



GAMIAN–Europe NEWSLETTER

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Malta: the place of the 12th GE educational convention

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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THE EUROPEAN UNION HEALTH POLICY FORUM OPEN LETTER ON ECONOMIC CRISIS AND HEALTH, BRUSSELS, 2009

As the inter-governmental meetings including the annual EU Spring Summit to address the current global economic situation are being prepared, we, the organisations collectively comprising the EU Health Policy Forum call upon everyone to do all within your powers to protect the health and well-being of this, and future generations, as a priority.

We do so in the firm, evidence-based knowledge that the positive link between health and economic sustainability is clear. It is a key part of the solution to the problems we are facing, which vary in their substance between European member states but have massive consequences for all.

Not only is a healthy population a necessary condition for a healthy economy - we have a Healthy Life Years Structural Indicator as part of the Lisbon Strategy but we should not forget that we need a healthy population in order to recover rapidly. Healthy Europeans create, find and keep jobs, and they are better able to cope with insecurity and stress. The EU Mental Health Pact alludes to this, and several authoritative EU-based studies have shown the connection between "health and wealth".

The health sector alone constitutes 10% of EU GDP. Health services and related bodies are among the largest employers in the European Union. Supporting industries and public services are crucial factors in every state economy. Disease prevention plus timely and effective access to treatments and services is an essential component of the economic fabric of every community in every country.

Delays and lower standards, including in safety at work and environmental protection, mean the number and duration of hospital admissions increases. This leads to a greater cost burden on essential services, a higher cost for the health sector itself, plus associated welfare and other costs. No state wants that.

We are monitoring with growing concern announcements and the impacts of reduced budgets for health and social expenditure in certain EU states. We note with alarm increasing social unrest in certain states. We are aware of increasing social and health inequalities within and between states. Based on what we know already, we can predict the dire impact that will have on the determinants of health - and for economic effectiveness, social cohe-

sion and environmental sustainability.

We compare that with the evidence that investment in health - health and well-being for all, not simply the absence of disease - is widely beneficial. We recall that history shows that states that invested in health in the past century performed more sustainably than those who reduced investment. We call on everyone to heed those lessons and thoroughly investigate options for investment in health capacities, knowledge and infrastructures (including e-health) as part of efforts you are making to stimulate economic recovery.

We recognise that governments alone cannot solve all problems, nor deserve all criticism. We know the roots, implications and solutions of the current situation are essentially global. We represent and reflect the needs and views of organisations with members across every state of the EU and well beyond.

We seek to work closely with a range of stakeholders internationally including public, private and voluntary bodies, researchers, innovators and experts, individual citizens and communities.

We seek leadership from Heads of European States and Governments with bold and decisive action that means prioritising, protecting and providing for the health of people, not sacrificing health for short term financial gains or economic panaceas. Short-term solutions of cutting health and social expenditure proposed in some Member States are short-sighted and will damage the economic recovery prospects for Europe as a whole.

We commit - as we are doing in our strategic plan addressing economic, social, environmental, demographic and technological policy priorities related to health - to work constructively with governments and other stakeholders such as the World Health Organisation and European Union Institutions to help to meet these challenges. Their recommendations for specific actions in health and sustainable development should be carefully considered.

Now, however, it is the time for each Government to commit to act strongly for health. Every public survey shows their health is at the top of citizens' concerns, and many will take it into account in forthcoming EU wide elections.

We urge you to keep it at the top of your agendas too, and await your responses.

21 January 2009, Brussels

The EU Health Forum consists of the 50 member org

EUROPEAN PARLIAMENT. OWN INITIATIVE REPORT ON MENTAL HEALTH



Christine Marking, GE consultant, Marking Public Affairs sprl

An Own-Initiative report on mental health, drafted by Evangelina Tzampazi (G-PSE) was adopted in the European Parliament's Health and Environment (ENVI) Committee in December. The report calls on Member States to develop an awareness of the importance of good mental health and to improve knowledge. The report also specifically addresses the five strands of action as proposed by the Mental Health Pact.

In relation to prevention of depression and suicide, Member States should implement cross-sectoral programmes for the prevention of suicide, promoting a healthy lifestyle, and set up training

courses for health care professionals and information networks between healthcare professionals, service users and people with mental health problems, their families, their educational establishments and

places of work and the provision of emergency medical assistance.

In relation to mental health in youth and education, Member States should provide support to school staff in order to develop a healthy climate and to organise support programmes for parents. Health system should meet the need for specialist mental health services for children and adolescents. Early detection and treatment of mental health problems is crucial.

In relation to mental health in workplace settings, the report declares that the workplace plays a central role in the social integration of people with mental health problems and calls for support for their



recruitment, retention, rehabilitation and return to work/ Furthermore, Member States should promote and implement specific vocational training courses for people with mental health problems. Employers, as part of their health and safety at work strategies should adopt programmes to promote the emotional and mental health of their workers,

In relation to the mental health of older people, Member States should

adopt measures to ensure a high quality of life and to promote health and active ageing through participation in community life. Research into the prevention and care with regard to neurodegenerative disorders and other age-related mental illnesses should be promoted.

In relation to combating stigma and social exclusion, the report calls for the organisation of public information and awareness campaigns through the media,

the Internet, schools and workplaces, in order to promote mental health, increase knowledge about the most common symptoms of depression and suicidal tendencies, de-stigmatise mental disorders, encourage people to seek the best and most effective assistance and promote the active integration of people experiencing mental health problems. The crucial role of the media in changing perceptions of mental illness is underlined.

The report has been voted by the Parliament as a whole on 19 February.

For the report: <http://www.europarl.europa.eu/sides/getDoc.do?pubRef=-//EP//NONSGML+REPORT+A6-2009-0034+O+DOC+WORD+VO//EN&language=EN>

MESSAGE FOR GAMIAN EUROPE: MENTAL HEALTH IN THE NETHERLANDS

Bert Aben, VMDB, The Netherlands

What is the situation of Mental health care in the Netherlands?

This is a difficult question to answer. Should you compare the situation with the other neighboring European countries? I do not want to limit myself only to the view of the mental health users. Instruments to measure this are the well known Consumer Quality Index (CQ-Index) and "the thermometer".

The CQ is a research method that is used on a large scale by the Dutch Ministry of Public Health, Well being and Sport (VWS) and the care insurers. This method is frequently used to measure the care given in hospitals and by health professionals and therefore the somatic aspect of this tool is very important.

The mental health sector is not as advanced in this area of research. Currently a questionnaire is used in settings of short term ambulant care and tested for its results. This long list of questions has been reduced to 77 statements that the users need to fill in.

For long term ambulant care and for care in clinical settings such questionnaire has not been developed yet. The great number of questions in the currently used list is due to the special structure of the questionnaire itself. The same topic comes back in different wordings and different settings.

The patient organizations have indicated that the list is far too long. Many people who get treatment for their mental illness have problems with concentrating and many do not have the strength to finish such a long and complex questionnaire.

Another tool that is currently used in hospitals and ambulant (non resident) patient groups is "the thermometer". With this tool the Institutions within the mental health sector try to get a global overview of the atmosphere within the different departments and living spaces where patients are getting ambulant care. With a list of 40 questions they want to measure client satisfaction. This list is much shorter than the CQ-index and also gets quite important information from the user concerning his education and ethnic background. This information is important for the interpretation of the results. The background of the patient is a very important factor in the way that he perceives his treatment: does he see the treatment as being forced on him or as positive means for recovery.

