



GAMIAN–Europe NEWSLETTER

Year 9, no 27, autumn-winter 2007

CONTENTS

Message from the President.....p.2

Convention.....p.3

Message from Norman Sartorius.....p.7

Sharing impressions.....p.8

My story.....p.8

Recommendations for better mental health in Europe. Experts support urgent call for a European Strategy on Mental Health.....p.9

Mental Health advocacy organizations convene first global advocacy leadership forum.....p.10

Involvement of expert by expertise in education .p.11

Relatives and Families Honor their Doctorp.12

GAMIAN–Europe Regional Educational Seminar on Human Rights in Tallinn.....p.13

Next year in The Holy Land.....p.14

European ‘Patients for Patient Safety’ Workshopp.15

Forthcoming events.....p.16

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!



Editor: Marianna Bogdan

Srednyaja Kalitnikovskaya street, 29
109029 Moscow, Russia

Phone/Fax:
+7 (495) 912-6808

E-mail:
bogdan@pandepress.ru

Editorial Committee

Lilian Owens,
UK (Deputy Editor)
Paul Arteel, Belgium
Petros Andronikos, Greece
Hilkka Kärkkäinen, Finland
Guadalupe Morales Cano,
Spain
Paola Pivano, Italy
Petra Videmsek, Slovenia

*Dolores Gauci**Dear Members*

One year has passed since I first made my President's address in the newsletter.

In that address I spoke about the importance of enhancing communication. This was achieved in the last year. The Newsletter as you know has been given a new face and many of you are writing in with your experiences. Our new website is also up and running. In today's technological world the website has perhaps become the most important way of communication with the outside world. Therefore the newsletter and the website are two very important communication tools which keep the membership and other stakeholders informed of the activities that each of us are involved in.

In the last twelve months we have become officially registered under Belgian Law as an International NGO. This is an important event which sends out a clear message to ourselves that as a network we are now a recognised entity according to Law as well as to external stakeholders in terms of our credibility. This in turn reassures our funders of who we are and what we stand for. Another important step in this regard is our transparency policy which is a tool that informs others how we regulate ourselves in our operations.

Another aspect which increases communication and ownership of our organisation is your active participation in GAMIAN-Europe. Many of you have been involved over the last year in activities which GAMIAN-Europe was working on including the Advocacy Forum entitled physical Wellbeing in Menal

Health: Time for Action held in Barcelona, the Stigma Survey where twenty member organisation actively participated, the regional seminar on the theme "Promoting and Protecting the Rights of People with Mental Illness" which was held in Talinn, conferences and meetings. It is this commitment to be involved and to work on communication by the Board and the membership working together which if maintained will ensure that GAMIAN-Europe will achieve our common goals.

This year we sought to actively engage in maintaining our partnerships with the European Federation of Pharmaceutical Industries and Associations, the European Health Forum, the European Patients Forum and the European Brain Council amongst others whilst also building new partnership. The latter was achieved through the organisation of activities such as the Advocacy Forum on Wellbeing held together with EUFAMI, the Leadership Summit organised by the WFMH in Leuven where 5 international organisations met for the first Global Mental Health Advocacy Leadership Forum. We have also become members of the International Alliance of Patients Organizations and the European Alliance for Access to Safe Medicines.

The Annual Educational Convention is a reference point in our Calander which enhances communication amongst the networks. It is an activity which once a year brings us together to share the latest developments in terms of information and treatment of mental illness as well as to provide us with an opportunity to again consolidate our relationships which make it possible for us to network and to feel part of a "family". It was a real pleasure to see you all at Therme Tuheli, Croatia a few days ago. We met to renew our commitment to the aims of GE at this 10th Annual Educational Convention. This year's Convention was unique perhaps in that it had patients pre-

senting together with professionals during the keynote speeches. This was putting into practice the value of patients who have a wealth of knowledge coming from experience and are therefore experts in their own right. From the feedback received I know that many of you liked this approach.

One last point of reflection. At this year's Convention we started celebrating our tenth anniversary and these celebrations will culminate at our next Convention in Israel. Since the birth of our organisation our membership grew rapidly in number and our environment has drastically changed. Ten years ago there were very few International NGOs and therefore the setting up of GE was an innovate concept making it very attractive both for membership and for funding.

Today competition has increased tremendously because the number of International NGOs has grown and this leads to GE needing to become more creative in giving that something special to its members and in attracting funding. In order to be able to do this we have to become more structured, to consolidate our operations as well as to develop further in order to maintain our position as the patients voice within the area of mental health.

This is the way forward. This means that we now have to look towards sustainability. For this to happen we will continue to work on building our capacity as outlined in the Annual Report presented to you in Croatia as well as widening our funding sources which will ensure that GAMIAN-Europe is the Patients' Voice.

I take this opportunity to thank the Board of Directors, Rodney Elgie, Marianna Bogdan, Vladimir Rotstein and the Editorial Committee members, Hilka Karkainen and all of you for your hard work and for making GAMIAN-Europe the International Organisation that patients want to belong too.

I wish you and those you care about a peaceful Christmas and a healthy and contented 2008.



CONVENTION

Terme Tuhelij, Croatia — November 1st - 4th



Paola Pivano
D.I.A.PSI, Torino

most prominent and influential psychiatrists of his generation, professor of psychiatry based at Geneva University, member of the most important world associations and whose role was essential in the Gamian Stigma Survey. Prof Sartorius apologised for not being able to attend the ceremony, but his touching message made his presence felt among us. The day closed with the Welcome Dinner, a great occasion to meet old friends again and make new acquaintances.

A beautiful autumnal landscape, a wide range of colours from green to brilliant yellow, and a pleasant spa (which Gamian members greatly appreciated taking a healthy advantage from) was the location of the Convention for the tenth anniversary from the foundation. About 90 delegates, representing 40 associations from 26 countries were present at the official opening on Thursday evening November 1st when the President Dolores Gauci introduced Dr. Veljko Dordevic, Director of the National

The first session on Stigma started on November 2nd. The first paper was "Stigma and Empowerment" by Dr Nadarasa Yoganathan, Full Member Group Analytic Society, GB, describing some of the major changes in mental health provision in England and examining

Individuals who do not conform to the rules may exclude themselves and can unconsciously contribute to increasing stigmatisation.

Institute for Mental Health, who on behalf of the Minister of Health wished everybody a successful 3-days and made a detailed report on the Croatian situation of psychiatry and mental health, luckily much improved thanks to hard work over the last few decades. Then the President officially assigned the silver plaque of the Gamian Award to prof. Norman Sartorius, undoubtedly one of the

recent models of stigma, both in mental illness and in general. He talked about the origin of stigma, a Greek word, which is evident in age, race, religion, gender, sexuality a.s.o. and, when associated with mental illness, is often attributed to society's lack of empathy and comprehension. It is a product of group living, which becomes exclusive, creates local rules and forms hierarchies. Individuals

Report on the X GAMIAN–Europe 2007 Annual Educational Convention

Theme: "Stigma and Empowerment"



who do not conform to the rules may exclude themselves and can unconsciously contribute to increasing stigmatisation. Empowerment, which means giving authority to power, is more achievable when stigma is addressed at personal level, when our own ambivalence towards stigmatisation is acknowledged, and therefore we should be open and dialectical in our thinking.

