



European Federation of Associations of Families of People with Mental Illness  
Europese Federatie van Familieverenigingen van Psychisch Zieke Personen  
Fédération européenne des Associations de Familles de Malades Psychiques  
Europäische Föderation von Organisationen der Angehörigen psychisch Kranker

# Involve

## Family Friendly Mental Health Services – Project

EUFAMI is an NGO founded 19.12.1992 under Belgian law (nr 451 967 342). EUFAMI has members in Austria, Belgium, Bulgaria, Czech Republic, Cyprus, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Ireland, Israel, Italy, Lithuania, Malta, Netherlands, Portugal, Russia, Slovenia, Spain, Sweden, Switzerland and United Kingdom.

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## Introduction to INVOLVE

### Promoting partnership in recovery

Current practice in most mental health care systems means that many relatives, friends, partners and carers feel excluded from having or giving an informed view of their expectations and experiences in relation to the social needs and treatment of the family member they are supporting. Mental Health Services often unconsciously and consciously exclude family members, friends or other care partners, from the care and treatment process and focus only on the person presenting a mental illness. International research reflects this experience and is supported by EUFAMI's most recent research on the Value of Caring (1).

### Context

This project is based on the following points, which are central to the successful delivery of Mental Health Services:

- The project acknowledges that, in some circumstances, the involvement of the family may not be appropriate as not all persons have involved families.
- The consent of the individual service user is required for family members to be involved.
- The concept of patient confidentiality is always respected therefore consent to share information is needed.
- Where such consent cannot be given, services can and should always listen to the opinion and experience of family members.
- Mental health care professionals should, as part of all pre and post graduate training, receive input on the importance of family care in the context of modern mental health care services.

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## Why should families be involved?

Relatives have a varied and complex role in supporting a loved one who has a mental illness that includes the following:

- Where families are involved, they are often the only constant support in a service user's life.
- They spend a lot of time caring for the person. EUFAMI's recent research (The Value of Caring) identified that family members on average spend 43 hours per week in an active caring role.
- Family members care about the person.
- Involved families are often the first to experience and respond to crises situations with their loved one and may be the only point of contact for their loved one.
- Involved family members often have a deep understanding of the behaviours of the person with a mental illness.
- Family caring and support in the community is an economic and social benefit to society.

**A Mental Health Service that involves families and built on the principles of honesty, respect and partnership, would assist in the prevention of ill health, reduce the sometimes-necessary intervention of mental health services and contribute to a better quality of service and recovery.**

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## What do Families need?

- Families need help to cope with crisis. In many situations family members are first responders to a crisis and often must advocate to find the best mental health intervention required. These times are traumatic and often exacerbated by poor or absent services.
- Help to provide intensive care at critical times. Likewise, families often provide the intensive care require with or without the assistance of formal mental health care services.
- Help finding practical solutions that might work to improve the health and wellbeing of their loved one. Family members who are isolated or experience other issues, such as poverty, have difficulty sometimes in finding practical solutions.
- Families find it hard to let go and can often be overprotective. This situation can sometimes make it more difficult for recovery to occur and can reinforce dependence.
- Family members find it hard to consider their own recovery. The presence of mental illness in a family member is traumatic and families must often manage their own recovery. Family friendly mental health services can assist in this process.
- They are affected by social stigma, whereby, family members feel ashamed because of the presence of mental illness in the family. This can lead to a reluctance to acknowledge the issues and to seek help from services.

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## What do mental Health services that involve family members look like?

- Services consider the individual presenting with mental illness as part of a family.
- A family member (carer) is included in the process of assessment and diagnosis, treatment and care (where appropriate).
- Family members share their knowledge and experience of caring with professional staff.
- Professional staff provide formal and informal training and support to enable the carer to provide the best possible care.
- Support is provided to carers to ensure their own mental and emotional health needs are considered.
- Frequent communication between the family member and the service after discharge is established to support the person in the community.
- Mental health service staff have a full understanding and appreciation of the importance of family involvement.

## What can be done?

This project will focus on specific themes to assist national member organisations to advocate for Family involvement in mental health Services in their own country. This includes:

- Providing a professional advocacy advice and mentoring service to participating member organisations.
- Co-producing with each national member organisation an advocacy tool kit to support its programme to improve Mental Health services in its own country.
- Provide specific training to a Mental Health advocate in each participating national member organisation.

## How can this be achieved?

The project steps are as follows:

### Phase 1 (6 months) (to commence March 2022)

- Recruitment and agreement on project national member partners. Up to ten partners from ten countries. An emphasis will be given to smaller, less developed member organisations operating in regions where mental health services are poorly developed. In the context of Europe, this includes east European countries.
- Workshop of agreed partners to consider situations in national member countries and conduct a scoping of services.

### Phase 2 (8 months)

- Creation of Family advocacy tool kit, which can be adapted by each national member. This will be achieved by 4 facilitated project workshops of agreed member organisations, led by an experienced advocacy facilitator contracted for this specific purpose.
- At the end of Phase 2, it is proposed to produce an interim progress report detailing the activities undertaken to date. The report will include an analysis of inputs, outputs and outcomes.

### Phase 3 (12 months)

- Workshops x 4 to finalise and agree toolkit, develop campaign for each national country and provide support in launching campaign.
- This phase will be followed by a further interim progress report building on interim report no. 1

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#### **Phase 4 - Publication of Final Project Report / Implementation of plan and evaluation (10 months)**

- The proposed timescale is 36 months commencing on project approval. Phase lengths are approximate and will overlap. It is anticipated that most activities will be remote using digital platforms. A final conference launching the Toolkit will be a hybrid event.

#### **References**

1 McDaid D, La park, A. Understanding the Value, and Impacts of Informal Care for People Living with Poor Mental Health. EUFAMI, London School of Economics (Care Policy and Evaluation Centre), 2020.

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