

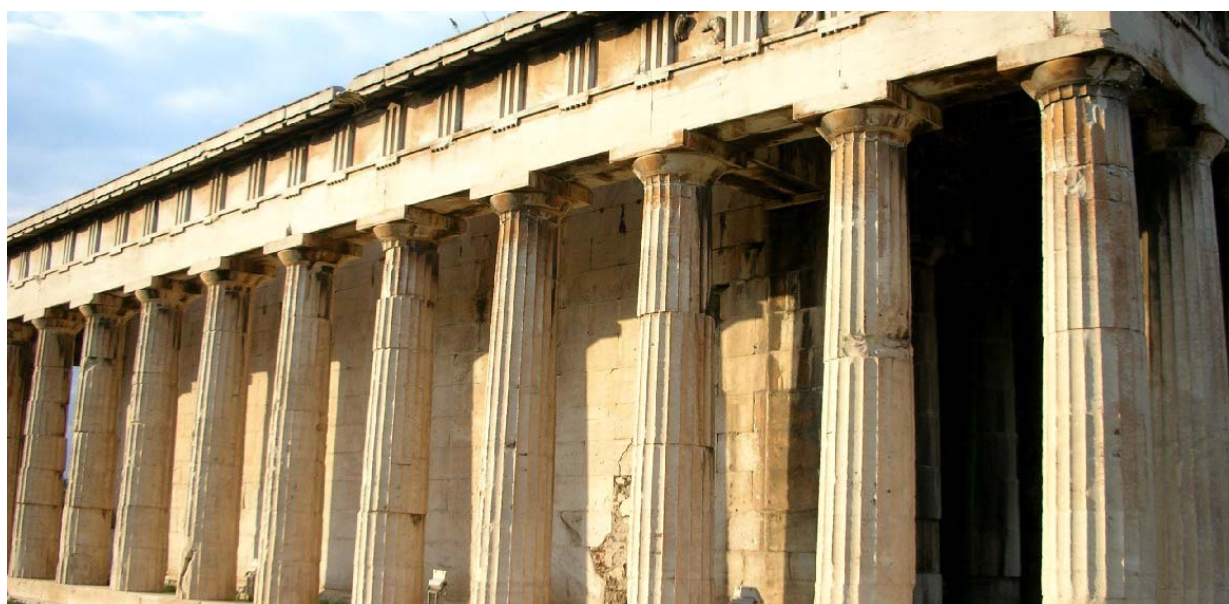
World Association for Psychosocial Rehabilitation.  
Asociación Mundial de Rehabilitación Psicosocial.  
Association Mondiale pour la Réadaptation Psychosociale.

# WAPR BULLETIN



## WAPR IX WORLD CONGRESS

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### WAPR Bulletin.

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WAPR is not responsible for the personal opinions written and subscribed by the authors of the articles.

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**Errata:** In the 17 issue, pag, 12, appears “In the 90’s, the Ministry of Health, Alice Hirdes, introduced vast legislation...”. It should say :” In the 90’s, the Ministry of Health introduced vast legislation...”

## The Future of Psychosocial Rehabilitation in the Era of Globalization.

*Michael Madianos. W.A.P.R. President*

Talking about the future of psychosocial rehabilitation we must first look at the present. Has the current body of knowledge and the scientific development of the field of psychosocial rehabilitation grown enough to provide sufficient evidence for its effectiveness?

Despite that the area of scientific psychosocial rehabilitation has a history of 20-25 years it is commonly accepted that a substantial progress has been achieved in various sections of rehabilitation, such as

1. The methodology of assertive community treatment and social skills training of chronically mentally ill persons living in the community or already being deinstitutionalized,
2. The involvement of families and relatives in the rehabilitation process through psychoeducation.
3. The increasing development of evaluation and psychometrics research, providing reliable and valid results for the assessment of various interventions
4. The beginning of active participation of several institutional and structural components of community in the reintegration of chronically mentally ill persons and their vocational rehabilitation
5. Stigma for the first time has been an open common target for many professionals, families, consumers and international societies and organizations.
6. Finally, consumers or users are getting together and are organized to fight social exclusion and to struggle for human rights.



*Michael Madianos, WAPR President.*

All the above developments are complemented by the wide use of novel antipsychotics, providing safe treatment without disabling side effects and securing community based continuity of care. Apparently the volume of knowledge of psychosocial rehabilitation during the last twenty years has all the ingredients for a fruitful evaluation.

Additionally, psychosocial rehabilitation incorporates the political notion of strategy.

“Ten years ago the joint W.H.O./W.A.P.R. consensus statement defined also psychosocial Rehabilitation as a strategy that facilitates the opportunity for individuals, impaired or disabled by

mental disorder, to reach their optimal level of functioning in the community, by both improving individuals competencies and introducing environmental changes.”

The psychiatric rehabilitation process focuses primarily on the patients existing capabilities based on the “well part of ego”, but the idea of restoration of the impairments of these capabilities seems to be mechanical and linear.

The maintenance of civil rights of patients, and their aspirations are always taken into account, but their needs in adequate education, work, housing and community acceptance are often confronted by legal, social, cultural and economic constraints. Psychosocial rehabilitation recipients are engaged in mental health care policy decision-making processes and the interconnections of social welfare state and the socioeconomic phenomena of globalization.

Psychosocial rehabilitation novel interventions and techniques, such as Case Management, Social Skill Training, Assertive Community Treatment and others, have been proven to be effective but their therapeutic and rehabilitative strengths are weakening or even neutralized, when the social, cultural and economic environments are negative or even hostile to the recipients of the psychiatric rehabilitation programs.

Talking about the present and future of Psychosocial Rehabilitation, we are experiencing for the first time a world sociopolitical climate called “Globalization”.

More in particular, after the collapse of the Soviet Union, globalization in the 21<sup>st</sup> century is growing fast, producing the following phenomena:

- There is one super power, the U.S.A. There are still conflicts and military interventions in various geopolitical areas, causing significant numbers of refugees and victims among civilians, especially children.
- The outstanding development of technologies of communication and the complete control of mass media by several only organizations.
- Uneven distribution of world population and increasing waves of immigration.

- Augmentation of metropolitan areas with ghettos and slum areas consisting of disadvantaged minorities.
- Enormous environmental pollution i.e. the green house effect, as well as several mutations in microbes. Additionally, there is water shortage all over the planet.
- Increasing gap between consumption levels and production of energy resources and centralized control of production and distribution of natural resources.
- Tremendous differences in the per capita income between first, second and third world and internationalization of capitalism by the development of gigantic multinational companies. Similarly, there is an enormous increase of the debt of the third world countries.

