



GAMIAN–Europe NEWSLETTER

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Dear readers!

We wish that our newsletter serve as a vehicle of ideas, opinions, and information within all people concerned with mental health issues. Its success depends on your involvement. You can make it a very alive document! Please send us news, facts and events in a field of mental health, that took place in your country; your ideas and suggestions; and everything related to the advocacy in mental illness.

We rely on you!



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MESSAGE FROM THE PRESIDENT



Dolores Gauci

GAMIAN-Europe is celebrating its 10th Anniversary. It is therefore an opportune time to reflect where we want to go in order to continue perpetuating our vision.

GAMIAN-Europe started off with a handful of organisations whose far-sighted leaders recognised the importance of coming together in order that their individual goals could together achieve much more than the individual effort and to promote such goals. The innovativeness of GAMIAN-Europe's mission together with its flexibility and informality attracted patient, family, non governmental organisations and other parties who were interested in issues affecting those who suffer from mental illness. These were some of the characteristics that helped to develop GAMIAN-Europe into the organisation that it is today, boasting of a vast network of 80 member organisations from 31 European countries,

The very growth that has taken place within our organisation, the emergence of other major European organisations, and the regulations which have been put in place by the Belgian Authorities and the European Commission, are a few of the new developments that have placed GAMIAN-Europe in a different working environment which by its very nature necessitates change. Well managed change is positive. The General Assembly in November of last

year understood this new scenario and the changes that were required. It approved a Business Plan which is forward-looking and which recognises that consolidation of GAMIAN-Europe is crucial to the sustainability of the organisation.

The Board of Directors is actively working to achieve some of the targets set in the Business Plan during its term of office. We have held three board meetings and one Executive Committee meeting to work on the following major issues and tasks: our official registration in Brussels, the organisation's financial situation and fund raising which ensures sustainability, the organisation of the Convention in Croatia, the organisation of the regional meeting on Human Rights and Mental Health in Estonia. Furthermore the Board addressed the issue of a reshuffle of duties — it appointed Paul Arteel Secretary General, Marianna Bogdan Editor of our Newsletter and Vladimir Rotstein Administrator of our Website.

Together we have taken a road which ensures GAMIAN-Europe's sustainability and the achievement of our vision: that of ensuring through our activities that patients in Europe affected by mental illness are at the centre of healthcare and its provision.

SELF-STIGMA, EMPOWERMENT and PERCEIVED DISCRIMINATION AS EXPERIENCED BY PEOPLE WITH a DIAGNOSIS of MENTAL ILLNESS in EUROPE; the GAMIAN STUDY.

Objective: The primary objective of this study was to collect European data on the nature and frequency of self-stigma experienced by people with a diagnosis of mental illness. Secondary objectives include identifying the proportion of reported discrimination and empowerment, as well as investigating the relationship between self-stigma, empowerment, perceived discrimination, and socio-demographic factors.

Conclusion: A total of 4,586 surveys were completed. This research presents a comprehensive picture of the levels of self-stigma, empowerment and perceived discrimination reported by individuals with a diagnosis of mental illness within 20 European countries.

E. Brohan, R. Elgie, N. Sartorius, G. Thornicroft



FAREWELL TO PAOLO LUCIO MORSELLI, MD



Many of you will have read or heard, with regret, of the decision of Paolo to resign from GAMIAN-Europe.

It was Paolo who had the initial vision of creating an international organisation comprising a variety of patient groups from around the World with an interest in mental illness. Rather than establishing individual disease

specific groups, as happened in the area of neurology, Paolo saw the merit of bringing all of psychiatry together under one umbrella organisation as a coalition in order to address common themes, not least of which were stigma and the manner in which all governments consistently viewed mental health as a low priority.

The dream became a reality at the launch of GAMIAN in Venice in the Spring of 1997. However, within eighteen months it became apparent that there were substantial cultural differences between Europe and the USA in the way

patient groups operated so in mid 1998 GAMIAN-Europe was born with a handful of so of national groups. Today, there are in excess of seventy such groups from over thirty European countries, as well as many individual members and associate members from other continents.

For ten years Paolo has been a major influence over the growth and development of GAMIAN-Europe as its Secretary-General, Newsletter Editor and Website Editor. As a Board member, he has played a major role in organising several of our Annual Educational Conventions and

often spoken at international psychiatric meetings on behalf of the organisation. Paolo has maintained a personal correspondence with many of you and his presence will undoubtedly be missed throughout the whole organisation.

We wish Paolo well in his well-earned retirement and on behalf of all members of GAMIAN-Europe thank him most sincerely for his invaluable contribution to the success of the organisation. Long may we continue to prosper and develop as a tribute to his initial vision of ten years ago.

