EFTA

GREEN PAPER

IMPROVING THE MENTAL HEALTH OF THE POPULATION: TOWARDS A STRATEGY ON MENTAL HEALTH FOR THE EUROPEAN UNION

The European Association for Family Therapy Response to the Consultation

The European Association for Family Therapy welcomes the Green Paper on Mental Health. We have great pleasure in contributing to the consultation process. We apologise for our late response, but hope you will be able to use our feedback. We offer some information about our organisation at the foot of this letter.

Family therapy is a mental health resource in the following ways:

1. Understanding how individual behaviour is worked out within the family context, over time. Family therapists and family theorists have developed sophisticated ways of understanding family relational processes. They understand how interpersonal and psychological problems develop within families, and how families can and do function without problems. For example, they promote family resilience; they understand the role of cultural influences; they intervene and help ameliorate the effects of trauma on family members and family systems; they understand the intergenerational transmission of family beliefs and behaviours (such as, parenting practices); and they can help families manage transition and change, exploring the effects of different family structures and patterns of communication. Family therapy is one of the psychological psychotherapies that can integrate with drug therapies.

2. Changing the ways people behave. It is often unhelpful to assume that problematic and distressing behaviour arises from some deficiency in the individual of a kind that can be cured by taking the individual out of context, treating the problem inside them, and then returning them to the interpersonal and social context that created and sustained their problem. Family therapists have become expert in mobilising family resources so family members can jointly tackle their problems. Family therapists also help family members redefine their problems in ways that enable them to pursue their own changes. Family therapy expertise is at the interface of the family and the community. The family is an important social network for caring, especially for older people, people with memory loss, people with long term handicapping conditions, and chronic illness (Sartorius, et al 2005). Domestic violence is a major social problem, and contributes to long term mental health problems –.

family therapy has proven effectiveness in this area (Cooper and Vetere, 2005). In addition, many small economic enterprises are family owned and family run businesses

The evidence base for family therapy

The couple and family therapies have been subjected to rigorous scrutiny, with only a few other forms of psychotherapy studied as often. The findings from the research reviews and meta-analytic studies is that family therapy works compared to untreated control groups, with some demonstrated superiority to standard and individual treatments for certain disorders and populations (Carr, 2000a, 2000b). Meta-analysis demonstrates moderate. statistically significant and often clinically significant effects (Shadish et al, 1995; Shadish and Baldwin, 2003).

The following list of people and problems is found to benefit both clinically and significantly from the couple and family therapies compared to no psychotherapy: marital/couple distress and conflict; outpatient depressed women in distressed marriages; adult drinking problems and substance misuse; adult schizophrenia; anorexia nervosa in young adolescent girls; adolescent conduct disorder; adolescent drug misuse; child conduct disorders; aggression and non-compliance in children diagnosed with ADHD; chronic physical illness in children; obesity in children; and cardiovascular risk factors in children (Keitner, 2005).

The United Kingdom National Institute for Health and Clinical Excellence Guidelines recommend family interventions for adults with a diagnosis of schizophrenia; for children and adolescents with anorexia nervosa; for children with a diagnosis of depression; and couple intervention for patients with depression who have a regular partner.

The research of Russell Crane and colleagues in the United States shows that family therapy reduces the number of health care visits family members make to primary health care providers, compared to individual therapy and no therapy, especially for high utilisers of primary health care services. Their research suggests that family therapy as a treatment option does not increase health care costs.

Family therapy can also be delivered as a home based intervention, and as such helps towards the process of de-institutionalising mental health care, and of reducing social stigma.

Comments on the EU Green Paper

Section 1. Mental ill health also has an impact on family life, family functioning and family relationships. Given the importance of the family as the cradle and web of emotional life and development across the lifespan, adverse effects on family life can have effects on individuals' well being and

social functioning across the generations. The Green paper recognises losses and burdens to the social system, and we would argue the family is at the heart of the social system, and needs special consideration, both as a mental health resource for prevention of mental ill health, and as a source of recovery and continuing support.

EFTA would like to be seen as a relevant stakeholder and to make a further contribution to consultation, and to providing information.

