

Vol 13, No 2, July 2001

WAPR Bulletin 13(2), July, 2001, p1

The World Association for Psychosocial Rehabilitation

Advocacy Work for Human Rights

By:

Humberto L. Martinez, M.D.

Chair, Human Rights Committee

The World Association for Psychosocial Rehabilitation (WAPR) maintains a non-governmental organization (NGO) status with the United Nations (UN), the World Health Organization (WHO), the UN Economic and Social Council (ECOSOC), the UN Department of Public Information, (DPI) and the International Labour Office. WAPR also participates in the standing committee of different presidents of other international NGO's concerned with issues of mental health. Also, this work includes participation in the NGO Committee on Mental Health.

One of the first major projects of the WAPR in the UN was its work in helping to realize the passage of the U.N. Resolution 46/119.¹ Many other groups participated in the formation of the Resolution, including the Friends World Committee for Consultation (FWCC), the International Commission of Jurists (ICJ), the International Commission of Health Professionals (IHP/CINPROS), the World Psychiatric Association (WPA), and the World Federation for Mental Health (WFMH), as well as representatives of the WHO, the Centre for Human Rights, and the UK mission.²

The 1990 Economic and Social Council (ECOSOC) Report³ in its UN official publication

reflects the replies from governments and NGOs. In particular it has the reply of the WAPR.

After various drafts and revisions, the Resolution was adopted on 17 December, 1991.

As passed, the Resolution is the most detailed, comprehensive statement about the rights of the mentally ill internationally. No other statement covers the variety of topics that this one does. It recognizes: 1) the right to informed consent, 2) the right to protection from harm, 3) the right to be free from arbitrary or unnecessary isolation or physical restraint, 4) the right to live, work, and receive treatment within the community, 5) the need for recognition of the patient's cultural background to facilitate comprehensive reintegration into society, and 6) the right to live and be treated in the least restrictive environment possible. Treatment of the mentally-ill patient must foster maintaining and furthering the independence of the patient, as well as promoting the patient's participation in the community.

WAPR has participated in human rights missions with Mental Disability Rights International (MDRI) specifically to Argentina, Hungary, Mexico, and Uruguay. These missions are fact-finding ones applying the Principles described in the UN Resolution 46/119 in order to assess the situation. Our objective is protection of human rights of the mentally ill and for them to receive care in the least restrictive environment possible. At the same time as part of our objective is to foster the development of community-based psychosocial rehabilitation programs.

Clearly the relentless effort to ensure the basic rights for patients and families in the US and globally must continue. The WAPR actively participates in and promotes this work. It is through the local branches serving as anchors that develop local networks that our work is based on. NGO's working on human rights utilizes these resources to further the struggle for human rights.

Now let me describe a couple of human rights missions.

I visited Uruguay in 1993 and 1995 as member of a human rights mission⁴ with MDRI and as chair of the Committee on Human Rights of the WAPR. This visit took place at the invitation of Instituto de Estudios Legales y Sociales del Uruguay (IELSUR). This is a broad human rights organization. During my stays there I learned about their mental health system, the needs of the people, and the concern for human rights. Services were provided in long-term institutions called *Colonias*, which served as human warehouses very far from the urban center of Montevideo. The physical accommodations for patients were rudimentary, and patients were inactive during the day. Record keeping was scanty with a lack of documentation for most aspects of care, including diagnostic assessment and treatment planning. There was no opportunity for support from families and the community, which were often many miles away. I geared my presentation to making the following points: the need for accessible services within the community; the importance of bringing support from families and the community to patients; the need for documentation and quality assurance and, most

importantly, provisions to safeguard the human rights of the mentally ill individual.

Subsequent to the team's talks, the mental health administration brought about a change in the mental hygiene code. The old code, Law 9581 had been promulgated on August 8, 1936. This Law represented the largest obstacle to the human rights of the mentally ill, as it deprived the individual of judicial protection. Through our work, and that of local human rights activists, a new law was enacted. This law has a progressive approach to the protection of the human rights of the mentally ill and strongly encourages services within the community. The legislative body and the Department of Health began developing funding streams to facilitate community reintegration and to improve services with the mentally disabled.

