The 2\textsuperscript{nd} European Meeting in Valladolid, 2010


www. wapr.info
Editorial:
- P.3 : Advocacy and social exclusion in mental health: A global challenge. S. Stylianidis

Collaborations:
- P.5 : Global mental health: Developing values driven services and evidence based practice” Belgrade, 20-22 May 2010
- P.6: The Spanish Branch Activities in 2010
- P.9: Valladolid Statement. “Recovery in Mental Illness is possible and probable”
- P.13: NAMIBIAN HIGH COMMISSIONER TO BOTSWAANA OFFICIATES AT WORLD MENTAL HEALTH DAY 2010
- P.14: WAPR UK Branch meeting 2010. Dr. S M Ahmad
- P.15: WAPR Australia and New Zealand UPDATE.
- P.16: WAPR Korea Branch Activities in 2010 : New board members elected
- P.17: Values statement. By Danish branch

WAPR News:
- P.18 : In Memoriam: Prof. Dr. Haroon Rashid Chaudhry (1955 – 2010)
- P.20 : In Memoriam: Stanislas Filliol. Former Vice President of EUFAMI and member of WAPR Board
- P.21: WHO MIND News
- P.21: WAPR COMMITTEES 2010-2012

Upcoming Events:
- P.22: 11th WORLD CONGRESS Milano, Italy, 10-13 November 2012
- P.22: 17th International Symposium of ISPS. Dubrovnik, Croatia 2011
Recently, another “scandal” emerged from the asylum’s labyrinth of Mental Hospital of Dromocaition in Athens: Violation of human rights of mentally ill persons, limitation of their contractual power as workers in a small social firm, decrease of the quality of care and treatment for socially excluded people suffering from mental disorders. We are witnessing an “as if” situation where the gap between the declarations and practices of human rights is once again widening. Yet, it is not just another local “as if” situation. It is remarkably notable that 53% of the psychiatric admissions in Greek mental health hospitals are involuntary and therefore this leads one to admit the existence of a permanent national scandal for our country.

During the actual economic crisis in Greece, new phenomena appear challenging the limits of the public and psychiatric system of care: a constantly growing population, a “no man’s land” people in the centre of the metropolitan area of Athens living in extremely precarious conditions as well as a dramatic increase in psychiatric admissions in mental health hospitals for homeless people with no present mental disorder.

In the early 70s, under the influence of radical ideologies, psychiatry was defined through its scientific object as “the knowledge and practice dealing with the singularity of the others, without violating the recognition and respect of the dignity of the suffering person” (B. Doray, Ethique et Psychiatrie, MIRE Paris, 1985)

The key strategy of a progressive mental health movement of this period was the suppression of the old asylums and their transformation in a comprehensive, accessible and effective community – based mental health system, covering the needs of the population.

The questions actually raised, in the era of globalization and domination of neo – liberal market – oriented culture, are the following:

- How should the wider field of mental health including psychiatric practice and PSR services change, in order to respond better and more accurately to the mental health needs and new complexity of urban suffering, social exclusion, poverty, social discrimination, lack of dignity and hope?
• Why do we raise the matter of ethical principles of psychiatric practice when the basic civil and political rights are violated and denounced? Why is there no integrated part of today’s struggle and process to improve mental health care, combining advocacy issues with good practices and evidence promoting recovery and full citizenship?

It seems that the answer of both questions ought to be the same: The core of the psychiatric scientific community denies these new realities or underestimates the huge impact of social determinants on mental health (Patel, Saraceno, Kleinman 2006)\(^1\).

Despite the general statements of most psychiatrists in favor of a “bio-psycho-social model” of understanding and treating mental illness, there is a huge mental health gap between official statements and strategies to promote social inclusion and defend human rights of people with mental health problems and the real today’s practice.

According to the World Health Organisation (2005) “Advocacy is an important means of raising awareness on mental health issues and ensuring that mental health is on the national agenda of governments. Advocacy can lead to improvements in policy, legislation and service development.” Promoting advocacy, empowerment and social inclusion requires a radical change of the existing psychiatric culture of bio-medical model and a shift to a new paradigm of understanding and promoting mental health under a global perspective.

This change should include, among other issues, an in-depth transformation of medical and psychiatric curricula, an active participation of mental health professionals, users, families and other stakeholders to a process of an inclusive, involving and accountable governance, new political and social alliances in order to promote communication and active interaction of health, mental health and social services in education and training, in employment opportunities, in housing rights, in transport, in leisure and cultural activities and the active protection of civil and human rights. Involuntary admissions are a major and thorny issue in the protection of human and civil rights. The way the psychiatric services operate, results in the reproduction of stigma and social discrimination for people who constantly reside in the chambers of a mental health hospitals through a “revolving door” phenomenon. The legal mechanisms of defense of the human and civil rights should also be empowered through good practices such as the Observatory for Human Rights or the Ombudsman.

