



World Association for Psychosocial Rehabilitation

# BULLETIN

Association Mondiale pour la Réadaptation Psychosociale

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## *Editor's Note:*

We were delayed, but now are proceeding well as we now offer the October and December numbers in Microsoft Word 97 (2000 available on request), WordPerfect8, and now as a pdf file for Adobe Acrobat Reader. We have printed hundreds of copies of the Bulletin and will send hard copies anywhere on request. We have narrowed the margins of these numbers to enable duplication on A4 paper, which is longer and narrower than that used in the USA. Please send contributions! - ZT

## ***President's report through October 31, 2000***

*Dear friends:*

### Paris Congress:

As of now we still have no accounting, but we do know it was a great scientific success, as reflected by the extraordinary breadth and diversity of the abstracts. WAPR owes an enormous debt to Dr. Gilles Vidon and the scientific committee, which had many adverse circumstances to overcome. A summary of those abstracts in English was presented at the symposium organized by Denis Leguay at the WPA Jubilee Congress in Paris at the end of June. Part of this paper will be published in the Bulletin, with the rest to follow in the December Bulletin. Similar summaries in French and Spanish will follow.

### 2003 Congress:

At the Paris Congress closing plenary session the protest against the lack of Spanish translation included the hope and expectation that there would be good translation at the next Congress in New York. However, the Board meeting agreed no decision had been made. With the criteria developed by the WAPR Head Office and Martin Gittelman's additions (limiting Congress sites to those where there are strong national branches with a track record of having had national meetings) only Jerusalem and New York submitted proposals by the deadline. Subsequently we received proposals from

Hong Kong (where the national branch is developing) and Innsbruck (the Austrian branch has held national meetings and certainly is eligible). Since I have a conflict of interest as President and part of the applicant group, Jacques Dubuis has kindly agreed to chair a group of Board members to review the proposals and any comments can be directed to him. Fortunately we have an extra year. We shall decide at the Board meeting in conjunction with our first meeting in the United Kingdom in March, 2001.

Inclusiveness of professional meetings:

We received a copy at AAPR of a letter from Carlos Bar-el (as president of the Israeli Psychiatric Association to the organizers of the conference on the globalization of psychiatry to be held in Cairo in November questioning the exclusion of Israeli psychiatrists from the meeting (especially ironic, considering the title). The WAPR and AAPR joined in the questioning and were told this was a misunderstanding - Israeli psychiatrists were as welcome as anyone else. Our practice is first to inquire whether a concern is true and hoping it is not. If it is true we protest. WAPR will protest the exclusion from an international scientific meeting of colleagues from any country. This was our policy about colleagues from South Africa during apartheid.

Death of Rashid Chaudhry:

I'm very sad to report this. Here is my exchange with Afzal Javed, his nephew:

"Sunday, 13 August 2000

I am writing these few lines in a state of total shock and remorse. Prof. Rashid Chaudhry died on Sunday, 13th August 2000. His untimely death is so tragic for all of us that I expect we will not be able to recover for a long time. He will be remembered by his family and friends for his outstanding personal and professional qualities. May God rest his soul in peace and give us strength to bear this loss.  
Yours Sincerely, Dr. Afzal Javed"

Reply: "I am devastated to hear this news. He was one of the world's great psychiatrists. His death is a loss for Pakistan, the WAPR, and numerous organizations and people. May we work to carry on his wonderful example!  
Please convey my deepest regrets to the family, Lahore Fountain House, and all concerned. Zeb Taintor"

At our next Board meeting we shall consider how to honor this great man.

Procedure for Professional disagreements:

From time to time we may have disagreements among ourselves. I'll propose a standard for communication and how to agree to disagree if there is no resolution.

Falun Gong/Dafa:

WAPR received a letter (from a graduate student in pathology in New Jersey sent to Jacques, forwarded from Hamburg) request to July and a list of organizations join them

to condemn the abuse of psychiatry, as noted on the Web sites of Amnesty International and Human Rights Watch, a Washington Post editorial, etc. The AAPR discussed with Humberto Martinez, who chairs the human rights committees in both WAPR and AAPR. He felt, and we agreed, that there was sufficient cause to write the following letter to appropriate organizations in China: "The World Association for Psychosocial Rehabilitation and the American Association for Psychosocial Rehabilitation are concerned by reports that some spiritual practitioners have been hospitalized psychiatrically because these beliefs are regarded as symptoms of mental illness. We hope these reports are untrue. Nonetheless, but we affirm that the use of psychiatric treatment and diagnosis should be reserved for people who have genuine mental illness." I have received no response to any inquiries. Martin Gittelman asked while in Beijing for the public health meeting (see separate report elsewhere in this issue) and was told by our Chinese friend and colleagues that there is no substance to these reports. Subsequent newspaper articles raise the possibility of separate detention centers, of which not everyone may be aware.

