

## • Correspondence •

## Service users, families, psychiatrists and other providers need to work together towards a common understanding

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In the Forum presented in the previous issue<sup>[1,2]</sup>, Derson Young and Bin Xie present important viewpoints on the need for compulsory hospitalization and, more importantly, on the need for open conversations about the appropriate regulation of compulsory hospitalization. Professor Xie emphasized that there is no fundamental conflict in the interests of mentally ill patients, psychiatrists and psychiatric hospitals.

I agree with this position and would go further to state that it is vital for all stakeholders in the mental health enterprise—patients, family members, mental health providers, hospitals, other social welfare institutions, and others—to work together to reach an understanding about their common interests. Combining their efforts will help create the convincing arguments needed to persuade government leaders and community members to invest societal resources in mental health care and in the educational and research efforts essential to the promotion of mental health. Professor Xie describes a repetitive cycle in the history of psychiatry that has resulted in dramatic fluctuations in the proportions of patients treated in institutional versus community-based mental health services. This cycle develops in large part because of a failure to employ evidence-based practices in the care of mentally ill people. The resulting lack of coordination between the institutions that participate in the management of mentally ill people (including health, housing, welfare, justice and others) makes it impossible to develop a balanced system of hospital-and community-based care<sup>[3]</sup>. Behind these failures lie inadequate attention and resources for the care of persons living with mental illness. In most countries, and especially in low-income countries, there are too few resources for the training and employment of a capable workforce, poor translation of research to policy and practice, persistent discrimination

against mentally ill people, and, most importantly, neglect of the problems of persons struggling with mental illnesses.

A taskforce established by the World Psychiatric Association (WPA) has recently highlighted the importance of developing a unified approach to advocacy for mental health at country and international levels<sup>[4,5]</sup>. Adequate support for mental health care in any country requires a united voice. But in many countries there is no effective partnership between the many stakeholders concerned about mental health so they will need help to achieve a collective voice. Patients and their family members are crucial members of the coalition that is needed to instigate changes in the provision of services to the mentally ill but they typically lack the power to interact equally with mental health professionals and government decision makers, so helping them to develop this power is important for promoting mental health.

Those who use mental health services still experience stigma and discrimination in the community, have poor access to care for mental and physical health problems, and receive treatment under conditions that rob them of respect and dignity<sup>[4]</sup>. The WPA is reinforcing previous calls from psychiatrists and advocacy groups for the inclusion of service users and care providers in all decisions directly and indirectly related to the treatment and rehabilitation of the mentally ill, including the development and management of services, related scientific research, the creation and implementation of relevant policies, and the resolution of related societal problems such as the social exclusion of the mentally ill<sup>[6,7]</sup>. Ten recommendations about the changes required to achieve these goals are posted on the WPA website ([www.wpanet.org](http://www.wpanet.org)) and will soon be published<sup>[5]</sup>.

Professor Young's discussion called for open conversations about the critical matters of regulation of compulsory treatment, diagnostic and medical errors, and other issues; in any country these conversations will be more likely to occur successfully when there is the full involvement of service users and their families. In recent years, service users and caregivers have been involved positively in a range of activities including advocacy for the support of mental health research, provision of mental health care, promotion of the social inclusion of mentally ill individuals, and development of self-help projects<sup>[8-11]</sup>. The experience of the 'trialogue'<sup>[12]</sup> between consumers, caregivers and professionals pioneered in German-speaking countries and undertaken successfully during a workshop at the International Congress of Psychiatry in Beijing in 2010, is an example of the power of such dialogue to creatively resolve the misunderstandings and tensions between the different stakeholders that need to work together to promote mental health.

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