

The background image for the cover is a photograph of a large, formal meeting or conference. In the foreground, a person's hand is visible, holding a pen and writing on a document. The background shows a large, curved table with many people seated around it, engaged in discussion. The room has a high ceiling and several flags are visible in the background. The text 'Annual Report' is overlaid on this image in a large, white, sans-serif font, with 'Annual' on the top line and 'Report' on the bottom line. The year '2012' is positioned at the bottom right of the cover in a large, white, sans-serif font.

# Annual Report

2012



Diestsevest 100, 3000 Leuven, Belgium  
[www.eufami.org](http://www.eufami.org)

## EUFAMI's Funding Partners and Project Supporters - 2012

### EUFAMI Collaborating Partners



### Project Supporters



Hoffman- La Roche

*We thank our Funding Partners and Project Supporters for their support in helping us to achieve our objectives.*



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#### EUFAMI Executive Committee until 26<sup>th</sup> May 2012

*President:* Bert Johnson  
*Vice President:* Connie Magro  
*Secretary:* Nadine Fossion  
*Treasurer:* John Saunders  
*Officers:* Alessandro Sveltini, Martine Frager-Berlet, Spyros Zorbas

#### Board of Directors after 26<sup>th</sup> May 2012

*President:* Bert Johnson  
*Vice President:* Connie Magro  
*Secretary:* Nadine Fossion  
*Treasurer:* John Saunders  
*Officers:* Alessandro Sveltini, Martine Frager-Berlet, Miia Männikkö, Per Torell, Spyros Zorbas

#### EUFAMI Office

*Secretary General:* Kevin Jones  
*Administrator:* Rita Geerts

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## Introduction

Completing my first year as President of EUFAMI I am pleased to introduce our Annual Report for 2012. In doing so I want to share with you my commitment and enthusiasm for what we are doing.

2012 marked a period of significant change for EUFAMI and for those of us who are responsible for its work. Towards the end of the year we celebrated our 20<sup>th</sup> Anniversary, reflecting on past achievements and, more importantly, looking confidently to the future. The need for our role as a strong advocate and representative of families affected by mental illness had become increasingly evident as the effects of the economic recession across Europe took hold. Our member associations were reporting more personal distress as a result of the near-universal cuts in national healthcare budgets. Mental ill-health services were coming under particular pressure.

Against that background and alongside our continuing work three major developments during the year stand out:

- the amendment of our governing Statutes, authorised at a special Extraordinary General Meeting in May,
- the agreement of a new Strategy covering 2012 to 2015 approved by the members of the General Meeting in November,
- the progress throughout the year of a proactive communications policy, designed to bring EUFAMI and its member associations closer together on a basis of mutual understanding.

Each of these three was achieved in close consultation with our members themselves, making use of their own knowledge and aspirations.

The amended and simplified Statutes now provide for a much more inclusive classification of membership together with a leaner and more efficient structure of governance. They also add recognition of the part played by our member associations as distinct from national organisations. To see how this is working out in practice we shall be reviewing them again later in 2013.

The new Strategy document sets out concisely the essence of who we are and what we seek to do - our mission to represent all family members of persons affected by mental illness; our vision for the future; and our aims, specific objectives and work programme over the period ahead. It will require careful study.

While Statutes and Strategies provide the essential foundations and framework for our activities it is through our communications policy that we seek to breathe more life into our relationships with the member associations. And to promote links between themselves and reach out to those who have not yet joined us.

One innovation has been to organise a series of “cluster” meetings of groups of associations with natural ties, whether of language or proximity, for face to face discussions of key issues for themselves and EUFAMI. So far such events have been held in Copenhagen, London and Vilnius, with others intended for central and eastern Europe. They have proved useful and cost effective in strengthening links at both the personal and professional levels.

Another initiative worthy of mention is our developing use of the new and rapidly growing means of social media to contact a wider public - Facebook, Twitter and You Tube. So we keep up to date! As one example, to help mark our 20<sup>th</sup> Anniversary in December, we launched a set of short videos – put together into a half hour piece - presenting messages from several different members. It is informative and fun, and readily available on the web.

That video is one of a number of events which will carry forward our anniversary celebrations through into 2013. Notable among these is a forward looking commemorative booklet in the autumn and the major family conference in Dublin in May. I do hope many of you reading this will be there.

The Report which follows contains much information from members individually about their activities over the year as well as about our own work with and for them at EUFAMI. I hope you will agree with me that for all the difficulties facing those we represent it shows the value of what we can do together. With that in mind I want to thank all our various supporters for remaining connected with us and on behalf of my fellow Board Directors offer a special word of thanks to our Secretary General Kevin Jones and his assistant Rita Geerts who do so much to keep the organisation working so well.



**Bert Johnson**

EUFAMI President



### Associazione Parenti ed Amici di Malati Psicici - APAMP (Italy)

In 2012 APAMP launched a new project: "Mental illness as a family destiny" and organised three conferences with the following themes:

- "When one of my parents is suffering from a mental illness"
- "When my partner is suffering from a mental illness"
- "When one of my children is suffering from a mental illness":

The purpose was to provide information and counselling to interested people, namely relatives, on how to live together, how to deal with self-neglect, how to overcome the daily grind and future planning, with emotions how to deal with the "ever returning" questions, problems, wounds and scars... in the case of a person suffering from mental illness in the family.

Furthermore APAMP continued its work of counselling and information "Stützpunkt – Punto di Sostegno" and its Self-Help Groups, as well as the well attended holidays for people with mental illness.

In the same way, APAMP continued promoting awareness for people with mental illness and their parents and to sensitise the community with its website [www.auto-aiuto.it](http://www.auto-aiuto.it), press releases, official lectures, the bilingual newsletter "Selbsthilfe – Auto Aiuto" and so on. In political committees, together with other organisations and associations, APAMP had two successes: the authorities commenced the construction of the long promised psychiatric rehabilitation centre and the government also committed to opening a hospital ward for childhood and adolescent psychiatry in the year 2013.



### Bedre Psykiatri (Denmark)

For Bedre Psykiatri (Better Psychiatry) 2012 was a momentous year. The highlight of the year came in November, when Bedre Psykiatri celebrated 20 years of advocating for the benefits of relatives' involvement in the treatment of people with mental illness. To mark the occasion, Bedre Psykiatri ran a campaign and held a conference highlighting the many benefits - health-related, socially and economically - of family involvement in the psychiatric sector. Among the invited speakers were world renowned professor, director and psychiatrist William R. Mcfarlane, Anne Fjell from the TIPS-project in Norway, the Danish Minister of Health, Astrid Krag and representatives from some of the psychiatric centres in Denmark who are at the forefront of working with family involvement. More than 400 political and administrative decision makers and professionals working in the psychiatric sector attended the conference.

The objectives of Bedre Psykiatri are to both achieve improved conditions for the relatives of mentally ill persons as well as to obtain a more effective and recovery-oriented treatment for psychiatric patients. Bedre Psykiatri offers support to next-of-kin, friends, colleagues and other relatives experiencing problems typically related to mental illness. Founded in 1992, Bedre Psykiatri is a relatively young



Bedre Psykiatri Conference to mark the occasion of the association's 20th anniversary

organisation currently counting more than 10.000 members. Bedre Psykiatri is a national organisation led by local members' engagement and voluntary work, which is carried out by more than 55 local unions. The association is independent of political parties, economic interests, and religious beliefs. Since 2006 the membership has quadrupled making Bedre Psykiatri one of the largest organisations of its kind in Denmark and (relative to the number of inhabitants) within the Nordic countries. Bedre Psykiatri is in a good position and with a careful strategic focus set out for the year ahead it will continue the vital work challenging attitudes and changing lives.



### Bundesverband der Angehörigen psychisch Kranker (BAPK) – Familienselbsthilfe Psychiatrie (Germany)

*Open Face – Public Relations in Self Help Organisations:* In 2012 BAPK started a project aimed at creating more visibility of the situation of mentally ill people and the provision of psychiatric and psychotherapeutic help. The project has been set up together with "Aktionsbündnis für Seelische Gesundheit" (Confederation for Mental Health) in Germany. BAPK will coordinate part of the project "Open Face – Using and developing the competencies of self help".

*Workshop on Public Relations in September 2012:* Members of various self help groups joined to discuss and learn about public relations. Discussion topics were the expertise of consumers and self help groups and how a portrait of people with mental illness can help to make the public understand more about the situations and feelings of the mentally ill. More workshops will follow in 2013.

*SeeleFon – Counselling and Prevention:* In order to provide families and carers with more information BAPK started in 2011 a project "SeeleFon" (Telephone line for the soul), where people can call any time and ask for help and information. Members of BAPK have been trained for this service and will have ongoing supervision and training in the future.  $\frac{2}{3}$  of the callers are family members, but the number of mentally ill persons seeking advice is increasing. The main issues are the illness, personal problems and access to psychiatric institutions. It seems that this project will soon be one of the main sources of information about mental illness in Germany. The fact that family members themselves do the counselling seems to be helpful as well as the increas-

ing knowledge of the team through training and research. A major aspect is the integration of the team members in local and national groups and institutions dealing with mental illness.

*Dialogue amongst Citizens:* In 2012 Chancellor Merkel has initiated a future oriented dialogue. “How do we want to live together?”, “How do we want to live?” and “On what financial basis do we want to live?” Gudrun Schliebener, BApK’s chairwoman commented on behalf of BApK saying that mental illnesses such as depression, psychosis and anxiety disorders are increasing, but it is still rather difficult to find the appropriate support. Mentally ill people suffer from exclusion and stigmatisation. Stigmatisation, social isolation, job loss and financial problems, sense of guilt are sometimes even more a burden for families and friends. Children with mentally ill parents have a high risk to develop mental disorders.

*Information and Education:* In 2012 BApK published a booklet on “Medication and Mental Illness”: Answers for Families of the Mentally Ill concerning Psychotropics. Also in 2012, BApK published a booklet in Russian “Wahnsinnskinder” (“Crazy Children”) with information for families with disturbed children.



### ENCONTRAR+SE (Portugal)

ENCONTRAR+SE, Association to Support People with Severe Mental Illness, is a non-profit, and non-governmental organisation, which aims to contribute in different areas: a) training programme and public awareness activities; b) service programmes using evidence-based psychosocial models for people directly or indirectly affected by mental health disorders; c) quality management activities to evaluate the cost-effectiveness of all programmes developed and implemented by the association; d) research projects. ENCONTRAR+SE also advocates for better mental health services in Portugal, and is committed to develop initiatives to fight stigma and discrimination of people with mental illness, an area never considered in a proper and continuous way. During 2012, ENCONTRAR+SE has pursued its goals, continuing projects already started, and implementing new ones.

Regarding training and public awareness activities:

- The first edition of a Postgraduate Programme in Psychosocial Rehabilitation – Specialisation in Severe Mental Illness, developed in partnership with the

Puppet modelling at UPA Office



Portuguese Catholic University was concluded;

- A new edition (digital format for free download) was published of “Guia de Recursos em Saúde Mental” (Mental health resources’ guide) - with information regarding health and social support, supported employment measures, as well as information concerning psychosocial rehabilitation structures in the district of Porto, Portugal.
- ENCONTRAR+SE obtained the authorization to translate and edit the Portuguese version of M. Pfammatter, K. Andres and H. D. Brenner’s handbook on “Psychoeducation and disease management in schizophrenia”, which was released during the National Congress of Psychiatry and Mental Health;
- The “UPA (United to Help Movement) Teachers Make the Difference”, a school based project to promote teachers’ mental health literacy and to combat stigma, which involved 125 teachers from 10 different schools was implemented;

Concerning the intervention area:

- At the Centre for Integrative Care, ENCONTRAR+SE continued to provide a number of evidence based programmes (individual and group format) aimed to help people directly or indirectly affected by mental health disorders. In 2012, 99 people contacted the association, and 54 are currently benefiting from its services.
- ENCONTRAR+SE continued their work in the “Learning Centre”, aimed at the rehabilitation of cognitive deficits, based on the programme NEAR (Neuropsychological Educational Approach to Rehabilitation) developed by Prof. Alice Medalia and colleagues.
- During 2012, the community-based office - UPA Office, whose activity began in October 2011, continued to provide information regarding mental health issues (citizenship rights, existing health and social support), and to facilitate people’s access to different health services. UPA Office also provided daily occupational activities (e.g. puppets modelling and musical activities).