#### WHO Regional Advisory Committee meetings:

Past president Deva represented WAPR at the Western Pacific meeting in Manila 18-22 September. Although these meetings usually do not have mental health on the agenda, often it can be brought up as a dimension of whatever is being discussed.

#### Web site:

The site (<http://www.wapr.de/> now has a nice welcome (still from Dr. Dubuis, who is very welcoming), calendar, membership application, the national secretaries, etc. We had hoped to add the constitution and committees by now, followed by reports as they become available. Of these the most urgent is getting more members involved in committees, hence the posting in this issue.

#### E-communication:

We encourage this. E-mail addressees are on the web site. Anything can be discussed and there is no deadline. Just address whoever you want, hit "respond to all" as the discussion widens and delete any repetitive material. E-mail is a great way to send material for the *Bulletin*, since it doesn't need to be retyped. Please use both e-mail addresses on every note, a request empathized by the loss of a laptop and all e-mails sent since April 7th to [taintor@nki.rfmh.org](mailto:taintor@nki.rfmh.org). The other address is [taintz01@med.nyu.edu](mailto:taintz01@med.nyu.edu) or [zebulon.taintor@med.nyu.edu](mailto:zebulon.taintor@med.nyu.edu), from which all e-mails were saved, but came close to being lost when a misdated piece of mail caused a Netscape crash. Fax continues 011-1-212-426-7645, mail 19 East 93<sup>rd</sup> Street, New York, NY 10128, USA.

#### American Psychiatric Association presentations:

As in previous years, I invited anyone to send me an abstract for a session to be presented in conjunction with the section on rehabilitation of the World Psychiatric Association. We have done this every year for the past four years. A workshop on international aspects of training in psychiatric rehabilitation was accepted for 10:30-noon on Thursday, May 10 in New Orleans, Louisiana. There has been some

misunderstanding as to whether the condition of participation is showing up and/or sending a paper. It's the paper. This is an open invitation for 2002 - get me an abstract and one reference by July 1 on anything to do with psychiatric rehabilitation and I shall try to combine whatever I get into a session of some sort. One must send a written paper in advance of the meeting. The paper can always be read by someone if the author can't come. The attendance is small but we almost always acquire new friends for WAPR and have a chance to make important presentations that are taped and available to the public.

#### Telepsychiatry:

Although not confined to psychiatric rehabilitation, members may benefit from knowing I head this effort for the American Psychiatric Association and can offer technical assistance. It is helpful particularly for education and consultation. I also continue involved with the use of computers in psychiatry.

#### Fuller Torrey's

talk to the AAPR on September 12 on the fragmentation and deterioration of mental health care in the US is reported in the AAPR Bulletin, usually sent out to the same e-mail list as the WAPR Bulletin, but not otherwise distributed outside the USA. Let us know if you wish to receive it. AAPR Oct 18

#### Murray Itzkowitz retirement:

The Bridge gave our past international treasurer and present Board member (and past President of AAPR) Murray Itzkowitz, a fine, big party on his retiring after 32 years as its Executive Director . The numerous tributes from important people highlighted the efficacy of psychiatric rehabilitation.

#### Hungary:

(see separate report in this issue) Dr Ida Kosza organized and carried out an excellent meeting, as judged by superb scientific content a large registration, involvement of professionals from many countries, awards, lovely ambience and weather, simultaneous translation, and superb cuisine, all without any financial support from WAPR.

#### US Psychiatry Residency Review Committee:

This small group develops the special requirements of an approved residency in psychiatry in the USA and maintains the system by which they are reviewed and accredited. New requirements that went into effect in January 2001 were done before I came on to the Committee, but I am glad to see there is more mention of rehabilitation, so psychiatrists can not be graduated without knowing more about the field than previously. We would welcome international cooperation on improving training at this level as we try to move away from being mostly a topic in continuing education.

#### New York County Medical Society:

The committee on public health focus is on people without health insurance, an issue to

be handled before we can reapproach coverage for psychiatric rehabilitation.

## **National Branch Meeting: Hungary:**

### **Hungarian Association for Psychosocial Rehabilitation National Meeting:**

"Modern Practices in Psychiatric Rehabilitation." Dr. Ida Kosza, in her capacities as president of the Hungarian Association for Psychosocial Rehabilitation and Vice president for Eastern Europe convened this meeting in the lovely Budapest suburb of Szentendre (Saint Andrew), which dates from at least Roman times, but is now a well-preserved pedestrian-free town of buildings from the 1700's on medieval streets. The town rises from the Danube to the Congress Center at the top of the hill. During breaks participants could wander picturesque sun-filled streets. There were about 200 registrants, including professionals attending from Austria, China, Croatia, Czech Republic, Pakistan, Romania, Slovakia, Slovenia, United Kingdom, USA, Yugoslavia and New Zealand-Italy.

