

International Mental Health Collaborating Network

Values and Principles

The IMHCN has developed and adopted these by listening to our members across the world over many years.

These need to be adopted and adhered to by service organisations and professionals when planning, developing and running services and practices.

EMANCIPATION

The guiding principle and application of 'Freedom First' in mental health services, is not completed just by the process of deinstitutionalisation.

It is an ongoing priority in community and hospital services and practices.

- For a person's freedom in services, a democratic process is a prerequisite for a therapeutic experience.
- Services must hold this as a central guiding value and principle for determining ways of working with and **alongside** the person and their social network.
- This has implications for thinking, culture and practice. "Nothing about the Person Without the Person" is more than a statement of intent it needs to be Embedded in thinking, practice and organisations
- This has implications for service organisations including how they enable the service user to have choice in treatments
- This also has consequences for the way in which services work with the person and how information about the person is gathered, held and decisions reached.

- **Inclusion and reintegration of people, who, because of their mental health problems, continually dealing with exclusion barriers in society, is an ongoing responsibility by all stakeholders.**
- **Apart from the legal right to freedom, the restoration of social relations is essential for recovery and discovery. Isolation by locking people up counteracts this.**
- **In some enlightened services it is therefore a recurring, conscious decision not to lock up people, this is 'open doors' at all time.**
- **In our aim of reducing the hospital capacity and building a good support system in the community, another mission emerges: reducing coercion in treatment, stopping in-patient practices of locked doors, seclusion, restraint and over medication**
- **Shaping good alternative acute and crisis services where people can have time and space for reflection in times of crisis is essential if we are going to address the whole life needs of people.**
- **The present services, outpatient clinics, acute units, community teams, and intensive treatment is no longer sufficient, We need a new Acute and Crisis Whole Life-Whole System based on the principles of freedom, choice, co-production, emancipation and self determination.**
- **A service user to be considered emancipated has to be independent, free and autonomous in their decision-making.**
- **Emancipation is linked to the process of self-reflection, to acquiring new knowledge, motivations, values and goals, which will free the individual from preconceived and impairing beliefs**
- **Emancipation involves setting the service user free from the control exercised by nurses, doctors, psychologists, occupational therapists, social workers, managers and organisations (acting as institutions). A person with a mental health issue needs to have greater knowledge and understanding of their whole life situation**

which can support individual emancipation and increases self-management.

EQUALITY

To attain social inclusion, the focus must be on equal citizenship and opportunity in life and services

- **This concept combines classical human rights (such as liberty and equality) with civil rights such as the right to education, employment, social security, housing, etc.**
- **The problem with mental health law is that too many people have their liberty curtailed. This needs to be addressed by a fundamental review of the mental health legislation. People with mental health issues are not equal in the eyes of society.**
- **Equality is done in three ways: by strengthening the position of the individual (through knowledge, education, skills and social networks)**
- **By strengthening the ‘social fabric’ of the individual’s environment, through social corporations, anti-stigma programs, Whole System development; and addressing the human rights of the individual.**
- **Because of the Whole Life-Whole System approach, these three ways are intertwined organisationally and in the daily practice of mental health professionals.**

EQUALITY and CITIZENSHIP

This requires a new vision on how personal support is organised and funded.

- **Reciprocity: In cultural anthropology the principle of reciprocity is described as a way to create and perpetuate equal relationships of exchange.**

- **An active giver (professional) and a passive receiver (service user) have an unequal (power) relationship.**
- **The creation of situations where a service user who receives personal support through co-production works more effectively, and also provides opportunities for education, employment, housing, social support and is more likely to shape equal trusting relationships and better outcomes.**
- **This will promote the empowerment, recovery and discovery of users and family members.**
- **Following this line of reasoning, the next step should be to swap the attitude of professional distance for a more personal relationship founded on connectedness, continuity and trust.**
- **This aligns with values and principles for supportive recovery and discovery approaches.**

RESPONSIBILITY

- **People have a responsibility for determining for themselves the lives they lead and their own wellbeing.**
- **All too often services and professionals prevent people being responsible adults, in hospitals but also in community services. Mental Health Laws and Acts are in collusion with this.**
- **This is particularly relevant when there are concerns about the persons mental health and well being.**
- **The importance of shared responsibility (users, family members, professionals, organisations) in taking risks and being jointly accountable. We need to stop the blame culture otherwise we will still be shackled by risk.**
- **The services should encourage and support the important principle of self determination by providing services and practices that support and underpin this.**

- **Choice:** Service users should be able to determine their own recovery, discovery plan in collaboration and co-production with their workers, families and significant others.
- **Service providers** should accept that recovery/discovery is a process requiring every service user to be regarded as a unique individual and the course of this journey has its ups and downs
- **Their wishes, needs and hopes** should be at the centre of service provision and practice.
- **Relationships:** The service user should be able to determine the person they want to work with based on the importance of reciprocity in a trusting relationship.
- **Ownership:** Service providers should accept that the service users are experts in their own life experience and this should be the foundation of a therapeutic alliance with the expert by profession.
- **Opportunities.** The service user should have available whole life opportunities based on their unique needs.
- **The importance of family involvement** in the whole life history and the essential need to move forward as a family unit with and through the principle and practice of co-production