REPORT 2005

Building Today, Investing in the Future

GLOBAL
INITIATIVE ON
PSYCHIATRY

Global Initiative on Psychiatry aims to promote humane, ethical, and effective mental health care throughout the world, and is in particular active in the countries of Central and Eastern Europe and the Newly Independent States (CCEE/NIS), where mental health care is still usually substandard and service users' human rights are frequently violated. It also campaigns against political abuse of psychiatry wherever it occurs.

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BUILDING TODAY,
INVESTING IN THE FUTURE

FOREWORD

The Roman god Janus, who gave his name to the first month of the year, faced two ways, backwards and forwards. At this point in its history GIP is doing just the same. Looking backwards we are the Geneva Initiative, proud that we have not only survived 25 years – a long time for a nongovernmental organization – but also that we have grown into the major NGO assisting mental health reform in Central and Eastern Europe and the Newly Independent States (CCEE/NIS). Looking forwards we have become the Global Initiative, facing new as well as familiar challenges.

Global does not mean that we now wish to extend our activities to the entire world, but that our activities in our prime region of interest are taking on a broader and more comprehensive character to reflect political and epidemiological changes. For example, the spread of HIV/AIDS is having a major impact in all former Soviet countries and GIP is spearheading a project to tackle its psychiatric and social complications. Forensic psychiatry is another area into which we are moving with increasing intensity: prisoners with mental illness have long been neglected. Our concern ties in with our major preoccupation since our very foundation, namely human rights.

While moving into new areas of interest, we are not neglecting our more traditional activities, including dozens of big and small projects, many involving fundamental aspects of mental health reform. The best example is the 'makeover' project for the Vasaros Hospital in Vilnius, Lithuania, where we are involved in reform of social and community services, eating disorders, psychogeriatrics and other areas. This reform is proving to be infectious and has spread to the neighbouring Russian region of Kaliningrad.
There, thanks to reform-minded partners, we have obtained several grants to help turn it into a model for other parts of Russia.

Finally, we have never intended to remain just a 'western' organisation handing out charity from a safe haven in the Netherlands. If our work is to have any lasting effect its purpose is to plant seeds that local people tend, grow into healthy plants, and harvest the seeds to plant elsewhere in their own countries. The establishment of our three regional centers is a major step in this direction. We remain confident that we have plenty to keep us busy for the next 25 years.

Robin Jacoby
Chair, GIP General Board

GLOBAL INITIATIVE'S VISION AND MISSION

Global Initiative on Psychiatry, an international non-profit foundation, promotes humane, ethical and effective mental health care throughout the world.

Global Initiative believes that every person in the world should have the opportunity to realize his or her full potential as a human being, notwithstanding personal vulnerabilities or life circumstances. Every society, accordingly, has a special obligation to counteract stigmatization of, and discrimination against, people with mental disorders and/or intellectual disabilities or histories of treatment, care or rehabilitation for these conditions, and to establish a comprehensive, integrated system for providing ethical, humane and individualized treatment, care, support and rehabilitation. An enlightened services system promotes mutually respectful partnerships between persons who receive services and those who deliver them, protects the rights of users and the ethical autonomy of service providers, and facilitates the engagement of users, families, and all other stakeholders in advocating for and achieving improvements in the quality of care.

Recognizing that these aspirations remain everywhere unfulfilled, and that the rights and needs of persons with mental disorders and/or intellectual disabilities are particularly vulnerable to infringement and neglect, the mission of Global Initiative on Psychiatry is to promote humane, ethical, and effective mental health care throughout the world and to support a global network of individuals and organizations to develop, advocate for, and carry out the necessary reforms.


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25 YEARS OF GLOBAL INITIATIVE

For most people 25 years is long enough to reach adulthood and find a direction in life. The same can be said of the Global Initiative. After 25 years of work on mental health reform, its future path is clear.

It started life in December 1980 as a temporary committee focusing on a single issue – the political abuse of psychiatry in the Soviet Union, and with a single goal – to convince the World Psychiatric Association to ban the Soviet member organization. With that achieved in 1983, it continued to focus on the political abuse of psychiatry, in the USSR and elsewhere. But this abuse was only the tip of the iceberg. When the communist regimes collapsed, Global Initiative redirected its attention to what had lain below the surface and was now becoming apparent - the terrible living conditions and lack of therapeutic quality in the vast ocean of psychiatric institutions in CCEE/NIS.

The year 2005 was a year of celebration for Global Initiative, but also one of consolidation and further structural change. In 2000 we had started on the path to regionalization, setting up regional centers in Vilnius, Lithuania; Sofia, Bulgaria; and Tbilisi, Georgia that would gradually assume part of the work of the international bureau in Hilversum, the Netherlands. This process was concluded in 2005, with the three centers becoming full legal entities with their own international boards. A federation document that regulates the relationship between all four entities was signed at The Hague on March 4.

This event, the first of a series marking our 25th anniversary and change of name from Geneva to Global, along with a new corporate image, was followed by celebrations in Vilnius in April, Sofia in June and Tbilisi in October. The focus of attention was not so much on what had been accomplished, but on what still needs to be done. A skeleton needs muscles and flesh, and in the coming years much attention will be given to strengthening the organization. Work in such a diverse and complex region as the CCEE/NIS requires flexibility, resilience and perseverance. We are also ready to initiate work elsewhere where we think we can make a difference. This will be a step-by-step development, mindful of the delicate balance between what we want to do and what is actually possible. We are, and will remain, an organization that refuses to hit and run, but invests in the long term.

