

## **Presentation outline on the Eindhoven Model – alternative to forced psychiatry.**

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I come from Eindhoven, the Netherlands.

### **Introduction**

*I will start with an easy accessible story as an introduction, in cartoon-style. (originally designed for person with intellectual disabilities).*

First you see a boy: named Pipke. **There is something special. It's his birthday**, and all important people come to visit him. They make him happy.

Then. There is Pipke again. Again there is **something special. He has a broken leg**. And again all important people come by to support him. These support persons cannot heal the leg for him, but it does help that they are there. They make him happy.

Then. There is Pipke again. **There is something, but it's unknown** (a question mark). Also the family (important persons) have a question mark. Pipke goes to the doctor. Then he gets a pile of papers, pills and get segregated in a hospital. He is not happy at all. Family still has question marks, and are outside without support.

This is not what we want to see.

Then the Family Group Conferencing model.

Pipke stands there again, with the question mark, he asks: **Do you want to think with me.. How can I be happy again?** The important people gather around him, and together they share ideas. They understand what Pipke likes, and so they have nice ideas. Pipke can choose which ideas he likes.

This results in a plan that they made together. This makes them happy together again.

Bottom line: **at important moments in life you need your own people around you.**

### **This is also relevant to mental health**

Mental health is wellbeing, and you cannot separate that from the person's life. Psychosocial issues are mainly social issues (not medical), - since a disability is a barrier in interaction - .

**The social circumstances are a crucial component**, and can have a positive or negative influence on wellbeing. The social context cannot be left out when dealing with mental health or psychosocial problems, or disabilities in general.

Exclusion doesn't lead to wellbeing.

So, for dealing with psychosocial problems we would need a **social community-based approach, aimed at inclusion and wellbeing for the main person and the social surroundings.**

In the process of the Dutch law reform on forced treatments – which I fully oppose – I developed an **alternative proposal**: called the Eindhoven Model, which in my view would fit the needs of an inclusive and empowering approach of persons with psychosocial problems.

The Eindhoven Model is **based on using Family Group Conferencing** for supported decision making in psychosocial crisis-situations.

In the Eindhoven Model, instead of executing undesirable interventions, such as forced psychiatric treatments, the aim is to identify a range of **desirable** solutions on an individual level by Family Group Conferencing.

### **I will now explain the model of Family Group Conferencing**

**Family Group** may sound a bit misleading, this is referring to friends, neighbours, peers and any important person in one's life, as in "extended family".

**I will tell you how Family Group Conferencing began:** In the 80s in New Zealand, the indigenous Maori population experienced they were disowned from their land, and then their children, who were placed in institutions by the New Zealand government. This caused huge resistance from the Maori population to the government. The NZ govt came to the insight they couldn't ignore this deep-rooted resistance, and together with the Maori population they invented Family Group Conferencing.

Fact is that the government sets certain laws, such as on safety for children. The existence of a legal framework or condition is built in into Family Group Conferencing. This means there can be a rule, such as "no violence" or "ensure safety". However, the key-question on "How to do this" was this time forwarded to the Maori population, who gathered a circle of wise and involved citizens to think about a plan, while bearing the framework in mind. The circle of people talked about this question, in their own language and while applying their own values. They made a plan, and the NZ govt accepted this plan, because it met the set conditions on basic safety.

In this way the Maori population could keep ownership over their lives, and were allowed keep their own children safe. They knew what was expected from them, and they were able to find their own way to deal with these government's laws.

Now it's almost 25 years later, and Family Group Conferencing is a recognized way of decision making, and a way of respecting citizens.

**The main principle of Family Group Conferencing is: widen the circle of people, and engage everyone who is involved, because everyone can contribute.**

**These are the steps of Family Group Conferencing**

→ (a slide with the main practical steps of FGC - just a visual background)

*In practice FGC comprises the following main steps:*

1. referral
2. A. application and identifying main question.  
B. support at selecting and inviting people
3. FGC meeting:  
**a. information sharing,**  
**b. closed consultation (circle only)**
4. Plan (checked by coordinator : SMART-appointments)

Much more information about Family Group Conferencing can be found online, also on YouTube.

It is relevant to mention that at step 3 the conference starts with Information sharing , which can also include views from professional carers. Then at the private family time all the outsiders leave, and then only the person with the own circle of people remain, and they can talk in their own language and discuss options.

Family Group Conferencing **is about widening the circle, which can also be applied without a legal framework or condition**, and then implies a conference to consult the social network around a main question in life, such as: How to overcome a certain challenge? For example: What is needed for me to live in the community independently? This question can be discussed by the main person and his/her own circle of persons who are involved. They are of course the real experts on the particular individual situation.

**Together they can find ideas** to compose a plan which sets out which steps need to be taken, in order to answer the key question. So “who will do what and when in order to arrange independent community living”. Often the people themselves know very well what they really need. And generally it is: the more people, the more ideas..

Support by **both formal and informal care can be combined in the plan**. The substance depends fully on the wishes and the requests of the person concerned.

