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WORLD HEALTH DAY

7 April 2001

MENTAL HEALTH!

World Health Days typically have been devoted to paying attention to illnesses the World Health Organization has as high priorities for cost-effective intervention. Most of these are infectious diseases: smallpox has been eradicated and polio is on its way. AIDS is seen as very difficult because of the high cost of medications, but tuberculosis offers an example of how problems can persist despite low cost medication: public motivation and a treatment delivery system are indispensable.

This year the focus was on mental health ("Stop exclusion! Dare to care!"), seeking that public motivation and attention to delivery systems. Every country and international organization was asked to do something as part of the larger effort to show that mental illnesses abound, are very costly to people and the societies in which they live, can be treated effectively or left to become chronic and debilitating. The slogan, "Stop exclusion. Dare to care! WAPR board members reported on some of the national activities in which WAPR's member associations had participated. A full list can be found at www.who.int/world-health-day/events Here is a partial list:

In Greece, Secretary-General Michael Madianos hosted planning of a collaborative meeting of mental health officials from the Balkan and Mediterranean countries to be held in Athens under the auspices of the Ministry of Health and Welfare.

Radha Shankar, Vice President, was invited by WHO to produce a video film on "...families of people with mental illness, highlighting the importance of their role, especially in developing countries where professional resources are very scarce." I am happy to inform the WAPR Board that the production of this film entitled "A family for families" has been completed in time and will be screened on 6 April during the World Health Assembly.

- the WHO/PAHO organizations office in Mexico worked with the Mexican branch and others, devoting its entire discretionary budget to the Day.

-in the USA, the Boston University Center for Psychiatric Rehabilitation (WAPR Collaborating Center) hosted a

live World Wide Web Cast (discussing "Making a Difference for People with Serious Mental Illness: Factors and Implications of Recovery Research" by Bill Anthony, Marianne Farkas and Courtenay Harding. "Open Minds, Open Doors" was broadcast for three hours over the World Wide Web from the headquarters of the Pan American Health Organization, which cohosted the event with the US government's Center for Mental Health Services (CMHS) and organized a separate world wide web broadcast featuring David Satcher, M.D., the first Surgeon General to issue a report on mental health (as well as reports on suicide and children's mental health). CMHS Director Bernard Arons discussed mental health issues, including school violence in another World Wide Web chat, and CMHS sponsored a national symposium in Baltimore that brought together leading experts in fighting discrimination and stigma. Participants developed a blueprint for action that states and local communities can use to address the continuing negative impact that discrimination and stigma have on the lives

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of people with mental illness. A summary can be found at [participated in a live World Wide Web broadcast organized](#) Broadcast fro

In many countries multiple copies of the WHO-supplied poster and sticker, Stop exclusion Dare to care were put up. The booklet (which WAPR appreciates for the support of psychosocial rehabilitation, especially for the estimated 45 million people worldwide who suffer from schizophrenia)

At the United Nations the NGO Committee on Mental Health, in which WAPR participates, held a symposium.

Everywhere the message was the same. Mental illness can be treated and every person with mental illness should have access to care. The cost of going without treatment is more than getting it.

The first meeting of what we hope will be the British Association for Psychosocial Rehabilitation was superbly organized by Afzal Javed in Coventry, England on March 23.

We had an excellent meeting of the Board in Coventry on March 24. Many reports had been received and circulated in advance, producing 19 pages of single-spaced, small typed background material in 11 point type. Fortunately most of the material had been circulated in advance and use of the consent calendar mechanism enabled the Board to receive all reports, thank the authors, discuss what it wanted, and to respond to action items. No one present was reading aloud a report that no one else had not considered previously. As a result all items on the agenda were handled and there still was time for open discussion and a sort of retreat. The format of having the Board meeting after we had all been together for two nights and through a full day's meeting also meant that we had had a chance to find out how one another's families were doing, and to do that personal catching up and communicating that has made the relationships that exist among us so rewarding. From the speed of the discussion, it was clear that some of the agenda items had been discussed at length in small groups. We look forward to using this format in for future meetings. While official minutes were taken by the Secretary-General, Michael Madianos, and will be circulated for approval by the Board, some decisions can be reported now.

Remembering lost colleagues and friends: We observed a minute of silence for colleagues who have passed on. Sigfried Rost, of Orrebro, Sweden, kept international meetings on psychiatric rehabilitation going during the years

between the Helsinki meeting of 1972 (the first attempt to organize WAPR) and the founding of WAPR in Vienne, France. He ran an exemplary service and gave marvelous presentations that used music to support his voice. WAPR gave him an award at the Hamburg Congress, but he was unable to attend. Mohammad Rashid Chaudhry's death was previously reported in the *Bulletin*. He was a founding member and in one office or another for many years while pioneering Fountain House and agritherapy in Pakistan. A memorial meeting is being organized. We also mourned

Finances: The treasurer's report showed a balance of US\$46,037.93. Some expenses remain very low, since no travel expenses for Board meetings are reimbursed and Dr. Javed's hospitality provided the venue for the meeting. The group in New York that is producing the *Bulletin* will charge nothing for its production, even with the changes requested at the Board. On the other hand, the Hamburg secretariat contract amounts are falling due. Dues from national secretaries totaled only \$4332.62. While there was a general sense we should build up WAPR's assets, the main consideration was the potential use of money, especially helping to get money from other sources. One use is seed money for meetings, as has been done in Mexico and the UK. Leana Uys and past president Deva proposed WAPR fund programs in developing countries and the Uys outline for supporting projects is described in a separate article in this issue. It can be used for applying for funds from other sources, as suggested by Stylianidis.