Work is a basic rehabilitation goal and obtaining a job (full time or part time) is always a desirable ambition. The question is how to get a job when unemployment rates are high, for the same age groups with those of patients?

In most Western states, economic recession is a chronic phenomenon. This could cause difficulties even to supported employment programs. Economic recession is always linked with psychosocial programs budget-cuts leading to a less social welfare state.

In the turn of the century these phenomena are aggravated and globalization of economy has become synonymous to serious economic changes (market economy), resulting increasing unemployment rates (investments are moving to cheap labor countries), privatization of social instructions, high social mobility (immigration), family structure transformation and marginalization of social disadvantaged groups e.g. lower socioeconomic class unskilled workers, minority groups and disabled persons.

The growing economic insecurity causes a considerable burden especially to families with a member suffering from serious mental illness. These families are often facing profound economic hardship. Poverty has intense negative impact for psychosocial well being, self esteem, health (physical and mental), and the quality of life in general. Especially low levels of quality of life in its various



domains (social relations, leisure activities, nutrition, and housing) are experienced by individuals suffering from serious mental illness and family members.

Additionally, the fast growing processes of deinstitutionalization of long stay inpatients in public mental hospitals, are involving the family and the community.

When the family and the local community are unprepared or unable to accept the deinstitutionalized patients, then those patients are likely to become homeless, or are transinstitutionalized. At this case psychiatric rehabilitation, sounds ironic.

Apparently the era of globalization has rather negative implications for the provision of effective psychiatric rehabilitation programs.

The question is to what extend there is room for optimism that the impact of the globalization could be eliminated or even “neutralized” for the benefit of the patient and the family? The answer is definitely positive. There are solutions like the empowerment of the international movement of families and users of psychiatric services with parallel efforts for self-actualization, self-determination of any suffering person. Political coalitions with other activist groups and associations are strengthening the ties and the struggle for equal rights of disadvantaged

persons. At the community level, the atmosphere could be changed by the systematic implementation of various mental health interventions directed at the modification of the local community’s beliefs and attitudes towards the integration of the mentally ill. The encouragement of volunteerism in the field of mental health and the exploitation any available community resource for food, housing and work could somehow replace the absence of social welfare state.

Psychiatric rehabilitation is a multidimensional and dynamic process, involving three parties: the patient/family, the State and the community. The process is taking place in specific socioeconomic environment, not in a vacuum. Every professional in this field has to be optimistic as well as skeptical or critical to the role of the environment as a major factor in the implementation of effective psychosocial rehabilitation.

We strongly believe in the future achievements of psychosocial rehabilitation in the forthcoming years, against all political, social and economic constraints appearing in the new Millennium.

Our World Association for Psychosocial Rehabilitation now has come of age, carrying twenty years of experience and fruitful work all over the world.

We will continue our fruitful collaboration with the World Health Organization and the U.N.

- The number of advanced institutes in low-income countries increased, given the appropriate support by W.H.O., the local professionals and governments.

- The ties with international associations of the same interest, such as the World Federation for Mental Health, the World Psychiatric Association, must be strengthening.

- Alliances with international associations of families and users will go stronger by exchanging ideas and putting common goals into practice.

- Immediate interventions at local international for every case of endangering the protection of human rights and dignity of persons suffering from severe mental illness.

The future lies ahead of us, strengthen the alliances between users, families and professionals.

*Michael Madianos.*

*WAPR President.*

*President’s Address in the IX WAPR World Congress, Athens 2006.*



## IX WAPR Congress. ‘PSYCHOSOCIAL REHABILITATION COMING ON AGE IN A GLOBALIZED WORLD: PRACTICES, POLICY, RESEARCH’.

Athens, October 12th.-15th. 2006

*Más de 850 participantes de treinta países se dieron cita en el IX Congreso Mundial de la Asociación Mundial de Rehabilitación Psicosocial, en Atenas, entre los días 12 y 15 de octubre. El congreso, patrocinado por la Organización Mundial de la Salud, contó en su inauguración con la presencia del Presidente de la República, Sr. Carolos Papoulias Stephanopoulos. Las líneas fundamentales del congreso son la promoción y el aseguramiento de los derechos de los enfermos mentales, el desarrollo de un grupo de expertos para servir como consultores de los gobiernos para el desarrollo de programas de rehabilitación y el establecimiento de institutos avanzados (con módulos de formación para profesionales jóvenes de países en desarrollo) para aprender a organizar y a desarrollar programas de rehabilitación psicosocial basada en la comunidad a partir de situaciones de recursos limitados. Se han programado más de 400 actos científicos y 35 simposios en tres lenguas oficiales, que contextualizarán la rehabilitación psicosocial en aspectos clave como la globalización, el mundo basado en el mercado, el bienestar social, el conocimiento científico y la inestabilidad social*

*El congreso resultó un éxito de participación, de nivel científico y de organización.*

The IX World Congress of Psychosocial Rehabilitation) took place in Athens, October 12th. to 15th., with participation of over 850 delegates from 30 countries, and with the significant presence in the opening ceremony of Mr. Carolos Papoulias, the President of the Greek Democracy, among others significant persons from the science and the political field.

The main themes of the congress were related to some key topics, such as promoting and securing the rights of the mentally ill, providing the ground experts to serve as consultants in the government for development of rehabilitation programmes, and establishing the advanced institutes (training modules for young scholars from developing countries to learn how to organize a community based rehabilitation programme with limited resources). Related topics have been the phenomenon of globalization, the open market, the social welfare, the sci-

entific knowledge, and the social instability due to immigration and social mobility of people from low income countries.

WAPR is celebrating this year twenty years of constant provision of scientific and humanistic services to people with mental illness. On the basis of this celebration, WAPR is sending a message that it will continue to fight with the same passion and unlimited assertiveness in order to:

- Improve the quality of life of all people who are asking WAPR's support.
- Improve to the highest possible point the functional abilities of those people who suffer from mental illness.
- Claim and secure social care, support, acceptance and "normal" behaviour towards mentally ill people.
- Recognize that people with mental illness are

# World Association Psychosocial Rehabilitation

chronic sufferers like million of people in the world who are suffering from various illness and disorders such as hipertension and diabetes.

