WAPR e-bulletin

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NOVEMBER 2nd.-5th., 2015.
12th. WAPR WORD CONGRESS,
SEOUL (SOUTH KOREA) 2015

WORLD ASSOCIATION for PSYCHOSOCIAL REHABILITATION

Volume 37. November 2015

www.wapr.info
WAPR BULLETIN N° 37.

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“Beyond the Tradition, Create New Paradigm of Care”

12th World Congress of WAPR in Seoul 2015

Date_ November 2–5, 2015
Venue_ Grand Hilton Seoul, Korea
Homepage_ www.wapr2015.org
E-mail_ wapr2015@gmail.com
Welcome to the final edition of WAPR Bulletin for the current triennium!

I am pleased that WAPR is completing its 2012-2015 term with an impressive number of organizational and professional successes. We remained very active during these three years period and completed various tasks ranging from organizing meetings, conferences & different academic & clinical events to starting and strengthening PSR programmes around the globe. Credit certainly goes to our board members, national branches and especially the Regional Vice Presidents as their dedicated efforts have played a dynamic role in reinforcing the mission & philosophy of WAPR not only in their respective regions but have also given WAPR an international prominence & greater visibility.

There have been a record number of joint activities with professional organizations and NGOs working in the field of mental health and allied disciplines. It is reassuring to note that WAPR had continued working with many renowned organizations, especially with the following major groups, and have played a promising role in the uplift of mental health at different levels.

- World Psychiatric Association (WPA)
- World Association for Social Psychiatry (WASP)
- World Federation for Mental Health (WFMH)
- World Federation of Occupational Therapists (WFOT)
- Club House International
- International Centre for Clubhouse Development ICCD
- European Federation of Associations of Families of People with Mental Illness (EUFAMI)
- International Society for Psychological treatments for Schizophrenias & other psychoses (ISPS)
- Pacific Rim College of Psychiatrists (PRCP)
- International Association for Women's Mental Health
- European Psychiatric Association (EPA)
- Faculty of Rehabilitation & Social Psychiatry Royal College of Psychiatrists UK
- Asian Federation of Psychiatric Association (AFPA)
- SAARC Psychiatric Federation (SPF)
- World Health Organisation (WHO)
We held joint meetings, sessions and academic programmes in collaboration with these organisations and have signed joint declarations with some of these organisations for shared work. These programmes have opened new avenues of collaboration and links for our mutual work in different countries. Just to give an example of KL declaration on “Psychosocial Rehabilitation in Asian countries” that was passed at Malaysian meeting (May 2014). This has come up as an important document advocating needs for implementing PSR in Asian countries and we are pleased that we are sharing this document with other professional groups including Royal Australian & New Zealand College of Psychiatrists for future collaboration and implementation in the Asian Pacific Region.

Opening of new branches especially in Colombia and Ghana in African and American regions during second half of 2015 have opened new avenues for starting WAPR work with a lot of enthusiasm and commitment from these two countries. The launch conference in Colombia had a theme on conflict management in post conflict areas and received a memorable welcome as well as a forthcoming initiative by WAPR Colombia.

It is indeed a great opportunity to organize a number of training programmes during 2015 in almost all regions (Europe, Asia, Africa and Latin America).

Many WAPR branches have continued with their annual meetings and collaborating events with many other professional associations in organizing different academic, educational & professional activities during this year.

- WAPR Eastern Mediterranean Regional Training programme / meeting, Lahore, Pakistan, February 2015 www.pprcpakistan.com
- WAPR Training workshop at Asian Federation of Psychiatric Associations (AFPA) World Congress, Fukuoka, Japan, March 2015
- WAPR supported meeting, Colombo, Sri Lanka, March 2015
- WPA European Regional Training programme, Athens, Greece, May 2015
- WAPR European Regional Meeting Italy, May 2015 http://www.wapr-italia.it/
- WAPR South Asian Regional Training programme Bangkok, Thailand, August 2015
- WAPR launch meeting Colombia August 2015
- WAPR sponsored training programme on managing violence and trauma among children & adolescents” in Peshawar, Pakistan October 2015
- WAPR Ghana launch meeting and training programme by WAPR African region October 2015
- WAPR Iran collaborating programme in Iran October 2015
- WAPR Co-sponsored meeting of WFMH, Cairo, Egypt, October 2015
- WAPR World Congress, Seoul, Korea, November 2015 www.wapr2015.org

WAPR Bulletin & WAPR website continues receiving a well-deserved appreciation from our membership. Thanks to the editorial team for their hard work. Leadership of the editorial board had been strength of this publication and many of us have benefitted from their talent and skills. It is indeed a matter of great proud & privilege that Spanish version of our Bulletin has been added to the list of achievements in this area.

WAPR Bulletin has started a new section of invited articles on specific topics that will generate a discussion forum. This is a brilliant idea as debates on currently important topics will generate more ideas for the development of our services and approaches towards improving our strategies.
Most of the WAPR Standing committees & WAPR Task Forces have completed their work for the 2012-15 term and some of these Task Forces have reviewed their remit within the functioning of WAPR. The Task Forces on Users & Carers involvement in Treatment and Rehabilitation & Human Rights for persons experiencing mental illness had significant contributions towards international work.

Similarly our standing committees on Constitution, Nominations for the next election and Congress committees have undoubtedly prepared their recommendations for our discussions at the next general assembly.

I feel very proud of completing and leading this exciting and very rewarding term of WAPR as its President. These three years are an asset for my professional life and will always cherish my memories for working with exceptionally great friends who taught me a lot about diversity and multiplicity of skills and wisdom.

I thank all the Board members, national secretaries & membership of WAPR for their continuous support and hard work for WAPR. I have enjoyed working with all of them and hope they would also acknowledge and share the outstanding successes and achievements of the current executive committee and the board in a befitting manner.

I once again extend my best wishes to Ricardo Guinea and his new team for leading WAPR during 2015-18 and hope our new term brings more prominence to WAPR’s work and we continue with our efforts for bringing a change and improving services for our patients and their families. This of course needs your continuous commitment and support to WAPR.

And last not but the least; let us celebrate the success of WAPR at our long awaited WAPR Congress in November at Seoul where Tae-Yeon Hwang and his team have managed an outstanding scientific and social programme!

Afzal Javed in Lahore, Pakistan.
How to enjoy WAPR Seoul Congress and culture of Seoul

WAPR Seoul Congress in coming up very soon and I’d like to give the tip to enjoy the congress and city of Seoul to you. If you did not finish registration, please hurry up to enjoy one of the greatest WAPR World Congress at Grand Hilton Seoul Hotel and Convention. 

- Participants and Scientific Program
You will meet around 1,300 participants from 43 countries including consumers and family members. Psychosocial specialists give you 7 Plenary Lectures and 12 Meet the Expert sessions to widen your perspectives in this field. The scientific program will be started at 8:30 am so you’d better have your breakfast early to enjoy the sessions.

We will have more than 50 symposiums covering most of psychosocial rehabilitation, mental health, human rights, mental health promotion and preventions. 2 Media session will give you real life stories of many people with long term mental illness in Korea.

- Guidebook (Mobile application)
To save the Earth, we will not provide you with paper abstracts. Program book of 12th World Congress of WAPR will be replaced by a Guidebook that can be downloaded at App store or Google play. Program Schedule, My Schedule, Speakers, Venue Map, Abstract, Exhibitors, Notice, Onsite information, Photo Album will be included in the Guidebook. Please enjoy our congress without carrying a heavy program book.
Site visit courses are provided to give you a chance to visit community facilities, mental health hospital, and art museum in Seoul and adjacent cities.