Editorial Committee

TOWARDS A STRATEGY ON MENTAL HEALTH OF THE EUROPEAN UNION



In the September, 2006, Newsletter we outlined the response of GAMIAN-Europe to the European Commission's Green Paper on Mental Health. A "green paper" has nothing to do with the colour of the document but simply signifies that it is a document sent out for consultation purposes. The Commission were pleasantly surprised to have received 237 responses to its Green Paper on mental health but this has resulted in a delay in formulating a detailed response that will adequately capture all of the valid points made by responders.

Rodney Elgie

The response to the consultation document came from a wide variety of sources including national governments, regional and local govern-

ments, health sector NGOs, other NGOs, academia, foundations, charities, patient and family member organisations, European organisations, the

pharmaceutical industry and some from non-EU countries. Most responses were received from the UK (60) closely followed by Germany (49). There



was a significant drop to third place — Italy with 12 responses — down to The Czech Republic, Latvia and Lithuania with just one each. The health sector NGOs constituted the majority of responses (40%) whilst submissions from other sectors were far fewer and tended to address special problems of vulnerable people, such as employment or housing.

The use of early screening, counselling and outpatient systems was stressed together with the strengthening of community care and the provision of employment, whether paid or voluntary

The Green paper stressed *the importance of mental health* in the light of the European Union's strategic objectives linked to its slogan "There can be no health without mental health". Good mental health is essential for the future long-term prosperity of Europe as is the provision of quality of life for all European citizens. Whilst these views were broadly supported by national governments that responded, differences of opinion emerged. For example, "Malta sees a direct link between mental health, wealth and competitiveness and would like to see this

addressed in EU mental health strategy". However, Sweden took the view that "The relationship between the mental health of the population and the strategic objectives mentioned in the Green Paper are so complicated that it is difficult to give a firm opinion on them. A better understanding is needed of the relevance of mental health to, and its con-

sequences for, the quality of life, economic and social welfare, social exclusion and the enjoyment of human rights".

There were also differences of opinion as regards the action that the EU should take on various matters. Whilst the Green Paper was unanimously welcomed, both France and The Netherlands called into question the need for a comprehensive strategy on mental health. France took the view that "At first sight, it does not appear opportune to create a Community Strategy on mental health as it would not be able to make improvements in the health situation among

Member States".

Not surprisingly, many responders underlined the need to improve mental health care and other support services for people with mental health problems and their carers. It was highlighted that deinstitutionalisation should go hand in hand with a comprehensive development of mental health care and rehabilitation. The use of early screening, counselling and outpatient systems was stressed together with the strengthening of community care and the provision of employment, whether paid or voluntary. However, we need to avoid deinstitutionalisation becoming a pathway to homelessness and work insecurity and unemployment creating additional stress. It was regretted that the effects of poverty and homelessness were missing from the Green Paper.



It is clear that substantial differences exist within the EU as

regards investment in health. For example, the proportion of Gross Domestic Product (GDP) allocated by Member States to health ranges from around 4.4% to 12% and in the case of mental health the difference can be even greater — from 0.2% to 1.4% of GDP. Accordingly, it is not surprising that a Portuguese comment states "the first most important step to take towards integrating mental health into global policy would be significantly increasing investment by the Ministry of Health in the mental health sector". Similar views





are expressed from Poland — "We regret to state that the quality of life of persons with mental disorders in our country is far below the standards of other EU countries".

It was thought that the press and media generally could play a key part both from an educational standpoint and by reducing the stigma surrounding mental illness. Interestingly, the Eurobarometer survey carried out between December, 2005 and January, 2006, revealed that the majority of responders (63%) believe that people with mental health problems are unpredictable, whilst 37% of responder thought people with psychological problems constituted a danger to others, 21% thought people with psychological or emotional problems will never recover and 14% of responders thought those who have psychological problems should blame themselves for their condition.

DG SANCO, on behalf of the Commission, is due to publish its proposals as to the way forward in mid May. Should we be optimistic about a radical change being introduced as regards the treatment of those affected by a



mental illness and the allocation of realistic resources to bring about meaningful change? The signs are not good. There are clear divisions between the Member States on a number of issues surrounding mental health and the priority it should receive over physical or neurological conditions. The Commission also faces the very real obstacle of "competence" under the principal of subsidiarity, meaning that it has no right or authority to interfere in the delivery of health care by Member States unless it can be clearly shown to have a public health component. This will be difficult in terms of the provision of additional mental health services or the prescribing of the latest treatments. Finally, DG SANCO has a

minimal budget with which to implement such wide-ranging and potentially costly initiatives, however much one may applaud the motives.