Although meeting preparation and reports received were thought good, no reports were received from some Board members, who may yet provide additional news for us. It was agreed to post reports on the web site.

Bulletin: There were many comments and suggestions. Until now we have tried to cram as many reports as space allows in the *Bulletin*, which has resulted in many pages of small type in the last three numbers and, to some degree, this one. This was thought important last year when members wanted to know more about what WAPR is doing. With the decision to post more reports on the web site, the *Bulletin* can be looser and more formatted. Gary Philo, who has, among other things, headed desktop publishing for Chase, has agreed to be our publisher. Language remains a problem, but we agreed to work towards a goal of offering complete translations of all *Bulletins* in WAPR's official languages: English, French, and Spanish, with national associations free to offer publications in their own languages. Past President Jacques Dubuis will see to French, while Rosalba Bueno-Osawa will handle Spanish. Particular feature articles were suggested.

Head Office report and status: (one copy of report available separate from reports) Regier, Wynnegarden 15min.

6. Filling of deputy vice president for Eastern Mediterranean arising from the unfortunate death of Dr. Chaudhry. Dr. Driss Mo was unable to accommodate us, although he is eager to do whatever is necessary to help our efforts in Morocco. He did suggest

7. Officer's reports and replacing inactive national secretaries (Regional Vps) 20min

8. Committee reports (*Bulletin*) and replacing inactive chairs: Taintor 20min.

9. Decision on site of 2003 Congress (Dubuis) 15min.

10. Development of technical assistance materials - Stark 10min.

11. Relationships with the World Schizophrenia Fellowship - Taintor 5min.

12. Follow up on World Health Day on Mental health - What can be added to reports? 5min.

13. Calendar: what meetings will occur where between now and the 2003 Congress. a proposed second Asia-Pacific meeting on psychiatric rehabilitation in Colombo (Deva, September 2001), southern Europe meeting (Stylianidis, Naples, perhaps May, 2002), a regional meeting in Mexico in

late 2002 (Buono-Osawa, see calendar). Various national association meetings are planned (Austria, Greece) 20min.

14. Participation of WAPR in the creation of a " Global Knowledge Network on Work and Mental Health". Harnois 5min.

15. Meetings: Brussels and Oslo meetings (see *Bulletin*), IVth Consensus Meeting on Psychiatry of the Elderly: Destigmatizing the Elderly with Mental Disorders: ZT will ask Marion Kalousek to represent WAPR (see reports) 10min.

16. DEVELOPMENT: A UN Task Force to Help Bridge Digital Divide - Harnois 5min.

17, Information items: Moscow history of psychology conf 18-20 June 2001, Young Georgian Psychiatrists (referred to Kosza)s, Japan professorships (materials available on request)

18. Open Forum and Retreat (until adjournment)

President's Report November 1 - December 31, 2000:

American Public Health Association: Dr. Gittelman and I participated in the American Public Health Association annual meeting in Boston, November , jointly on efficacy of psychiatric rehabilitation, also on telepsychiatry in prisons, the US Surgeon General's Report on Mental Health. The mental health section of the APHA has about 1000 members. Dr. Gittelman has just finished a term representing it on the APHA Governing Council and now represents it on the long term planning committee. I chair the section committee on managed care, serve on the policy committee and represent the section on the APHA education committee, all opportunities to promote our cause.

Philippine Association for Psychosocial Rehabilitation National Meeting: I was honored to be there from November 25- 30, for the first meeting of the Philippine Association for Psychosocial Rehabilitation (PAPR) (see separate article in this issue). This was another excellent national meeting, sharing with the Hungarian meeting a large registration, wonderful hospitality, involvement from other countries, lovely ambience and weather, and superb cuisine, all without any financial support from WAPR There was no need for simultaneous translation as the meeting was in English (road signs in the Philippines are in English only). Reflecting different national priorities, the content and language was more emotive while that in Hungary was more scientific. The Hungarian effort was to reach out to professionals and involve them in nongovernmental organizations, while the Philippine effort was to reach out to families and involve them in advocacy. Philippine culture is more receptive to openly spiritual statements. There were no awards (but all participants received gifts and rewards), but the PAPR probably will have them in the future. All the talks were excellent, and moving. Sally Bongalonta's speech was transcendent.