- Course A: Sorry! There are no more seats available.
- Course B: Art Museum THE VERSI & Yongin Mental Hospital.
- Course C: Taiwha Fountain House & Jongno Community Mental Health Center.
- Course D: cancelled due to the lack of minimum enrollment requirement.
- Course E: Sorry! There are no more seats available.

1. Course B
   (1) Time and Date: 12:00~18:30, Tuesday, November 3rd, 2015
   (2) Course:
      - Art Museum THE VERSI, located in Yongin City, helps to find employment for people with mental health problems and showcases their creations via Outsider Art genre. During your visit to THE VERSI Art Museum, you will have a chance to participate in Seminar by Dr. Johann Feilacher, director of SHE House of Artists and Open Studio from Austria.

- Yongin Mental Health Hospital is a forefront leader in private mental health hospitals in Gyeonggi Province of, Korea. WHO Collaborating Center for PSR and CMH located in the Hospital and has affiliated psychiatric rehabilitation center, residential house and community mental health centers for those with a long term mental illness seeking recovery.

2. Course C
   (1) Time and Date: 13:00~17:00, Wednesday, November 4th, 2015
   (2) Course:
      Visit a Club House and community mental health center, located in the center of Seoul City.

Taiwha Fountain House represents the community mental health business in Korea. Even though Jongno Community Mental Health Center is a public service institution, its atmosphere and structure is like home.

*For more information, please visit: [http://www.wapr2015.org/05_acc/acc01.htm](http://www.wapr2015.org/05_acc/acc01.htm)

Mental Health Art Exhibition.

2015 WAPR prepared Mental Health Art Exhibition. In Korea we have arranged Mental Health Art Exhibition for more than 10 years. We
have sometimes held domestic exhibitions and sometimes collaborated with other countries such as Japan, Australia, and Italy. Many Korean therapists recommend art therapy for patients with mental health problems and they are often amazed by quite a few artworks that the patients created. The creative artworks inspired many therapists to plan to establish the way to let others know about the imaginative artists. That's why many people who worked in the field of psychosocial rehabilitation interested in the Mental Health Art Exhibition.

2015 WAPR Mental Health Art Exhibition prepared more than 30 masterpieces that persons with mental health problems in Korea created. We hope you enjoy the artworks and share the intention to decrease the stigmas against them.

- Date & Time: November 3-4, 2015, 08:30-18:00
- Place: Emerald Hall (3F), Convention Center 0f Grand Hilton Hotel
- Exhibition: Mental Health Art Exhibition.

Welcome Dinner and Gala Dinner
1. Welcome Dinner
The Welcome Dinner will be an excellent opportunity to catch up with old colleagues and make new friends while enjoying some delicious foods and refreshing beverages, as well as traditional Korean culture and Korean Pop. Come and join this entertaining ice-breaker to expand professional networks and form partnerships.

- Date & Time: November 2nd, 2015, 18:30-20:00
- Place: Grand Ballroom (4F), Grand Hilton Hotel
  - Performance 1: Traditional Korean Culture - Han Baek Sa Wee: "Han-Baek-Sa-Wee", Students Club of Chung-Ang University, will show you the essence of "Ma Dang Nol E" which is consist of Talchum (Mask Dance), Samul Nori (Play with four Korean traditional instruments), and Madanggeuk (Drama performed at play yard) at welcome dinner on the 1st day of Congress.
  - Performance 2: Korean Pop (Taewoo Kim – Pop Singer)
Taewoo Kim, famous K-pop singer and originally the lead singer of popular boy band "G.O.D", has been actively trying to remove the prejudice and stigma as well as make the congress known to the public as an ambassador of the WAPR. We promise you that his sweet and soft melodies at welcome dinner will make your heart filled with love and happiness.

2. Gala Dinner

Before the closing of the Congress, participants will enjoy an opportunity to network each other through the Gala Dinner, in which a variety of foods, drinks and entertainment will be served.

* Date & Time: November 4th, 2015, 18:00-20:00
* Place: Grand Ballroom (4F), Grand Hilton Hotel

-Performance 1: Traditional Korean Culture
  (Sunei Kim – Master singer of Pansori)

  *Pansori is a genre of musical story telling, performed by a vocalist with drum accompaniment. 2015 WAPR invited a special master singer, Sunei Kim, who has remarkable reputation in the realm of Pansori for the Gala dinner. She received President's award for Pansori achievement at 25th Chunhyang Festival and was appointed promotional ambassador for Pansori of UNESCO in 2012. We expect that her performance decorating splendid finale of 2015 WAPR will offer deep emotion and delight to hearts of all participants at Gala dinner.*

-Performance 2: Classical Gala Concert of Jieum Opera Company

2015 WAPR prepared Classical Gala Concert. The members of Jieum Opera Company which is one of the leading opera company in Korea will show you the wonderful performance. At this concert you can enjoy the best songs that many people likes. The repertories include famous opera...
arias, musical songs, movie songs and Korean songs. We hope you enjoy the concert and have time to be relaxed.

**Seoul City Tour**

If you want to attend Seoul City Tour program, please visit to the below Web-site.

[http://www.seoulcitytour.net/English/](http://www.seoulcitytour.net/English/)

You could choose various programs that you want.

Reservation contact information, Tel: 82-2-774-8222, 82-2-720-0335

*For more information on Seoul, please visit : [http://www.visitseoul.net/](http://www.visitseoul.net/)*

I would like to welcome all of you to 12th World Congress of WAPR in Seoul.

See you soon.

Tae-Yeon Hwang
Organizer of 12th World Congress of WAPR
Training Program for Peers in Mental Health in Norway
Magdalena Krossgått & Audun Pedersen.
Bergen, Norway

The Training Program for Peers in Mental Health is organized by the Norwegian Labour and Welfare Administration. This particular program is developed and offered in Bergen, and the first annual course started in 2006. Until present there have been 9 annual courses with an average of 15 participants each year.

Training programs for peers has also been provided in other parts of Norway by the local Labour and Welfare Administration or other funders. At the moment it is only offered in Bergen, where it is a part of the municipalities’ strategies for strengthening peer involvement in mental health services.

In order to participate in the program, a requirement is that the students have experiences of mental health problems, and that they have a clarified relation to their own challenges and situation.

Program aims to qualify the students to work as helpers in interdisciplinary teams in mental health services. This is in line with the local and national policies of strengthening experience based knowledge and practices in services.

The focus in the program is to explore, study and learn how to use one’s own lived experiences as competence and skills based on the knowledge of their own recovery process.

The first part of the program runs over 12 months and corresponds to a 50 % occupational position.

The program consists of theoretical subjects, practice assignment and an individual project work. The theoretical part is totaling 180 hours. Topics include recovery and well-being, mental health and mental distress, communication skills, the role as an employee with lived experience, user involvement in theory and practice, stress management, physical activity and community and environmental development. The lecturers are professionals in mental health care and peers. Former students are typically used as lecturers.

The participants get tailored and individual supervision through the program.

There are practice assignment of 20 weeks. Relevant internships can be mental health day
centers and club houses, supported housing and healthcare in general.

Project work is intended to raise awareness and develop the role of employee with lived experience.

The second part of the program is active and organized work assignments and practice in mental health care (one year). The goal for most of the participants is regular employment.

Not everybody intending the course end up working as employees with lived experience. Some return to former occupation, some choose to study, and some work outside mental healthcare. This is also not the most important issue. The most important issue is the process we go through, and what we learn about ourselves during this year. Acknowledging ones lived experience is essential.