The patient organizations also monitor the satisfaction of their members concerning the treatment that they are getting from the mental health sector. This happens, for example, through the Client Council. This is council that has been established by law to advocate the collective rights of clients within

an institution (hospital, day activity center etc.). It can advise on changes and improvements and also has a say in the hiring of managing personnel within these institutions.

Personally I am a member of the Client Organization of Altrecht (Mental illness Hospital in the center of the Netherlands). Research is done by clients themselves and by client experience workers. In Altrecht the questionnaires are adapted to the departments that are under investigation. After the screening there is a meeting with the management and these results in a plan to improve the department and to monitor the effect of these changes or improvements.

One of the recurrent themes of discussion with in the Dutch mental health sector is the use of force. If the client is a danger to himself (danger of suicide) or for others (aggression) he can be forced to get

treatment. Forced treatment means that the person is locked up in a hospital or in an isolation room and medication is administered forcefully by means of injection.

Even though this also happens in neighboring countries, it is more often used in The Netherlands. The reason for this is the lack of security on Dutch wards within mental health institutions. The nursing staff is too busy with all kinds of paper work and problems on the wards are not seen quickly enough. Patients who get scared or are in a panic are not noticed early enough and the quickest way to deal with a crisis at hand is force.

Since January 1, 2006 there are ongoing investigations to diminish the escalation from urge to force. Patient organizations play an important part in this as ex-psychiatric patients who now function as experts give information to staff





members. These ex-patients give trainings to staff and inform them how the patients experience the fact of being locked up in an isolation cell. An increased feeling of security and trust between patients and members of staff is a good basis for voluntary care without force.

The isolation cell remains the symbol of forced treatment. The Client Union is one of our oldest client advocacy organizations and has been fighting against the inhumane character of forced treatment since its establish-

ment, 37 years ago. It needs to be said that in some circumstances, when you are suffering from psychosis, as I have experienced myself, the empty and bare space of the isolation room is helpful in blocking out impressions from the environment that feed the psychosis. Many members of the VMDB are coping with Bipolar disorder and have experienced a stay in the isolation room.

Mental health on a global level has improved no doubt of that. But we still need to work

on prevention. The Dutch government puts a lot of attention into the following issues: people who get into mental health care by extreme overspending. Credit cards and excessive loans get people into social problems and these cause burn outs, depression and financial crimes. Some of these people use alcohol and drugs to cope with their problems. Once these people get into the mental health system they are suffering and their lives are already

destroyed. We should get these people help before it gets so far. So prevention is clearly failing here.

I am active in the field of advocacy within the mental health sector in The Netherlands and I am very interested to learn more about how other European countries deal with the above problems. I hope this case study of the situation in The Netherlands may inspire other people in other countries. After all, we are here to help each other.

DI.A.PSI. PIEMONTE – DIFESA AMMALATI PSICHICI

Paola Pivano, Italy



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Di.A.Psi. Piemonte-Difesa Ammalati Psicichi (Advocacy Association) is a non-profit Association of families of mentally ill patients and volunteers founded in Turin at the end of 1988, with the aim of facing the dramatic problems of mental illness.

The Association is involved in two research groups for psychiatry of the Regional Authority for General Health. It cooperates with the ASL (Territorial Health Departments); at national level it actively campaigns for the revision of the law no. 180 on Psychiatry. Di.A.Psi. is a member of FISAM (Unione Nazionale Associazioni Italiane per la Salute Mentale), of GAMIAN-Europe (Global Alliance of Mental Illness Advocacy Network).

Branches operate in Piemonte, Valle d'Aosta and Lazio. National and regional activities include series of lectures, conferences and seminars. Today

the members are more or less 500.

The objectives are:

- To heighten public awareness and understanding of the problem of mental illness in order to promote prevention, to help families to overcome feelings of guilt and shame, and to try to better legislation and its correct application
- To urge Institutions to realize adequate Health Care Centres
- To assert the dignity of the person and the need of social and human rehabilitation in order to integrate as far as possible people with a psychiatric disability into the community

- To make relations easier between families and Public Health Services
- To inform families about laws and their own rights

Activities for families:

- Regular Self Help Groups are run, as well as regular Support Groups, facilitated by professionals, to allow members to share their difficulties, and to better the cohabitation with the mentally ill
- Counselling and information centre providing legal, social security and welfare advice



- Daily reception and sharing. Phone and e-mail consultancy.

Activities for patients:

- Volunteers-Friends Service providing patient



National Cinema Museum of Turin



company and individual accompaniment

- Resocialisation Centre providing recreational, social and vocational services (computers, music, dance courses, newsletter, photography)

- Annual Educational and Training Courses for new Volunteers and On-going Training for those already operating within the Association.

- Within the "Il Bandolo" project, in cooperation with the Turin ASL (Territorial Health Departments) and other Associations:
 - at weekends and holi-

days, re-socialising activities such as trips, cinema, theatre, sporting events, evenings out for dinner or pizza, a.s.o. open to patients, their families, carers and friends;

- choir;
- film club

The website www.sosp-siche.it helps families by the "help-line" system. Available 24 hours a day, it is updated continuously and gives all information on national and regional laws concerning the sanitary assistance, on literature, structures, associations and mailing lists. A special page provides last minute news about mental health and "forum" for patients, carers and other users.



Panorama

San Paolo Company, CRT Foundation, the Province of Turin, the Town Council and the Bank of Italy financially support Di.A.Psi's activities and projects.

SEMINAR ABOUT MENTAL DISORDERS ORGANIZED BY S.O.P.S.I AND THE SCIENTIFIC COMMITTEE OF S.O.P.S.I. "CAUSES, SYMPTOMS, TREATMENT. LEARN, ASK, DEAL"



Petros Andronikos, S.O.P.S.I.

The Pan-Hellenic Association of Families for Mental Health and the Scientific Committee of S.O.P.S.I has organized on December 6, 2008 a scientific gala for families of people with mental health problems concentrating, for the first time, mostly to siblings. The gala took place at Pastuer Institute and many Professors of Psychiatry took part.

This gala gave the chance to the relatives and mainly to the siblings of people with mental health problems to have responsible and scientific information about last developments in anything concerning mental disorders and to find answers to difficult questions as:

- What will happen to sick siblings when parents pass away
- What about inheritance matters
- Way of behavior to the patient - parents

- Dilemma: duty towards the patient – the right to personal life
- Professors of Psychiatry and Psychologists gave information in a simple and detailed way about the disease, about ways of dealing with it and also about how to behave towards the patient.

The program of the seminar was as follows:

- M. Ikonomou. Consequences of mental disorders in family

- N. Stefanis. Causes of mental disorders. New data
- V. Karidi. The role of employment in

psychosocial approach of mentally ill people

- D. Kolostoubis. Psychoeducation in family as part of a complete treatment
- M. Malliori. European policy on mental disorders
- E. Louki. Enhancement of family: the special role of siblings

The need of support groups has been stressed out which was very well accepted from the audience, of 300 Participants all of whom were really seeking knowledge and information.

This gala gave many things to an audience which was interested in learning to fight stigma and racism against themselves and the patients.





TWO NEW ARAB BRANCHES OF ENOSH IN ISRAEL

By Yoram Cohen, ENOSH president

Enosh, the Israeli Mental Health Association, was founded in 1978 by a group of families, professionals and volunteers and is chaired by Mr. Yoram Cohen, Vice-President of GAMIAN-Europe, since 2003.

Today the association operates rehabilitation services in 56 branches all over the country serving approximately 5,500 members.

Shortened hospitalizations and improvements in medication and treatment options have brought many of people with psychiatric disability back to their families and to the community, creating the need for services that will facilitate and ease their reintegration.

