



Sofia Declaration

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 19th and 20th 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.

EUFAMI Family Charter

EUFAMI's vision for the future for families

All families and persons affected by mental ill health should at all times be 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 role of families

- 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 relatives' care, or to be involved in planning services, campaigning and monitoring services.
- Families should not be discriminated against or held responsible legally or financially for their family member directly affected by mental ill health. State mental health care should be adequate to enable family members of people with mental illness to make their choice without any feelings of personal guilt.

The needs of families

- The needs of families and carers themselves for support and understanding should be recognised and fully provided for by the state authorities. Families should have a right to the opportunity to state their emotional, practical and financial needs so that they can be empowered to acquire the necessary coping skills to fulfil their caring role.
- Families need to be cared for to ensure that their own physical and mental health is well maintained and supported. Evidence exists widely to show that this is not happening and that family member's health suffers. Depression amongst families is increasing and much is going un-diagnosed. Families should be provided with a statement of their own needs on a routine basis, with written records of these needs, and continuing assessment. Plans for meeting identified needs should be implemented and audited.
- The need for families and carers to recover from the experience and trauma of mental illness must be formally recognised and services provided to help them with their own recovery.

Public Authorities and statutory service providers

- Resources must be made available to meet those needs to enable family carers to carry out their role effectively. This may involve costs of training, counselling or other emotional help,

providing information and financial help (for respite breaks, and travel costs to visit their relative)

- Such resources should be available to meet the family's needs, over time, in a planned way. They may include factual information, training in new skills (identifying signs of relapse, communication and problem-solving skills), support for themselves, e.g. counselling, advocacy, and support for self-help carer groups, help lines, peer support (carer to carer), respite, or help with identifying their role.
- Legislators and statutory service providers must be proactive in providing evidence-based family intervention services. They should not leave this to voluntary groups. The evidence for family interventions has been available now for thirty years, and it is negligent that these approaches are not yet widely available.
- The development of Comprehensive Community based services is seen as both essential and desirable if recovery is to be a realistic possibility. However, it is imperative that mental health care services provide the services outlined above to family members so that they can carry out frontline care, which is essential as a consequence of community care, more effectively. The sharing of information on the wellbeing of the person affected by mental ill health is essential.