The municipality of Bergen has at the political level established 10 positions for employees with lived experience. These are positions on top of the regular staff. In addition there are 8 persons who have applied to ordinary positions in competition with other professionals and got the jobs. We have tried to establish positions in mental health hospitals, and this succeeded finally in August 2014. Today there are three positions for people with lived experience in specialist services in the health division, and they are very successful. One of them had an article in the local newspaper recently, where he told his story. This is very important for promoting openness and challenging stigma in the general population, and also for the local politicians who manages grants from the City Council.

Magdalena describes her experiences from participating in the program:

“I was one of the participants in the first group that started in 2006. After the course, I started working in supported housing for citizens with mental distress. I worked there for almost two years, and then I was offered the job I have today in the Norwegian Labour and Welfare Administration. I have now worked here for almost seven years.

My responsibilities include teaching employers, employees in the mental health, students in mental healthcare and employees and users of the Norwegian Labour and Welfare Administration.

I am involved in a local Individual Placement and Support (IPS) project, a project aiming at supporting people with serious mental health problems in ordinary work. I have been trained in the methodology and quality measurements, and I am participating in the evaluation-team of the project.

I am also participating in the development and evaluation of services related to work and mental health in the Norwegian Labour and Welfare Administration.

Personally I believe that the most important in my role is to bring hope to others who are struggling with mental health problems.

I feel that I have contributed to raise awareness for my colleges. I notice that they have changed attitudes to people with mental health problems, particularly in relation to employment, and they have changed the way they talk about people who experience such challenges. This gives me confidence that the role I have is important.

Of course, I also meet persons with little faith in recruiting former service users, both in my own organization and others, but I am convinced that our presence in the labour market will combat such attitudes.

I think that recruiting former service users in mental health care and other organizations that provide services to people who experience mentally health problems, helps to make services better and contributes to hope both for providers, family members and service users. I am convinced that cooperation between
professionals and service users provide more comprehensive as well as tailored services.”

The city of Bergen has now over 9 years for experience from recruiting people with lived experience, and it is obvious that the attitudes in services and the community have changed. A normal response earlier was that “this seems to be a good idea, but I don’t think it fits in here”. Now it is more common with “we would also like to have one with this particular competence in our team”.

The municipal services have over the last 10 years tried to be more recovery oriented and less focused on symptoms and medication. We try to be hope-promoting, involve the person who is a service user in goal setting and focus on everyday wellbeing, the persons interests and resources, activity, studies and work and general community participation. The mental health activity centers in the suburbs have developed to have more focus on community engagement in cultural and physical activities than before, and more user controlled activities. Many of the peers can offer skills in art, ceramic, music and more.

Peers can also make a big difference in engaging people who have little faith in services and the community, by promoting hope for change to the person and to help professionals to find new ways to be helpful. They contribute to let go of the traditional expert role and support and develop more equal cooperation and partnerships.

At the moment there are several optimistic signs for this program. Both in- and outpatient units in mental health are becoming more open to recruit peers, and also within substance misuse services. This opens a big labourmarket for upcoming peers. In the municipal services of Bergen both the services and the labour unions value these trained peers on the same level as assistant nurse, and with the benefit of lives experiences. The voices of trained peers are present and listened to at conferences, in colleges, in health and welfare politics and in the general public debate. These are all small steps in changing the mental health services in Bergen.
Our value as individuals and as society can be measured by our solidarity with the most vulnerable.
E. Rosenblueth

Introduction
Through every human being’s life, the possibility of illness at any given moment exists, and to realize the binomial health-disease calls for immediate action: to find a cure, one goes to a specific place. The denominated hospital is an establishment for diagnosis and treatment for patients. Nevertheless, it’s important that the function of this institution is not limited to only giving back the “physical” health, but to rescue the condition of subjectivity, so that a person is not just statistic data with an identity reduced to a bed’s number, or a file or a nosological entity.

Therefore, this is about thinking the different forms of approach that are given to a patient, where the fundamental question is: What is being attended? A clinical picture with signs and symptoms, an organ with a pathological alteration, or an ill subject? We know that a human being is not only a biological body. To give back the voice that was silenced, gagged to each subject, is to be able to listen to what this event meant for this person. There are not two individuals for which a disease, for example hepatitis, is experienced or means exactly the same thing. This is about being able to give company through the particular loneliness and bewilderment that has changed his or her life since the illness began.

As a history
In México there is an ancient tradition of help with no exception for disabled persons. In the pre-hispanic era, deformations and war lesions were considered in an ambivalent way, explaining the etiology through magical reasoning. During the colonial and independent periods, charity institutions, mainly religious, attended deaf,
blind, paralytic and chronical illness. The actions were taken for ethical and ideological motives, but not by the particular needs of the affected group.

By the end of the XIXth century and the beginning of the XXth, hospitals emerged with new tendencies of attention towards sick people and specialists trained in different parts of the world. This allowed a more integral kind of treatment that included prevention.

The epidemics of poliomyelitis and other diseases led to the creation of specific services for people with disabilities, producing modalities of different treatments. In the 1950’s, the Infantile Mexican Hospital and the English Hospital started the formation of specialists in physical medicine. They also trained nurses in physical and occupational therapy, integrating, for the first time, teams of technical members for the attendance of people with a discapacity.

Amongst the health sector though the national DIF and Municipal Facilities, today there is a net of twenty seven special rehabilitation and education centers and 310 units of rehabilitation.

In this context, the Program for Integration to the Labour Field for Persons with Disabilities is created, it includes full reintegration in social networks, allowing the user to participate in equality activities, taking in consideration the ensemble of meanings that dress him up as a subject, the primary affective core and the community to which he or she belongs.

It’s still a reality that individuals with disabilities have not been considered to be integrated into the labour sector because they are excluded from the whole social environment: their residual capacities have yet to be valued, they don’t have opportunities for proper trainning, and in cases of deinstitutionalisation, it has not been done properly. Frequently, the disability is seen as an impossibility, this disempowers the subject within the social network. Opposite, if the person is thought like proposed in the publication of the “rights of the service user: emphasize skills, minimize incapacities”, we approach the person from what he or she can and wishes to do analyzing the possible working context. This implicates a process in which the person is supported in an interdisciplinarian way, searching
the best option for each case, without closing the process once reintegration takes place, but reviewing in the short, medium and long term.

**Identity: a starting place**

The tendency in scientific approaches is to meet the person from the platform of a diagnosis or from a nosological picture of signs and symptoms, damaging the person’s identity so, instead of referring to, for example, Pedro Ramirez, we talk about “the schizophrenic”, “the blind” or “the paralytic”. Paradoxically, part of the process of medical attention is to establish a good diagnosis in order to be able to know the kind of treatment needed, so my intention is for us to think about these and other problematic issues present, to rescue a particular subject starting from the singularities of a familiar, social and historical particular framework. In that way, we open up for the possibility of acknowledging a life’s story that was not determined by pure chance or other situations like magical reasoning.

Frequently, the person with a disability is also seen like someone without certain rights, like an isolated subject. Today someone needs treatment, but why do we refer to the individual in third person? We are not realizing these issues go further, and we must now think in plural since we are all part of the rehabilitation process.

**Program for Integration to the Labour Field for Persons with Disabilities**

We are experiencing a historical moment in which science pushes forward day by day and incurable diseases have diminished. Now it’s up to us to attend long term diseases and invalidation.
To implement strategies that provide for physical rehabilitation alone is not enough. We have to face physical, psychological and cultural barriers that prevent or limit the integration. It is about working in an interdisciplinary way with an integral approach to the subject, by the constitution of a multidisciplinary team that will work to overcome the individualistic and reductionist ideological tendencies. There is no single theory about human beings. The actions in the field of rehabilitation should be person-oriented, specific, contextual, and with the right choice of available resources.

