

# Annual Report 2015





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## EUFAMI's Funding Partners and Project Supporters - 2015

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



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May 2016

## Introduction

As I come to the end of my period as President, I find myself ever more convinced of the quite fundamental role of EUFAMI and its member associations in speaking up for family carers of people with severe mental illness. This is not something peripheral to the work of clinicians, nurses, social workers and all other interests directly concerned with their treatment and care. It is central to a full understanding of what is needed to enable those affected by mental illness—including the caregivers themselves—to recover and maintain the best possible quality of life that they can achieve. Our unique perspective ensures that such needs are not overlooked but recognised and addressed.

This report illustrates our work and that of our members in 2015. Much of this was of course continuous with well established practice: advocacy, representation, raising awareness, building support, promoting good practice, providing information and encouraging engagement. One particularly pleasing area of progress I have noticed over the years, has been the increased recognition of EUFAMI as a top table partner at events organised by authorities such as the institutions of the European Union and the annual Congresses of professional associations. We are very firmly on the map in seeking influence with policy makers, clinicians and the wider network of partners including especially our funders with whom we are glad to collaborate.

The year was also one of development and change. The Caring for Carers (C4C) survey of the experiences of carers of people with schizophrenia was brought to fruition and its report formally launched. This adds significantly to our store of relevant factual information and is already being used to promote better understanding and practice. The other major highlight was our own four-yearly Congress, the 6<sup>th</sup> in the series. In keeping with our strategic objectives to expand our presence in central and eastern Europe and to engage supportively with new and established members there, we chose the Bulgarian capital Sofia as our venue. We see this also, not just as a success in its own right, but as a platform for further initiatives in that whole region where so much basic improvement in services is called for.

Change also came to our internal management. We said goodbye to Kevin Jones who had made a unique contribution as our Secretary-General for no less than ten years and had earned the respect of colleagues both within our own organisation and outside. Kevin is succeeded by Aagje Ieven who comes to us from Eurochild and took up post at the very start of the year 2016.

Looking ahead, the Board of Directors has elected as our new President, Miia Männikkö, with effect from the General Meeting at the end of May 2016. Miia has been a Board member since 2012 as the nominee of FINFAMI. She will have all our support in what I know myself to be an exacting but hugely rewarding role.

I take my leave as President with my warmest thanks to my immediate colleagues here at EUFAMI and to all others with whom I have worked. The future is as ever challenging but I remain confident that we have the collective strength and leadership to build on our past achievements as we move on. Let us stay connected!

### **Bert Johnson**

*Outgoing President (until May 2016)*



It is a special honour for me to succeed Bert as the new President of EUFAMI. His work for EUFAMI is worth thousands of thanks. And thank you for your supportive thoughts and gestures! I feel comfortable with my start as President after Board members and employees expressed their strong support for me. Thank you!

I see that EUFAMI has several strengths. Its position as a pan-European family organisation is unique. And together with its enthusiastic and advanced member organisations it is a strong voice for families. The vision and message sent by EUFAMI are clear. Our stance, based on community care in many European countries, enables EUFAMI to deliver knowledge and information about families and support methods developed by European family organisations.

The challenge is to strengthen EUFAMI's finance. The size of the organisation, expectations for its activities and finance do not correlate well.

EUFAMI represents families and friends of mentally ill people and its aim is to make their lives better, step by step. It is an advantage for families and societies if family members'

experiences are heard and if everyone feels they belong together. It is time to share more experiences and speak more with each other. Do not leave anyone alone, keep in touch!

### **Miia Männikkö**

*Incoming President (May 2016 onwards)*

## EUFAMI BOARD OF DIRECTORS



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Rethink Mental Illness,  
England



Connie Magro, Vice  
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Association, Malta



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Sweden



Spyros Zorbas, Officer,  
KINAPSY, Greece



Alessandro Sveltini,  
Officer, APAMP, Italy  
Until September 2015

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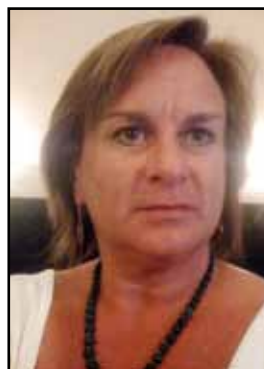
## EUFAMI STAFF



Kenneth Lien Steen  
Officer, LPP, Norway  
As of September 2015



Kevin Jones  
Secretary General  
Until September 2015



Rita Geerts  
Administrator



## NEWS FROM THE MEMBERS OF EUFAMI



### Advocacy Group for the Mentally Ill (AGMI) - Cyprus

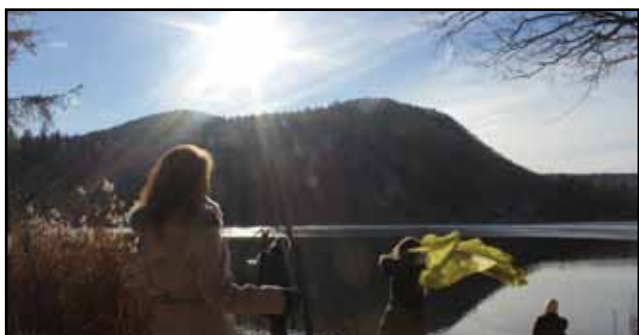


KIPRODIPSA/AGMI Cyprus organised an event dedicated to the 2015 World Mental Health Day on the theme “Dignity in Mental Health”. There was a presentation of artwork (mixed media) titled “Plain of Emotions” which was the result of a period of work prior to the event when children/students of the Open School had worked with the Art Instructors from the Open School in the municipality of Larnaca. This event was organised under the Auspices of Mr Yiannis Yiannaki, Commissioner for Voluntarism & Non-Governmental Organisations and in cooperation with the Medical Museum Kiriazis and the Open School in the Municipality of Larnaca. AGMI’s initiative was promoted to meet its two main objectives of social messages: (1) To promote the message of the theme of the 2015 World Mental Health Day “Dignity in Mental Health” in society and (2) to sensitise and engage children/students of the Open School creatively in expressing and reflecting their feelings and views as a message of outreach recorded in this artwork. This occasion was also used to promote KI.PRO.DI.PS.A./A.G.M.I.’s ongoing advocacy work for dignity in mental health, for people with mental health problems, psychosocial disabilities and their family carers towards the society, community and decision makers.

Throughout the year, AGMI’s ongoing activities included advocacy, the Convention for the Rights of People with Disabilities, de-institutionalisation and disseminating information to the organisation’s members.



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



Change is constant and everywhere – A.P.A.M.P. (Associazione Parenti ed Amici di Malati Psicici) is no exception. But some changes need time to become visible.

Of course, APAMP’s proven services have been maintained, such as the counseling service and the comprehensive offer of information for family members and friends of the mentally ill (“Stützpunkt/Punto di Sostegno”), the popular accompanied-holiday offers, the self-help groups and the association’s bilingual (Italian/German) quarterly journal (“Selbsthilfe/Auto-Aiuto”).

But new paths have also been pursued by A.P.A.M.P. in 2015. A regaining of momentum is noticeable – a change of attitude. The themes of individual responsibility, participation and co-determination are in the air, regarding family members and friends, but especially regarding people with mental illness. The realisation of these concepts will not be accomplished overnight, but they are being discussed vividly and that indeed is a start. The name of our conference in May on “Recovery – I’m getting active” (“Seelisch gesunden – ich werde aktiv”) says it all: with a large number of visitors, vivid participation and contributions in keeping with the times.

By showing the sobering movie “Maledimiele” on the occasion of the World Mental Health Day, A.P.A.M.P. managed to attract ca. 200 people. In addition, the new triologue meetings in Merano also underline that people with mental illness, their family members and friends wish to have a greater say. During these meetings, persons affected by mental illness, relatives of the affected, and professionals shared their perspectives on psychiatric illnesses. And that’s not yet all: at one of A.P.A.M.P.’s public lectures in November, many of the attendees reinstated the topic of the evening: “Recovery – a social concern”. A.P.A.M.P.’s year 2015 closed with the Workshop on EX-IN, “How Peers can Change Psychiatry”. It seems that mental health becomes more and more important and that people dare to speak more publicly about it.



