

**Professionals, family members  
and beneficiaries  
working in partnership**

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

*World Psychiatry (2011) 10(3):229-36.*



# **WORKING WITH USERS & CARERS:**

## **World Psychiatric Association**

### **Madrid Declaration Amendment**

1....

2....

3....

**4. The best clinical care of any person in acute or rehabilitation situations is done in collaboration between the user, the carers and the clinicians.**

5....

6....

# Working with families works!

## Working with families:

- Improves the family caring experience
- Reduces family carer burden
- Improves the quality of life of family carers
- Enhances an essential resource for patients
- Improves the course of illness
- Enhances therapy adherence in patients

Through all the above ensures great financial savings for the public

*e.g. Yesufu-Udechuku et al, BJP, 2015*

# **Family carers - not only burden, but also positive experiences**

*C4C, 2015*

- **Peer support**
- **Self-help**
- **Advocacy**



**European Federation of Associations of Families of  
People with Mental Illness**

**[www.eufami.org](http://www.eufami.org)**

# UN-CRPD

## UN-Convention on the Rights of Persons with Disabilities



### Historic Firsts:

- *a proud victory –  
‘psychosocial disabilities’* [www.wnusp.net](http://www.wnusp.net)
- *‘Nothing about Us without Us!’*

# **Unprecedented support for UN-CRPD worldwide**

- **177 States ratified  
( = national law)**
- **Romania 2011**
- **28 EU – Countries ratified**
- **and the EU – another historic first**

# Why is the UN Convention on the Rights of Persons with Disabilities (CRPD) important?



.... Developed rights to **non-discrimination**

**in key areas, including employment, housing, education, health, standards of living and social, political and cultural participation, along with the right to be free from exploitation, violence and abuse, ....** ‘ *Bartlett, 2012*



**,from charity-based to rights-based‘**



# WHO-EC partnership project: Empowerment indicators

## *Protection of Human Rights*

- 1....
- 2....
- 3....

**4. The country has employment legislation to cover the needs of family carers.**

# **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....

8....

9....

**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....

14....

15....

**16. Public funds are available for national user and family organizations.**

17....

18....

**19. The welfare benefit system compensates for the financial implications of being a family carer.**

# Trialog

*a new form of communication*

*between service users, family carers and  
mental health workers*

*beyond role stereotypes*

# In Trialog-groups

1. Beneficiaries (resp. users, ex-users, survivors)
  2. family and friends
  3. mental health workers
- meet regularly
  - in an **open** discussion forum,
  - that is located on "**neutral terrain**" -
  - **outside** any therapeutic, familial or institutional context
- with the aim of **communicating** about and discussing the experiences and consequences of mental health problems and ways to deal with them
  - **on equal footing – as experts by experience and experts by training or both.**

# **Trialog - „Its normal to be different“**

*Bock Th, Buck D, Esterer I, Psychiatrie Verlag, Bonn, 1997*

- **First Trialog in Hamburg in 1989**
- **well over 150 groups in Germany today**
- **~ 5000 people involved in Trialogue at any given time**  
*(Bock & Priebe, 2005)*
  
- **Trialogues in Austria, Switzerland, France, Lichtenstein, Poland; WPA Istanbul, Beijing, Buenos Aires et al**
  
- **Growing interest in english-speaking countries**
  
- **Mental Health Trialogue Network, Ireland – [www.trialogue.co](http://www.trialogue.co)**



**Its normal to be different!**

*The Trialogue experience is indicative of our capacity for surviving and gaining from serious arguments about adverse issues as well as the great possibilities of cooperative efforts and and coordinated action.*

**Together we are stronger!**