I have since learned that the changes were successful and continue to enable the system to grow and broaden its reach. The success was reported to us by two social psychiatrists from Uruguay who visited New York City and detailed the changes. Their enthusiasm bore witness to the positive effect of the advocacy work in Uruguay.

My second example involves a series of visits to Mexico in 1999 and 2000.⁵ Again; this trip was as a member of the same NGOs previously mentioned. Here, we were invited by two foundations, "Fundacion Dignidad" and Fundacion Mexicana para la Rehabilitacion del Enfermo Mental (FMREM) led by Virginia Gonzalez Torres, a member of WAPR board of directors. The case of Virginia Gonzalez Torres is an outstanding example of the WAPR work and participation in the struggle to secure and protect human rights globally. This unfolded in Mexico in 1997. Gonzalez Torres was President of the Committee for Support of the Jose Sayago Psychiatric Hospital, which was working to improve conditions for patients at the hospital. She was a dedicated activist concerned about the rights and well-being of people with mental disabilities in Mexico. She and others arrived at the hospital on October 6, 1997, for a meeting with the Hospital Director, Antonio Martínez-Mungia. Upon arrival, Gonzalez Torres was physically assaulted in order to prevent her entry into the hospital. The meeting had been scheduled to discuss improving human rights and conditions for psychiatric patients, but it was not to be. More than 15 people, including nursing staff and administrators of the Hospital threw her against the floor and kicked her while the hospital director looked on.

In response to this incident, the WAPR mobilized its membership and together with other NGO's participated in a letter campaign in support of Ms. Gonzalez Torres. The incident was also reported to the NGO Committee on Mental Health that endorsed the support and to the UN NGO Committee on Human Rights.

The result of these joint efforts by the WAPR including the Mexico WAPR branch led by Rosalba Bueno Osawa and others, like Mental Disability Rights International (MDRI), World Federation for Mental Health (WFMH), the NGO Committee on Mental Health, was that Mrs. Gonzalez Torres was recognized for her authentic efforts and was able to develop

rehabilitation programs in the hospital premises. The Secretary of Health was transferred and with the new Secretary new hospital doctors were appointed, some of them with the view of further developing community-based psychosocial rehabilitation.

In our visits to the different institutions there was evidence of inhuman and degrading conditions. A situation similar to that in Uruguay prevailed there. In Mexico the long-term institutions were called *Granjas*, but these were virtually indistinguishable from Uruguayan *Colonias*. In the *Granjas*, rudimentary restraints were used to exert control, restraints in which patients could languish for days with no time out. People in the *Granjas* experience a total lack of privacy and basic control over the most minute and personal decisions of daily life.

In 1999, MDRI, as it had done in 1996 and 1998, continued to document filthy living conditions, unhygienic treatment practices, lack of appropriate medical and dental care, improper use of physical restraints, and shortages of blankets and clothing.

Treatment in the *Granjas* is primarily aimed at providing minimal care while keeping people in the institutions. Such custodial care is generally not directed toward rehabilitation or assisting a return to the community. The majority of people remain in a facility for a year or more, often for a lifetime. Treatment practices are primarily geared toward controlling symptoms through psychotropic medications. Little or no effort is made to promote reintegration into the community.

A large number of people placed in long-term facilities are officially labeled *abandonados*--people with (or without) a mental disability who may be fully capable of living in the community. The *abandonados* are placed in the psychiatric hospital because they have no family or no other place to go. In November 1999, the directors of two institutions estimated that 75 to 80 percent of people in their own facilities are *abandonados*. In 1998, the director of the National Commission of Human Rights estimated that the number is roughly 70 percent on a national level. The detention of *abandonados* in institutions--without any individualized determination that they meet civil commitment standards or that they are dangerous to themselves or others--is a violation of international human rights law.