PLANNING FOR THE FUTURE

In 2005 GIP started to develop its new long-term strategy. Everyone contributed, from the staff of our four offices to the Hilversum general board. Two inter-office staff meetings scrutinized the GIP way of working, regional and thematic divisions between the offices, tools for interventions, and how to implement our mission and vision in an ever-changing and diversifying region.

Position papers developed during 2004-5 and presented at the official celebration of GIP's 25 years formed the basis of the discussions. Available on our website, these deal with a wide range of issues including community psychiatry, user and relative involvement, corporate sponsorship, and human rights.

In GIP's regionalization process, the region was divided between our three regional centers. Each took responsibility for particular countries and thematic programs. Generally, GIP-Sofia covers South Eastern Europe and Moldova; GIP-Tbilisi covers the Caucasus and Central Asia; and GIP-Vilnius covers the Baltic States, the Russian Federation and the Ukraine. Hilversum maintained an important role while the centers were learning to build and expand their capacity. Regular meetings were essential to streamline interaction and communication between the four offices.

GIP has become increasingly active at policy level, advising governments and regional authorities on mental health policy issues, and often signing agreements on future collaboration. In that sense we have added the macro level to our interventions and are now active at micro, meso and macro levels in many countries. At all levels we use many intervention tools, including training, consultancy, NGO capacity-building, supporting and initiating pilot projects, and in some cases reaching the stage of creating chains of mental health care that provide a model for the rest of the country and beyond. The development of a long-term policy often forms part of these larger projects, aiming to ensure that the investment has a lasting effect and newly developed services become sustainable.

In October 2005 all GIP staff worked for two days on a first draft of a shared long-term policy document, taking into account both the current reality and our forward-looking policy positions. The general board meeting in November 2005 discussed the outcome and fed back comments to the offices. We expect this long-term strategy for 2006-2010 to be finalized in the course of 2006.

GIP-SOFIA: DEVELOPING PARTICIPATION

Mental health care in South Eastern Europe (SEE) has recently moved towards the democratization of treatment, care and rehabilitation. 'User and relative involvement' and 'empowerment' are often talked about, but the important issue is whether changes have occurred on the ground. Service users and front-line professionals know best how policies are being implemented and understand their real effect – and their knowledge should be integral to policy-making. GIP-Sofia believes that transformation processes should employ participatory policy-making to ensure that the voices of all stakeholders are heard and heeded.

In 2005 our main efforts were aimed at developing such mechanisms in SEE. One important step was the second SEE Mental Health Policy Forum, at which we initiated a supranational network comprising all important stakeholders: NGOs of professionals, users and relatives and governmental institutions (social and health ministries) responsible for developing policies and services. This could facilitate capacity-building, provide support and space for a healthy debate of equal partners able to learn from each other, and work towards the humanization and improvement of mental health care.

Forming alliances is another participatory mechanism. One example is the anti-stigma coalition in Bulgaria – an alliance of experts working in mental health, representatives of governmental institutions, NGOs of users and their families. Its goal is to offer resources and support to initiatives that aim to change public attitudes. In 2005 it supported and publicized various events and projects, building professional initiative and expertise for quality improvement and further development of mental health services and social processes.

A third building block in our strategy is the project Piloting Community Mental Health Services in a Bulgarian Setting (2005 - 2008), which is developing a model system of comprehensive mental health and social services in the Blagoevgrad region. With investment from the Bulgarian government and the Dutch Ministry of Foreign Affairs, services will be upgraded significantly, creating a day care center, a supported house, an information center and a home care program. Professionals, users, and relatives are being trained to work and function in the community, and there will be a public awareness program. All these efforts will assist the reintegration of people with severe mental illness into society, and reduce their chances of being institutionalized.

The organization of regional forums, alliances and projects involving numerous partners is ambitious, challenging and time-consuming, but the use of participatory mechanisms for decision-making is proving extremely effective in SEE.

GIP-TBILISI: WORKING AT ALL LEVELS

GIP-Tbilisi, launched in 2003 and registered in 2005 as a Georgian NGO, helps governments, international agencies, NGOs, universities and other development institutions in the Caucasus and Central Asia to execute projects across the whole spectrum of mental health care. In addition, we offer the following services:

- **Resource center providing information on the latest developments in mental health.**
- **Advice on planned/ongoing activities and projects, and full-scale assessment studies.**
- **Facilitation of training in different aspects of mental health.**
- **Facilitation and coordination of local mental health networks and alliances.**
- **Promotion of cooperation between governmental and non-governmental actors.**
- **Funding innovative small-scale reform initiatives.**

GIP-Tbilisi places particular emphasis on fighting stigma, reintegration and social inclusion. We work at three levels of society for maximum impact: at the grassroots or micro level, at the level of care providers or meso level, and at national or macro level.

At micro level GIP-Tbilisi supports projects of local organizations such as users' groups. While the scale is small and the target groups and activities varied, we work for coherence and synergy. We have small projects in Georgia and Azerbaijan and we intend to expand to Armenia and Central Asia.

Responding to the massacre of children in 2004 in Beslan, North Ossetia, we started a one-year project, establishing an international partnership to create a broad societal healing context, as well as services to support teachers, survivors and their families. It provides comprehensive psychological assistance to deal with grief and improve coping strategies.