Consequently, if we are set to implement its full meaning it has to be integrated as an attitude in today’s practice with person-centred services, recovery oriented services, with active involvement of users and families. As professionals, we should invent feasible ways to increase government budget for mental health which is significantly low to non-existent in most of the countries worldwide (Mental Health Atlas, 2005). Additionally, the poor existing budget for mental health should be wisely spent in the direction of Psychiatric Reform. We should promote deinstitutionalization and enhance the use of local resources to serve the needs of the local population with the existing means for this. Mass media should be on our side. The matter of publicity is an important one and our advocacy towards it, should be aware of the local and national trends.

Last but not least, nothing is ever good if there is no monitoring and evaluation. WHO refers to evidence and ethical based practices which are not partial but part of a whole life-whole system approach. Thus, monitoring and evaluating the process of change is absolutely vital to ensure the success of our work. WAPR’s challenge is to advocate towards a change of the political agenda of International Organisations emphasizing on a better mental health care and respect of human dignity.

The International Aid Network and the International Mental Health Collaborating Network organized an international conference on “Global mental health: Developing values driven services and evidence based practice”. The conference was organised in collaboration with the Serbian Ministry of Health, the Protector of Citizens of Republic of Serbia (Ombudsman), the Faculty of Philosophy Belgrade and Caritas Italiana. It was also supported by the European Commission and the Dutch Ministry of Foreign Affairs.

Many local and international mental health organizations representing important users or professional experience participated in the conference. The list of participants included representatives from the following: World Association for Psychosocial Rehabilitation, Mental Health Services of Trieste (Italy), Association of users of psychiatric services “Duša” (Belgrade), Lumos children society (UK); The International community for hearing voices, Institute for forensic medicine (Belgrade), Mental Disability Rights International, GGZ Netherlands and Global Initiative in Psychiatry, WHO Collaborating Centre (Lille), Service User Research Enterprise (SURE), Institute of Psychiatry (UK) and others. Participants were able to be informed and learn about the current situation in various European countries, such as Serbia, Bosnia and Herzegovina, FYROM, Albania, Italy, Greece, the UK, the Netherlands and Bulgaria.

The topics discussed were among others: developing community mental health services, developing services users’ involvement, human rights of the mentally ill, developing European-wide community mental health experiences, media, public perceptions and the fight against the discrimination. Key issue was the promotion of international collaboration in the Balkan region. Participants expressed their interest in participating in a project that will support local and regional development of mental health services and initiatives. In this context, Stelios Stylianidis, as WAPR vice president, proposed a project that will aim to the formation of a multinational mental health team that will offer systematic education and professional training in the field of psychosocial rehabilitation and community mental health. The political context for the implementation of this project will be based on the Thessaloniki agenda for the Western Balkans (Moving towards European Integration, 2003), that refers to the Stabilisation and Association Process (SAP) and to the support for institution building, the Agenda for the Western Balkans 2014 proposed and approved by the Greek government. Resources will be claimed from the Greek Ministry of Foreign Affairs and its Special Secretary for the Development of International Programs. Representatives of the International Mental Health Collaborating Network, the International Aid Network, national branches of WAPR and regional NGOs agreed in following the proposed steps that will enable them to scale up a regional strategy for community mental health.
The Spanish Federation for Psychosocial Rehabilitation has been very active in the last year. The main fields of activity have been policy, editorial, congress and scientific exchange.

FEARP officers have participated in all levels of the Spanish policy, advocating for the mentally ill and for the improvement of all the services and facilities. At local level FEARP is represented in 13 from 17 communities in the State. Our officers usually participate as advisors of the local authorities, explaining psychosocial rehabilitation in the mental health field. This activity is very important because policymakers change very often of post, and usually are not aware enough of the importance of this field. The exchange with policy makes is made at technical level and also at political level. FEARP is also collaborating with families and users organisations, which also have an increasing role in the field. Moreover, the current situation of economical crisis and budget cuts requires a very active participation at the local level because it is a decentralised organisation as the Spanish in this level where the main budget issues are discussed.

FEarp is also collaborating with IMSERSO (the Spanish institute for social issues). In the frame of the development of a new law aimed to protect the most vulnerable population (those people who are in situation of “dependency”), the Spanish movement for psychosocial rehabilitation, has succeeded urging the government to include the most disabled people due to mental health condition under the protection of the law. Fearp has also participated in the development of a tool to assess the dependency condition (in order to receive public assistance). The original tool, developed for assessment of situations of physical disability, was not detecting many aspects of the disability due to mental health conditions. Fearp is also writing a guide for dependency evaluators to be aware and informed about mental illness and its related problems.