The Association's mission is to promote the cause of individual and family mental health, to provide vocational, housing and social rehabilitation services and integrate people with a psychiatric disability into the

community. Enosh enhancing patients' quality of life and reducing stigma.

Enosh offers a variety of services like: Activities for Families and Families Counseling, Social Clubs, Vocational Clubs, Supported Employment, Sheltered Housing and Hostels, Hot Line, Advocacy and Publicity, Holidays for patients and families etc.

Enosh desire to reach the various ethnic groups in Israel and last month opened 2 new branches at the Arab Sector in addition the 7 branches that are already are operating. Enosh operates now 9 branches at the Arab Sector out of 56 branches.

The 9 branches are, in the

Galilee: Yarka, Meghar, Sachnin, Raine, Ixal and Arabe (new), in Iron Valley: Um El Fahem and Kfar Kara (new) and the branch of East Jerusalem.

The branches has around 300 members (from the old 7 branches) and the services and programs are tailored to suit the specific needs of this segment of the Arab Society. Enosh has adopted its rehabilitation programs to be suitable for the particular needs and the norms of the Arab population.

An example of how the Association has adapted its services can be found in the "Life Skills and Employment Club" for women with a psychiatric disability living in Umm el-Fahem. These women are getting an opportunity to experience rehabilitation services and improve their quality of life, while adhering to religious tenets that prohibit, for example, participation in mixed

groups of men and women.

While we strive for the welfare and rights of every citizen in Israel dealing with mental health issues, we focus our efforts in the Arab sector on:

Informing Arab citizens of the mental health services available to them by the Health Ministry, what are the care system and promoting their rights to these services.

Providing vocational and leisure programs for social and psychological rehabilitation

Empowering women through life-skills and employment clubs

Educational outreach to the community on mental health issues

Coexistence in Israeli society through joint events and activities

It was avious that the theme of last GAMIAN-Europe Convention in Jerusalem Israel of last autumn was: "The Impact of Culture and Ethnicity on Mental Health".

CONCERNING ON CZECH REPUBLIC

Martin Jarolimek, President of Czech Association for Mental Health. Concerning on Czech Republic

The beginning of the year 2009 for our organization "Czech Association for Mental Health" and for Czech Republic also was very eventful.

Firstly, January 22-24th the representative of National Focal Point Czech Republic (President Martin Jarolimek) took part in training con-

ference in Vienna. By MHE's needs explaining as it is first time it has been used efforts there came along the representatives of seven Euro-

pean countries (Croatia, Hungary, Czech, Republic, Slovakia, Slovenia, Germany, Austria) enrolled in creation of "National Focal Point" in their countries. The important theme was "How to communicate with Mass Media and representatives of European Parliament more fruitful".

Also in our country the design of educational program was created for psychiatrists of Czech Republic. This program will pass for some years and it is supported by Janssen-Cilag Company. The main theme is "The art of communication with

the people who had mental illness and thereby reach optimal collaboration in the treatment.

From February, 6 till May, 3 in Prague they have opened the exhibition of well-known Prinzhorn Collection or art brut collection. It consists of psychiatric patients art works. This collection, which boasts 5000 different works from more than 450 mentally ill patients, was founded in 1918-1929.

The author is Hans Prinzhorn, German psychiatrist and historic of art. He did not estimate work of the patients as acknowledgement of their diagnosis, but, on

the contrary, underlined their esthetic value.

On April the second part of the comics devoted mental health is coming out. This time the story will be about depression. This second part together with the first part will be distribute to the secondary schools in Czech Republic within the frame of primary education in those schools.

During April the election to the board of the psychiatric medical association of Czech psychiatrists will take place.

Concerning on CAMH

This organization was successful in topics:

Functioning of the helpline spreads from 5 to 7 days thereby it





can help to more patients especially on weekends.

The level of monthly ESPRIT became higher because of more professional members in redaction.

Contrary of the last years now CAMH focus-

ing not only in the stabilization and quality of on going projects but starts a lot of new projects helping more needy persons. For example, during May we will run a new project named "The school of meetings".

Other new project called "Cellule" will be a small Centrum with high-educated people and it will help psychiatric patients to pass from the statute in-patient to the statute out patient. This project will be financing by Czech psychiatric hospital

Bohnice and supported by pharmaceutical company Janssen-Cilag.

From May to June our organization will start one-year education course for 10 physically and psychically disabled people. We will focus on their training in the following skills: creation of

web sites, fundraising and PR.

Last but not the least – we are planning the opening of the Artbrut gallery in the center of Prague, concerning especially on the art made from the people with mental problems.

FIGHTING STIGMA: A NEVER ENDING STRUGGLE



Stephen Hinshaw (1952) teaches Psychology and is the Director of the faculty of Psychology at the Berkeley University in California.

In his book "The mark of shame" he shows that there still exists a strong stigma on mental illness and that this in fact has a very negative impact on the wellbeing of individuals that are coping with mental illness. The stigma disrupts the interaction with family and friends. It brings shame and silence into the life of patients. In this book Hinshaw shows how this stigma is expressed in the American language and also in the media and in the society in general. He proposes a number of solutions for this problem.

He came to have a clear understanding of this subject through extensive conversations with his father, who is a talented philosopher and also happens to be suffering from bipolar disorder. At the end of

Stef Jacobs, VMDB, The Netherlands

This is a book review of "The mark of shame. Stigma of mental illness and an agenda for change" by Stephen Hinshaw. This text and interview was established by Stef Jacobs for the Newsletter of the Dutch Bipolar Organization, VMDB. It was published in their Newsletter "PLUSminus" in April 2008. Stef is so kind as to share this article with us in the GAMIAN Newsletter.

this text, you will find a short interview with the author.

Stigma, a daily occurrence, but very complicated

Humans have the tendency to constantly compare each other due to a underlying need to bring some kind of order and structure into the daily chaos. Sociologists believe that stigma comes out of this basic human need. On a subconscious level we identify ourselves with our group of peers. Opposed to the peer group we distinguish the group of outsiders. Outsiders are people with an appearance or characteristics that are considered different from what we accept as the norm in our peer group.

Other domains of science also give an explanation to the existence of stigma in human society. Psychology also gives some valid explanations the fear and rejection we harbor towards people

with mental disorders: mentally ill people remind us of the fearful possibility that we ourselves might lose our minds. This causes strong feelings of fear and insecurity. Strangely enough even when sexual or racial stigmatization is diminishing, the stigma towards the mentally ill seems to be more persistent.

Hinshaw gives an overview of the history of mental illness and stigma. Even though most people with mental illness seem to have been excluded and punished throughout history, there are some signs of hope. The author does not see this history as a ascending line, but as a circle line. In medieval times the care of mental patients was limited to incarceration and banishment. As from the eighteenth century a more humane manner of treatment was introduced.

Since then the moral view has been replaced by a scientific approach. In the twenties century a

dark chapter was added to this history by the Nazi's and the theories of genetic cleansing. In the Nazi concentration camps a quarter of a million people with mental illness were killed.

Nowadays the genetic techniques help with diagnosis and care. Hinshaw fears that due to the increasing fascination with our genes and genetic manipulation some kind of genetic cleansing will be com-

ing back. The belief that mental illness is simply due to a genetic defect is actually a very stigmatizing view.

Back to discrimination?