The second speaker, Elaine Brohan, Health Service and Population Research Dept., Institute of Psychiatry, King's College, London, presented the methods followed and the results obtained by the "Tenth Gamian-Europe Stigma Survey". The objective was to collect European data (20 countries participated) on the nature and frequency of self-stigma of people with a diagnosis of Mental Illness, and to investigate the relationship between self-stigma, empowerment, intended as a process of gaining control,

perceived discrimination and socio-demographic factors. Participants reported a primary diagnosis of a range of psychiatric conditions including principally schizophrenia, bipolar disorders, depression and anxiety. A total of 4,663 surveys were completed. The data analysed showed that there is a difference in answers by countries, that the influence of the socio-demographic factors vary from country to country, but also that a high level of empowerment can be possible.

The session dedicated to "The Patient Perspective" started with the report of Pedro Manuel Ortiz de Montellano, ADEB, Portugal who talked about "Auto-Stigma" and related on his own experiences of life, examining the behaviour of people in society, the relation between auto-stigma and mental disease, the particular way of seeing reality and the contrary perception on the part of



others. He talks about what he calls the "paradigma of the bottle": considering the bottle half full or half empty, which means not losing hope (the bottle half full), having a normal life in the future, and he succeeded. There are disadvantages in the illness, of course, mainly when one tries to hide it, with all the sad consequences. But there are also advantages: when one becomes conscious of the disease it becomes more bearable, since life no longer centres on it, and when one accepts oneself for what one is and doesn't feel less capable of being happy than other people.

The following speaker Inger Nilsson, President of EUFAMI and Board member of Swedish National Federation of Persons with Schizophrenia, on: "Stigma by and in the family". On the basis of her personal experience as a mother and a patient, she talked about problems and challenges the family faces within the home: silence between the couple, relatives who were ashamed, constant hidden trauma, friends who disappeared when her daughter was in a psychiatric hospital, self-stigmatisation, absolute

silence with others. She mentioned the most common myths surrounding mental illness, i.e. the illness is caused by personal weakness, the mentally ill are less intelligent, they cannot recover, they are dangerous people. And outside the family the media don't help: the topics most commonly reported are crime, suicide, homicide, drugs etc. and very seldom do they mention public services for mental illness or private help associations. Stigma consequences can be devastating: lower self-esteem, sense of guilt, disrupted relationships, decreased chances of employment. And all of that results in depression and isolation. But ways such as education, talking openly, quality support and treatment, personal role, language (labelling someone as schizophrenic is to destroy him), guidelines for the media would greatly help to reduce stigma.

Dr. Sladjana Ivezić, Croatia lectured on "Stigma by professionals". The Madrid Declaration is the code of ethical behaviour in psychiatry and protects the interests and rights of the patient. A

lack of respect for the autonomy and private life of the patient, treatments without his/her approval, lack of direct information about his/her condition, possible strategies, advantages or disadvantages of the treatment all violate the code. Open dialogue about diagnosis is the psychiatrist's ethical obligation. A doubt about communicating a diagnosis of schizophrenia to the patient is an incorrect presumption about schizophrenic behaviour, value and abilities. Because of stigma, psychiatrists sometimes hesitate, even unconsciously, to pronounce an open diagnosis and substitute the terms

tion, with the further stigma of being treated in the psychiatric institution.

In her presentation "Empowerment: The Slovenian Experience", Petra Videmsek, M.A., GAMIAN-Europe Board Member, focused on the concept of "empowerment", a definition used to refer to a wide range of different processes and practices. It can be seen as a tool to empower service users and can be achieved through education, given by people with experience, and research (these two topics are usually reserved for professionals and not for people with no experience background). It has a central role in

when one becomes conscious of the disease it becomes more bearable, since life no longer centres on it, and when one accepts oneself for what one is and doesn't feel less capable of being happy than other people

schizophrenia or bipolar disorders with "an acute psychosis" or similar. Patients will not know their diagnosis, try to read documentation, confer a wrong interpretation, resulting in fear and total absence of support. Stigma, present in all aspects of society, is often followed by discrimination, isolating from a normal way of life whose quality will be diminished. If a capable professional informs the patient about all aspects of the pathology, the chances of recovery are better. Physicians must be a hundred per cent sure in giving a diagnosis, not to burden the patient without reasons, and must not consider him more dangerous and incapable than he/she really is, to avoid the danger of unnecessary hospitalisa-

legitimizing knowledge, therefore involvement in research based on experiences can be particularly important as it offers an opportunity for personal development and also an open space for the alternative analysis of services. Empowerment in personal process cannot be imposed on individuals or groups, as it has not only one definition. It must be adapted and must be seen as a process, not as an outcome. Researchers and users must interact in a collaborative relationship. Coexistence of users and professionals' knowledge can really produce positive effects.

The following panellist, Raluca Nica, former President of GAMIAN-Europe, in her speech on "Stigma and Adolescent - The Rumanian Experi-



nce" related about a school evaluation survey, conducted in 13 Rumanian counties with 1,515 students, on the knowledge and attitudes of teenagers towards people with schizophrenia. The answers showed: a) some have a clear opinion of schizophrenia as a brain disease, ill people likely to be violent, need medication, no relationship between illness and poor parenting; b) others think the schizophrenic has a split personality, cannot work, is often less intelligent; c) many others have unclear opinions and believe it is caused by stress and that a percentage of the population can develop the illness during their lifetime. To the question "are you afraid?" 50% answered no, 32% unsure, 16% probably. Furthermore, many would be ashamed or embarrassed with regard to a friend with a mentally ill person in his/her family. The conclusion is that there is a lack of knowledge of the illness symptomology as

atric wards, undelins the persistent social role of mental health service users as objects of care, and opens some basic questions on the relationship between user research, self-rehabilitation and empowerment. Empowering in users' research is sharing experiences, establishes who can represent users and how, and identifies when users need representatives. Furthermore, service users should have to become active partners with psychiatrists, nursing scientists, academic sociologists a.s.o.in the planning, provision, evaluation and research for mental health.

Delegates then heard about the "Eli Lilly Wellness Programmes", in 21 countries across Europe to support the needs of the severe mentally ill, irrespective of what treatment they are on, and to help them to adopt healthier lifestyle habits. Frances Beves, Eli Lilly, explained the aims of the programmes, which also help

a severe mentally ill person can lose an average of ten years of life because of a poor life-style and poor physical health care

well as the behaviour of people with schizophrenia, and a tendency to avoid direct or indirect social contact.