Section 2. EFTA welcomes the adoption of the WHO definition of mental ill health as abroad and inclusive starting point for understanding psychological distress and its social and interpersonal origins. EFTA welcomes the EU position on the multiplicity of causative factors, and strongly suggests that helping to promote safe and secure attachments within the family goes beyond current definitions of social support as confiding and supportive relationships.

Section 3. We now have good evidence that one effective treatment for moderate to severe depression in people living with a regular partner is systemic couple therapy (Leff et al, 2000). Couple therapy treats the relational context within which depression arises and is maintained, and thus works to prevent relapse.

A further study by Russell Crane and colleagues has shown that in-home and office based family therapy more than halves the costs of conduct disorder to society, for example, residential treatment, policing costs, social care costs.

Section 4. EFTA supports the priority to provide effective, accessible and high quality mental health care and treatment to those with mental ill health. We support the development of a comprehensive approach, and offer our resources and membership as part of a Europe wide strategy. We would suggest that treatment for individuals also include treatment for the family. 4.1 – EFTA goals are co-terminous with the EU initiatives.

Section 5. EFTA strongly agrees with the goals of an EU strategy on mental health and would wish to participate in thinking and planning in the proposed stakeholder platform group. EFTA asks the Commission to recognise and prioritise the importance of the family within an EU strategy, and not to inadvertently treat mental ill health as if it were only a property of the individual.

Section 6. Schools, families and workplaces are crucial settings or action, both preventative and ameliorative. Family therapists have considerable experience of working in schools to tackle problems of bullying, and of practising in the workplace to identify and alleviate sources of stress and distress. In addition, we have extensive experience of supporting families and promoting positive change in communication and functioning. In our experience, parenting skills are best promoted within the context of positive family functioning. Working with couples and families ranks amongst the most relevant solutions to the problems of depression and suicide.

Section 6.3. EFTA has a communication and information sharing infrastructure, based on considerable research and practice experience, that can help harmonise information and knowledge on mental health within the EU.

Section 7. EFTA wishes to participate in the EU platform on mental health. We believe this to be a crucial initiative, that will contribute to the mental well being of the future generations of individuals and their families living, loving and working in the EU.

What is EFTA?

The European Family Therapy Association (EFTA) was founded to promote the benefits of systemic thinking and practice for family life. EFTA consists of three Chambers: the Chamber of National Family Therapy Organisations (26 participating countries with a total of 19,000 systemically trained members); the Chamber of Family Therapy Training Institutes (125 institute members from 25 countries); and the Chamber of Individual members (1200 individual members from 36 countries).

Dr Arlene Vetere AcSS President of EFTA

References

Carr, A (2000a) Evidence-based practice in family therapy and systemic consultation I. Journal of Family Therapy, 22, 29-60.

Carr, A (2000b) Evidence-based practice in family therapy and systemic consultation II. Journal of family Therapy, 22, 273-295.

Cooper, J and Vetere, A (2005) Domestic violence and family safety. Chichester: Wiley.

Keitner, I, Kurimay, T & Wilson, A (2005) Advances in family research and intervention. In G Christodoulou (Ed) Advances in Psychiatry. Volume II. World psychiatric Assocation.

Law, D and Crane, R (2000) The influence of marital and family therapy on health care utilization in a health maintenance organisation. Journal of Marital and Family Therapy, 26, 281-291.

Leff, J et al (2000) The London Depression Intervention Trial. AN RCT of antidepressants versus couple therapy in the treatment and maintenance of depressed people with a partner: clinical outcomes and costs. British Journal of Psychiatry, 177, 95-100.

Sartorius, N, Leff, J, Lopez-Ibor, J, Maj, M & Okasha, A (2005) Families and mental disorders: From burden to empowerment. Chichester: Wiley.

Shadish, W et al (1995) The efficacy and effectiveness of marital and family therapy: a perspective from meta-analysis. Journal of Marital and Family Therapy, 21, 345-360.

Shadish, W and Baldwin, S (2003) Meta-analysis of MFT interventions. Journal of marital and Family Therapy, 29, 547