**Objectives**

Identify labor demand from persons with disabilities.

Promote the job offering for people with disabilities.

Coordinate and establish links with different training and employment institutions.

Establish agreements with different hospitality institutions, public rehabilitation, civil associations and others.

Track individuals with disabilities integrated into the labor market in the short, medium and long term.

**Training and Labour Integration Process**

- Initial interview with the service user and, afterwards, with their family.
- Evaluation from areas of Rehabilitation Medicine, Psychology and Social Work.
- Integration of the above assessment.
- Analysis of the possibilities of labor integration.
- Introducing the candidate to the workplace.
- Workplace Integration.
- Follow up.

**Functions of the Labour Integration Project**

Meet the demand of work from the service user.

Counseling the service user through lectures, courses, workshops to prepare them for the possibility of integration.

Interviews with employers and training institution’s authorities to detect opportunities that can be fulfilled by the candidates.

Company visits to analyze each possibility.

Organization for independent work.

Procedures of integration for training and work.

For the rehabilitation to be integral it must not only attend the affected individual, but the family and the social context in which the person is immersed; thus working together the public system, professionals and civil society, all with the same goal: the full citizenship of people with disabilities.

One way to evaluate the services we offer in institutions is to see the degree of functionality and quality of people who request it.

*Psychosocial Rehabilitation is a commitment for everybody.*

**References**

Poster awarded in the European WAPR Conference, Torino, Italy. 2015.

The AMA GROUP “Voices in the silence” was established in 2003 from an initiative of Silvia Calzuola, voice hearer and social facilitator till 2014. Unfortunately, she is not with us anymore. The group is currently made of six voice hearers and four more people interested in acquiring skills and promoting the constitution of other self-help and mutual help groups: two psychiatrists, an anthropologist and a nurse. On a whole, more of 35 people attended the group in the last years.

The current members are part of the group since 2006. The participants talk about their personal relationships with medications all over the years.

**Our thinking about medication taking**

Andrea: since we went to Rome and I listened to Whitaker talking about the possibility of not being totally passive concerning medication….

Initially I took medication for feeling dumb, like a drug, I gained weight and I suffered from sexual problems. I had problems in managing medications and I did not feel very well, and sometimes the voices told me not to take them.

Nonetheless, I have understood that the right medication is very useful in the acute phase and in the maintenance phase, because they can help managing the relation with the voices.

I have to say that the group helped me more in the interpersonal relations with other people than in the relation with my psychiatrist.

Filippo: at the beginning, I didn’t want to take medications because I was sure I didn’t need them, but I was obsessed with it, thinking the same things again and again. Now, although it
can just be a placebo effect, I’m afraid to reduce them. It happened sometimes that I suddenly stopped taking them, but it was counter-productive, and I was feeling very bad. So, the doctor suggested me to start taking them again. Now it seems I feel better and I can manage the voices in a more effective way. Hearing that other people try to modify the way they use medications can be a stimulus to try to find your own way yourself.

Gianluca: at the beginning I was glad to take medications, but I stopped because of the drowsiness they caused me. I reported that to the physician who told me to try to tolerate it. But they also made me grow fatter. I thought they didn’t do any good to me and it seemed to me to feel fine without medications. It is five years since I’ve understood that medications can be good for me: after a hospital admission and thanks to the group. This group helped me to communicate better with the doctor: I understood that it is an illness that must be cured also with drugs. The drug helps me to decrease the voices’ noise.

Daniele: before to attend the group I was not happy to take medication, and I believed medication were useful just to stay calm. After: medications are useful to make people feel better, TILL THEY REALLY NEED THEM. The person and the psychiatrist have to decide together according to the state of the person in the last days and weeks, decrease or increase doses of medication in order to understand the effects they have on that person.

It’s important to create a collaborative relationship between the patient and the psychiatrist: first of all, a plan to face crisis is necessary, in case things are not getting well. The psychiatrist should not be afraid of changes. He should think that things can get better, be confident and available in case of need.

The patient should be frank with the doctor, and trust him, provided that the doctor is a serious, trustworthy professional.

Medications give more benefits in a climate where people share their experience. Listening one to the others you can think about what you could do, the others can be an example.

Alain: I felt I needed medications, but they caused me drowsiness and sexual problems. The voices were screaming against the drugs. The person can
shape her problems again. The others give a great help. To be part of the groups helps you to complete your experience. Now, the drug makes me feel better and helps me better manage the voices.

Mario: at the beginning I did not want to take any drug because they made me dull, particularly the long acting ones, and voices still interfered. But now, with the drug, voices actually are less urging and I am more quiet.

Discussion
The group identified their key factor to empowerment, i.e., to share their own experiences with people who are following a therapy. The group also identified a few minimal factors necessary to accomplish the empowerment process: 1. Mutual trust and openness between the person and the psychiatrist prescribing the drug; 2. the availability of both to accept the risk of change; 3. true propensity towards a positive development.

The group also states:
- to have gained competence in psychopharmacological therapy of serious mental illness;
- to be ready to welcome future entries whose experiences will make the group richer;
- to be reflective, since it recurrently analyses his background in front of new prompts;
- to be in continuous development because it looks at other contexts;
- to be competent enough to be a real help for others willing to start the journey into medication management and life improvement.
The Journal of Psychosocial Rehabilitation and Mental Health is published by Springer. The multidisciplinary journal focuses on recovery-oriented care of persons with mental health problems and on their rehabilitation. There are two issues in a year in June and December. The Journal is free for authors and readers, with online access without any page charges for publishing. The print copies will start from the year 2016.

The Journal is edited by Prof Santosh K Chaturvedi and Prof Jagadisha Thirthalli, Psychiatric Rehabilitation Services, National Institute of Mental Health & Neurosciences, Bangalore, India. The editorial board comprises galaxy of eminent people working in psychiatric rehabilitation around the world.

The Journal is aimed at all stakeholders in the field of psychosocial rehabilitation including mental health professionals (psychiatrists, psychologists, social workers, mental health nurses), occupational therapists and vocational instructors, special educators, non-government organizations, administrators and policymakers working in the field of psychiatric disability.

The Journal invites original research articles in following subjects:
- Rehabilitation assessment in various mental health and community settings
- Measures to assess and monitor recovery, rehabilitation needs of patients and families.
- Barriers to successful rehabilitation, recovery oriented interventions.
- Measures to combat stigma
- Disability and welfare measures
- Novel rehabilitation interventions
- Socio-cultural issues in rehabilitation
- Rehabilitation orientation in teaching and practice
- Organization and coordination issues in rehabilitation
- Rehabilitation advocacy & Legal issues in rehabilitation
- Quality of life of persons with mental health problems,
- caregiver stress and burnout, and staff stress
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- Narrative and systematic reviews
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- User perspective articles
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Articles can be submitted online at www.editorialmanager.com/prmh/default.aspx
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POST TRAUMA MANAGEMENT & SYMPOSIUM ON CHILD & ADOLESCENT PSYCHIATRY

September 30th to October 3rd 2015, Peshawar, Pakistan
Organised by WAPR Eastern Mediterranean Region, & WAPR Pakistan Chapter.
Report by Dr Ali Ahsan Mufti.

Ibadat Hospital Peshawar & N.G.O Horizon, Pakistan Psychiatric Research Centre Fountain House Lahore organized a three day workshop on managing trauma and conflicts among children and adolescents in Peshawar, Pakistan from September 30th to October 3rd 2015. This programme was supported by WAPR, WPA, AFPA, PPS, Institute of Applied Psychology University of Punjab, Children of War Foundation and Royal College of psychiatrists UK.