National Branch Meeting: Philippines:

Philippine Association for Psychosocial Rehabilitation First National Meeting: "Destigmatization: Promoting Partnerships Among Families and Caregivers Towards a Caring Community." Proceedings will be available from the PAPR, so be content with program highlights: There was a panel discussion on what can be done about stigma, involving a patient, therapist (Pureza Onate, President of the Philippine Psychiatric Association), and newspaper columnist (Domini Torrevillas). A second panel discussion described the experiences of families and

how they cope: a spouse, sibling (Sally Bongalonta), and professional (Ellis Nazal-Simon). After a dance night, raffle, and other entertainments, the second day Dr. Ignacio spoke about identifying priorities for developing countries in community and family works. Jim Crowe, President of the World Schizophrenia Fellowship (WSF) described how the WSF developed and works to illustrate "Strengthening Families Through Empowerment." Other speakers described the family care program in Bulacan (Ivan Escartin), Establishment of the Handicapped Development (Luke Mooriat), the Philippine Schizophrenia Society (Roberto Capistrano), and Spirituality and Recovery (Nilo Tanelega) Closing remarks were provided by the Commissioner of the Civil Service, Corazon Alma G. de Leon). The Civil Service Commission provided the site for the WAPR Olympics, in which psychiatric patient mingled with the contestants from the civil service, army and other groups. This was a very effective means of dispelling stigma.

The World Schizophrenia Fellowship (now the World Fellowship for Schizophrenia and Allied Disorders) was very well represented not only by its president, Jim Crowe, but also by its past president, Margaret Leggat, who were accompanied by a representative from the Richmond Fellowship. They described what the WFSAD has been doing worldwide and pursued specific projects to help the Philippines. They have developed principles for family involvement that they hope . We agreed to publish them in this Bulletin, you will find them in a separate box, I was delighted to work with this fine trio and trust we shall continue to do so.

AAPR UN Awards luncheon (December 7): While this is reported in the AAPR Bulletin, special mention should be made of Robert Liberman's commitment, refusing travel money, offering kindly and positive interpretations of events and people, and making available a wealth of technical material to WAPR.

World Fellowship for Schizophrenia and Allied Disorders Principles of Family Interventions:

The **goals** of working with families of people with severe mental illness, particularly schizophrenia, are:

- to realize the optimum potential of the individual with mental illness, through the best possible management and treatment
- to alleviate suffering and burden among the members of the family, while maximizing their ability to foster their loved one's recovery

The **principles** are:

- to coordinate all elements of a user/patient's treatment and rehabilitation in order that the key players (users/patients, family carers, clinicians) are working towards the same goals in collaborative, supportive relationships.
- to pay attention to the social, as well as the clinical needs of the patient and family
- to provide optimum management of patient's medication
- engagement: to listen to families and treat them as equal partners - to make home visits when needed
- to explore family members' expectations of the intervention
- to assess family's strengths and problems - identify individual member's goals. This needs repeated assessment throughout the intervention
- to provide initial intensive education program for patient and family, followed by continuing education targeted at family's needs - identification of early warning signs
- to provide an explicit crisis plan and professional response
- to promote clear communication and active listening
- to provide training for the family in structured problem-solving techniques

- to help resolve family conflict and provide sensitive response to emotions
- to address feelings of loss
- to help family too adjust their expectations
- to encourage the family to expand social support networks
- to be flexible in meeting the needs of the family
- to provide the family with easy access to a professional in case of need if work with the family ceases

National Branch Reports:

Americas:

Mexico: (from Rosalba Bueno-Osawa): As a vice president have been dedicating time to support and help organize the events that were planned by the W.A.P.R. chapter. I was also very closely connected with the many activities of the Chair of Consumers Committee, the National Secretary and the President of the Mexican chapter.

The objective of the activities of the Mexican chapter of W.A.P.R. have been in the first place, to strengthen the chapter itself and its presence in Mexico. The language of psychosocial rehabilitation is now widely used in Mexico. We hope that this is the first step and next we can see the utilization of the concepts. There are many positive signs to indicate that slowly some of the principles of W.A.P.R. are beginning to take root in Mexico.

1. Training of professionals: As you know, since May 8, 1999 the Mexican chapter and the Universidad Autonoma Metropolitana initiated a Specialty on "Mental Health and Psychosocial Rehabilitation." Twenty-five professionals registered. It was aimed at mental health professionals. The program consisted of three modules, with the following analytical axes: concepts of mental health, the treatment of psychosis, subjective processes and contributions and different models of community projects in the treatment of psychosis. This course finished March 11, 2000. The coordinators of this project were Lidia Fernandez Rivas, M.S., Eugenia Vilar, M.S., and Eugenia Ruiz Velasco, M. S. It is our intention to make it a Master's program in the future.

2. Exchange with the different institutions to form networks and spaces for the discussion of proposals related to psychosocial rehabilitation. Since October 1999, the Chapter's vice president, Lorraine Ritchie and the secretary, Angel Hernandez, have been working with an interdisciplinary group and various institutions to discuss with a committee of the Legislature the issues of human rights for consumers. The goal is to produce a document that would be presented to the main body of the Legislature of Mexico City so that the necessary modifications are made to present to the Legislature. The process needs much work, because there is a lack of awareness on the part of the congressmen as to the needs of consumers.