The opening plenary included addresses on

- "The History and Evaluation of Psychosocial Rehabilitation" (past WAPR president Oliver Wilson): describing how the field developed, how he got into it, and what results can be achieved.
- "Psychosocial Rehabilitation as a Dynamic Process" (Zebulon Taintor): reviewing the draft WPA statement, previous WAPR-WHO statement, and American Psychiatric Association statements as overlapping in their emphasis on dynamic interaction between a patient and his/her helpers, not skills and support to be taken off the shelf and prescribed heedless of needs.
- "Cognitive Behavior Therapy in a Hostel for Young Patients with Neurotic Disorder" (Gerhard Lenz): a structured, very successful program in Vienna.
- "Recent Developments in Hungary" (Ida Kosza): describing the importance of developing nongovernmental organizations (NGOs) in Hungary to fill the void created by withdrawal of government control. This was the real theme of the conference, since there is a proposal to turn the Pomasz Hospital, Hungary's second largest psychiatric facility, over to a NGO.
- "Depot Provera's Uses in Psychiatry" (Janos Simandi): review of psychoendocrinology and its relationship to mood and behavior.

The Hungarian Association's Bela Galfi awards were given to Arpad Balint, Endre Horvath, Jozsef Vamosi Kiss, Istvan Boksay, and Drs. Wilson and Taintor, consisting of gold sculptured metal discs as well as certificates. The afternoon presentations were seven papers on mostly Hungarian programs ranging from programs in the hospital,

partial care, completely in the community, and self-help, presented by Zoltan Peto, Endre Horvath, Afzal Javed, Imre Stumpf, Szaboics Horvath, Pal Grosz, Jozsefne Karath.

After an evening of fine dinners, the next day's plenary included:

- "Evidence-based Methods of Psychosocial Rehabilitation" (Ian Falloon): his cooperative "Optimal Treatment Project" showing, in multiple sites and countries, the usefulness of early detection and treatment, continuing goal and objective assessment, assertive case management, education about disorders and treatment, biomedical strategies, stress management, living skills, and attention to comorbidities. Chances of relapse go from .82 to .32 in reporting sites around the world.
- "Assertive Community Treatment and Psychosocial Rehabilitation" (Leonard Stein): development of the philosophy of twenty-four hour, seven day availability of a community-based treatment team to help provide a stable life of decent quality in an environment that promotes personal growth and provides opportunities for personal development. He pointed to the 26 controlled studies that have shown ACT's efficacy.
- "Psychopharmacological Treatment in Psychiatric Rehabilitation" (Peter Gaszner) reviewed new agents available and soon to be available in Hungary.
- "Non-specific Therapies in Psychiatric Rehabilitation" (Maria Molnar and Laszlo Haraszti): review of work, intimacy, environment, with implications for national health policy and insurance.
- "Coordinating Tests and Psychiatric Diagnoses in Psychiatric Rehabilitation" (Eva Bretz, et al.): review of functional measures, impairment, handicap, diagnostic considerations.
- "Paramedical Workers in Psychiatric Rehabilitation" (Laszlo Hadhazi): training and uses of all members of the treatment team.
- "Modern Sociotherapy in Psychiatric Rehabilitation" (Veronika Czirjak Gacsalyine): uses of groups, significant others, social supports.
- "Recreation and Leisure Skill Use" (Erzsebet Koth): focused discussion of gaining and retaining such activities and skills.

The afternoon session included:

- "Rehabilitation in Addictionology" (Laszlo Pandy, et Al.): development of an addict identity, moral issues, the recovery model.

- "Psychiatric Rehabilitation and Sociopolitics" (Jozsef Horvath): issues of denial, work, and money in Slovakia.
- "Patient satisfaction" (Laszlo Papp): comparing staff and patient program ratings.
- "Social Tolerance and Psychiatric Rehabilitation" (Beata Temesvary): laxity of alcohol laws, the revolving door getting patients so late in the course of illness it's hard to help them.
- "Trauma, Culture, and Psychopathology" (Robert Oravec): issues of social cohesion and support across generations, how trauma may or may not lead to posttraumatic stress syndrome.
- "Video of a Community Program" (Istvan Hollo): led the audience through how services are provided.
- "Video of Treating Mental Retardation in a Castle" (Gezane Eisenbacher and Jozsef Szalcz): The castle is 40km from Budapest. Residents have clubs, participate in sports, do well.
- "A Job-Seeking Program" (Erika Gordos, et al.) Modeled after Robert Liberman's skills package, the program does well placing its clients.
- "An Integrated Bioevolutionary Model for Psychiatric Treatment and Rehabilitation" (Miklos Zoltai): A purely theoretical paper that drew on many frames of reference and all sorts of evidence, impossible to summarize here.