Hinshaw quotes a scientist who believes that mental illness has taken the place of leprosy and evokes the same kind of fear and rejection. What society believes of mental illness has become more realistic, but the tolerance towards it has not increased at all. Research shows that mental illness is perceived as a very discomfoting handicap. People tend to distance themselves more from mentally ill persons now than they did half a century ago. Often feelings of repulsion are covered

Mentally ill people remind us of the fearful possibility that we ourselves might lose our minds



BOOKS REVIEW AND INTERVIEW



up verbally, but these feelings appear to be strong.

The language and the words that we use in our daily life show the strong stigma that society holds towards mentally ill people. The media portrays people with a mental disorder in a very negative and stigmatizing way. They are shown as being stupid, dangerous,

cates the terrible situation in the United States where many homeless people are in fact mentally ill.

Discrimination in the work place or being unable to get work are very important factors that increase stigma. Unemployment that affects feelings of self worth causes a vicious circle where the person

treatment, you lose your job and in the end you can't afford the rent anymore. The recurrence of symptoms due to insufficient treatment will increase the stigma and the despair. In different American states people with mental illness cannot get married and are excluded from voting.

In a society where work and education is very important, often people with mental illness are considered as drop outs. Due to recurrent episodes of illness and well being many cannot maintain a job or finish their education.

Some do overcome this and still develop a very fruitful and creative career. Sometimes these people are perceived as being special or some kind of genius due to their mental illness. Hinshaw that this somewhat romantic view is not correct as there is no direct link between mental illness and

genius. This view actually also is a stigma.

Towards a more tolerant society

Hinshaw wants to eradicate stigma by social laws that guarantee the fundamental rights of every individual. Just as the civil right movement freed the US of racial segregation. The author is against the installation of a special legislation for the protection of people with mental illness, because this would only increase the focus on the low status of this group of people and would in the end also induce stigma.

This legislation should be included in the general social laws that apply to all of us.

The advocacy movements are also essential. Education is also very important and Ignorance is the biggest enemy. There should be some proactive action from the patients

and their family members: boycotts, demonstrations and reactions against stereotypes. There should be more public action to change the image of mentally ill people, such as the actions of the Stamp Out Stigma group in San Francisco.

There is hope for people who are coping with the stigma of mental illness. The stigma will probably never disappear completely, but the view that mental illness is unchangeable and leads to a bleak future, is no longer true.

Our current view of the matter will be replaced by more advanced ways in the future. It will remain a never ending struggle, the struggle to fight Stigma. This fight will require lots of patience and devotion, but Hinshaw is mildly positive and hopes that the situation will improve in the future.

The author is against the installation of a special legislation for the protection of people with mental illness

dirty, unkind and unpredictable. The dangerous lunatic on the front page still sells more copies of the newspaper. These kind of media messages have a great influence on our way of thinking and our perception.

Stigma causes discrimination on four levels within society and law: living, working, insurance and human rights. Hinshaw indi-

is not able to increase his standard of living because he or she cannot find work or believes that he or she is not able to work at all.

This causes problems of housing and perpetuates a sense of low self esteem and hopelessness. Also on the level of insurance mentally ill people are discriminated against. If you do not get enough

Stef Jacobs' Interview with Stephen Hinshaw



Question: You notice that persons with a mental illness are perhaps more stigmatized than they were half a century ago. In this meritocratic society people judge each other in a hard way. Researchers tell us that the desire for social distance regarding schizophrenia and major depression is even greater that it had been nearly half a century before. You say the battle against stigma is uphill. Then what brings you to your cautious optimism?

First, there is no doubt that at least in the u.s., and very probably in most of europe as well, there is greater knowledge of mental illness than there was 50 years ago. That is, people know how to recognize its symptoms, and know more about causes, etc.

But the paradoxical information is that, despite this greater knowledge, the public tends to hold more negative attitudes! Why? Perhaps, as in many arenas in life, knowledge alone is not sufficient to change underlying attitudes and emotional responses. Also, "knowledge" of mental illness, these days, includes more direct confrontation of severe mental disorder on the streets—the closure of institutions (without adequate community support), and the consequent rise in homelessness, has undoubtedly increased stigma in many

respects, as many citizen's first-hand knowledge of mental illness now includes vagrancy, utter poverty, and threat.

The lesson here is that knowledge alone is not enough.

Question: People with a mental illness stigmatize themselves. They think just as negative about their mental illness as others. You quote investigators: 'stigma's impact on a person's life may be as harmful as the direct effects of the disease.' Stigma can lead to a sense of alienation. As you put it, to overcome self stigmatization demands a capacity and willingness to see oneself as a person with a mental illness. How is that going to protect anyone against experiences of stigma?

The road is not easy. If one sees oneself as flawed, morally

deficient, and weak, stigma will of course increase, not decrease. Having a diagnosis or label may well be empowering—if adequate education is given and if evidence based treatment is utilized—but it can be demoralizing if the only association the individual has to the label is the societal stereotype (e.g., "i have schizophrenia—i must be incurable and a social menace). Once it becomes more common knowledge that mental illnesses are eminently treatable (if not curable)—and that many illustrious individuals have had mental disorders, and that it's not shameful to discuss them—then all of these factors can be protective against stigma.

Question: As you see it, an important trend is the renewed interest in genetic underpinnings of mental disorder. You fear new eugenic policies of gene selection. 'Carrying 'deviant genes' may be viewed as an entirely controllable facet of one's makeup.' In your opinion we are at the crossroads as to whether future politics will witness a return to eugenic



policies. Do you see ways of stopping this trend?

Yes, I do—and one clear way is to avoid the ‘polar swings’ that we have witnessed across the past decades: that is, in the mid-20th century, all mental illness was “known” to be caused by bad parenting; but by the 1980’s, it was assumed that single genes were responsible for schizophrenia, bipolar disorder, autism, etc. Etc.

What we know today is that genes can increase the vulnerability for major mental illnesses but that it is genes working in the context of contexts and environments that are the true, complex causes. So, we should realize several key things: (a) eliminating such genes from our gene pool will severely limit human diversity (and much creativity and productive ‘spark’); (b) vulnerability genes create mental illness only in certain environmental contexts; and (c) it is limiting, stigmatizing, and just plain wrong to explain mental illness in terms of simplistic genetic models.

Question: To prevent stigma, you want mental health to be screened nationwide. However, you tell us that early identification of mental illness is seen by many as a ploy by pharmaceutical firms to create new markets for psychotropic medication use in young chil-

dren. How do you see this situation developing ?

First, we have to have better and better means of screening. Knowing at a young age who will be at risk for major mental illnesses is never likely to be a certainty, so we need to avoid overly zealous predictions that ‘doom’ a person to a bad fate. And, we have to make sure that there are not automatic assumptions of which treatments will be used to “prevent” early signs of mental illness—far too much needs to be learned before we know whether to place young, at-risk children on medications, for example.

Question: Three years ago an American manufacturer produced a Valentine gift. This teddy bear titled ‘Crazy for you’ wears a straightjacket and holds his commitment papers. You point out that such a mocking portrayal of craziness maintains a status quo. On the other hand you remind us that the ability to see humor in a difficult situation can be an excellent source of coping. When in Amsterdam, would you buy one of the many postcards showing Vincent van Gogh as a lunatic?

It is often a judgment call as to what is humorous and “fun” vs. Degrading and demeaning. One sign of acceptance of minority groups

in society is the time that members of the minority and majority group can actually be “light” rather than deadly serious. On the other hand, when a group has been as brutally stigmatized as those with mental illness, one-directional attempts at humor (e.g., the van gogh postcards) are apt to be ridiculing and simplistic, rather than humorous and humanizing.