This educational and training activity was conducted in the background of Army Public School tragedy in December 2014 & was attended by teachers and educationists from various institutional organizations of Peshawar and was trained by team of clinical psychologists from University of Punjab. The participants were trained in identifying trauma and stress-related issues & the main aim being to train participants, how to manage post-trauma reactions from the students. The workshop was interactive and activity based and was trained in skills of identifying trauma, techniques to deal with such reactions, preventions strategy and policy making to cope with trauma. Dr Afzal Javed, President WAPR was the chief guest in the concluding session and distributed certificates among participants. He thanked and while talking to participants hoped that they would spread the word and implement the skills learnt in their professional lives.

This workshop was followed by one-day symposium on child psychiatry attended by psychiatrists, residents and psychologists. Dr. Gordona Milavic, Consultant, Child & Adolescent Psychiatrist from United Kingdom, co-chair Child & Adolescent Psychiatry (World Psychiatry Association
Section on Child and Adolescent Psychiatry) along with Dr. Muhammed Ather child psychiatrist from Cardiff university talked about various aspects of child psychiatry including assessment and diagnostic formulation, childhood depression, bipolar disorder, Attention Deficit Hyper Activity Disorder, Early onset psychosis and Epilepsy. Dr Ali Ahsan Mufti, consultant psychiatrist from Peshawar talked about PTSD in children and shared his work and research regarding survivor children of Army Public School Peshawar.

The participants had a good question and answer session. Vice Chancellor of Khyber medical university was Chief Guest and Principals of Various medical colleges in Peshawar & President and President Elect of Pakistan Psychiatric Society attended the event. In the end Dr. Afzal Javed emphasized to replicate such activities in other part of countries as well. Later Prof Dr. Khalid A. Mufti the Master of ceremony ,and focal organizing person thanked participants and the speakers who came all the way from United Kingdom to train & participate in the event.
WAPR Eastern Mediterranean.
Costa Rica is a small country located in Central America, with a total area of 51100 km². The country consists of approximately 25% of protected reserves and national parks, and it is bordered on the north by Nicaragua, and on the southeast by Panama. The country lies in between the Caribbean Sea and the Pacific Ocean.

In terms of sea boundaries, the country borders Panama, Colombia, Nicaragua and Ecuador (due to Coco Island). San José is the capital city, making it the political and economic center. The mother language is Spanish.

Costa Rica’s population is estimated to be 4937755 habitants, and is one of the most consolidated democracies of America. The country won worldwide recognition by abolishing the army in December 1st of 1948, and was perpetuated in the Constitution of 1949.

The development of care and services for people with mental health problems in Costa Rica, like the rest of Latin America, was based in the institutional treatment and asylum. As seen in the world, the concepts of psychiatric reform have been universalized. Since the 60’s, the process of rehabilitation in Costa Rica has been implemented in the so called “temporary homes”, on which the principles were poorly structured, and contradictorily, in some occasions.

In 1998, a Process Review Model of Medical Care User, provided the service user with a long stay at the National Psychiatric Hospital. The Plan for Functional Rehabilitation for patients with long-term mental disorders suggested grouping patients by different impairment levels, and a more established structure. The plan developed a population that revealed the need of a paradigm shift in the dehumanization of institutional environments, and serious violations of human and civil rights of people with mental health problems.

Since 2005, with the organizational change of the National Psychiatric Hospital, the head
of Rehabilitation Service is developed by Dr. Lilia Uribe as the Director of the hospital. The design and implementation of the Individual Rehabilitation Plan is organized in pavillions 3, 4, 5 and 6. Men and women who are offered extended stay in day programs and residential structures, also called “casitas” or households transients.

The new approach aim at transforming the organization and operation of the network of care services through introducing a focus on health promotion community. In the last decade this has been taking important steps in the matter of promoting psychosocial rehabilitation, especially patients in extended stay. People diagnosed with long term mental health disorders have in many cases been interned in hospitals for several years of his life, considering the hospital as their home and fear of leaving. Actually Costa Rica has a positive attitude with this project, and is trying to implement new services for this population, step by step.

From September 30th to October 2nd, there was a day fully dedicated to Psychosocial Rehabilitation, attended by mental health professionals and the support of Dr. Roberto López Core, head of the National Mental Health Hospital.

During these days we emphasised on psychosocial rehabilitation and new treatments based in scientific evidences. With the support of Ricardo Guinea and the new technologies developed, we approached the concept of Psychosocial Rehabilitation.

Psychosocial Rehabilitation “is a philosophy within a comprehensive mental health service system, and the care for people with a mental health problems that support their self-determination. It seeks to achieve an optimal level of performance and self empowerment, promoting recovery and involving the patient and their family. The goal is for us to develop skills in different areas that will allow the persons to feel socially included and help them develop independent relationships in enriched environments that enable the good practice of human rights and well being”.

During the conference, Georgina Fumero-Vargas presented the most recent scientific evidence of treatment and new technologies, and a new approach in the support of mental health services and the impact in the quality of life of the patients. Also promoting a good impact on the aspects of social cognition, hearing voices, open dialogue, and cognitive rehabilitation.

Finally, the development of the Neuropsychological Rehabilitation with the new available technologies and software Gradior from Spain.
WAPR has a prominent visibility in the scientific programme of 12th Annual Academic Meeting of Sri Lankan College of psychiatrists. WAPR was represented by Dr Afzal Javed, Prof Nalaka Mendis and Prof N Shinfuku. There was a special plenary session on PSR and also a special session on Development of Psychiatric Services that attracted a good number of participants and also generated very interesting discussions.
The Third WAPR European Congress was held in Turin, Italy, on the 15-16 May 2015, organized by the WAPR Italian branch. The aim was to raise attention to physical health of people with mental disorders, underlying that an essential right – such the right to health and health care – is not assured to people with mental illness. As known, people with mental disorders suffer from a number of metabolic, cardiovascular and respiratory diseases much more than the general population, and these conditions cause a 20-year loss of life expectancy and a two-fold increased mortality compared to the general population. The topic was approached assuming a critical and scientific perspective, where science and critical thinking serve the issues of empowerment and right advocacy.

Physical and mental health were also put in the framework of the real circumstances which are affecting everybody’s work, and the hardships particularly Southern European countries are going through. The enduring economic crisis is affecting the material and the spiritual life of people and reducing preventive activity and treatment offer of mental and social services. Several presentations addressed this and the possible answers that professionals and policy makers should give. Bernard Jacob, in particular, presented the outlines of the mental health reform under implementation in Belgium, where one pillar was the move of resources from institutional settings to community services, with a remarkable reduction of beds and the implementation of mobile teams. Education will also be strongly supported combining transnational, scientific and local inputs. Jean-Luc Roelandt reinforced this message, showing data from France and Pedro Gabriel Delgado also stressed the need for beds reduction in the deep changes introduced by the government in the mental health services in Brasil. In line with this reasoning, Afzal Javed showed that a key to improve mental health services lies in moving resources concentrated in large institutions or in hospital settings and overcoming inequities in resource allocation and inefficiencies in their use.

There was general agreement that the crisis shows the need for new models, more sustainable either from a financial and a scientific point of view. Instead of using the economic shortcomings as a reason to restrain offer, the offer should be extended in order to limit the immediate and future consequences of the crisis.

A more effective network of the WAPR European branches was envisaged as an aim to accomplish in view of the need to confirm meaning to being part of Europe in the middle of the moral and financial crisis. A specific session addressed how to improve reciprocal knowledge of branches and through this reinforce our actions.