- Reinforce the rehabilitation and participation of people with mental illness in social activities, developments and involvements.
- Prevent psychosocial disorders, specifically the reduction of their accurrence, in a world WAPR has the vision to create new systems of mental health care, and societies that will be educated in order to aim in the same direccion.

The congress has hosted special lectures, and papers, providing new scientific perspectives or analicing the trends in different regions in the world. C. Stefanis, lectured about the recent finding in studying the genetics and epidemiology of transmission of depression and schyzophrenia, showing that the recent research suggests that healthy child rearing practices diminish the probability that psychopatologic phenotype will become manifest and consequently, the nurture of nature restores the genetic pesimistic determinism, but increases the responsibility of the part of the families and all agents concerned with the prevention of mental disorders.

J. Talbott's special lecture dealt about "whatever happend to deinstitutionalization in the United States", explaining that 50 years after the "unplanned

mental heathlth experiment" that lead to the fact that psychiatric hospitals not only stopped adding new patients but also dropped population without a adecuate community planification. The "unmitigated disaster" that were the consecuendes of this actions are well known now, and the speaker posited some guidelines for the future development of humane services in the United States.

The implementation of mental health networks and services in developing countries was another very relevant issue and will constitute an important line to work in the next years.

Up to 400 papers were presented, dealing many different fields in PSR.

The role of users and its relevant contributions was also remarcable and visible in many diferent papers and meetings.

This world congress has been very well evaluated by all the participantes and will leave an important memory in all the participants.

Reported by Ricardo Guinea.



## Interview: Daniel Cochavy.

Former WAPR Board Member, representing consumers.

*WAPR Bulletin is very aware of the importance of the voice of consumers, and this interview represents a new possibility for this voice to be published. Mr. Daniel Cochavy is a member of WAPR Board representing consumers. He has been developing a remarkable activity traveling all around the world, contacting many different consumers and consumers' organizations, and stimulating for the creation of new consumers' networks and organizations. His experience and his opinion in controversial issues are an interesting value for our Bulletin and, hopefully, the beginning of a series of interviews. This one was planned more than one year ago, during Mr. Cochavy's visit to Spain. It has been celebrated by e-mail in English. None of the participants's mother language is English, so we apologize in advance for any possible mistakes in Shakespeares' language...!*

*Ricardo Guinea. WAPR Editor*

*WAPR Bulletin: First of all, thanks very much to be available for this interview. WAPR is a part of a very complex movement. From my preception, it gathers people in different ways, under different positions and perspectives. Some of us are so called "professionals", others come as "relatives" or "users" or "consumers". At the end it is obvious -at least for me- that we all are just people trying to help a common view. You have been appointed as a "consumers" representative. Are you comfortable in that nomination? How do you understand your role as a WAPR "consumers representative" member?*

D. Cochavy: I am very delighted that I have agreed to get nominated and then elected to WAPR Board as Consumer Representative.

I am from the beginning till now that WAPR has to be organization who gives option and voice to Consumers, Family Members and Professional Staff who would like to work together for promotion of Psychosocial Rehabilitation. My perspective is working together not working against

I see also my role as Consumer Representative is to bring to WAPR Board voices of Consumers who are active in different projects, services and

Consumers Networks from low income countries who can not afford anything since they are very poor.

The Concept of Mental Health and Human Rights is different from country to country and also Psychosocial Rehabilitation - I believe from the international level we can learn from each other on our experience, for good and also from the mistakes.

I enjoyed my visits in the law income countries since I was able to see the other perspective of Human Rights....The need for food and more resources for Mental Health Services and not only to Western Way of Human rights - We do not need any Mental Health services there! For me the main issue is that WAPR will be a voice for Consumers without borders of: Age, Gender, Religion, Nationality, view, tendancy, race or any political factor - I also see WAPR is the place of not only the politically correct consumers!

I have visited 50 countries since in many countries - The Consumers could not meet me.....since their income is so low! So it has been great to visit them in their country!

*WAPR Bulletin: It is interesting that there is not a general agreement on the very name of the "users organizations". Some of them prefer to use the word*

*“client”, or “consumer” or even “survivor of psychiatry”. What is your perspective on this issue?*

D. Cochavy: For me using the word: Consumers, Service Users, Clients, Recoverd, Patients, participants, members Mentally ill, Survivor, Ex-Users is the same term.

I respect each group which I am meeting with their wish of definition that I shall call them, It also a good lesson for professional and family members to respect the groups on their wish and to call them as they wish!

For me the main important fact meeting those groups - I will be able to share with them ideas, thoughts and experience that I have passed using Mental Health Services in general and Psychosocial Rehabilitation specifically - I can call it “Chatting and Experiencing Mental Health services”. In all those groups one matter is the same: Stigmatization of Consumers by the society but unfortunately also sometimes by professional staff and family members and relative since they were diagnosed and labeled as Mentally Ill.

*WAPR Bulletin: How was at first your interest in WAPR and your process to be a WAPR member?*

D.Cochavy: I was involved in local Jerusalem and then in Israel Representing Consumers.

In one local meeting Dr. Bar-El (WAPR Board Member in Large) as said on WAPR mission of dialoge between Family Members, Consumers, Professional Staff and said it has got a good success of collabaration, since that time the process of Israeli Psychosocial Rehabilitation has been very much in the beginning, I have decided to register by my own to a WAPR Conference in Rome (were I met you as well as WAPR Board at First). I have seen in that meeting a real good respect between Consumers, Family Members and professional staff... For me, that attidute has been quite new since in Israel I was spending three years time in a poor day centre which has been like a prison since it has been managed by old generation of Occupational Therapists.....since also my girlfriend is occupational Therapist I know the services has to be more positive and more wellcoming for consumers’ point of view.

A year latter when I had visited some countries I was asked to put my name to nomination for WAPR



Mr. Stevanovic, Mrs. Jordanovska-Pesevska and Mr-Cochavy in Macedonia.

Board with two goals: to bring new generation of Consumers to be working together as WAPR Members and to refresh my ideas for working together side by side: Family Members, Consumers and professional staff.

*WAPR Bulletin; You are a very active WAPR member. Can you tell our lectors about your activities as a WAPR member?*

D. Cochavy. I believe my main aim, and what I am doing, is to encourage Consumers, but also Family Members and even professionals, to have a better dialogue between those groups. I believe also in opening new branches of WAPR in any country. The Dialogue should be as I think on different issues: Stigma, Social Inclusion, housing, employment, Human Rights, social activities, research.