### Bedre Psykiatri Ungdom – Denmark

Since joining EUFAMI in Sofia, Bulgaria, in September 2015, Better Psychiatry Youth (Bedre Psykiatri Ungdom) has gone through an exciting period of development and expansion.

BPU welcomed a new division of their organisation in the fall in the north-western city of Aalborg – the fourth biggest city in Denmark – and initiated a re-opening of its division in Odense – the third biggest city in Denmark. BPU has welcomed new competent and engaged volunteers which have made it possible to expand its possibilities of facilitating support groups for young carers in



various parts of the country. In addition to its regular groups, BPU now has a body of therapeutic groups. The focus is on relieving inhibiting and painful bodily sensations that emerge in a daily stressful life. In order to protect the volunteers and provide high quality help, professional supervision by a psychologist, as well as internal knowledge exchange is provided to all of BPU's facilitators. BPU has extended its work in communications, as it continues to publish a quarterly newsletter and has recently established an online blog with interviews and personal stories written by young carers – an opportunity for engaging and finding inspiration and information about the carer role.

For 2016, BPU's strategy is to further promote the organisation and the services it provides. Both within BPU and to the outside world, it aims to further emphasise its competences by educating volunteers and by highlighting the importance and relevance of peer-to-peer interaction.



### Confederation SALUD MENTAL ESPAÑA - Spain

Confederation SALUD MENTAL ESPAÑA (formerly FEAFFES) is the only organisation in Spain that has connected all the federations and associations of people with mental illness and families since 1983. Nowadays, it 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, SALUD MENTAL ESPAÑA has developed a wide variety of activities in 2015: Campaigns, focused on the visibility of people with mental illness and a positive attitude to mental health, with the aim of raising awareness in society. A good example of these campaigns is the celebration of the World Mental Health Day in October. In 2015, SALUD MENTAL ESPAÑA's motto was "Put yourself in my place. Connect with me". The Confederation hosted a commemorative Conference on the 6<sup>th</sup> of October in Madrid. A member of the Committee of People with Mental Illness of the Confederation read a manifesto on behalf of the collective and, afterwards, there were two roundtables; "To know, to understand. Mental health in the first person" and "Reflection and stimulus. Mental health care from the perspective of recovery and participation" and a discussion around the topic "Mental illness in the social and cultural sphere". The discussion groups were formed by people with mental illness, relatives and experts.

In addition to this Conference, on the 21<sup>st</sup> of October,



SALUD MENTAL ESPAÑA celebrated a Public presentation day with the goal of presenting the "Study of the situation of the stigma attached to mental illness in order to elaborate a National Strategy against stigma and for the promotion of Mental Health". SALUD MENTAL ESPAÑA has also developed several advocacy and lobbying activities during 2015, promoting the development of actions, activities, attitudes and commitments to increase the effective participation and empowerment of users of mental health services.

Finally, there have been important events in 2015 aimed at strengthening and empowering the associative movement, such as the Confederation's XIXth Congress in Galicia with the official announcement of the new brand name and the election of a new President in the Confederation.



### FinFami – The National Family Association Promoting Mental Health in Finland



The purpose of FinFami – The National Family Association promoting Mental Health in Finland is to support the activities of its member family associations (16) and groups and to promote the interests of the family members on a national scale. The National Family Association develops family work in cooperation with other organisations working in the mental health sector. The National Family Association takes part in the social dialogue and maintains international relationships. The National Family Association promoting Mental Health in Finland was founded in 1991.

2015 was the Finnish Parliamentary Election year and FinFami embarked on nation-wide activities with the purpose to create awareness in the public opinion and to distribute information about carers' and family members' wellbeing through an impressive communication campaign. FinFami was, for example, lobbying for the rights of the carers and to improve their opportunities to combine work and care. FinFami also emphasised the role of children who are living with parents suffering from mental illness. The main messages were the children's right to a carefree childhood and play, and the needs of families to get support and help in a timely manner. FinFami also paid attention to the prevention of loneliness, which concerns all of us.

FinFami also implemented projects which:

- developed carer oriented support methods for municipalities
- developed support methods for children of mentally ill parents
- developed administrative support for member associations
- developed voluntary and family work for member associations





## HAFAL – Wales (United Kingdom)



Hafal has enjoyed a very musical 2015! Their major 2015 anti-loneliness campaign, “All Together Now!”, saw a road show travel across Wales with 22 county music events featuring a fantastic variety of performers - from blues players and male voice choirs to rock bands and African drummers. Led by service users and carers, All Together Now! engaged thousands of people with a mental illness and their carers across Wales. The campaign reached out to those living in both rural and urban areas, and gave people the opportunity to meet up and overcome feelings of isolation and loneliness.

In 2015 Hafal also won funding for a number of innovative and exciting new mental health projects. They received grants for two projects aiming at supporting people with a mental illness in the Criminal Justice System and reducing reoffending; and they were also awarded over £600,000 by the Welsh Government to deliver the “Reaching Out” project which will fund Hafal’s campaigning in 2015-18 to reach out to a high proportion of all people using specialist mental health services in Wales and their carers.

You can follow Hafal’s activities on their website, [www.hafal.org](http://www.hafal.org) and on Facebook and Twitter.



## Hilfe für Angehörige Psychisch Erkrankter (HPE) Austria

2015 has been a very busy year for HPE Austria with lots of events and activities. Below is a selection of activities: On 8<sup>th</sup> and 9<sup>th</sup> May 2015, HPE’s 24<sup>th</sup> national Congress was held in Vienna. The main theme was “Get out of the restlessness state” - How relatives of people with mental illness can become more capable to act.

On a regular basis, information evenings are organised, targeted at parents of young people suffering from mental illness. The themes of these informative sessions were: basic steps of growing up, training and jobs for young adults with a mental illness, aid for financial independence, the role of parents and partners, and how to be able to live independently.

Also, twice per year, there is a series of group sessions with relatives and friends of persons with mental illness on very specific topics such as obsessive compulsive disorder, borderline syndrome, burnout, people with psychosis and how to relate with them, empowerment for and by family members, etc.

An educational seminar was held 4 times in 2015, aimed at professionals working in rehabilitative facilities for people with mental illness. The subject of this seminar was: Work by relatives –the family as partner in the professional integration of mentally ill people.” This seminar aims at

showing the position of family members in the process of vocational rehabilitation and integration.

HPE also had a number of working groups which were in charge of creating position papers on the following subjects: barriers for people with mental illness, medical and psychosocial care of the people with mental illness, and poverty, social justice and social protection.

For many years already, HPE has been active in the “Triologue”, an independent discussion forum in which persons with experience of psychiatry, relatives and professionals discuss different topics on psychiatric and psychosocial issues. The Triologue regularly meets in almost all Provinces of Austria.

HPE also continued organising their “jour fixe”, a monthly information evening for relatives of people with mental illness. Some examples of subjects were: “from hurdles to barriers – the difficulties for the financial protection of the mentally ill”, “productive symptoms of psychosis dealing with hallucinations, delusions and thought disorder” and “borderline – emergence, diagnosis and treatment”.



## HUMANA – Slovenia



HUMANA (Family Association for Mental Health Care) is the first and the only organisation in Slovenia for the families of people with mental illness. We are organising events from the field of mental health with the aims of education, health improvement, and group and individual work.

