceutical companies in the pursuit of its objectives. EUFAMI will not endorse the use of one particular brand of medication or allow the organisation's title or logo to be used to market, sell or advertise a particular pharmaceutical product.

EUFAMI promotes the following key concepts in the delivery of quality mental health care

- Clinicians and others involved in the patient's care should consult and inform family and friends subject to the rules of confidentiality, especially at the onset of a period of ill health, when changing medication, at times of crisis, and when the patient is in hospital (at admission, during treatment, and at discharge);
- Clinical guidelines need to be in place concerning the choice and use of medications;
- Cost and availability factors should not limit the prescribing clinician's choice of medication;
- People for whom medication is prescribed should be fully involved in the choice of medications they will be taking, and have access to an advocate or second medical opinion if desired;
- The family and friends of the person should be informed by the health service about the medications available, their actions, interactions, beneficial effects and risks, including short- and long-term side effects;
- People who are taking medication should be supported by family and friends in taking the medication of their choice regularly, as prescribed, to avoid relapse and promote recovery;
- The medication use and dosage should be regularly reviewed in the light of the physical and mental health and the expressed views of the patient;
- Treatments understood and agreed to by the patient are to be preferred in all circumstances. However, it is recognised that compulsory treatment may be necessary in exceptional situations. These exceptions should be set out explicitly in mental health legislation, which should assign to those providing care the responsibility of protecting the person whose human rights are temporarily removed;
- People taking medication for enduring, long-term mental ill health should have the costs of medication at least partially reimbursed.

### **Recommendations**

Government health ministries should insist on mental health being recognised as a key part of a nation's public health priorities. Guidelines should be in place to ensure families are involved in

care wherever this is practicable and desired and agreed by the patient. Action plans and formal procedures should be in place to ensure implementation of the guidelines. Service providers should be required to involve persons with psychosocial disabilities and their families in a meaningful way in assessing services, e.g. reviewing procedures and monitoring user satisfaction.

People with psychosocial disabilities should have the right to:

1. High quality treatment suited to their individual needs whether they are at home, in hospital, in custody (e.g. prison), or required to undergo compulsory care under mental health law.
2. Legislation by health ministries on the use and prescribing of medications, compulsory treatment, and regular reviews.
3. Practice guidelines requiring staff to involve patients and family and friends in the choice of medication, and in the monitoring of treatment.
4. Full information about the medications and other treatment options (effects, risks, benefits, etc).

**EUFAMI's *Medication position paper* should be read in conjunction with position papers on Treatment, Rehabilitation and Care, and Recovery from Mental Health Disabilities, which deal with broader, non-medical approaches to treatment, care and improving quality of life.**