Since the press conference held in Mexico City in February of 2000 where the MDRI Mexico Report was shared with the media, the Mexican authorities have proceeded to close one of the *Granjas*, the Fernando Ocaranza Psychiatric Hospital.⁶ A cluster of villas has replaced the hospital where 12 patients live per unit. This type of community has become the model for future service delivery system. The work that, "Fundacion Dignidad", FMREM, MDRI, the WAPR Mexico Branch and the WAPR Committee on Human Rights have been instrumental in achieving these results. We look forward to the future plans that Dr. Julio Frenk has described in the interview with the New York *Times* where he said that by the year "2006 the government hopes to establish similar mental health systems in every state and close its 18 government hospitals."

Although Dr. Frenk states that in the United States the government spends \$4,000 per person on healthcare while in Mexico the government spends a little more than \$300 per person projects like the one described is being made a reality. That is, where there is a will, there is a way. We encourage Mexico to continue this road to recovery of both patients and the healthcare system.

Now my attention turns to the United States of America. The WAPR has been concerned with active advocacy for the disenfranchised mentally ill population of the United States. A case in Georgia and work toward improving conditions in prisons and jails are examples.

The Georgia case, *Olmstead v. L.C. and E.W.*,⁷ was heard by the Supreme Court on April 21, 1999. It was the Court's first review of the "Integration mandate" of the Americans with Disabilities Act (ADA), which bans discrimination on the basis of physical or mental disability. It has been used to obtain community services for mentally-ill patients by claiming unwarranted "segregation" in state facilities while patients should be placed in the "most integrated setting appropriate" to their abilities and needs.

The WAPR became aware of the case and its importance in furthering independence for mentally-ill people and made efforts to join signing an amicus curiae brief. The results of the case were seen when the U.S. Supreme Court rendered a decision in favor of the two patients, thus forcing Georgia to secure community access for the mentally ill including housing and treatment.

Other work of the WAPR has been to improve conditions in jails and prisons. As described in the Amnesty International Report⁸ and elsewhere reports^{9, 10} on conditions in the USA about the mentally ill while in prison demonstrate all the abuses of human rights towards the mentally ill.

Here, the type of work done by the WAPR is shown in the preparation of a case led by Dr. Tom Levin that the Association will bring to the U.N. on Human Rights violations of the mentally ill in prisons and the U.S. Criminal Justice System. This describes a demonstration "grass roots" initiative of the American Association for Psychosocial Rehabilitation (AAPR), the U.S. branch of the WAPR. It clarifies some of the steps to achieve human rights for those unable to fight adequately for themselves. As such, these can serve as blueprints useful to others involved in similar efforts, and indeed the report states in the introduction.

The WAPR and AAPR were formed to address the treatment and rehabilitation of the seriously mentally ill. The problems of the mentally ill in prisons reflect a particularly malignant

disorder of the Mental Health Care System.^{11, 12} Under the usual prison conditions, the mentally ill entering the general prison population are in a dangerous and difficult position. They are likely to stagnate at best or become more disturbed with little likelihood of treatment or rehabilitation. While imprisonment offers an excellent opportunity for productive rehabilitation experience, the prospect for the mentally ill is bleak. For most mentally ill prisoners, imprisonment will expose them to sexual and violent abuse by fellow inmates and staff.

The Prison Project is AAPR's response to this enormous and often neglected issue. With the rise of consciousness about the need for Mental Health Program intervention in the prison system there are signs of a beginning response from both governmental and non-governmental organizations.

This synopsis gives you an idea of the work of the WAPR Committee on Human Rights. I exhort you to become active with the work of the Committee and to help us maintain the struggle alive for the protection and advocacy for human rights.