In 2015, Humana has participated in the international “Brain Awareness Week” for the 9<sup>th</sup> time. The event is organised by SINAPSA - the Slovenian Neuroscience Association. Humana has also been a part of a conference about “Users with mental disorders” which was organised by the Social work center Kranj and Jesenice. In August, Humana attended the 5<sup>th</sup> Slovenian Congress of Humanitarian Organisations which took place on the International Day of Humanitarianism. Humana was also a part of the 6<sup>th</sup> EUFAMI European Congress held in Bulgaria. In October, Humana marked World Mental Health Day with professional lectures about the right to dignity. In November, Humana participated in a conference sponsored by the National Assembly of the Republic of Slovenia titled “Child sexual abuse must not stay a taboo”. In December, Humana attended the reception of representatives of humanitarian organisations hosted by the President of the Republic of Slovenia, Borut Pahor. Humana very successfully introduced a stress release workshop



which was led by Mrs. Eva Mladenovič who taught the techniques of correct breathing and relaxation through singing.

Traditionally, Humana helps people in need with food and clothes and the year 2015 was no exception.

As a co-publisher Humana cooperated in the publication of the book "Friends Make the Best Medicine: a Guide to Creating Community Mental Health Support Networks 2015" Icarus Project Organisation. The book was published in December 2015.

Humana was hosted on different local educational radio shows as well as national TV (RTV Slovenia) where Humana presented its mission, activities and spread public awareness of mental health issues, in particular about problems of the relatives. Humana's programme of activities is being published on their web page <http://www.humana-svojci.si/> and on Facebook (<https://www.facebook.com/humanazdrjenje.svojcev>) every month.

Humana's activities and the programme for 2015 were enabled by the co-founders: FIHO, Health Ministry of Republic Slovenia, City Municipality of Kranj, Municipality of Preddvor and Employment Service of Slovenia.



**KINAPSY - Greece**



On 20<sup>th</sup> May, KINAPSY held a meeting on the subject "Innovative programs for the Social Integration of Mental Health Service Users", which involved the participation of the French Mental Health service users, their supporters and two psychologists. During the meeting there was active participation from members of the PEPSAEE Day Centre. The French Mental Health service users highly appreciated the attention and respect exhibited by Greek



users, their relatives and professionals. They were impressed by the hospitality and the dynamics of the discussion which lasted approximately 3 hours.

On 12<sup>th</sup> October, KINAPSY held its annual meeting on the subject "Treating Psychosis with Dignity". Participants included students, service users, relatives and professionals from the field of mental health and the event was held in the *Antonis Tritsis* amphitheater of "OPANDA". This meeting was held on the occasion of World Mental Health Day 2015 which had a theme "Dignity in Mental Health".

Mental health professionals including psychiatrists, psychologists and a mental health consultant informed the participants on current matters and issues that are faced by the long-suffering field of mental health in Greece. Participants learned about developments in other European countries; data on the course of psychiatric reform in Greece were presented; and a user spoke of his experience of home interventions for mental health service users. The event was held under the sponsorship of the Municipality of Athens, the Organism for Culture, Sports and Youth of the Municipality of Athens, the Ministry of Health, and the initiative "Year Of the Brain" of the European Brain Council.



**Landsforeningen for Pårørende innen Psykisk Helse (LPP) - Norway**

In March, LPP arranged a conference with the topic: "How could health care professionals best help family carers?" About 70 people attended, among others the Minister of Health and Care Services.

In November the organisation had its Annual General Meeting. A new board of directors was elected, and a new strategic plan for the next two years approved by the delegates. About 100 members attended. Two Members of Parliament also participated.

In December LPP organised a boat trip to Germany for members. The idea behind the boat trip was that relatives could meet each other in a social arena, and take a break from their tough times. The holiday period are always tough times for family carers, so this was a trip to gain some new strength for the participants. About 70 members took part in the journey.

The organisation has increased its membership for the third year in a row, now counting 2919 family carers. A huge recruiting channel for the organisation is the advisory service, both by telephone and by chat on the website. About 1.000 family carers and health care professionals used those two services in 2015, and the numbers have been increasing even faster after the chat service opened in June.





## Mental Health Association – Malta

Year 2015 proved to be a very hectic year for the Mental Health Association-Malta, introducing new activities, while continuing our efforts in the refurbishment of our new premises.

During 2015, MHAM decided to adopt a holistic approach in supporting caregivers of persons suffering from mental ill health. Thus, we organised Yoga and Physical Education Sessions to raise awareness about the positive effect of physical and yoga exercises on mental health. We also organised Support Groups where caregivers support each other under the supervision of a clinical psychologist.

We held Film Fora with discussions on a mental health topic and organised a conference with the subject “ Who is My Brother’s Keeper? “ where the importance of siblings of persons suffering from mental ill health and their particular needs were discussed.

Our Annual Caregivers Course consisted of five lectures on various mental health topics such as Depression, Bi-Polar Disorder, OCD, medication, and the effect of relapses were discussed. The course was closed with a half day seminar to share the experiences of caregivers and other related mental health support services.

We closed the year by planning and preparing for new initiatives such as the introduction of Family and Individual Therapy and the use of Applied Drama Workshops for caregivers, which we intend to undertake next year.



## Schizofreniförbundet – Sweden

*Prospect:* During the year Schizofreniförbundet organised two training meetings on the Family and Friends training programme in different parts of the country and also prepared and implemented a revision of two other training programmes for people with self-experience and health and social care professionals. Schizofreniförbundet also applied for funds to translate the new modules of Prospect *Plus* which FINFAMI has prepared.

*New President:* At the congress in May, Margaretha Herthelius was elected as the new President of Schizofreniförbundet. She is a politician and former principal from Stockholm with experience as a relative. The newly elected board expanded with more scientific experience from a young bio-neurological researcher from Uppsala University Åsa Geuken Konradsson and Lennart Lundin from Gothenburg University who is a former EUFAMI officer and well known in Sweden.

*Members:* As most of the organisations in Sweden are based on voluntary commitment Schizofreniförbundet is losing some members. Many smaller groups ceased to exist, others joined forces with another, sometimes bigger group. This is not an easy question and there are various reasons for this. Many of the smaller member organisations started 20 years ago with members who were older to begin with. Because the role as carer requires so much from a person, many of these founding members have retired from the organisations due to old age, deciding to spend the remainder of their effort and energy on their children requiring care. Another issue is that the public opinion about

schizophrenia is still one of fear. Schizofreniförbundet does have an on-going anti-stigma campaign, but it takes a very, very long time to eradicate stigma about mental illness and especially schizophrenia. Currently, Schizofreniförbundet has about 2900 members.

*Communication:* With the new Board and its new competencies, Schizofreniförbundet aims to work more strategically and write articles about severe mental illness, participate in workshops and symposiums, and making use of their personal and professional networks.



## Similes VI – Belgium

In November 2014, Similes Flanders had launched a recruitment and training programme for “Listening Volunteers” and in September 2015, they became fully operational. The educational training consisted of six (6) modules which the trainees had to complete. Module 1: a standstill with yourself; Module 2: basic information part 1; Module 3: basic information part 2; Module 4: survey of psychiatric illnesses and possible target groups within Similes; Module 5: How to cope with particular situations + self-care; Module 6: how to refer a person to a specialist + register. On top of this the volunteers got a practice day and practical listening- and talking sessions. To date, ten volunteers are fully operational. Similes Flanders launched this initiative to meet the needs of many people for information, support, understanding and first-line help.

During the fourth edition of the biannual Similes G3 Award (G3 stands for **Gezinsvriendelijke Geestelijke Gezondheidszorg** - Family Friendly Mental Health Care) in November 2015, the award was given to VDIP Antwerp (an Early Detection and Prevention Team for adolescents and young adults with a psychological vulnerability who are between the ages of 16 and 35 years old). The families have selected this team because everybody who worries over his/her family member or friend can consult this very accessible team. VDIP Antwerp is one out of eight teams in Flanders (Belgium) which focuses on young people with the onset of a psychological problem. They are mostly reluctant towards help/care and sometimes in a worrying situation with a risk for suicide. The coordinator of the team, Bart Haerens, confirmed the important role of family members during the entire trajectory and stated: “In this process we consider family members as partners and experts in caregiving”.