3. Coordination and participation by all the members of the Mexican Chapter in lectures in different institutions. The themes have been the treatment of psychotic patients and psychosocial rehabilitation.

A) community mental health in high risk situations

B) clinical treatment in psychosis

C) psychosocial rehabilitation in psychosis

D) influential factors in the rehabilitation of a minor.

4. Participation of members of the Chapter in other institutions. Our National Secretary, Ma. Eugenia Ruiz-Valasco, and member Lidia Fernandez-Rivas, through their positions as prominent professors of the Metropolitan University of Mexico City continue to coordinate various options of community reinsertion programs with various institutions and clinics. It is a social service program called "Psychosis: clinical practices and structures of service." They also continue to participate in the seminar "Working Clinically with Psychosis" coordinated by Dr. Juan Carlos Pla at the extension department of the Universidad Iberoamericana.

5. Organization of Events. In November 1999, we contacted Dr. Julio Gonzalez, who is the consultant in the health programs for PAHO in Mexico. He was very helpful in securing support for us in the organization of a psychosocial rehabilitation program.

A) We asked Regional Vice-President Ana Maria Pitta to come and share with us her experiences in Brazil. She was here for a week of Psychosocial Rehabilitation and Mental Health. The W.A.P.R. chapter organized several activities under the special leadership of our National Secretary Ma. Eugenia Ruiz-Velasco. Some of the activities were enriched by the participation of the authorities of Mexico City, who at this time were very interested in the concept of psychosocial rehabilitation. The event was held from February 14-19. Ana Maria Pitta participated, giving one of the modules of the specialty. On her last day in Mexico she shared her time with Humberto Martinez, Regional Vice-President, who was here with the group of Mental Disability Rights International as part of their committee.

B) On April 6 and 7 the Dra. Aura Silvia Valdes, president of the Mexican chapter organised the anniversary celebration of the Cardiac Rehabilitation Unit in the National Hospital of Cardiology. This was a very important event for the chapter since it gave the opportunity to present W.A.P.R.. concepts in totally new grounds. Vice-President Martinez was very generous to come to Mexico and participate in the event, and it was very successful.

6. Our Consumers' Representative Virginia Gonzalez-Torres continues to be very active and in constant vigilance of the human rights of consumers in institutions in Mexico City and in cities throughout the country.

A) Some of her activities included working with Mental Disabilities Rights Internation, an NGO who invited by her, was able to evaluate the human rights of our consumers in psychiatric hospitals. The Ocaranza Hospital was visited, and the news program 20/20 was here to film the conditions of this hospital. The Health Department of Mexico committed to a complete change and Virginia is participating directly in the restructuring of the new rehabilitation programs, along with new facilities for the patients.

B) The programs that she started in February 1998 continue. The meetings with consumers within hospitals, and with no participation of hospital personnel, continue. The citizens committees in each hospital help in the coordination of the meetings and the topics relate to every day life in the hospital. All the programs that have been initiated since 1998 continue to flourish. -- May 2000, Rosalba Bueno-Osawa, Vice President, Mexico Branch.

Europe:

Germany: Germany has out of historical reasons a relatively low number of W.A.P.R. members, but there are many activities regarding psychosocial rehabilitation going on in Germany. Various local and international conferences were attended by individual members of the German section of W.A.P.R.

From September 23-25 1999 the W.A.P.R. German Branch, jointly with the Irseer Kreis and the Bezirkskrankenhaus Kaufbeuren organized a nation-wide conference regarding psychosocial rehabilitation. The topic of the conference was "Mensch und Arbeit" ("Human Beings and Work"). It was held in Kaufbeuren and was

a great success. Almost 400 persons attended the conference. Almost a hundred of the participants were users and members of family groups. We managed with a very low conference fee (\$75U.S., only \$45U.S. for users and family members) including all meals.

The keynote address was given by Bernhard Jagoda, President of the Federal Institution of Labour. Besides other well-known speakers of the WHO representative (mental health), Dr. Wolfgang Rutz reported about the situation in psychiatry in Eastern Europe. We have plans to organize another conference in Kaufbeuren in 2001. [Editor's note: The prominence given to WAPR as a cosponsor of this year's forum on psychiatric rehabilitation is impressive and supports the strategy of cooperative growth in Germany.] - May 200, Manfred Krahl, National Secretary