At meso level we are involved in training and provision of materials (magazines, books and other professional literature). For instance, the WHO dictionary on mental health terminology was translated into Georgian and distributed free. Training concentrates mainly on care providers; for example, a two-year program was started in child and adolescent mental health for psychiatrists, psychologists, neurologists and pediatricians. We participated in a needs assessment study in Georgia and in research on adolescent behavior. Last year our annual conference focused on the human rights of mentally disordered people, and we initiated a process for monitoring human rights in closed psychiatric institutions.

At macro level GIP-Tbilisi has supported legislative changes – a new law on psychiatric care was drafted and submitted to parliament in Georgia. We also work with government ministries on reform of forensic psychiatry and prison mental health care.

GIP-VILNIUS: EUROPEAN INTEGRATION

The establishment of the GIP regional center in Vilnius in 2001 was a major step towards the humanization and reformation of psychiatry and improvement of the quality of life of mental health service users. We try to be a partner with state institutions, encouraging governments to review the quantity and the quality of resources invested in mental health; redirect existing resources to prevention, treatment and rehabilitation; strengthen the psychological capacity of individuals, groups and communities; and liberate people from stigmatization and imprisonment by superstition.

Like the other seven post-communist countries admitted to the European Union in 2004, Lithuania still has many changes to implement in mental health. Without changes based on respect for human rights and other European values, we cannot be an equal partner in the EU. There is no place in a humane civil society for a stigmatizing attitude to people with mental illness or disability.

Lithuania's EU membership opens up new opportunities for GIP-Vilnius. The best example is an EU-funded project on employment of people with mental and intellectual disabilities. Its goal is to promote the integration of these people and their relatives into the labor market. Owing to its unique and successful experience in moving from totalitarianism to democracy, and in its open acceptance of new ideas, Lithuania acts as a bridge between East and West, and as a bridge to other post-Soviet countries. Our staff and partners have the theoretical knowledge and practical experience to convey Western knowledge and innovative ideas to experts from the East.

As we strengthen our base in Lithuania and expand our work across the region, we are creating wide and active networks:

- International experts from Lithuania and Western Europe: contacts with NGOs; institutions in medicine, social service, education and law; and international organizations operating in Western Europe.
- Close, trusting partnerships with various Lithuanian authorities and organizations; these are of particular importance, as the Lithuanian experience in providing mental health services and the network of institutions involved therein helps to develop the capacity of experts from the East in many of our projects.
- Partnerships with NGOs in former Soviet countries. We are active in Kaliningrad (Russian Federation), Belarus, Moldova and elsewhere.
- We have particular expertise in child and adolescent mental health, and we are working closely on this with partners from Armenia, Azerbaijan, Georgia, Kazakhstan and Kyrgyzstan, supporting the innovative ideas of local specialists, NGOs and state structures.

YOUNG PEOPLE

Child and adolescent mental health is a Global Initiative priority. Unfortunately, the political and social reforms in post-communist countries have failed to bring about significant changes in this field. But at least there is now a tendency among public and professionals alike to reject the narrow biomedical approach in favor of new psychosocial approaches.

We have two main targets: training experts, and supporting innovative and progressive activities. We try to ensure that better approaches are used not only in individual organizations, but mainstreamed in national systems of health and social support.

GIP has developed several large training programs for professionals. Two weeks of training by leading Lithuanian experts, held in Vilnius in 2005, were very successful. GIP has also accumulated great experience in reforming mental health services, which we draw on when carrying out projects in various countries. Here are some recent examples:

Taking care of children with intellectual disabilities in Moldova.

This project, in partnership with ACASA NGO, resulted in a new support system for children with developmental disorders. The first integrated training classes were developed, alongside training the parents of disabled children in how to represent their interests.

Primary prevention models for children and adolescents in Georgia.

Carried out by the Equal Opportunities for Children NGO, this aimed to determine the distribution of bio-psycho-social factors among deviant and non-deviant adolescents, and then to analyse the factors that impact on deviant behavior. The results made it possible to plan preventive measures.

Renovation of facilities for children and adolescents in Georgia.

Carried out by the Social Adaptation Centre, this included renovation of facilities that now give mentally disabled children access to new forms of psychosocial intervention. The Parents' Bridge NGO upgraded its rehabilitation center for children with learning disabilities and conducted therapeutic sessions in music, exercise, art and drama, leading to better psychosocial functioning.

Suicide prevention among children and adolescents in Kyrgyzstan.

Implemented in Bishkek by the NGO Mental Health and Society, this project carried out training for teachers, police officers and parents on suicide prevention, and individual consultations. It developed recommendations on service planning and disseminated information about mental health problems of children and adolescents via the media. The number of registered suicides in Bishkek has decreased in the two years since implementation. A prevention training program was also carried out in Naryn region to combat rising suicide rates among children and adolescents.

MENTAL HEALTH AND HIV/AIDS

Few people realise that CCEE/NIS has the fastest-growing HIV/AIDS epidemic in the world. Economic crisis, rapid social change, increased poverty and unemployment, more sex work, and in particular the massive growth of injecting drug use are creating fertile ground for HIV transmission. Yet one of the major drivers of the epidemic – its interaction with mental health problems – is all too rarely discussed, let alone tackled.

Mental health problems, substance misuse and cognitive or learning difficulties can influence behavior in ways that lead to greater risk of HIV infection. There are more mental health problems in populations who are particularly at risk of HIV infection, including injecting drug users, sex workers, refugees and migrants, and prison populations. Mental health problems also proliferate in social climates of fear, stigma and discrimination and, in this context, are inextricably linked to HIV/AIDS.