Bibliography

- 1) United Nations Resolution 46/119. The Protection of Persons with Mental Illness and the Improvement of the Mental Health Care. 17 December 1991. A/Res/46/119.
- 2) Report of the Joint International NGO's Working Group on the Rights of Persons with Mental Illness. Headquarters of WHO in Geneva. 19 December 1989.
- 3) 1990 ECOSOC Report: Economic and Social Council (E/CN.4/1990/53/Add 2), pages 14-17. 4 January 1990.
- 4) Rosenthal, E., Iglesias, E.M., Martinez, H.L., Rubenstein, L.S., Sundram, C.J. Human Rights and Mental Health: Uruguay; MDRI, Washington College of Law, American University, Washington, D.C., June 1995.
- 5) Rosenthal, E., Okin, R., Martinez, H.L., Benchoam, D., Clausel, L. F., Benowitz, B. Human Rights and Mental Health: Mexico; MDRI, Washington, D.C., February 2000.
- 6) Thompson, G., Up From Bedlam: New Model for the Mentally Ill, *New York Times*, May 11, 2001.
- 7) *Olmstead v. L.C.*, 119 S. Ct. 2176 (1999).
- 8) Amnesty International Report: USA: Rights for All. 1998
- 9) Human Rights Watch World Report 2000: United States.

10) Butterfield, F., By Default, Jails Become Mental Institutions. *New York Times*. March 5, 1998.

11) Fuller Torrey, F., Stickers, J., Ezekiel, J., Wolfe, S.M., Sharfstein, J., Noble, J.H., Flynn, L. M. Criminalizing the Seriously Mentally Ill: The Abuse of Jails as Mental Hospitals. 1992 Public Citizen's Health Research Group and the National Alliance for the Mentally Ill.

12) Fuller Torrey, F. Violent Behavior by Individuals with Serious Mental Illness. July 1994. *Hospital and Community Psychiatry* Vol. #45 pages 653-662.

Continuation of Reports at Coventry Board, March, 2001

Deputy Vice President: Ida Kosza:

Since the World Congress in Paris, I participated in Chicago in May as discussant of the Session of Psychosocial Rehabilitation (I belong to the International Membership of the APA). Since the World Congress I did not get the list of the 14 countries and the names of the national secretaries, which I have to deal with.... I have written letters to those I know, but have no answers.

After the summer holiday I organized the annual conference of the Hungarian Society for Psychosocial Rehabilitation, previously reported in the *Bulletin*. The chief patrons of the Congress were Oliver Wilson and Mikola Istvan, who has just become the Minister of Health in Hungary. He is the chief editor of the Hungarian journal *Hospital* - I am the board member for psychiatry. The previously reported Bela Galfi awards were a beautiful bronze plaque made by the famous, deceased sculptor the deceased Tibor Borbas, and a diploma made by a famous Hungarian graphic artist Zoltan Merenyi. I tried to invite people from other Eastern countries, but everybody asked for financial support. . . . The Hungarian Society can not finance the costs of the Eastern people. I have participated in the annual conference of the **Austrian** association organized by Marion Kalousek, which was very successful [no other report received].

In **Hungary**: Zoltan Peto is participating in the work of the Advisory Board for the Minister of Health for Rehabilitation (as psychiatrist). Szaboics Horvath has written a chapter for the book of Rehabilitation (psychiatry). Ida Kosza has written a chapter or the Handbook of Hungarian Psychiatry (sociotherapy). Ferenc Adorjani (Pomaz-Galfi Bela Hosp. Collaborating Center of the WAPR) organized the creative camp for psychiatric patients in the castle of Fuzerradvany with 45 participants from the whole country, also very successful. Paul Grosz, Szaboics Horvath and Laszlo Makkos have organized Sport and Culture meetings for psychiatric patients. The occupational therapists established their society, based at the Pomaz Galfi Bela Psychiatric Hospital. I got my scientific degree Ph.D. at Semmelweis University of Budapest.

Croatia: Subject: Re: WAPR-Croatia: Zvonimir Knezović wrote: Dear Dr. Javed, Thank You for Your fax-message am sorry, but I can not attend WAPR- Seminar in Coventry. Please send me (on my e-mail) all information about this meeting and about our WAPR-organization . Yours sincerely Dr. Zvonimir Knezovic.