In the policy field, we are also collaborating with IMSERSO in the design of the projected “National Reference Centre for Mental Illness”. This new and important centre, with an investment of more that 200 million Euros will be allocated in Valencia, and pretends to develop research activities in this field, as well as serve to the local population. Our participation, beside other active representatives of the civil society, has been decisive to give this centre the orientation required to serve adequately to the mentally ill people in a modern community oriented and recovery oriented way.

Under the presidency of Martin Vargas, Jose Uriarte and coordinated with WAPR by Ricardo Guinea, it was celebrated in Valladolid the II WAPR European Meeting, within the context of the III FEARP Congress. More than 450 participants and more that 100 presentations witnessed the success of the meeting. The congress was devoted to all the issues involved specifically on Psychosocial Rehabilitation, including service assessment, research in different domains, issues related to dependency, forensic issues, psychological support, housing, access to the work market, policy, etc. (Morocco), Rene van del Male (Netherlands) and Ricardo Guinea (Spain). Different aspects of this construct were discussed (research, possible implications for training, services, assessment, etc). The possibility of an international European
research project about the recovery construct was widely discussed.

In the international panel of speakers the Congress also included German Berrios (UK), Stelios Stylanidis (Greece), Tae-Yeon Hwang (South-Corea), Filipa Palha (Portugal), and Lourdes L. Ignacio (Philippines) and Ricardo Guinea. Despite the current economical crisis, the congress was a complete success of audience, participation and scientific level.

The Congress also hosted meetings and exchanges with Spanish users groups. This kind of exchange is experiencing a very interesting process of maturation. Several users groups are now active and independently working on their own projects, and collaborating with different agencies and administrations.

The memory of Judy Chamberlin was honoured in a special video session. The autobiographic documentary film made by Vicente Rubio about his own experience in a psychotic state was also presented and very well received by the audience.

The congress also launched the “Valladolid Statement”, a text that had been discussed in the previous weeks with Spanish and WAPR stakeholders until a final agreement about its content was reached. The “Valladolid Statement” was widely circulated in the Congress.

In the editorial field, the Spanish branch has edited a collaborative book in Spanish about assessment in Psychosocial Rehabilitation, coordinated by Jaime A. Fernandez and Rafael Touriño. The book was distributed for free to all the participants.

The last issue of the journal in Spanish language “Rehabilitacion Psicosocial”, the Spanish Federation’s official journal was also presented and distributed. This journal is accessible for free in the web.

Ricardo Guinea.
WAPR Secretary General.
II WAPR European Plenary Session.
Dr. Vargas, Dr. Hwang, Dr. Uriarte, Dr. Villegas and Dr. Hernandez.

Dr. Guinea, Dr. Jimenez, Dr. Berrios, Dr. Uriarte and Dr. Vargas.
Valladolid Statement.
“Recovery in Mental Illness is possible and probable”

We, the participants in the III FEARP (Federación Española de Asociaciones de Rehabilitación Psicosocial) Congress and II WAPR (World Association for Psychosocial Rehabilitation) European Conference, in Valladolid, Spain 18-19th June 2010;
Recalling that many documents from high European institutions express and endorse that mental health is an emerging priority in the Europe Union for the next future.

Mindful of how mental health conditions have impact on the individual, families and society, are a major cause of disability functioning and premature death, heightens the risk of poverty and exclusion and give challenges to health, educational, economic, labour market and social welfare systems across the EU;

Mindful that the current global economic crisis will affect specially the most vulnerable groups in society;
Noting that research has revealed that recovery in severe mental illnesses, considered as a creative and many facetted path people take in their everyday lives in order to overcome the problems and obstacles associated with the illnesses, and achieve an active, fulfilling and meaningful life, is real and possible;

Recalling that Psychosocial Rehabilitation aims to support the person in reaching the optimal level of functioning, attend environmental barriers in societies, stressing individual’s choices on how to live successfully in the community, and consumer empowerment by enhancing consumer’s and carer’s autonomy, self sufficiency and self-advocacy capabilities;
Mindful that stigma and social exclusion are both risk factors and consequences of mental health conditions, which may create major barriers to help seeking and recovery;