The Hungarian Association business meeting mapped ambitious programs for the future. Everyone is invited to the next meeting, in 2002. *-reported by ZT*

## **WAPR Committees:**

We welcome the participation of any member from any country in any committee. Appointments are made by the president and can be requested via the above addresses. The committees and their leaders are:

Advanced Institute:	Martin Gittelman
Advocacy:	Judith Turner-Crowson
Aging:	Marion Kalousek
Developing Countries:	M.P. Deva
Economics:	Ernesto Venturini

Editorial:	Zebulon Taintor
Education and Collaborating Centers:	Zebulon Taintor
Epidemiology:	Pierre Chanoit
Housing:	Murray Itzkowitz
Human Rights:	Humerto Martinez
Nominations:	Jacques Dubuis
Psychiatric Hospitals:	Victor Aparicio Basauri
Psychotherapies:	Joel Feiner
Law:	Claude Louzon
Models:	Marianne Farkas
Psychoeducation:	Ian Falloon
Quality Assurance:	Viviane Kovess
Quality of Life:	Celine Mercier
Scientific Committee:	Roger Amiel
Social Services:	Daniel Maltzman
UN Liaison Committee:	Tom Levin
Work & Employment:	Gaston Harnois
Liaison to WPA Rehabilitation Section:	Robert Cancro (see below)

## **National Branch reports:**

### **Americas:**

#### **Brazil:**

1. Two days of Psychosocial Rehabilitation Course for general practitioners, nurses, psychologists, occupational therapists, and social workers in October 1998 in Barbacena, Minas Gerais State.
2. November 1998, debate in Natal, Rio Grande do Norte State, and two days of course on Psychosocial Rehabilitation for operators of the public system of health -- 60 general practitioners, 10 nurses, 5 psychologists and 20 users.
3. Debate on the TV News "National Opinion," a national program that, with the presence of the National Secretary W. Valentini and A. Giordano (psychiatrist that defended the current state of psychiatric assistance in Brazil) discussed the theme "How to change Psychiatric reality in Brazil in favor of the patients," on May 1999.
4. Debate about psychosocial rehabilitation in Curitiba, Parana State, on June 1999, and a course

- for psychiatrists, general practitioners, nurses, psychologists and occupational therapists.
5. Dr. Benedetto Saraceno, Past President of W.A.P.R.. In the presence of Dr. Saraceno, the official Brazilian Branch was created. The registration of the Branch in W.A.P.R. took six months of bureaucratic "travel."
  6. Psychosocial Rehabilitation Course for general practitioners, psychiatrists, psychologists, nurses, and social workers in Uberaba, Minas Gerais State in November 1999 and March 2000.
  7. Psychosocial Rehabilitation Advisory in Rio de Janeiro, Hospital Pinel, in March, June and October 1999.
  8. Organization of the situation (membership contribution) of all the Brazilian members. We made a partnership with Banco do Brasil to send to all the members who are listed, one order to be paid in that bank for the 2000 annual contribution. The information about who are the members that paid regularly will be ready in the end of May.
  9. Co-editorship with Ana Pitta in the last 5 editions of the W.A.P.R. Bulletin, a responsibility that the Brazilian National Secretary is leaving now. The balances of budget utilization from November 5, 1998 to December 31, 1999 is part of this report. The budget utilized with the production and the expedition of all the 5 editions will be sent to Hamburg up to next July. -- May 2000, Williams Valentini, National Secretary.

## Uruguay:

Siento mucho no poder asistir al VII Congreso Mundial de W.A.P.R. en Paris y no poder conversar con usted, así como participar en otras actividades planeadas.

El Dr. Blasi nos dejó una copia del texto escrito por usted "Esquizofrenia y Salud Mental," en su viaje a Montevideo, en diciembre de 1999.

Lo leímos con atención y pensamos que a Ud. Le entera sariá conocer el estudio de la realidad y necesidades de las familias, que participan en nuestra asociación del Grupo de la Esperanza, que recién se ha terminado.

Es interesante observar el alto porcentaje de mujeres de edad media, (59% y 20% mayores de 70 anos), que tienen a su cargo un usuario con enfermedad mental.

La mitad de esas cuidadora ejercen el rol desde mas de 15 anos, y 20% lo hace desde 26 anos o más, con el agravante de que 71.4% de usuarios viven en el hogar familiar.

Este hecho pone evidencia el apoyo comunitario de los cuidadores familiares, sector que nuestro grupo trata de fortificar, instruir y capacitar con apoyo de psico educación.

Este hecho implica un desgaste muy grande, no solo en la salud de los familiares, sino también en aspectos económicos y sociales.

Pero otro hecho alarmante es que 21% de los usuarios permanecen encerrados en sus casas, malgastando sus posibilidades y talentos, o haciendo labores del hogar un 15.7%

y trabajando 16%.

No existe en Uruguay todavía, una visión orientada a la rehabilitación, o cadena de servicios alternativos las personas con enfermedad mental.

Centros de día hay muy pocos y nosotros que estamos luchando por terminar la obra de construcción de un hogar a medio camino desde 1996, no encontramos la voluntad política para continuar con un proyecto piloto que sabemos necesario para nuestros enfermos y familiares.

Proyectamos para este año 2000, en que se conmemorara la Salud Mental y el Trabajo, encontrar los medios para poder iniciar, en pequeña escala, quizás en forma cooperativa, la inserción del usuario a través de la integración laboral.