France: Jacques Dubuis, past WAPR President: The French association met in October and elected Denis Leguay president, with Marc Habib and Roger Ontiente as officers.

Italy: Germana Agnetti, National Secretary: Over the last months the WAPR Italian branch pursued the data collection of the *Partnership Project*, of which preliminary results have been presented at the Paris World Congress.

On 15 June 2000 WAPR sponsored a meeting held in Turin on *Informal helping networks of the mentally ill*, where the Italian Board member Edoardo Re has been invited as keynote speaker.

The Italian WAPR President Antonio Guerrini acted as Chairman of the *Action for Mental Health Promotion*, a broad advocacy initiative involving consumers, professionals and families. In this position he organized and chaired a workshop on *Supported employment for the mentally ill*, held in Milan on 20 October 2000.

On November 15-16 2000 most Italian WAPR members participated in the National Congress of the Italian Society of Psychosocial Rehabilitation, held in Montecatini.

On January 10-12 2001 a number of officers of Italian WAPR branch have been involved in the First National Conference on Mental Health convened by the Italian Ministry of Health. WAPR Board member Ernesto Muggia played a very active role as a member of the organizing committee on behalf of the Association of Families of the Mentally Ill.

In my position of Italian WAPR National Secretary I participated in the following international events:

- International Symposium for the Psychological Treatments of Schizophrenia and other psychoses, 5-8 June 2000, Stavanger (Norway).
- First Congress of the Malaysian Association for Scientific Research in Psychiatry, 7-8 October 2000, Shah Alam (Malaysia).

Slovenia: Vesna Swab: Rehabilitation services in Slovenia are organized through NGOs that provide social support to users and their carers. There is no community psychiatric care, except from outpatient clinics which are parts of hospitals. Research completed in 2000 has proved that NGO rehabilitation services provide care for the most socially threatened group of users with lack of family support and with extreme financial troubles. This group's needs are employment and help in providing existential means. Their needs are answered partly and for only a relatively small group of patients.

NGOs are growing. They are establishing day centers, housing and sheltered employment with little government support using international foundations for their existence. Staff in these institutions are predominantly social workers that have little knowledge about mental illness and rehabilitation principles. One of the primary needs is consequently education of this staff, that was provided in recent years through an education module financed by MATRA (Netherlands) which proved to be successful. But we were not able to achieve permanent funding from national agencies and this education is very limited. We need further support and comparison to other education modules.

There is no tradition of voluntary work in Slovenia, which consequently is scarce. The psychosocial rehabilitation movement is nonetheless growing. One of the most important successes is that psychosocial rehabilitation is lectured in the Faculty of Medicine and in the High School for Nurses. Here is a growing number of publications and articles about PSR and mental health in Slovenia.

There were several conferences and round tables organized in Slovenia. Round tables in Ljubljana congress center

are open to public, provide information about mental disorders, stigma, service planning, etc. and there is fruitful dialogue among users, carers, politicians, and media. These round tables are the central part of anti-stigma project going on in all arts of Slovenia.

A forum of relatives was established on a national level with support of the Council of the Republic of Slovenia - it is possible to influence legislation directly through this institution. The FORUM has anyway many organizational and contextual difficulties and strongly needs support from similar foreign institutions.

A Rehabilitation Unit is established in the central psychiatric hospital and it should provide individual care plans and communication with community services (NGO, social services, etc.). The attitudes of hospital staff are targeted through education and publications. Attitudes to users is slowly improving from patronizing and inert schedules to more professional and flexible ones. There is growing concern for patients' human rights in the hospital. We are asking for theoretical support and comparison with other hospital rehabilitation services. There is little coordination among rehabilitation services and no political recognition of the movement. We would like to organize a seminar or maybe a conference on PSR with foreign expert involvement next year, in part to promote research on our PSR activities.