Markku Salo, PhD, Finland presented the study "User-based Research and Empowerment", a project in progress involving the Finnish Central Association for Mental Health and the Health District of the Region of Tuscany, Italy which evaluates the experience of recently discharged users of psychi-

patients to face and manage risks of methabolic problems like weight, high sugar levels in the blood, high cholesterol, sometimes exacerbated, as shown by recent data, by the newer 'atypical' treatments. External bodies such as patients and carers advocacy group and professional organisations have endorsed the programmes. Eddie Greenwood, director of strategy of Rethink (leading mental health charity in England and Northern Ireland)



explained that a severe mentally ill person can lose an average of ten years of life because of a poor life-style and poor physical health care (risks of heart disease, diabetes, hepatitis C, HIV and misuse of substances higher than in the general population). Rethink is lobbying the government for change and provision of relevant services. After a review of its programme, Rethink decided to endorse Eli Lilly's local wellness programme and counts now 12 Rethink nurses trained in it. Dr. Sladjana Izevic, a leading psychiatrist in Zagreb, related about the Croatian programme, which she applied without difficulties to 40 patients and which was well accepted. The results were positive, even though there is room for improvement.

Work went on with the General Assembly chaired by the President who read the 2007 Board Report distributed to delegates, illustrating the past year's activities and the new ones, in progress or foreseen. She also read the draft of the document "Transparency Policy", approved by the delegates as well as the Financial

Report read by the Treasurer and the Budget for 2008 read by the Secretary General. Audit Committee was appointed. All documents can be read in the new Gamian-Europe website.

Yoram Cohen, ENOSH, Israel and GAMIAN-Europe Vice President made an introduction to the 2008 Convention which will take place in September in Jerusalem, Israel and projected two short films describing the beautiful places to be visited and the activities of ENOSH, which next year will celebrate its 30 years of existence.

The first busy day closed cheerfully with the Gala Dinner, with music, dance and the magnificent rich cake to celebrate the 10th Gamian Europe Anniversary, with the wishes to meet again for years to come.

The second day, Saturday November 3rd, welcomed by Petra Videmsek and Paul Arteel, was dedicated to scientific lectures and also to the testimonies of the problematic life of patients, members of Gamian-Europe associated organisations. The session started with a brilliant and interesting presenta-



tion by Professor Jan Scott, Newcastle University and Institute of Psychiatry, London on "Bipolar Disorders". Her speech was a dialogue with the participants; precise answers satisfied specific questions on the subject and the lecture became a very active therapy session and a pleasant conversation. She gave an overview of current themes related to the care and treatment of BP (use of atypical antipsychotics, problems of bipolar depression, possible role for psychological therapies), pointing out, among other things, the fact that 30% of normal patients avoid treatments or interrupt them exactly as the mentally ill patients do, unfortunately in the second case with worse consequences. She stated that information is not enough, it must go together with self-management and self-awareness, which are very helpful, and she denounces the damage provoked by overdiagnosis. Linked to Professor Scott's speech, Kathleen Harding, AWARE, Ireland, talked about her experience, in her family, her mother suffering from depression. She was stigmatised at school when

friends abandoned her and she felt alone and went into depression herself. Again she suffered stigma, discovering personally what depression means. But she didn't lose the hope of recovering, as had happened to her mother, and she succeeded. She says the important thing is to be what we are, to accept one's state, and be honest with the psychiatrist. She found with AWARE a new interest in the world.

Dr. Marc De Hert, MD PhD, Leuven University, Belgium, lectured on "Schizophrenia — Highlights in psychosis 2005-2007". He commented studies which have still not been completely tested and, although interesting, not totally reliable. They underline an evolution of genetics in schizophrenia from a single gene to multiple risk-genes; they report on a gene-environment interaction with cannabis use, showing an increased risk for developing psychosis, especially if the cannabis use starts at a young age. They also say that the main difference between the old and new generation of antipsychotics with regards to side effects. But the blind randomisation

used in some studies, the average length of the medical examinations cannot reflect normal clinical practice. It is important to point out that somatic comorbidities and the physical health of people with schizophrenia have become a major concern in recent years.

Premature death is confirmed in schizophrenia: in younger people mainly due to suicide and later in old people due to cardiovascular mortality. And the somatic comorbidity is neglected and high quality data is missing. An alarming conclusion is that patients have poorer or even no access to somatic care and follow-up. WHO, with many psychiatric associations, will lobby to get reintegration of psychiatry in medicine to obtain access to a basic human right.

Premature death is confirmed in schizophrenia: in younger people mainly due to suicide and later in old people due to cardiovascular mortality

After the scientific lecture, Peter Kottas, ENOSH, Israel seized everybody's attention with the history of his life, talking with calmness, positivity and admirable sincerity about the causes which led to schizophrenia at the end of his university studies in biology, about mental difficulties that he copes with, how, with the essential help of ENOSH, he has been able to manage every day life. At first, he did not accept the diagnosis of schizophrenia, refused medication, and it took him 7 years to accept the illness. Then he started to reorganize his life.

He found a job, thanks as well to the constant

assistance received. He no longer feels isolated and shares an apartment with a partner from Enosh for 7 years and feels independent. He hopes to return to some academic work (he is now studying the influences of climate changes on forest trees in Israel) and find a girl friend, to have a romantic relationship with.

Board Member Albert Persaud acted as moderator for the last session of the morning. Guadalupe Morales, Chairman Fundacion Mundo Bipolar, Spain talked about her model story "on bipolar disorder". Born in Mexico, she moved from country to country because of her parents' job. At 16 years old on returning to Spain, she was suffering from depression and at 19 was diagnosed as having bipolar disorders. She recovered after years of

despair, she studied, got married and worked as a journalist, created the bipolarweb.com and then the Fundacion Mundo Bipolar, which received a mountain of testimonies of patients and families.

The principles are to adhere to pharmacological treatment, know the illness, be aware of symptoms and fight isolation, and have early diagnosis in order to prevent suicide. The aim is to create a platform, with Gamian-Europe, to gather bipolar disorder organisations sharing the same goals.

Susanna Hyvary, PhD., Diaconia University, Helsinki, Finland dealt with the topic "Politics of



Experience and Citizenship in Mental Health" talking about the radical service providers of mental health and drugs in Finland, how they were driven to the margins of society and how new practices of care and rehabilitation were found. She defines "politics of experience" a demarcation line, where meanings given to an individually experienced life crisis may lead to profound changes in

social and occupational roles. The idea of the politics of experience can help decode various situations and answer many questions connected with stages of sickness, questions of self-image in people with mental health problems, drug abuse problems, gaining the sense of citizenship.

Four parallel workshops about Good Practice on Stigma and Empowerment took place in the

afternoon on Media, Youth and Children in School, Families, Patients' Safety followed by a plenary session feedback and action Plan—chair Albert Persaud.

An Open Space for good practices on Information and Education

closed the Convention.

In the evening a friendly Farewell Dinner closed the successful and hectic Croatian Convention with kisses, hugs and exchanges of e-mail and with the now classical "See you next year!"