Call policymakers, professionals, social agents, users, carers, and other civil society stakeholders, including those from the health, labour, education, social and justice sectors, social partners, research as well as NGOs to continue efforts to:
Enhance public mental health policies, programmes and legislation based on current knowledge and considerations regarding human rights, in consultation with all stakeholders in mental health, with particular attention to more vulnerable groups;
Promote active inclusion of people with serious mental health problems in society, including when necessary, opportunities to access a safe home, safe economy, appropriate employment or meaningful occupation, training and educational opportunities and social inclusion in significant roles;
Design and implement community based recovery oriented mental health and rehabilitation services, based on the principles of quality, accessibility, equity, users and carers’ participation, shared decisions, choice and self-determination, maximum use of natural supports and settings, and professional relationship built on trust and support;

Involve people with mental health problems and their families and carers in relevant policy and decision making processes and recognize the experience and knowledge of service users and carers as an important basis for planning, developing managing and evaluating mental health services;

Address the need for a competent workforce including individuals with lived experiences of mental health problems and family members, effective for promotion, prevention, treatment and rehabilitation, and sensitive to recovery oriented knowledge and values;

Fight stigma, prejudices and discrimination promoting campaigns and activities such as in media, schools and at the workplace to promote the integration of people experiencing mental health conditions;

Develop and disseminate the best available research and evidence on good practice, taking into account that recovering in mental illnesses is a non-linear and complex process where subjective, contextual and biological factors are involved.

Valladolid, June 19th 2010.

References.
7. User empowerment in mental health – a statement by the WHO Regional Office for Europe “Empowerment is not a destination, but a journey”. WHO 2010.

http://www.euro.who.int/document/e93430.pdf
This conference in Accra was a follow-up to the successful Africa Regional Global Forum for Community Mental Health (GFCMH) conference which took place in Entebbe, Uganda in 2008. The Accra conference had a strong emphasis on building a broad-based user movement of people with mental illness and epilepsy to enable them to live and work in their communities. To achieve this, the resource persons invited were from the service user movement across Africa (Uganda, South Africa, and Ghana). The participants were almost entirely made up of users, and came from Ghana and Nigeria, where the movement is in its infancy.

**The aims of the conference included:**
- Strengthening institutional and technical capacity of user groups in West Africa (Ghana and Nigeria) to influence processes that affect them;
- Increasing networking, knowledge sharing, and dialogue among mental health user groups and other attendees;
- Strengthening existing partnerships and developing new ones for action to achieve a greater overall impact on sustainable development;
- Establishment of best practices and standards in the national movements in Ghana and Nigeria through sharing of experiences and lessons.

A total of 38 users (over half were women), made up mainly of leadership of local user groups participated in the conference. Three resource persons drawn from the Pan-African Network of Users and Survivors of Psychiatry, Mental Health Uganda, and MindFreedom Ghana led the main sessions, with support from BasicNeeds and CBM representatives.

**Opening Ceremony**
The conference was opened by the Minister of Employment and Social Welfare, Hon. E.T. Mensah. Also in attendance was the Chief Psychiatrist, and other senior mental health personnel and civil society representatives. There was a good response to the introductory speeches by the conference organizers. During the ceremony, the Minister promised to push the Mental Health Bill to the Cabinet, as it has remained at the Ministry of Health for some time. The event was well covered by the media, and was broadcast on national radio and television.

**First Work Session**
The resource persons from the Ugandan national user movement (Daniel Iga) and the Pan-African/World movement (Moosa Salie) presented their experience in establishing their organisations. A long discussion followed about how Nigeria and Ghana might benefit from the lessons learnt from them. Issues such as leadership/democratic structure, financial organisation, and ensuring sustainability featured strongly. These themes were to recur throughout the conference in the practical sessions about building a movement in West Africa.
The afternoon session was used to present the experience of the participants in Ghana and Nigeria. The President of the Mental Health Society of Ghana (MEHSOG) described the development of the association. They were formally registered in 2009 following several years of work with BasicNeeds to facilitate local alliances of mental health stakeholders, particularly in the three Regions of the north and in Accra. They have established a secretariat in Accra, and are beginning to develop programmes to engage with policy and other advocacy activities. They also intend to strengthen their impact on other parts of the country. A participant from a Nigerian Self-Help Group (attached to a CBM-partnered CBR programme in Abuja) presented the structure and activities of their group. At present, there is no national network in Nigeria at all, only a few groups attached to CBR programmes.

The way forward
This gathering of mental health service users from Nigeria and Ghana represented an important milestone in the development of effective and sustainable movements in these two countries. The fact that the lessons learnt to take this process forward came from the experience of other African movements has created a space for an authentic African voice to develop as they seek to engage with governments and other service providers. This will help to ensure that care provided really meets their needs, and that they are able to powerfully advocate for inclusion in all aspects of community life.

BasicNeeds and CBM will continue to work with these groups as they seek to build on these foundations in the years ahead.