Southeast Asia:

Vice president: T Murali: Dr. T.Murali

Secretary, WAPR (IC)

India: I am happy to bring to your attention the board meeting of the Indian Chapter which was held on 17-2-2001. The Indian chapter has been very active during the past year. We had Four regional activities in different parts of India. Our news letter is regular . . . and we are in touch with the governmental agencies.

WAPR (Indian Chapter) Board met on 17.2.2001 and decided to request you to include the following items in the agenda for the Board Meeting on 24.03.2001.

Proposed agenda items:

1. Inclusion of the members of WAPR (IC) in the WAPR International Body: Currently WAPR(IC) has 123 members of which 105 are life members, 5 are institutional members and 13 are founder members. The WAPR(IC) would request that these names be included in the membership of WAPR International.

2. Annual membership dues to WAPR International: WAPR (IC) Board request the WAPR International Board to decide on the annual membership dues to be paid. Further, it has to be taken into consideration that the Indian Chapter has only life members (one time payment) and institutional members. We do not have annual membership. There are certain other International Associations which has formulated a form of payment, which is affordable and practical by their Indian counterparts, the details of which will be presented by Dr. T.Murali, who will be attending the meeting.

3.Other Concerns:

a) The Board members were concerned that the newsletters of the WAPR are not reaching India regularly.

b) In light of an individual from India requesting direct membership to WAPR International, the Board opined that all memberships should be processed by each country Chapter and not directly from any individual to the

International Board [Head Office, which records, 1,162.00 for direct memberships in 2000 and projects 2,200 for 2001]. Similarly, any correspondence from the International Board should reach the individual with the knowledge of the Indian Board. This will enable a better structured functioning of the WAPR.

Western Pacific:

Regional Vice President: Naotaka Shinfuku: No report since November, when he, Martin Gittelman, and Zeb Taintor met in New York. He reaffirmed the Japanese Association's being part of WAPR, and is planning a meeting in Japan, date uncertain.

Past President WAPR, WAPR/VP for Western Pacific, M P Deva:

Since the last Board meeting of the WAPR in Paris on the Occasion of the 7th World Congress of WAPR there have been a number of developments in the region.

WHO Regional Advisory Committee: The WHO Regional Advisory Committee meeting of WHO in September went well and although the budget for mental health in the coming biennium(2002-2003) is now about 2.5 times that if the 2000-2001 biennium this is the lowest of all the 6 regions. In US\$\$ it is about 290,000.I made a statement on behalf of the WPA but was unable to do so on behalf of the WAPR as they did not rec the WAPR message nominating me as the WAPR representative to the meeting. For the coming meeting please send the letter to both the WHO HQ in Geneva and the WPRO so there will be no difficulty.

Indonesia: In November 2000 I also visited Indonesia on a JSPS programme to reform mental health in Indonesia. Workshops including Rehabilitation of Substance abusers was conducted by me.

I am visiting Indonesia for further discussions on PSR programmes in Jakarta, Surabaya, and Denpasar in March during the period of the Board at Coventry and send my apologies for not being able to attend the WAPR Board. On my return from Indonesia , I hope to go on to Brunei to conduct 2 more workshops , including one on PSR there in conjunction with World Health day, the theme for which is Mental Health.

Mongolia: In May and September 2000 I (**Deva**) went to Mongolia to complete a Mental Health Reform Project started by the WHO in 1997. This programme under the Nations for Mental Health of WHO geneva was initiated by Dr. Benedetto Saraceno, our past president. One of the 3 aims of this project was the improvement of psychosocial rehabilitation in the community to decrease dependence on inpatient and institutional care. The first day center was set up in December of 1999 and by September of 2000 the Mongolians had started 2 more rehabilitation centers actually based in the Community health centers of the capital city of Ulaan Baatar. These 2 are based in portable rounded tent houses called ger, supplied by the WHO. A total of 10 such gers are being used in both hospital based rehab programmes and community based PSR programmes in rural and urban areas of Mongolia. Each ger costs US\$1000 but has brought about a paradigm shift in PSR in Mongolia. The rural gers house mental patients who would otherwise be institutionalized in less than tolerable conditions. The patients in the rural gers are involved in animal herding, milking of horses and cows and tending to sheep in Mongolia's steppes and others in craft work for sale using re-cycled wool and cloth. A new potato growing project has also been started.