Physical health, physical activity, relationship with food and diet, self-care were presented to as a mean for empowerment, sharing experiences and to gain awareness of self. Parallel and plenary sessions about these topics were much participated and appreciated. Interventions for improvement of
physical health were addressed in a number of presentations. All underlined the possibility to obtain meaningful results, although the combination of several risk factors - iatrogenic and related to psychopharmacological treatments, reduced activity with consequences on physical activity and body weight, wrong and poor diet related to the economic hardships that characterize the life of many consumers, limited access to care - make these outcomes hard to obtain. More and more effective strategies are needed either in prevention and in treatment. Reduced physical activity emerged as a major risk factor either in physical and mental health. Increase of physical activity can also represent a way to conduct activities together with other people, to explore the environment, to challenge own’ s fears and check abilities.

Several presentations addressed the potential institutionalising effect of residential facilities when their activity is not truly recovery-oriented. They can nonetheless work as setting for empowerment and for well being education. Among these empowerment-oriented activities, they can start a reset of lifestyles, enriched by the perception of the empowering values of such practices.

Esko Hänninen reminded that still too little is done to address consumers’ needs related to social inclusion. And reminded that nowadays mental health care is helping people mostly by medication, and least by answering to needs related to recovery and social inclusion. An available alternative model is represented by Clubhouses: besides being a place where people can drop and are welcome at any time, they raise the level of activity and skills learnt of those who attend them. Education given is defined according to agreements among international stakeholders and research programs steered by international collaborations.

The presence of expert users in the mental health services is coming of age in Norway, where their training and implementation have been improving: a one year course with selection at entrance was introduced to better prepare people with a history of mental health issues to work in the mental health services. They can more effectively bring their own experience, knowledge and emotional and ideal asset to help people restore hope and trust in themselves and identify their way to recovery. Expert users’ role can therefore be more and more acknowledged and defined.

The role of staff education and culture was addressed in several presentations. In particular, Ricardo Guinea spoke of the role supervision can play in educating staff to recovery oriented interventions. It allows staff to work on the relationship they have with consumers and to identify the ways through which they can facilitate – or hinder – recovery. This reminded us that recovery is a serious issue and that mental health services cannot be transformed without a deep tranformation of all the people involved.

Several sessions addressed psychopharmacological treatment and the need for a deep reconsideration of their use and meaning in the approach to mental health disorders. Lex Wunderink, presented 7-year outcomes of a trial comparing the
effects of a dose-reduction/discontinuation antipsychotics strategy compared to a maintenance strategy in the treatment for schizophrenia. They found better functioning, better quality of life and less recurrences at seven years in those treated with dose-reduction/discontinuation. If confirmed, these results, now under replication, would require a necessary revolution in antipsychotic indications and guidelines for prescriptions.

Angelo Barbato brought more indications in support to the idea that pharmacological treatment cannot be a dogma in the treatment of mental disorders. He highlighted contradictions in the routine practice of antipsychotic maintenance therapy, prescribed to more than 90% of patients with diagnosis of schizophrenia, and reminded that guidelines for pharmacological treatments are seldom followed and rates of inappropriate drug associations and interruption are very high. Attention to collateral iatrogenic effects of drugs is also poor. Attention should be paid to alternatives: interesting findings on psychological interventions were reported in users with diagnosis of schizophrenia who refused pharmacological treatment. These findings indicate that people with diagnosis of schizophrenia who do not want to follow a pharmacological treatment can be treated and improve when they receive psychoterapy or a structured support intervention. Instead of assuming a dogmatic approach to pharmacological treatment in schizophrenia, and looking for compliance also when patients refuse, it is likely that positive outcomes can be obtained when the patients’ preference is truly taken into account and alternative strategies are implemented. In agreement with this, and as clarified by Marit Borg, the concept of “compliance” is not useful, does not capture the dynamic and complex situation of navigating between different choices and decision makings related to mental health issues. According to her, what consumers consistently express in their accounts and in qualitative research of what helps
and what hinders recovery, taking medication is an active process involving partnership with two experts, the person and the professional who should work on a "common platform" with room for disagreements and negotiations to find ways onwards together.

In the closing session, Francisco Sardina Ventosa, family representative and president of the Manantial Foundation underlined the necessity of more assertive and effective activities of the mental health services aiming at job placement of people with mental disorders, pointing to the great differences in rates of employment in the Nordic countries compared to Spain and suggesting that the economic crisis cannot be seen as the only cause of such a large difference, therefore prompting mental health services to increase their attitude towards job placement. He also reminded that family members and movement should have more than a symbolic role in mental health.

The congress lasted two very intense days and was attended by a total of more than 300 people: 35 psychologists, more than 100 psychiatrists, about 90 occupational therapists, 20 family members, several users and social workers. They contributed with 20 presentations in the plenary sessions, 55 presentations and 10 symposia in the parallel sessions and 34 posters. The awarded poster was entitled “Psychotropic drugs from inside”, and the authors were four Italian mental health users. It was appreciated because the critical and constructive approach at the base of consumers groups regularly conducted on this topic and the effort to propose themselves as a viable help to other consumers looking for their own way in treatment. Mentions were also made of the many good quality posters presented by the group from Barcelona.

This and a lot more kept the participants engaged with great interest and wish to exchange ideas and have relationships.

As it happened with the World Congress in Milan, the event was organized with very limited resources. Spending reviews were constantly made on the budget, and the speakers had only expenses paid. Financial support came from application fees, which were kept as low as possible, from Janssen and from a number of third sector enterprises active in several areas of Italy and collaborating with public services in the management of residential and day care facilities.

Once more WAPR confirmed to be a central subject in the scientific and civil debate and progress in mental health and social inclusion. This was shown by the high quality of the contributions, the vitality of the debate, the presence of a large range of professionals and of the public and private and third sectors, and of users and family members. We think that to share knowledge with all these subjects is a necessary condition for a more mature scientific debate and for progress in empowerment and social inclusion.

Gabriele Rocca, in the Opening Session.
National WAPR-meeting in Norway focusing on family and network orientation

Christine Lingjærde. LPP Bergen
(Family Member Association Bergen, Norway)

The annual WAPR conference in Norway was arranged May the 28th 2015 in Bergen and had the honour of hosting Dr. Afzal Javed, President of WAPR. In his presentation, Dr. Javed focused on the changes which have started to transform mental health services and psychosocial rehabilitation in various parts of the world and concludes by listing the goals to be achieved through this transformation: 1) To enhance the status of mental health within the public health sector. 2) To develop a workforce, increase the capacity and create a balance in acute and long term services. 3) To increase allocated resources for community based services. 4) To protect human rights of people with mental health problems more effectively. The emphasis is also redirected from symptoms and handicaps to the persons’ resources and empowerment and from institutional care to care in the local community.

The main title of the WAPR Norway conference in May was “Patients support through open dialogue and network groups”. The second part of the conference was a good illustration of this title. Through an open dialogue, two former patients shared their life changing experience with us. Both how they have taken their own resources in use, and found their journey in the process of recovery. They are currently students on the programme “Networking and relationship building” at Akershus University Hospital (AHUS).

After lunch, the third part of the conference was presented by Professor Bengt Karlsson, Center of Mental Health and Substance Abuse, Buskerud and Vestfold University College. His presentation enlightened the theme “Open dialogue” and even more specifically the ideas of democracy and participation in human relations. His core argumentation rests upon the key notions of meeting the patient as a person and listening to his or her unique experience. Open dialogue starts with genuine
interest for each person’s situation. On this quest for one’s own resources, both (or all) interlocutors guide each other towards a better understanding of how to address the specific challenges attached to their situation. Another key idea is that persons who have been through the same quest and found a way to manage their challenges can listen and understand much better than any other person understands. That is why more and more former patients choose to become carers themselves.