The plans made by persons themselves, while supported by their circles of family, friends, neighbours, teachers and other important people are often very practical, cross-sectional, clear, simple and to the point. Especially in situations with **multiple needs** generally the professional carers gets lost (because of a sectional approach), but the persons involved can often think of **very practical and effective community-based solutions**, which grab at the root of the series of problems and consequences. They know what would help them.

Family Group Conferencing is **voluntary only. It's an offer, not a plight to consult with others**. It's an option which can be used by persons who want to take ownership of a problem, or rather a challenge, because the focus is not on analysing negative processes, but on achieving a better life by fulfilling a certain wish, which is put as the key question. FGC focusses on supporting wellbeing in the community.

And as is said by my colleagues already, discriminatory laws should not exist at all. **Family Group Conferencing cannot be related to illegal frameworks**. Therefore the execution of forced psychiatry cannot be a condition for Family Group Conferencing.

**In psychosocial crisis situations the focus should be on finding desirable solutions, which support the person concerned and his/her social surroundings. Force should be no option.**

Family Group Conferencing **could be a way to find these desirable solutions in situations of psychosocial problems, even in crisis situations, because these are very closely related to social dynamics in the persons life.**

**In the Netherlands we have started a pilot project with the Dutch organization of Family Group Conferencing called Eigen Kracht, -**

**In this pilot project we offer Family Group Conferencing in psychosocial crisis-situations – instead of forced interventions. This is referred to as the Eindhoven Model of Family Group Conferencing in mental health care.**

(sidenote, unfortunately forced psychiatric treatments are still embedded in the Dutch laws as a so-called “last resort”, which means our project is sidelined by the Ministry as “an option to prevent forced treatments”, which is a pity. With my own organization in the Netherlands called Mind Rights we are still advocating to ban forced treatments, and to stimulate a full focus on alternative approaches)

**In our project the Eindhoven Model we offer people the option for a Family Group Conference when they face psychosocial crisis situations. By the Family Group Conference these persons can consult with their own people, of their own choice, in order to make their own plan on what can be done and what is needed to overcome a crisis or to avoid escalation.**

**This pilot project includes research** on the effects of applying Family Group Conferences in psychosocial crisis-situations (done by the Free University Medical Centre VUMC in Amsterdam). The pilot project is positioned **under community mental health, to avoid forced institutionalization** and to avoid the start of forced treatments. The very few first results of this pilot project look quite promising.

Family Group Conferencing is a voluntary consultation process around a key-question.

Generally when there are frames which are agreed on by Family Group Conference-participants, these frames are about safety, such as: no more domestic violence, no more abuse, and sometimes on : how to avoid social disturbance. **When a Family Group Conference is started with a frame , the main persons agree on this goal.** Family Group Conferences can only be done successfully when the persons are truly committed to the goal of the conference and to make their own plan,

Participants need to be willing to take steps themselves to improve their own lives, to exercise their autonomy, and **be willing to search for balance in living in their communities together.** And be willing to listen and respect eachother’s will, values, preferences, and choices , and to make efforts to come to a mutually agreed plan with their own circle of people.

So Family Group Conferencing can only be done on a voluntary basis, as it is basically a tool for people to increase control over their own lives.

In current mental health care systems there are **various decision making moments where self-determination can and should be empowered and enabled.** This starts with voluntary care, but also at moments where Community Treatments Orders or forced institutionalization are considered, Family Group Conferencing can provide an alternative to **identify desirable support and solutions**, instead of forced interventions being imposed on the person.

Family Group Conferencing originated in New Zealand by a desire to protect people from unwanted government intervention. It started in Child Care services, but it is also very useful in mental health care.

So to conclude:

Family Group Conferencing can be used as a way to **facilitate supported decision making, and can be embedded in law.**

**Moreover,** Family Group Conferencing **is a way of thinking, and it implies a culture shift in organizing care systems:** of giving capacity to the 'object', of asking for self-defined solutions and to facilitate these. This means professionals need to step down, and take the self-made plans as a guidance for all professional care. It needs to be acknowledged that the person with his circle has the real expertise, not the professional. This is not just an easy side-note. This is a real challenge.

Family Group Conferences **cannot be run by professional carers.** It's important to have an independent coordinator, *because if you have for example the CEO of Shell oil company as a coordinator, you will probably get some oil-consumption in your plan..* That is why there is a separate organization for Family Group Conferencing, which purely aims to facilitate Family Group Conferences , and includes research, communication and training.

→ *contact details of the Family Group Conferencing network in Europe,*  
<http://www.familygroupconference2011.eu/en/home/>

The independent Family Group Conference- network comprises several active Family Group Conference -organizations in quite some countries in the world, although the implementation scale varies a lot. Note that: Most of the research and practices is related to child care.

Maybe the most important things about Family Group Conferencing:

**Family Group Conferencing strengthens bonds between people, by social engagement, which is an important feature of an inclusive community and wellbeing.**

**Family Group Conferencing empowers individuals, but it also empowers communities as a whole.**

**The approach of Family Group Conferencing has the potential to enable a culture shift in mental health care systems and in communities, and can provide an alternative to the incapacity-approach and the practice of forced treatments, by facilitating supported decision making.**

**Family Group Conferencing can be a way to identify and organize desirable solutions, which brings us all closer to a world with full human rights for all.**

"nothing about us, without us"