



World Association for Psychosocial Rehabilitation

BULLETIN

Association Mondiale pour la Réadaptation Psychosociale

Vol. 11, No. 2, July 1999

President's Message

Since the World Association for Psychosocial Rehabilitation originated in France in October 1986, it has been developing steadily. Among other initiatives, the Association has organized successful biannual World Conferences, the latest held in Hamburg in May 1998.

From the beginning, the WAPR has endeavored to develop a variety of initiatives aiming a better return of persons with mental illnesses back into the community. These initiatives — including those emanating from health professionals, community resources, families and users themselves, along with political, clinical and humanitarian organizations concerned with cure, reintroduction, defense and rights of people suffering from mental illness — have all been considered.

It is not possible to conceive the rehabilitation for persons with mental health problems without being, at the same time, of a psychological and social nature! If we neglect the psychological side, we risk being accused of treating psychosis in a social way. On the other hand, when the psychological side becomes too important, we risk losing the social side, which is indispensable for the insertion of persons with mental illnesses back into the society.

In the life of the Association, professionals, family members and users have worked together to build what has now developed into a major worldwide movement. Since the beginning, the Association has succeeded in binding work and collaborative ties with various groups, such as WHO, BIT and the United Nations, as well as

the governments of several countries. The Association has implemented on all five continents training seminars pointing to a better use of community resources in order to improve the lives of patients with mental health problems.

Now the WAPR invites you to come and highlight the different ways to be explored, in order to preserve and improve the effectiveness of care for people with mental illnesses and to also improve their quality of life as well as their rights and the possibilities of their access to culture and art, which will be a very important focus in the next VIIIth World Congress to be held in Paris on May 7th - May 10th, 2000.

The board of directors meeting — to be held in Paris from June 5th - June 6th, 1999 — will allow for an update on the entire progress accomplished during this first term, such as the creation of new national branches, the participation in very important international meetings and congresses supported by WAPR, as well as the developments in the preparation of our next Congress.

J. DUBUIS

PRESIDENT WAPR

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2 Editorial

This issue of the *WAPR Bulletin* — the third that has been edited in Brazil — brings some reasons for celebration.

The first of them is the appointment of WAPR past president, Benedetto Saraceno, to the head of the WHO Mental Health Division, in Geneva, which happened after our last edition was already published. The whole WAPR community is appreciative of his ethics of solidarity in the fight for the mental health improvement for all Humankind, his special attention to the peoples with greater social disadvantage, and his quest for the best results in social inclusion for those populations. We are happy to congratulate him and wish him a very successful term.

Another reason for commemoration is the fact that this edition has news from almost all continents: Africa, Asia, America and the Pacific have sent us reports. We leave our encouragement for Australia and New Zealand to be present at the next numbers, since WAPR will only be entirely strong and effective when it becomes a worldwide source of health promotion, social equity and life dignity. The training enterprises that were held in Mexico City, Imola, Paris and some African cities are vivid tokens of the international network that may be constructed by a truly rehabilitating practice.

Some samples of the mentioned initiatives are inside this edition. We hope that these may stimulate our colleagues to participate in a “cultural revolution”, to fight against inequality and to join in the marathon of good practice. Psychosocial Rehabilitation must be characterized as a state-of-the-art technological field that aims at social integration and inclusion.

There is no other reason for the alert from our friend Céline Mercier: we must re-evaluate our Psychosocial Rehabilitation knowledge in order to improve continuously its technical quality and investment policy.

Once again, Willians Valentini, Paula Galeano and Luís Fernando Tófoli dedicated a lot of themselves to elaborate this issue that is in your hands now. The hopefully better quality of the next number depends also from your collaboration — we are waiting for it soon.

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Africa

NEED FOR A REHABILITATION CENTRE FOR PSYCHIATRIC PATIENTS IN KENYA

This text was originally published in Muteero (Presbyterian Church of East Africa) Newsletter no 5 October 1996 and has been edited and reproduced with permission submitted by Paul Sidandi.