As the representative of the Bergen branch of Norwegian Mental Health Families’ Association (LPP) on WAPR Norway’s board, I was particularly impressed by the conference’s key messages. They correspond exactly to the objectives which the association has been striving to draw to the public attention and the health authorities since it was founded in 1996. In those days, we had to start by crying out our need to obtain the first recognition of the families’ essential role in the patients’ lives as well as the families’ own specific rights. In those days, the families were not even mentioned in the health care plans or instructions to the medical staff.

Since then many things have improved, but not sufficiently. In many cases, the health services’ policy regarding the families is left to a random chance of being in contact with a ward or outpatient service where the chief nurse or doctor happen to have understood the importance of including and informing the families. Today the changes described by Dr Javed are very slowly beginning to appear in Norway but mental health is often considered a low-priority area. As an example, the latest health reform in Norway requires that local communities take responsibility for patients who are discharged from institutions, but this obligation applies only to somatic patients, not
to persons with mental health problems. Another issue is the lack of sufficient funding of these new developments in the local communities. This results in very few changes in the frequent current practice which is to release the patients to their parents, even if they are adults and in need of a variety of support and services.

The main concern of the Mental Health Families’ Association is to raise politicians and professionals awareness of this very worrying situation. Parents and relatives have always been strongly involved in care, financial support and housing of their family member who do not have any alternative of their own. The association organises meetings, courses and discussion groups where members have the possibility to exchange information and support each other. The members are also active in sharing their experience and expertise in order to support research which focuses on giving each individual person the possibility to use her/his own resources and find her/his own place in the community. And, most of all have their own independent and sustainable life, in which the family can have a normal role, with, for example, social visits or going out together.

It is clear that deep change is on its way. We hear about it every day and witness that many scholars have chosen new directions in their research. Some also acknowledge or even denounce that the way the persons and their families have been treated until now are counteractive and do not respect basic human rights. At the last WAPR world conference in Torino, Professor in psychology at the University of Parma, Anna Meneghelli, said very clearly that years of compulsory medication of persons with mental health problems is the greatest scandal of our time.

At the same conference many concrete and successful projects were presented showing that change is not only theoretical and abstract, but really happening in many countries. However the same voices tell us about the lack of funding and political goodwill. If only one part of the new policy is implemented, for example the closing down of institutions, but its counterpart is forgotten, for example the funding and opening of flexible and openminded mental health centres in the community, then we remain with an even worse version of the past practice and families in even more despair.

We have been waiting for many years for these changes and there are many reasons to have high hopes for the future. In the meantime, families and relatives try to nurture these hopes, and continue their efforts. Families cannot let despair or exhaustion prevent them from caring for and supporting their sick family member.
October, 1. - 3. the FEARP V National Conference, took place in Valencia (Spain), with more than 250 participants from all over the country. Among many relevant topics, the programme included: Community based approach, outreach treatment, strategies for employment, neuro-cognitive approaches, models for family intervention, models for continuity of care, state of the art for residential settings, stigma and quality assessment. The Plenary sessions were focused on Recovery perspectives and its implications, models of client-oriented organisation of services, and quality of the services as a right of the people.

Nathalie Drew (from WHO), Roberto Mezzina (from Trieste) and Ricardo Guinea (WAPR) were some of the special guests. Begoña Frades (chair of the Organising Committee) and Jaime A. Fernandez (Chair of FEARP) acted as host of a very successful meeting.

Among the many the conclusions and insight of the meeting, we can mention these:

Generally speaking, the Recovery perspective (after the previous perspectives of deinstitutionalization and implementation of the psychosocial rehabilitation model of community services) is widely accepted as the current trend. This perspective is widely accepted as that that focuses in the person as the centre of all process, in the true possibility to make real choices in daily life, in helping the person in his/hers strengths. Some of the implications of the model were underlined, since it requires deep changes not only in the surface of the organisation of the services, but also in the philosophy of interventions and in
the attitudes of all staff. There is furthermore a fundamental need of changes in the way it is conceived related to risk assessment in all kind of situations, in the balance between “protecting” and “empowering”, in the need of rethinking some very deep rooted practices (such as substitute decision making and guarantees, compulsive treatments, etc.) Nathalie Drew presented the topic of Human Rights under the perspective of WHO, as a way to assess the quality of interventions and highlight possible unrecognised bad practices.

The participation of expert users was very important in the meeting with participation of leaders of the users movement in Spain. Their role in the process towards a more profound transformation of the attention was discussed in an in deep panel with some representatives of the main User’s organizations in Spain.

It was an opportunity to note how important the development of PSR has been in Spain in the recent years, how the economic crisis has struck services and networks (increasing the demand, while reducing the resources), how the services have been able to cope the situation.

Some of the remaining challenges have been suggested: the problem of the gap to treatment (from the perspective of the universal access to services); the need to improve the quality of services, by the revision of the training of staff, providing staff an in-deep awareness of the process of recovery as a way to be able to provide appropriate interventions; etc.

It was widely discussed that if the programme of recovery include considering the experience of users as a new ground of evidence, a new paradigm is emerging with manifold and may be unexpected implications.

Ricardo Guinea.
This training programme has a special inaugural plenary session on Psychosocial Rehabilitation.

The programme was attended by around 300 young psychiatrists from all over Russian Federation. Dr Afzal Javed was the key speaker who gave a detailed outline about Psychosocial Rehabilitation, history and current perspectives. The session generated a lot of interest in this subject and the trainees and young psychiatrists expressed their interest in getting more information about PSR. One of the other salient highlight of this conference was a meeting with Russian psychiatrists who were involved in various programme of rehabilitation and discussions about opening WAPR Russian Branch.

Discussions also took place for opening a WAPR Chapter with Dr. Oleg Limankin, President of the National Association of Psychiatric Rehabilitation who expressed a keen interest to explore the possibility of having a branch in the near future.

Professor Peter Morozov who was the organiser of this event played an important role in bringing the topic of Psychosocial Rehabilitation in this programme.
available for the national projects of the mental health.

WAPR president was invited to do the opening with Monsieur Harmen Lecok, Adviseur au cabinet de la Ministre de la santé et des Affaires sociales, Monsieur Bernard Jacob, Coordinateur et Chef de projet de la Réforme des soins en santé mentale who is also WAPR Deputy Regional Vice President. Dr. Yann Hodé, Dr. Roberto Mezzina delivered key note talks and inclusion of people with mental disorders”, Wander Reitsma (The Netherlands) on “How a Clubhouse works in practice and supports its members’ multiple needs for social inclusion and recovery” & Jeffrey Geller (USA, UMASS, Worcester) on “Discussion on the next steps forward to more effective use of evidence-based psychosocial rehabilitation innovations”.

The workshop attracted a good number of participants that generated very lively discussions about setting PSR programme and Club Houses around the world.

After the session, a meeting took place with Mark Lanier, President of Clubhouse International (USA) and Wander Reitsma, Director of Clubhouse De Waterheuvel, Amsterdam for some future collaboration between WAPR and Club House International.
WAPR Iran branch hosted an educational / training programme on 12th October at Tolo Rehabilitation Centre in Tehran, Iran.

The session was organised for having discussions and feedback about PSR programme in Tehran supported by WAPR Iran. Dr Afzal Javed President WAPR gave an account of the mission and the philosophy of WAPR. Dr Hamid Taherkhani and Dr Mitra Khalaf Beigi local branch’s president & secretary described about activities of their branch and also spoke about future plans of PSR in the country.