Many details about the 10th Annual Convention, including the majority of presentations, are available on our website: www.gamian.eu

MESSAGE FROM NORMAN SARTORIUS

It is with much regret that I wrote the letter apologizing for my inability to be with you at this time. This is not only because I consider it an honor and a privilege to receive recognition for my work from GAMIAN but also because the event is taking place in the spa that my grandparents and other family visited very often and which I visited many times with friends - all this creating memories that I cherish.



Allow me to add a few words about the reasons why I admire GAMIAN and its members and why this recognition means so much for me.

Taken together, the economic, human and social capitals make it possible for a society to survive. The economic capital refers to the material wealth of a society. Human capital refers to the potential of a society to produce things that are of value. Social capital is the public good that results from social interaction and mutual support between members of a society.

Development of societies and countries has in recent years been measured by the increase of their economic capital. Eradication of poverty and the increase of wealth of a country's citizens have been seen as the most important and possibly only goal of development. The increase of the human capital has been viewed as useful because it was a tool helping to increase the eco-

nomical capital of the society. Social capital has not been considered important and countries have done very little to make it grow or to maintain it.

Yet, it is becoming obvious that societies in which the economic and human capitals — i.e. wealth and productivity of a society — have grown faster than the social capital are not good places to live. Not being able to trust others and nor to rely on them in times of need reduced the pleasure of being rich. Wealth did not create friendships nor the feeling of belonging to a group of people whom one liked and trusted: on the contrary, it seemed to weaken and destroy them. The joy of being able to do something that one's group admired and valued has vanished. It became clear that it is possible to purchase care but not caring. Family units weakened and mutual obligations of their members were first declared obsolete and then dissolved.

Fortunately, however, there exist pioneers of a new society who do not see social capital as a luxury but understand that its maintenance and increase are essential goals of development; who see bonds among people as the basic structure which can make life meaningful; who promote reliance on mutual help in times of need because they know that it makes it possible to survive when carrying a heavy burden and because they understand that mutual help enriches both those who give and those who receive.

GAMIAN and its members are among these pioneers — providing a shining example not only for those working in the field of mental health but also for society as a whole. Their message is in their life, in the manner in which they help, in the way in which they accept others and care for them.

Thank you GAMIAN for all that you are and all that you are doing.



SHARING IMPRESSIONS



Bianca von Heiroth

Dear Dolores and All,
Annie and I want to thank you and the team for this Convention.

On the spot we talked about the small "glitches" that now, in light of the whole event, appear small — and easily correctable.

We both got a lot out of this Convention; information, new ideas, contacts and motivation to continue the struggle, a new excitement about what can be done!!! A conviction that it is all worth it!!!

Without pretending to be exhaustive, I will mention a few things we particularly appreciated or benefited from:

— Two psychiatrists with a new approach. It so happens that Annie and I both have an experience with the absence of medicine within the psychiatric wards, therefore Dr Marc de Hert's input was particularly welcome. The care for the user as whole, body and mind, will be one of Argos 2001's messages to the psychiatric field in the near future!

Dr Yoganathan's way of considering his own profession (amongst other things) was stimulating. The results

will be longer to come, perhaps, but the seeds have been planted.

Contacts. We particularly think about Laila Gentzel's book, (translated from Swedish to English) on Network Contracts. It is a well thought through, easy-to-read document, deserving to be translated into French — and other languages of course! Annie has an idea about how to do this through the newly founded GEM.

Many other contacts were made. All will not bear fruit this season, but we are convinced that many gardeners will be busy in the years to come.

The idea to introduce a non psychiatric or medical way of considering handicaps seems also very promising and rich in new perspectives*).

With warm wishes and the hope to see you all soon.

P.S. The English translation of Laila Gentzel's book "Network Contract — A Tool for Safe Recovery" is published by UCE — University of Central England. The original version was printed with the support of the Balans Association, RSMH and the Recovery Project in Sweden.

Annie and Bianca

Editorial comment:

We must be very careful about notions towards the treatment of mental disorders and never forget that these disorders are illnesses, and psychiatry is a field of medicine.

MY STORY

Ladies and Gentlemen,
I am one patient, 31 years old at the moment, but when I was 16, as an adolescent I got psychologically sick. I was one of the best students in Primary and Secondary school, but afterwards everything changed dramatically, My grades were very-very low, my attitude towards my fellow students changed and I started hearing a voice, telling me that I wasn't Greek and that my parents had adopted me from English parents. Until then, I had achieved to take the "Lower" In English, I was attending French lessons and I was at the 8th year in piano lessons, as well as

solfeggio and harmony lessons.

Fortunately my parents offered to help me immediately and also with the opinion of my father's sister — she is professor in Patra's University educated for gears in America — we sold everything in Patras and we came to Athens. Right afterwards I started visiting special scientists and the "3 step" therapy began. That is Family, Medical and Medication therapy. I finished High School with great difficulty; I also finished BCA College in Business Management In English. I visited London for 20 days in Wimbledon University for the improve-

ment of my English and my grades were excellent. I also started attending OAED programs — I worked for six months in the offices of "Pagrati" "OAED", also in a program of the Ministry of Education. I also worked with the guarantee of "OAEO" in an estate agent's office. Since last November I joined "Elpori" program of "EIPSY" and I often visit "Days Center" of "SOPSI", where I made a lot of friends and I prepared myself to teach English in people who have — at the moment — little knowledge of the language.

My experiences from working is:

My employers used to treat me strangely, but I felt I was treated strangely, too. That is I didn't feel comfortable.

My realizations:

The triplet Family — Medical — Medication assistance is a real help, necessary and important for the confrontation of our illness.

I please: God, my parents to live as much as possible.

I please: The praiseworthy psychiatrists to be given God's power to keep on taking care of us.

I please: The special scientists to keep on investigating for new effective medication and especially without side effects.

I please: God to think of me, like I do, because I want to live like an equivalent creature of him with love, with companion in a peaceful society.

Thanks for reading this biography of my life

Costas Xiromeritis



Recommendations for better mental health in Europe. Experts support urgent call for a European Strategy on Mental Health

Gastein, Austria, Thursday, October 4, 2007 — The European Commission today participated in discussions about a series of recommendations for promoting mental health and reducing the burden of mental illness at the 'Future for Mental Health in Europe' workshop in Gastein, Austria.

The workshop supported by the European Federation of Associations of Families of People with Mental Illness (EUFAMI), GAMIAN-Europe and AstraZeneca was hosted at the 10th European Health Forum Gastein which is being held from 3 to 6 October 2007. Experts from across the mental health spectrum convened to examine the challenges in ensuring mental health in the population and in addressing mental ill health.

Speaking at the workshop on 'Creating an EU Strategy in mental health', Michael Huebel, Head of Unit, Health Determinants, DG SANCO, European Commission said, "We wish to support Governments and other stakeholders in their increasing efforts to promote mental wellbeing, to prevent mental ill health, and to tackle its causes. There is also a need to defeat the stigma so often associated in this area. Today's forum provides an important platform to communicate our longterm commitment to such action." The Commission is due to publish a document announcing future actions on mental health.