At the end of the day, it will probably be a question of how influential health NGOs, academics and healthcare professionals can be at a national level in bringing about change country by country. Undoubtedly, the Commission will support such a modus operandi from a discreet distance but GAMIAN-Europe should be at the forefront on bringing about this radical change. With its network of members across Europe, it is ideally placed to be the catalyst for change to really improve the lives of those affected by mental illness, whether as patient, carer or family member.

IT IS A MAD, MAD, MAD WORLD...

Papers throughout the world are used to publish articles containing terrifying data about the great number of mentally ill people and about their growth. Sometime such articles are signed by the scholars of authority. So we would like to clarify what is true here and what is not.

The first indisputable fact is that more and more people become psychiatric clients. Let

us underline: the fact is that more and more people apply for psychiatric care, but not

that more and more people become ill. It is very important because at all times and in all countries far from all ill people apply for help, including the psychiatric one. In other words there are always a lot of ill people who do not apply for care and because of it do not appear



in the statistical data. Ages ago only very severely insane persons appeared in psychiatrists' scope of view, because their relatives were trapped in the deadlock. There were not so many such cases: we should note that fortunately nowadays there are as many of them as a century ago.

The second fact is that the better medical care is organized (including psychiatric care) the more people apply for it. That is why statistical data grows. The better care is the more willingly people use it. So patients suffering with more and more light disorders appear in psychiatrists' field of vision (and accordingly to it — in statistical data).

During the 20th century the number of such patients in Europe increased in 40 times, and the majority of them composed quite a new category of patients, earlier unknown to psychiatrists. This fact can be illustrated by the following example. Kraft-Ebbing, a famous German psychiatrist, described in his manual (edited at the beginning of 20th century)

ry) "the lightest case of depression". It was about the patient who was treated in a mental hospital, lying in the bed, having delusions, and suicidal intentions. Now such a case would be considered as a very severe one, but not at all as "the lightest", but in times of Kraft-Ebbing psychiatrists indeed did not deal with the cases that now we rate as "light".

We should also add that as people become more and more educated, so they can be aware of their problems and realize when it is appropriate to consult a doctor.

We should stress that so far we have talked about the facts. Now we have to discuss hypothesis.

Nobody may assert that more and more people get mentally ill. There is an only one exception — so called Post Traumatic Stress Disorder (PTSD). This disorder really depends on the mass calamities, such as wars, disasters, etc. Unfortunately there are a lot of such victims now.

There is one more circumstance that contributes to mis-

understanding in the notion on how many mentally ill people are in the world. The matter is that there are different ways for calculation: it is possible to count how many people suffer from mental disorders today, or — how many of them experienced any mental problem at any time of their lives. It is obvious that the results will be quite different.

The fact is that more and more people apply for psychiatric care, but not that more and more people become ill

Here in Russia we specially undertake such research. As we know, our results correspond to those in other countries. If we count all people who whenever in life suffered from any mental disorder (short or long-lasting, acute or chronic, mild or severe, demanding any care or not), then their number would be huge: about 30% of the population. If we count only those who need psychiatric care just today, they would come to about 14% of the population. In fact less than 3% of the population really use care in Russian psychiatric institutions.

It is safe to assume that in Russia today only a percentage of people with a mental illness access help in terms of a diagnosis and proper treatment. Hence it is impossible to say whether the number of citizens with a mental illness is increasing, decreasing or staying the same.

***Vladimir Rotstein,
Marianna Bogdan, "Public
Initiatives on Psychiatry"***



STANDARDS FOR PEOPLE WITH SERIOUS MENTAL ILLNESS



In 2005 Gamian-Europe (G-E) developed and published a number of evidence based Standards for people with Serious Mental Illness (SMI). The main purpose of these standards is to improve the quality and safety of psychiatric care and treatment for patients with support for families and carers. To support the implementation, G-E published an audit tool to measure and monitor the progress of the standards.

Albert Persau, G-E Board Director,
albertpersaud@gamian-europe.org

It is recognised that, whereas there is general agreement that patients with serious mental illness are best managed by a system of community based mental health services; there are enormous differences, in Health Care Systems and funding constraints, across the various European states. It is also recognised that many states, in different parts of Europe, are attempting to set up community mental health services.

This audit is therefore an attempt to inform such developments, so that community mental health services for serious mental illness may be delivered effectively, safely and in a way which is consistent with human dignity and rights to include the individual's cultural and spiritual beliefs whilst not discriminating on the grounds of gender, race, ethnicity, or sexual orientation. It should serve as a

negotiating tool for patient advocacy groups when dealing on behalf of patients and to work in partnership with governments, politicians, practitioners other NGOs and other bodies such as the European Commission.