During 2012 ENCONTRAR+SE continued to evaluate the effectiveness of its proposals, as well as service users’ satisfaction. Furthermore the association has been involved in several research projects, and had the opportunity to participate in several national and international scientific meetings.



### FEAFES (Spain)

FEAFES is the only organisation in Spain that brings together, since 1983, all the federations and associations of people with mental illness and families. Nowadays FEAFES integrates almost 300 groupings with more than 45,000 members. Its mission is to improve the quality of life of people with mental illness and their families, to defend their rights and to represent the Associative Movement. To accomplish this mission, during 2012 FEAFES has developed a wide variety of activities. Amongst them, the following activities are highlighted:

- FEAFES’ campaigns, focused on the visibilisation of people with mental illness and a positive attitude to mental health, with the aim of raising awareness in society. Some good examples of these campaigns are the celebration of the World Mental Health Day in October, around the claim “The best investment, your mental health”, the development of the awareness campaign “La salud mental también va contigo” (“Mental Health also goes / has to do with you”), and the celebration of the awards ceremony related to the 1st Photography Competition against stigma.



FEAFES President, José María Sánchez Monge, being interviewed at World Mental Health Day.

- *The creation of FEAFES' Strategic Plan 2012 - 2016.* In March of 2012, the Board of Directors approved the final draft of the Strategic Plan 2012 - 2016, created with the collaboration of all FEAFES' stakeholders and with the technical support of external experts. The Strategic Lines addressed are Institutional Strengthening, Development/Economic Sustainability and Social and Political Advocacy.
- *The active participation of FEAFES, as one of the promoters, in the University Master in Psychosocial Recovery and Community Mental Health.* This master is offered by the University Jaume I (Spain) for the course 2012/2013 and its aim is to provide participants with an advanced training in social recovery from a multidisciplinary view, so that they can develop their professional career in the current network of community mental health services and resources.
- *FEAFES has also developed several advocacy and lobbying actions during 2012, by taking part and establishing agreements with different national organisations in the field of mental health.* Through these groups, FEAFES had the opportunity to make visible its concern about the national health reform, which may reduce the adherence of users to their treatment, to share its alternative proposal to the involuntary outpatient treatment and to show its strong disagreement with the recent cuts in national social and health services.



### FINFAMI - The National Family Association Promoting Mental Health (Finland)

FINFAMI's activities are based on the needs of member associations and family members. FINFAMI is both the national lobbying association for the family members of people with mental illness and the family work expert organisation. FINFAMI works as a central organisation for family associations. The values are humanity, transparency and co-operational competence.

FINFAMI's main messages to the public in 2012 were:

- Family members are a resource for mental health work
- Family members also need support
- Financial support services must be equal for every carer in Finland
- The legal status of carer can be chosen voluntarily

FINFAMI has carried out three projects in 2012 - the Prospect project, which developed peer support group activities with member associations and in the public sector, a project which developed carer-oriented support methods for municipalities and a project which developed support methods for the children of mentally ill parents. It was published by FINFAMI as a book of family members' experiences. FINFAMI, its activities, and the situation of family members were represented on many occasions. EUFAMI was FINFAMI's main partner in Europe.

### Hilfe für Angehörige psychisch Erkrankter - HPE (Austria)

2012 was a very busy year for HPE Austria and AhA in Salzburg as well. Alongside "business as usual" the following projects are an example of HPE's activities:

*Ray of hope* means assertive home treatment for people with severe mental illness for re-integration in society and to improve their quality of life. A team of specially trained workers aims to establish a contact with the person with severe mental illness, to build a relationship and trust and to accompany and support the person with the illness during the process of treatment to be able to live their own life in the best possible quality. For the time being "Ray of hope" does not receive money from the government, but depends on fundraising and private sponsorship.

*Verrückte Kindheit* This project is an online platform for children and young adults, aged between 14 and 30, of mentally ill parents. The target of this platform is to bring these children out of their isolation and especially to give them useful information. To reach as many youth and young adults as possible there is also a page on facebook [www.facebook.com/verrueckte-kindheit](http://www.facebook.com/verrueckte-kindheit) and a smartphone app.

*JOJO - "childhood in the dark"* is a project for children of parents suffering from mental illness. JoJo offers to support the children in a warm and trust-building one-to-one-session. Their confidante is a young female psychologist and kindergarten worker. They meet once a week or whenever necessary for a period of six months. The main topics are the parent's illness and how they can cope with that situation in a suitable way. JoJo also conducts group-sessions for about four children of the same age, motivating them to train and develop their soft skills. Additionally JoJo offers a parent-directed programme, to strengthen their educational competence. JoJo is focused on networking with other welfare services and youth-organisations, among them also schools. Workshops for professionals in the psycho-social field have also proved to be very successful. JoJo combats stigmatisation and taboos. In PR work HPE aims to emphasise that those programmes for children with mentally ill parents encourage empowerment on both sides - that of the children and of the parents.

*"Welcome to the world" of JoJo* is a new project. It is a prevention project for mothers and their babies. Parents or mothers with mental disorders and their babies receive assistance from a multi-professional team so the parents get the individual support they need during the first three years of the baby's life. They are supported in their new family structure and in parenting and in good bonding between the mothers and their babies. The long term aim of the project is to ensure that parents, through psychiatric assistance, get

support in parenting. The children get individual help. So JoJo boosts the resilience, to make sure that the children who live with parents with mental illness cope reasonably well.

In 2012 JOJO received two awards - the prevention project "Welcome to the world" was nominated for the prevention-award 2012; "Welcome to the world" received The Austrian MYKI-child-protection-award.



### KINAPSI – Athens Siblings (Greece)

In the year 2012, KINAPSI organised the following activities and services for its members:

- *Therapy - Psychoeducational groups for siblings:* A group therapy for 6 siblings of people with mental illness started on 21 March 2012, in cooperation with the non-profit civil company "Xenios Zeus". The group lasted until 20 June and was coordinated by two psychologists who are currently employed in "Anelixi" Psychiatric Rehabilitation Day Centre. The group met at Neos Kosmos district and had no registration fee.
- *A psychiatrist responded to questions posted on [www.kinapsi.gr](http://www.kinapsi.gr):* Mr. Fotis Moroyannis, psychiatrist from Ioannina and member of KINAPSI scientific team, responds daily to questions raised by siblings of people with mental illness. Mr. Moroyannis provides this service on a voluntary basis to all interested individuals, regardless of whether they are members of the association or not.
- *Cooperation with the Society of Social Psychiatry and Mental Health (SSPMH):* This is an important step for KINAPSI. SSPMH undertakes to become the "official scientific partner" of the association. In practice, they provide KINAPSI with speakers during information talks, scientific support and access to sheltered housing (apartments and hostels) in Kallithea district.
- *Cooperation with Athens University – Faculty of Nursing:* Following a visit to Zografou Centre for Mental Health and getting acquainted with the scientific team KINAPSI and "Aytoekprosopisi" association submitted a proposal to the Department of Mental Health with regard to the creation of a model advocacy centre. The proposal received a "feasibility approval" by the Ministry of Health.
- *KINAPSI weekly radio programme on Internet:* KINAPSI runs a weekly programme on "Klimax plus" internet radio station, every Monday from 4-5pm.
- *Free English lessons to KINAPSI members:* During the academic year 2012, two KINAPSI members attended English learning courses at the British Council of Athens.



KINAPSI one day conference on independent living



### Landsforeningen SIND - Danish Association for Mental Health (Denmark)

In 2012 SIND held its bi-annual Congress where new Articles of Association were adopted. According to these new Articles of Association, SIND has started a process where the local member democracy will be strengthened and the services SIND is providing to facilitate users and their relatives will

be further developed. At the same time the central management will be modernised and strengthened to give SIND more political influence. The new structure will be fully implemented in 2014. During 2012 SIND continued to provide its comprehensive range of services to facilitate users and their relatives. Among these services can be mentioned provision of information material for users and relatives (and everybody else who wants to know more about mental health topics), meeting and activity centres, education and training facilities (schools for service users). SIND is offering independent counselling for service users and relatives throughout the country. The counselling can be individual or in common interest groups. A professional psychotherapist normally heads the support groups, which may continue as self-help groups. SIND is also maintaining a group of trained assessors who can assist service users during meetings with doctors, social service workers etc. SIND also maintains a network of service users and relatives who are trained to deliver lectures and participate in educational activities for mental health staff and other who need to learn from our experience.

Also SIND further strengthened its work to influence political decision makers at local, regional and national level. In 2012 the Danish Government formed a mental health committee, which is to prepare a plan for the future structure and development of psychiatric treatment in Denmark. SIND's President is one of the members of the committee. In 2012 SIND continued to be very visible in the media. According to a survey which was conducted, SIND was clearly the most quoted organisation in its area of expertise in 2012.



### Lithuanian Welfare Society for People with Mental Illnesses – LSPZGB (Lithuania)

In 2012, the Lithuanian Welfare Society for People with Mental Illnesses (LSPZGB) counted more than 4000 members (people with mental illnesses, their family members and professionals) and the activities were deployed in 32 independent communities and 24 activity rooms near Mental Health Centres.

The main objectives of LSPZGB in 2012 were carried out through several paths: protection of human rights by organising conferences, seminars and trainings for community leaders with intensive cooperation with media and state institutions; organising active independent living and psychological support; organising family summer camps and traditional culture events. LSPZGB actively participated in establishing new legislation for the people with mental illnesses across "The National People with Disabilities Programme" for creation of new models of social services (protected housing, etc.) as well as to strengthen the legal aid for people with disabilities.



Cultural event organised by LSPZGB

In 2012 LSPZGB, with the partnership of EUFAMI, organised an important round table discussion and international conference, "Cooperation in the field of the mental health care and the experience of EUFAMI members". During the meeting at the Ministry of social security and labour of Lithuania, the leaders of EUFAMI presented the main tasks and their strategy for 2012 - 2015 and got acquainted with some problems of mental health system of Lithuania. Representatives of EUFAMI members shared their experiences with good practice and models of their own countries in the field of housing for people with mental illness and the possibilities for large scale integration to labour market of people with mental illness.



### 8 Mental Health Association (Malta)

Throughout 2012 the Mental Health Association (MHA) held several advocacy meetings with local policy-makers, on the changes required to further improve the quality of life of relatives and sufferers within the mental health sphere. The MHA worked on lobbying for a change in the Mental Health Act, which passed through Parliament last December 2012. Some welcome changes were also made to the Law of Malta, with respect to Schedule V, where the conditions for entitlement to free medication were amended and a number of psychiatric illnesses were further added to the list.

In September 2012, the MHA started campaigning for the mainstreaming of acute mental healthcare into the general hospital, as well as within the community health centres. This is necessary since mental health care in Malta is still mostly segregated from the rest of the health care system and a separate hospital exists for those in need of mental healthcare. Needless to say, this contributes further to the existing stigma, resulting in poor outcomes for service users and the potential for human rights violations.

Within the educational sphere, the Association worked towards the inclusion of "Mental Health Issues" to be listed under the list of concessions offered to students by the University of Malta, so that students having mental health issues may be given an equal opportunity in their education. For the 15<sup>th</sup> year running, an empowerment psycho-educational course for family carers & professionals was held. As from 2011, this course was also offered as an optional credit unit for university students for the first time. For mental health week members of the general public and the press were invited to watch a documentary on Mental Health followed by a discussion with professionals.