También nos interesa mucho poder encontrar soluciones jurídicas para problemas planteados por los familiares, como de mayor inquietud que es el del futuro,"?Que va a pasar, cuando yo me muera?"

Quedaríamos muy agradecidos si usted pudiera enviarnos comentarios sobre estas inquietudes y sobre la encuesta realizada.

He presentado mi renuncia de Secretaria Nacional del Uruguay, al Presidente Dr. Jacques Dubuis, y sugiero tengan en consideración para el Cargo, a la Sra. René del Castillo, socia de W.A.P.R., que asistirá al Congreso y que es la portadora de esta carta.

Deseando mucho éxito al Congreso y a las gestiones que Uds. han realizado, me despido de usted atentamente, Sra. Ofelia Stajano de Caldeyro. May 2000.

## **Europe:**

### **Hungary (prior to national meeting reported in this issue):**

1. the Biannual Conference of the Hungarian Psychiatric Association was held in January 1999. The members of the Hungarian branch participated and gave presentations on the Congress.
2. Ida Kosza M.D., being the president of the Hungarian Branch, has written a letter to the Prime Minister of Hungary (Dr. Victor Orban) and to the Minister of Health (Dr. Arpad Gogl) of the new government after the gaining of the election in Hungary. The letter proposed a proper financing of psychiatry. The letter was signed by the Members of the Board.
3. Dr. Ida Kosza has sent her project to the Minister of Families and Social Welfare to organize the intermediary structures in Hungary. The government has no money to organize the whole system, just some types of projects by competitions for money.
4. Dr. Szabolcs Horvath, former president of the Hungarian Branch has written a chapter on psychiatric rehabilitation for the lecture notes published in September 1999.
5. Dr. Zoltan Peto, immediate past president of the Hungarian Branch, participated in working on

the statement of the Advisory Board of the Minister of Health for Rehabilitation about the situation and new aspects.

6. Dr. Ida Kosza was invited to write a chapter for the Handbook of Hungarian Psychiatry about sociotherapeutic methods. The book will be published in 2000. Dr. Kosza became the invited member of the American Psychiatric Association.
7. The Hungarian Branch organized a Sport and Cultural Meeting for psychiatric patients in Simasag (October 1999), Director Dr. Laszlo Makkos, member of the Board) and in Intahaza (September 1999, Director Dr. Pal Grosz, member of the Board.
8. Rehab Hungary 1999 Congress was held in September. The members of the Hungarian Branch presented at the Congress. The Branch was one of the Patrons of the Congress.
9. In the Social Institution Dolina, the part of the Galfi Bela Psychiatric Hospital, Pomaz (Collaborating Center of W.A.P.R.) was opened in November, the Literature Coffee House for psychiatric patients, organized by Dr. Imre Stumpf, the Director of the department.
10. The Gaffi Bela Hospital and the Ladies Group of the Military and Hospitaller Order of Saint Lazarus of Jerusalem in collaboration with the Calvinist Bishop of Kiralyhagomellek in Nagyvarad (in the present in belongs in Romania) organized a program for Hungarian schools against drug abuse. The lecture was presented by Dr. Imre Stumpf. -- May 2000 Ida Kosza, M. D.

## **THADHANI FOUNDATION:**

Sajni M. Thadhani, long time member of the AAPR Board and chair of its committee on culture and psychiatric rehabilitation, and her brother Ramesh have established the Mulchand and Parpati Thadhani Foundation for Human Rights, Development and Welfare (MPTF) to honor the memory of their parents. The Mission of the MPTF is to "support and promote empowerment as a process aimed at changing the nature and direction of systemic forces which marginalize women, girl children and other disadvantaged masses in a given context. The focus would be on equity, right to livelihood and sustainability." They will be working to aid nongovernmental organizations in the following areas: Integrated Holistic Health Care and Nutrition, Community Development, Education, Economic Empowerment and Poverty Eradication Programs. To apply for a grant, contact them for an application Form. Complete this and submit it with a Proposal in essay format. Also include the Program Objectives and Outcomes for the population served by this proposal, and the previous year's report if available.

For more information call or fax 914-241-2361, write to 70 Barker Street, #603 Mt Kisco, NY 10549, USA. You can visit their website at <http://www.thadhanifdn.org/>. The MPTF has two e-mail addresses: [THADHANIFDN@aol.com](mailto:THADHANIFDN@aol.com), [SMTGLOBAL@hotmail.com](mailto:SMTGLOBAL@hotmail.com). Its first grant, US\$5000 has gone to a community-based project in Bangladesh. Zebulon Taintor is honored to serve on the Board.

## **Committee (Advanced Institute) and Collaborating Center (NYU/Office of Mental Health) Report**

## Report on China and Indonesia meetings:

### China:

Martin Gittelman, Maurice Green, Shen Yu Cun, Chen Yanfang, N. Shinfuku and Bo Shaoye participated at the World Federation of Public Health Associations Congress in Beijing in September. More than 40 ministries of public health attended. We held a workshop and did a panel. Public health workers seemed very receptive to psychiatric rehabilitation, at least as evidenced by the large number signing a sheet requesting information on WAPR.