The audit tool which is a series of questions that all services should be able to answer with regard to what they provide. Some questions are descriptive, such as those regarding legislation in different countries. Other questions relate to basic figures which should be generated by any effective service.

The aim of the audit is to establish that all services in Europe are able to provide basic effective mental health care to their target populations, and that effective planning has gone into the development of European community mental health services.

A number of G-E organisations have begun to use the audit in a number of ways to promote better care and services. It has been translated in a number of languages, discussed with practitioners to develop good clinical protocols, guidelines and research and engaged with policy makers and commissioners to plan and deliver good quality services.

If you have are using the audit — translation, training, collecting data, research, policy, commissioning, guidance and protocols etc please send me copies or reports to albertpersaud@gamian-europe.org

I will prepare a report for G-E members at the forthcoming GAMIAN-Europe Convention 2007. Members will be able to share examples and learn from each other how they are progressing.





“WEEK-END DA S-BANDOLO” – D.I.A.PSI.-PIEMONTE: successfull idea and innovatory program

The start of the journey – getting everyone involved

The important integrated project “Il Bandolo” for mental health promotion which focuses on mental diseases on the territory and is funded by a well-known Bank Foundation, was launched and became operational about two years ago. It has involved D.I.A.PSI., five other sectorial organisations, the Mental Health Departments of the city's hospitals, the many Local Health Facilities, the Town Council Department for Social Policy and the Centre of Studies and Research in Psychiatry of Turin. Such a kind of experiment was quite new and not easy to put into effect. Indeed it was a bet, but it worked. All the agencies involved have till today worked closely together for a common aim. The results are positive. Among the various social and supportive interventions (centralised Call Center operated by psychologists, support to patients at home, to families, information and support desk, research-action a.s.o.), there is one, the Weekends and Holidays Centre, that D.I.A.PSI. planned and organized in January 2006 as a social integration activity. The name we gave to this quite innovative idea was “Week-end da s-Bandolo” (not too easy to translate, but quite comprehensible looking at the following explanation). The objective was to create the possibility of aggregation and re-socialization for the mentally ill and the users-carers (volunteers, families, friends, health workers, accompanying action a.s.o.) on Saturdays, Sundays and all midweek holidays in the year, to bridge the gap between the working days and the holidays, when no methodical cultural, recreational or working activities are planned at an institutional level. The objective was to create a link in a diverse environment between persons usually assisted in Day Centres and the city's associations, through cultural, playful free-time events of interest for everybody. And everybody, also

the so-called “normal people” are welcome, and they enjoy a great deal.

Exceeded expectations

Today, after just one year of experience, we can report some very positive results, the outcome at this moment being so great that the initial planned objectives have not only been pursued but have even exceeded all expectations. Participation in these events is increasing, the number of participants at each event being more than 30, the maximum we had foreseen. In the most appreciated events, say dinners, excursions to other towns or mountains or seaside, lunches or pizza in “trattoria”, movies, guided visit to museums or exhibitions, sport events, we reached an average of 50 people. And we must say that the contribution of the Mental Health Departments and of the other sectorial associations has been excellent, and all participants have all appreciated greatly the initiatives.

Carers benefit as well

Another positive aspect, not to be underestimated, is to have allowed families a few hours of rest during holidays, just to have a time to breathe before returning to their heavy task as carers. Furthermore, for accompanying volunteers, final year university students, newly graduated psychologists this is an instructive experience surely useful for their future career.

As regards the organization of the “Week-end da s-Bandolo”, we first plan the events to take place in the following month. Then the volunteers contact service suppliers to arrange with them the dates and the administrative formalities in order to set up the reservations. Afterwards we are then able to draw up a leaflet reporting the full month's events. The leaflets are e-mailed to our partners for circulation. A reservation service is operational via e-mail, fax or phone (or simply from person to person). Then we proceed to the selection of the accom-



panying volunteers, who are to be the group's guides and will be responsible for any administrative tasks. A very limited contribution (one might say a symbolic contribution) is requested from participants.

Nearly 3,000 take part

During 2006 about 2.900 persons attended 92 organized events. The trip to Genoa to visit

the splendid Aquarium was attended by 80 enthusiastic participants, whilst the visit to a local open-air swimming-pool in summer had an attendance of only 3 brave heroessince it rained cats and dogs! Anyway, the average was 32 persons per event. And we have satisfied 520 persons who for at least once attended an event (and in some not rare cases they became friends)

HOPES AND HOSTILITIES

The most distinct and short-spoken point of view of all that I have heard about today's situation in psychiatry came from a kitchen maid of a big psychiatric hospital in Moscow a couple of years ago. A very simple middle-aged woman was standing smoking outside the doors of the hospital, while a group of parents were queuing there waiting for their turn to come in. Some were talking about their usual concerns: mental health, medicine, treatment, diet, aggression, etc. An old man said something about his hopes for the cure.