There was a publication in August 2015 entitled *Vision text on Care and Housing* for people with a severe mental vulnerability, by family members in collaboration with Similes FI. This text was elaborated by nine family members, all parents of a child with a mental illness. In their search during many years for tailor-made, long-lasting housing where appropriate care is also provided, these family members encountered many obstacles. The vision text reflects upon these obstacles and the needs of family members. It also focuses on the aims and objectives they want to achieve. The importance and value of family participation is being emphasised and as a conclusion, the authors formulated specific recommendations to achieve their targets. This vision text can be downloaded from the Similes website [nl.similes.be](http://nl.similes.be).



### Rethink Mental Illness - England

2015 and 2016 have been extraordinary years for mental illness in England and Rethink Mental Illness has been at the centre of a number of initiatives which will have a profound impact on those living with and caring for people with severe and enduring mental illness.

The most significant was the publication, in February 2016 of the independent mental health Taskforce report to NHS England. The report is the most comprehensive analysis of the improvements required to achieve parity between mental and physical health. The report contains a wide series of recommendations covering issues such as access to treatments, research, increased funding and improvements in the quality of service offered to people with mental illness. The report was immediately accepted by the Government and all its agencies and an infrastructure is now being set up to ensure the recommendations are put into practice.

Our campaigns have achieved increasing traction amongst policy-makers and a group of our activists met with the Prime Minister, David Cameron to convey their concerns about the lack of transparency in mental health funding and the general lack of high quality services. The Prime Minister later put his own weight behind the launch of the Taskforce report.

There continue to be significant pressures on the organisation as a service provider. Cuts in budgets to local authorities over the last five years as the UK Government seeks to reduce the budget deficit, are creating considerable difficulties for councils to continue delivering good quality services for people with mental illness and we are seeking to ensure that we work as hard as possible to retain and indeed establish a range of innovative services that are both cost-efficient and effective. The cuts also extended to some people who are in receipt of Employment Support Allowance and who are currently deemed unfit for work because of mental illness and we have mounted strong, though sadly ultimately unsuccessful, efforts to persuade the Government to reverse this policy.

The Time to Change national anti-stigma campaigns continues to grow in terms of reach and impact - the focus of the campaign in future years will be more strongly directed towards men, as evidence suggests that it is in this area that change has been slowest to occur, in terms of attitudes towards people who are mentally ill.

# EUFAMI Representation

The following are some examples of EUFAMI's representations at different conferences, events and occasions, by the President, the Secretary-General, staff members or EUFAMI members organisations.

## January

Secretary-General Kevin Jones represented EUFAMI at the Platform on Depression organised by the European College of Neuropsychopharmacology (ECNP) in Brussels on the 17<sup>th</sup> of January.

## February

Martine Frager-Berlet, Board member, attended a stakeholder and advisory board meeting of EU Joint Action on Mental Health and Well-Being in Brussels on the 25<sup>th</sup> February. Board Member John Saunders represented EUFAMI at the meeting of participants in WP5 on Community based care of the Joint Action on Mental Health and Well-Being in Madrid on 26<sup>th</sup> and 27<sup>th</sup> February.

The Secretary-General participated in the meeting of the International Association of Mutual Benefit Societies in Brussels on 27<sup>th</sup> February.

## March

The Secretary-General participated in a number of meetings in March organised by pharmaceutical companies including the International Patient Meeting by Roche held in Munich 3-4 March, the Quality of Life and functioning in managing and treating Schizophrenia meeting by Otsuka in London 9-10 March. Kevin Jones further attended the launching of the Roadmap for Mental Health Research in Europe (ROAMER) project in London on 12<sup>th</sup> March and the ADOCARE project workshop focusing on the mental health of adolescents held in Rome 17<sup>th</sup> and 18<sup>th</sup> March.

In addition, Martine Frager-Berlet represented EUFAMI at the EU Health Policy Forum in Brussels on the 19<sup>th</sup> March. EUFAMI was also represented during the European Psychiatric Association's Congress in Vienna this year by our President Bert Johnson.

## April

Nadine Fossion, Board member, participated in the Symposium 2015 organised by Otsuka on the theme: For a better life and schizophrenia. The meeting was held in Paris on the 2<sup>nd</sup> of April.

Our Secretary-General attended the International Mental Health Congress in Lille between 28-30 April. The congress was organised by the World Federation of Mental Health and the French-speaking Neurological Psychiatry Congress. The theme for the 2015 Congress was 'Mental Health For All - Connecting People and Sharing experiences'.

## May

A meeting was conducted by the European Parliament Interest Group on Carers in Brussels on 5<sup>th</sup> May, with the title 'Family vs state responsibility for long-term care across the EU- the feasibility of one model?', EUFAMI was represented by our Secretary-General.

## June

June was one of the busiest months for EUFAMI in 2015, various colleagues and board members represented EUFAMI in different meetings. John Saunders, our Board Member from Ireland, attended a work meeting for the Joint Action on Mental Health and Well Being in Utrecht 9-10 June. This was followed by our Secretary-General and Administrator's participation in the Patient Advocacy Engagement Workshop 6.0, organised by Janssen in Brussels. EUFAMI was also represented by one of our Board members in the 3<sup>rd</sup> CARE Europe Conference which took place in Prague on 17<sup>th</sup> and 18<sup>th</sup> June. Per Torell, our Board member from Sweden, attended the Lundbeck Patient Advocacy Submit in Copenhagen on behalf of EUFAMI. Filipa Palha from ENCONTRAR +SE, our member in Portugal, attended the Annual Forum of the European Federation of Psychiatry Trainees (EFPT) on behalf of EUFAMI in Porto, Portugal on the 26<sup>th</sup> June.

The month ended with our Secretary-General attending the meeting of EU governmental experts and NGOs hosted by DG Sante in Luxembourg on 28<sup>th</sup> and 29<sup>th</sup> June.

## July

In July, EUFAMI's president attended the 2<sup>nd</sup> European Congress for Social Psychiatry organised by the Swiss Society for Social Psychiatry in Geneva between 1-3 July. The theme for the congress was 'Social Psychiatry in the Age of Informatics'.

## August

During the ECNP Congress held in Amsterdam between 29<sup>th</sup> August and 1<sup>st</sup> September, EUFAMI was represented by our President and Administrator.

## September

EUFAMI was represented by our Secretary-General at the Expert Platform on Depression in Brussels on the 7<sup>th</sup> of September.

## November

EUFAMI's President Bert Johnson attended the meeting of EU Governmental Experts and NGOs hosted by DG Sante in Luxembourg on 16<sup>th</sup> and 17<sup>th</sup> November.

Board Member Nadine Fossion also participated in the WP4 meeting for the Joint Action on Mental Health and Well-Being, the topic was Preventing Depression and Mainstreaming of e-Mental Health.

## December

In December, Nadine Fossion, our Belgian Board Member, attended the Second High Level Conference organised by the ADOCARE project team in Brussels on 3<sup>rd</sup> December.

Finally, our President represented EUFAMI in the meeting presenting the final results of the C4C survey, organised by the EP Special Interest Group on Carers on 8<sup>th</sup> December in Brussels.



Reflections, through the camera eye, of some of the work and activities of EUFAMI through 2015







During 2015, the Board of Directors met four times, three times at the Leuven office in Belgium and once in Sofia, Belgium, where the EUFAMI Annual General meeting and our 2015 Congress also took place.

### **EUFAMI Board of Directors Meeting – Leuven, Belgium – 28<sup>th</sup> February 2015**

After the president opened the meeting and the minutes from the previous meeting were approved, the Board discussed a number of issues around governance and governance training. The president also presented a proposal for changing the Directors' terms of office in the statutes. A discussion on EUFAMI's strategy 2015-2018 was held and it was agreed that the strategy would be updated. All participants agreed that EUFAMI should have a stronger presence in Eastern Europe, and the Secretary-General would develop a management plan to accomplish this. Furthermore, options to recruit a person with local knowledge who could also help deepen EUFAMI's presence at the EU level were explored. The board proceeded further to deliberate on the selection of the next Secretary-General and a preliminary document was prepared by the President and circulated among the board members. The resource committee agreed to discuss the succession of the Secretary-General via a teleconference in May. The Secretary-General presented a summary report for the member planning day and the report would be sent to members for documentation. The Secretary-General reported on his visit to Sofia and his meetings with various organisations. The board agreed that the EUFAMI Congress 2015 will be held at the Ramada Hotel on 19<sup>th</sup> and 20<sup>th</sup> September. The Treasurer presented the unaudited final results for 2014 and a budget for 2015 was tabled. The results of the C4C survey were presented, and an update on the current work and projects was also provided.