Committee Reports

- •Gaston Harnois, Past President of W.A.P.R., chair of the **Committee on Work, Employment, and Mental Illness**, reports he wrote, with input from Phyllis Gabriel of ILO, through the Montreal WHO (also WAPR) Collaborating Centre for Research and Training in Mental Health on the "Work and Mental Health Monograph,"(published October 2000). Harnois and WAPR respectfully offers the following suggestions regarding this work.
- • First, we believe it is important to see mentally ill persons as a group distinct from those with physical disabilities or mental deficiencies for the purposes of combatting discrimination and ensuring needed resources. For example, the employment rate for mentally ill persons is significantly lower than that for those with physical disabilities or mental deficiencies.
- • Second, one or two people should be hired permanently for this type of affirmative action effort. Hopefully, this monograph will lead to further collaboration between ILO and WHO, as well as other interested NGO's. The ILO should look toward GLADNET (Global Applied Disability Research and Information Network on Employment and Training) as an example of the type of impact that can be made with a proactive approach. WAPR. would be glad to assist the Target Group Unit and cooperate in any way we can.
- •On World Mental Health Day, October 10th, I had the privilege to be invited to address a joint meeting of WHO and ILO, at ILO's Headquarters in Geneva on the issue of Work & Mental Health. The meeting had been arranged courtesy of WFMH, and, was preceded by a two-day meeting organized by WFMH on the same issue.
- •Somewhat surprisingly, there was a wide media coverage of the event including Reuters, the BBC, the International Herald Tribune, La Libration in Paris, l'Osservatori Romano, French and Swiss TV networks as well as the U.N. Radio Network.
- •I am msking available (will be on WAPR web site) a copy of the address which I gave on that day. As you will see, besides mentioning that there ought to be the establishment of a standing committee of ILO and WHO on the issue, I also proposed the development of a Global Knowledge Network on Employment and Training of Persons with Disabilities arising from Mental Health Problems (a suggestion that had been made earlier by GLADNET); this would imply the appointment of a world-level development and implementation committee to which NGO's such as GLADNET, WAPR, WFMH, CEFEC and others will be invited to participate together with WHO and ILO. Finally, I dared to make the suggestion that a budget of \$20 million be raised for that purpose given the magnitude and cost of mental health problems at work and the use of work for the rehabilitation of persons with mental illness."

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

Michael Madianos, M.D.: currently professor in the University of Athens School of Health Sciences, having developed academically-based community mental health services in Athens and published widely on community-

based psychiatric rehabilitation. Involved with WAPR since 1986, serving two terms as European Vice-President, recently as Vice President. Focusing on the dissemination of WAPR goals and operations among European colleagues as well as the very active Greek Association for Psychosocial Rehabilitation.

#My work as secretary-general will be to fulfil all of the duties specified at length in the constitution, while hoping to expand toward the formation of WAPR interest groups worldwide, but especially the Balkan countries, an area with severe mental health problems and close to home

Ernesto Muggia: (didn't want to use all the words allowed)*brother of a user, president of Italy's largest families association, member of the board of EUFAMI, member of the Ministry of Health Observation Committee on Mental Health, university degree in psychology

#increase the fight against stigma; prevention in schools; information for generalists about mental health and rehabilitation; lobbying at national and regional governments.

Conference Reports

- Contributions in English to the 7th World Congress of the World Association for Psychosocial Rehabilitation

(Part 3 of Symposium S-113 PSYCHOSOCIAL REHABILITATION: New Developments, New Attitudes, Friday, June 30, 2000, WPA Jubilee Congress, Paris France)

Zebulon Taintor, M.D.

My task is to summarize the many contributions to the WAPR program that appeared in English, weaving them into my own perspective and comments on the current state of the field. Not all the papers were in fact predominately English-speaking countries. In keeping with the Congress theme of promoting diversity, these are included as well with a humble attempt to place these contributions in their national contexts. Although there were many abstracts in English from Italy, I leave those summaries to Dr. Barbato along with all reports in Spanish and from Spain. It is easiest to proceed generally in alphabetical order, with insurance that the United States be last. Omitted are the satellite symposia and posters. The different terms used, e.g., patients, consumers, etc., generally are those used by the authors.

Argentina: The social silence of the work process in mental institutions was explored. Building hope for people with schizophrenia was accomplished through a protected work, with significant increases in quality of life over controls with one year follow-up.

Armenia: A longitudinal study described the difficulty of distinguishing autism from early schizophrenia. A related report took into account residual organic brain damage. Arakelova reported on the peculiarities of

psychotherapeutic contracts in the treatment and rehabilitation of Autistic patients by the technique of sculptural self-portrait.

Australia: The Camberwell Assessment of Need Short Appraisal Schedule (CANSAS) has been validated for an Australian sample, while there has been local development and piloting of the Collaborative Goal Index for measuring individual outcomes in Psychosocial rehabilitation. The Schizophrenia Fellowship of New South Wales was commissioned by the government to offer best practice treatment guidelines, obtaining input from patients and professionals. J. Boulnis recounted various experiences that led to his being attracted to Jung and wondered if modern man is still searching for a soul. Lambert and Deane reported on predicting housing instability in rural areas based on a study of 65 patients.