The Conference in Milan has been great last year since it has been the first Conference on Consumers’ view with participation of Family Members and Professional Staff.

My main command after the conference and still now - WAPR has to invite to those events not only the Political Consumers but also those who are active from law income countries with different perspectives who would like together with the mission of WAPR concerning working together on Psychosocial perspectives.

I also like very much my role to give encouragement and support for different groups of consumers who would like to start their own network and to groups and individuals who would like to become WAPR members!

I believe in the future my role will be much more evaluated when the WHO project of the Global Atlas will be in process!

It is very important to have Consumers involved in this project from groups from many countries as we can get as I do believe in any country Consumers should represent themselves by local Consumers and not by professional Staff, but I also believe the consumers movements should give the same option and respect to those Consumers from low income countries to represent their views in their geographical zone and not to speak instead of them! I also see part of very important role of my work is making contacts with organizations who would like to collaborate with WAPR like WFOT. In the future I believe also other Consumers Networks will become WAPR Members!.

*WAPR Bulletin: It is interesting to consider the position of "working together" versus "working against", among the different trends of Rehabilitation movement. Topics such as the use of drugs, forced treatments, conflicts between human rights as the right to choose in situations of personal risk due to distorted evaluation of reality are common reasons of disagreement. Can you comment from your perspective this kind of disagreements?*

D. Cochavy: Many groups of Consumers around the World would like to fight against all kind of Professional Organizations (Psychiatrists, Psychologists, Social Workers, Nursing Staff, Occupational Therapists) with one role - They see all of those organizations members without exceptions in a very negative way as wicked professional staff whose main aim is mainly locking them in Psychiatric Hospitals, or either forcing them taking medications.

I have managed I think to find a better way: Discussion - I am now the main Consumer Advocate who is very much involved in the Human Rights Paper Position of WFOT - World Federation of Occupational Therapists - The aim is not to cancel the role or need for Occupational Therapists and

Occupational Therapy but rather only to improve their services and to learn from the mistakes they have done to improve their services mainly according to different groups of Consumers experiences and also from the mistakes that have been done to Individuals like other Consumers I have met round the world and myself. Do not forget - them ( Occupational Therapists) can not blame me I am in the beginning for the principle against all of them in one role! (If I would have been so!.....I probably would have had many problems at .....my home personal life - Since my girlfriend Efrat finished on May 2005 her PhD in Occupational Therapy).

The disagreement in the Consumers Movement in my opinion does not contribute to the empowerment of the Consumers themselves. Forced Treatment as the main issue has got different interpretation around the World between groups and it is not the priority of most of the groups in the world but rather than the aim of those WNUSP and ENUSP members who represent usually the minorities among Consumers, sometimes even in their own countries.

Since the UN convention for People with Disabilities in NYC just finished the job last August, I see much of an important matter - WFOT will adjust their Human Rights paper to the UN Convention.

*WAPR Bulletin: In the course of your work visiting so many countries and different groups, what is the main obstacle that you have found in order to transform the old practices into new participative recovery oriented practices?*

D. Cochavy: In many countries including even my country of origin - Israel - professional Staff are still very locked up with the old type professional staff approach: Medical Staff and social workers know the best what is the Patients needs and they hardly even are ready to listen on families complains about dissatisfactory service that has been delivered by... medical staff.

Some Consumers groups are also in a very negative point in the beginning since the medical staff have given for them very negative labeling for life: you will not recover - you will be always in Hospitals depending on us and on Psychiatric Services, in the

beginning those groups need a lot of encouragement and sometimes we need to think together even on establishing peer support groups for those Consumers members - The first step in my opinion is the belief of the individual belief and self confidence on his own ability, then comes the issue of sharing his experiences and views with others who have been labeled like him and as I see it in the last stage establishing groups of advocacy, organizations or groups for special task (Clubhouses, Social Firms) - We need in those groups also leadership among Consumers who will be able even to negotiate with goverment, City Coucil Representatives NGOs, Service Providers, and other professional staff to establish their goal.

We need more money coming in any kind of country to fund Consumers projects including recovery... which the source of it is not the pharmaceutical companies!

In many countries we can not speak only about empowerment of Consumers... we need to speak also about empowerment of family members even from the beginning to understand the illness or labeling of their family members since without them the Consumer will not be able to cope alone - It is mainly

in Africa, Asia but even in the Mediteranian including Israel we can hardly find groups of Consumers who are completly independant on their funding and even their perception of their labeling very independantly,

In Israel for example the main advocacy group is still very much dependent on the family association group which are doing a great job of advocacy, the Consumers group is even taking advantage on the family members group but still declare in public even internationally - We are the main advocates in Israel. A very negative manners and a very negative approach and judgement of their disability or ability.

I have been whitness of some number of conflicts regarding the issue of how we the users are represented by other people in local and even national level in several organizations. I want to stress the issue that in my perspective only we are an apropiate representatives of our position. The fact of eventually being unwell is not a limitation on this position, since it is a condition that can possibly affect anyone in many different ways.

*WAPR Bulletin: In WAPR we are aware that trying to introduce rehabilitation practices in low*



Mr.Cochavy -in the middle- visiting Hong Kong.

# Collaborations WAPR

*income countries is a difficult task due to many different causes: lack of medicines, lack of trained staff, lack of facilities... and poor situation in general health also, with introduces us to the very complex topic of the priorities. Do you think from your experience that creating consumers networks could be a feasible way of promoting self help?*

D. Cochavy: Yes. I do think I would like to contribute more for WAPR in low income Countries in Asia and Africa. I would like to contribute more even in my country Israel which at the former question I have described very longly one of the Clients/ Consumers advocacy groups behaviour.

I think as I said before WAPR should do it as soon as possible or even already too late to give room and place for Consumers from those countries: As I have described it also in our board meetings: WAPR has got the image of Western World European and American Organization especially by Consumers - since WAPR again and again is inviting the same Consumers from the same Countries (I believe you shall agree with me that Holland, New Zealand and USA) are not the only places where Consumers are active!

*WAPR Bulletin: In which way do you think Atlas Project will be useful to promote users "visibility" in civil society?*

Daniel Cochavy: In one way it will be very good since WHO is not controlled like WAPR with Consumers Politicians! Like I have written before to Dr. Saraceno and got promised that not only WNUSP and ENUSP and Mind Freedom Consumers will be able to be involved in the project!

