



Mental Health Interest Forum, Hungary
Opinion and suggestions on the

July 2017. Budapest

WHO Report on recovery – 2017 mental health free from violence

The strength of the training material:

- International program from India to Australia
- Community based, empowerment and recovery centered services are promoted
- Emphasis on the right to autonomous or supported decision making
- Progressive goals: „saying yes”, „can do culture”, independent life for clients within the community, **recovery centered services and policies developing civil society movement – reforming the legal system according to the best practices**
- *A modern definition of recovery in the clinical sense:*

The individual has no symptoms triggered by. They regain control over their own identity and the forming of their life. They get hope for meaningful life. It doesn't matter whether they use mental health services or take medicine. What matters is whether they can live the life they want, have personal goals and relationships and give something back to the community (productivity). This happens when the individual can live well in the presence or absence of their mental condition. If they regain the sense of self, that they have lost as the result of the diagnosis. Basically what promotes the process of recovery, depends on the individual and their culture. However there are factors that are universal as well: belonging to a community, accommodation, trust, recognition, hopeful relationships. Treatment must be voluntary, e.g. rather than the institution, individuals should define their goals themselves. All the participants of the recovery process should be free from bias and prejudice.
- The links to the videos illustrate abuse in mental health service providing institutions and the accompanying topics and questions make participants reflect on different kind of abuse
- The importance of the power balance between clients and health care workers
- Personalised recovery plans signed by family members and helpers (by everyone at stake) (1, defining the problem, prioritizing 2, working out the strategy 3, action plan – clarifying and dividing responsibilities 4, assessing effect, 5 follow up)
- Repeated core values in recovery which must be respected by all mental health care workers– equality, partnership, respect, human dignity, autonomy, individual choice
- Civil society must be informed about the role and importance of peer support and should spread the world
- Basic human rights during recovery: human dignity, trust, privacy, reciprocity, equality, minimalised differences in power balance
- Labelling of clients feelings and mentalization of the clients inner reality. Health care workers should listen actively, should mirror the clients' inner word and sum up and paraphrase the mental content
- The material draws attention to early warning signs and triggers

- It draws attention to the fact that the individual should be part of recovery, what is more they should take lead. They have freedom rights, such as the right to free movement
- Illustrative case studies
- The training material has a separate unit on what is not considered to be: e.g. the lack of symptoms or blaming individuals for their situation
- Sheryl Mead's experience based example: First she talks about what is wrong with her and later she talks about what happened to her (domestic violence)
- It focuses on the limitations and risks of support, e.g. the boundary between the helper and the helped may be blurred or the helper may relapse (or burn out)
- peer support.

Areas to be improved-our suggestions:

- More practical examples would be needed
- More concrete practical guidelines in the national policies and in legal regulation of mental health
- There is a huge contrast between the practices of the Hungarian national health care institutions and the theoretical considerations worded in the WHO training material (the abuse of the system, patriarchal psychiatry)
- Mental health care in Hungary is rather about diagnosing the client and threatening the symptoms of the „carrier” by medicines, not the human being
- In the Hungarian mental health reality, patriarchal attitude towards clients, forced treatment is part of common, everyday practice in psychiatric hospitals. Consequently there is a huge gap between theoretical prohibition of unvoluntary, forced treatment and the Hungarian practice.

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