

## *STATEMENT OF EUFAMI'S POSITION ON* **COMPREHENSIVE MENTAL HEALTHCARE SERVICES**

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### **Introduction**

Modern mental health systems should deliver a range of services and activities to promote positive mental health in the community. They should intervene early when problems develop and should enhance the inclusion and optimal function of people, who have severe mental health problems. Service providers should work in partnership with service users and their families to facilitate recovery and reintegration through the provision of accessible comprehensive and community based mental health services.

EUFAMI acknowledges that the development of mental health care services is not consistent across European States. EUFAMI recognises that these are major obstacles which must be challenged in order that persons affected by mental ill health and their families receive the most effective services possible.

EUFAMI is of the view that regardless of the stage of development, all mental health service providers must strive in the best way possible to achieve high standards of care and service provision.

### **The model of mental healthcare service**

More than any other speciality, the provision of quality mental health services is reliant on the professionals who deliver services working as part of a multidisciplinary team. Central to this process is the establishment of a therapeutic alliance between the individual, the mental healthcare team and the family. This relationship must be facilitated and supported in a very practical way, through the working arrangements of the mental health services, to ensure flexibility, availability and continuity of care.

### **Co-ordination**

The services must be coordinated and integrated to meet the full range of social, psychological and physical care needs of individuals with mental health problems. The structure and organisation of mental healthcare services should facilitate and encourage continuity of care. Seamless mental healthcare services should be available in a continuum stretching from the community to primary care and specialist secondary mental health services. Multidisciplinary mental health teams must be an integral part of such services; these teams should include not only medical and psychiatric specialists, but also specialists from mental health nursing, psychology, social work, occupational therapy and, where necessary, other specialist professionals.

### **Recovery**

All comprehensive community mental healthcare services should have as a core principle, the possibility of recovery. A strong commitment to and training in recovery should underline the work of all mental health teams. The belief that it is possible for all service users to achieve control of their lives, to recover their self esteem and move towards building a life where they experience a sense of belonging and participation is an essential component of the recovery approach.

### **The Paradox of Community Based Service**

The development of Comprehensive Community based services is seen as both essential and desirable if recovery is to be a realistic possibility. However, the provision of such services does have implications for families. It is a paradox that when care is provided in the community the burden of care shifts to the family, whereas, traditional forms of institutionalised care had the effect of taking the individual away from the family and to a large extent taking away responsibility for care as well. In the new model of care described in this paper people with mental illness will reside in their local community. While some may live in independent living arrangements, many will also live in the family home and receive varying degrees of care. This situation places extra demands on families who now act as the frontline carer. Prior to the closure of existing large institutions, as part of the implementation of this new model of care, health providers should guarantee that there are adequate community-based facilities such as residential houses, protected apartments, in terms of quantity and quality. If this action is **not** put in place, further unnecessary burden will be placed on families.

### **Information and Training**

The sharing of information on the wellbeing or otherwise of the person affected by mental ill health is essential as is training in the form of accessible literature, and short courses such as family education courses.