Evans Oheneba-Mensah and Peter Yaro
BasicNeeds Ghana

Julian Eaton
CBM West Africa Region
Botswana celebrated World Mental Health Day on 12 October 2010 two days after the official day which fell on a Sunday.

It is estimated that 3.7% of the population is affected by mental ill health and psychosocial problems.

The national event took place in Masunga Village (population 3,110) the headquarters of the North East District of Botswana (population 49,399) about 100 Km north of Francistown and was held at the Masunga Sports Complex.

WMHD an initiative of the World Federation for Mental Health has been celebrated annually since 1992. It aims to promote greater public awareness and understanding of mental illness and mental health. The theme was Mental Health and Chronic Physical Illness: The Need for Continued and Integrated Care. It has been noted that those who suffer from chronic illnesses, such as cardiovascular diseases, diabetes mellitus, cancer and respiratory conditions that account for 60% of mortality, have a higher rate of depression and anxiety as compared to the general population.

The event is commemorated worldwide in over 100 countries and territories through public awareness, and education events, signing of proclamations, advocacy campaigns and testimonies by recovering clients.

The Guest of Honour at the event was the High Commissioner for Namibia to Botswana His Excellency Mr. Hadino Hishongwga. The WHO Regional Director for Africa was represented by Mr. Moagi Gaborone a Health promotion expert. He commended the Government of Botswana for its achievement in advocating and contributing positively to improved mental health services and care for people with mental illness and long term physical illness.

He noted that since the adoption of the Regional Strategy for Mental Health 2000 at the 49th session of the Regional Committee held in Brazzaville Congo, more than 30 African countries including Botswana had developed national policies and plans for mental health.

Unlike the past when mental health services were concentrated in a few specialized institutions in urban areas which limited their access and availability, today psychiatric units are integrated and access to mental health care is provided in a continuum from the community to the institutions.

He added that the communities need to be supported to increase their awareness and knowledge on mental health so as to reduce the stigma associated with it. This would lead to recognition of mental illness and referral of those affected for timely and appropriate treatment.

The WHO continues to assist the Government of Botswana and was currently reviewing mental health services with a view to strengthen them. The event was covered by the Botswana Daily News and broadcast on Botswana Television and Radio Botswana.

Submitted by Dr Paul Sidandi, WAPR Deputy Regional Vice President (Africa).
World Association for Psychosocial Rehabilitation UK Branch meeting, in collaboration with Lancashire Care NHS Foundation Trust, organised its annual meeting on 15 May 2010 at The Lantern Centre, Preston.

Like previous years this was well attended and a lot of enthusiasm was observed among the participants about WAPR activities. Dr S H Quraishi, chair of UK branch welcomed the delegates and Prof. Max Marshall in his opening remarks emphasised the importance of rehabilitation & recovery in the present set of mental health services. He appreciated the UK branch for continuing with this annual meeting in this area and hoped that it will continue getting this support for the coming years.

Dr A G Patel, Consultant Psychiatrist, South Essex Partnership Trust was the first speaker. He spoke about “Implementing Recovery and new framework for organisational change” and described in details the current thinking about recovery and its other related programmes in UK. Prof. S Farooq, Consultant Psychiatrist, Wolverhampton PCT spoke about “Engaging carers and improving treatment for adherence and treatment of schizophrenia” “Local and Middle Income Countries” (LMIC): “Learning from tuberculosis”. While describing his groups’ project in Pakistan, he put a lot of emphasis on the training / teaching of carers for the management of schizophrenic patients.

In the second session, Prof. M Adelekan, Consultant Psychiatrist (East Lancashire) & a WHO consultant described in details the problems of Drug abuse and its worldwide impacts. His paper was entitled “Challenges of treatment and rehabilitation of drug abusers in the developing world”. Mrs Valerie Minns, the last speaker of the day, gave a very comprehensive presentation of the difficulties of carers & presented a very moving account on “Working in Partnership in Recovery”.

The papers were followed by lively discussions and a lot of question & answers.

Closing remarks were given Dr S M Ahmad Treasurer WAPR UK Branch.
Since its formal inauguration at the 2008 Indo Australasian Psychiatry Association Conference in Melbourne Australia, WAPRANZ has been particularly active in its advocacy of the goals of the organisation, that of promotion of psychosocial rehabilitation in service delivery, consumer and career involvement in recovery and exchange and sharing of knowledge in the field. The Executive Council of WAPRANZ has been meeting bimonthly for much of its existence. It developed its strategic vision for 2009/10. Its goals included:

- Participating in co-sponsorship of local and international meetings and conferences.
- Development of a rolling lecture series across Australia and New Zealand.
- Promotion of collaborative work between consumers, carers, General Practitioners, mental health clinicians, government and non-government rehabilitation services.
- Present in international conferences under the umbrella of WAPRANZ.
- Bid for the 2012 WAPR World Congress to further the cause of WAPR in the region.