Mental ill health — which includes mental health problems and strain, impaired functioning associated with distress, symptoms, and diagnosable mental disorders, such as schizophrenia, bipolar disorder and depression — contribute heavily to the burden of ill health in Europe with one in four families having at least one member with a mental disorder.¹ Projections from 1990 to 2020 suggest that the portion of the global burden of disease attribut-

able to mental and brain disorders will rise to 15%.² The most common forms of mental ill health in the EU are anxiety disorders and depression. By the year 2020, depression is expected to be the highest ranking cause of disease in the developed world.³ Mental ill health costs the EU an estimated 3%-4% of Gross Domestic Product (GDP), a tool used to outline the cost to the EU economy.³

The workshop was chaired by John Bowis MEP, Rapporteur for European Parliament's response to the Green Paper who said today, "Not only is it important to understand the status and determinants of mental health in Europe but it is also critical for us now to establish and implement a mental health strategy across Europe at grass roots level."

Mr Michael Grinter, Self-Management Administrator, (MDF — The Bipolar Organisation), UK, reflected on the reality of living with mental illness whilst Rodney Elgie, Executive Director, GAMIAN-Europe highlighted the stigma, discrimination and social exclusion experienced by sufferers of mental illness and the importance of promoting patient rights and dignity through patient empowerment and choice at all levels such as treatment, mental health services, work and housing.

The workshop brought together experts from across the mental health spectrum. Other speakers included Professor Jan Scott, Institute of Psychiatry, London, UK, David McDaid, Research Fellow, London School of Economics, UK

and Kevin Jones, Secretary General EUFAMI.

As every year, the World Federation for Mental Health (WFMH) will be hosting World Mental Health Day (WMHD) on 10th October 2007. This year, WMHD is titled: "Mental Health in a Changing World: The Impact of Culture and Diversity" and will focus on cultural and social differences and how they can influence many aspects of mental health. The WFMH will host a media event in Washington on 10th October.

For further details visit:
<http://www.wfmh.com/index.html>.

Notes to Editor

* In 2005 the European Commission launched a Green Paper on 'Promoting the Mental Health of the Population' which marked the beginning of an extensive consultation to develop an EU strategy on mental health. The document outlined the relevance of mental health for some of the EU's strategic policy objectives, proposes the development of a strategy on mental health at Community-level and brought forward possible priorities and suggestions for actions. The consultation period ended in May 2006 and in December 2006 the European Commission issued a report on the responses to the Green Paper (http://ec.europa.eu/health/ph_determinants/life_style/mental/green_paper/mentalgp_report.pdf).

* To access the Green paper:
http://ec.europa.eu/health/ph_determinants/life_style/mental/green_paper/mental_gp_en.pdf

* Eleven per cent of the population experience mental disorders. Each year, there are about 90,000 deaths from mental and behavioural disorders and 60,000 from suicide.

* Mental illness affects one in four (132.4 million) Europeans every year

* Disadvantaged groups face a greater risk of mental illness. People with mental disorders may face stigma, discrimination and social exclusion.



MENTAL HEALTH ADVOCACY ORGANIZATIONS CONVENE FIRST GLOBAL ADVOCACY LEADERSHIP FORUM

**Leuven, Belgium
04 July 2007**

Five international mental health organizations whose members represent more than 100 countries, met in Leuven, Belgium 02-04 July for the first Global Mental Health Advocacy Leadership Forum. The participating organisations were the European Federation of Associations of Families of People with Mental Illness (EUFAMI), the Global Alliance of Mental Illness Advocacy Networks (GAMIAN-Europe), Mental Health Europe (MHE), the World Federation for Mental Health (WFMH), and the World Fellowship for Schizophrenia and Allied Disorders (WFSAD).

Leadership of the participating organisations share the belief that this is an important time in the evolution of mental health treatment and services, public mental health policy, promotion, prevention and public awareness worldwide. The primary goal for organizing and convening the Forum was to provide a significant opportunity for organizations to

- build relationships and mutual understanding,
- explore a range of cross-cutting issues that can be effectively addressed through collaboration and cooperation,
- establish a basic plan and procedure for sharing of information among the organizations and their members/constituencies, and
- create opportunities to interact formally and informally to enhance their capacity to be heard on matters of importance to the global mental health community.

The World Health Organization (WHO) estimates that 450 million people worldwide are affected by a mental illness or mental health problems; yet, fewer than 4 in 10 will receive any intervention or support. In spite of these dire statistics, the gap continues to widen between the

growing burden of disease caused by mental health problems and the amount of funding available to address them.

The mental health movement faces a number of critical challenges, including

- the need to effectively counter persistent stigma and discrimination, and social exclusion,
- inadequate public policy addressing emotional well-being and mental disorders,
- inadequate funding for services to treat and prevent mental disorders and for mental health promotion and well-being, and
- the growing burden of disease resulting from mental disorders worldwide.

These leading mental health NGOs recognize the importance of developing a more united global voice to promote effective action to address these and other important issues and to advance mental health as a global health priority.

Among the areas discussed were

- reducing stigma, social exclusion and discrimination that remain major barriers for people affected by mental health problems,
- promoting recovery by encouraging greater identification and replication of good practices in mental health care,
- encouraging greater emphasis on the promotion of emotional well-being,
- increasing supports for families of those affected by mental illnesses in their daily lives,
- pressing for greater protection for the human rights and humane treatment of persons affected by mental disorders, and
- working collectively to create a more united global voice for advancement of mental health developments and priorities.

The participants proposed a five-point plan of action through which to develop and sustain their collaborative efforts:

- To establish a mechanism for regular inter-organization communication and mutual support,
- To work together in developing strategies for building a united global voice for mental health advocacy, promotion, and services,
- To explore the development and adoption of jointly prepared position statements on selected major issues affecting the mental health sector,
- To work with the World Health Organization (WHO) to promote a higher WHO priority for mental health and mental disorders, and
- To make the Global Mental Health Advocacy Leadership Forum an annual gathering

List of Participants

Ms. INGER NILSSON, President;

MR. KEVIN JONES,
Secretary-General (EUFAMI)

Ms. RALUCA NICA,
Immediate Past President;

Mr. YORAM COHEN, Vice-
President (GAMIAN-EUROPE).

Ms. MALGORZATA KMITA,
President;

Ms. MARY VAN DIEVEL, Director
(MENTAL HEALTH EUROPE)

Ms. SHONA STURGEON,
President;

Mr. PRESTON GARRISON,
Secretary General (CEO
WORLD FEDERATION FOR
MENTAL HEALTH)

Dr. DALE JOHNSON, President
TRISH RUEBOTTOM, Executive
Director (WORLD FELLOWSHIP
FOR SCHIZOPHRENIA AND
ALLIED DISORDERS)

JANE GILBERT,
MA, MSc: FACILITATOR

RITA GEERTS (EUFAMI):
SCRIBE/NOTETAKER



INVOLVEMENT OF EXPERT BY EXPERTISE IN EDUCATION



Article is focused on experience with education in the field of mental health. Mental health education is crucial in our planning to develop, implement and evaluate activities to prevent mental disorders and promote mental health.

