

Recovery is currently mental health policy in important english-speaking countries (e.g. USA, CAN, UK, AUS)

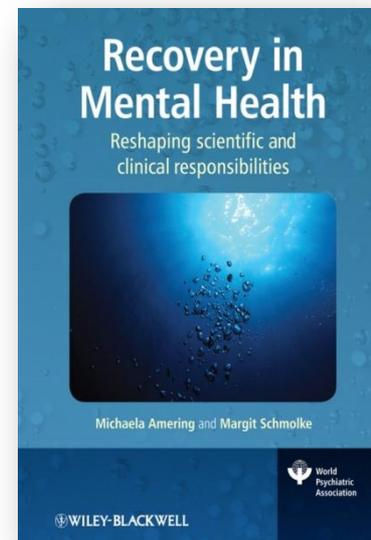
US Commission on Mental Health 2003 requests that:

,... everyone ... at any stage of life has access to effective treatment and supports – essentials for living, working, learning, and participating fully in the community ‘:

Overcoming:

- 1. Stigma that surrounds mental illnesses,**
- 2. Unfairness in health insurance, and**
- 3. Fragmented mental health service delivery system**

Amering & Schmolke, 2009



Empowerment und Recovery

➤ **Recovery durch Empowerment**

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WHO: Partnership Project on Empowerment in Mental Health

People with mental health problems and their families have **not been involved** as equal partners in decision-making processes on mental health services, and they continue to be at risk of social exclusion and discrimination in all facets of life.

In a mental health context, empowerment refers to the level of choice, influence and control that users of mental health services can exercise over events in their lives, and the key to empowerment is the removal of formal or informal barriers and the transformation of power relations between individuals, communities, services and governments.

Despite all achievements that have been made over the past decade, there is **still a strong need for empowerment** of people with mental health problems and their families.

WHO: Partnership Project on Empowerment in Mental Health

The World Health Organization Regional Office for Europe and the European Commission started a three years lasting “Partnership Project on Empowerment in Mental Health” in 2008 which aims to support Member States in the European Region in creating societies in which people with mental health problems are enabled to develop and express their full potential as equal citizens.

The WHO Statement on Empowerment in Mental Health has been published, about

- 100 examples of empowerment practice across Europe have been collected, and**
- indicators for empowerment applicable at national level have been identified.**

WHO-EC partnership project: Empowerment indicators

- *Protection of Human Rights*
- *Inclusion in decision-making*
- *High-quality care and accountability of services*
- *Access to information and resources*

WHO-EC partnership project: Empowerment indicators

Protection of Human Rights

1. People using mental health services* have the right to vote.
2. People using mental health services* have the right to hold public office.
3. The country has employment legislation that forbids discrimination in employment on the basis of diagnosis or history of mental illness.
4. **The country has employment legislation to cover the needs of family carers.**

* People who either in the past have used or are presently using mental health services.

WHO-EC partnership project: Empowerment indicators

Inclusion in decision-making

- 5. Mental health service users and their families are involved in the development of mental health policy and legislation.**
- 6. Mental health service users and their families have authority in the process of designing, planning and implementing mental health services.**

WHO-EC partnership project: Empowerment indicators

High-quality care and accountability of services

7. People with mental health problems and their families have access to appropriate mental health services.
8. **People with mental health problems have access to general health services like other citizens.**
9. People with mental health problems have the opportunity to be actively involved in the planning and review of their own care.
10. Families of people with mental health problems have the opportunity to be actively involved in the planning and review of care.
11. Mental health service users and their families are involved in inspection and monitoring of mental health services.
12. **People with mental health problems and their families are involved in education and training of staff working in mental health services.**

WHO-EC Empowerment indicators

Access to information and resources

- 13. Mental health service users have a right to access their medical records.**
- 14. People subjected to formal interventions due to their mental health problems have access to affordable legal support.**
- 15. People with a disability caused by a mental health problem and their families have equitable access to state benefits.**
- 16. Public funds are available for national user and family organizations.**
- 17. Accessible and appropriate information and education about services and treatment is available for people with mental health problems.**
- 18. Adequate information and education is available for families of people with mental health problems to support them in their role as family carers.**
- 19. The welfare benefit system compensates for the financial implications of being a family carer.**

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Mental Health Action Plan for Europe

WHO European Ministerial Conference on Mental Health, Helsinki 2005

- i. foster awareness of the importance of mental well-being;**
- iii. design and implement comprehensive, integrated and efficient mental health systems that cover promotion, prevention, treatment and rehabilitation, care and recovery;**
- iv. address the need for a competent workforce, effective in all these areas;**