Belgium: A study in progress investigating the effects of high and low expressed emotion in care givers was reported. The E.C.H.O. WIZARD project in Flanders has been evaluated. Hospitalized patients with first episode schizophrenia are involved in a three year prospective study. A previous study has shown slightly above average intelligence that did not deteriorate after 10.5 years despite a chronic, relapsing, and invalidating course and lower quality of life, varying according to symptomatology and objective quality of life. De Rick et al. investigated the determinants of the care giving experience and well-being of family members living together with people with severe mental illness. De Hart et al. described PECC, a psychosis evaluation tool for common use by care givers. They also assessed knowledge about schizophrenia in basic care givers, finding it increased with experience in all disciplines.

Brazil: (not including abstracts in French, Portuguese, Spanish) Fernandes described a possible utopia, the end of mental asylums, as strived for the end of 2000 in Brazil. While the results are still far from satisfactory, the struggle goes on. Maranhao, Bernat and Jardim studied the effect of the Psychiatric Reform, finding that weekly discussion helpful in redefining roles and work identities among nursing auxiliaries. Pereira got four female patients to make social representations about their insanity, internment and psychic suffering, best characterized as "The sa Journey and the sad Scenery." Keusen et al. Described how the Centro Psiquiatrico Rio de Janiero had evolved from an emergency service started in 1969 into a mental health center in 1999. Rodriguez, Jardim and Filho analyzed work from the perspective of those who don't work, using minutes of weekly patient meetings as recorded by the secretaries - all data recorded without the study in mind. Work appeared as one of the most important landmarks by which one organizes and gives sense to one's life, positive in that it allows new relationships and autonomy as well as inclusion into the social hierarchy. Kirschbaum described quantitative-qualitative studies to delineate the role of the nurse on the multiprofessional treatment team, reporting also on nursing care and psychiatric rehabilitation using "Esthetic Ateliers." Pereira described how the parents club can help both adolescents with serious psychic suffering and their parents by providing support, objectivication, reducing and anxiety and isolation. Hirdes and Kantorski described systematization of care in psychiatric nursing to help bearers of psychic sufferin regain citizenship. Braz and Hoett described how a family group deals with issues as diverse as medications, delusions, aggressiveness, hallucinations, death, sexuality, love life, jobs, money, guardianship, etc. Peixoto discussed "Without madness, what would be man? More than the healthy beast. Delayed corpse that breeds." by Fernando Pessoa as the experience of intimacy with a relative suffering a mental illness. Ferreira de Oliveira and Kirschbaum described how nurse assistants get rom being watchers and disciplinarians to becoming therapeutic agents. Aranha E Silva et al. Described how an Advocacy Office to Rights, Mental Health, and Citizenship has handled thousands of contacts since 1997 in Sao Paulo. Caminha and De Meis explored psychoanalytic similarities and differences in "The Madman and the Prostitute: exlusion and rescue of lost citizenship." Machado interviewed twelve people on the representation of psychiatry and religion according to the moscovician theory of social representation. Melman and Fragoaz described Project Moradia in Sao Paulo: supervised habitation, semi-supervised habitation, lodging houses, hostels, and foster families. Oliviera and Mann reported success from a study of workshops dealing with health and

sexuality issues, especially in reducing HIV positivity. Tenorio described a psychoanalytical approach to psychiatric rehabilitation based on a clinical case.

Canada: Patients unable to live in supervised housing were found to do better in foster homes in which a nursing assistant helped the nonprofessional care giver seven hours a day. The Wisconsin Quality of Life Index was found to be sensitive to both sociodemographic and clinical characteristics of patients. Lehman's Quality of Life Scale has been adapted to serve both as an intake instrument and as a way of identifying patient goals and generating treatment plans. An exploratory study of growing older with mental illness in Northern Ontario used narratives from patients and families to show a lack of continuing psychoeducation and support for the family, but also a decrease in symptoms and sequelae of schizophrenia with age and stigma as a continuing barrier to services. Patients and families felt they were not heard well by mental health professionals and were isolated with the burden of illness. Successful development of services in Toronto for dually diagnosed patients used an integrated service framework. An Assertive Community Treatment (ACT) team in Nova Scotia has worked well for three years to reduce both readmissions and length of stay. Implementation of community-based Psychosocial rehabilitation in the prison system depends on seeing the prison as a community. The University of Toronto's telepsychiatry program was described in detail and carefully assessed, showing great costs savings over travel. Parenthetically, I chair the telepsychiatry committee in the American Psychiatric Association and can help with resources for those interested. Interdisciplinary and intersectorial issues were explored with practice examples from Quebec. C. Pollard described the Providence Farm in British Columbia as offering the advantages of agritherapy. In Toronto a post-secondary education for consumers/users has helped overcome stigma. The Canadian Mental Health Association has implemented many partnerships with users and facilities, with cross fertilization at the local and national levels, the Framework project promoting partnerships with users and facilities, and national efforts to publicize and replicate effective programs. A controlled trial evaluation of stress management for 120 patients with schizophrenia showed improvement at one year follow up. Forty-one patients showed improvements in cognition and subjective quality of life following phase-specific community-oriented treatment and medication of first episode of psychosis. Read and Gehrs compared assertive community treatment case management to an intensive brokerage model. Aubry et al. validated a competency rating scale for rehabilitation service providers. Malia et al. described how service, research, and public education are combined in a community-focused early intervention program for psychosis. Normal et al. found stress management, in a controlled study, reduced hospitalization in the first year post treatment for schizophrenia.