MHA-Malta now has a new website to further improve interaction with the public & professionals alike. Visit [www.mhamalta.com](http://www.mhamalta.com).



MHA members at a public event



### OZMA (Israel)

In 2012, significant progress in Mental Health started rolling: merging mental and somatic health services under one roof, that of the public MHO which insures the citizen. For many years, OZMA and others vigorously advocated for this merger, even by a plea to the Supreme Court. This merger involves 20% increase of MH budget, dedicated to opening dozens of new MH community clinics. However, a critical issue remains unsolved: 90% of psychiatric beds are still in segregated, poorly budgeted hospitals.

Rehabilitation facilities for persons with mental disability expanded by 15% along with innovative models in community housing, employment and leisure activities. Accessibility regulations to facilities and services for disabled persons were enacted. OZMA led the formulation and inclusion of the special needs of the mentally disabled. In March 2012, the first large conference of all centres for advice and support to families was held, and OZMA took the leading role there. The conference issued a document formulating the family role, standing and rights emphasising the essential needs for close cooperation of patients, families and professionals.



### Rethink Mental Illness (England)

In 2012 Rethink Mental Illness celebrated the 40<sup>th</sup> anniversary of the foundation as the National Schizophrenia Fellowship. During the year Rethink carried out an extensive review into schizophrenia to mark the 100<sup>th</sup> anniversary of the coining of the term. Chaired by Professor Sir Robin Murray, an internationally respected expert in the field, the Schizophrenia Commission heard from thousands of people affected by schizophrenia, from leading academics, to researchers, health professionals and people affected by the condition and their loved ones alike.

The result was "The Abandoned Illness" report that set out key recommendations to transform treatment and care for those affected. Its launch attracted a





**Rethink national members' day**

significant interest from the media, Ministers and other senior leaders in the Health and Social Care system. Over the next two years Rethink will be working at both a local and national level to implement some of the key changes to improve lives for the future.

Rethink's national anti stigma campaign, Time to Change, also went from strength to strength this year launching a new film to raise awareness among young people in schools, as well as a national TV advertising campaign to encourage friends and families of those affected to 'start a conversation' and talk openly about mental health problems. Rethink now has over 200 services for people affected by mental illness and their carers up and down the country, and over 100 local self help groups. This year Rethink focussed its attention on crisis and step down care services providing an effective alternative to hospital admissions.

Rethink also lobbied for the new mandate governing its health service to commit to treating physical and mental health problems equally. This is a really big step for the English health system, which has historically given far more importance to physical health issues than mental health problems.



### **Shine - Supporting People Affected by Mental Ill Health (Ireland)**

In 2012, Shine continued to provide information, support and services to people affected by mental ill health as well as providing support to family members and carers of people with mental ill health in Ireland ([www.shineonline.ie](http://www.shineonline.ie)). In May Shine launched its e-mail support service as sometimes it is easier for people to write an e-mail rather than picking up the phone to talk to someone about their problem. This service has been well received to date.

Over the summer months, the Shine resource centre in Cork worked on a collaborative community arts projects called "The Leaves Project". Community groups and individuals were invited to a workshop to craft a leaf and be part of a collaborative inclusive project. An exhibition was then held in September to display all of the work which was a great success. Continuing on with the theme of arts and mental health, Shine sponsored the dlr Strong Award, which was presented at the Mountains to the Sea Book Festival. (<http://www.mountaintosea.ie/>). This award is presented annually to the best first collection of poems published by an Irish poet.

In November 2012, Shine's resource centre in Dublin celebrated 10 years in operation. A party was held to celebrate the occasion and a number of members

spoke about their own experiences at the resource centre. A focus on recovery was highlighted. Shine recently launched its "Realising Family Friendly Mental Health Services Campaign" The objective is to bring to the attention of all those involved, the importance of family involvement and inclusion in mental healthcare service delivery and to emphasise the need for mental healthcare service providers to have a proactive and inclusive approach to dealing with families. Shine will be working on this over the next 12-18 months.

See Change (Ireland's national mental health stigma reduction partnership) also had a large number of events throughout the year and for more information on this you can check out the See Change website at [www.seechange.ie](http://www.seechange.ie).

### *Similes*

#### **Similes Vlaanderen (Belgium)**

In 2012 Similes FI. welcomed a new President. Mrs Annemie Roppe is a lawyer who retired after a well-filled professional life and a political career as a member of the Flemish Parliament. She has a daughter with mental health problems and is still active as a local councillor in her home town. During the past year Similes was again actively involved in the implementation of article 107 of the new Hospital Act, which enables the evolution from hospital into community care. Cooperation exists between 13 family representatives from Similes and the professional carers to put in place a system of outreaching community care. The role of Similes is to train these family members to get actively and adequately involved in this process and to represent the family perspective in a triologue model. Difficulties encountered are, amongst others, the fragmentation of services between Federal, Flemish and local levels, so that precious time is often lost in meetings, communication with the different authorities and financial agreements. As part of the Psy 107 Project, Similes FI organised a 5-days working cooperation with the mobile outreaching teams of Utrecht (Netherlands), to compare their ways of field work.

Similes celebrated its 40<sup>th</sup> Anniversary in 2012, following the founding of the association in 1972. To celebrate the event, four editions of the Similes newsletter were published containing testimonies, memories, hopes and wishes of family members. 2012 was also the year where Similes put in place two training periods of 6 sessions for family members and people suffering from borderline. From feedback based upon evaluation papers, the organisers could conclude the following:

- after the training there was a better insight on how a borderline patient sees his/her condition
- empowerment and solace for family members improved through contact with others coping with similar problems
- better estimation and assessment of situations
- improved ability to put into perspective the problem
- increased self confidence to set limits to the demands of a patient
- increased self confidence to keep caring for one-self in order to preserve a certain quality of life
- acceptance of the fact that family members need support to cope with borderline

During 2012, Professor Dirk De Wachter, psychiatrist at the University Psychiatric Clinic of Kortenberg published his successful book "Borderline Times" and shared his royalties with Similes which suffers a lot from financial cutbacks by the government. Similes FI. set up separate meetings for Forgotten Children, in Flemish, the KOPP children or children of parents with a mental illness. As well as the above, the first meeting day for parents and siblings of people with a mental illness was launched in October 2012. For the first time focus was put on the perspective and the feelings of siblings in a family where one of the children is mentally ill. It proved to be as successful and useful as the reunions of KOPP children.



### SOPSI Athens (Greece)

Throughout the year 2012, Sopsi offered a number of services and activities to its members such as the continuation of support groups for the relatives of mental patients. In spite of the economical problems which the association is facing, Sopsi continued the publication of its magazine 'MINIMATA'.

At Sopsi's day centre several activities took place: such as an art therapy group, psychological support groups, theatre groups, current events group, art & creativity group, literature group, dance group, English lessons, nutrition seminars, photography lessons, karaoke, cooking, cinema, excursions and a bazaar.

Sopsi also participated at the following events: the 1<sup>st</sup> Pan-Hellenic Congress for mental health patients, the EPF Regional Advocacy Supporting Seminar in Portugal, Gamian's 15<sup>th</sup> congress in the Netherlands and also the congress of Hellenic Psychiatric Association about Psychiatry in times of economic and social crisis. The Board of Directors of Sopsi took part in many seminars, conferences and sessions about mental health. Sopsi also had a number of meetings with the Greek Ministry of Health about under-funding of Sopsi and other similar health organisations as a result of the economic crisis. Sopsi created an office inside its guest-house which has as main purpose the job orientation for people with mental health problems. Finally, Sopsi contributed to the EUFAMI 20 year's anniversary video which was published on YouTube.



### SPF, Socialpsykiatriskt Forum (Sweden)

SPF, celebrating its 20<sup>th</sup> anniversary in 2012, organised its annual conference in Stockholm on the 20<sup>th</sup> and 21<sup>st</sup> March. The theme of the conference was Psychiatric compulsory institutional care – power, challenges and alternatives. The conference participants were given a broad view of new knowledge: stories offered by people with their own experiences of psychiatric compulsory care, examples from Norway and Iceland where a reduction in compulsory care has been managed, Swedish research findings and many good examples of new methods. In connection with the annual conference, SPF's distinction "Good Social Psychiatry" was conferred upon Karin Melander, Carl-Gustaf Olofsson and Birgitta Sjögren Öhlund, representing Skellefteå Municipality, the County Council of Västerbotten and the user organisations respectively.

Later in Spring 2012 another conference took place in Halmstad, with the theme "Recovery – possibility or wishful thinking?" As in earlier conferences on this theme, local actors shared their experiences in developing methods to create a process that is more focused on recovery. In September, Social Psychiatric Forum took part in the Göteborg Book Fair where it presented the book "Rehabilitering och stöd till återhämtning vid psykiska funktionshinder" (Rehabilitation and support in recovery from mental disabilities). It had recently been published by Gothia and is based on Social Psychiatric Forum's conferences on the theme. In 2013 a new conference on the same theme is being planned.

Social Psychiatric Forum was also represented at two other conferences, in Malmö and Stockholm. At all its own conferences, Social Psychiatric Forum aims to present information on assistive devices for persons with cognitive disabilities. These assistive devices have proved to be of great importance in the daily life of people with serious mental illness.



### SYMPATHEA (Czech Republic)

In 2012 SYMPATHEA held several joint meetings with patient's organisation Kolumbus and innovative Czech psychiatrists. The goal of these continued meetings is to strengthen SYMPATHEA's efforts towards Ministry of Health and Ministry of Labour and Social Affairs to force them to start the reform of Czech psychiatry. SYMPATHEA's appointments with politicians are becoming ever more often. Another significant activity was preparing a book of stories with the name: "Mothers for life of their seriously mentally ill children". Now it is printed and both on the cover and inside the book are very nice pictures painted by the daughter of one of SYMPATHEA's members, whose story is contained within the book.



### UNAFAM (France)

Unafam is a French public utility recognised association which welcomes, supports, trains and accompanies families and immediate circle of persons with severe mental illness. Within all the delegations around all French regions, hundreds of volunteers enrol themselves each year to approach as closely as possible families, helping them to face loneliness and getting out of it. Unafam offers to its members support services such as: information sharing meetings, conferences and events, peer groups, personalised help for orientation and law issues, interviews/consultancy with psychiatrists, telephone counselling to listen to families and provide them with information and orientation, given by psychologists, open Monday to Friday.

Unafam also organises training courses with modules aiming at breaking the loneliness of the caring persons, allowing them to build up knowledge and know-how and to identify strategies to cope with the situation in the long time. It also defends its members' interests by being both an institutional representation of families and ill persons who cannot defend their interests by themselves and also by active participation into the launching of an health public policy in the field of psychiatry.

The year 2012 has been marked by a change of President: Philippe Charrier has succeeded Jean Caneva, who had been leading Unafam for 10 years. The new President aims to reinforce provided services, notably to families and ill persons suffering from bipolar disorder. In his will to fight against stigma of mental illness, Philippe Charrier has launched in 2012 a large communication programme, aimed at tackling prejudices and misconceptions which always circulate among the public. Unafam joined 15 other associations to make mental health a "great national cause" in 2014. In this objective, Unafam and its partners have launched a national campaign of recruitment (to be made on line on their websites) to obtain the label, which will be attributed by the Prime Minister.

Unafam also issues publications like "Your teenager worries you?" or "Being parents of teenagers today" as well as the "it guide" for members of the immediate environment of a person with mental illness, written in collaboration with the association of families of Quebec, Ffapamm, to be uploaded on the website of Unafam. [www.unafam.org](http://www.unafam.org)

**EUFAMI**, currently registered and based in Belgium, is a Federation of national and regional family organisations from across Europe.