Petra Videmsek

Education has great meaning, especially when we talk about people that facing a diversity of difficulties and search for answers to solve their difficulties. In the historical context it was the professionals who search for different forms of support for people with mental distress but with this kind of solution, many service users haven't been satisfied. Dissatisfaction with the services drives us to discover new solutions and discover a vast resource of knowledge that people with experience poses and haven't been recognize till the end of 1980's. Some countries, such as Netherlands and UK, have long tradition of involving people with experience in the education and training and this was main reason for establishing European project EX-IN (that will ended at October 2007). EX-IN is a two year European pilot project funded by Leonardo da Vinci. Program was developing 10 organizations from Norway, Sweden, Netherlands, UK, Germany and Slovenia. The project aims at the qualification of people with lived experiences in mental health distress to work as a supporter in mental health services or as a trainer for mental health professionals. EX-In is a new program of training and education courses with an emphasis on the fact that facilitators are those with their own experiences, program is based on experiences knowledge. The Project contains 10 modules for people with experiences with mental health (Recovery, Empowerment, Assessment, Teaching, Hearing voice, Dialog, Peer advocacy, Peer

support, Health promotion attitudes, Portfolio). It brings together the work of experienced people, mental health professionals and trainers. Each partner organizations that are working together to develop a specific training which is focused on the experiences of the participants is preparing one module. We believe that project contribute to recovery and what is more important it contribute to other status of experienced people.

Why education?

Education is one area not only important for development of the relation between experienced people and professionals, and acceptance of people facing difficulties in mental health and of course, their relatives. We are aware that information's has power and that power needs to be distributed evenly. We are convinced that in this way we can contribute to a reduction of the fears, prejudices and stereotypes that public has about people with difficulties in mental health. Education is crucial to allow access to treatment, the job market, to enhance the visibility of mental health and to raise awareness of the real burden of people having difficulties in mental health. Education can be effective in covering all of the tasks presented above if it includes user's (experienced) knowledge.

Experience knowledge

People with experience has vast source of knowledge that have been for a long time hidden by professionals and also by relatives. Many studies have shown that involvement of

experience people in education courses shows that this leads to empowerment for those people. In the field of mental health "expert by experience" is new syntagma that shows people as expert rather as someone with problems.

Harrie von Haster (2005) develop the definition and explain, that with expert by experience "we define somebody who has active experience with mental health problems and who has gained specific expertise in living with mental health problem and also with socio-cultural and institutional contexts where mental health problem gets significance. To become an expert by experience it is demanded that one reflects about ones own experiences and shares experiences with others who have same kind of experiences" (Harrie van Haaster/ Yolana Koster 2005, Ex-In internal material).

How experience knowledge and education are impinge in EX-IN project – Slovenia example

As mentioned above, project contain with 10 modules. Each partner's organization is responsible to develop and tested on of the module. The role of Faculty of social work Ljubljana, Slovenia is developing of module Empowerment in theory and practice. Faculty has long tradition of involving people with experiences in the educational programs but this is the first example where people with experiences in mental health distress are involved in ensuring that service users perspective is include in curriculum design and implementation. In the project people with experience work together with professionals to establishing educational module and will be teachers and trainer for other in the area of mental health. Module will be test firstly for users of community mental health services.

With this cooperation and inclusion of people with experience we are willing to change the traditional mental health care system which is



orientated on a scientific view from outside. Many aspects of empowerment-orientated support are not addressed by the care system derived from this perspective and many users are not satisfied with the services. People who have experienced mental health distress and have used mental health services have a vast source of knowledge about supportive attitudes, methods and structures that is still not recognized sufficiently in the existing range of mental health care. The intended qualification shall enhance the impact of the knowledge gained

by the experiences on mental health system.

We believe that with the project EX-In we can reach the needs of participant because experienced involvement leads to a more user-orientated, more satisfying and less discriminating and degrading provision of mental health services.

Project is important for at least three reasons

- change the values of experiences
- give expert of experiences different role

● open space for new employment possibilities....

Our experiences of including people with experiences for developing the module are really good. It offers us, as professionals, to learn new skills and it gives us the reflection of our work so far. Students get the information's about mental health distress from the first hand experiences. For people with self experiences that's mean: More about project you can read on

www.ex-in.info,
<http://www.fsd.uni-lj.si>

NEWS FROM THE MEMBERS' ORGANIZATIONS

RELATIVES and FAMILIES HONOR THEIR DOCTOR



Petros Andronikos

On Wednesday July 4th 2007, the Pan Hellenic Family Association for the Mentally Ill (S.O.P.S.I) organized an event to honor Professor and Doctor of Psychiatry Dr. Costas Stefanis for his life-long commitment to science and the human being. The event, which took place in Zapeion, was a great success.

The President of the Greek Republic, Mr. Carolos Papoulias, who presented Dr. Stefanis an honorary plaque, honored the event. The Board of Directors of S.O.P.S.I., and many prominent figures of the Greek political and academic world attended the event. Among them the former Prime Minister Mr. Costas Simitis, Mrs. Ada Papandreou, the

Minister of Education Mrs. Marietta Gianakou Koutsikou, the former President of the Greek Parliament Mr. Apostolos Kaklamanis, the Deputy Minister of Health Mr. Thanassis Giannopoulos, Mrs. Maria Damanaki, Mr. Costas Laliotis, Mr. Christos Protopapas, Mr. George Katsifaras, Mr. Costas Gitonas, Mr. George Floridis, and the Dean of the University of Athens Mr. Christos Kittas.

Extremely moved by the event Dr. Stefanis described the evening as a "pleasant surprise and fulfillment of a lifetime". He thanked all of his colleagues, without which he "couldn't have achieved anything", and his patients who "made him

feel like a doctor, with the whole meaning of the word". Dr. Stefanis specifically said, "I owe them more than they owe me". "I feel that what I have offered is small, it is all of you that have given me the ability to feel, to gain the mentality of a doctor in all aspects of my life. SO.P.S.I. is not just a group, it is a movement of mutual support among families, and a loud voice against discrimination."

In his speech, Mr. Andronikos, recalled the first words Dr. Stefanis told him when he became the President of S.O.P.S.I.: "it is hard work you are taking upon yourselves, I hope that you don't get disappointed and that you don't give up". Fourteen years later, S.O.P.S.I. continues to grow and flourish, through the creation of a group home, a day center, a magazine publication, and continues to offer support to families facing the hardships of mental illness.

Everyone who attended agreed that the speeches given by patients and family members were particularly moving. Costas

Diakonis, a patient who lives in the S.O.P.S.I. group home, spoke of the years following his diagnosis and the hardship he endured.

He spoke of the discrimination he felt, and the constant battles he was faced with. He spoke of Dr. Stefanis as a man who is kind, polite, honest, warm and always available. He ended his speech by thanking Dr. Stefanis for giving him the chance to be heard, and allowing him to share his problems and uncertainties about his future.