Question: In The mark of shame you mention twice, that persons with a mental illness are better off with non-Western treatment. ‘Cultures most likely to produce positive outcomes for serious mental disorders are certain non-Western, non-industrialized societies in Africa and Asia. In The years of silence are past you suggest the African social climate is better for them: ‘African societies have stronger mechanisms of social support and social connectedness.’ Since you describe stigma as a universal phenomenon, should this be a reason to pack my suitcase?

No society is immune from stigma. But the findings above suggest that, despite the advantages of western medications and therapies, perhaps in some less-developed societies, there is a “place” for individuals to return (i.e., a place to live; a job) after adolescent or young-adult “strange

experiences” or psychoses... and having a social role to which one can return may be crucially important for long term outcome. In other words, despite the real advantages of western treatment approaches, our highly mobilized societies make it extremely difficult to return to society following a serious mental disturbance relatively early in life.

Question: In The years of silence are past you describe how Kay Redfield Jamison asked her students in the Affective Disorders Clinic in 1982: ‘How many of you would like to abort if it were your child with a positive detection?’ (that is: bipolar) Almost everybody was in favor. What do you expect your students to reply if you would repeat this question 26 years later?

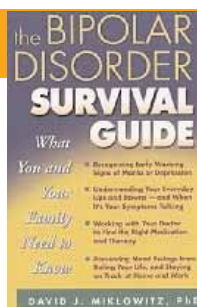
I should actually do this ‘experiment’! My guess is that the results would be slightly—but not much—more favorable. That is, the last wish for most people would be for their offspring to have a major mental illness. This is understandable to some extent, but treatments for mental illnesses have more positive effects, on average, than do treatments for many physical illnesses. And many people with mental illness make wonderful contributions. It’s just so hard for us to see both sides.

“THE BIPOLAR DISORDER SURVIVAL GUIDE: WHAT YOU AND YOUR FAMILY NEED TO KNOW” BY DR. DAVID MIKLOWITZ



*Reviewed by Rebecca Müller,
Ups&Downs — Belgium*

This book is crammed full of useful information for bipolar patients, their family members, therapists, friends, lovers, employers and anyone else interested in bipolar disorders.



Professor of Psychology at the University of Colorado, Boulder. The author of over 80 journal articles and book chapters, Dr. Miklowitz is the coauthor (with Michael G. Goldstein) of Bipolar Disorder: A Family-Focused Treatment Approach, which won the 1998 Outstanding Research Publication Award from the American Association for Marital and Family Therapy. Dr. Miklowitz has his own website where you can even find his complete CV and photograph: <http://psych.colorado.edu/~clinical/miklowitz/>

The Bipolar Survival Guide is unique thanks to the accounts of bipolar patients who discover that, despite the limitations of their illness, they are still able to use their decision-making capacity to minimize the effects of their mood swings on their lives.

The author has an impressive educational and research background and has earned numerous awards for the outstand-

ing quality of his work. The insights he shares with us were not acquired simply by reading the voluminous literature on bipolar disorder, although his doctoral and post-doctoral studies required enough of that; during more than fifteen years of clinical practice and research, Miklowitz has been personally involved in the care and treatment of hundreds of bipolar patients and their families. David J Miklowitz, PhD, is

The Bipolar Survival Guide is a very practical book and is written from the patients perspective. Miklowitz really takes into account the problems of patients and family members he writes about the challenges that they are facing when coping with the bipolar disorder. The author does not avoid difficult subjects such as the patients struggle to accept his



diagnosis and take medication or the lack of adherence to therapy. He takes these problematic aspects that every patient has to deal with and addresses them in a very direct style.

In Part I, "The Diagnosis and Course of Bipolar Disorder," he describes the symptoms of bipolar disorder, how it is diagnosed and explains how difficult it is for some individuals to accept the diagnosis, which they consider sometimes to be "a life sentence."

Here Miklowitz also gives many examples of actual episodes of depressive and

manic behavior, unusual thoughts, suicidal ideation, sleep disturbance, and impulsive, self-destructive and addictive behaviors. He really lets his patients speak for themselves in giving more than twenty-five separate examples of individual stories of people coping with bipolar disorder.

Part II of the book focuses on strategies of self regulation. This means that patients learn to see early symptoms of mood swings and can take appropriate action to avoid escalation of their mood into mania or full blown depression. In the United

States up to 0,8 – 1,6 % of the population are diagnosed with bipolar disorder. To follow up ones mood changes a mood registration card can be used. Miklowitz gives an example of such a document and explains how to use it.

Essentially the author gives a positive message of hope to all patients with bipolar disorder. Having this diagnosis does not mean that your life is over. You can learn to live with it and still have a meaningful existence with goals, hopes and dreams. This is an encouraging message given by an author who really seems to care.

WHAT CAN WE DO TOGETHER?



Monika Nemanyte,
G-E Board member, Club 13&Co.
secretary, Lithuania, Vilnius

Workshop – Seminar WHO CC (Lille, France) – WHO Europe dedicated to Users and Carers Organizations Involvement in Mental Health Service Reform – the Role of Empowerment and Advocacy

Lille, September 11th 2008

In February 2008, during the annual meeting of the European WHO Collaborating Centres, WHO Europe presented the Mental Health major challenges which must be pinpointed in the European area: the reform of the services, prevention, lack of information and data, excess and violence in the institutions. In each of these fields the WHO Collaborating Centres have to organize concrete actions and to develop partnerships. The users associations have a key role to play in the building of solutions in order to meet these challenges.

It is in this framework, the WHO CC (Lille, France) was entrusted with the mission of facilitating and supporting the investment of the associations of users, families and relatives in the reform of the mental health services on a European level according to the 2005 WHO Europe recommendations (Helsinki documents).

As a first step of this important challenge, the WHO CC (Lille, France) organized with WHO Europe on the 11th of September 2008, a workshop day about the role of the users and relatives in the reform of

the mental health services in Europe. The objective of this conference-day was to reinforce the existing partnerships with the European associations of users, families and relatives.

Around twenty European associations of representatives of users, families and relatives were invited to participate: GAMIAN-Europe, EUFAMI [European Federation of Associations of Families of People with Mental Illness], ENUSP [European network of (ex-) Users and survivors of psychiatry], Mental Health Europe, Fnapsy, Unafam (France), Vox [Voices of experience] (Scotland), Fenix (Bosnia), Psytoyens, Uilenpiegel (Belgium), Unasam (Italy), Club 13&Co. (Lithuania), etc.

The workshop was attended by about 60 participants, including experts, observers and local authorities. Before the workshop each participant had to fulfil a questionnaire and prepare a brief paper regarding the role, goals and strategies of their associations, the achievements in the field of MH services reform and the plans for the future.

The aim of the workshop was to define and agree on the main recommendations:

To facilitate users and carers organisations involvement into the mental health services reform (it implies involvement in planning, delivery, review and inspection of services).

For effective users and carers empowerment and advocacy in service reform and other areas.

At the afternoon, the meeting was focused on various propositions about the best ways to involve the service users NGO at the European level. The participants had to discuss the key question: effective empowerment; what is it, what is needed and what we can achieve together? The definition of the Empowerment was given in the presentation of WHO Euro technical officer for mental health, Dr. Anja Bauman. Empowerment is: "...the process of increasing capacity of individuals or groups to make choices and to transform those choices into desired actions and outcomes." (The World Bank, 2005).

Please be introduced with main results and priorities of the three workshops from which the synthesis was written:

**WORKSHOP 1:
Goals, means and tools of users and carer associations in services reform**

a. Create a European Commission on

Patients' Rights (at a WHO Europe level). This board could have the power of assessing whether a user organisation is legitimate or not.