### Indonesia:

October 5-11, 2000. Report by Martin Gittelman

#### 1. Purpose of Visit

- sent material on the effectiveness of community based psychosocial treatment and rehabilitation concepts and methods for mental illness at a meeting of the Indonesia Psychiatric Association and sponsored by the World Psychiatric Association. The meeting was supported by a number of pharmaceutical companies and designed to assist in the development of a consensus statement on the use of the newer antipsychotic medications.
- To provide information on the methods and feasibility of organizing an Indonesian branch of the World Association of Psychosocial Rehabilitation and Psy Sans Frontieres.

#### 2. Background

Indonesia is considered one of those countries that experimented with primary care in the 1970's. In 1979, the Indonesian Department of Health, spurred by the Alma Ata Statement of Principles promoting primary care, promoted efforts to diagnose and treat severe mental illness at the primary level. Indonesia had established 7000 "Puskesmas," or primary health centers throughout the nation. In the 1980's some training for personnel was undertaken and the Centers were equipped with manuals supplied by the WHO on primary care diagnosis and treatment (ICD-9 Primary Health Care) and also with essential antipsychotic and antidepressant medications. Efforts to sustain this initiative have been limited by budgetary, institutional and other constraints such as the lack of personnel to deal with the demand for services. The results were disappointing; the centers were often too few and too busy; long lines of patients meant that individual patients with mental illness could be seen only for a few moments. Financing was limited and doctors often rushed from their public duties to maintain private practices. The experiment was deemed a failure and mental patients were routinely referred to psychiatrists in the general hospital or

mental hospital. There was and remains little communication between psychiatrists and their general practice colleagues. The mental hospitals have remained largely unchanged since being built mainly by the Dutch. They remain filled with patients with length of stay reportedly often a function of the number of referrals and demand for beds.

Psychiatric training in Indonesia takes place primarily at University Medical School hospitals and clinics. There is not now a community based setting where psychiatrists could utilize community health workers to oversee medication and psychosocial rehabilitation programs. The University library is limited by budgetary constraints and materials on comparative medication effectiveness available largely as provided from the pharmaceutical companies. Opportunities for psychiatric training in the area of research methodology and statistical analysis remains extremely limited within the country. In recent years, there has been continued pressure on the extremely limited health budget (2.5% of GNP) to prescribe newer medications. Psychiatry has responded by enabling several newer products to be manufactured in Indonesia, e.g., Risperidon, and this has slowed the rate of increased costs somewhat. The problem of having objective evidence based materials available continues for most clinicians.

There is not now a Family Association for persons with mental illness. Indonesia has been visited by Dr. N. Shinfuku twice in 1999 and 2000 and his visits have served to generate interest in expanding opportunities to treat and rehabilitate Indonesia's estimated 2 million persons with or at risk for schizophrenia in primary care settings.

In 1999, Dr. N. Shinfuku organized a Workshop on Community Psychiatry in collaboration with Professor Sasanto Wibisono, Chair of the Department of Psychiatry at the University of Indonesia in Jakarta. Participating in the Workshop was Dr. Yamamoto, Dr. Miyuchi and Dr. Gittelman. Visits were made during this workshop to private (Dr. Kusumanto) and public mental hospitals (Dr. Soriani) and primary health centers in Jakarta and Bali.

Indonesia with its rapidly growing population of 215 million has an estimated 2 million persons who suffer from mental illness. Mental illness continues to be a low priority and only a small fraction are within reach of treatment, care and rehabilitation that will permit them to lead productive lives. Many persons with mental illness are reported to be restrained within their homes and do not receive medication. Currently medical personnel in primary care centers see up to 100 persons a day, permitting only cursory examinations. Salaries in the public sector for physicians range from \$50 to \$100 per month and most are also engaged in private practice to supplement their income. Essential medication is

available without charge for persons with schizophrenia. In practice, psychiatric patients are referred to psychiatric departments of general hospitals or to the 29 national psychiatric hospitals or to the 10 private psychiatric hospitals. There has been little systematic follow-up for psychiatric patients except for medication review and adjustment.

#### Activities and Findings: WPA Consensus Conference Oct. 7-11, 2000

Supported by a number of pharmaceutical companies, over 250 of Indonesia's 400 psychiatrists attended. Presentations were made by foreign guests as well as Indonesian experts on various aspects pertaining to schizophrenia. Presentations in the area of genetics were given by Dr. Okazaki and Dr. Maier. Other presentations pertaining to the advantages of the use of the newer antipsychotic medication were also given.

A half-day workshop on current methods of providing for primary care services for mental illness was provided for senior mental health personnel. The Workshop focused on community-based psychosocial treatment and rehabilitation methods and for those responsible for mental health care in the primary care centers in the Ministry of Public Health. Information was also presented on how participants could receive evidence-based evaluations from internet sources from the U.S. Agency for Health Care Research and Quality of Care and other national and WHO sources.