### **EUFAMI Board of Directors Meeting – Leuven, Belgium – 29-30<sup>th</sup> May 2015**

The Board began the meeting with the Treasurer's update on the draft table - 'EUFAMI Principles and Practices of Good Governance'. The Treasurer went on to present a financial forecast of hiring a new Secretary-General. The President then led a discussion on the report from the succession planning sub-committee, and the Board concurred that an advertisement for the position would be drawn up by the next Board of Directors meeting. The President presented a note on the key points which emerged from the Member Planning Day, including EUFAMI's strengths and weaknesses, future directions, and common issues. The Secretary-General presented the Draft Strategy document which was written together with the President. Some board members made the suggestion that the President should visit a number of NGOs in Brussels, with the goal of learning about how these NGOs function and how funds are obtained. The Secretary-General agreed that he would circulate a networking list to the Board of Directors and a small working group would be set up to draft a strategic communications policy for EUFAMI.

The president announced a private meeting of the Board of Directors in the morning of the 30<sup>th</sup> May.

The Board of Directors meeting resumed after the private meeting was held. The Secretary-General would retire at the end of 2015 and the recruitment process would begin. The Treasurer would also look into the possibilities of relocating EUFAMI's office to Brussels.

The Secretary-General reported to the Board regarding the 2015 Congress. Four workshop development teams have been set up to organize the symposia. Invitations to speakers have been sent out, to Professor Chantal Van Audenhove for the Caring for Carers symposium and to Mr. John Dunne, the President of Eurocarers, among others. The Board went on to discuss the registrations and further preparations for the congress and the team would continue to work on promoting EUFAMI's congress. A teleconference would be organised in July for update on the progress.

A provisional agenda for the annual general meeting had also been circulated. Members would have the opportunity to share their ideas on the proposed agenda. The Treasurer presented the audited figures for 2014 and the President gave his feedback on the financial situation. A draft cash reserves policy was established subsequent to an earlier teleconference between the Treasurer, President and the Secretary-General. The board also deliberated on the possibilities for new funding, including obtaining EU funding. The meeting was closed with a discussion of a number of applications for new membership, an update on current work and projects, and events.

### **EUFAMI Board of Directors Meeting – Sofia, Bulgaria – 18<sup>th</sup> Sept 2015**

The Secretary-General updated the Directors regarding the number of participants who had signed up for the General Meeting. They then had a discussion on membership and changes made to the EUFAMI statutes. In terms of the EUFAMI Congress, a total of 104 people had registered for the congress, among which 35 delegates from Bulgaria, thanks to the strong support of the local organising committee. The Board proceeded to review the congress programme and this proposal was approved. A special Twitter hashtag #FamiliesMatter was created for the congress. The President reported on the current status of the recruitment of a new Secretary General and the evaluation process was ongoing. The Treasurer presented EUFAMI's financial status, with some projections on the year end result. He further distributed a paper listing five suggestions for cost reductions. The Board members were asked to reflect on these



suggested measures and to discuss during the next Board meeting in December. Two Board members would also work together to identify possible EU funding and projects and these options would be further discussed during the December meeting. The Secretary-General reported on a list of projects that EUFAMI was involved in. The meeting closed with a follow-up to the letter written to DG Sante's Jürgen Scheftlein, a discussion on the resignation of the Secretary-General, a congress update, and a discussion on financial control during the transition period.

### **EUFAMI Annual General Meeting – Sofia, Bulgaria – 19<sup>th</sup> Sept 2015**

After welcoming all delegates to the meeting, the meeting began with a one-hour discussion among members regarding the situation of mental health care services and initiatives in their respective countries. A lively exchange of ideas and discussion took place in terms of how EUFAMI could support its members. The Treasurer presented the audited results of 2014 and they were approved by the delegates. The Treasurer also presented the 2016 budget to the delegates and the President assured the delegates that the Board is making efforts to improve the financial situation. The Secretary-General presented the 2014 Annual Report and the EUFAMI Strategy 2015-2018, both were approved by the participating delegates. EUFAMI welcomed two new members, MindWise from Northern Ireland as a full member and Bedre Psykiatri Ungdom from Denmark as an affiliate member, both as of 1<sup>st</sup> October 2015. Kenneth Lien Steen from LPP Norway was elected to fill the vacancy of Alessandro Svettini after his departure from the Board.

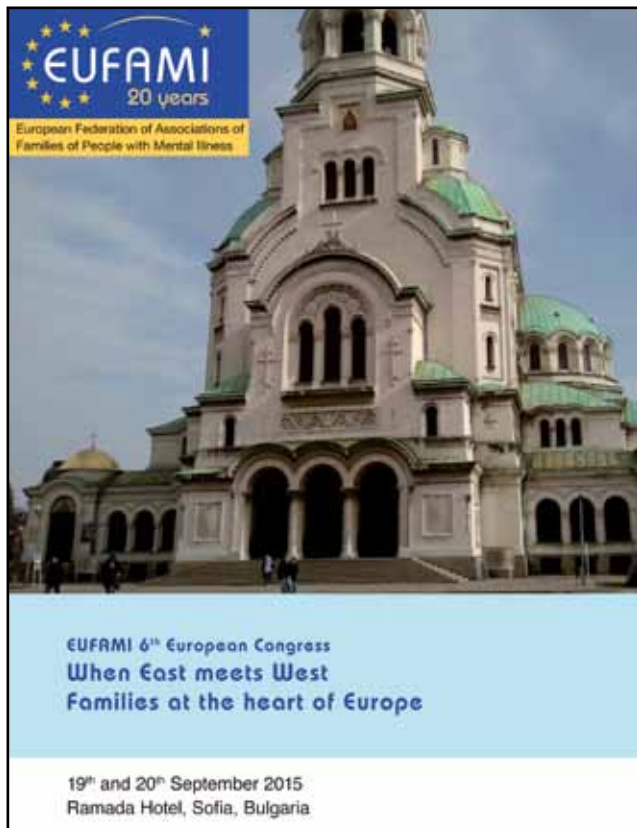
### **EUFAMI Board of Directors Meeting – Leuven, Belgium – 5<sup>th</sup> Dec 2015**

The President opened the meeting by welcoming Kenneth Lien Steen from LPP Norway as the new board member. The Board was briefed by the President about the progress in recruiting a new Secretary-General for EUFAMI. After the scoring and interview stages, the Board had decided to appoint Aagje Ieven as the new Secretary-General as of 4<sup>th</sup> January 2016. Another important item on the agenda was the review of the Family Congress 2015: 80% of the respondents agreed that the congress was excellent or above average. Some suggestions for future improvements included more opportunities for discussion, and more emphasis on 'stigma' and 'best practices'. One of the successful outcomes of the congress was that a family organisation was established in Bulgaria and the new Secretary-General should get in touch with them to see how EUFAMI could support them, such as applying for membership at EUFAMI. The Board members also had a discussion concerning the venue for the next congress, possibly in Southern or Eastern Europe, as this

region is a priority region for our organisation. The Treasurer reported a lower deficit than forecasted and he would prepare a financial account for the congress. The President was given the task of writing a letter to EUFAMI's funders to introduce the new Secretary-General and to invite funders to join the Board in February 2016 to discuss collaborations. Another item on the agenda was the introduction of the President's paper on a number of strategic issues he identified for EUFAMI in the near future. Due to personnel changes, elections for all positions, the President, Vice President, Treasurer and the Secretary will be held in 2016. The meeting ended with the approval of an amended version of the position paper titled 'Early Intervention in Psychosis' and of the request by organisation SOPSI Athens to return to full member status.