If all kind of Users groups will be able to be part of the project - we will be able to get a clear picture of the map of Consumers groups and individuals without politics.

As Dr. Saraceno has declared any group without the factor of: Race, Gender, Religion, Beliefs, level of labeling or diagnosis.

But in the other side I am not blind - I can see the point of groups telling for right - WHO is still a very medical organization - We need only the money and the funding to run it by our own perspective.

Since I do not really trust on those groups and organizations acts and statements that they will keep the main conditions of respecting other different groups wishes and interests - I suggest it still will be owned, or even much better suggestion by UN which is not a medical organization since some of the groups including my own personal view - Mental Illness and Stigmatization of People who suffer or labeled or diagnosed as Consumers is mainly social and economical stigma that prevented from most of them to be integrated as "normal" undiagnosed people in their family, society, culture and state because they have been different from the others who have never been labeled or diagnosed!

Daniel Cochavy is former representative for consumers in WAPR Board of Directors.  
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Mr. Kobus Jordan, Dr. Ricardo Guinea and Mr. Daniel Cochavy in Athens congress.



## WAPR Declaration On Torture and Abuse of Prisoners

Declaration approved in Athens, October 14th, 2006.

*The World Association for Psychosocial Rehabilitation, being an International NGO in Consultative status with the United Nations and the World Health Organisation and representing the views of the psychosocially disabled, their families, and mental health practitioners world wide, wish to state the following:*

*1) WAPR unreservedly condemns the use of torture of prisoners, in any context and at any time, in order to obtain information or as punishment. In particular, we, as a mental health organisation, deplore the use all methods of extreme intimidation such as prolonged sleep deprivation, isolation and interrogation or the use of degrading or painful procedures such as sexual abuse, electric shocks abuse of psychotropic drugs and other inducement of terror by physical or sexual abuse, noise, electric shocks and other cruel and inhumane means.*

*2) We consider these acts to be gross violations of human rights, and will result in serious and permanent damage to the individual's mental and physical health as well as adverse effects on their families and communities.*

*3) WAPR recommends most strongly that mental health workers should take no part, however marginally in any interrogations of this kind.*

*4) Any member of WAPR who did so take part would be liable to expulsion from WAPR membership by their national organisation or the WAPR Board.*

*5) WAPR therefore calls on the United Nations and regional and national governments to take all necessary legal and administrative steps to prevent such abuses of human rights.*

Athens, October 14th, 2006.

## Trabajo y Rehabilitación Psicosocial.

Ricardo Guinea. Miembro del Board de WAPR  
Presidente de FEARP. Director-Gerente de Hospital de Día Madrid

*This article is the result of a “think tank meeting” with some of the members of Asociación Alonso Quinano, an association that gathers users in Madrid, Spain. The participants are experienced in the goal of coping their own life, facing their mental illness and working for themselves. The paper describes their experience, their feelings, their strategies facing stigma and the way they manage to keep their life going on successfully. The participants in the discussion group were Juan C. Carlos Casal, Jose Luis Mejias, Victoria Sanz., and Mercedes Morales.*

El trabajo es una referencia importante de la ciudadanía y de la posibilidad de realizarse como persona. Permite obtener ingresos económicos, permanecer incluido en la comunidad a través de un rol social valioso, permite ser independiente, y es un componente significativo de la autoestima de la persona. También es una fuente de estrés y de dificultad y en el medio laboral pueden producirse acontecimientos adversos para la salud mental de las personas como afirma la OMS en su informe de 2001.

Las personas con enfermedad son un colectivo con gran cantidad de desempleados y las dificultades de acceso al trabajo son uno de los retos a superar para el movimiento por la rehabilitación psicosocial. Sin embargo, es un hecho comprobado que padecer una enfermedad mental no es una condición absoluta de exclusión del mundo laboral mas que para una pequeña fracción de personas con altos niveles de discapacidad, y que de hecho, muchos usuarios trabajan regularmente en el mercado laboral libre o en distintas formas de trabajo que se adecua a sus características.

La Asociación Alonso Quijano [www.alonsoquijano.org](http://www.alonsoquijano.org) es una pequeña asociación de Madrid (España) integrada fundamentalmente por usuarios y que, entre otras cosas, explora modos de asociacionismo de usuarios y de colaboración entre usuarios, familiares y profesionales. Este artículo

presenta el resumen de una conversación sobre la relación con el mundo laboral de algunos de los miembros de Asociación Alonso Quijano de Madrid (España).

La reunión se planteo como una tormenta de ideas donde pudieran analizarse diversos aspectos de la relación con el trabajo de los participantes según si experiencia. Los participantes son personas usuarios que tienen entre 25 y 45 años y experiencias personales extensas (de años) en relación con el trabajo normalizado, con responsabilidades en campos como los trabajos en puestos técnicos o de administración.

Todos os participantes estuvieron de acuerdo sobre el valor del trabajo para su vida. Para los participantes del grupo, trabajar no es una parte de la terapia: trabajar es un valor social y personal y también un derecho constitucional. El acceso al trabajo debería garantizarse como un derecho ciudadano ante todo, adicionalmente a todos los demás beneficios que aporta para la persona y para la comunidad. La persona se siente mas valiosa y reconocida, y dispone de ingresos económicos que le permiten atender a las necesidades propias de manera independiente. También es un valor objetivo para la comunidad porque permite incorporar el producto del trabajo de personas que ya no son de

ninguna manera una carga para la comunidad sino miembros útiles y productivos.

Se comento que antes de afrontar el reto del trabajo hay que estar preparado. Ello implica no solo la necesaria preparación técnica en la especialidad de cada uno, sino que es necesario estar razonablemente recuperado, con suficiente conocimiento de la enfermedad y de como afrontarla. El acceso al trabajo tiene su momento y ese momento debe respetarse. A efectos de la protección laboral, se señaló como ventaja la de haber sido contratado antes de declararse la enfermedad, ya que uno cuenta con el reconocimiento previo del entorno hacia el usuario como persona, lo que hace mas sencillo afronta la posible estigmatización si se conoce la circunstancia de la naturaleza de la crisis en e trabajo. Se señaló la diferencia en como es aceptado en el mundo del trabajo el problemas como la “depresión” en contraste con el de la esquizofrenia.

El grupo analizó su vivencia del estrés en el trabajo. Trabajar conlleva cierto nivel de estrés, es algo normal, pero que debe ser tenido en cuenta porque el estrés es un factor que puede ser desestabilizador y contraproducente si sobrepasa cierto umbral de sensibilidad de cada persona.