## **EUFAMI Strategy 2012 – 2015**

*The following pages contain the EUFAMI Strategy for the years 2012 to 2015 inclusive, which was formally approved and adopted by the members of EUFAMI in 2012.*

### **Mission**

EUFAMI's mission is to represent all family members of persons affected by severe mental illness at European level so that their rights and interests are protected and promoted.

### **Vision**

EUFAMI's vision is that people affected by mental illness and their families should be at all times afforded equal rights, entitlements and opportunities that are available to any other member of civil society and should be empowered to participate in the community in which they live.

The central role and rights of family members in the care and treatment of people with mental illness should be fully acknowledged and provided for throughout Europe.

### **Values**

Family carers should be acknowledged as equal partners with professional staff and the person with mental illness in decisions relating to the planning and delivery of treatment and care.

Systems of mental health care should be adequate to enable family members of people with mental illness to choose whether to be their carers or not.

People with mental illness should be cared for in an appropriate environment and provided with all necessary health and social services.

The needs of carers themselves for support and understanding should be recognised and fully provided for.

It is the human right of all people with mental illness to share as fully as they can in the opportunities, enjoyments and responsibilities of everyday living.

### **Aims and Objectives**

- To be recognised and involved as the leading European authority and advocate for families of people with mental illness
- To support member associations in their efforts to improve standards of treatment, care and quality of life of people with mental illness and their family carers and friends
- To help member associations combine their efforts at regional and European levels and to reach out to more family associations
- To lobby European policy makers to support legislation providing mental health and social care services as a human right in each member state
- To campaign for adequate resources to be provided for these services for people with mental illness and their family carers
- To identify examples of good practice in the field of mental illness and communicate them appropriately throughout Europe
- To promote further research into the causes and management of mental illness and its treatment
- To campaign for changes in public attitudes so as to help remove stigma and discrimination against people with mental illness and their family carers
- To develop and strengthen partnerships between EUFAMI and mental healthcare professionals and other organisations having similar purposes and objectives

### **Implementation Programme**

EUFAMI's work over the period 2012-2015 will focus on the following seven areas

- Recognition of the role of the Family vis-à-vis care and treatment
- Empowerment of Families
- Representation – to represent the voice of families of persons with mental illness
- Capacity Building and Support for member associations across Europe
- Promotion of Best practice and Public Awareness
- Development of Partnerships
- Human Rights – to defend the human rights of people with mental illness and their families

### **Recognition of the role of the Family vis-à-vis care and treatment**

It has always been a fundamental belief within EUFAMI that families can and should play a central role in the care and treatment of people with mental illness. EUFAMI has been working for many years to convince other parties that their role, together with their own expertise and special needs, should be fully acknowledged and provided for throughout Europe.

Conversely family members may not always wish to become carers of their ill relatives and therefore they should be afforded the right to make this choice without any adverse effect on the health or treatment of their ill relatives. EUFAMI is committed to uphold the right of family members to choose their life course.

### **Empowerment of Families**

Empowerment is an important element by which people take control and action in order to overcome obstacles. It is about increasing the capacity of individuals to become more self-reliant and is a means which allows increased participation in decisions, along with increased dignity and respect and a sense of belonging and contributing to a wider community. Historically, people with mental health problems have not had a voice in the planning and implementation of mental services and support systems. Neither they nor their families have been involved in decision-making on mental health services. There is evidence that lack of influence or control can lead to poor health outcomes; conversely the ability to exercise control and influence can act as a protective factor against levels of disease risk. EUFAMI will do all in its power to correct this situation.

### **Representation – to commit as much effort as is necessary to represent the voice of families of persons with mental illness**

EUFAMI, due to its widespread membership in geographic terms, is recognised as the credible voice of families in Europe and its priority is to advocate for families of people with mental illness. The needs of carers themselves for support and understanding should be recognised and fully provided for.

EUFAMI will strive to reach out to more family associations across Europe in order to raise the profile and situation of families affected by mental illness. EUFAMI will continue to campaign for adequate resources to be provided for services for people with mental illness and their family carers. It will also use all of its efforts to help its member associations with their efforts to gain more funding for mental health services and support, especially in the current challenging economic climate.

### **Capacity Building and Support for member associations across Europe**

EUFAMI will help to support member associations in their efforts to improve standards of treatment, care and quality of life of people with mental illness and their family carers and friends. It will assist member associations combine their efforts at regional and pan European levels and will reach out to involve more family associations.

EUFAMI will embrace as many family associations across Europe as is possible, especially in those countries where EUFAMI does not currently have membership.

### **Promotion of Best practice and Public Awareness**

By using its wide range of networks and contacts, EUFAMI will strive to identify examples of good practice in the field of mental illness and communicate them appropriately throughout its own member network. Knowledge and examples of best practice benefits both persons with mental illness and their families. It will also use this information to strengthen its own position when it advocates with European legislators.

EUFAMI is committed to the dissemination of its consolidated information bank of knowledge and expertise to both its membership and other interested stakeholders in order to improve the living conditions of family members.

EUFAMI will campaign for changes in public attitudes so as to help remove stigma and discrimination against people with mental illness and their family carers.

EUFAMI will use its resources, to promote research into the causes and management of mental illness and its treatment.

### **Development of Partnerships**

EUFAMI is committed to develop and strengthen partnerships between EUFAMI and mental healthcare professionals and other organisations having similar purposes and objectives. This commitment is driven by the belief that unity and partnerships lead to better outcomes for all people availing of mental health services.

True partnerships can only be formed when all parties understand the expectations of other parties and fully understand the worth of working together. This is especially more important at this challenging time when the current global economy is on a downwards spiral.

EUFAMI will continue to work with all stakeholders to ensure such partnerships.

### **Human Rights – to defend the human rights of people with mental illness and their families**

All persons have the same human rights whatever their position, condition, status, gender, etc. It is the human right of all people with mental illness to share as fully as they can in the opportunities, enjoyments and responsibilities of everyday living.

EUFAMI will continue to work towards ensuring that the rights and interests of families of people with mental illness, including their own expertise and needs, are consistently represented and acknowledged at European level.

## EUFAMI Internal Meetings 2012

During 2012 there were 4 meetings of the Executive Committee – 2 of these meetings were held using teleconference facilities. Additionally, there was an Induction Meeting for new members of the Executive Committee in January 2012. In May 2012, an Extraordinary General Meeting (EGM) and the General Meeting (GM) were held in Leuven. At the EGM, the statutes were amended and the Executive Committee ceased to exist and effectively it merged with the Board of Directors; removing one layer of corporate governance to bring more effectiveness and better engagement with the membership of EUFAMI. The new Board is composed of nine members. The new Board held two meetings in the second half of 2012, the first one in Vilnius, Lithuania and the second one in Leuven.

### **Induction meeting for new members of the Executive Committee – Leuven (EUFAMI office) – 25<sup>th</sup> January 2012**

This meeting was intended to familiarise the new members of the Executive Committee with the ‘workings’ of the Executive. The meeting was chaired by Bert Johnson, EUFAMI President, and in attendance were Martine Frager-Berlet, Nadine Fossion and Spyros Zorbas. The Secretary General was also in attendance.

### **EUFAMI Executive Committee Meeting – London, England (Rethink Mental Illness office) – 17<sup>th</sup> and 18<sup>th</sup> February 2012**

The meeting was attended by all members of the Executive Committee and after the minutes of the previous meeting were approved, the Treasurer provided the members with an update on the financial position of EUFAMI and the progress of fund raising for the year to date. One of the main items of work at this time was in relation to the review of the EUFAMI statutes and so progress to date on this matter was discussed and a timeline for the completion of the review was agreed with a view to bringing the amendments to an Extraordinary General Meeting (EGM) which would be scheduled to take place immediately prior to the Annual General Meeting (GM) which was due to take place in Leuven in May. The new strategy for 2012 to 2015 was further discussed and progress was reported.

The new concept of establishing EUFAMI geographic clusters around Europe was agreed and a plan for its implementation was put in place. Other matters which were on the agenda were the proposed Member Leadership (Training) Day which would take place on the day immediately prior to the General Meeting in May, the EUFAMI events calendar and the workplan for 2012. As EUFAMI would be celebrating the 20<sup>th</sup> Anniversary of its founding later in the year (19<sup>th</sup> December), a discussion took place on how best to mark the occasion. A small working group was formed to deal with the matter. EUFAMI representation and progress on the work related to the WHO draft mental health strategy were also reviewed.

### **EUFAMI Executive Committee Meeting – Teleconference – 24<sup>th</sup> April**

The Executive Committee held a teleconference on the 24<sup>th</sup> April to further review the progress of the work related to the Statutes and feedback which had been received to this time from members. It was decided that a FAQ document should be prepared and sent to members well in advance of the upcoming EGM so that member associations would be in a position to discuss and take whatever decision they would need to take at local level in an informed manner. Certain logistical and administrative details relating to the

EGM were agreed. The proposed schedule for the EUFAMI Training day, now scheduled for the 24<sup>th</sup> May was presented and the agenda for the GM was discussed and agreed.

### **EUFAMI Executive Committee Meeting – Teleconference – 8<sup>th</sup> May 2012**

The main topic for discussion at this teleconference was the feedback which had been received from a number of member associations related to the proposed amendments to the Statutes. All associated documentation was discussed (this documentation had been circulated to members prior to the teleconference). The final draft for the GM was approved and it was agreed that the GM papers should now be sent out to members.

### **EUFAMI Executive Committee Meeting – Heverlee, Belgium (Federatie van Vlaamse Simileskringen Offices) – 23<sup>rd</sup> May 2012**

The minutes of the previous meetings (17<sup>th</sup> and 18<sup>th</sup> February, 12<sup>th</sup> April and 8<sup>th</sup> May) were reviewed and approved. The Treasurer presented the Audited accounts for 2011 as well as providing an up to date position for 2012. The members agreed on final arrangements for both the EGM and the GM and also the Member Training day (including the visit to the European Parliament), and a final review of the Annual Report. Other items discussed at the meeting were the events calendar, EUFAMI external representation and a progress report on the EUFAMI@20 (marking the 20<sup>th</sup> Anniversary of the founding of EUFAMI). The meeting also received reports from the recently held cluster meetings – the Nordic cluster and the five Nations cluster.

### **EUFAMI Extraordinary General Meeting – Leuven, Belgium - 26<sup>th</sup> May 2012**

The main business of the meeting, the adoption of the proposed amended EUFAMI Statutes, took place after the completion of the roll call and registration of delegates and proxy votes. The chairperson opened the meeting and explained the rationale for the need for the review and amendments to the current Statutes. The purpose of the amended statutes was threefold – (1) to move EUFAMI into an organisation with a simplified governance structure, (2) a fee structure which would have more flexibility for financially less strong organisations and (3) a reduction of membership categories. The meeting was then opened to all delegates attending the meeting for comment and discussion.

During the discussion, there was also a firm commitment given to the delegates that the working of EUFAMI under the amended statutes will be reviewed after 18 months and amendments would be made if required. The amended Statutes were then formally approved by the delegates. The chairperson then closed the meeting.



### **EUFAMI General Meeting EUFAMI – Leuven, Belgium - 26<sup>th</sup> May 2012**

The chairperson, Bert Johnson, opened the meeting after the completion of the roll call and registration of delegates and proxy votes. Following the adoption of the amended statutes at the EGM, the chairperson welcomed those members who were former associate members and who were now eligible to become full members of EUFAMI. The minutes of the 2011 EUFAMI GM, held in Basel, in September 2011 were reviewed and formally adopted. The Treasurer then tabled the financial accounts for 2011. After responding to any queries, the accounts were approved by the meeting. The budget for 2012, which had been previously approved in Basel in 2011, was presented in order to refresh the memories of the delegates. The meeting also noted the re-appointment of both the Accountants and Auditors. Delegates then approved the proposed membership fees which had been tabled at the meeting and also the Annual Report for 2011.

