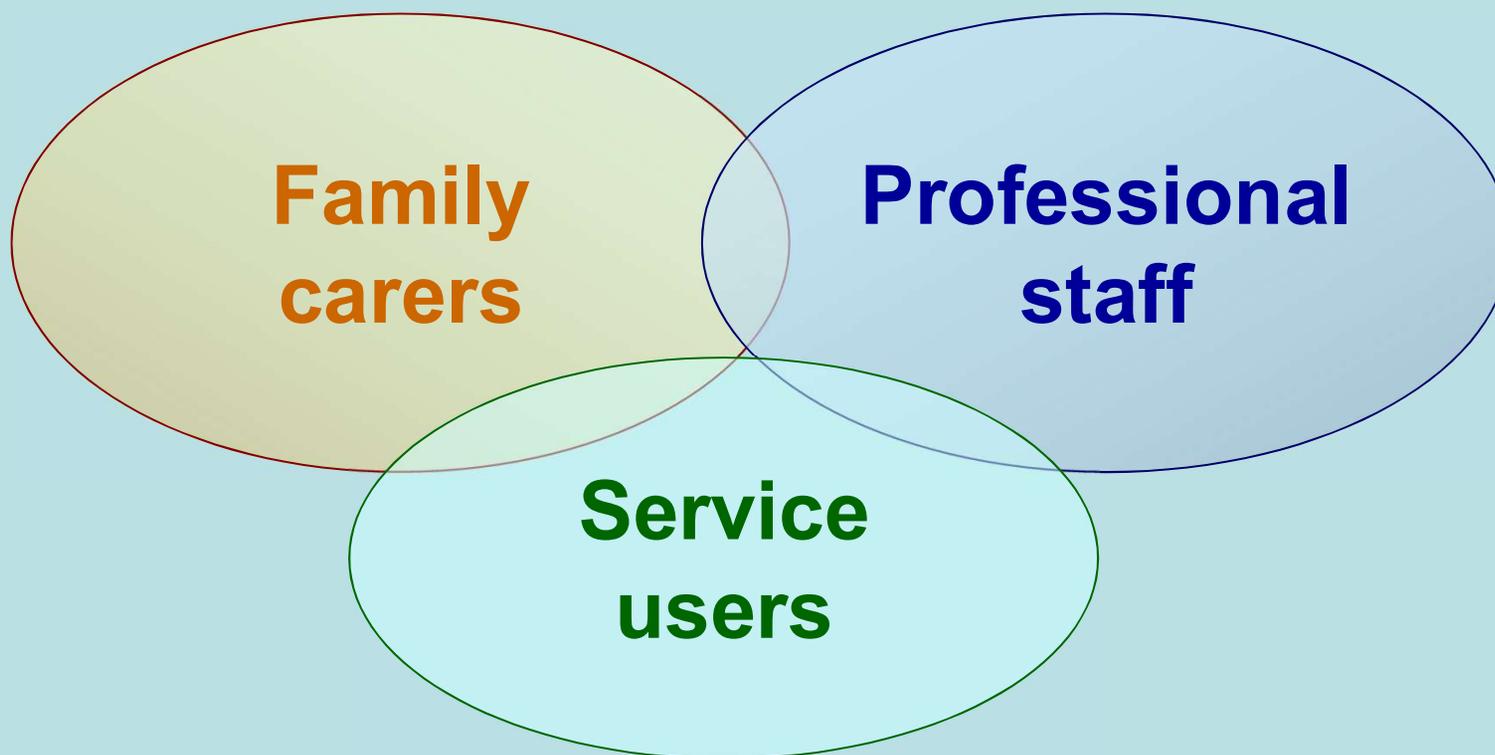


# **Family Members' Perspective on Services**

**Inger Nilsson**

# Family carers want to be involved as partners in the care process



## Three of the major challenges facing family carers:

- Accessing dependable mental health services
- Need for empowerment of family carers
- Stigma and discrimination