— Cured? the kitchen maid said mostly to herself. — They will never get cured.

There was no tragic expression in her words. They sounded very ordinary and quite indifferent.

— Why, she said inhaling the bitter smoke, — they get here because the families do not want such a nuisance. And they stay here for months and years. Some stay forever. Who needs them? The families get their pensions and have no problems. Why should the doctors treat them? No one wants to. Back to the family and back here again very

soon. Nowhere to go. No one wants. No one needs. Just nuisance.

The point of view may seem very dark, but it is not rare,

— *Cured? the kitchen maid said mostly to herself. — They will never get cured.*

and unfortunately it is realistic. The relationship between parents, patients, and the staff of mental clinics is similar to a huge wheel, a huge vicious





Any changes in the field of psychiatric help and treatment require enormous efforts, because enormous is the inertia of the wheel

circle. We all live in the same world of 'unpleasant' and 'improper' disease, going deeper and deeper into the world full of resentment, dull pain, lack of understanding and lack of will for understanding, blunt indifference. The world of depressed families and the world of professionals who treat their patients with no belief in good result. A hopeless wheel, which rolls over all our destinies. It keeps rolling in the ordinary routine of primitive and non-creative monotony and it keeps crashing many initiatives as well as many destinies.

A great number of books and articles have been written already about the social side of psychiatric diseases. They tell us about the impenetrable walls that 'normal' people build to insulate themselves from the very thought of mental disease; about stigma in society; about deep prejudices, too deep to deal with by

ordinary ways; about burn-out of the staff; about isolation and disregard of patients and their families. Every sincere book or article is helpful to people in trouble.

However, we mostly see the low efficiency of these works. Any changes in the field of psychiatric help and treatment require enormous efforts, because enormous is the inertia of the wheel. And the wheel is huge. We speak about 1% of the population, which is the usual figure for schizophrenia. It means that there are about 100 000 people suffering from only schizophrenia in Moscow. This disease varies a lot; it has different forms and manifestations, but all these thousands of people, as well as their families, suffer from feeling outcast, useless and lost. The problem may be different in different countries, but even in the most civilized countries it is far from being solved.

Some courageous professionals try new ways. Many good decisions have been made already, but they are hard to put into practice. It must be hard to go against the mighty wheel: against social and one's own old prejudices and fears; against feelings of superiority or hopelessness; against the silent or open irony of one's colleagues; against those parents who have become part of the wheel in their depression and stubbornness; against the inner comfort of old habits.

As for families, more and more people come to 'support groups', where they hope to find help and energy. But the changes turn out to be more complicated than they expected. While asking for changes, people mostly ask for changing a doctor or a medicine. But then one has to change oneself, which means the prospective to resist the movement of the wheel. Being without systematic and careful professional support, families often give up and go back to the same depressing routine. Not very many are lucky to find a group.

We must admit that it will take long time before that wheel slows down, before the door in the wall between the worlds of 'normal' and 'abnormal' people opens. But I think with deep gratitude about all real efforts being made in order to change the old situation of psychiatric treatment and social support in my country, as well as in any country in the world. These efforts mean that we have hope.

***Maria Shaskolskaya,
Moscow, Russia***



“The GROUP HOME, OUR HOME... the DAY CARE, a PLACE to MEET, to COMMUNICATE, to CREATE...”

The opening of the Group Home and the Day Care of SOPSI took place, in a warm, human atmosphere, on Friday 23rd February 2007, by the President of the Republic's wife, Mrs. May Papoulia.

The board and the scientific committee of SOPSI attended the opening as well as the residents of the Group Home, the members of the Day Care, the personnel, relatives and friends, representatives of associations of people with disabilities, sensitized habitants and shopkeepers of the district, who welcomed from the beginning SOPSI's efforts.

Within the guests that honored the event with their presence was the Prefect of Attica, the Mayors of the city of Athens, and of Byron, the Secretary of the Ministry of Health specialized in mental health issues, the President of the Academy of Athens, as well as prominent figures of the Greek society, politicians, well-known journalists, artists, the clergy and many-many others.

After the customary benediction, the mother of a person with a mental problem, member herself of SOPSI's board committee, a resident of the group-home, two members of the Day Care and a neighbor shared with the rest of the participants some of their thoughts. The mother set out the main anxiety of the parents which can be summarized in the crucial question:

“Where shall our children live, how will they live when we are no longer in life?” and underlined the importance of setting up group homes, like the one SOPSI has organized, which can offer a great relief to parents.