Following the official adoption of the new EUFAMI statutes, two vacancies arose for the Board of Directors and the following were elected by the delegates - Miia Männikkö from FINFAMI (Finland) and Per Torell from Schizofreniförbundet (Sweden). The delegates then proceeded to discuss the draft strategy for 2012 – 2015. Comments and feedback were noted and these would be taken into consideration before the final draft would be sent out to members for approval later in 2012. The Secretary General then provided an update on the workplan for 2012. Finally, time was given over to delegates to allow them to inform the meeting of items of interest and developments at their own associations. The meeting was then formally closed by the chairperson.

### **EUFAMI Board of Directors Meeting - Vilnius, Lithuania - 8<sup>th</sup> September 2012**

This meeting was the first meeting of the newly formed Board of Directors. The following minutes were reviewed and approved by the Board - Board Meeting (September 2011), Executive Meeting (May 2012), EGM (May 2012) and the GM (May 2012). The members then carried out a review of the outcome from the EGM and noted the main points of the meeting. Then the Internal Regulations, Financial Control Procedures, Guidelines and Roles and Responsibilities were reviewed. The discussion was closed and the Internal Administrative Regulations were approved. The Treasurer then updated the Board members with the current financial position at EUFAMI and tabled the proposed budget for 2013. This was accepted and it was agreed that it would be sent out to all members for approval by them.

The draft paper containing the strategy 2012 – 2015 was approved, subject to final small changes and would be sent out to the GM members for approval. The

Board members received a progress report from the EUFAMI@20 working group and the Secretary General tabled a report on the workplan for 2012. There then followed discussion on work in progress/planned as well as the calendar of events being reviewed. The Board then agreed dates for the Board and General Meetings for 2013. Finally it was decided that the EUFAMI position papers should be put on the next Board meeting agenda in order to discuss the possible need for review and revision.

### **EUFAMI Board of Directors Meeting – Leuven, Belgium – 1<sup>st</sup> December 2012**

The minutes of the Board Meeting held in Vilnius in September were approved by the meeting. The members then received an update on the progress of the approval process of the strategy for 2012 –2015. The Secretary General reported that the strategy had been formally approved by the EUFAMI membership. Board members commented on the strategy and emphasised the need for EUFAMI to reach out more to and communicate with the member associations to make them feel more involved in our activities. East European member associations should be assisted in setting up local cooperation or partnership initiatives in order to strengthen themselves. The Treasurer then provided a report which showed the current financial position and informed the meeting that the Budget for 2013 had been formally approved by the membership.

An update was provided by the Secretary General on the progress of planned events associated with the 20<sup>th</sup> Anniversary of the founding of EUFAMI. The planned release of the YouTube set of videos was on schedule – it was planned to release them onto a EUFAMI channel on YouTube on the 19<sup>th</sup> December 2012 and this would be publicised widely through the use of the @Bulletin, the EUFAMI website, Facebook and Twitter. An update on the EUFAMI conference, planned for Dublin in May 2013 was also provided to the meeting. The need for a review and possible revision of the current position papers was discussed and the task of reviewing these papers was allocated to a number of the Board members. The workplan for 2012 was then reviewed as well as the calendar of events.

## EUFAMI Representation

*(some examples from 2012 where EUFAMI was represented at various conferences and external events by members of the Executive committee and other EUFAMI members and staff; it is not a complete record due to restrictions on space.)*

### January

The Expert Platform on Mental Health – Focus on Depression, of which EUFAMI is a member, met on the 24<sup>th</sup> January in Brussels and the Secretary General attended the meeting. The Expert Platform is an initiative to support the EU and the European institutions in the implementation of recent EU mental health policy developments, including the ‘European Pact on Mental Health and Well-Being’ of the European Commission. Further meetings of the Platform took place on the 9<sup>th</sup> March, the 2<sup>nd</sup> July and the 6<sup>th</sup> November at which the Secretary General also attended.

EUFAMI is a member of the Advisory Board on Alcohol Policy, which is supported by the Lundbeck Institute, and the Secretary General attended a meeting of this Board on the 17<sup>th</sup> January in Brussels. Further meetings of the Board were held in Berlin on the 13<sup>th</sup> March at which EUFAMI was also represented by the Secretary General and on the 19<sup>th</sup> June in London where EUFAMI was represented by Bert Johnson, EUFAMI President.

### March

On the 22<sup>nd</sup> March, Nadine Fossion, a member of the Executive Committee, attended a Board Meeting of the European Brain Council (EBC); EUFAMI has observer status at the EBC.

The European Parliament Special Interest Group (EP SIG) on Mental Health and Well Being held a meeting on the 24<sup>th</sup> March at which EUFAMI was represented by the Secretary General. On the 6<sup>th</sup> and 7<sup>th</sup> March, the Secretary General attended the International Patient Exchange Forum, which took place in Frankfurt. This Forum is an annual event and is organised by Roche.



The Secretary General attended the EFPIA Think Tank meeting in Brussels on the 8<sup>th</sup> March. The Think Tank is a joint initiative between patient/family groups and the pharmaceutical industry set up to have a dialogue on EU policy issues in the area of health and innovative medical research. Further meetings of the Think Tank took place on the 5<sup>th</sup> July, the 28<sup>th</sup> September and the 11<sup>th</sup> December.

A workshop titled ‘Living with Schizophrenia’ was held in Brussels on the 30<sup>th</sup> March at which the Secretary General represented EUFAMI. Other members of the Executive Committee, Nadine Fossion, Connie Magro and John Saunders, also attended the workshop and contributed to the proceedings. They were representing their respective national associations.

### April

EUFAMI was represented at the International Festival on Mental Health and Human Rights, organised by the European Law Students Association, which took place in Trieste from the 16<sup>th</sup> to the 22<sup>nd</sup> April. Connie Magro, EUFAMI’s Vice President attended.

The annual general meeting of the European Patients Forum (EPF) took place in Brussels on the 19<sup>th</sup> April. EUFAMI is a member of the EPF and was represented at the meeting by the Secretary General, who substituted for Inger Nilsson, past president of EUFAMI, as she was unable to attend. A members’ day took place on the previous day, 18<sup>th</sup> April.

The Fifth Geneva Conference on Person centred medicine took place from the 30<sup>th</sup> April to the 2<sup>nd</sup> May and EUFAMI was represented by Alessandro Svettoni, a member of the EUFAMI Executive Committee. EUFAMI is an active participant and contributor to this initiative. Amongst the aims of the initiative are to bring the patient to the forefront of clinical work and to reprioritise away from the disease towards the person.

The European Parliament Special Interest Group on Mental Health, Well Being and the Brain held a meeting in the European Parliament on the 24<sup>th</sup> April and Nadine Fossion represented EUFAMI at this meeting.

### May

A High Level Conference ‘EU Health Programmes: results and perspectives’ was held in Brussels on the 3<sup>rd</sup> May. The conference was organised jointly by the European Commission’s Directorate-General for Health and Consumers and its Executive Agency. EUFAMI was represented by the Secretary General.

The Secretary General attended a Roundtable meeting in Brussels addressing alcohol related harm on the 15<sup>th</sup> May.



The EU Health Policy Forum held a meeting on the 19<sup>th</sup> May in Brussels where EUFAMI was represented by Martine Frager-Berlet, a member of the EUFAMI Executive Committee. A further meeting of the Forum was held on the 25<sup>th</sup> October at which Martine Frager-Berlet again represented EUFAMI.

### June

A meeting on Depression and Employment: the Burden of a Misperceived Disease was organised by Stephen Hughes MEP, Member of the Employment and Social Affairs Committee, at the European Parliament in Brussels on the 5<sup>th</sup> June and Nadine Fossion represented EUFAMI at the meeting. A further related meeting was held on the 1<sup>st</sup> October.

On the 19<sup>th</sup> June EP SIG on Mental Health, Well-being and

Brain Disorders organised a meeting at the EU Parliament on the link between mental and physical health. EUFAMI was represented by Nadine Fossion, EUFAMI Secretary.

#### July

The Swiss Society for Psychiatry jointly organised the European Congress for Social Psychiatry along with the World Association for Social Psychiatry in Geneva. Bert Johnson, EUFAMI President, participated at this Congress and presented EUFAMI's response to Community Care and the burden for Families. The congress took place from the 4<sup>th</sup> to the 6<sup>th</sup> July.

#### September

The WHO (Europe office) organised the 12<sup>th</sup> Mental Health National Counterpart Meeting in Oslo on the 4<sup>th</sup> and 5<sup>th</sup> September and EUFAMI was represented by John Saunders, EUFAMI Treasurer.

On the 7<sup>th</sup> September, EUFAMI was represented by its President, Bert Johnson, Vice President, Connie Magro, and the Secretary General at a meeting with the Lithuanian Ministry for Affairs of the Disabled and representatives of our Lithuanian member association, LSPŽGB.

Martine Frager-Berlet attended the EU Health Policy Forum ad hoc working group on Economic Governance and Health in Brussels on the 18<sup>th</sup> September.

#### October

2012 World Mental Day (WMD), which took place on the 10<sup>th</sup> October, was marked by many of EUFAMI's member organisations holding special events to mark the day and EUFAMI issued a special @Bulletin which detailed our members' special activities. Also on WMD, Bert Johnson, EUFAMI President attended a WHO meeting, mhGAP Forum, in Geneva.

The Italian Society of Psychiatry organised their 46<sup>o</sup> congresso nazionale nutrire la mente in Milan from the 7<sup>th</sup> to the 11<sup>th</sup> October and Alessandro Svetini attended.

#### November

The 11<sup>th</sup> World Congress - Change Thinking Change Practice Change Services – was held in Milan from the 10<sup>th</sup> to the 13<sup>th</sup> November. A presentation on the Burden of Care for families of persons with mental illness was submitted to this Congress by EUFAMI.

The Secretary General was invited to be a speaker at an international symposium on 'The growing importance of patient self-determination in mental health care' at the annual Psychiatry Congress of the German Association for Psychiatry and Psychotherapy (DGPPN) in Berlin on the 22<sup>nd</sup> November.

The Friends of Europe held their European Policy Summit – Why health is crucial to European recovery – on the 27<sup>th</sup> November in Brussels and Nadine Fossion attended.

#### December 2010

A Patient Advocacy Workshop was held in Brussels on the 11<sup>th</sup> and 12<sup>th</sup> December at which the Secretary General and the EUFAMI Administrator participated. The theme for the workshop was the use of new Social Media by patient organisations.

On the 17<sup>th</sup> December, the Secretary General attended a meeting of the ROAMER Stakeholder Advisory Board in Barcelona. ROAMER (A Roadmap for Mental Health in Europe) is a three-year project funded by the European Commission, under the Seventh Framework Programme, to create a coordinated road map for the promotion and integration of mental health and well-being research across Europe, based on a common methodology and conceptual framework that covers the full spectrum of biological, psychological, epidemiological, public health, social and economic aspects of mental health and well-being.

## New Social Media use by EUFAMI

Since the middle of the 1990's, EUFAMI has been issuing a monthly electronic newsletter, the @Bulletin. It is a one-page document which reports on EUFAMI activities and those of the member associations and also contains 'newsy' facts from all over Europe and sometimes even worldwide. It is sent out via email and reaches nearly 2000 readers.

Following the conference on 'The Forgotten Children' which took place in Vilnius, Lithuania in 2009, EUFAMI created a closed group on Facebook, named 'Friends of the Forgotten Children' aiming to bring together people and news related to children of a parent with mental illness. The group turned out to be the first of its kind and later, originating from the Forgotten Children Group, a number of other groups were formed, all on the same subject.

In 2011, a page was created on Facebook for EUFAMI. It currently is being used to bring news on both our own activities but also follows the various EUFAMI member associations and their activities. EUFAMI also became active on Twitter in 2011.

Both Facebook and Twitter have been used very actively in 2012, trying to reach out to as many people as possible, by making use of popular social media.