Philippines: In October and November there were meetings in the Philippines. The November meeting which the President of WAPR attended was of the Philippine chapter of WAPR. The meeting was timely as there are economic and social problems in the Philippines as in many countries in the region, that invariably affect the mentally ill more than most. The marginalisation of the mentally ill is not a new phenomenon but that which is made worse in difficult times. Earlier in October 2000 I attended the Regional meeting of the WFMH for the same

region at the invitation of the Philippine Mental Health association which is by far the best run NGO in mental health in Philippines and has a variety of community based services for the mentally ill. There is a very well run day center which has about 25 persons involved in producing Philippine handicraft made out of recycled paper (from old telephone directories) and grass (yes , grass) The association is an example of solid progress in mental health in the community and has assets which includes 2 office and shopping arcades for rent to the community. The proceeds from these fund their many activities.

Deputy Vice President: L. Ignacio: WAPR Philippines is a member of the technical working group convened by the Philippine Dept of Health to plan the government's observance of World Health Day. WAPR Phillippines has been identified by the Dept of Health as its major partner in the production of a telemovie based on the theme: Stop Exclusion: Dare to Care. The concept, content and the essence of the script is being guided by myself and my staff at the Dept of Psychiatry UP. WHO is providing the funds for this project and this will be aired in a major television station on April 8.

WAPR-Phillippines, is also being supported by the DOH in organizing a symposium for families and caregivers.. almost an echo of the November conference; this time it will be nationwide. Following this we have been tasked to produce a manual for use in family care programs to be adopted by the government mental health program. Maybe because our theme is consistent with the WHO theme, I have also been asked to participate in drafting a National Mental Health Policy which the new Secretary of Health will be expected to articulate on April 7th. Funds has also been allocated to support this policy by reviving a national mental health program. In essence, WAPR locally seem to be recognized as a major resource and partner by government. We hope we can sustain this, but with a good WAPR-Phillippines Board, I believe we can.

Sri Lanka: In December I (**Deva**) visited the Sahanaya Community Psychiatric service in Colombo where Prof. Nalaka Mendis, VP for South Asia, is involved. It was a good experience to see the development of this community center despite the many difficulties faced by colleagues in Sri Lanka. Another project the Prof. Nalaka Mendis , Dr. Afzal Javed , the Late Prof. Chaudrri and I have been involved in, is the organisation of a South Asian Psychiatric Association and the holding of the 2nd Asia-Pacific congress of psychosocial rehabilitation in Colombo in September this year. Dr. Afzal is actively promoting this congress and discussions on this will be held in Coventry during the Board and conference with interested persons. I do hope our president, Zeb Taintor, Past President Jacques Dubuis and other board members will be able to give support to this initiative.

Funding: I would like to propose to the Board that we start low cost PSR programmes in needy countries of the World such as Mongolia for as little as US 1000 to help boost PSR in these countries. Other countries where this can be done are Vietnam, Cambodia and Indonesia. Those interested in this type of intervention are asked to please contact me at deva@perakmed.edu.my or devaparameshvara@hotmail.com or Fax 605-243 2636 address M P Deva, Professor and head, Perak College of Medicine, 3 Jalan Greentown, 30450 IPOH, Malaysia.

Voluntary organizations: Dale L. Johnson: Just after the WAPR meeting in Paris the World Fellowship for Schizophrenia and Allied Disorders (formerly World Schizophrenia Fellowship) held its biennial meeting in Jerusalem. Forty nations were represented and there were many presentations. The next board meeting of the WFSAD will be in Washington in July in conjunction with the NAMI annual meeting. NAMI's convention this year will highlight international issues. The family organizations in Europe, now approximately 18, have organized EUFAMI to represent Europe as a whole. The other area of rapid family organization development is Asia with new organizations in Korea, China, and India. Africa is poised to have several new family groups and South American appears to be nearly ready for new growth.