The current failure to act on the psychological and psychiatric aspects of HIV/AIDS could prove disastrous for the region. It will lead to decreased survival time, reduced quality of life, difficulties in adherence to HIV medical care and treatment, reductions in health-protective behavior including an increase in behaviors that spread HIV, and demoralization and burn-out in those attempting to provide health care and social support to people with HIV. The misery of living with a double stigma is compounded by an almost total lack of appropriate care and support. All this could spiral downwards into an uncontrolled and catastrophic regional pandemic.

Highlighting the usually forgotten link between HIV and mental health, Global Initiative on Psychiatry has been commissioned by the Ministry of Foreign Affairs of the Netherlands to run a pioneering new project. Running from 2005-2008, it aims to improve the quality of life and reduce the suffering of people with HIV/AIDS who have mental health problems, and of their partners, carers and families, in South Eastern Europe, the Caucasus and Central Asia.

Nine new expert centers on mental health and HIV/AIDS are being established with NGO partners to develop training and destigmatization programmes for people with HIV/AIDS, carers, families and the general population; to develop effective ways of dealing with HIV/AIDS-related mental health problems; to conduct research assessing need and gathering accurate data; and to act as resources for information, activism and networking. By tackling a neglected issue and working across sectors that rarely talk to each other, this innovative project could help make a vital difference.

FORENSIC PSYCHIATRY AND PRISONS

Forensic psychiatry and prison mental health were either ignored or deliberately avoided in the former Eastern Bloc until the 21st century. This is no coincidence. The prison systems are in essence military organizations with a strict hierarchy and a tarnished past. Neither does forensic psychiatry have a clean record: particularly in the former Soviet Union, it was closely and directly involved in the political abuse of psychiatry.

In 2005 Global Initiative maintained and broadened its investment in these areas. Projects continued in Georgia, Lithuania and the Russian Federation, and new initiatives were taken in other countries including Azerbaijan, Moldova and Tajikistan.

In Georgia we have been involved in the development of modern forensic psychiatric and prison mental health services since 2004. The Ministry of Justice and the Ministry of Health agreed to establish a joint committee and develop a long-term plan. It has met three times but progress is slow, partly because of frequent personnel changes at ministerial level. The violent death of one of our main partners, Levan Samkharauli, the 25-year-old director of the National Forensic Center, also hindered implementation. He was shot and killed the day after visiting us in Amsterdam.

Considerable progress was made in forensic psychiatry in Lithuania, as the Rokiskis project, funded by the Dutch Foreign Ministry, entered its second year. Dutch experts regularly visited to train the staff in modern approaches, work on a therapeutic vision and develop a mission statement for the hospital. Much time was dedicated to developing an electronic patient database.

Work in the Russian Federation expanded in 2005. We signed an agreement with the head of the penitentiary system in Moscow, General Kalinin, permitting us to tackle mental health issues in all prison facilities in the Federation. Thanks to this contract, work started in Kaliningrad on a major project to include the development of rehabilitation programs in forensic psychiatric hospitals and departments; staff training and courses in aggression management in hospitals and prisons; an electronic patient database; and the creation of a psychiatric unit in the remand prison.

A project to improve psychiatric services in the Kresti remand prison in St Petersburg is also progressing. After long preparations, a start was made on rebuilding the psychiatric department, expected to be finished during 2006, when staff training will begin.

BEYOND THE ASYLUMS

The survival of asylums in post-Soviet countries – hospitals where patients often remain for many years, forgotten by society – represents one of the most persistent and shameful relics of the old system. Governments lack the political will for fundamental reforms and the public generally tolerates the existing system. Politicians know that terms like 'asylum' and 'institutional care' are unpopular, so they talk about 'community-based care' instead, to the extent that people believe it is really happening. Yet these countries are not only investing in improving physical conditions in closed institutions – they are actually expanding them.

The need for care is huge, and institutions are often thought to be the only option. Despite high costs, financial incentives still drive the institutionalization of a person who needs care. In such circumstances the role of NGOs is crucial: lobbying, suggesting alternatives and working with governments to replace the system of residential care for people with intellectual disabilities and mental illnesses with community-based care.

Global Initiative is strongly committed to supporting the process of deinstitutionalization of care in CCEE/NIS, by collecting and spreading information about human rights violations in closed residential institutions, initiating discussions about alternative forms of care for intellectually disabled and mentally ill people, and developing community care services.

We are fully aware of the human rights abuses in closed residential institutions, and we know that resistance to reform has deep roots. A delicate approach is therefore needed to build a sense of partnership between reformers and stakeholders. Criticism must be carefully formulated so that it can provide a basis for developing a consensus for change, rather than stimulating resistance.

In 2005 we implemented activities in different countries focusing on decentralization and deinstitutionalization of care. These included monitoring and reporting on human rights in social care homes, such as the newly established Public Monitoring Council in Georgia, whose initial investigations revealed extensive inhuman and degrading treatment, harsh living conditions, lack of privacy and other abuses of basic rights. Elsewhere we have organized seminars and conferences, developed community services and introduced alternative services for residents in social care homes.

The wide range of our activities mirrors the complexity of the problem. Replacing residential care with community-based services is more than just reform of funding mechanisms or of care service provision. It poses fundamental challenges to politicians and government officials as well as civil society. Global Initiative has the courage, competence and readiness to be a reliable partner in this process.