Following the Workshop, there was general agreement to organize a branch of the World Association for Psychosocial Rehabilitation and its affiliate, Mental Health Workers Without Borders. A meeting was convened and officers elected (see Appendix). The group agreed to undertake an effort to organize a Family Association. They await contact from W.A.P.R. A plenary presentation was also given on the results of controlled studies of the effectiveness of psychosocial rehabilitation and either conventional or newer antipsychotic medications at the primary care level.

#### Training

With few exceptions, psychiatric trainees continue to receive almost all training in mental hospitals to learn psychiatry, provide aftercare, to gain experience with a broad range of psychiatric disorders. Moreover, they do not have the opportunity to learn how to set up and maintain a CBR-type program suitable for the Indonesian situation.

#### Recommendations

Initiate a pilot sectorization project in a defined geographic urban and rural area which

provides administrative continuity between a psychiatric team in a mental hospital, general hospital and the area's primary care stations. Evaluate the effectiveness of the program as has been done in other areas of the W.P.R.O., e.g., Viet Nam, China, and the Phillippines (psychiatric relapse as measured by B.P.R.S.).

Support efforts to promote increased training at the primary care level and most importantly, close collaboration between psychiatry and the primary level.

Increase awareness of free internet availability of such scientifically reliable documents as the American Medical Letter and the medication meta analyses produced by the U.S. Agency for Healthcare Quality and Research, the British Drug and Therapeutics Bulletin, the French Frescrire, the Scottish Evidence Based Group, British Royal Society Guidelines for Psychiatric Medication, Cochrane Group Report, Canadian based Clarke Institute of Psychiatry Annual Handbook of Psychotropic Medications, and the New Zealand Psychiatric Society Guidelines.

Promote greater international exchanges for specialized research and organization of services training, e.g., for organization: France, Norway, New Zealand, research: Japan, U.S., U.K.

The writer wishes to express his appreciation to the many Indonesian colleagues who made his brief stay both productive and informative and in particular Professor Kusumanto Setyonegoro and Professor Sasanto Wibisono.

*This report represents activity by the Advanced Institutes Committee and the WAPR Collaborating Center of the Program in Advanced Studies in Psychiatric Rehabilitation of the New York University School of Medicine and NYS Office of Mental Health*

**WAPR Board member profiles:** (harvesting the 50 words on person and WAPR roles(\*) + 50 words on WAPR priorities (#)requested of candidates in 2000).

### **Bernard Jacob:**

\*Member-at-large of the WAPR Board since 1996;co-chairperson of the NGO Confederation of Social Funds and Cooperatives (CEFEC); Director of rehabilitation centers in Vottem and Eber (Belgium); member of board of directors of Association Interagence de Guidance et Sante (AIGS), 65 psychosocial rehabilitation services in

Liege, Belgium; member of executive committee (steering group) for Euro-Psy-rehabilitation (European NGOs); member of Mental Health Europe (MHE).

# Foster a dynamic partnership between the NGOs active in psychosocial rehabilitation (CEFEC, Euro-Psy); facilitate knowledge transfer of good practices within WAPR; encourage the participation of users and nonusers in the organization of psychosocial services; continue active participation in WAPR's committee on work and mental illness.

### **Murray Itzkowitz, D.S.W.:**

\*Executive Director of the Bridge, a nationally recognized biopsychosocial agency for 32 years (Emeritus since 2000), a leading designer and developer of rehabilitative programs serving seriously and persistently mentally ill, an experienced administrator, supervises psychiatry residents at Mount Sinai School of Medicine. He was in Vienne in 1986 as a founding member of WAPR, served as International Treasurer, Vice President for the Americas, past president of the American Association for Psychosocial Rehabilitation,

#WAPR is now in its second decade and its ability to sustain the role of international advocate for services to the mentally ill is a tribute to its leadership and members. The next decades can see its further growth and position in the array of organizations dedicated to improving mental health and rehabilitation.

### **Ida Kosza, M.D.:**

\*currently scientific director of the second largest psychiatric hospital in Hungary, and head of the department of psychiatric rehabilitation. After the fall of communism, was in Hungarian cabinet as commissioner for social welfare, hospital director, chief psychiatrist for the county of Pest, authored book on psychiatric rehabilitation, numerous scientific studies. Involved with WAPR and its precursors since 1978, always on WAPR Board in one office or another (mostly European Vice-President or deputy), has assisted in developing national branches in almost every country in Eastern Europe, president of Hungarian Association for Psychosocial Rehabilitation.

#Want to continue work for the eastern countries and in Hungary for people with mental illness and their families, especially the development of not-for-profit, honest NGOs that can fill the void left by governmental collapse and corruption, work to focus intergovernmental agencies and other parts of government on psychiatric rehabilitation.