# Projects in 2015

## EUFAMI's 6<sup>th</sup> European Congress



Over 100 delegates from 22 countries attended the 6<sup>th</sup> EUFAMI European Congress “When East meets West. Families at the heart of Europe” in Sofia, Bulgaria on the 19<sup>th</sup> and 20<sup>th</sup> September. The main reason for selecting Bulgaria is to help raise awareness of the situation for families of people with mental illness in Bulgaria and surrounding countries. At the end of the Congress, the Sofia Declaration was approved and released: “The *EUFAMI Family Charter*, which is based on the EUFAMI Declaration released at the EUFAMI Dublin Conference was re-endorsed by the delegates at the EUFAMI Congress in Sofia, Bulgaria on the 19<sup>th</sup> and 20<sup>th</sup> September 2015.

Additionally, the problems associated with stigma and discrimination were highlighted by delegates to the Congress. Delegates called for the reduction of STIGMA affecting mental illness, which represents a heavy burden for families, reduces access to services and hinders integration into society, work, housing and opportunities to form relationships.

They also called for measures to fight discrimination due to a relative's condition. These include early education in schools and continuous anti-stigma interventions.

Stigma and discrimination associated to mental and physical health problems must be combated in all settings. Enforcement of existing anti-discriminatory legislation is one key element.

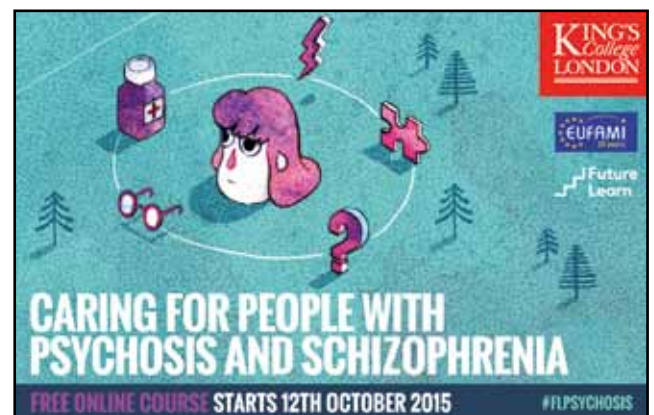
The removal of stigma and discrimination will pave the way for the development of good mental health services across Europe and benefit families and all of society.”

The full Sofia Declaration can be found here: [www.eufami.org/publications/declarations/sofia-declaration](http://www.eufami.org/publications/declarations/sofia-declaration)

## Caring for carers (C4C) survey

In 2015 we received and disseminated the final results of our Caring for Carers (C4C) survey in 22 countries. The survey was the result of a collaboration between EUFAMI and LUCAS, the interdisciplinary Centre for Care Research and Consultancy of KU Leuven, Belgium, and was based on responses from over 1,100 family carers of a person with mental illness. The most important findings are summarized in the two page spread included in this report. The full results and report, including 13 reports for 13 of the participating countries can be found at [www.caringformentalhealth.org](http://www.caringformentalhealth.org).

## Carer's Academy

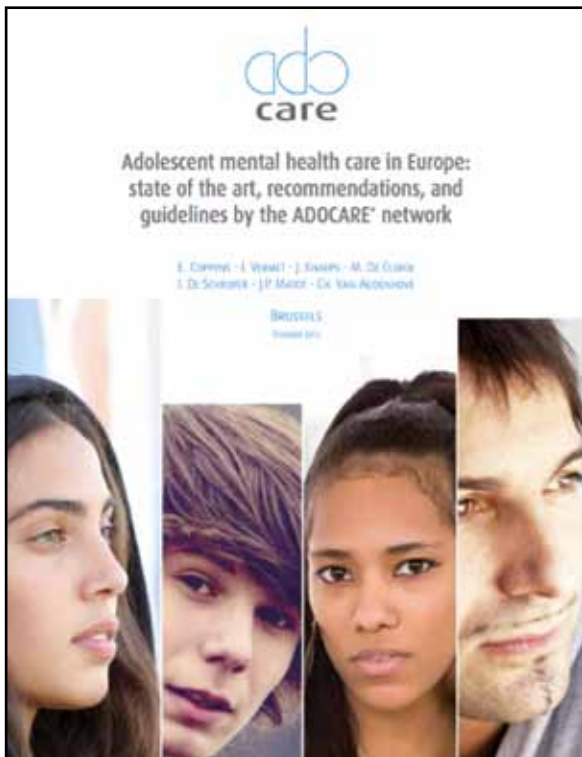


The first ever free online course, Caring for People with Psychosis and Schizophrenia, developed specifically for family carers, was launched online 12<sup>th</sup> October 2015. The course curriculum was designed and developed by the world renowned King's College London, and hosted by FutureLearn. EUFAMI contributed to this course alongside people with lived experience, and international experts from psychiatry, psychology, nursing and pharmacy. The two week course included innovative, multi-media-based formats and live online discussions between course learners and the course leader. The course was open to anyone with an interest in psychosis and caregiving. Thanks to massive interest and positive evaluations, it will be updated and repeated in 2016.

## ADOCARE

In 2015 EUFAMI was part of the ADOCARE consortium led by Action for Teens and LUCAS research centre (KU Leuven). ADOCARE was implemented by the European Commission's DG Sante as a preparatory action on behalf of and financed by the European Parliament. The project developed an innovative, collaborative, cross-sector network that links psychiatrists specialised in adolescence, psychologists, experts, researchers, stakeholders, policy-makers, care givers, care users, educators, parents and youth.

The purpose of ADOCARE was to promote and sustain the creation of adapted and innovative care structures for adolescents with mental health problems. ADOCARE conducted research, stimulated awareness raising and capacity building activities as well as exchange and consultation and disseminated the gathered information and ran for two years. In December 2015, the final Adocare Report "Adolescent mental health care in Europe: state of the art, recommendations, and guidelines" was launched. You can find it at: <http://www.adocare.eu/wp-content/uploads/2015/12/ADOCARE-UK-2015.pdf>



## Joint Action



EUFAMI was involved in work package 5 on "Community-based approaches to Mental Health" of the Joint Action on Mental Health and Wellbeing. This project was launched in 2013, and aimed at building a framework for action in mental health policy at the European level, building on previous work developed under the European Pact for Mental Health and Well-being. Funded by the European Agency for Health and Consumers, the Joint Action involved 51 partners representing 28 EU Member States and 11 European organisations, and was coordinated by Nova University of Lisbon, Portugal.

Across Europe, much effort has been made over recent decades to ensure high-quality longer-term care for people with severe mental disorders, including improvements in the living conditions in psychiatric hospitals, the development of community services, the integration of mental health care within primary care, the development of psychosocial care, the protection of the human rights of people with psychosocial disabilities and the increasing participation of users and families in the improvement of policies and services. However, in many countries, people with mental disorders continue to reside in large psychiatric hospitals or social care institutions with poor living conditions, inadequate clinical assistance and frequent human rights violations. In some countries, although progress has been made, the resources allocated to the new community based services are very limited and responses to psychosocial needs are scarce. The ultimate goal of work package 5 was therefore to develop recommendations for action at EU-level and in Member States that may lead to a more effective implementation of the desired shift to community-based mental health systems and services.