BOARD MEMBER REPORTS (ALPHABETICAL):

Angelo Cocchi: Dear you all: As I constantly receive your mail, I am informed about the great and important work

of you members of the Board. I apologize for not being in Coventry. I am very sorry about it, but an important Italian Society of Psychiatric Epidemiology (SIEP) meeting in Bologna, in which I absolutely must participate, prevent me from coming there. With regard to that, if someone is interested, I signal the new SIEP website: www.siep.it (at the moment only Italian). Looking forward to a future occasion to meet you. I wish you a nice job and send you my best regards.

Antonio Maone: My activities in the period May 2000 - March 2001:

I started, as director, a new Therapeutic Community for treatment and rehabilitation of young severely mentally ill people in Rome (Department of Mental Health Roma A).

As board member of Italian Association for Psychosocial Rehabilitation (SIRP) and Vice President of Italian Psychiatric Day Care Association (Coordinamento Nazionale Centri Diurni in Psichiatria), I was taking care of keeping in contact both of them with WAPR forwards present and future collaboration.

I attended meetings and activities organized by WAPR Italian Branch.

As Editorial Staff Member of *Psychomedia* (the first Italian Portal of Psychiatry) I promoted on-line knowledge of WAPR's goals and projects.

Aart Schene: Organization: Academisch Medisch Centrum - Amsterdam

1. Our European study on schizophrenia has now been published as a *British Journal of Psychiatry* supplement. This is a more scientific activity but it brings a set of five instruments to the international community measuring core concepts for health services research among the long term mentally ill population: (1) needs for care, (2) quality of life, (3) caregiving burden, (4) satisfaction with services and (5) description of services and service utilization.

2. In The Netherlands the Second European Conference on Psychiatric Rehabilitation Research will be organized under the title Collecting Evidence on Psychiatric Rehabilitation (29 November- 1. December 2001, Noordwijkerhout, The Netherlands). I am connected to the organization and will be the conference chair. The audience is a scientific one, and the main goals are:

- to give the state of the art of evidence based rehabilitation interventions,
- to obtain an overview of ongoing rehabilitation research in Europe,
- to discuss standards and new avenues of rehabilitation research

and

- to explore dissemination and implementation strategies.

The announcement and Call for Abstracts has just been issued.

3. Education: still active in that field. I would be very interested to work together with other people on developing some rehabilitation curriculum for psychiatric residents. I read something about that in all the E-mails, and have been working on that myself already for some years. Can we go to some international standard??

4. Collaborated with European colleagues on an international symposium in Bonn about Mental health Reform in Europe. We are now writing a supplement for Acta Psychiatrica Scandinavica on that issue.

Summarizing: still much going on. The Rotterdam Conference has had great impact on the further development of Rehabilitation here in Europe. I very much try to continue in that line.

I am not able to attend the board meeting, but send my best wishes to all of you.

Calendar

-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

WAPR BULLETIN WELCOMES CONTRIBUTIONS:

Editorial Board: English: Zebulon Taintor French: Jacques Dubuis Spanish: Rosalba Bueno-Osawa

Publisher: Gary Philo Editorial assistant: Dorothy Browne

e-mail: taintor@nki.rfmh.org, taintz01@med.nyu.edu fax 212 426-7645

mail: AAPR

19 East 93rd Street

New York, NY 10128

USA

MEMBERSHIP: Join your national chapter of WAPR (see list on website), use the form on the web site: <http://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 dactligrafar e enviar este formulario a:

WAPR Head Office

c/o AAPR

19 East 93rd Street

New York, NY 10128

e-mail: <mailto:wapr-office-hamburg@cch.de>

Chase Manhattan Bank

Account No.: 110-074351

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)

Sponsoring/Parrainage/Padrinazgo (\$1,000. US)

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 explicitiva) 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: _____