- b.** Organize annual meetings of user organisations (paid by the Commission and not by pharmaceutical companies).
- c.** Introduce mental health training for policy makers, administrators, teachers, public servants in general.
- d.** Encourage diversification of financial support for user organisations. If you are only getting money from government (from the system that finances the hospitals), you are obliged to stay "within the system".

**WORKSHOP 2:
Advocacy involvement**

a. Representation of users as independent investigators in the hospitals and similar systems for other social rights system: housing, disabilities, employment...

- b.** Access to lifelong learning; access to training to be advocates, user experts.
- c.** Integrate mental health education and users' rights into all health education programmes.



- d. The mechanisms for auditing places where rights are taken away from people should include representatives of user organisations.

**WORKSHOP 3:
Concrete actions against stigma and discrimination**

- a. **Insist on campaigns against stigmatisation inside mental health services and addressing professionals.**
- b. An arts and film festival on stigma and discrimination at a European level. An arts and film festival on Mental Health Service Users in all countries.
- c. A European dictionary of stigmatic expressions.
- d. A European Mental Health Users' Day (not only mental health day or week) in all countries.

Everyone agreed that there no ethics in psychiatric care without users' participation and the presence of users organizations. The service users association can be more involved in the mental health service reform in Europe but they need an equal and official status. **"Involvement is a serious approach; else it becomes a "show" without real substance, purpose and meaning"**, stressed one of the high level speakers at the meeting. The audience from time to time expressed very typical and aggressive reactions towards professionals and I was set thinking about these repeated remarks. Should we, users, build barricades or should we create partnerships and seek good communication with as much interested groups as possible.

The WHOCC (Lille, France) has been successfully working since 1976 and carrying on their principal values: full participation of users and citizens in the mental health services quality improvement; development of research, training, implementation, information and networking in Community Mental Health with all the partners. The centre encourages partnerships

by all possible means and invites:

- 🌐 To "be" a partner rather than "have" partners:
- 🌐 Make an alliance between consumers, families, elected representatives and professionals, **nobody can be efficient alone.**
- 🌐 Improve communication between social and health care services.
- 🌐 Improve partnership between GPs, psychiatrist and psychotherapists.
- 🌐 Improve cooperation between mental services, town councils, nursing homes, schools, sport clubs, police, fire fighters, etc.
- 🌐 Develop dialogue and cooperation meetings.

This meeting was the occasion of a first assessment and of a planning together of future strategies. It was an event where everyone could realise, how different the organizations across the region are, regarding their experience, potentiality, human resources and financial means (for example, the Scotland every years allocates one million Euros for anti-stigma campaigns).

The workshop organisers apologised not having possibility to pay nor for the travel neither for accommodation. This fact provoked a discussion among the workshop participants, especially about the right to finances which also should be respected (equal partner = equal means). The representatives of WHO expressed their commitment to "open a greater opportunity window and not disappoint us in the future" and presented the idea to establish the European research centre led by users as a social enterprise, supported by WHO and European Commission.

I was really very honoured to participate in this important working day, especially to represent GAMIAN-Europe and not only my national organization. Our chairperson Danguole Survilaitė attended the meeting on behalf of the



from the right: Josée van Remoortel, MHE representative from Belgium, Inger Nilsson, EUFAMI Board member from Sweden

Club 13&Co. During the workshop each participant was given an occasion to introduce their organizations. Talking about the main activities of GAMIAN-Europe, I mentioned, of course, the plan to change the Statutes at the General Assembly in Jerusalem. During the coffee break, I was approached by Matt Muijen, WHO Regional advisor for mental health, who said to me that he is pleased to hear about these changes in which our organization defines more clearly its membership, direction and mission.

In the meeting room premises, there were an arts exhibition of a regional Gallery of Contemporary Art "Frontiere\$" (the last letter is not a mistake!) which displayed pieces of art produced by known and unknown artists, mentally ill or not. I liked this idea itself as a real proof of de-stigmatization which puts all people on an equal basis in front of artistic creation.

I would like to thank our French colleagues from Lille, especially, the director of WHOCC Jean Luc Roelandt and the project manager Nicolas Daumerie, with whom we have been keeping contacts since our acquaintance at the international congress "Stigma! Overcome discrimination in mental health" in Nice, 2007.

After the workshop we discovered Lille – a very charming

and elegant town, a capital of French Flanders in the north of the country. In the evening we were invited to the restaurant Alcide, located in the favourite rendezvous spot in town – the square of the general Charles de Gaulle, so often called Grand' Place, because of its resemblance to the central square in Brussels. There we could continue to enjoy a very friendly and hospitable atmosphere.

GAMIAN-Europe Board kindly agreed to pay may travel expenses and I am very grateful for that.



Monika at the Grand' Place – the heart of Lille



DIALOGUE ON DIABETES AND DEPRESSION (DDD)



Yoram Cohen, G-E Vice-President

GAMIAN-Europe is becoming a part of the International Program on the Co-morbidity of Mental and Physical Disorders. Dialogue on Diabetes and Depression is performing by the Collaborative Community of Research and Care of people with Diabetes and Depression.

Challenges for medicine in the 21th Century are:

- ⊗ Co-morbidity (particularly that between mental and physical disorders)
- ⊗ Fragmentation of health care
- ⊗ Distance between academia and practice
- ⊗ Gaps of care offered to the poor and the rich-within and among countries

Nearly a third of persons with diabetes suffer from clinically relevant depressive disorders (Anderson&Freed-land-2001). Persons with depressive disorders are twice as likely as the rest of the population also suffer from diabetes. (Bjornrtorp-2001). The prognosis of both diabetes and depression-in terms of severity of disease, complications, treatment resistance and mortality-is worse for either disease when they are co-morbid than it is when they occur separately. (Lustman-2000, Egede-2006).

At present, there is little awareness of the frequency and consequences of co-morbidity of mental health and physical diseases. Resources directed towards improving care and quality of life for persons with co-morbid diabetes and depression are in sufficient. Studies focused on causes and consequences of co-morbidity are rare and poorly funded.

From a Global Community of Research and Care on Diabetes and Depression that would bring together professional and other organizations with a direct interest in the matter in order to:

- ⊗ Harmonize their action
- ⊗ Identify priorities for research
- ⊗ Collaborate in raising awareness of the problem in order to mobilize resources and action to defy D&D.

The first step was a foundational meeting prepared in Geneva in 2007. Representatives of major professional organizations in fields of diabetes, endocrine, psychiatry, psychology and primary care met and agreed that they would seek agreement of their organizations to participate in a jointly planned and executed conference/event. The meeting was chaired by Prof. Norman Sartorius and funded through a service agreement with the Lilly Research Laboratories.

The outcome of the Foundational Meeting in Geneva was:

- ⊗ An agreement to work together as a Community
- ⊗ An agreement on the principal goal and the objectives of work of the community
- ⊗ An agreement on the principles of operation of the Community

- ⊗ An agreement on the outline of activities in the years 2008/2009

The overarching goal of the Community to reach an improvement of the outcomes of illness and of the quality of life of persons with co-morbid depression and diabetes and of their families.

Action taken to achieve the Community's goal:

- ⊗ Set an agenda for future research related to the co-morbidity of diabetes and depression
- ⊗ Reach consensus on recommendations for the improvement of clinical care for persons with these diseases

Principles of work of the Community are:

- ⊗ Equality of participating organizations
- ⊗ Joint ownership of products of the Community's work
- ⊗ Transparency of all activities
- ⊗ Openness to collaboration with other bona fide organizations and institutions
- ⊗ Plans for work based on consensus among Community members

As for now there are 8 Working Groups: Epidemiology, Pathogenesis, Treatment and its evaluation, Health care delivery, Public health interventions, Health economics, Conceptual issues and Communications.