A final report, including those recommendations was developed in 2015, ahead of its launch in early 2016. All information about the Joint Action here: <http://www.mentalhealthandwellbeing.eu>



# CARING FOR CARERS SURVEY (C4C)

Experiences of family caregivers for persons with severe mental illness: **an international exploration**



## CARERS MATTER

The shift in mental health policies away from hospital-based care **makes family caregivers essential in helping people with severe mental health problems** to live in the community, but the role is often challenging **and has a huge impact on the caregivers own life.**

### 1. The highs and lows of caring

Family caregiving for people with severe mental illness involves feelings of stigma and burden; however, these experiences can be coupled with positive caregiving experiences

Family caregivers have typically cared for their loved one for **15** years.  
 Caring can also involve positive experiences with more than **half** of caregivers discovering inner strength



More than **1 in 3** family caregivers are at the point of reaching breaking point  
**4 in 10** feels unable to cope with the constant anxiety of caring and experience these feelings "quite a lot" or "sometimes"

The **worry** and **stress** means that

**1/3** lack sleep because of the worry or stress



**1/3** feel depressed



**1 in 5** is unable to see anything positive in their life



**1 in 5** feel so exhausted that they cannot function properly

With feelings of **isolation** and **loneliness** making this worse, together with the **responsibility of caring** and the **financial stress**

**1 in 3** feels isolated and lonely because of the situation they are in



**55%** worries most about the person becoming too dependent on them in future

**1 in 2** worries about the financial situation of the person in their care  
 One in four is having difficulty making ends meet

Caring can often have a **detrimental impact** on the caregivers' **own health**

**1/3** feels that the caring role makes their own physical health worse



Nearly **4 in 10** are concerned about their own physical health



## 2. The real-life carer

The **typical family caregiver** for a person with severe mental illness is **female (80%)** and **around 60 years old**, with

**76%** taking care of a son or daughter

**10%** for a partner or spouse

**7%** for a brother or sister



Spending an average of **22 hours** each week caregiving

The job of caring is **often solitary** and **with little respite**

**36%** of carers are the **only caregiver**

Nearly half (**47%**) **never take a break** from caring



And for those that do:

**36%** rely on friends and family

Only **6-8%** rely on paid respite care

## 3. Carer support is lacking and their voice often unheard

Caregivers were **equally satisfied and dissatisfied** with the support from **healthcare professionals**, nevertheless:

**4 in 10** are dissatisfied with support from doctors

A **1/3** are dissatisfied with support from nurses

And only **3 in 10** were satisfied with support from their social workers

**Half** are dissatisfied with the ability to seek help and support from professional staff for their own needs

**1 in 4** is dissatisfied with the support they receive from their workplace

Caregivers were most satisfied with support from patient /caregiver organisations with **6 out of 10** feeling very satisfied

Caregivers **don't feel involved** in **important decisions**

Only **1/3** are satisfied with their involvement in important decisions in treatment and care planning

**4 in 10** are dissatisfied with their involvement and ability to influence important decisions



Less than **4 in 10** carers feel that medical and care staff take them seriously

Fewer than **1 in 4** feel communication between healthcare professionals is going well.

## 4. Critical support for caregivers – what they are telling us they need

A **staggering 93%** would appreciate some **additional support** in their role as a caregiver

With nearly **half** requesting a significant amount of additional support



Only **7%** need no additional support

Further **essential information** is critical

**1/3** of family caregivers are dissatisfied with the information on who to contact in case of an emergency



Almost **half** of the family caregivers are dissatisfied with information on how the illness of their relative will develop in the longer-term

Around **9 in 10** want **more opportunities to meet** and share knowledge and experiences with:



Professional carers **93%**

As well as with other family members and informal carers **90%**

**8 out of 10** want **individual support** from **EUFAMI** and **family member organisations** by providing/offering:



### About the C4C Survey

The C4C is an international survey conducted by LUCAS, the Centre for Care Research and Consultancy of the KU Leuven in collaboration with the European Federation of Families of People with Mental Illness (EUFAMI). The aim of the survey was to assess the experiences of family caregivers in caring for their relative with severe mental illness from an international perspective, and to highlight the central role they play. Respondents were recruited mainly through family caregiver organisations in the following countries: Australia, Austria, Belgium, Canada, Cyprus, Denmark, Finland, France, Germany, Greece, Ireland, Israel, Italy, Malta, Netherlands, Norway, Portugal, Russia, Spain, Sweden, Switzerland and UK. Therefore, the results cannot be generalised for all family caregivers of people with severe mental illness.

#### 1,111 family carers were surveyed:

- 64% care for people with schizophrenia/psychosis
- 18% care for people with bipolar affective disorder
- 15% care for people with depressive disorder
- 15% care for people with anxiety disorder
- 18% care for people with other disorders

At least 26 million people worldwide are affected by Schizophrenia and it is one of the ten leading causes of disability worldwide

EUFAMI received an unrestricted educational grant from Lundbeck and Otsuka for the survey.

Reference: Verhaefen, B., Lauwers, H., Spruytte, N., Van Audenroede, C., Magro, C., Saunders, J. & Jones, K. (2018). Experiences of family caregivers for persons with severe mental illness: an international exploration. LUCAS KU Leuven/EUFAMI.

## EUFAMI core and project related expenditures - 2015

Income €	2015	2014
Membership fees	€ 11663	€ 15950
EUFAMI Collaborating Partner Programme	€ 50000	€ 85000
Project funding	€ 59974	€ 240521
Congress funding	€ 15986	€ 0
Recovered expenses/Honoraria/Other	€ 15588	€ 12395
Financial income	€ 5381	€ 9620
Extraordinary income	€ 88	€ 86
<b>Total income</b>	<b>€ 158679</b>	<b>€ 363571</b>
Expenditure €	2015	2014
Board of Directors	€ 10974	€ 12840
General Meeting	€ 1735	€ 5798
Staff Costs	€ 108218	€ 119282
Write off trade debtors	€ 0	€ 13250
Office/insurances/suppliers	€ 10433	€ 11330
Annual report/Communications	€ 2859	€ 2727
Website/promotion/representation	€ 3207	€ 2512
Finance and legal expenses	€ 14643	€ 14896
Misc. costs including depreciations	€ 2129	€ 528
Project expenses	€ 40190	€ 190735
Congress expenses	€ 19053	€ 0
<b>Total Expenditure</b>	<b>€ 213440</b>	<b>€ 373898</b>
<b>Profit/Loss</b>	<b>€ -54761</b>	<b>€ -10327</b>

## Detail of Income

1. Core (Collaborating Partner Programme)	2015	2014
Janssen	€ 30000	€ 30000
Lilly	€ 0	€ 20000
Lundbeck	€ 20000	€ 25000
Hoffmann-La Roche AG	€ 0	€ 10000
<b>Total</b>	<b>€ 50000</b>	<b>€ 85000</b>
2. Projects	2015	2014
Lundbeck Grant (Family Survey)	€ 59974	€ 59975
Hoffman La Roche (Family Survey)	€ 0	€ 4000
Hoffman La Roche (Oxford Schizophrenia)	€ 0	€ 176546
<b>Total</b>	<b>€ 59974</b>	<b>€ 240521</b>
3. Congress	2015	2014
Registration fees	€ 5986	€ 0
Lilly Grant	€ 10000	€ 0
<b>Total</b>	<b>€ 15986</b>	<b>€ 0</b>

## Audited Financial Results for 2015 - Commentary

### Income

The amount of funding which EUFAMI received for support of its core operations under the EUFAMI Collaborating Partner Programme dropped in 2015 to € 50000 from €85000 in 2014. Corporate donors continue to be under economic and commercial pressure, resulting in a reduction of the amounts they contributed to the programme. Of course this reduced income puts a lot of pressure on EUFAMI's core operations. EUFAMI wishes to acknowledge the support which it received in 2015 from its partners.