COMMUNITY SERVICES

Community psychiatry comprises the principles and practices needed to provide mental health services for a local population, by establishing population-based needs for treatment and care, and providing a service system linking a wide range of resources, operating in accessible locations and delivering evidence-based treatment and care. The focus is shifting from hospital-based care to this approach in several countries in CCEE/NIS.

There is good insight into previous mistakes. The informal motto of traditional mental health services was 'about the patient, for the patient and without the patient'. People with (severe) mental disorders depended on the hospitals for their treatment or were even left to their own devices. They were often hospitalized in remote areas, far from their friends and relatives, and subjected to treatment with no evidence base. No support was provided on discharge (or, rather, release) and many patients simply had to wait for further treatment until their next admission. They were seen as objects and often defined in terms of deficits. The hospital, with its focus on control, seemed to be their natural environment.

Poor conditions in hospitals and the damaging effects of confinement itself stimulated interest in new approaches where clients are defined in terms of possibilities, where self-determination and autonomy are key issues and clients are surrounded by circles of support. The complex process of dehospitalization and the move of psychiatry into the community reflects this major paradigmatic shift.

Global Initiative initiates and promotes deinstitutionalization and the development of appropriate community services. Many projects are based on these innovative principles, like those in Blagoevgrad, Bulgaria; Michalovce, Slovakia; and Vilnius, Lithuania, where for the first time in the region initiatives are being developed which not only meet the needs of clients and relatives, but also change the attitudes of professionals and policy-makers. Moreover, such projects are producing evidence that it is possible to provide cost-effective, protective care in the community.

A broad range of activities is under way. New plans for integrated mental health care are establishing links between the health and social sectors; supported employment and multidisciplinary outreach case management programmes have started; assertive community treatment is on its way; task forces are discussing new solutions and the reallocation of resources for financing community-based services; and psychosocial rehabilitation is gaining ground. Although some of the changes may appear modest, these new services and attitudes function as examples for the whole region, and are set to make a lasting impact.

GLOBAL INITIATIVE PROJECT WORK

GIP's involvement in mental health is extensive and diverse. In 2005 we were active in every country in CCEE/NIS, with the exception of Turkmenistan where political conditions preclude any useful activity. In Uzbekistan our involvement concerned only the renewed abuse of psychiatry for political purposes. The following overview gives a flavour of what we do; for reasons of space it is far from complete.

In **Albania** GIP involvement focused mainly on the development of community mental health care. For instance, a community mental health care center in the town of Berat was further developed and supported. Training was provided for psychiatric nurses, and empowerment training for users and relatives. A national foundation was established with users and nurses, an important addition to the range of NGOs in the field.

In **Azerbaijan** GIP was active in the social adaptation and integration of mentally and physically ill children, mostly through the GIP-Tbilisi small grants program. Training was provided in multidisciplinary teamwork.

In **Bulgaria** the Blagoevgrad pilot project to develop a chain of mental health services in a region in the southwest was a centerpiece of GIP activity. GIP-Sofia also supported a number of new projects on mental health and NGO-building.

In **Georgia** GIP involvement was multi-faceted. We continued to try to develop an action plan for the reorganization of forensic psychiatry and prison mental health services, working with the Ministries of Health and Justice and the National Forensics Bureau. An inter-ministerial committee met twice to discuss plans of action, and Dutch experts were involved in training and transfer of expertise. GIP also supported a wide range of small projects on capacity-building of NGOs for mental health and mentally disabled children, improving conditions in mental health institutions, protecting users' rights, and child and adolescent psychiatry.

In **Kyrgyzstan** work continued on multidisciplinary teamwork in mental health care. The introduction of multidisciplinary teamwork was facilitated in the central psychiatric hospital in Bishkek, while nurses were trained in the principles of home care delivery. Training for general medical practitioners was organized. These projects will be discontinued in 2006 as our donors are withdrawing support for mental health care development in Kyrgyzstan.

In **Lithuania** GIP involvement focused largely on two major MATRA projects: the development of community mental health care services using the Vasaros psychiatric hospital in Vilnius as a base, and the country's forensic psychiatric services. The Vasaros project entered its final year, in the course of which a new building was opened housing a crisis intervention service and an eating disorders unit. Much progress was made

in psychogeriatrics. In Rokiskis a start was made on developing a new therapeutic environment for forensic psychiatric services, and plans were drawn up for a nationwide rehabilitation program for forensic psychiatric patients. Work also continued with the Ministry of Justice to improve prison mental health care. GIP-Vilnius began a large European Commission project to set up supported employment programs for people with mental health problems. A sheltered living environment was established at Magunai as a pilot project. GIP also participated in projects monitoring human rights in the Baltic countries. A report on social care homes in Lithuania resulted in a big public debate, moving the issue of deinstitutionalization higher up the agenda.

In the **Republic of Moldova** GIP continued its work on child and adolescent psychiatry, particularly for children with learning disabilities. Several initiatives were supported by small grants from GIP-Sofia directed at strengthening NGOs, training mental health nurses and involving users. Negotiations started with the Ministry of Health and Social Protection on an agreement with the GIP offices in Hilversum, Sofia and Vilnius as a basis for activities in mental health care reform, specifically child and adolescent mental health, mental health and HIV/AIDS, forensic psychiatry and mental disability.