China: Psychosocial rehabilitation, begun in Hong Kong thirty years ago, has benefitted from supported employment and the full participation of patients and families in their programs. Since 1991 the China Disabled Persons Federation has been carrying out a program to treat and provide Psychosocial rehabilitation for an area with a population of 200 million, having served 450,000 people thus far with considerable reduction in relapse. Needs were assessed in 120 subjects using a variety of instruments. Tsang et al. reported needs and problems from a questionnaire in Beijing: social discrimination, unsatisfactory social network, unsatisfactory social skills, and lack of community-based services were thought to be the major issues.

Croatia: A Psychosocial rehabilitation program has benefitted persons with spinal cord injuries. Marinovic described the usefulness of spiritual help in preventing suicide.

Cuba: A lecture by Noemi Pere Valdez, teaching vice director of the Psychiatric Hospital of Havana described the role of music in the rehabilitation of a previously long stay patient successfully reincorporated into his community through his role as a musician. A related presentation included his personal narrative and a video of the hospital's

rehabilitation activities. This was a fine example of role recovery and the usefulness of a music occupational therapy department. Cuba should be prepared for continuing to offer such services, and for the excellent assessment that pointed the way to this therapeutic modality. Treatment is integrated with the criminal justice system. Thirty patients studied at admission for alcoholism treatment, on discharge, and three months later showed improvement related to a token economy, cognitive therapy, and individual and group therapy. A psychoeducation approach for families of people suffering from paranoid schizophrenia has been developed, with relapses decreasing by a third.

Denmark: An exploratory study of dual diagnosis life styles was carried out in the light of the 1998 Danish government policy to treat all patients as citizens with equal rights.

Egypt: Agamieh proposed a scientific model for human behavior.

Finland: A large organization of consumers has used recovery experiences to help others and serve as a model around which services are provided. Koskisuu and Carlson described how a nation-wide information center of psychiatric rehabilitation services has been used by callers and on the Internet to provide service choices for the past three years. Jarvi and Nylund described "turning point of life" as a key to recovering from depression.

Germany: The social firm funded by the psychiatric hospital at Kaufberuen has been successful in getting patients work. The German social insurance system was described as including health insurance, state pension funds, accident insurance, unemployment insurance, and nursing insurance. These budgets are not mixed and often ill-coordinated, which offers a role for the community mental health center as integrator. Symbolizations in pictures, etc., as forms of social expression show how the process of becoming an adult works, especially social interaction and self-reliance. A related report described implementation in various adolescent populations. Krahl's report on Malaysia is to be found below. Bemingen described the "Family Barometer," a self-help instrument. Stark described modern approaches to the care of people with schizophrenia. Schultze and Angermeyer reported on the success and problems of Leipzig anti-stigma campaign. Killian et al. reported only 25% of 100 patients studied understood the aims and objectives of their treatment, although more than 50% were satisfied with their treatment - 25% felt completely helpless. Urban opined on whether there were prodromal symptoms that can be spotted in assessing and preventing psychosis.

Ghana: Ansu described traditional treatment of mental illness and the need for collaboration with orthodox medicine in two reports.

Greece: Techniques for getting teen age drug addicts to request treatment were described. Ethical dilemmas raised by deinstitutionalization were found to include lack of a sufficient care network, in contrast to the undermining of autonomy associated with large psychiatric hospitals and institutionalization created by some new institutions, the positive aspects of family involvement balanced by the problems of over involvement, discontinuity of funding, over privatization, and issues related to disclosure of funding. Ganidou et al. reported on characteristics of the residual long stay patients from a state hospital and expectations from their resettlement in residential facilities. Economu and Palli described characteristics of relatives who attended supportive groups conducted for the past six years.

Hungary: Kosza described art therapy in Hungary. Harangozo and Gordos described how optimal treatment training conducted by Falloon had encouraged the development of a national policy.

India: Quality of life was found to be highest in halfway houses, then in day treatment, followed by outpatient treatment, with the caveat of varying also by patient characteristics. A study of all 37 of the Government Mental Health Centers in 18 states (18, 024 beds) showed at least rudimentary rehabilitation facilities in 64%. Only three had day care centers and only two had occupational therapists. There is an urgent need to organize programs and start services. A program in Bangalore has an average length of stay of eighteen months on an outpatient basis. A report analyzing success and failures focused on several dimensions, especially realistic goals for rehabilitation workers. Social work case record reviews showed the importance of counseling, clarification, resource mobilization, and psychoeducation. Even with all of these, social workers found it difficult to keep to the goals of psychosocial rehabilitation. A memory clinic has been developed in Kerala for the treatment of dementia. A related report described modifying memory tests to local languages and customs. "Swathanam," a psychosocial rehabilitation center in Kerala, aims at improving the quality of life for the community as a whole. Bhatti noted dilemmas in the current unicultural universal model of mental disorders and proposed a multicultural model in its stead. Muralidhar et al. reported on a weekly group interactions in Bangalore with families of people with chronic mental illness. Bhatti described family interventions in schizophrenia. Murali described the rehabilitation program at HIMHANS in Bangalore. Shah described individual therapies for schizophrenia. Kamath et al. described the plight of mentally disabled women in India. Sharma reviewed alternative patterns of care for people with mental illness in Delhi and an innovative model of community rehabilitation for long stay hospitalized patients.