I am pleased to have this opportunity to share an idea through this newsletter. The idea which I have for sometime is for the need to start a Rehabilitation Center for psychiatric (mentally ill) patients categories I have two categories in mind:

1. Those who have had psychiatric treatment and are under close observation of a psychiatrist and not too ill to be in hospital but are not well enough to cope at home either on their own or with their families. Selected cases in this group might need custodial care at the centre and others might only require to attend day care activities suited for their needs, especially since these ex-patients fail to keep jobs when employed.

2. Those who are unable to cope at their own homes. They are usually seen either idle at their families' homes or roaming about in the streets or begging at strategic places. They are usually begging for food, money or cigarettes. In this group are also found patients who collect bundles of waste papers, cloth, plastic sheets, empty tins and bags. They have no permanent residence but put up makeshift shelters where they somehow manage to light fires to keep themselves warm at night and on cold days.

These patients are seen singly unlike street children who are found in groups of five, ten or more.

The role of the Family

Some families manage to keep their affected member under proper care and control while others are unable to do so, resorting to locking them up in isolation. They state that shame and suffering connected with mental illness makes them hide their sick relatives. Other families cite fear that their relatives will bother neighbors as a reason for locking up the affected person. Where there is shame and fear, there is a likelihood of lack of proper care for the patient; hence it is desirable to consider the needs of such patients to be cared for in an open manner acceptable to the community.

This is where the idea of a Rehabilitation Centre comes in. Families would send their patients there either on a daily basis or as in-patients.

The Rehabilitation Centre would be run, as a charitable organization with an element of cost sharing and it would be in the long-term cater for the needs of the chronic patient which are:

- Physiological: nourishment
- Safety or security
- Loving and belonging
- Self-esteem
- Self-actualisation

In some ways, the Rehabilitation Centre would be a "half-way" home with a wide range of activities for the well-being of the patient

Mrs. Lilian Kanaya
Schizophrenia Foundation of Kenya

Eastern Pacific

PSYCHOSOCIAL REHABILITATION IN FIJI

Fiji is an island nation in the Pacific Ocean with a population of over 800,000 people. The country's only psychiatric facility is situated on the larger of its 2 islands in the capital city of Suva. The St. Giles Psychiatric Hospitals is over 100 years old and situated on a hill overlooking the city of Suva near the prison and the cemetery. In such surroundings and with only one psychiatrist for the past several decades or none at times, psychosocial rehabilitation has never flourished or been an important aspect of the hospital's activities. There are currently 4 psychiatrists in Fiji including 2 who were recently trained in Australia and two from Nigeria, one of whom is at the Fiji school of Medicine. Two years ago Dr. Jude O'haeri was appointed the Medical Superintendent of the hospital. Dr. O'Haeri is from Nigeria and was WAPR national Secretary for Nigeria and a colleague of WAPR vice president for Africa for many years. Professor Tolani Asuni.

With his interest in PSR Dr. O'Haeri has initiated

the first day rehabilitation programme in Fiji and the region. The day centre is situated in a building near the hospital entrance and run by 3 staff for about 60 patients who attend on a staggered basis 5 days a week. The activities include group therapy, games, exercises and occupational therapy. The patients attend the centre using a hospital transport as the hospital is situated off the regular bus route. At a Workshop on PSR that was held recently the prospect of starting a similar day centre in the city proper with help from NGO's was discussed. The stigma of mental illness and the rejection of the long term mentally ill are likely to diminish with the expansion of PSR activities started at the St. Giles Hospital. It is hoped that the example of PSR in Fiji will spread to the many island nations that face similar problems in rehabilitating the treated mentally ill who are not fully functional.