GIP's involvement in the **Russian Federation** remained as complex in 2005 as Russia remained politically. We focused primarily on St Petersburg and Kaliningrad region, avoiding the undue political pressures on any activity in Moscow and investing in prison mental health and forensic psychiatric services. Work continued on reconstructing the psychiatric department of the Kresti prison in St Petersburg, the largest pre-trial prison in Europe, and in preparing to establish a modern prison mental health department as a pilot. A contract signed with the central prison department in Moscow paved the way for GIP to become active in prison mental health care services elsewhere in Russia. Preparations were started for a similar project in Kaliningrad, concerning not only prison mental health but also the development of a chain of forensic psychiatric services. Preparations were also made in Kaliningrad for a major project on psycho-geriatric services financed by the EC. Training was provided to Kaliningrad specialists, a training program was delivered on eating disorder services, and an initiative group visited the Eating Disorder Center in Vilnius. GIP was also involved in projects in Tomsk and Beslan.

In **Slovakia** the MATRA project to establish an integrative mental health care system in the eastern region continued. The Michalovce project is directed at establishing a community-based network of medical and social services for people with mental health problems. By involving financial experts, from insurance services among others, the financial aspects of the problem were tackled and a sustainable basis developed for community-based mental health care. The project functioned as a pilot project for Slovakia.

GIP involvement in **Tajikistan** increasingly took shape in 2005. A major project, funded by Misereor and other donations marking our 25th anniversary, was directed at agricultural projects for and by people with mental illness, and created an avalanche of other initiatives. Within a year our representative organized a full-fledged GIP country office, and new donors were found for future activities.

Ukraine remained on the list of target countries of GIP with a MATRA project focusing on substance abuse prevention (with the Cherkassy-based organization Escape) and several EC projects on intellectual disabilities with Dzherela, our partner for more than 10 years. In 2005 an umbrella organization was founded uniting more than 60 organizations in the field of intellectual disabilities, a major feat. Ukraine also houses our publishing house Sphere, a joint venture with the Ukrainian Bureau for the Protection of Human Rights.

At **multinational** level GIP continued to invest in a number of important initiatives, such as HIV/AIDS and mental health, psychiatric nursing, and forensic psychiatry and prison mental health, whose project portfolio continued to grow throughout 2005, thanks to continued financial support from the Open Society Institute. The Global Initiative Nursing Network (GINN) focused primarily on linking activities across the region, strengthening professional psychiatric nursing societies and trying to stimulate cross-fertilization.

The internship program continued in the Czech and Slovak republics. It was designed 10 years ago to show mental health reformers and authorities community-based mental health services in practice, in a setting recognizable and transferable to their own daily working circumstances. It was very effective from the start and many reformers from many countries made use of it - in 2005 a group of Tajik mental health reformers, among others, made use of the opportunity.

PUBLICATIONS AND INFORMATION TOOLS

GIP has maintained its longstanding commitment to making contemporary mental health care literature available to users, relatives and professionals in CCEE/NIS. In 2005 our 25th anniversary and change of name provided the ideal opportunity to modernize our image and improve the quality of our published products, with a new look designed by Bade creatieve communicatie. This included our revamped website, which has a wide range of information available in English and Russian. Every month in 2005 an average of 2000 people from 25 countries, including 11 in CCEE/NIS, visited the site. An excellent tool for dissemination of knowledge and discussion of key issues, it is regularly updated and extended, including a link to the *Review of Contemporary Psychiatry* and the posting of the ICD-10 classification. It is maintained by the GIP regional center in Sofia.

Even in the fast-changing landscape of modern information and communications technology, there is still a great need for printed literature. Access to personal computers, e-mails and the Internet is growing rapidly but many people in the region still lack such opportunities, especially mental health service users, families and carers, and junior professionals. These groups are less likely to speak English, and need materials in local languages as well as Russian, still a lingua franca.

A number of publications in Russian are in preparation or were recently launched – here are some examples:

- *Schizophrenia* by Mario Maj et al (1000 copies).
- The popular book *Psychosocial Rehabilitation* by William Anthony et al was reprinted.
- World Psychiatric Association series on depressive disorders, three modules with workbooks and reading material (300 copies).
- WHO *Lexicons of Psychiatry* was reprinted (1000 copies).
- Reader on psychopathology translated as teaching material for prison mental health and forensic psychiatry.
- New report produced in English and Russian on a two-year project on mental health reforms in Georgia.
- New copyrights obtained for publications on forensic psychiatry and eating disorders, and translation started.
- Two issues in 2005 of the *Review of Contemporary Psychiatry,* the GIP/Sphera journal, with Russian translations of articles on psychiatry and mental health, also available on the web.

Visitors to our four offices can browse the displays and take publications away with them. Many books were also sent to Russia by mail or hand-carried. In 2005 several hundred books were distributed to Azerbaijan, Armenia, Georgia, Kyrgyzstan, Lithuania, Moldova, Russia, Tajikistan and elsewhere, for training courses, libraries or individual use.

MONEY TALK

GIP has worked on around 125 projects in 2005, varying in size, theme, setting and complexity, and we are grateful for the support that helps us do this. Although the number of donors to mental health projects in CCEE/NIS is decreasing, fortunately some still see the need, including in the new EU member states. It is also good to find some new donors.

We remain a project-financed organization and have no institutional funding. We keep overheads and office costs as low as possible without jeopardising the quality and quantity of staff needed to function effectively. Our lack of institutional funding is a major anxiety, but we have not been successful in persuading donors that purely project-driven funding threatens stability and sustainability.

The Ministry of Foreign Affairs of the Netherlands remained a major donor, financing projects in five countries and a four-year transnational project on HIV/AIDS and mental health. The EU funds a number of projects via its Netherlands office and GIP-Vilnius. The Open Society Institute continued to support activities on prison mental health and forensic psychiatry, and the HIV/AIDS project.