Finally, on the occasion of our 20<sup>th</sup> Anniversary on 19<sup>th</sup> December 2012, EUFAMI created a channel on YouTube to celebrate this event and posted a number of videos on it. Content of the videos is a message from the EUFAMI President, Bert Johnson, giving some history and background on our association, highlighting our aims and objectives, talking about our popular training Programme Prospect and our research plans as well as the workplan 2013. Throughout this message from the President, there are a number of messages from the EUFAMI member associations, all wishing EUFAMI a happy anniversary – some in their own language.

For 2013, it is planned to hold our first webinar with the member associations. Unfortunately, the plan to revamp and modernise the EUFAMI website, has had to be 'put on ice' due to financial constraints. Hopefully, this can be executed in 2014.



### Introduction

During a meeting of the Executive Committee which took place in February 2012, it was decided to celebrate the 20<sup>th</sup> anniversary of EUFAMI with a 1-year programme of ‘happenings’. A working group was formed within the Executive Committee to discuss and propose how best to mark this occasion.

The plan which was proposed and agreed by the Executive Committee consisted of the following

- The launch of a set of specially commissioned videos on the actual anniversary date, 19<sup>th</sup> December 2012
- The release of the results of the survey on Mental Health Services in Europe
- A special European Family Conference
- The release of a special commemorative booklet at the end of the anniversary year
- The Executive Committee also approved the design of a specially commissioned EUFAMI logo which would be used on all collateral, documentation, letters, presentations related to EUFAMI from the 19<sup>th</sup> December 2012.



### The launch of a set of specially commissioned videos on the actual anniversary date, 19<sup>th</sup> December 2012

To mark the 20<sup>th</sup> Anniversary of EUFAMI, a set of 7 videos was produced and released on YouTube on the 19<sup>th</sup> December 2012. These

videos can be viewed by clicking <http://tinyurl.com/c2kbfyu> and provide some history and background on EUFAMI, highlighting our aims and objectives, talking about our popular training Programme Prospect and our research plans as well as the workplan 2013. Intermingled through the video are a number of messages from the EUFAMI member associations, all wishing EUFAMI a happy anniversary – some in their own language.

The EUFAMI YouTube video links were distributed to the entire EUFAMI mailing list of 2000 contacts, as well as on Facebook and Twitter, and triggered lots of positive feedback. The exercise appears to have been well received judging by the comments which have been received. It was EUFAMI’s first incursion into the YouTube social media platform. The videos are a useful resource and they are available to be used by any EUFAMI member to help publicise the existence and work of EUFAMI.

### The release of the results of the survey on Mental Health Services in Europe

The results of the survey on Mental Health Services in Europe in which Alessandro Svetтини, our Board member from Italy, took the lead prior to and at the EUFAMI Congress in Basel in September 2011 and which was subsequently completed by the EUFAMI office will be released. The plan is to have the data analysed in time for the release of the results of the survey around the March/April 2013 timeframe.

### A special European Family Conference

It was agreed by the Executive Committee to organise a conference in 2013 to coincide with the holding of the EUFAMI General Meeting. At the General Meeting (GM) in Leuven in May 2012 it was suggested that the venue of future GMs would follow the European Presidency. This resulted in the proposed conference and GM in 2013 being held in Ireland in May 2013. John Saunders, EUFAMI Board member and Chief Executive at Shine, proposed that Shine would co host this conference.

A Programme Committee was formed as follows

- Bert Johnson, President of EUFAMI and Chair of Rethink Mental Illness
- John Saunders, Treasurer of EUFAMI and Chief Executive of Shine
- Simon Gelsthorpe, Consultant Clinical Psychologist and Head of Psychological Therapies at Bradford District Care Trust, England and a member of the original Prospect Development team
- Nicolas Daumerie, Clinical Psychologist, Community Psychologist, Researcher in Social Psychology, Project Manager in the WHO Collaborating Centre for research and training in Mental Health, Lille (France)
- Pat Seager, National Development Manager at Shine
- Kevin Jones, Secretary General, EUFAMI

The programme was developed over a number of meetings of the committee and speakers identified. Due to the current pressures on obtaining funding, the conference has been organised with cost efficiency as a priority, but always bearing in mind the importance of the conference subject matters. A special invitation has been extended to EUFAMI’s Founding President, Gusta Froomickx, but due to personal health matters, she will be unable to attend. It is hoped that she will be able to send a personal message to the delegates. The Irish President, his Excellency Michael D. Higgins, has agreed to be the Patron for the Conference.

### The release of a special commemorative booklet at the end of the anniversary year

A fourth and final happening will be the publication of a commemorative booklet towards the end of 2013, looking at the past, present and future of EUFAMI and its members. A working group was formed to co-ordinate the publication consisting of Bert Johnson, Per Torell, Miia Männikkö and the Secretary General. In conjunction with EUFAMI’s designer, Arne Reynaert, they are now busy discussing the possible format and contents of this publication.

## Development of EUFAMI Member Geographic Clusters



Cluster meeting of the Nordic countries

### Introduction

The idea of establishing clusters of geographic groupings of member associations was raised by the new President during discussions and meetings in 2011. The thinking behind this idea arose from the question of how best to engage and network with our member associations in order for them to appreciate and value their membership of EUFAMI and to allow them to share and exchange best practice with their fellow member associations in neighbouring countries. EUFAMI was aware that a number of networks already existed and the idea was to 'piggy back' onto these existing structures in order to increase the knowledge of what EUFAMI is currently doing and how it can increase its effectiveness amongst its members by encouraging the further development of existing networks and the establishment of such clusters in geographic areas where they do not currently exist.

The existing clusters of which EUFAMI had knowledge were the following

- The Nordic group of Family Associations (covering Norway, Sweden, Finland, Denmark and ***Iceland***)
- The grouping of the 'Isles' (covering England, Ireland, ***Northern Ireland***, Scotland and Wales)
- The group of German speaking countries (covering Germany, Austria and Switzerland)

The other possible clusters that were immediately identified were

- The Benelux and France – Belgium, Netherlands, Luxembourg and France
- The 'Mediterranean' states – Greece, Malta, Cyprus, Italy, Spain and Portugal
- The Baltic States – Estonia, Latvia and Lithuania
- The EU-border states - Croatia, the Czech Republic, Hungary, Poland, Slovakia and Slovenia
- The Balkans - ***Bulgaria, Macedonia, Romania***

Some of the countries above are highlighted in ***Bold Italics***. These are countries



Cluster meeting of the "Isles"

where EUFAMI does not have any member representation and therefore another objective for the development of these clusters is to aid and assist in helping to find prospective members in these countries.

One possible way to proceed would be to convene a one day meeting of three different clusters on an annual basis. Obviously, the easiest way to begin might be to consider using some of the existing geographic networks. Topics or the focus for the meetings would be agreed in advance so that potential attendees would be able to see the value of attending. It would be vital, for the success of this venture, to gain the commitment of our member associations.

### Update

In 2012 two meetings of Cluster countries have taken place – the first one in London where the 5 EUFAMI member associations from the Isles (the English speaking countries) met and the second was a meeting of the Nordic countries in Copenhagen. A third meeting took place at the Board meeting held in Vilnius in September 2012, where members from a Latvian family association attended.

The next two cluster meetings which are being addressed are those of the Benelux and the German speaking countries. It is hoped that the meeting of the German speaking countries along with Northern Italy will take place sometime around mid 2013 with the meeting of the Benelux countries taking place later in 2013.

## Examples of work undertaken at EUFAMI in 2012 and planned for 2013

The following are some examples of work and projects which EUFAMI either has been engaged with in 2012 or plans to be engaged with in 2013. The work below is not set out in any particular order of priority but is intended to provide the reader with examples of the wide variety of work which EUFAMI undertakes in any one year. It is not a complete record as many other examples of the work which EUFAMI has been engaged with are contained within other sections of this Annual Report.

### Revision and approval of the EUFAMI Statutes

A lot of time and effort went into this work item which was successfully completed at the Extraordinary General Meeting (EGM) held in Leuven in May 2012 when delegates approved the adoption of the amended statutes. There was much consultation and interaction from and by the members during this process. These have now been implemented and as agreed at the EGM, a review of the statutes will be started by the end of 2013 to gauge the outcomes of the changes. The main objectives of the revision, as explained by the President in his introductory piece, were to provide for a much more inclusive classification of membership together with a leaner and more efficient structure of governance as well as putting much more focus on the part played by our member associations as distinct from national organisations.

### EUFAMI Member Training Day

The training day took place on Friday, 25<sup>th</sup> May, immediately prior to the EGM and GM. A total of 32 persons attended on the day. The day was divided into two parts – the first one being the visit to the EU Parliament which took place in the morning. The overall feedback from this session by the attendees was one of high satisfaction. The presenter on the day gave a very detailed, open and honest introduction to the Parliament and the other related European institutions. After lunch, the second part of the training day took place. It consisted of a number of individual sessions, one of which was a tele-presentation, via skype, from Jürgen Schefflein, from the Directorate General on Health and Consumer Affairs (DG Sanco). Martine Frager-Berlet, a member of the Executive Committee, made a detailed presentation on the various institutions which exist in Europe and which are of interest to EUFAMI and its member associations. The presentation by the Secretary General on funding was well received by the attendees. Overall, the attendees went away from the day with a greater appreciation of the European institutions and especially some of the limitations of these institutions. The feedback on the evaluation forms indicated that the attendees did rate the day as being of benefit to them.



Presentation at EU Parliament

### Prospect



Prospect, as many readers of this Report will be aware, is EUFAMI's flagship peer to peer training and empowerment programme. It is widely used throughout Europe. During 2012, a number of meetings were held to discuss what could be done to (a) further develop the Prospect programme and (b) deploy the use of Prospect more widely throughout Europe. A number of suggestions and ideas were put forward as a result of these meetings and these are being followed up.

### European Family Survey

At the General Meeting in Leuven in May 2012 it was proposed that a major survey on the impact of caring on families should be undertaken by EUFAMI in conjunction with the research arm of a European University. The plan was to have this survey started in 2012. However, due to many factors, such as lack of funding, shortage of resources, reprioritisation of other tasks, the project has progressed at a far slower pace than was anticipated. A number of tasks had to be completed before any part of the actual survey could be commenced – drafting of a budget, compilation and agreement on the contents of the questionnaire to be used as the basis for the survey and the translation of the questionnaire into a number of European languages. A small working group was set up to discuss various matters related to the project, e.g. content of draft questionnaire, target countries and numbers of interviewees, etc.

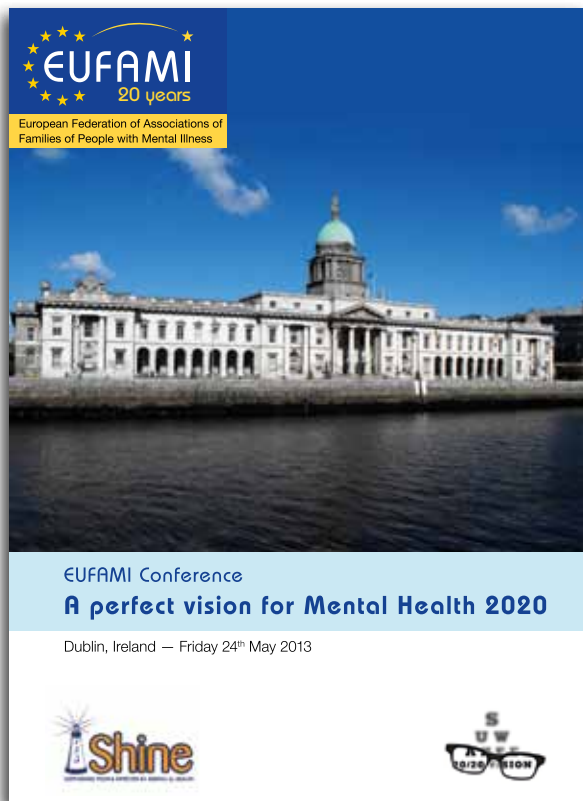
In late 2012, EUFAMI was successful in obtaining sufficient funding to complete Phase 1 – Project Initiation, Preparation and Validation of Survey questionnaire – of this project. This included the finalisation of the contents of the survey questionnaire. The next step in the project is for the questionnaire to be translated into a number of European languages and once this is completed EUFAMI will be in a position to engage with the research arm so that the actual survey and analysis work can commence. The progress of this project will be very much dependent on the availability of funding.