## Balance sheet

	Assets	2015	2014
	<b>Fixed assets</b>	<b>€ 821</b>	<b>€ 0</b>
Plant, machinery & equipment		€ 821	€ 0
Furniture			
Other tangible assets			
	<b>Current assets</b>	<b>€ 199932</b>	<b>€ 346292</b>
Trade debtors		€ 4000	€ 21975
Other amounts receivable		€ 100	€ 0
Current investments		€ 0	€ 0
Cash at bank and in hand		€ 194568	€ 322622
Transitory accounts		€ 1265	€ 1695
	<b>Total assets</b>	<b>€ 200753</b>	<b>€ 346292</b>

	Liabilities	2015	2014
	<b>Capital and reserves</b>	<b>€ 100626</b>	<b>€ 155387</b>
Allocated funds		€ 44293	€ 44293
Profit carried forward		€ 56333	€ 111094
Profit of the year			
Loss of the year		€ 54761	€ 10327
	<b>Creditors</b>	<b>€ 100127</b>	<b>€ 190904</b>
Trade Debts		€ 75127	€ 101963
Staff debts		€ 0	€ 8967
Transitory accounts		€ 25000	€ 79974
	<b>Total liabilities</b>	<b>€ 200753</b>	<b>€ 346292</b>

In respect of project related income, we received € 59974. This project project funding was received from Lundbeck for the EUFAMI Caring for Carers survey. After project costs we earned a profit of €19784. All other income in 2015, although lower than in 2014, was in line with expectations. Membership fees for 2015 were €11663 compared to €15950 in fees for 2014.

### Expenditure

Expenditure for 2015 totalled €173250. The most significant costs as per usual are Staff, Board and General meeting costs and professional service costs.

The EUFAMI Caring for Carers project was completed in 2015. We engaged the services of the LUCAS research centre of the University of Leuven to assist EUFAMI to undertake this survey. The final country reports and international reports were published and disseminated during 2015.

In September 2015 EUFAMI hosted a successful Congress in Sofia which was funded from sponsorship, registration fees and Congress reserves.

### Overall Comment

2015 has been a challenging year in respect of finances. Corporate funding has decreased and it is becoming increasingly more difficult to attract new sources of funding. In my last report I referred to the uncertainty brought about by a change in Secretary General. The situation was exacerbated by the departure of the Secretary General after ten years of service and the recruitment of a new SG. The role of the SG is significant in terms of



John Saunders

identifying and building relationships with actual and potential funders. There is no doubt that there has been a transition cost in respect of the change in SGs

As I mentioned above, we experienced a significant drop in our core income in 2015 and this has placed a lot of pressure on our operations. Therefore it will not be a surprise to anybody that we are reporting a loss for 2015. As a prudent response to our financial situation, I made a series of proposals to reduce our operational costs which were not implemented with the exception of a proposed 10% reduction in professional fees. The operating loss for 2015 is €54761

The situation going forward is very challenging. Realistically, I cannot envisage any great improvement in our funding efforts for 2016. Therefore I would like to send out a warning that it is most probable that for 2016, we will need to draw on our reserves to balance our accounts.





The EUFAMI balance sheet reflects Cash at Bank at the end of December 2015 amounts to €194568 which is a combination of our reserves, at €100626 and current ongoing project funding.

This is my final report as EUFAMI Treasurer and I would like to express my thanks both to the staff at EUFAMI and our accountants, De Kleine Prins, for their work throughout the year. I particularly would like to pay tribute to Mr. Kevin Jones, the former Secretary General, for his support and guidance over the last 10 years. I also wish to welcome and convey my best wishes to Ms. Aagje Ieven, the new Secretary General.

**John Saunders**

Treasurer

## EUFAMI full members

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Bedre Psykiatri		Denmark	Læderstræde 34, 4 1201 København K - Tlf. 53 52 99 00 Tel. +45 53 52 99 00 info@bedrepsykiatri.dk info@bedrepsykiatri.dk - <a href="http://www.bedrepsykiatri.dk">www.bedrepsykiatri.dk</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>
Salud Mental España		Spain	Confederación SALUD MENTAL ESPAÑA 20-24, E-28053 Madrid - Tel. +34 915 079 248 calidad@feafes.com - <a href="https://consaludmental.org">https://consaludmental.org</a>
FinFami		Finland	Mielenterveysomaisten Keskusliitto Meritullinkatu 4 B 10, FIN-00170 Helsinki - Tel. +358400274624 vaula.ollonen@finfami.fi - <a href="http://www.finfami.fi">www.finfami.fi</a>
HAFAL		UK Wales	For Recovery from Serious Mental Illness former Gellinudd Hospital, Lôn Catwg, Pontardawe, Neath Port Talbot - SA8 3DX 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 Brigittenauer Lände 50-54/1/5, 1200 Wien, AUSTRIA - Tel. +43 1 526 42 02 office@hpe.at - <a href="http://www.hpe.at">www.hpe.at</a>
HUMANA		Slovenia	Združnje 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>
KINAPSY		Greece	Siblings of People with Mental Health Problems Theoklitou B 5, TK:117-45 Athens, Greece – Tel. +306 94 600 35 22 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 Karl Johans gate 6, 0154 Oslo - Tel. +47 21 07 54 33, Fax: No longer in use 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>
MINDWISE		Northern Ireland	Mindwise Head Office, Pinewood House, 46 Newforge Lane, Belfast BT9 5NW info@mindwisenv.org - <a href="http://www.mindwisenv.org/">www.mindwisenv.org/</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>
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>
RETHINK		UK England	Rethink 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	Schizofreniförbundet Hantverkargatan 3G, S-11221 Stockholm - Tel. +46 8 545 55 980 office@schizofreniforbundet.se - <a href="http://www.schizofreniforbundet.se">www.schizofreniforbundet.se</a>
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 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>
SOPSI Athens		Greece	Πανελληνιος Σύλλογος Οικογενειών Για Την Ψυχική Υγεία 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>

## Full members

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>
SYMPATHEA o.p.s.		Czech Rep.	Celostátní 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 Associazioni per la Salute Mentale c/o Istituzione Minguzzi, Via Sant'Iraio 90, I-40123 Bologna Tel. +39 051 5288526 - unasam@unasam.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	Postbus 715, 3000 AS Rotterdam, Tel. +31 88 000 21 20 ypsburo@ypsilon.org - <a href="http://www.ypsilon.org">www.ypsilon.org</a>

## EUFAMI Affiliated members

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>
Bedre Psykiatri Ungdom		Denmark	Ungegruppen Viborg, Toldbodgade 10, st. tv. Telefon: 50166519 - ug@gmail.com - <a href="http://bp-ungdom.dk/index.html">http://bp-ungdom.dk/index.html</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>
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>
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>





**EUFAMI** is a not for profit Federation, comprised of national and regional family organisations from across Europe.

### 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 recognised and protected.

### Vision

EUFAMI's vision is that every person affected by mental illness and their family members receives the understanding and support they need to participate in their community as he or she chooses, and shares in the social, economic and political rights of that community, without exclusion or discrimination.

### Values

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

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

Families and individual family members have a right to choose and define the role they are willing and able to play. This must include the right not to be involved directly with their relative's care, or to be involved in planning services, campaigning and monitoring services. State mental health care should be adequate to enable family members of people with mental illness to make their choice without regard to any feelings of personal obligation

Families should not be discriminated against or held responsible legally or financially for their family member directly affected by mental ill health.

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

The needs of all family members for support and understanding should be recognised and fully provided for.

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

### Aims and Objectives

- 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 engage in the development of family movements in countries where such movements are currently weak or do not exist.
- To involve member associations closely with the development of EUFAMI activities.
- To help member associations combine their efforts at regional and European levels and to reach out to promote the aims and objectives of families.
- To deepen EUFAMI's influence and enhance its reputation with key international bodies, clinical associations and healthcare professionals to ensure that the concerns of family carers are always fully recognised.
- To lobby European policy makers to continue their efforts to improve mental health and social care services as a human right in each member state so that a more equitable situation will result across the continent.
- To campaign for adequate resources to be provided for services and support for people with mental illness and their families.
- To identify examples of good practice in the field of mental illness and communicate them appropriately throughout Europe.
- To promote and, where appropriate, participate in research into the causes and management of mental illness and its treatment.
- To engage in public awareness programmes and 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 other organisations having purposes and objectives which are similar to those pursued by EUFAMI.
- In all ways to defend the rights of people with mental illness and their families.

#### For 2016 the following three broad strategic objectives have been identified

1. To expand our membership into central and eastern Europe
2. To involve and support all our members more closely
3. To deepen our influence with key international and professional organisations and policy makers.