The words of B., a member of the day care, described in the best possible way the role of the day care in the lives of people confronted with mental health problems. Characteristically he mentioned: “The day care made me believe in myself, helped me communicate with other people, helped me in finding company, in living a better everyday life, gave me hope”.

Thereafter, Mr. N, a neighbor and shopkeeper of the district, mentioned openly his initial apprehension towards the opening of the group home and the day care for the people with mental health problems, apprehension that was over passed in the way. As he said: “These people are people with dignity, they could never harm someone; I would say that they are mainly scared rather than violent, in the way we imagined they would be before we met them. All the neighbors welcomed them;

we consider them as an integral part of our community.

Finally, the poem “a refuge to loneliness” written for the day care specially for the day, by N., a member of the day care, touched everyone and was offered to Mrs. May Papoulia after her requirement.

From the scientist's side, the President of the Scientific Committee of SOPSI, Assistant Professor of Psychiatry Mrs. Marina Economou mentioned during her speech that the group home and the day care could be the answer to the families' needs; families that are the ones who carry the burden of the mental illness. Mrs. Economou also referred to the importance of the fact that SOPSI's group home, which can house 10 patients, is the first one in Greece created by a family association. She also referred to the innovation of the day care, which runs on a daily basis, during the after-





noon hours and stays open during the weekend, covering in this way the patients' needs for communication, entertainment, creativity, psychotherapeutic and psychosocial support. Mrs Economou pointed out that behind the label of the mental illness, a label that no one wishes to wear, there is a painful reality, with many different faces, and there is always a person, an individual, with his personal biography. The patients with mental illness and their families are burdened with one more weight: the social illness, as an expression of the modern social pathology of prejudice, racism, and discrimination, what we name, eventually, social stigmatization. It concerns a morbid phenomenon, as morbid as the mental illness, which constitutes at the same

time a challenge for modern society that wishes to be called a society of citizens, a society of scientific progress and humanistic movements. In order to be able to talk this day about a movement of families that have a member who suffers from a mental illness, much work has preceded. These families ask and need the state's aid and the support of the sensitized citizens.

Mrs May Papoulia, the President of the Republic's wife, through her 30 year experience as a psychologist in Germany, underlined the great service and help of the families' associations in the fight against the stigma. Mrs Papoulia also



expressed her appreciation for the way the group home and the day care of SOPSI were accepted by the society of Byron. The opening ceremony was crowned with the conferment to Mrs Papoulia of a painting, created by a resident of the group home. A conducted tour at the area of the group home and the day care followed, by their residents and members.

Finally, a special reference was made to the President of SOPSI's Board Committee, Mr Petros Andronikos for his continuous and tireless efforts and also, to the sponsors of SOPSI as well as to everyone that has supported the association's goals.

*Christina Gramandani,
Psychologist-MSc &
Member of SOPSI*

REPORT ON THE SPRING CONFERENCE of the EUROPEAN PATIENTS' FORUM HELD in BRUSSELS on 20/21 march, 2007

Around 120 delegates attended the Spring Conference of The European Patients' Forum in Brussels where the theme concentrated on the empowerment of patients, the right to receive information as a patient with regard to one's condition and the treatment options available and the sustainability of patient groups. A variety of stakeholders were present to offer their own perspectives. These included representatives from the European Parliament, the European Commission, health economists, health professionals, the pharmaceutical industry, regulatory bodies such as the European Medicines Agency, and patients.

The representative from the Commission emphasised the fact that the conference objectives of empowerment, information and sustainability can only be achieved through partnerships involving all stakeholders, including the EU institutions. The European Commission has launched several initiatives of direct relevance to patients: the new EU Health Strategy, the Pharmaceutical Forum and Information to Patients, Health Services Agenda and Patient

Safety. The new EU Public Health Programme (2007-2013) will offer new funding opportunities for patient organisations. The Commission's representative urged all patient organisations to become actively involved in these initiatives and policies at the EU level, where the patient's voice is vital.

The Member of the European Parliament from Germany endorsed the fact that patients have a basic and fundamental right to infor-



mation. This fact should be the central point in the EU debate on information to patients. There should be a democracy of information with equal access to information provided in different settings with cultural sensitivities. The quality of the information as regards its accuracy must be ensured. Different stakeholders have their own respective roles to play in providing information. There should be no monopoly.