## **First challenge for family carers: Dependable mental health services**

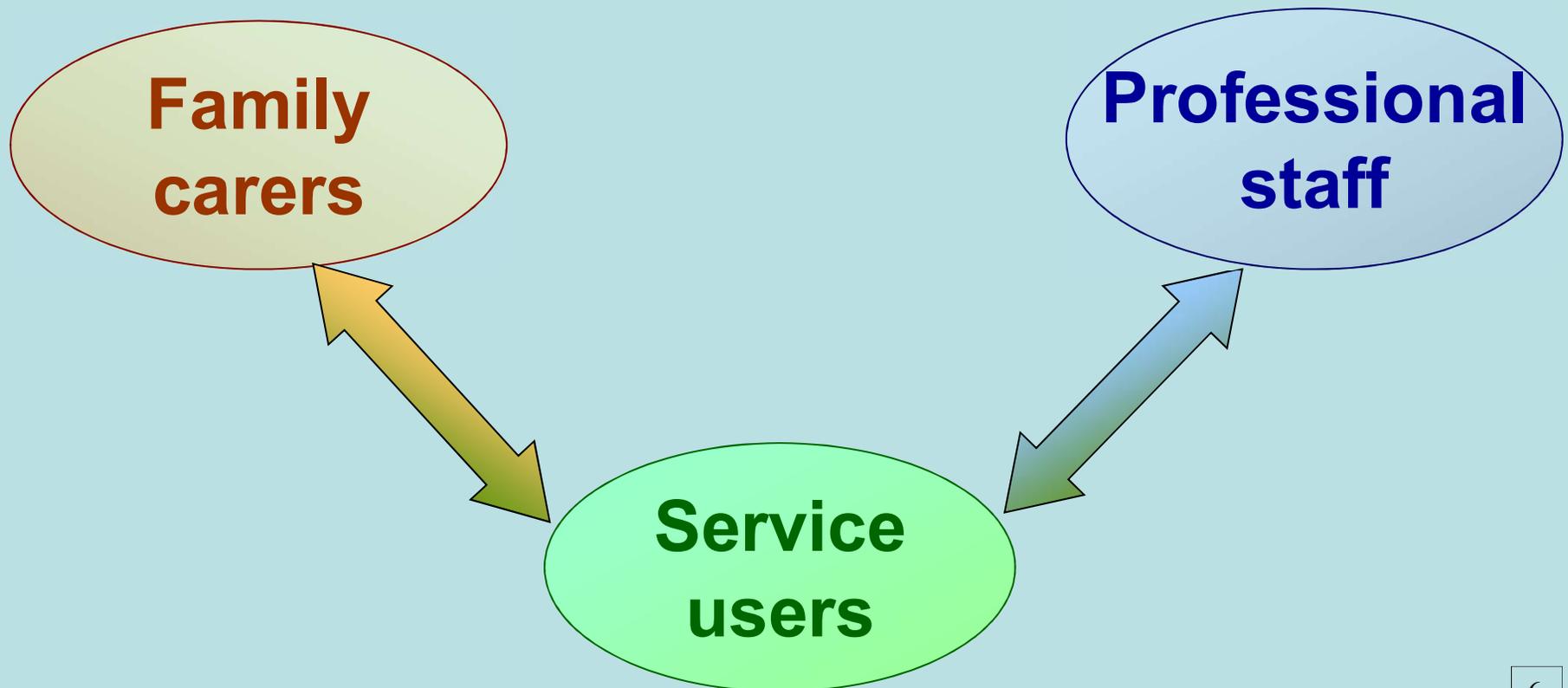
- **Locally available**
- **Effective**
- **Reliable**
- **Meet internationally recognised standards of care**

## **Second challenge:**

### **Need for empowerment of family carers**

- **Information**
- **Training**
- **Support**
- **Involvement**

## Lack of communication between professional staff and family carers



**Typical scenario: at the usual age of onset of a child's mental illness, the age of family carers, generally between 40 and 60, means they are at a time of greatest family stress and pressure.**

**Mental illness develops  
in older teenager or  
young adult** .....  
**30**      **35**

age: **15**      **20**      **25**

**Provide  
special  
care at  
onset**

**Provide  
continuing  
support**

**Family carer's  
commitments and  
responsibilities** .....

age: **40**      **45**      **50**      **55**      **60**

**Work career reaching peak**

**Pre-retirement**

**Other children  
in family**

**Provide  
support  
at school  
or college**

**Provide  
support  
at time of  
grandparents'  
retirement**

**Provide  
increasing  
care and  
support**

**Grandparents** .....

age: **65**      **70**      **75**      **80**      **85**

**‘PROSPECT’ - a programme of courses for family carers, service users, and mental health and social care staff.**

**Innovative approach to training developed and tested by EUFAMI with target group participants from 12 countries**

**Course modules focus on optimising recovery and social reintegration**

## **Third challenge for family carers: Stigma and discrimination**

- **Feelings of isolation**
- **Loss of self-esteem**

***“There is no health without mental health!”***

- **But ‘recommendations’ and ‘guidelines’ must be rigorously followed by staff.**
- **And mandatory procedures must be backed by legislation where necessary ...**
- **... and monitored with adequate management.**

**The rights of people with mental illness should be addressed under disability legislation, like all others who qualify for support, e.g. for benefits, housing, employment.**

**All family carers, young or old, should have the right to assessment of their own needs, and resources should be available to meet them.**

**Family carers should have the right to influence provision and standards of all mental health services through meaningful consultation.**

**Family carers should have the right to request assessment of their ill relative, in order where necessary, to protect the relative from risk of harm to self or others.**

**Mental health and social care professionals should have an obligation to inform family carers of their rights to advocacy and information, including information on ways in which they can be involved in the care and treatment process.**

**Legislation setting out the rights of carers in general should apply equally to mental health carers.**

**Legislation on discrimination should be reviewed, to incorporate human rights standards.**

**Substantially greater resources than at present should be allocated to mental health services and to NGOs which provide community-based services.**

**Never give up hope**

**Thank you**