Mrs. Smyrnaiou, spoke as a mother and described the difficulties they faced as a family. She described Dr. Stefanis not as her daughter's doctor, but as the family doctor who stood by each member separately and the family as a whole with great patience and care. She expressed her gratitude, as he is the one who taught them not to be scared, and not to be embarrassed, and not to feel guilty for their child's illness. On the contrary, Dr. Stefanis helped them feel empowered and ready to face it.



GAMIAN–Europe Regional Educational Seminar on Human Rights in Tallinn



Urve Randmaa

For some time now, GAMIAN-Europe (G.-E.) has taken great pride in its tradition of organizing regional seminars and training in various parts of the world. Tallinn, the capital city of Estonia, played host to this year's training on 13-15 June 2007, focusing mainly on the issues of equal opportunities and human rights, sponsored by G.-E. Entitled "Promoting and Protecting the Rights of the People with Mental Disorders", the seminar stressed the need for the re-enforcement of equal opportunities and human rights for those suffering from mental disorders. Various studies have shown that people with mental disorders suffer from low self-esteem, which, being a direct result of their illness, often takes a long time to be regained. One cannot fail to stress the importance of informing people with mental disorders of all aspects of their condition, as well as the importance of training and educating all involved parties. Tackling the problems head-on assists all parties to maintain their self-esteem and self-respect, and promotes care and support within the society as a whole.

Participants in the seminar were delighted to meet the president of GAMIAN-Europe, Dolores Gauci. Meetings on such a personal level and an opportunity to exchange information directly always helps to promote the organisation as a whole. Gauci's presentation focused on the aims and principles of G.-E. as an international umbrella organisation. As a representative of Malta Richmond Foundation, she was also able to give an overview of the aims and nature of the above organisation.

The seminar's main presentation came from lawyer Paul Atreel from Belgium. Atreel's presentation entitled "Promoting and Protecting People with Mental Disorders" focused on the historic development of human rights within several European states. He also compared the various indicators of human rights in the present context. Hugely popular with the participants, the hard copies of the presentation soon ran out, and the auditorium was so quiet one could hear a pin drop.

The presentation by the chief specialist at the Tallinn City Council's Department of Health and Social Welfare, entitled "Involvement of Mental Health Users and Families" concentrated on the local development of mental health services, using Tallinn as an example. It also touched upon the issues around financing the services for disabled people in Tallinn.



Urve Randmaa from EMHA, G.-E. had prepared a written overview of mental health services and providers in Tallinn. All providers in Tallinn are united in a common system financed by Tallinn City Council, with funding, quality and a number of services to disabled people increasing on a yearly basis. It has to be noted, however, that demand for mental health services currently exceeds supply.

More attention should also be given to self-help organisations, which in Estonia currently operate on a project basis and achieves far less than they would with adequate support, especially as most of the self-help groups are led by only a few enthusiasts.

Tallinn City Council and local organisations have recently begun collaborating with a view of enhancing the work of self-help groups, particularly in the form of exchanging referencing material. There is plenty of room for this cooperation to grow.

A presentation entitled "Double Diagnosis" by Marju Kiipus from the AIDS Awareness Promotion Centre in Tallinn reported on the connections between mental health issues and medicinal drugs. She also used examples from daily life to highlight to positive effects of maintaining a healthy psycho-environment at work, both for employers and employees.

Chris Ellermaa presented the participants with a slide show focusing





on emotions. Regional manager for the branch of Ely Lilly in the Baltics, Ellermaa's presentation was entitled "Socially Sensitive Company. Patient-supportive Programmes". Ellermaa drew attention to the Wellness Project in Estonia, directed at psychiatric nurses; and to various art and photographic competitions. She also spoke about the history of the organisation of Ely Lilly and its founding members. Ellermaa's presentation proved that given the willingness to collaborate and act upon the expectations of all involved parties, all companies and organisations are capable of encouraging social sensitivity within the society as a whole.

The presentation by Irma Kiikkala, Chief Specialist of Mental Health Development at STAKES in Finland, provided a comparative overview of mental health services in her home country. With its strong welfare state, legislation, well-developed provision of

care, and co-coordinated funding for mental health services, Finland is considered an example to many other countries in the world. At the same time, Finland still has a willingness to improve services, and is involved in daily negotiations on all levels in order to avoid a decline in funding for such services.

The feedback session entitled "Patient Expectation of Promoting the Mental Health System and Services" closed the seminar in Tallinn. Special thanks must go to Paul Atreel, whose close attention ensured that the discussion among participants followed its key course of equal opportunities and human rights.. On the whole, the seminar was deemed useful and educational for both the audience and presenters.

Presentations were intercepted by enjoyable visits to several sites related to mental health prevention and rehabilitation in Tallinn, as well as the AIDS Awareness Promo-



tion Centre in Tallinn, the work of which focuses on women diagnosed with HIV and AIDS. AIDS has been proved to be the cause of many mental health problems and madness. On the second day of the seminar, participants paid a visit to Tallinn Mental Health Centre at Haabersti Club House, touring the building and meeting its resident workers and those attending its services. Club House, which is funded by Tallinn City Council, has been recently modernized and actively participates in the

global Club House network.

The seminar was organized by the Estonian Mental Health Association (EMHA), which, like GAMIAN-Europe, this year celebrates the 10th anniversary since its foundation, giving good cause for a celebration of a double jubilee. The seminar itself was friendly, educational and extremely useful; and the organizers of the seminar would like to thank all presenters, participants, partners and sponsors for helping to make it such a success.



NEXT YEAR IN THE HOLY LAND

Culture and Ethnicity on Mental Health". As it seems now the Convention is going to be in Jerusalem on September 18-21 (Thursday-Sunday). Every morning we will have a walk in the views of Jerusalem.

On Thursday evening we will have a welcome reception, an opening event and a welcome dinner with dancing music.

On Friday evening, and after the AGM, we will have a tour in Jerusalem and a festive dinner out of the hotel.

On Saturday evening we will have a farewell dinner with dancing music before departures on Sunday.

We would like to give the participants and spouses an optional tour

pre Convention to the Land of the Bible on September 15-18 (Monday-Thursday). The price of the tour will be the minimum and will be paid by the participants. The participants will reach Tel Aviv on Monday (September 15) and from Tuesday morning we will have 3 days of touring by escorted bus and guide.

Our intention is to visit the Sea of Galilee, Tabgha, Capernaum, Nazareth, Jordan River, Meggido, Caesarea, Haifa, Acre, Beit Shean, The Dead Sea etc. The Subcommittee for 2008 Convention in Israel consists of: Yoram Cohen (Israel), Hilikka Karkainen (Finland), Petra Videmsek (Slovenia) and Urve Randmaa (Estonia)

Yoram Cohen, Israel

In the year 2008 we are going to have our Convention in Israel. It will be our 11th Convention and we are going to celebrate the end of GAMIAN-Europe 10th Anniversary. Enosh, The Israel Mental Health Association will celebrate next year the 30th Anniversary and is happy to host all members of GAMIAN-Europe.