### EUFAMI Family Conference – Dublin - 24<sup>th</sup> May 2013

This is a major undertaking for EUFAMI in 2013 and is part of its celebration of EUFAMI's 20 years in existence. The inclusion of Prospect in this conference will hopefully bear fruit with many of



EUFAMI delegates visiting the European Parliament



the delegates being in a better position to report back to their associations by receiving first hand knowledge of the programme from the Prospect facilitators who will attend the conference. A wide ranging programme has been prepared for the conference.

### Participation in the completion of the WHO new Mental Health Strategy for Europe

The World Health Organization – Europe office announced at the EC Conference on mental wellbeing and the workplace, which took place in Berlin on the 4<sup>th</sup> of March 2011, that it was to embark on a project to prepare a European Mental Health Strategy which would be submitted for consideration by its regional committee in September 2012. EUFAMI was an active participant advising on the drafting of the first version of the document, which was then distributed throughout the EUFAMI member network. The objective was for our members to take the document back to the governing committee for examination and consideration. We also requested feedback and comments from our members after they had reviewed the document. At the end of February in 2012, EUFAMI fed back to the WHO a consolidated list of member comments. A process is underway at the WHO to draft a final version of the document and when we receive this document we will inform our members.

### Ongoing Representation and participation in various MH activities in Europe

Representation at meetings, boards, fora, consultative bodies and conferences is an important part of the work of EUFAMI and this continued as an ongoing activity throughout 2012. Many examples of where EUFAMI was represented in 2012 are contained within the section of this Report titled 'Representation'. This important piece of work will continue through 2013.

### Participation in the follow on work from the EU's Pact on Mental Health and Well Being

As is widely known, EUFAMI has been a very active participant in this entire process which started with the Commission's Green

Paper in 2006 and going right through to the implementation of the Pact for Mental Health and Well Being in 2010 and 2011. The Pact is now completed in terms of what it set out to achieve through the five Thematic Conferences held in 2010 and 2011. However, the EU hope to continue with this work and help to develop a working Joint Action Plan for 2012 - 2014. EUFAMI has expressed an interest to participate in this joint action especially to ensure that the interests and the voice of families and carers are taken into consideration. The project has been approved by the EU to proceed.

The main objective of this joint action is to contribute to promotion of mental health and well-being, prevention of mental disorders and improvement of care and social inclusion of people with mental disorders in Europe. This objective will be attained by establishing a process for structured collaborative work involving Member States, stakeholders in the health and other relevant sectors, and international organisations, in particular the WHO and the OECD, leading to the assessment of the achievements and limitations of work developed in the past, and the development of a common endorsed framework for action to improve mental health policy implementation by Member States and EU agencies, as well as their commitment for follow-up action. There are some 28 associated partners dealing with the main work packages. It is a 36 month project with a budget of around €3m. The project acronym is MH-WB. EUFAMI is included as one of the collaborating partners.

### Schizophrenia Project with Oxford University Hospital

To date outcome studies for schizophrenia have focused on clinicians' ratings of symptom severity. This may miss and undervalue important benefits as viewed by patients or their carers. In 2013, EUFAMI will engage with Oxford University Hospital in the UK to undertake a study which proposes to assess how patients with schizophrenia and their carers themselves view the benefits of treatments and which aspects of quality of life are valued by both patients and carers. By paying close attention by qualitative methods to patients' and carers' own accounts, it will be possible to identify other domains and dimensions than symptoms in terms of which the value of treatments are judged. The study will be carried out by a research group from Oxford led by Professor Ray Fitzpatrick. The group have focused on patient-centred evaluation of treatments by means of patient reported outcome measures, patient reported experience measures, carer experience and outcomes surveys, and the use of qualitative methods to focus upon patients' and carers' views.

### Stigmatisation challenges and experience of families with mentally ill relatives: An International qualitative research

EUFAMI has been approached by a group of interested parties, mainly from eastern Europe, to enquire as to whether EUFAMI would co-operate with their project team on a piece of research work being undertaken by them and a number of other partners on stigmatisation challenges and experience of families with mentally ill relatives. After discussions at Board level, EUFAMI has expressed a serious interest in this work. Discussions are currently ongoing.

## EUFAMI core and project related expenditures - 2012

<b>Income €</b>	<b>2012</b>	<b>2011</b>
Membership fees	€ 21.475	€ 21.275
Prospect fees	€ 2.083	€ 5.208
EUFAMI Collaborating Partner Programme	€ 90.000	€ 116.000
Project funding	€ 8.000	€ 128.523
Recovered expenses	€ 11.761	€ 9.450
Financial income	€ 1.532	€ 1.440
Extraordinary income	€ 328	€ 1.802
<b>Total income</b>	<b>€ 135.179</b>	<b>€ 283.698</b>
<b>Expenditure €</b>	<b>2012</b>	<b>2011</b>
Executive Committee	€ 15.772	€ 13.248
Board of Directors/General Meeting	€ 6.455	€ 5.421
Prospect costs	€ 271	€ 250
Staff Costs	€ 108.252	€ 100.940
Write off trade debtors	€ 3.175	€ 0
Office accommodation/insurance/suppliers	€ 16.960	€ 23.212
Annual report	€ 2.727	€ 2.813
Web site/promotion	€ 532	€ 209
Finance and legal expenses	€ 14.758	€ 13.781
Depreciations	€ 523	€ 523
Others	€ 0	€ 1.680
Expenses projects	€ 0	€ 61.212
Financial charges	€ 2.229	€ 603
<b>Total Expenditure</b>	<b>€ 171.655</b>	<b>€ 223.892</b>
<b>Profit/Loss</b>	<b>-€ 36.476</b>	<b>€ 59.806</b>

## Detail of Income

<b>1. Core</b>		<b>2012</b>	<b>2011</b>
AstraZeneca	EUFAMI Collaborating Partner Programme	€ 0	€ 25.000
Janssen	EUFAMI Collaborating Partner Programme	€ 40.000	€ 40.000
Lilly	EUFAMI Collaborating Partner Programme	€ 25.000	€ 25.000
Pfizer	EUFAMI Collaborating Partner Programme	€ 0	€ 25.000
Lundbeck	EUFAMI Collaborating Partner Programme	€ 25.000	€ 0
Other	Adhoc Consultancy	€ 0	€ 1.000
<b>Total</b>		<b>€ 90.000</b>	<b>€ 116.000</b>
<b>2. Projects</b>		<b>2012</b>	<b>2011</b>
Transferred to 2011	The Forgotten Children Conference	€ 0	-€ 1.649
Various - detailed in 2011 Report	EUFAMI 5 <sup>th</sup> European Congress	€ 0	€ 130.172
Hoffmann-La Roche	5 <sup>th</sup> EUFAMI European Congress	€ 8.000	€ 0
<b>Total</b>		<b>€ 8.000</b>	<b>€ 128.523</b>

## Balance sheet

	Assets	2012	2011
	<b>Fixed assets</b>	<b>€ 439</b>	<b>€ 961</b>
Plant, machinery & equipment		€ 200	€ 399
Furniture		€ 239	€ 351
Other tangible assets			€ 211
	<b>Current assets</b>	<b>€ 440.079</b>	<b>€ 216.221</b>
Trade debtors		€ 2533	€ 37.925
Other amounts receivable			
Current investments			
Cash at bank and in hand		€ 430.907	€ 173.429
Transitory accounts		€ 6.640	€ 4.867
	<b>Total assets</b>	<b>€ 440.517</b>	<b>€ 217.183</b>

	Liabilities	2012	2011
	<b>Capital and reserves</b>	<b>€ 163.260</b>	<b>€ 199.737</b>
Allocated funds		€ 44.293	€ 44.293
Profit carried forward		€ 118.967	€ 155.443
Profit of the year			€ 12.666
Loss of the year		€ 36.476	
	<b>Creditors</b>	<b>€ 277.257</b>	<b>€ 17.446</b>
Trade Debts		€ 7.377	€ 11.722
Staff debts		€ 5.260	€ 3.641
Transitory accounts		€ 264.620	€ 2.083
	<b>Total assets</b>	<b>€ 440.517</b>	<b>€ 217.183</b>



John Saunders

### Overall Comment

EUFAMI is reporting a loss of €36,476 for the year 2012. This loss for 2012 can still be termed as 'sustainable', given the state of our reserves as shown in the Balance Sheet. However, whilst a loss of this size can be borne for now, it is not a situation which can continue into the long term. As mentioned last year, EUFAMI, like so many other European NGOs, needs to examine all possibilities of sources for funding and the feasibility of developing a new financial operating model. On a positive note, we did not have to reduce our reserves at any time during the year. These reserves now stand at €158,447.86. This amount of reserves equates to approximately 12 months of costs in terms of EUFAMI. The minimum recommended amount would be between 4 and 6 months.

Also the EUFAMI balance sheet is in a healthy state at the end of 2012. Cash at Bank at the end of December 2012 amounts to €430,907 which is a significant increase on the cash position at a corresponding date in 2011; approximately half of this cash has been pre-allocated to an upcoming project which EUFAMI will be embarking on with Oxford University Hospital.

### John Saunders

Treasurer

## Audited Financial Results for 2012 - Commentary

### Income

The funding which EUFAMI received for support of its core operations under the EUFAMI Collaborating Partner Programme in 2012 amounted to €90,000, down from the 2011 amount of €115,000. This drop in Partner income was due to a number of our existing partners not renewing their membership in 2012. EUFAMI wishes to acknowledge the support which it received in 2012 from its partners. With respect to income which EUFAMI received for projects, there was a sharp downturn from €128,523 in 2011 to just €8,000 in 2012. The main reason for the downturn was that in 2011 EUFAMI held its European Congress in Basel for which the majority of project funding received in 2011 was assigned to. All other lines of income in 2012 were as expected.














### Expenditure

Staff costs increased in 2012 due to the fact that it was necessary to increase the working hours of the EUFAMI administrator to meet increased work demands. This increase amounted to an overrun of 5% on the original budgeted figure for staff costs. The costs for the Executive Committee in 2012 also increased; this increase can be attributed to the governance changes which were approved by delegates at the EGM in May 2012. But some of this additional cost can be offset by a lower than expected cost for the Board and GM meetings in May. The budget for 2013 has been modified to reflect this new level of cost for Board meetings. On a positive note, office costs dropped further in 2012 from €23,212 in 2011 to €16,960 in 2012.







Other miscellaneous costs (depreciation, financial costs, etc.) amounted to just under €2,752.