Mental Health Action Plan for Europe

WHO European Ministerial Conference on Mental Health

Helsinki 2005

- ii. collectively tackle stigma, discrimination and inequality, and empower and support people with mental health problems and their families to be actively engaged in this process;**

- v. recognize the experience and knowledge of service users and carers as an important basis for planning and developing services.**

Weltpsychiatrieverband WPA Arbeitsgruppe für Empfehlungen zur Zusammenarbeit mit Angehörigen und Betroffenen



**Partnerships for
better mental health worldwide:
WPA recommendations on best practices in
working with service users and family
carers**

- **accepted for publication in World Psychiatry**

Jan Wallcraft, Michaela Amering, Julian Freidin, Bhargavi Davar, Diane Froggatt, Hussain Jafri, Afzal Javed, Sylvester Katontoka, Shoba Raja, Solomon Rataemane, Sigrid Steffen, Sam Tyano, Christopher Underhill, Henrik Wahlberg, Richard Warner, Helen Herrman

Membership of the task force

The taskforce has

- three members with a background as **service user** (Bhargavi Davar, India; Sylvester Katontoka, Zambia; and Jan Wallcraft, UK),
- three with a background as **family carer** (Diane Froggatt, Canada; Hussain Jafri, Pakistan; and Sigrid Steffen, Austria) and
- six **psychiatrists** associated with the WPA (Michaela Amering, Austria – Co-chair; Julian Freidin, Australia; Helen Herrman, Australia - Chair; Solomon Rataemane, South Africa; Henrik Wahlberg, Sweden; and Richard Warner, USA).

Membership of the task force

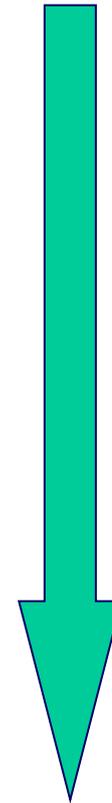
- The members were appointed as individuals, although several also hold leadership positions in relevant organizations.
- Chris Underhill, founder and director of **BasicNeeds** and Shoba Raja, Director of Policy and Practice for BasicNeeds, are special advisers, as are two members of the **WPA Committee on Ethics**, its Chair Sam Tyano and Afzal Javed.
- The World Health Organization (**WHO**) Department of Mental Health and Substance Abuse is helping by offering its experience and advice.

- **WPA President Mario Maj established the Task Force on Best Practice in Working with Service Users and Carers in 2008, chaired by Helen Herrman (co-chair Michaela Amering).**
- **The WPA has cooperated previously on several levels with service user and carer organisations with encouraging results, and recognises the need to work jointly in a range of activities including advocacy, research, care and social inclusion, and self-help projects.**
- **The Taskforce had the remit to create recommendations for the international mental health community on how to develop successful partnership working.**

Wallcraft et al, in press

**Partnerships for
better mental health worldwide:
WPA recommendations on best practices in working with
service users and family carers**

- **Literature review**
- **Online survey**
- **10 Recommendations**
- **additional (16th) paragraph for the
WPA's Declaration of Madrid,
its fundamental ethical guidelines
for psychiatric practice.**



Good practice that supports partnership

- **Involvement from the outset in new ventures and in changing existing services**
- **Awareness of cultural issues that relate to different groups within the population**
- **Addressing stigma and discrimination among public and staff**
- **Clarity and honesty about what is possible, what is expected, what is not possible**

Good practice that supports partnership

- **Ensure that involvement is not tainted with coercion, control or manipulation**
- **Ensure there is a genuine willingness to instigate change**
- **A range of involvement methods and opportunities to suit needs and abilities**
- **Accessibility issues addressed (practical and financial)**

• *Wallcraft et al, in press*

Good practice that supports partnership

- **Giving more control of involvement budgets to service user/carer groups**
- **Support and supervision available and regular for persons involved**
- **Support and finance to enable representativeness and accountability to wider groups**
- **Capacity building for service users/families/public**

Wallcraft et al, in press

Good practice that supports partnership

- **Staff training in involvement good practice**
- **Involvement championed and supported from the highest levels downward**
- **Support for staff to do involvement work**
- **Clear involvement policies that are ‘owned’ and understood by all stakeholders**

Wallcraft et al, in press

Good practice that supports partnership

- **Monitoring and evaluation of involvement and dissemination of results**
- **Involvement being valued and being seen to be valued by service providers and planners**

Wallcraft et al, in press

Recommendations for the international mental health community on best practices in working with service users and carers

- Based on the understanding that **recovery** from mental illness includes attention to **social and economic inclusion** as well as
- adequate **access** to a **balanced** system of hospital and community mental health care,
- the World Psychiatric Association (WPA) **recommends to the international mental health community** the following approach for collaborative work between mental health practitioners**, service users** and family/carers**.