## **WAPR CALENDAR:**

### **2000**

- November 28-29: The Phillipine Association for Psychosocial Rehabilitation will have\* its First National Conference on Psychosocial Rehabilitation, "Towards Destigmatization, Supporting Families and Caregivers of the Mentally Ill" Manila, November 28-30,2000

contact: felicitas soriano: [zfelicitas@hotmail.com](mailto:zfelicitas@hotmail.com) \*

- December 7: American Association for Psychosocial Rehabilitation UN Awards Luncheon, December 7, 2002, New York. Contact [Cggordonbri@aol.com](mailto:Cggordonbri@aol.com)\*

## 2001

- March 23 First WAPR meeting in the United Kingdom, Coventry. Contact: afzal.javed@ntlworld.com\*
- May 3-5 Brennpunkte in der Psychiatrie Forum for Psychosocial Prevention, Therapy, Rehabilitation, (Forum Rehabilitation 2001, Hamburg, Germany [<http://www.cch.de/forumreha>] (meeting cosponsored by German chapter of WAPR)

\*Z. Taintor to participate.

### *Non WAPR meetings of potential interest:*

- February 15-16 African Rehabilitation Institute Third Technical Advisory Committee Meeting, Dakar, Senegal
- April 7 World Health Day: Mental Health Theme is "Dare to Care" National Branches and Secretaries are urged to organize and participate in activities in their countries.
- April 22-25 WHO Global Conference on Rethinking Care, Oslo, Norway\*
- May 5-6, International Conference on Human Rights & Dialogue of Civilizations,, Mufid University, Qum, Iran [email: [mofid\\_uni@aalubayt.org](mailto:mofid_uni@aalubayt.org)]
- May 14-16, OECD Forum 2001 - Sustainable Development and the New Economy, CNIT, Paris [[www.oecd.org/forum2000](http://www.oecd.org/forum2000)]
- May 13-21, Third United Nations Conference on the Least Developed Countries, Brussels, Belgium [email: <mailto:info@resotel.be>]\*
- May 26-29, 9<sup>th</sup> European Conference on Traumatic Stress, Edinburgh, Scotland [[www.ecots.org.uk](http://www.ecots.org.uk)]
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- July 9-13, Royal College of Psychiatrists Annual Meeting: A Mind Odyssey-Science and Caring, London [[rcpsych.ac.uk/2001/index.htm](http://rcpsych.ac.uk/2001/index.htm)]
- July 22-27 World Assembly for Mental Health (26<sup>th</sup> Congress of the World Federation for Mental Health, Vancouver, B.C., Canada [<http://www.venuewest.com/wamh2001>] \*

- September 6-7 Fourth Consensus Meeting on Psychiatry of the Elderly: "Destigmatization of the Elderly with Mental Disorders" Prilly-Lausanne \*
- October 27-31 Seventeenth World Congress of World Association for Social Psychiatry, Agra, India

\*WAPR representative will participate

**MEMBERSHIP:** Join your national chapter of WAPR (see list on website), use the form on the web site: <http://www.wapr.de/>, or this one:

## **MEMBERSHIP APPLICATION FORM - FORMULAIRE D'ADHESION-SOLICITUD PARA HACERSE MIEMBRO**

Please type or print legibly and mail this application form to:

Veillez ecrire lisiblement ou dactylographier et faire parvenir le formulaire d'adhesion a:

Por favor, escribir claramente o dactilografar e enviar este formulario a:

WAPR Head Office  
Dr. Michael Stark, Treasurer, WAPR  
St. Petersburger Str. 1  
20355 Hamburg-Germany  
Tel: +49 - (0) 40 35692246  
Fax: +49 - (0) 40 35692269  
e-mail: [wapr-office-hamburg@cch.de](mailto:wapr-office-hamburg@cch.de)

Hamburgische Landesbank  
Account No.: 228130/004  
Route No.: 200-500-00

Name/Nom/Nombre \_\_\_\_\_

Address/Adresse/Direccion \_\_\_\_\_  
\_\_\_\_\_

Telephone/Telephone/Telefono: \_\_\_\_\_ Fax/Telecopieur \_\_\_\_\_

E-mail: \_\_\_\_\_

Position or Occupation/Profession ou fonction/Profesion o ocupacion \_\_\_\_\_

Check type of membership for which you are applying

Cochez la classe d'adhesion appropriée

Marque que tipo de miembro desea usted ser:

Regular/Ordinaire/Ordinario (\$50. US)

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Students, Consumers, Families/Etudiants, Usagers, Families/Estudiantes, Consumidores, Familias (\$25. US)

Reduced Fee/Cotisation reduite/Cuoto reducida (enclose letter with rationale/inclure lettre d'explication/inclure carta explicativa) Amount/Montant/Cantidad (US\$): \_\_\_\_\_

Donation/Don/Donacion (Amount/Montant/Cantidad) (US\$): \_\_\_\_\_

Interest in Psychosocial Rehabilitation:

Centre d'interets en readaption psychosociale:

Area de interes en rehabilitacion psicosocial: \_\_\_\_\_

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