There was a meeting in Geneva at December 2008 with the participation of the co-chairpersons of the 8 Working Groups and President of GAMIAN-Europe Ms. Dolores Gauci. All groups have submitted a first draft synopsis of their work plans.

EUROPEAN PATIENTS' FORUM SEMINAR IN VILNIUS



Monika Nemanyte, G-E Board member, Club 13&Co. secretary, Lithuania, Vilnius

Never doubt that a small group of thoughtful, committed citizens can change the world. Indeed, it is the only thing that ever has.

Margaret Mead

27-28 November 2008, EPF organized its very first regional advocacy seminar outside Brussels. The event took place

in Vilnius (Lithuania) and welcomed over 50 patient leaders from the Baltic countries, the Czech Republic and Poland.

The meeting was honoured by the participation of the EPF Director Ms. Nicola Bedington and Lithuanian Member of European Parliament Ms. Jolanta Dickute (physician by profession). At the beginning of this memorable event, the EPF welcomed the **Lithuanian National Platform of Patients' Organisations**, the biggest patient NGO in Lithuania which became a new EPF full member in June 2007 and was one of the seminar local partners.

As you know, **GAMIAN-Europe** is a full member in EPF. At this meeting I represented **GE** and had many occasions to share my experience at being Board member within this organisation.

The seminar participants had plenary sessions and could choose from the proposed 3 simultaneous series of workshops. Discussions were led by conference facilitator Mr. Erick Savoye, the director of **European Men's Health Forum** whom we also know through



GAMIAN-Europe activities. His work was highly appreciated by all delegates. I was also extremely pleased to meet another member of **GE** – Mr. Michal Balaban, chairman of the Chechia Mental Health Association **Kolumbus**.

At this meeting Lithuanian State Health Care Accreditation Agency took the occasion to announce an official start of the project **EUnetPas** („European Union Network for Patient Safety“) with the aim of setting up a Lithuanian Network on Patient Safety. I am really proud to be the patient safety champion, so, I took up the chance to introduce myself to local project coordinators. In the future, our organisation could expect and seek opportunity of collaboration in safety issues related to the mental health.

The seminar was also linked to the project **VALUE+** for the years 2008-2009. The title comes from idea that participation of patients always brings the added value to every activity within the health services and systems. Patients have an invaluable knowledge of how to manage their disease or

illness and along the way they form their own unique perspective which should be respected and ensure the treatment offered is patient centred. The aim of the project **VALUE+** is to exchange information, experiences and good practice among patients' organisations to encourage the meaningful involvement of patients' organisations in EU-supported health projects at **EU** and at National level.

The audience highly appreciated the introduction to **EU** policy-making and decision-making process and presentations on the role of the European Commission, The European Council and the European Parliament. The purpose of it was to build knowledge and know-how on working at **EU** level through and with **EPF**.

All conferences participants were working on assignment about recommendations they can make to facilitate the involvement of patients' organisations in **EU** health-related policy-making, programmes and projects.

There are three levels of Patients involvement (PI):

1. Advisory status (ex. when patients are recruited to respond to some questionnaires, for clinical trials, etc.) *The first level is a lowest on.*
2. Institutionalized participation (ex. involvement at the boards of hospital administration, treatment or other teams of professionals).
3. Participation in health-related decision-making.

Patients' organisations expressed their will to be involved in all aspects of projects they participate in and in all the levels but there are many barriers, such as: lack of policies and legislation on patient involvement, lack of structural mechanisms and tools or information about them, lack of **PI** culture and little trust in political commitment to implement it, lack of recognition of patients as relevant opinion/pressure makers. The other barriers are also quite evident: language and communication, resources and time/availability, bureaucracy, medical attitudes and resistance, stigma, involvement "fatigue" (when the same leaders or other active members within organization are overcharged with too many tasks).

Assessing their needs for **PI** and best practices in **EU** projects, patients provided the following recommendations:

- Acknowledge patients' expertise;
- Consider patients as equal partners;
- Provide financial resources/payments for involvement;
- Provide training for involvement;
- Network, cooperate, share results – it enhances motivation;
- Waive co-financing for patients' organisations;
- Make patient involvement an eligibility criteria for project funding.

During the seminar, a particular attention was given to

the **EPF** Manifesto 150 Million reasons to act – **EPF** represents over 150 million patients across European Union. All **EU** member states are invited to translate this Manifesto, to sign it up, to use and promote it on all possible occasions (to use a Banner on websites, take the opportunity offered by the 18th April – the European Patient's Rights Day or World Day of the specific illness). This will give patients, their families, and organisations the chance to raise the profile of health issues they care most about. The participants were also coming up with slogans for this special day: "We are all patients, Mister the President!", "Together for health", etc.

As a European partner organisation, **GE** should support **EPF** in their campaigns and endeavours in order to keep up the enthusiasm and ambition of patients' organisations throughout the European Union.



The latest news: The World Fellowship for Schizophrenia and Allied Disorders is merging with the World Federation for Mental Health.

The Editorial Committee presents its apologies for the mistake made in the previous Newsletter (#31, winter 2008/09). In the article about the World Mental Health Day 2008 written by Elise Torossian from A.G.M.I. (Cyprus) instead of "The

event was Under the Auspices of the Minister of Foreign Affairs Mr Markos Kyprianou who is also the European Commissioner of Health and Consumers Affairs in a field of mental health was in the priorities of his office..." should be "The event

was under the Auspices of the Minister of Foreign Affairs Mr Markos Kyprianou who as European Commissioner of Health and Consumers Affairs mental health field was in the priorities of his office..."

OUR MAIL



Second European Brain Policy Forum

Second European Brain Policy Forum "Focus on Depression and the European Society" took place in Brussels on February 25-26, 2009

J. Mendlewicz, EBC President, M. Lewis, UK – Moderator, and M. Hallen, Director of Health, DG Research spoke with opening address.

Keynote address "Burden and Cost of Depression" was presented by Dr H. U. Wittchen from Germany.

J. Schefflein, DG SANCO, spoke about "Promoting the Prevention of Depression in Europe".

A few representatives of GAMIAN-Europe participated in the event

(Dolores Gauci, President; Guadalupe Morales Cano, Secretary General; Hilikka Kärkkäinen, Board Director, Yoram Cohen, Vice-President).

Lilian Owens, Deputy Editor, UK, kindly provided us with the summary of two presentations:



Hilikka Kärkkäinen, Board Director

Presentation by Hilikka Kärkkäinen: "My Journey: The Patient"

Recognising the symptoms

Hikka referred to the patient's journey with increased pressure from growing anxiety and sleeping difficulties. This accentuates the

problems of continuous worry and increases the avoidance of social situations.

She referred to loss of appetite which often occurs. Going along with this a feeling of sadness out of your control. Often leading to panic symp-

ptoms and in addition to symptoms of physical illness which are often a pretence.

Accepting the illness

The patient continually blaming the circumstances to overcome the shame they feel. In these situations it is always really difficult to tell your family, the one thing that you often know will help, in addition telling your closest friends becomes difficult if not impossible.

Getting Better

There is a real need to talk about your illness. Talking to your doctor can help to start

with. Be totally honest with your doctor. Tell them all the things you have felt above.

Getting started on medical and psycho-educational rehabilitation. Attending and taking part in self help groups can help enormously.