Todos los participantes que trabajaban en trabajos normalizados prefirieron ocultar la enfermedad en el trabajo. En la mayoría de los testimonios, en algún momento el tema de padecer una enfermedad llego a ser conocido en el medio de trabajo. Siempre fue un momento difícil y casi siempre relacionado con situaciones de crisis o desestabilización de la enfermedad; en varios casos se comunico que la crisis afectó ostensiblemente al modo en que fue realizado el trabajo. La reacción en el medio de trabajo fue desigual, y relacionada con el grado en que la conducta de la persona afectó a la calidad del trabajo. Los responsables de las empresas se mostraron habitualmente correctos y aplicaron las legislaciones en materia de bajas laborales, aunque dejando claro que “el trabajo es el trabajo”. Se comunicó en una ocasión el tratamiento disciplinario de la situación y maniobras por parte de la empresa para despedir al trabajador, aunque en todos los casos el medio laboral planteó como necesario que el usuario se responsabilizara de prevenir la aparición de crisis en el medio laboral, hecho que es admitido y comprendido por los usuarios. Hubo consenso en la sensación de que había que protegerse en el trabajo, para tratar de



evitar que afectara a la relaciones laborales y sociales con los compañeros.

Todos los participantes compartían la impresión de que una vez conocida la circunstancia de la enfermedad en el trabajo, habían cambiado las relaciones laborales. Ello incluía también un cambio en las relaciones personales (de afecto y amistad) aparecidas en el trabajo antes de que fuera conocida la circunstancia de la enfermedad. Compartían la sensación de que los compañeros de trabajo no sabían como tratarlos o como relacionarse con ellos. La vivencia del estigma a veces aparecía tratando a los trabajadores enfermos como a personas incapaces, no cualificadas o imprevisibles, situándolos a veces en condiciones descabelladas de especial supervisión y control.

Hubo acuerdo en considerar que las relaciones laborales ya son de por si complicadas, prescindiendo del hecho de que alguien pueda ser reconocido como enfermo. Se mencionaron situaciones en que el propio trabajo era fuente independiente de problemas para los trabajadores (enfermos o no) especialmente por situaciones de mala dirección o planificación. Hubo acuerdo sobre la importancia de entornos de trabajo claros y bien organizados, con el fin de facilitar la compleja tarea de trabajar estando enfermo. Se comunicaron experiencias en que la desorganización fue un factor importante para decidir abandonar un trabajo (para evitar la incertidumbre y el estrés consiguiente)

La mayoría de los participantes comunicaron casos en que se habían estado durante periodos prolongados de tiempo trabajando en situación de crisis, haciendo el esfuerzo de controlar los síntomas para mantenerlos separados y que no afectaran al trabajo. Este hecho normalmente terminó por afectar a la situación de la persona en el trabajo de alguna manera, aunque había bastante acuerdo sobre el hecho de que mantener la situación de trabajar mientras se tienen síntomas activos es algo que con ayuda se puede lograr.

Todos los comunicantes consideraban que la psicoterapia personal era una ayuda fundamental para poder lograr eso. Hubo acuerdo en que era algo posible, pero que había que aprender hacerlo, por ejemplo, tomando la decisión de no hablar de “ello” mas que con el médico y tratar de que la familia y os amigos no tengan que “vivir” esas cosas.

Se dedicó tiempo a pensar el tema de como y cuando “declararse enfermo” a efectos laborales. Todos los participantes vivían ese momento como una especie de claudicación o de fracaso personal. Todos señalaron los esfuerzos que había que hacer para poder mantenerse adecuado en el trabajo y se señaló que no era fácil elegir el momento para desconectarse del trabajo y solicitar la baja médica. Se señaló el riesgo de retrasarlo por las consecuencias dañinas que puede haber si como consecuencia de estar en situación de crisis en el trabajo se comenten errores, extralimitaciones o sencillamente, aparecen alteraciones en la conducta como consecuencia del estrés que se hacen evidentes para las demás personas, compañeros o clientes. Especialmente por la dificultad de remontar el daño para la imagen social y por la posibilidad de perder el trabajo, se indicó – y se relataron experiencias concretas- en que había momentos en que, a pesar del deseo de trabajar y del valor personal de trabajo, era preferible dejar el trabajo y proteger la salud.

Varios de los participantes manifestaron no haberse sentido bien defendidos en situaciones de conflicto laboral, y situaciones en que la condición de enfermo se invocaba como elemento en cuestión en situaciones de conflicto laboral que no tenía nada que ver con la enfermedad. Se refirieron situaciones de acoso laboral y de hostilidad del medio laboral relacionado con el descubrimiento de la condición de persona enferma.

Hubo acuerdo sobre la conveniencia de que se pudieran arbitrar medidas de flexibilidad en el medio laboral como modo de poder mantenerlo. Se discutió sobre las medidas de reconocimiento de “minusvalía”, siendo la vivencia de ese instrumento negativo: ninguno de los participantes habían recibido ventajas por su tramitación y la sensación era que en situaciones de discapacidad no severa no había merecido la pena.

El grupo de trabajo valoró la oportunidad de que su voz pudiera ser escuchada y hace votos por que estas oportunidades se multipliquen y se desarrollen, en pro de un movimiento de usuarios maduro, consciente de su papel y de sus responsabilidades.

Relator: Ricardo Guinea.

## Europsy Rehabilitation.

Bernard Jacob. WAPR Board Member.  
Administrateur Stratégique du Réseau UTE - AIGS.

Europsyrehabilitation is a European collaboration program of mental health care providers and clients organizations that is committed to offering a satisfactory place in a society to people who have been dependent on psychiatric care over a long period of time – a place where they have the right to work and have a social life.

The Festival has been set up to start an exchange at a European level between clients, care providers and interested third parties in mental healthcare on rehabilitation, resocialization and socialization. This will be done via a great many workshops and sessions that will be organized during the three-day Festival and a Conference day.

This communication gives an overview about this initiative covering the last 7 years.

### **1999 :Spa – Belgique : « Qualité de vie d’abord ! » du 27 septembre au 2 octobre.**

L’histoire du Festival commence à Spa en 1999 dans le cadre des programmes européens concernant l’égalité des chances et la non discrimination. Cette expérience est le résultat d’une concertation entre les groupes d’usagers et de professionnels qui souhaitaient concrétiser leurs idées par la mise en place d’un festival Art, Sport et Culture.