WAPR Iran office bearers at the workshop
WAPR co-sponsored the World Federation for Mental Health (WFMH) congress held in Cairo from 15th to 19th October. WAPR organised a session on Psychosocial Rehabilitation on 19th Oct. where Prof Imran Ijaz Haidr (Pakistan), Carlos W. Pratt (USA) & Russ Smith (USA), Dr Medhat Elsabbahy (UAE) and Dr. Hanan Ghadiry (Egypt) presented different papers on rehabilitation and PSR services in different countries.

During this congress, WAPR Egyptian Branch was launched with Dr. Hanan Ghadiry as National Secretary. The meeting was attended by Dr Afzal Javed President WAPR and Dr Medhat Elsabbahy Regional Deputy Vice President Eastern Mediterranean Region.
WAPR launched its local branch on the occasion of Ghana’s Annual Mental Health conference held at Accra, Ghana on 15th October 2015.

This conference was organised the Departments of Psychiatry and Psychology of the University of Ghana in collaboration with the African Association of Psychiatrists and Allied Professionals (AAPAP), WAPR, WPA as well as the Pan-African Psychology Union (PAPU) and many other local groups working in the field of mental health. The theme for this meeting was: “Mental Health in Africa: Prospects and Challenges” Sub-themes include: Neuropsychiatric aspects of mental health

A special plenary session was included in the programme where presentations were made about various aspects and uses of psychosocial rehabilitation. Dr Afzal Javed President WAPR and Prof S Rataemane Regional Vice president WAPR African Region spoke in the conference.

It was a well-attended meeting that attracted a large number of mental health professionals including psychiatrists, psychologists, social workers and students from University of Ghana.

WAPR African region plans to have another meeting Dar Es Salaam in Tanzania in 2016. This will be another opportunity to establish an additional chapter of WAPR in Africa.
The WAPR Task Force on Ethics and Human Rights 2013-2015 has been established by WAPR President Afzal Javed.

This was very timely initiative as the year 2013 brought forward documents of historical significance regarding the human rights situation in mental health: The developments following the Report of the UN Special Rapporteur on Torture and other cruel, inhuman or degrading treatment or punishment, Juan E. Méndez, from February 1st, 2013, as well as the discussions of and the WAPR comments on the Draft General Comment on Article 12 of the UN-Convention on the Rights of Persons with Disabilities (CRPD) on the one hand and the WAPR-WHO Action Plan concerning the WHO QualityRights Tool Kit (Ricardo Guinea; www.wapr.info/World_Association_for_Psychosocial_Rehabilitation_WAPR/WAPR-WHO_Action_Plan.html) on the other hand, included:

Presentations on Mental Health Triadlogue and Workshop on WHO-WAPR cooperation on Human Rights at the 3rd Asia-Pacific Conference on Psychosocial Rehabilitation at Lahore, Pakistan on 1-3 November 2013 (Afzal Javed, Ricardo Guinea, Michaela Amering)

Congress activities on the topic of human rights with special focus on the UN-Convention on the Rights of Persons with Disabilities (CRPD) on the one hand and the WAPR-WHO Action Plan concerning the WHO QualityRights Tool Kit (Ricardo Guinea; www.wapr.info/World_Association_for_Psychosocial_Rehabilitation_WAPR/WAPR-WHO_Action_Plan.html) on the other hand, included:

Presentations on Mental Health Triadlogue and Workshop on WHO-WAPR cooperation on Human Rights at the 3rd Asia-Pacific Conference on Psychosocial Rehabilitation at Lahore, Pakistan on 1-3 November 2013 (Afzal Javed, Ricardo Guinea, Michaela Amering)
Presentations on Disabilities in Europe and Article 12 CRPD as well as CRPD and MH
strategies (Harry Minas) at the 4th WAPR Asia-Pacific Conference on Psycho-Social Rehabilitation, Nov 2-3 (Eva Teng, Afzal Javed, Harry Minas, Michaela Amering)

WAPR European Regional Training programme at the occasion of the Annual Meeting of the Hungarian Psychiatric Association, Wednesday, 28th January 2015, Szeged, Hungary (Ida Kosza, Afzal Javed, Ricardo Guinea, Michaela Amering)

For the 14th International Annual Mental Health Conference, June 15-17, 2015, in Bangkok, a WAPR International Workshop includes the topic of Recovery and Human Rights and

For the 12th WAPR World Congress, November 2-5, Seoul, a symposium on Recovery and Human Rights has been submitted (Eva Teng, Ricardo Guinea, Carmen Ferrer Dufol, Michaela Amering, Afzal Javed).

The major aims of the Task Force need ongoing attention:

- The importance of several UN-CRPD articles need special attention by the rehabilitation community, e.g.: 
  - Article 19 - Living Independently And Being Included In the Community
  - Article 23 - Respect for Home and the Family
  - Article 24 – Education (General Comment in preparation – http://www.ohchr.org/EN/HRBodies/CRPD/Pages/DGDontherighttoeducationforpersonswithdisabilities.aspx)
  - Article 26 - Habilitation and rehabilitation
  - Article 27 - Work and employment
  - Article 28 - Adequate standard of living and social protection
  - Article 29 - Participation in political and public life
  - Article 30 - Participation in cultural life, recreation, leisure and sport
  - Article 31 - Statistics and data collection
  - Article 32 - International cooperation

Developing and ensuring an uninterrupted dialogue and discussion about conflicts as well as common ground between mental health workers and users of services as well as their respective advocates. Developing such dialogue with more stakeholders, such as family carers, lawyers, different perspective of different professions within mental health work.

Cooperations with WHO as laid out in WHO-WAPR action plan including WHO QualityRights Tool Kit and the the focus on

WAPR should further a process of understanding and participating in shaping the effects of the UN-CRPD in different countries and internationally with regards to accessibility and assistance needs and rights. Such a process concerns especially also, questions of:
- Definition of psychosocial disability
- Definition of reasonable accommodation
- Assessment of assistance needs to replace current deficit assessment in order to come up with consensus on the main consequences of the rule of law of the CRPD for psychosocial rehabilitation.

There is at least 2 key topics to differentiate
Need for reduction and understanding of new challenges for legal basis for involuntary interventions

Increasing effects of entitlement rights on an individual as well as on the health care system level (including effects of these rights on implementation of recovery-orientation of services and significance of social determinants of mental health)

Clearly, all these essential issues will need to be discussed among mental health professionals, users of services and their families and friends, as well as health and human rights experts from different backgrounds at local, national as well as international levels in partnership, acknowledging areas of dissent and ongoing discussion as well as identifying areas of consent and opportunities for coordinated action.
In this section we offer links important for our field. If you have suggestions for websites and links, please mail the editor: marit.borg@hbv.no


Mental health publications can be downloaded from the links below or ordered from the WHO bookshop: http://www.who.int/mental_health/resources/publications/en/index.html

The WHO Mental Health Gap Action Programme (mhGAP): http://www.who.int/mental_health/mhgap/en/


Implementing Recovery through Organisational Change: http://www.imroc.org/

Yale Program for Recovery and Community Health: http://www.yale.edu/PRCH/
# EXECUTIVE COMMITTEE

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<th>Position</th>
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Henrik Wahlberg  
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**Task Force on issues relating to Professionals’ Burnt Out**  
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**Task Force on Rehabilitation programmes for Adolescents & Young Children**  
Chair: Arshad Hussain  
Pedro Gabriel Godinho Delgado

**Task force on Preparing guidelines for PSR Services in low Income countries**  
Chair: V.K. Radhakrishnan & Alok Sarin

**Task Force on Asia-Pacific Projects Development and Dissemination**  
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**Task Force preparing a statement on Societal Connectedness, Social Capital, Identity and Moder Terrorism.**  
Chair: Marianne Farkas

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