It gives me great pleasure to report that we have made great in-roads into realising our strategic goals. We have to date achieved the following:

- In October 2009 and June 2010 we have cosponsored and presented symposiums at the IAPA Gold Coast Conference and IAPA Regional Congress in New Zealand respectively. The latter also included a community forum wherein the New Zealand Chief Psychiatrist and internationally renowned panel of speakers in recovery took questions from an audience that included the members of the public, carers, consumers, mental health clinicians and the members of the media.

- WAPRANZ put in a bid for the 2012 WAPR World Congress
- WAPRANZ presented a symposium at the 2009 WAPR Bangalore World Congress
- Launched its bi-national seminar series at the Austin Hospital in Melbourne in July 2010. Speakers included Drs Russell D’Souza and Raju Lakshmana. It was attended by consumers and clinicians alike with the seminar being chaired by the Manager of the local Area Mental Health Services, Umit Agis.
- Plans are well underway for the convening of the 2nd WAPR Asia Pacific Congress in 2012.

The Executive Committee continues to meet and the Branch receives much support at the governmental level as well as from key recovery proponents within Australia and New Zealand.

Umit Agis
Secretary General
WAPRANZ
KAPR Korea Branch Activities in 2010: New board members elected

Korean Association for Psychosocial Rehabilitation (KAPR) held a conference on “Integrate Mental health delivery system” on October 1st - 2nd 2010 in Busan. Many mental health professionals from national and local organizations addressed important issues on integrating and cooperating mental health delivery system and shared their experiences at mental hospitals, community mental health centers and other mental health institutions. During the general assembly, the KAPR also elected new president, Dr. Tae-Yeon Hwang, Jonggook Lee as a vice president, and other new board members for the year 2010 to 2012.

Since the KAPR was established in 1995, the KAPR made great efforts to improve the mentally ill people’s quality of life, fighting for stigma against the mentally ill people, and their successful rehabilitation with mental health professionals. To make a leap forward with a new board of directors along with KAPR members, Dr. Hwang proposed new visions:

1) revitalizing regional branches;
2) sharing responsibilities among board of directors to make new projects;
3) strengthening membership and identity of KAPR;
4) developing psychosocial rehabilitation programs and researches for mental health;
5) advocating the mentally ill people’s rights and holding anti-stigma campaign;
6) developing programs for family with mentally ill people;
7) making more connections with the Asian Association of Psychosocial Rehabilitation and the WAPR.

The KAPR will continue to do our best to provide the best knowledge and environment for mentally ill people and their families.

After 2010 KAPR Fall conference
Values statement: Danish Branch

There is in Denmark a need to change opinions and values towards those suffering mental distress so that they cease to be viewed as chronically ill, abnormal citizens.

That is a change we wish to be a part of.

Many years ago it was decided that people with mental distress should be treated differently than those suffering physical illnesses and/or social problems.

This came about due to a mistaken humanitarian viewpoint combined with the dominant medical opinions of the time resulting in those suffering mental distress being isolated in large psychiatric institutions based on the principle “out of sight out mind”

This viewpoint, even today, still greatly affects our approach to helping those who suffer from mental distress. As a result of this the general population tends to view these distressed people with fear based on ignorance, a viewpoint often supported by the media which results in the promotion of stigmatization.

Working towards developing a more humane practice within psychiatry has been slow and uneven in Denmark. Decentralizing psychiatry, seen as a positive move, has unfortunately not resulted in better quality or the hoped for results for the mentally distressed. Working practice is still very much influenced by a professional approach that mainly focuses on reducing symptoms rather than helping people learn to cope with life and becoming a part of society again. This approach largely ignores the resources and personal opinions of those suffering mental distress.

People suffering mental distress are still exposed to isolation, stigma, lack of understanding and abuse of human rights. The community services put in place when many of the institutions closed have become institutions themselves. Often they are promoting continued social exclusion and in some instances actively recreate social isolation and reinforcing the community beliefs that those suffering mental distress are different and need a professional treatment system which is separate from other services within society.

Research from the rest of the world has shown that it is possible to develop effective and humane services for those suffering mental distress which helps improve level of daily functioning and the possibility of being reintegrated into society. Humanitarian approaches also affect the myths and stereotypical views that exist in local communities resulting ultimately in less stigmatization towards those suffering distress.

There is a need in Denmark for a change in viewpoint and practice so that those suffering distress are not seen as chronically mentally ill and different from the rest of society. We must acknowledge that we can all become victims of mental distress and that the help and support we need in these situations are as individually personal as we are unique.