Wallcraft et al, in press

WPA recommends that:

- **Respecting human rights is the basis of successful partnerships for mental health.**
- **Legislation, policy and clinical practice relevant to the lives and care of people with mental disorders need to be developed in collaboration between mental health practitioners, service users, and carers.**

Wallcraft et al, in press

WPA recommends that:

- **The international mental health community should promote and support the development of service users' organizations and carers' organizations.**
- **Improving mental health is essential for economic and social development. This requires participation of all sectors of the community.**

Wallcraft et al, in press

WPA recommends that:

- **International and local professional organizations, including WPA through its programs and member societies, are expected to seek meaningful involvement of service users and carers in their own activities where appropriate.**
- **The best mental health care of any person in acute or rehabilitation situations is done in collaboration between mental health practitioners, service users, and carers. Working in this way generally benefits from special skills and training.**

Wallcraft et al, in press

WPA recommends that:

- **Education, research and quality improvement in mental health care requires collaboration between mental health practitioners, service users and carers.**
- **The recovery process in mental health includes economic and social inclusion, as well as medical care. Examples of economic and social inclusion are access to: education and training, housing, employment, advocacy and family support.**

Wallcraft et al, in press

WPA recommends that:

- **WPA member societies and other professional groups should collaborate with service users' organisations, carers' organizations and other community organizations to lobby governments for political will and action for better mental health services, community education and fighting stigma and discrimination.**

Wallcraft et al, in press

WPA recommends that:

- **Enhancing user and carer empowerment should be sought through a range of different approaches and ideas,
for example: the development of self-help groups; participation in service planning and management boards; employment of people with mental health disabilities as service providers and inclusive local anti-stigma-anti discrimination programs.**

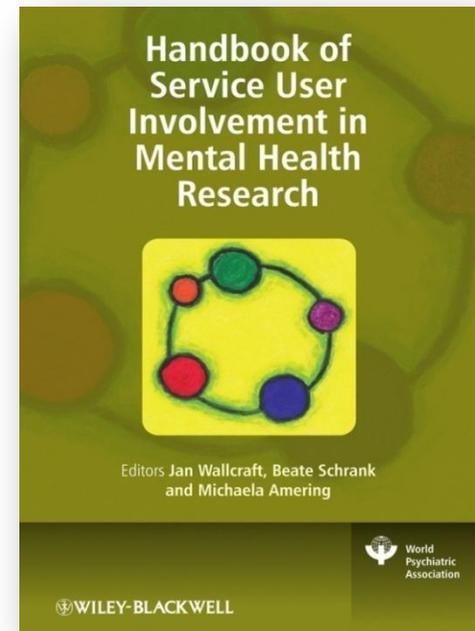
Wallcraft et al, in press

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Recovery and *Evidence-based policy (EBP)*

- ,Who decides what evidence is?
Developing a multiple perspectives paradigm in mental health⁶ *Rose D, Thornicroft G, Slade M (2006)*
- European Actionplan 2005
- WHO-EC Partnership Project on Empowerment in MH
- WPA - Best Practices in Working with Service Users and Carers – first *trialogic Task Force*
- Trialog – Together we are stronger!
(Amering, 2010)
- Service User Involvement in Mental Health Research
(Wallcraft, Schrank Amering, Eds, 2009)



Human Rights

- **Self-determination as a health resource
(WHO Ottawa Charter, 1986)**
- **Dignity of risk (Recovery; Pat Deegan, 1996)**
- **UN Disability Rights Convention (2008)**

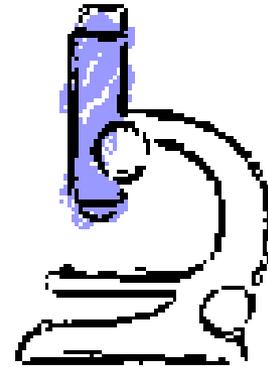


Effectiveness and cost-effectiveness

Health Economy



Evidence-based Medicine



Human Rights