Further support came from the Netherlands Cooperation Foundations, private Dutch foundations, many Dutch Catholic congregations and monasteries, and private individuals. The Dutch development agencies Cordaid and ICCO also continued their support, both for specific projects and by part-funding the development of our three regional centers and their small grants programs. Kerk in Actie also participated. The regional offices are increasingly raising funds locally, from local donors and foreign donors such as the Dutch embassies. The German development agency Misereor supported activities in Tajikistan.

Having grown into an organization with four offices, we have invested much time and energy in improving our financial systems and expertise, in order to have a unified and efficient way of working that is transparent both to donors and internally.

In 2005 GIP-Hilversum received the 'certificate of no objection' (in Dutch 'verklaring van geen bezwaar') of the Central Bureau for Fundraising (Centraal Buro Fondsenwerving) in the Netherlands. Having evaluated compliance with criteria for the support-worthiness of fundraising institutions, CBF concluded that our fundraising and provision of information are carried out in a responsible way, and that sufficient guarantees are offered for further responsible fundraising and spending. On the basis of this evaluation, CBF certified that GIP can be considered as worthy of support.

Note: The annual audited financial reports of the four GIP offices are published separately.

GLOBAL INITIATIVE PEOPLE

GIP – Netherlands

General Board
Robin Jacoby – United Kingdom (Chair)
Jaap van der Haar – The Netherlands (Secretary/treasurer)
Richard Bonnie – USA
Gerard Doornkate – The Netherlands
Dorothea Holman – UK
Lars-Olof Ljungberg – Sweden
Ellen Mercer – USA
Dana Migaliova – Lithuania
Joel Slack – USA
Simon Surguladze – Georgia/UK
Peter Tyrer – UK
Conny Westgeest – The Netherlands

General Secretary
Robert van Voren

Bureau of the General Secretary – Hilversum
Mariska Kools: Head of bureau
Cisca Goedhart: Project manager
Rob Keukens: Mental health consultant
Jane Salvage: Project manager
Janine Schoeman: Office assistant (from 1 September)
Ella Terburg: Project manager
Jan Veldmeijer: Finance and logistics manager
Jeroen Willems: Office assistant (until 15 November)

GIP Regional Center – Sofia

GIP – Sofia Board
Dorothea Holman – UK (President)
Boriana Gidikova – Bulgaria (Secretary)
Stefan Bandol – Romania (Treasurer)
Nicoleta Candea – Romania
Viorel Soltan – Moldova

Staff
Galina Veshova: Director
Nikolay Anastassov: Office administrator
Valentina Hristakeva: Project and finance manager
Tania Markova: Project manager
Rossitsa Stoitcheva: Office assistant
Ivan Velkov: Web administrator
Anastassia Slavchova: Coordinator, Mental Health Information Center, Blagoevgrad, Bulgaria
Elitsa Petrova: Social worker, Mental Health Information Center, Blagoevgrad, Bulgaria

GIP Regional Center – Vilnius

GIP – Vilnius Board
Dana Migaliova – Lithuania (Chair)
Jekaterina Jeremejeva – Latvia
Raisa Kravchenko – Ukraine
Rytis Mankus – Lithuania
Sergei Svistun – Russian Federation

Staff
Vytautas Blažys: Director
Aleksandr Avramenko: Project manager
Dovilė Juodkaitė: Legal consultant
Neringa Jurciukonyte: Public relations
Irina Kuldoš: Financial manager
Eglė Rimšaitė: Project manager
Henrika Varnienė: Project manager
Tadas Žičkus: Office assistant

GIP Regional Center – Tbilisi

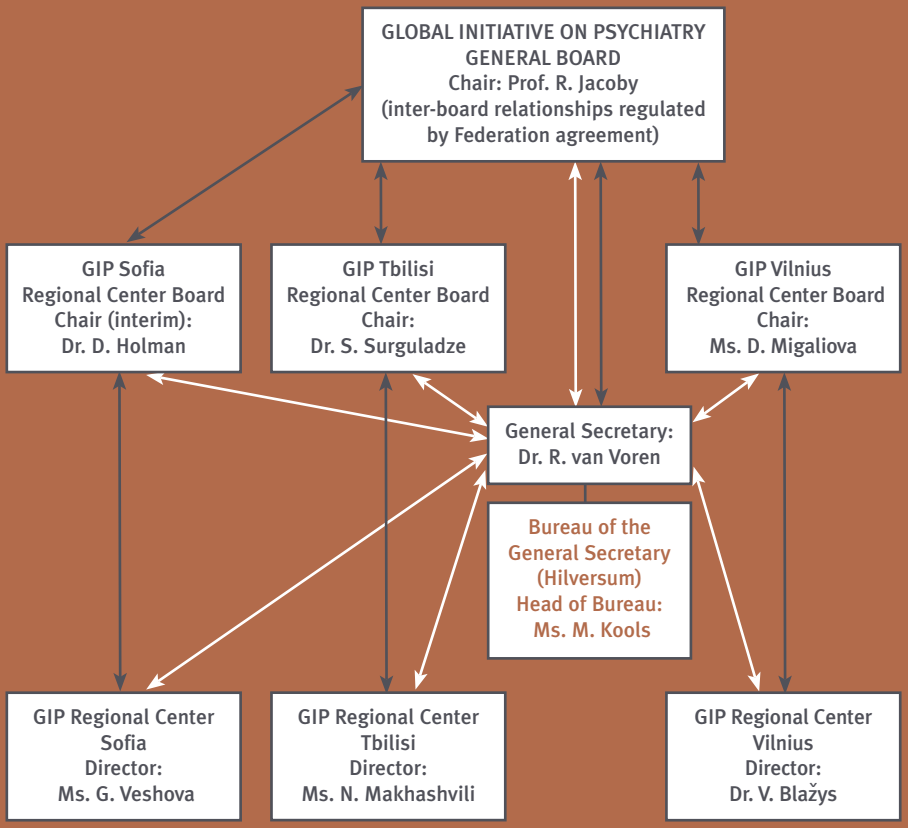
GIP – Tbilisi Board
Simon Surguladze – Georgia (Chair)
Tamar Bekaia – Georgia (Secretary)
Beso Sulaberidze – Georgia (Treasurer)
Fuad Ismailov – Azerbaijan
Armen Soghoyan – Armenia