AEIPS		Portugal	Associação Para o Estudo e Integração Psicossocial Av. Antonia Jose de Almeida 26 , P-1000 043, Lisboa - Tel. +351 21 845 35 80 aeips@mail.telepac.pt - <a href="http://www.aeips.pt">www.aeips.pt</a>
APAMP		Italy	Associazione Parenti ed Amici di Malati Psicici Via G. Galilei 4/a, I-39100 Bolzano - Tel. +39 0471 260 303 info@auto-aiuto.it - <a href="http://www.selbsthilfe.it">www.selbsthilfe.it</a> - <a href="http://www.auto-aiuto.it">www.auto-aiuto.it</a>
ARAP		Italy	Associazione per la Riforma dell' Assistenza Psichiatrica Via Nomentana 91, I-00161 Roma - Tel. +39 06 855 38 04 arap@arap.it - <a href="http://www.arap.it">www.arap.it</a>
BApK		Germany	Bundesverband der Angehörigen psychisch Kranker Oppelner Str. 130, D-53119 Bonn - Tel. +49 228 63 26 46 bapk@psychiatrie.de - <a href="http://www.psychiatrie.de/bapk/">www.psychiatrie.de/bapk/</a>
Bedre Psykiatri		Denmark	Landforeningen Pårørende til Sindslidende Livjærgade 20, DK-2100 København - Tel. +45 35 25 46 00 info@bedrepsykiatri.dk - <a href="http://www.bedrepsykiatri.dk">www.bedrepsykiatri.dk</a>
FEAFES		Spain	Confederación Española de Agrupaciones de Familiares y Personas con Enfermedad Mental Calle Hernandez Mas, 20-24, E-28053 Madrid - Tel. +34 915079248 calidad@feafes.com - <a href="http://www.feafes.com">www.feafes.com</a>
FEDEAFES		Spain	Federación de Euskadi de Asociaciones de Familiares y Enfermos Psíquicos Tres Cruces 5 Bajo, E-01400, Llodio Alava - Tel. +34 94 4069430 fedefes@yahoo.es - <a href="http://www.fedeafes.org">www.fedeafes.org</a>
FINFAMI		Finland	Omaisiet Mielenterveystyön Tukena Keskusliitto Ry Meritullinkatu 4 B 10, FIN-00170 Helsinki - Tel. +358 9 726 1180 keskusliitto@omaisten.org - <a href="http://www.omaisten.org">www.omaisten.org</a>
HAFAL		UK Wales	Suite C2, William Knox House, Britannic Way, Llandarcy, GB-Neath SA10 6EL Tel. +44 1792 81 66 00 - hafal@hafal.org - <a href="http://www.hafal.org">www.hafal.org</a>
HPE		Austria	Hilfe für Angehörige Psychisch Erkrankter Bernardgasse 36/14, A-1070 Wien - Tel. +43 1 526 42 02 office@hpe.at - <a href="http://www.hpe.at">www.hpe.at</a>
HUMANA		Slovenia	Združenje Svojcev pri Skrbi za Mentalno Zdravje Oldhamska 14, SLO-4000, Kranj - Tel. +386 4 2011720 humanakr@volja.net - <a href="http://www.humana.grozd.eu">www.humana.grozd.eu</a>
KIN.A.PS.I		Greece	the Movement of Siblings of Persons with Mental Problems Naxou 19, GR - 152-35 Chalandri (Athens) – Tel. +306946003522 kinapsi@gmail.com - <a href="http://www.kinapsi.gr">www.kinapsi.gr</a>
KIPRO.DI.PS.A		Cyprus	Advocacy Group for the Mentally Ill Phidiou 12, Larnaca 6011 - Tel. +357 99 64 88 50 agftmi@cytanet.com.cy
LPP		Norway	Landsforeningen for Pårørende innen Psykiatri Møllerveien 4 , N-0182 Oslo - Tel. +47 23291968 lpp@lpp.no - <a href="http://www.lpp.no">www.lpp.no</a>
LSPŽGB		Lithuania	Lietuvos Sutrikusios Psichikos Žmonių Globos Bendrija Kaštonų str. 4, LT - 01107 Vilnius - Tel. +370 5 262 8936 lspzgb@takas.lt - <a href="http://www.lspzgb.lt">www.lspzgb.lt</a>
MHA		Malta	Mental Health Association "Chamonix" 88, Brgihella Street, Birkirkara BKR 1868, Malta Tel. +356 21 43 56 41 - assistance@mhamalta.com - <a href="http://www.mhamalta.com">www.mhamalta.com</a>
New Choices		Russia	Общероссийская общественная организация инвалидов "Новые возможности" 3 Poteshnaya Str, RUS-107076 Moscow - Tel. +7 095 963 14 35 levinan36@gmail.com - <a href="http://www.nvm.org.ru">www.nvm.org.ru</a>
OZARA		Slovenia	Nacionalno združenje za kakovost življenja Ljubljanska ulica 9, SL-2000 Maribor Tel. +386 2 33 00 444 - Fax 02 33 00 447 info@ozara.org - <a href="http://www.ozara.org">www.ozara.org</a>
OZMA		Israel	the National Forum of Families of People with Mental Illness Box 1154, IL-53311 Givataim, Israel Tel. + 972 2 6585437 - Fax + 972 2 6585261 ozma.office@gmail.com - <a href="http://www.ozma.org.il">www.ozma.org.il</a>
POMOST		Poland	Stowarzyszenie Młodzieży I Osób Ul. Prochnika 7, PL-90-408 Lodź - Tel. +48 42 632 08 66 pomost.s@poczta.fm - <a href="http://www.pomost.org.prv.pl">www.pomost.org.prv.pl</a>
POSOPSI		Greece	Panellinia omospondia Syllogon oikogeneion Gia Thn psychiki Ygeia 236, Eleftheriou Venizelou Str. - GR-163 41 Ilioupoli Athens Tel. +30 210 994 80 98 - posopsi@gmail.com - <a href="http://www.posopsi.org">www.posopsi.org</a>
PSICHE Lombardia		Italy	via Anfiteatro 14, 1-20121 Milano Tel. +39 02 805 24 78 psichelombardia@yahoo.it - <a href="http://www.associazioni.milano.it/psiche">www.associazioni.milano.it/psiche</a>
RETHINK		UK England	Severe Mental Illness 15 <sup>th</sup> Floor 89 Albert Embankment, GB - London SE1 7TP Tel. +44 207 330 9145 - info@rethink.org - <a href="http://www.rethink.org">www.rethink.org</a>
Schizofreniförbundet		Sweden	Hantverkargatan 3G, S-11221 Stockholm - Tel. +46 8 545 55 980 office@schizofreniforbundet.se - <a href="http://www.schizofreniforbundet.org.se">www.schizofreniforbundet.org.se</a>

## Full members - continuation from previous page

SHINE		Ireland	Supporting People Affected by Mental Ill Health 38 Blessington St, IRE-Dublin 1 - Tel. +353 1 860 16 20 info@shineonline.ie - <a href="http://www.shineonline.ie">www.shineonline.ie</a>
Similes Fr		Belgium	Fédération des Associations SIMILES Francophones a.s.b.l. Rue Malibran 39, B-1050 Bruxelles, Tel. +32 2 64 444 04 federation@similes.org - <a href="http://www.similes.org">www.similes.org</a>
Similes VI		Belgium	Federatie van Vlaamse SIMILES kringen v.z.w. Groeneweg 151, B-3001 Heverlee - Tel. +32 16 244 201 info@similes.be - <a href="http://www.similes.org">www.similes.org</a>
SIND		Denmark	Landsforeningen Jernbane Allé 45, 3 sal, DK-2720 Vanløse - Tel. +45 35 24 07 50 Landsforeningen@sind.dk - <a href="http://www.sind.dk">www.sind.dk</a>
SOFPSI N SERRON		Greece	Association of Families and Friends for Mental Health Country of Serres 13A Tsalopoulou Str. GR-62123 Serres, Greece Tel. +30 23210 63388 - Fax +30 23210 63559 sofpsi-s@otenet.gr - <a href="http://www.sofpsi-ser.gr">www.sofpsi-ser.gr</a>
SOPSI Athens		Greece	Πανελληνιος Σύλλογος Οικογενειων Για Την Ψυχικη Υγεια Delou Str. 3, 16231 GR-Vironas - Tel. +30 107 64 02 77 sopsi@ath.forthnet.gr - <a href="http://www.iatronet.gr/sopsi/">www.iatronet.gr/sopsi/</a>
SOPSI Patras		Greece	6, Sissine Str, GR-26225 Patra, GREECE Tel +30 2610 621 273 sopsipatron@yahoo.gr - <a href="http://www.sopsipatron.gr">www.sopsipatron.gr</a>
Stichting Labyrint ~in Perspectief		Netherlands	Postbus 12132, NL-3501 AC Utrecht- Tel. +31 30 254 68 03 secretariaat@labyrint-in-perspectief.nl - <a href="http://www.labyrint-in-perspectief.nl">www.labyrint-in-perspectief.nl</a>
Support in Mind Scotland		UK Scotland	Unit 6, Newington Business Centre, Dalkeith Road Mews, GB-Edinburgh H16 5DU - Tel. +44 131 662 4359 info@supportinmindscotland.org.uk - <a href="http://www.supportinmindscotland.org.uk">www.supportinmindscotland.org.uk</a>
SYMPATHEA o.p.s.		Czech Rep.	Celovárodní Organizace Duševně Nemocných Bulharská 26, 101 00 Praha 10 - Tel. +420 777 240 504 (Mob) sympathea@sympathea.cz - <a href="http://www.sympathea.cz">www.sympathea.cz</a>
UNAFAM		France	Union Nationale des Amis et Familles de Malades Mentaux 12 Villa Compoint, F-75017 Paris - Tel. +33 153 06 30 43 infos@unafam.org - <a href="http://www.unafam.org">www.unafam.org</a>
UNASAM		Italy	Unione Nazionale delle Associazione per la Salute Mentale c/o Istituzione Minguzzi, Via Sant Irain 90, I-40123 Bologna Tel. +39 051 5288526 - ernestomuggia@tin.it - <a href="http://www.unasam.it">www.unasam.it</a>
VASK Schweiz		Switzerland	Vereinigung der Angehörigen von Schizophrenie-/ Psychisch Kranken Langstrasse 149, CH - 8004 Zürich - Tel. +41 44 240 1200 info@vask.ch - <a href="http://www.vask.ch">www.vask.ch</a>
Vereniging Ypsilon		Netherlands	Prins Bernhardlaan 177, NL-2273 DP Voorburg - Tel. +31 70 369 20 11 ypsbu@ypsilon.org - <a href="http://www.ypsilon.org">www.ypsilon.org</a>

## EUFAMI affiliate members

APHCA		Greece	Association for the Psychosocial health of Children & Adolescents 19, Aghiou Ioannou Theologou str., GR - 15561 Cholargos (Athens) Tel. +302106546524 info@epsype.gr - <a href="http://www.epsype.gr">www.epsype.gr</a>
ENCONTRAR+SE		Portugal	Association to support people with severe mental illness R. Henrique Lopes de Mendonça, nº 253 Ap. 22., P - 4150 - 396 Porto Tel. +351919060165 encontrarse.pt@gmail.com - <a href="http://www.encontrarse.pt">www.encontrarse.pt</a>
METIS Europe asbl		Belgium	Rue Kelle 94, B - 1150 Brussels Tel. +32 2 384 47 74 - <a href="http://www.metis-europe.eu">www.metis-europe.eu</a>
MTKL		Finland	Mielenterveyden Keskuslitto ry Ratakatu 9, 00120 Helsinki - Tel. +358 9 5657 730 timo.peltovuori@mtkl.fi - <a href="http://www.mtkl.fi">www.mtkl.fi</a>
PsykiatriFonden		Denmark	The Danish Mental Health Fund Hejrevej 43, DK-2400 København NV, DENMARK - Tel. +45 39 29 39 09 pf@psykiatrifonden.dk - <a href="http://www.psykiatrifonden.dk">www.psykiatrifonden.dk</a>
Progetto Itaca Onlus		Italy	Via Alessandro Volta 7/A - I-20121 Milano Tel. +39 026 269 5235 segreteria@progettoitaca.org - <a href="http://www.progettoitaca.org">www.progettoitaca.org</a>
ŠENT		Slovenia	Slovensko združenje za duševno zdravje Cigaletova ul.5, SL-1000 Ljubljana - Tel. +386 40 221 989 mimeo@amis.net - <a href="http://www.sent.si">www.sent.si</a>
SPF		Sweden	Socialpsykiatriskt Forum Box 12101, S-102 23 Stockholm info@socialpsykiatrisktforum.nu - <a href="http://www.socialpsykiatrisktforum.nu">www.socialpsykiatrisktforum.nu</a>