There is a strong correlation between a good psychiatric system and the local community’s willingness to be involved in finding new possibilities which helps improve people’s mental health and wellbeing.
In Memoriam:
Prof. Dr. Haroon Rashid Chaudhry
(1955-2010)


It is very difficult to write an obituary about Haroon as it is impossible to summarise a long list of his achievements, contributions and his work in a few sentences.

Born in 1955, he attained his early schoolings in Lahore and got his degree in medicine from King Edward Medical College Lahore, Pakistan in 1980. With his interest in the speciality of psychiatry and following his father’s professional career, he completed his postgraduate training in Psychiatry in Pakistan as well as in Austria. He returned to Pakistan after obtaining his higher degree (Diplomat Austrian Board of Psychiatry & Neurology-FACHARZT) in 1985 and started his career as a specialist in mental health in the city of Lahore. He later on was awarded with Diploma in Psychiatric Practice London, Fellowship of American College of Psychiatrists, Membership & then Fellowship of Royal College of Psychiatrists, UK and Fellowship of Royal College of Physicians, Ireland. He served as faculty member at different Medical Colleges in Pakistan in different academic capacities and became Professor of Psychiatry at Fatima Jinnah Medical College, University of Punjab in 2001.

His passion for rehabilitation psychiatry was evident with his close association to Fountain House Lahore that was started by his late father Prof Rashid Chaudhry. He became Executive Director of this institution after death of his father and brought this facility at the top in terms of a centre of excellence in the field of psychosocial rehabilitation. His contributions to promote WAPR have been exceptional and he was instrumental in organising and starting rehabilitation services in Pakistan and in the regions. Equally, with his enthusiasm for Rehab Psychiatry, his profound understanding of religious & spiritual beliefs of his patients, he was always mindful of these processes.

He was a gifted man with a lot of abilities. With such a workload at his Medical College & Fountain House, it is surprising that he could make time for his other voluntary work. He ran a free clinic for Epilepsy (uninterrupted for more than 20 years) at a charity hospital and also contributed significantly for training and teaching to general public, primary care physicians, students of Psychology & social work. Being an outstanding academician, he published more than 140 papers in different peer reviewed journals, published 10 books & monographs on different topics of mental health and presented his scientific work in more than 125 international conferences. He also received DR. (MISS) ROSE MADAN PRESIDENT’S GOLD MEDAL for best research scholar of Fatima Jinnah Medical College, Lahore, for the year of 2001 from the President of Pakistan. He was Convenor of Pakistan Medical Research Council’s (PMRC) Expert Panel of Psychiatry (2007-2010) and a member of the Council’s Technical Advisory Committee (2007).
He will always be remembered for his services to Pakistan Psychiatric Society. While serving the PPS as its President at the time of his death, his efforts to uplift mental health services in Pakistan will always be written in golden words in the history of Pakistani psychiatry. Psychiatry in Pakistan has indeed suffered an irreparable loss.

Not surprisingly, Haroon became a world-renowned figure with his contribution to World Psychiatric Association (as WPA Zonal representative for Western and Central Asia 2002-2008), Member WPA Operational Committee on Scientific Meetings, Secretary WPA Section on Rural Psychiatry & founder member of WPA Section on Psychiatry in Developing Countries), World Association of Psychosocial Rehabilitation (as Regional Vice President & Board member since 2003), World Federation of Mental Health (currently Vice President Eastern Mediterranean Region), Indo Pak Punjab Psychiatric Society (founder General Secretary), SAARC Psychiatric Federation (current General Secretary) and South Asian Forum (founder member & Secretary for Pakistan-Chapter). He was an extraordinary conference organiser and had organised a number of international meetings in Pakistan. He will be remembered for organising the first international Congress of WPA’s Section on Psychiatry in developing Countries and WPA’s regional meetings in addition to many other scientific activities for WAPR, South Asian Division of Royal College of Psychiatrists UK, SAARAC, SAF and WFMH.

He was indeed a special person and everyone, who came across him, soon became aware of the velocity & force of his intellect, but he remained modest and unassuming with it, always gentle & displaying a respectful manner to any contrary opinions. He was massively inspirational & motivated huge loyalty of his trainees, colleagues and above all his patients. His life was an open book. He loved the joy of his dedication to his professional work and was proud of his devotion to the patients, especially the poor. He was a generous, caring and a brilliant psychiatrist who enjoyed a very high stature among his peers. He was gifted with high intelligence, equable temperament, outstanding passion, sense of humour & integrity. Everyone will miss him. We must bow to the will of Almighty – it does seem that the good die young.