L’idée de l’insertion par la culture et le sport faisait ses premiers pas.

Un énorme succès, + de 300 usagers en provenance des différents pays de l’Union ont pris part à ce 1<sup>er</sup> événement.

### **2000 : Lisbonne – Portugal : « Des hommes, des femmes, des couleurs, des cultures »**



Il fallait assurer une alternance entre le nord et le sud pour disséminer ces bonnes pratiques et ce sont nos collègues du Centre de formation professionnelle d'Alcotao qui prirent le défi de transférer ces idées au Portugal et dans les pays du sud.

C'était un challenge, un long déplacement pour beaucoup d'entre nous venus de pays tels que Belgique, France, Hollande... mais c'était aussi démontrer la portée que pouvait avoir cette idée d'inclusion dans la collectivité par des activités orientées vers la culture les loisirs et le sport

C'est aussi le début de la construction d'un réseau d'associations d'usagers qui allait, année après année, participer à l'organisation des différents festivals en partenariat avec les professionnels...

#### **2001 : Amersfoort – Hollande : « The use of time and leisure time »**

Amersfoort, c'est aussi l'idée qu'il est nécessaire d'exposer des productions des travaux des Festivals dans la collectivité.

Ainsi, c'est aussi la réalisation d'une immense fresque dans un piétonnier qui reste encore maintenant une démonstration des capacités et des qualités artistiques des usagers. C'est aussi un renforcement des principes de non discrimination avec l'organisation d'ateliers et d'activités auxquelles ont pris part les usagers, ex-usagers, des artistes, des parents, des amis

C'est la réalisation d'un CD Audio de Jazz de toute grande qualité...

Le Festival Europsy Art-Sport et Culture est maintenant autonome, il ne peut plus compter sur le subside de la commission européenne mais sa continuité est la démonstration de son intérêt pour tous.

#### **2002: Helsinki – Finlande: “L'utilisateur de service de santé mentale, citoyen à part entière”**

Le titre du Festival d'Helsinki est aussi révélateur, c'est un tournant important dans l'histoire du festival car la totalité de l'organisation a été confiée à une association d'usagers « Helmi Ry », qui nous a démontré leur savoir faire en préparant un festival

magnifique, fait de couleurs, de musique, dans une atmosphère très agréable.

Malgré la distance, nous avons pu compter sur la participation de plus de 150 usagers en provenance des différents pays de l'Union.

C'est aussi l'ouverture vers d'autres pays et régions d'Europe par la participation d'usagers d'Estonie, de Lettonie...

#### **2003 : Saarbrück – Sarreguemines (Allemagne – France) : « Des racines communes, des réalisations dans un esprit européen ».**

Le Festival 2003 est une nouvelle expérience puisqu'il nous propose un Festival organisé par deux régions frontalières, avec des cultures différentes, des approches différentes mais toujours avec cet esprit d'échanges et de créativité.

C'est aussi l'ouverture vers des ateliers en rapport direct avec l'histoire des régions ainsi, on a pu participer à un atelier ferronnerie, visiter des mines ou encore des ateliers de faïence.

Les usagers travaillent ensemble, parlent des langues différentes, communiquent...

#### **2004 : Paris – France : « Le pari de la différence »**

Le Festival de Paris est marqué par la reconnaissance des problématiques des usagers, par la richesse des explications dans les ateliers, les échanges interculturels, ...

Les expériences de chacun sont partagées.

Paris c'est aussi une ville de lumières, une ville des différences et les organisateurs avaient mis en place une multitude d'ateliers à la découverte de cette ville merveilleuse...

C'est aussi une réussite par la participation de + de 400 usagers et le retour à des traditions du Festival par l'organisation d'un Forum d'échanges entre professionnels et usagers pendant lequel de nombreuses expériences concernant la réhabilitation psychosociale et l'insertion par l'art et la culture ont été présentées.

#### **2005 : Chania – Crète : « Chania : The City of Colours »**

Le Festival Art, sport et Culture de 2005 s'est terminé à Chania (Crête) le 24 septembre 2005.

Nous avons vécu un événement tout à fait exceptionnel : un Festival plein de couleurs, plein d'arômes, de lumières et d'émotions.

Plusieurs exposés ont été très appréciés dans le forum « Art, Sports and Culture in Psychosocial Rehabilitation ».

Comme chaque année, cet événement nous conforte dans l'orientation que nous avons prise de considérer l'importance des activités artistiques, musicales et sportives dans le cadre de la réhabilitation psychosociale.

Le Festival Europsyréhabilitation est aussi un moment riche en échanges culturels.

## **2006 : Venray – Hollande : « Interactions »**

Le Festival Art, sport et Culture 2006 s'est terminé à Venray (Hollande) le 15 juin 2006.

Une fois encore, ce fut un événement tout à fait exceptionnel tant dans la qualité de l'organisation, de la richesse de la conférence que dans les échanges multiculturels !

Il faut signaler que le Festival de Venray a été organisé par une association d'usagers qui nous a présenté un programme très varié et composé de nombreux ateliers dont certains reflétaient bien la couleur et la culture locale.

Plus de 500 participants, volontaires, usagers, professionnels, membres de famille ont partagé ces journées dans un climat festif mais aussi un moment clé de l'histoire de l'hôpital psychiatrique.

En effet, nous avons la chance de mettre à l'honneur le 100<sup>ème</sup> anniversaire de cette institution. Cet événement marquait aussi le début d'un processus de désinstitutionalisation et d'ouverture de la structure vers la communauté.

**2007 : Pampelune – Espagne du 24 au 27 avril 2007..... !**

Bernrd Jacob.  
WAPR Board Member.  
Administrateur Stratégique  
du Réseau UTE - AIGS.





## Improving mental health care in developing countries.

International Psychiatric Conference.

15-19<sup>th</sup> February, 2007. Lahore- Pakistan.



Organised by:

WPA Section on Psychiatry in Developing Countries & South Asian Forum on Mental Health & Psychiatry

In collaboration with:

BIA & South Asian Division of Royal College of Psychiatrists, UK; Asian Federation of Psychiatric Associations (AFPA);

World Association for Psychosocial Rehabilitation (WAPR) ; World Federation for Mental Health (WFMH).