The goal has to be to get back to a normal life routine as soon as possible, however this is not always easy and takes several steps. Take small steps and you will get there.

Analyse what happened throughout this period and be prepared to use this analysis to help you through another period in your life.



Dolores Gauci, President

Presentation by Dolores Gauci: "Ensure the Dialogue Between Science and Society"

Dialogue' means a two-way nature of the process of communication. Dialogue is different from promotion or giving the public an understanding of science.

'Engagement' describes how people connect with issues they hear and read about. People's knowledge, experience and values provide insights on how they frame issues and evaluate solutions.

The engagement process moves discussion and debate from polarised/entrenched positions to effective discussion and debate.

Who does science belong to?

- 🌐 researchers, being their profession;
- 🌐 businesspersons, who are interested in techno-science innovation in view of the success or failure of their products.

- 🌐 students, who are encountering it on a daily basis not only during their science lessons, but also out of the classroom, using technology applications based on science research.
- 🌐 teachers, who everyday try to develop a keen interest in it.

- 🌐 civil society organisations, which sometimes may discuss some of its applications, but have nonetheless to confront and make use of research.

- 🌐 you: in this particular forum the patient (and their carers, the citizen)

Science acts on behalf and for the benefit of society. No dialogue is more relevant to science than the one with society. Many people believe that science will one day overcome disease and will find the answer to management of many types of illnesses.

We only have to look back to the last decades to see how science has made it possible to understand how the brain functions and as a result many illnesses are better managed, resulting in good quality of life for many.

A number of issues interfere with the understanding of the two groups:

- 🌐 the role that science plays in society

- 🌐 citizens at times have doubts about the effectiveness of research innovations, especially for what concerns their practical applications. Science is increasingly seen as benefiting the researchers, quite often driven by financial gain. This idea is further re-enforced by the need for confidentiality by researchers.

- 🌐 This brings distrust towards science and scientists.

- 🌐 the difficulty to be able to establish a form of dialogue with various sectors of society

This is expressed mainly by scientists, particularly when their activity, as it is often the case, is characterized by various degrees of uncertainty, above all in the case of applications with a great impact on public health



FIRST ANNOUNCEMENT TWELFTH GAMIAN–Europe Annual Convention

5th – 8th November 2009

New Dolmen Hotel, St. Paul's Bay – Malta
Self Management and Access to Treatment



NEXT CONVENTION

Dear Members,
The Twelfth Gamian-Europe Annual Convention will this year be held in Malta. We look forward to welcoming you and for us to have as successful a convention as in previous years.

1. Travel and Hotel Arrangements

Travel (economy class) and hotel costs for 3 nights for one delegate from each European Organisation, which has paid its 2009 membership fee, will be covered by GAMIAN-Europe.

Accommodation and travel costs for additional delegates will not be covered by GAMIAN-Europe.

Lunches and dinners will be covered by GAMIAN-Europe for all participants during the conference days.

Accompanying persons will have their Meals and Night Tours (5th and 6th November) covered at the additional cost of €120.00. This **does not** include costs for the 3 day Pre-Convention Tour and accommodation for the days of the convention, which have to be paid directly.

You are kindly requested to make your travel arrangements as soon as possible in order to obtain the cheapest possible prices. GAMIAN-Europe will only reimburse economy class tickets. Please note that the Board's approval will have to be obtained for flight tickets exceeding €550 before purchase.

Transfers airport/hotel/airport will be arranged when possible and when delegates can be grouped together according to their flights.

2. Registration Form

Please fill in the attached registration form and return it to Dorothy Micallef by the

1st July 2009 on email address dorothy@richmond.org.mt.

3. Registration Fee

Registration Fee for each participant is of €30.

4. Visas

Participants coming from the following Countries need a Visa to enter Malta: Russia, Ukraine, this can be applied for at the Malta Consulate in Russia,

Tel : 007 4956624220,

email: maltaembassy.moscow@gov.mt

Turkish Citizens also need a Visa to enter Malta and they can apply for it at the Italian Embassy in Izmir, Ankara and Istanbul.

5. Pre-Convention Tour

Since last year the pre-convention tour was such a success we are also organizing one this year between the 2nd and the 5th of November. For participation, please fill in the Pre-Convention Tour section of the Registration Form. The cost of the tour will be of €280.00 per person on full board in a single room and €260.00 per person in twin room on full board basis. This tour is being offered on a first come first served basis, as the coach being used can accommodate only 50 persons, and another coach will be organized only if there are enough persons to cover the costs. So we encourage you to book as early as possible if you intend to join us on the Pre-Convention Tour.

The Tour Will Cover the Following

Monday 2nd November Arrivals and Transfers to the New Dolmen Hotel. www.dolmen.com.mt (situated in the northern part of the Island of Malta)

Tuesday 3rd November Full Day Tour in Malta. Visiting Hagar Qim Neolithic Temple Wied Iz-Zurrieq fishing hamlet and

The Blue Grotto (boat trip is optional and weatherpermitting).

The fishing village of Marsaxlokk with its traditional Maltese Boats and Open Air Market The Historic Capital City Valletta and its Baroque Cathedral and Grand Masters' Palace.

Wednesday 4th November Full Day Tour to the Sister Island of Gozo

We take the ferry boat to cross the sea channel separating the two Islands

Visit the Old Citadel and ramparts with views of Gozo, The Citadel Cathedral with its optical illusion dome and nearby town of Rabat and its open air market.

Calypso's Cave (the site reputed to be the abode of the nymph Calypso mentioned in Homer's Odyssey). The Magnificent Basilica of Ta' Pinu where our Lady is reputed to have appeared to a peasant woman. Drive through to Marsalforn Bay and Xlendi Bay. The Azure Window, Fungus Rock and Inland Sea of Dwejra (boat trip to the Azure Window is optional and weather permitting).

Thursday 5th November Free Time to visit and explore places at your own leisure before the start of the Convention. Lunch is not included on this day. There will be a Welcome Reception in the evening followed by a night tour to the Old Capital City of Mdina.

Please keep to the deadlines so that you will not be disappointed and we will be able to make all the necessary arrangements, ensuring that you will have a pleasant stay. Looking forward to welcoming you all in Malta.

Dorothy Micallef

the Organising Committee

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Forthcoming events

WPA International Congress.

*Florence, ITALY,
April 1-4, 2009*

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*Jeddah, Saudi Arabia
April 28–30. 2009,*

Mental Capacity Act in Health and Social Care: Moving Forward

*London, UK,
April 29, 2009*

14th International Conference Neuropsychiatric, Psychological & Social Developments in a Globalised World,

*Athens, Greece
May 5–8, 2009,*

International Anxiety Disorders Symposium ,

*The Netherlands, Amsterdam,
May 27-28, 2009
(www.adsymposia.org)*

24th Congress of the Spanish Association of Neuropsychiatry.

*Cadiz, SPAIN,
June 3-6, 2009*

World congress of the world federation for mental health.

*Athens, GREECE,
September 2-6, 2009*

14th European Conference on Developmental Psychology.

*Vilnius, LITHUANIA,
August 18-22, 2009*

World Federation for Mental Health World Congress 2009.

*Athens, Greece
September 2-6,*

XXV IASP World Congress on Suicide Prevention.

*Montevideo, URUGUAY,
October 27-31, 2009*

CAREIF International Conference 2009 "Sport, Education & Culture: promoting health, wellbeing and positive identity for young people".

*Barbican Centre, London
11th November 2009*

Support GAMIAN-Europe!

Thank you for your donation. Please contact the secretariat:

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