From the regulatory point of view, the European Medicines Agency increasingly interacts with patient organisations and aims to empower patients and to promote partnerships between patients and healthcare professionals. This is achieved by providing information better adapted to the patient's needs and free from technical jargon. In order to improve the quality of information provided by the EMEA, patient representatives are directly involved in the provision of information. For the achievement of its objectives, the Agency relies to a large extent on a network of excellence, including all EU Regulatory Authorities.

The physician's perspective was provided by the current President of the Standing Committee of European Doctors. He stated that there was a strong development towards a patient centred vision. In addition, there is an information revolution that raises challenges with respect to the amount and quality of information. It is impossible for healthcare professionals to be the gatekeeper of all information. However, guidance is needed to distinguish information from advertising and to apply information appropriately. In a changing environment with changing roles, the physician-patient relationship remains essential and cannot be replaced by "virtual" consultations.

A health economist was then asked to discuss whether a financial case could be made for an informed patient. He maintained that enhanced information and choice can lead to quality of life and economic benefits. However, enhanced access to information alone is not sufficient; multiple interventions are required. In addition, it is important to think about minimising negative consequences such as inappropriate demand. Unfortunately, the evidence base on the economic value of empowerment and access to information is still limited. More research and evaluation is needed.



A second Commission official stated that a new EU framework for information to patients is needed. However, before this new framework is established key questions, such as who controls the information and who enforces a governance system, need to be addressed. As an important next step, the European Commission will present a report on current information practices and proposals for a new information strategy to the European Council and Parliament within the next few weeks.

A patient representative maintained that patient empowerment is an essential precondition to improve quality of healthcare, health outcomes and quality of life. It is an ongoing process, involving all stakeholders. Empowerment included different aspects and at different levels, both individual and organisational. From an organisational perspective, representation in healthcare decision-making and planning is an essential element of empowerment. Health literacy is also vital in assisting patients to become active and effective healthcare consumers. It is a key dimension of a citizen's right to health and has major consequences for society and healthcare systems. As a critical empowerment strategy in modern society, health literacy must become a priority in the health policy action area.

Following the formal presentations, there were three interactive workshops looking at "Who really represents patients?", "Is ignorance bliss or is an informed patient a sound economic investment?" and "Are patient organisations viable and sustainable? If so, by whom?" The workshops were repeated so each delegate could attend two out of the three. Each provoked a lively debate and detailed reports can be found on the website of the European Patients' Forum — www.eu-patient.eu

Rodney Elgie



CONVENTION IN THE HOLY LAND!



Jerusalem, Olive mountain

There is nothing more appropriate than hosting the annual convention of GAMIAN-Europe in Israel at this time. We will be delighted to see all of you in Israel.

In preparations for the convention we are planning a rich and varied program, in addition to the professional content of the convention.

Enosh, the Israeli Mental Health Association, is proud to host the 2008 convention of GAMIAN-Europe. That year Enosh will be celebrating its 30th anniversary; families, professionals and volunteers founded it in 1978.

During the convention several exciting events will take place which will ensure that the participants leave Israel with a feeling that they obtained a taste of the best of that the Holy Land has to offer, while enjoying its unique sights, tastes and smells.

We will give you the opportunity, before the convention, to take a trip to the North and South of the country, the Sea of Galilee, Jerusalem, Nazareth and other holy sites.

Enosh operates 52 branches throughout the country, pro-

viding rehabilitation services for 5,500 people with mental health disabilities. Our services include social clubs, pre-vocational clubs, mentoring, supported employment and a variety of supported housing options. We also provide counseling services for family members.

The Holy Land is waiting for you!

*Yoram Cohen,
Vice President
of GAMIAN-Europe and
Chairman of Enosh*

10th Anniversary

2007 Annual Educational Convention Program



1st November 2007

Arrival at Terme Tuheli in the early afternoon

17.00	Opening of the Convention and Speeches
19.15	GAMIAN - Europe Award Ceremony. Cocktails
20.00	Welcome Dinner

2nd November 2007

9.00-9.30	Stigma & Empowerment — Elaine Brohan, IOP
9.30-10.10	GAMIAN-Europe Stigma Survey — Graham Thornicroft The Way Forward — Rodney Elgie
10.10-10.30	Auto-Stigma from the Patient's Perspective — Pedro Manuel Ortiz de Montellano)