Conference Secretariat: Fountain House. 37- Lower Mall. Lahore Pakistan [papr@wol.net.pk](mailto:papr@wol.net.pk)

WPA Section on Psychiatry in Developing Countries announces its first International meeting being held at Lahore, Pakistan as a co-sponsored event with South Asian Forum on Mental Health, World Association for Psychosocial Rehabilitation, South Asian Division of Royal College of Psychiatrists, UK, Asian Federation of Psychiatric Associations & World Federation for Mental Health.

The meeting will have a number of scientific sessions addressing the recent updates in the field of mental health. We are also planning to have workshops, teaching sessions and training seminars for the young doctors covering a wide range of topics in this important medical specialty.

It is expected that this meeting will be attended by a number of mental health professionals from Developing as well developed countries from all over the world.

## World Association for Psychosocial Rehabilitation Hungarian Branch meeting.

WAPR Hungarian meeting in Budapest October 8th. -10th. 2006.

In the city of Budapest took place the XVIII Forum of Psychiatric Rehabilitation. The history of the psychiatric rehabilitation in Hungary started long decades ago. Now, this forum, gathers a couple of WAPR representatives and Hungarian professionals, around an interesting program that deals about a wide range of topics, from a review on Hungarian history on PSR, to a public health approach to mental disorders, the recovery model, the meaning of health and mental health from different religious perspectives, how to use the therapeutic culture, the problem of criminalisation of mental health, the fact of globalization, rehabilitation in personality disorders, the possibilities of art, transactional analysis and other tools in PRR, and an interesting overview on the actual situation and outstanding



Dr. Ida Kosza, DR. Angelo Barbato, Dr. Afzal Javed and delegates from WAPR and the Hungarian Branch.



Dr. Ida Kosza, Vice-President of WAPR, chairing a work session.

problems in implementing PSR services for the mentally ill in Hungary.

The meeting, that was celebrated in a special moment in the political situation in Hungary, with severe fund cuts and the social perception that deep reforms are needed to be taken in the country, demonstrated the strength and vitality of the WAPR Hungarian Branch.

Reported by R. Guinea.

## World Association for Psychosocial Rehabilitation UK Branch meeting.

WAPR UK chapter organised its 2006 meeting at Manchester on 8-9<sup>th</sup> April.

Prof. Madianos, WAPR president elect, was the special guest and in his opening address he welcomed all the participants and gave an overview of WAPR and the importance of psychosocial rehabilitation in different areas of mental health. He also focused on the recent evidence based finding on efficacy of techniques of psychosocial rehabilitation, and on the other hand on the impressive lack of services in many developing countries

The scientific programme was very interesting, stimulating and covered very important topics. Dr. Ricardo Guinea showed the qualitative evolution within Asociacion Alonso Quijano, a users association, over a period of 10 years. This association, aimed to create natural and stable social links among users, has found that different levels of participation are to be taken in account, according to participants wills, level of disability, life style and preferences. Different ways of participation, with variable degrees (from high to none) of support from volunteers or staff were described, including sports activities, different kinds of social informal leisure meetings or active specifically mental health related activities were described.

Dr S Afghan spoke about setting services for ethnic minority patients and Dr. Waheed spoke about research needs and initiatives for this particular group of patients. Dr. S M Ahmad gave an impressive talk about Management of Schizophrenia in Adolescents. In the afternoon Mrs Frances Lawman spoke about Carer's Perspectives in Mental Health, Mr. Charles Cathcart, Mental Health Care Development Worker talked about Carer Information, & Voice in Mental Health Care and Mr Malcolm Budd, gave an



From left to right, Drs. Qurashi, Javed, Guinea, Soma and Madianos in Manchester WAPR Meeting.

interesting account of his experience with the mental health services.

Prof. Max Marshall, Dr. P T Saleem, Dr. N Hussain and Dr. S.H. Jawaid acted as chairpersons for the different sessions.

The meeting was also addressed by Dr. Afzal Javed and Dr. Shahid Quraishi, UK Branch Secretary. The meeting was a real success and the local branch members need special appreciation for their hard work.

Dr. Afzal Javed  
WAPR Secretary General

## El derecho al trabajo de las personas con enfermedad mental

V Jornada Anual de la Fundación Manantial de Octubre de 2006

Hospital General Universitario Gregorio Marañón

La Fundación Manantial, entidad perteneciente a la Confederación Española de Agrupaciones de Familiares y Personas con Enfermedad Mental (FEAFES), celebra mañana en el Hospital Universitario Gregorio Marañón sus jornadas anuales, en esta edición bajo el título “Trabajo y enfermedad mental: un derecho y una realidad”.

La Fundación Manantial aprovecha cada año la proximidad del Día Mundial de la Salud Mental (10 de octubre) para reivindicar algunos de los derechos de las personas con enfermedad mental. Este año se ha hecho patente que el trabajo es uno de los derechos más básicos de las personas con enfermedad mental crónica, y que, con frecuencia, no es respetado por los estigmas que soportan.

El objetivo de la jornada fue abordar este problema con políticos, empresarios, profesionales de la salud mental, personas enfermas y sus familias, para demostrar que con oportunidades y los apoyos necesarios es posible dibujar una realidad donde las personas con un trastorno mental puedan incorporarse al mundo laboral.

Como colofón a la jornada, el escritor y periodista Ricard Ruiz Garzón recibió el I Premio Fundación Manantial por su libro *Las voces del laberinto*. Este galardón pretende incentivar iniciativas que favorezcan la integración social y laboral de las personas con enfermedad mental crónica y que luchen contra el estigma social que soporta este colectivo.

La Fundación Manantial es una entidad tutelar, sin ánimo de lucro, declarada de finalidad benéfico-asistencial. Sus orígenes se remontan al año 1995 por iniciativa de algunas asociaciones de familiares de personas con enfermedad mental crónica,



adheridas a la Federación Madrileña Pro Salud Mental (FEMASAM), miembro de FEAFES. Estas asociaciones sintieron la necesidad de dotarse de una entidad que pudiera asumir la tutela de las personas con trastornos mentales crónicos y que diera una respuesta integral y efectiva a las cuestiones relativas a la salud mental, específicamente a las relacionadas con su situación jurídica, social y laboral.

La Confederación Española de Agrupaciones de Familiares y Personas con Enfermedad Mental (FEAFES) agrupa a 188 entidades, entre federaciones autonómicas, asociaciones uniprovinciales y asociaciones locales, y representa a más de 37.000 familias.

Miguel A Castejón  
Director de Recursos de Atención Social.  
Fundación Manantial.



(Full Information in [www.wapr.info](http://www.wapr.info))

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