Parameshvahara Deva
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(Contributed on behalf of Dr. Jude O'Haeri)

FEATURE ARTICLE

THE CONTRIBUTION OF PROGRAM EVALUATION TO PSYCHOSOCIAL REHABILITATION*Céline Mercier, Ph.D. • Douglas Hospital Research Center • Department of Psychiatry • McGill University***Introduction**

Psychosocial rehabilitation and program evaluation share a common interest in change. The former promotes individual and collective changes, the latter measures changes. One could therefore assume that they would work well together in the sense that, program evaluation assists psychosocial rehabilitation in the assessment of the desired changes. But program evaluation could potentially have much more to offer.

Identify what works and what... does not...

Some psychosocial rehabilitation strategies have been widely studied and it is possible to assess the extent to which they are effective. There is extensive evidence-based literature on both the respective strengths and limitations of the most popular or innovative interventions. As an example, following the conclusions made in many evaluation studies, assertive community treatment/case management improves stability in the community, reduces the length of hospital stays in individuals with the most severe types of psychiatric problems in addition to a large range of needs. It is still unclear to what extent it has effect on social adjustment and work. The effect on symptomatology has yet to be demonstrated (Mueser, Bond, Drake and Resnick, 1998).

Apart from the effects, program evaluation can also help to identify the best conditions for a program to produce the desired effects. Thus, evaluative research has demonstrated that both social skills training and training in daily living activities are more effective when the training occurs in the natural setting rather than in the hospital or a substitute milieu (Dilk, 1996). As well, the efficacy of these strategies is significantly improved when the issue of cognitive impairment is addressed simultaneously (Penn and Mueser, 1996).

The respective benefits of different programs in the same field can also be studied through program evaluation. For example, it appears now that the traditional pre-vocational and vocational training, in sheltered work environments have not been successful in helping individuals with severe mental illnesses in returning to the workforce. There is now evidence that supportive employment programs are more effective in giving access to employment in the regular job market (given accommodation and support) or in alternative work settings as social enterprises or cooperatives (Bond, Drake, Mueser and Becker, 1997).

Help fighting prejudice

By demonstrating that psychosocial rehabilitation works, the evaluative research has contributed to the questioning of assumptions regarding individuals with severe mental disorders which have been taken for granted in the past. As soon as in 1986, Anthony Kennard, O'Brien and Forbess, exposed a list of fifteen of these 'myths', which given the research results, are no longer held true. Among these myths are the following as examples: 'psychiatric symptomatology is highly correlated with future rehabilitation outcome' or 'there is a strong correlation between a person's symptomatology or a person's skills (p. 251)'.

Support better practices

Conclusions from the evaluative research can be useful for the implementation and development of programs of a higher quality. Reports on Model Programs or Best Practices can now be prepared and disseminated to help psychosocial rehabilitation promoters and developers to benefit from the past experiences.

In some instances, evaluative research was able to identify the components that contribute most to the attainment of desired effects. In a more general sense, program evaluation has emphasised the notions of strength and integrity with respect to the implementation of a program. These notions remind us that in order to obtain the expected changes, clients have to be minimally exposed to the intervention in terms of its intensity (vg number or frequency of contacts) and length of time.

Moreover, the critical ingredients of the rehabilitation program have to be present during the actual intervention. At the local level, program monitoring can offer regular feedback on both the number and the type of interventions delivered to sub-groups of clients, in different circumstances or at different time during the rehabilitation process. This information can be useful in describing the Resources to be granted to reach the program goals or for the planning, prevision or replication purposes.

Influence decision makers and practitioners

Changes in policies and practices are influenced by many factors such as evidence-based data. Program evaluation demonstrates the relevance, the efficacy and the effectiveness of psychosocial interventions and then promotes their generalization. This implies that these results are known by the decision makers and the practitioner, such that they recognize their relevance and they agree to consider them when trying to solve problems or improve services. To this end, the evaluator has to become an actor in the process of change. He/she can rely on approaches that have been developed for an enhanced utilization of results (stakeholder-based evaluation for instance), (Bryk, 1983) or by taking advantage of the expertise developed through the introduction of process introduction in an innovation in an organization (developmental evaluation), (Patton, 1994).