Ireland: Four reports described various aspects of the University of Illinois (USA) satellite distance program in rehabilitation counseling in Tipperary, with the first cohort of students graduated in August 1999.

Israel: An overview paper described increased privatization of health services, with mental health treatment remaining the responsibility of the state. Services have been moved from the hospital to the community, diversifying alternatives to hospitalization, etc. But there are pressures from insufficient funding and bureaucratic intricacies that increase the demands on patients to navigate through the community. Public-private partnerships, such as in community hostels, offer one opportunity.

Japan: A report described residential services for people with mental disabilities in Tokyo, noting the level of five beds per 100,000 people is insufficient. Reasons for noncooperation (44% of 38 patients followed for 38 months were "partially or noncompliant") with medications after hospital discharge included: life events, busy work, pressure in daily life, recurrence of symptoms, lack of insight, and drug side effects. The Kawasaki City Rehabilitation Center has had over 100 participants, with success achieved by matching tasks with aptitudes, close staff support at the beginning, flexible working hours, staff follow up for problems. "Energy Saving Therapy" (EST) assumes that depression may result from wasting mental and physical energy, so patients are encouraged to keep an "Energy Account Book." Social cognition - how one thinks about one's self, others' social situations, and interactions - can be understood in how one receives a message, manages it, and expresses one's self. The means-end problem-solving task (MEPS) was significantly correlated with idea fluency. A ten year follow up study of 158 patients with schizophrenia showed consistency with the five year results in that the classification into six groups ranging from poor to good outcome did not change much over the last five years.

Kosovo: The prevalence of Posttraumatic Stress Disorder in refugee camps in Macedonia using several

epidemiological instruments was 18%. We all know what has happened in Kosovo, but his paper is a reminder of the need for services henceforth. Without such services PTSD may become chronic, with hyper secretion of cortisol and shrinkage of the hippocampus in some cases. Rehabilitation is not only for chronic illness, but must also be concerned with the prevention of chronicity. Children were noted to have intense attachment (symbiotic tendency and fear of separation), withdrawal, passivity, thumb sucking, and sleeping troubles. Research in the U.S. has shown that the children are at less risk for the structural changes in the brain noted above, but treatment is usually required for years. An ongoing task in Kosovo will be following all the children and identifying those needing treatment and providing it.

Lithuania: Developing psychosocial rehabilitation in Lithuania was described. Dirzys and Survilaite described the rehabilitation camp as a new approach: using the popularity of summer camps to provide instruction in self care, job seeking, social skills, etc., Survilaite and Barauskaite described participation in art exhibitions as a way to improve the quality of life of psychiatric patients.

Malaysia: Deinstitutionalization was begun in the 1960s, yet community psychiatry is still rudimentary, with low priority and funding. Day programs attached to general hospital psychiatric units have been developed, but programming is not catering to the rehabilitation needs of chronic patients. Krahl reported that two thirds of the patients passing through a day care program in Kuala Lumpur were able to return to gainful employment, helped by an eclectic, psychodynamic, cognitive, behavioral, and reality-oriented group psychotherapy. Salleh described a psychoreligious approach to the rehabilitation of drug addicts.

Mexico: A fine program of partial hospitalization was described. It uses individual, group, and family axes and is integrated with residential services.

(to be continued in WAPR Bulletin, 13(1), March, 2001)

These papers show the field is alive and well based on the partnerships of users, families, and professionals of all types in all sorts of job locations: communities, hospitals, academia, etc.

WAPR Calendar

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.wapr.net/\[www.cch.de/forumreha\]](http://www.wapr.net/[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]
- May 14-16, OECD Forum 2001 - Sustainable Development and the New Economy, CNIT, Paris [www.oecd.org/forum2000]
- May 13-21, Third United Nations Conference on the Least Developed Countries, Brussels, Belgium [email: info@resotel.be]*
- May 26-29, 9th European Conference on Traumatic Stress, Edinburgh, Scotland [[http://www.wapr.net/\[www.ecots.org.uk\]](http://www.wapr.net/[www.ecots.org.uk])]
- July 9-13, Royal College of Psychiatrists Annual Meeting: A Mind Odyssey-Science and Caring, London [rpsych.ac.uk/2001/index.htm]
- July 22-27 World Assembly for Mental Health (26th Congress of the World Federation for Mental Health, Vancouver, B.C., Canada [[http://www.wapr.net/\[www.venuewest.com/wamh2001\]](http://www.wapr.net/[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://wapr.de>, or this one:

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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

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