Staff
Nino Makhashvili: Director
Maia Danelia: Accountant
Tea Jaliashvili: Project manager
Maia Khundadze: Project manager
Tamar Okujava: Office manager
David Paatashvili: Financial manager
Jan Vorisek: Advisor
Anastasia Kitiashvili: Trainer, Child and Adolescent Mental Health

Information correct at December 31, 2005

GLOBAL INITIATIVE STRUCTURE

Information correct at December 31, 2005



black arrows: Statutory responsibility; formal oversight and reporting function
white arrows: Operational responsibility; delegated responsibility for management oversight

WHERE TO FIND US

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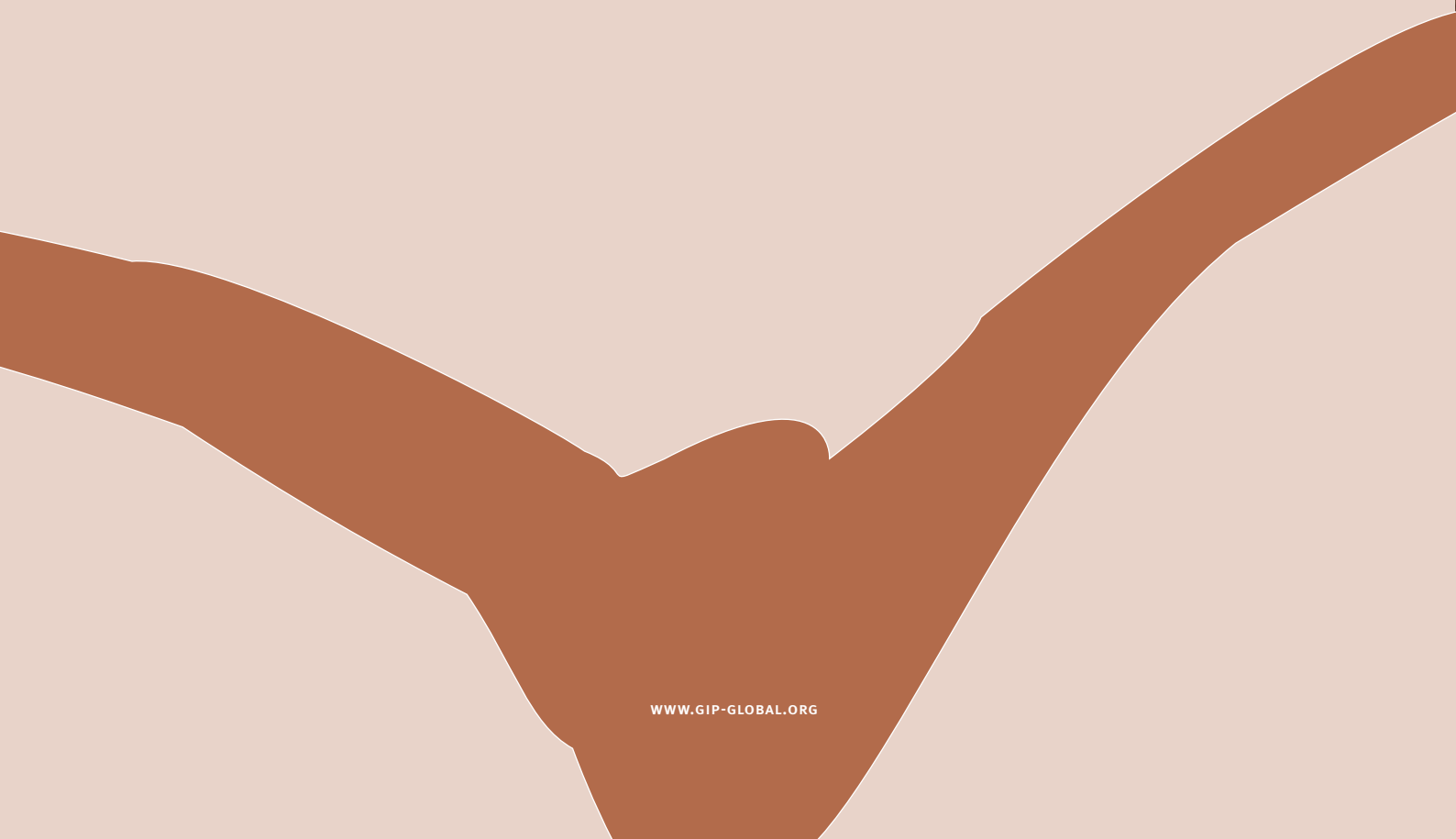

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