10.30-10.50	Stigma by and in the Family — Inger Nielsen
10.50-11.00	Q & A
11.00-11.30	<i>Coffee Break</i>
11.30-11.50	Stigma by Professionals — Sladjana Ivezic
11.50-12.05	Empowerment: The Slovenian Experience — Petra Videmsek
12.05-12.15	Empowerment: The Romanian Experience — Raluca Nica
12.30-13.00	Wellness Programme — Frances Beves
13.00-14.30	<i>Lunch</i>
14.30-16.00	Good Practice on Stigma and Empowerment: <ul style="list-style-type: none"> ● Media (Facilitator - Paul Arteel) ● Youth and Children in Schools (Facilitator - Petra) ● Families (Facilitator - Sigrid Steffen) ● Government (Facilitator - Raluca Nica)
16.00-16.30	<i>Coffee Break</i>
16.30-17.30	General Assembly
17.30-17.45	Introduction to the 2008 Convention in Israel - Yoram Cohen
20.00	<i>Gala Dinner — Celebration of 10th Anniversary</i>

3rd November 2007

9.00-9.35	Bipolar Disorders — Jan Scott & A Patient with Bipolar Disorder (to be confirmed)
9.35-10.10	Depression — David Baldwin "How to improve outcomes in depression"
10.10-10.45	Anxiety Disorders — Paul Salkovskis & a Patient with Anxiety (To be confirmed)
10.45-11.15	<i>Coffee Break</i>
11.15-11.50	Schizophrenia — Marc de Hert and a Patient with Schizophrenia (to be confirmed)
11.50-12.25	Politics of Experience and Citizenship in Mental Health - Susan Hyvari
12.25-12.45	User-based Research and Empowerment - Markku Salo
12.45-13.00	Q & A
13.00-14.30	<i>Lunch</i>
14.30-16.00	Open Space for Good Practices on Information and Education
16.00-16.30	<i>Coffee Break</i>
16.30-17.30	Open Space for Good Practices on Information and Education
20.00	<i>Farewell Dinner</i>

4th November 2007 — Departures



Forthcoming events

GAMIAN Europe Board of Directors has the pleasure to announce you the Tenth GAMIAN–Europe Annual Convention 1–4 November 2007, Tuhelj, Croatia

INTERNATIONAL CONFERENCE ON PSYCHOLOGY IN MENTAL HEALTH

Journey of a Profession: Prospects & Challenges 26-28 JULY 2007 NIMHANS, Bangalore. Brief Description: Guest lectures, symposia and workshops will reflect the expanding horizons in the applications of psychology to the field of mental health. Academicians, practitioners & postgraduate scholars in psychology & mental health are invited to participate. CONFERENCE SECRETARIAT: Department of Mental Health & Social Psychology, National Institute of Mental Health & Neuro Sciences (NIMHANS), Bangalore — 560029, Karnataka, India **Phone: +91-80-2699-5180; Fax: +91-80-2656-4830 / +91-80-2656-2121; E-mail: icpmh2007@nimhans.kar.nic.in; Websites www.nimhans.kar.nic.in/icpmh2007; ww.tciconferences.com/icpmh**

The 13 th International Congress of ESCAP

(European Society of Child and Adolescent Psychiatry), Bridging the Gaps: Integrating Perspectives in Child and Adolescent Mental Health , will be held in Florence , Italy from 25 to 29 August, 2007. The meeting aims to find a common pathway for research and clinical practice through the sharing of knowledge and approaches. It will be of interest to clinicians, researchers, health workers and other professionals involved in the welfare of children and adolescents. Join us for five days of stimulating discussion on the most important, present and emerging, topics in Child and Adolescent Psychiatry. To register or for more information see www.escap-net.org

The Mental Health Services (TheMHS) 17th Annual Conference,

'20-20 Vision: Looking Toward Excellence in Mental Health Care in 2020, 4 to 7 September 2007, Melbourne Convention Centre, Victoria, Australia. **Contact Details: Tel: +61 (2) 9810 8700; Fax: +61 (2) 9810 8733; E-mail: info@themhs.org; Website: www.themhs.org.** Registration available online from May 2007 via TheMHS website.

5th European Congress on Violence in Clinical Psychiatry

Best Evidence Based Practice: "Prevention, Treatment and Management of Violence at the Individual, Institutional and Governmental Level." 25-27 October 2007; Congress Centre "De Meervaart"; Meer en Vaart 300; Amsterdam — the Netherlands. For more info: <http://www.oud-consultancy.nl/violenceadam/index.html?1165518627968>

World Psychiatric Association International Congress

At the Melbourne Exhibition and Convention Centre, Australia, 28th November — 2nd December 2007. Expected attendance: Approximately 3000 delegates. Contact Details: WPA International Congress 2007 Conference Managers, 91-97 Islington Street, Collingwood, Victoria, Australia; **Tel: + 61 3 9417 0888 1 Fax: + 61 3 9417 0899 1; E-mail: wpa2007@meeting-planners.com.au ; Website: www.wpa2007melbourne.com**

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