Empower groups and individuals

Some approaches in program evaluation share the same values and orientations as those in social rehabilitation. One of these is participatory evaluation (Whitmore, 1998). When stakeholder-based evaluation focuses on collaboration and consideration of different perspectives, participatory evaluation is oriented towards an active involvement and the sharing of responsibilities between the evaluators and either those who are exposed to the evaluation or those who will be affected by the results. The formation of a working group that will foresee every step of the evaluation would be the first step in involving both the staff and the users of psychosocial rehabilitation programs in the evaluation study. Consumers can also be actively involved in data collection and analysis.

Conclusion

Program evaluation can be an asset for psychosocial rehabilitation not only for the demonstration of its scientific value, but also as a mean to develop and implement more adequate and efficient interventions. To fulfill this role, program evaluation should be considered as a process, as well as a type of methodology. In this process, decision-makers, program managers, care providers and clients can be involved in every step of the evaluation. Ultimately, program evaluation can itself become a tool towards social rehabilitation in supporting people to gain more power and control in their recovery.

References

- ANTHONY, W. A., Kennard, W. A., O'Brien, W. F., & Forbes, R. (1986). Psychiatric rehabilitation: Past myths and current realities. *Community Mental Health J*, 22(4), 249-264.
- BOND, G. R., Drake, R. E., Mueser, K. T., & Becker, D. R. (1987). An update on supported employment for people with severe mental illness: A review. *Psychiatric Services*, 48(3), 335-346.
- BRYK, A. S. (1983). Stakeholder-Based Evaluation. In *New Directions for Program Evaluation*. San Francisco, Ca: Jossey-Bass.
- DILK, M. N. (1996). Meta-analytic evaluation of skills training research for persons with severe mental illness. *Journal of Consulting and Clinical Psychology*, 64, 1337-1346.
- MUESER, K. T., Bond, G. R., Drake, R. E., & Resnick, S. G. (1998). Models of community care for severe mental illness: A review of research on case management. *Schizophrenia Bulletin*, 24(1), 37-74.
- PATTON, M. Q. (1994). Developmental evaluation. *Evaluation Practice*, 15(3), 311-320.
- PENN, D. L., & Mueser, K. T. (1996). Research update on the psychosocial treatment of schizophrenia. *American Journal of Psychiatry*, 153(5), 607-617.
- WHITMORE, E. (ed.) (1998). Understanding and practicing participatory evaluation. *New Directions for Evaluation*. San Francisco: Jossey Boss.

6 Americas

LA CONSOLIDACIÓN DE LA REHABILITACIÓN EN ARGENTINA: CENTRO DE DÍA "DR. CARLOS LANFRANCHI"

A veinte años de la creación de la Curaduría de Alienados, desde el seguimiento y abordaje interdisciplinario de enfermos mentales en el ámbito de la Provincia de Buenos Aires, se hace imperiosa una evaluación de las personas externadas, su estado actual, su calidad de vida y la calidad de reinserción social que han logrado.

El objetivo de este proyecto se centra en ofrecer a las personas que han padecido alguna enfermedad mental que afectara sus capacidades y/o habilidades un espacio sostenido interdisciplinariamente donde puedan generarse proyectos grupales y/o individuales nuevos o que hayan quedado postergados (trabajos, estudios, hobbies, etc.), que faciliten, recreen o aumenten el lazo social siempre en riesgo de ruptura en este tipo de individuos.

De modo sucinto podemos definir a través de la experiencia de estos pocos meses de actividad en este nuevo emprendimiento, el Centro de Día Dr. Carlos H. Lanfranchi, que el objetivo general se dirige a contruir un marco institucional en el cual se promuevan todas las acciones tendientes a favorecer la consolidación de la rehabilitación y de la reinserción social. Para ello se há intentado construir la conformación de un espacio integrado (com otros que se encuentren en una misma

etapa de la reinserción) y lo más participativo posible (para el ámbito de las decisiones personales y grupales, apuntando a la ganancia en responsabilidad de cada uno sobre las acciones), com lo cual la rehabilitación queda entendida como un concepto globalizante que no se restringe a la capacitaci'n de habilidades, aunque la incluya dentro de sus objetivos.