He will of course be remembered for his warmth and generosity & his wife (Maryam) and four children (Saad, Shehrish, Waqas & Ahmad) will continue missing him for his love and affection along with countless other “children” of his inspirational practice and teaching of psychiatry. May God rest his soul in peace and give all of us strength to bear this loss.

Afzal Javed
President Elect WAR
In Memoriam:
Stanislas Filliol

Former Vice President of EUFAMI and member of WAPR Board

It is with deep regret that we must inform you of the untimely death of our friend and colleague from France, Stanislas Filliol. Stanislas represented his national association, UNAFAM, for many years on the Board of EUFAMI. He also served on the Executive of EUFAMI and was Vice President until he stepped down in 2009. He was elected as a WAPR Board member representing families in Bangalore in 2009.

In recent times, Stanislas was one of the key influences in encouraging EUFAMI and its members to pursue the interests and rights of children of parents with mental illness, which culminated in the very successful “Forgotten Children” conference held in Vilnius, Lithuania in November 2009. Stanislas had great foresight and this was no more evident than when he worked with the planning of this conference. The success of the conference will be a permanent testament to his dedication and commitment to the family movement.

Stanislas possessed an outstanding knowledge of eastern European languages and because of this knowledge, together with his unique style and character, he was ideally suited to help with the development of the excellent relationships with family associations in Eastern Europe. WAPR Board sends its heartfelt sympathy to his family and to his many friends.
WHO MIND News

1. A new WHO Report on Mental Health and Development was launched in New York City on September 16 2010. The report demonstrates how people with mental health problems have been marginalized and largely ignored. It then makes the case for governments and other development agencies to pay more attention to mental health and identifies specific actions that they can take.


2. Applications are being accepted for the International Diploma on mental health, human rights and law.

http://www.mentalhealthlaw.in/

3. The country members of the WHO Pacific Island Mental Health Network (PIMHnet) are implementing their Human Resource development plans to make treatment and support for mental health problems available through primary care services.


For more information:
Visit the WHO MIND website:
http://www.who.int/mental_health/policy/en/

WAPR COMMITTEES 2010-2012

Nomination and Elections:

2015 Congress Committee.
Co- Chairs: Lourdes Ladrido, Afzal Javed.
Members: Angelo Barbato.
Ricardo Guinea.
Stelios Stylianidis.
Thylotoh Murali.
Eugenio Ladrido.

Constitutional Amendments.
Members: Angelo Barbato.

Scientific Committee:
Co- Chairs: Tae-Yeon Hwang , S. Stylianidis.
Members: M Farkas.
R Montenegro.
T. Murali.

Membership Committee.
Co- Chairs: Marit Borg, G Agnetti.
Members: A Pitta.
N Shinfuku.
P Udomratin.
N. Barkaliil.
A.Klunderund.
F Preister.

List of Proposed Members as mentioned in Valladolid Board Meeting. All proposed members have been contacted and confirmed. Final endorsement to be done in next Board Meeting.
11th WORLD CONGRESS
Milano, Italy 10-13 November 2012

CHANGE THINKING CHANGE PRACTICE CHANGE SERVICES
TRASFORMAR LAS IDEAS LAS PRACTICAS LOS SERVICIOS
CHANGER LES IDEES LES PRATIQUES LES SERVICES
CAMBIARE LE IDEE LE PRATICHE I SERVIZI

ILAN ITALY
10-13 NOVEMBER 2012
MIC-MILAN CONVENTION CENTRE
PAV.17-GATTAMELATA GATE
WWW.AIMGROUP.EU/2012/WAPR

SCIENTIFIC SECRETARIAT
Mario Negri Institute for Pharmacological Research
Epidemiology and Social Psychiatry Unit
Via La Masa 19, 20156 Milano, Italy
Phone: +39 02 39014431
Fax: +39 02 39014300
E-mail: waprcongress2012@marionegri.it
Web: www.marionegri.it

ORGANIZING SECRETARIAT
AIM GROUP-AIM Congress srl
Via Pipamonti 129, 20141 Milano, Italy
Phone: +39 02 566011
Fax: +39 02 56609045
E-mail: wapr2012@aimgroup.eu
Web: www.aimgroup.eu/2012/wapr

17th International Symposium of ISPS.
Dubrovnik, Croatia 2011

ISPS is now holding its international conferences every two years and the next conference will be in the beautiful old Croatian City of Dubrovnik on the Adriatic Coast

Title: PSYCHOLOGICAL THERAPIES FOR PSYCHOSES IN THE 21ST CENTURY
- influencing brain, mind and society

Dates: May 31st - June 4th, 2011
Workshops: May 31st, 2011
Conference: June 1st - 4th, 2011
For more information contact:
Visit: www.isps2011.org
E-mail: ivan.urlic@gmail.com