The Theme of this Convention will be probably: "The Impact of



EUROPEAN 'PATIENTS FOR PATIENT SAFETY' WORKSHOP

Monika Nemanyte, GE Board member, Club 13&Co., Lithuania
Emma Gruber, MD, psychiatrist, President of 'Happy family' - Society for improvement of mental health and quality of mentally ill patients and their families, Croatia

3-6 September, Dublin, Ireland

This was the first "Patients for Patient Safety" workshop in Europe organized by the World Alliance for Patient Safety in conjunction with the WHO European Regional Office. It aimed to develop a network of patients, consumers, caregivers and consumer organizations across the region to support active patient involvement in patient safety programs, with the ultimate purpose to improve health care quality and safety at national, regional and global level.

This amazing event took place in Dublin, Castleknock Hotel where 52 participants from 22 countries spent four whole days in discussing the issues about patient safety, the role patients can play and identifying the main areas of activities. Patient safety covers all aspects of patient care in hospital, community or at home: drug side-effects wrong procedures and decision system & human errors medical device issues The workshop was organized around questions: tell our story, what brings us all together. The topics discussed in more detail were: Patients Engagement/Openness/Honesty/Disclosure/Partnerships/Networking World Alliance for Patient Safety Workstands. Participants have also formed round tables of Eastern, Central and Western Europe. They discussed future plans about pro-

grams of actions on specific tasks: cultural change, raising awareness, legislation changes, patient empowerment, etc. The organisers of this workshop and patient safety champions recognized not having any specific goals and guidelines stated on mental health issues. We were 4 participants from GAMIAN-Europe: Emma Gruber (Croatia, Happy family), Tatiana Belyaeva (Russian Federation, Self-Help Club), Aikaterina Nomidou (Greece, SOFP-SI. N. Serron) and me from Lithuania (Club13&Co.).

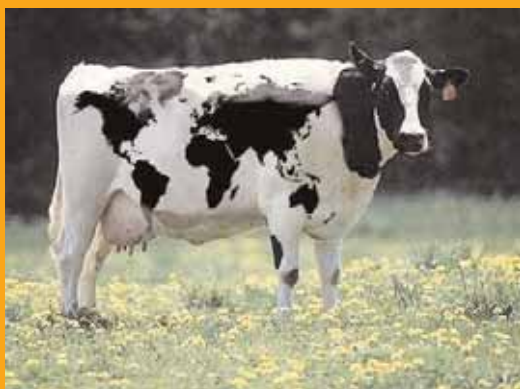
After this event we decided to highlight some important issues on patient safety for the mental patients who suffer from stigma more than others and therefore belong to a more vulnerable category. Patient safety of mentally ill can be endangered everywhere: in hospital, community, at home/family. We discussed, observed and articulated the following problems: Lower quality of medical services because of mental patients stigma & discrimination Lack of compliance in therapeutic process which causes unsafe situations (refusal of medication, wrong medication or dose) Medical mistakes in treatment related to the fact that mental patients physical illness is often disregarded and neglected Low awareness about side effects of psychiatric medication Patients with severe/chronic mental illness can be easily misused or manipulated. We



offer several proposals: Raising awareness about patient safety in mental field

- Partnership of all key players (experts, professionals, families, patients)
- Education of patient advocates and patient for patient safety champions
- Dissemination of good practice and solutions to prevent medical errors and improve patients safety
- Learning from experience of mental patients (patient is an expert of his own experience, he is in a center of health care system and should be seen as a compass, conscience, teacher, catalyst and witness)
- Changing of European mental health policy to cover care of both physical and mental health.

We are inviting all GAMIAN-Europe members to discuss patient safety issues with us and add your opinion, thoughts or comments on our suggestions concerning the patient safety.



Sweet sleep

Many thanks to Carlos, who has sent us this cow. Perhaps he knows how to select new rare breeds?..



THE LOUNGE



Forthcoming events

Supporting Parents with a Mental Illness, December 6, 2007 3:00-4:30 pm EST
2:00 -3:30 pm Central, 1:00-2:30 pm Mountain, 12:00-1:30 pm PST This special web conference is made available through the cooperation of the United States Psychiatric Rehabilitation Association (USPRA) and the UPenn Collaborative on Community Integration. By participating in this innovative teleconference you will be equipped to: Identify custody problems that parents with mental illnesses face; Recognize how to address barriers through advocacy; Equip yourself with three tools to provide supports to parents with mental illnesses. This web conference will be moderated by Katy Kaplan, M.S.Ed., Coordinator, UPenn Collaborative on Community Integration.
For more information: <http://www.uspra.org/i4a/pages/index.cfm?pageid=4137>

British Psychological Society, Division of Clinical Psychology Annual Conference – Thursday 13 – Friday 14, December 2007; Congress Centre, 28 Great Russell Street, London WC1. Keynote speakers: Prof. David Alexander, Prof. Simon Baron-Cohen, Baroness Susan Greenfield, Prof. G. Alan Marlatt; Award Lectures: Prof. Nick Tarrier & Dr Emily Holmes.
For more information: <http://www.dcpconference.co.uk> <<http://www.dcpconference.co.uk>>

The Mental Health Europe (MHE) Conference 2008 is inspired by the declaration of the European Commission that 2008 will be the European Year of Intercultural Dialogue. The conference will take place in Aalborg, Denmark.

The focus of the MHE conference will be on diversity in mental health wellbeing – an opportunity for intercultural dialogue. Lectures, discussions and workshops will give opportunity for sharing information, ideas and deepening knowledge and opportunity for exchange of best practices.

For more information: <http://www.mhe-aalborg.dk/2nd_announcement.htm>

3rd Biennial Conference of the International Society for Bipolar Disorders ISBD: January 27 to January 30, 2008.

This conference, split between two fascinating locations will provide an unprecedented opportunity to explore the wonders of India, home of the Taj Mahal, Red Fort and Fatehpur Sikri, among other world famous sights, It will be a stimulating mix of high level science and updates on cutting edge research through plenary lectures, rapid communications, posters, workshops and an advocacy forum.

For more information: <<http://www.kenes.com/isbd/>>

16th AEP Congress – Association of European Psychiatrists, Nice, France, April 5–9, 2008.

This annual congress provides a unique opportunity for networking with the foremost names in psychiatry and contributing to the future of psychiatric research in Europe

For more information: <<http://www.kenes.com/aep/>>

11th Bridging Eastern and Western Psychiatry, September 26 to September 29, 2008, Antalya – Turkey

The theme of the meeting will be «Bipolar Disorder: Bridging the Gap». It will provide a unique opportunity to bring Eastern and Western practices and experiences together and to bridge the gap in our knowledge about the two poles of this condition as well as increase our understanding about regional differences.

For more information: <<http://www.turkeybipolar.com>>

Support GAMIAN-Europe!
Thank you for your donation. Please contact the secretariat:
gamian-europe@clicknet.ro
or FORTIS Bank S.A. 1040 Brussels, Belgium