Los objetivos específicos se refieren sobre todo a la oferta de las distintas actividades y talleres, oferta que se desprende de modo consensuado entre el equipo técnico y los usuarios del centro, en bse las grandes divisiones en la orientación de la tarea: terapéutica, laboral, y habilidades varias que exceden el mercado u ámbito de lo laboral. Cabe aclarar que los objetivos son cambianttes en el sentido en que se dialectizan y se modifican a medida que la marcha del Centro avanza. En la medida en que la experiencia indica como conveniente la modificación del sentido de lo que se hace, esto incide a su vez en las actividades.

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MEXICO

DIPLOMADO "SALUD MENTAL Y REHABILITACIÓN"

El Capítulo Mexicano de la W.A.P.R. y la Universidad Autónoma Metropolitana han organizado un diplomado que se desarrolla en tres módulos: concepciones de la salud mental, procesos subjetivos y tratamiento de la psicosis y rehabilitación psicosocial. El objetivo es actualizar a los profesionales de la salud mental para un abordaje integral que contemple los aspectos subjetivos y sociales del proceso de enfermar.

Inicia el 8 de Mayo de 1999 y concluye el 8 de Marzo de 2000.

Las responsables del programa son Ma. Eugenia Ruiz Velasco, Lidia Fernández Rivas y Eugenia Vilar.

El grupo de profesores convocados a participar está integrado por profesionales con amplia experiencia en este campo y por su apuesta por un tratamiento posible de la psicosis.

Rosalba Bueno-Osawa
Ma. Eugenia Ruiz Velasco

UNITED STATES

AAPR CALENDAR

Monday, June 14: Rehabilitation of the People with Mental Illness in the Corrections System: Lester Wright, M.D., Associate Commissioner for Medical Services for NYS and a forensic psychiatrist from NYU.

There will be no programs in July and August

Monday, September 13 program to be announced

Thursday, October 21 Annual UN Awards luncheon (note change from November) in conjunction with Annual Conference, which will continue on *Friday October 22* in conjunction with UN Day on *October 24*.

Papers are welcome, 200 word abstracts may be sent to AAPR 19 East 93rd Street, New York, NY 10128

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Interest in Psychosocial Rehabilitation:

Centre d'intérêts en réadaptation psychosociale:

Area de interes en rehabilitacion psicossocial:

PARIS 2000

The congress will focus on the following questions:

- What are the different approaches to rehabilitation through the world?
- How do these methods alleviate suffering and contribute to recovery?
- How can they improve integration in the area of work, housing, social relations and access to culture?
- How do they work together with biological and psychotherapeutic treatment?
- How can users, professionals, families and legislators overcome the tendency for society to create a division between those who are seen as "contributors" to society and those are viewed as a type of "burden"?
- What interventions and services can user provide in the efforts to help individuals in the area of work, housing and social relations?



*La réhabilitation
psychosociale :
encourager la diversité
et préserver l'équité*

7-10 MAI 2000
PARIS (France)

A different major topic will be focus of each plenary session:

Monday MORNING MAY 8TH 2000: *DESINSTITUTIONALIZATION, REHABILITATION*

Tuesday MORNING MAY 9TH 2000: *FAMILY, USERS AND HEALTH PROFESSIONALS : DIVERSITY AND EQUALITY*

Wednesday MORNING MAY 10TH 2000: *ART, CULTURE AND REHABILITATION*

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**II Encontro
Brasileiro**



**de Reabilitação
Psicossocial**

**II Brazilian Meeting on Psychosocial Rehabilitation
3rd-4th September 1999 – São Paulo, Brazil**

Special guest:

**Dr. Benedetto Saraceno
(WHO — WAPR)**

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