Global Initiative on Psychiatry

Promoting Mental Health and Human
Rights in Countries in Transition

Report 2003-2004

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Promoting Mental Health and Human Rights in Countries in Transition

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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The people portrayed were aware that their photograph might be used in Global Initiative publications.

CONTENTS

GLOBAL INITIATIVE ON PSYCHIATRY
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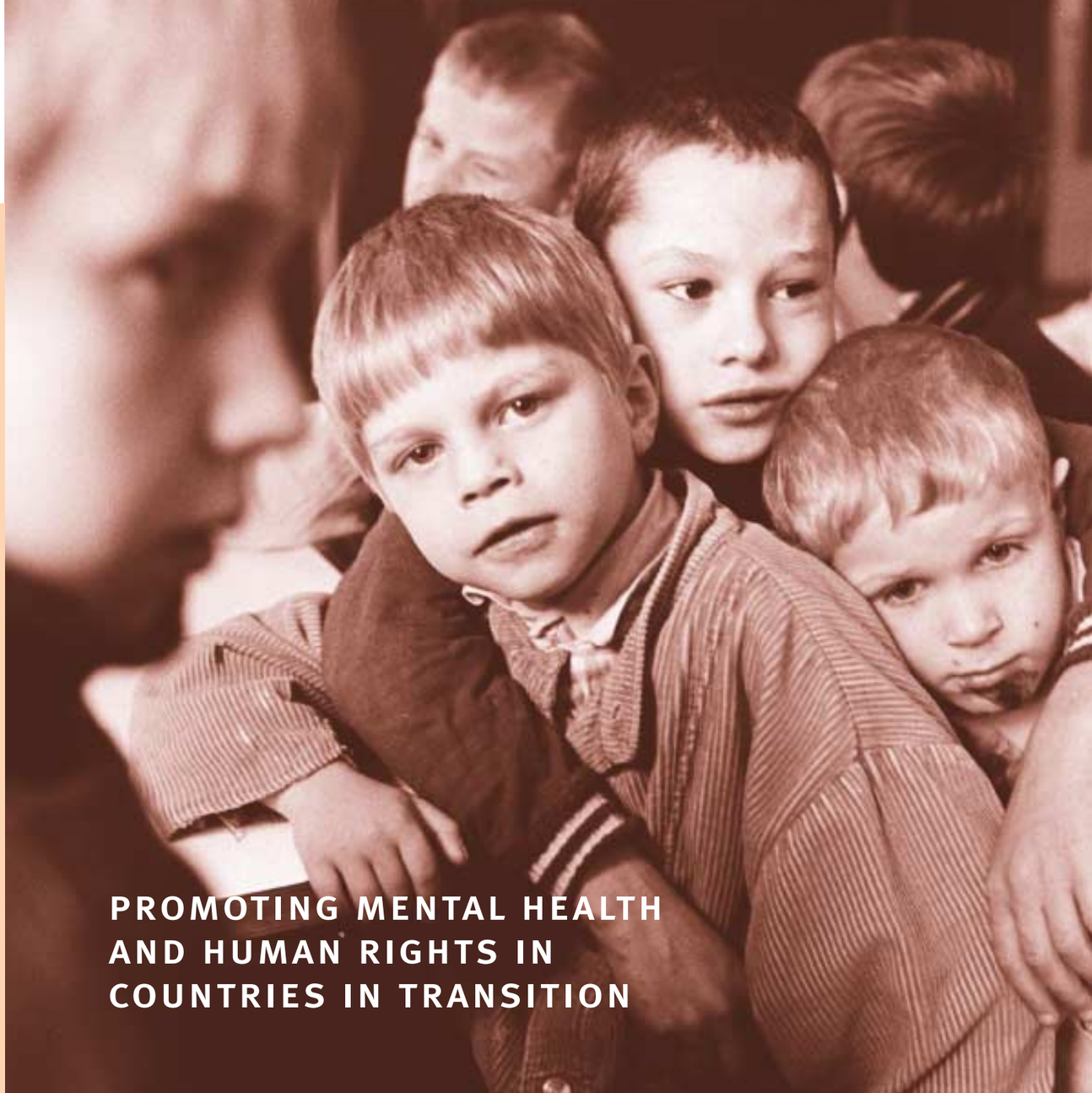
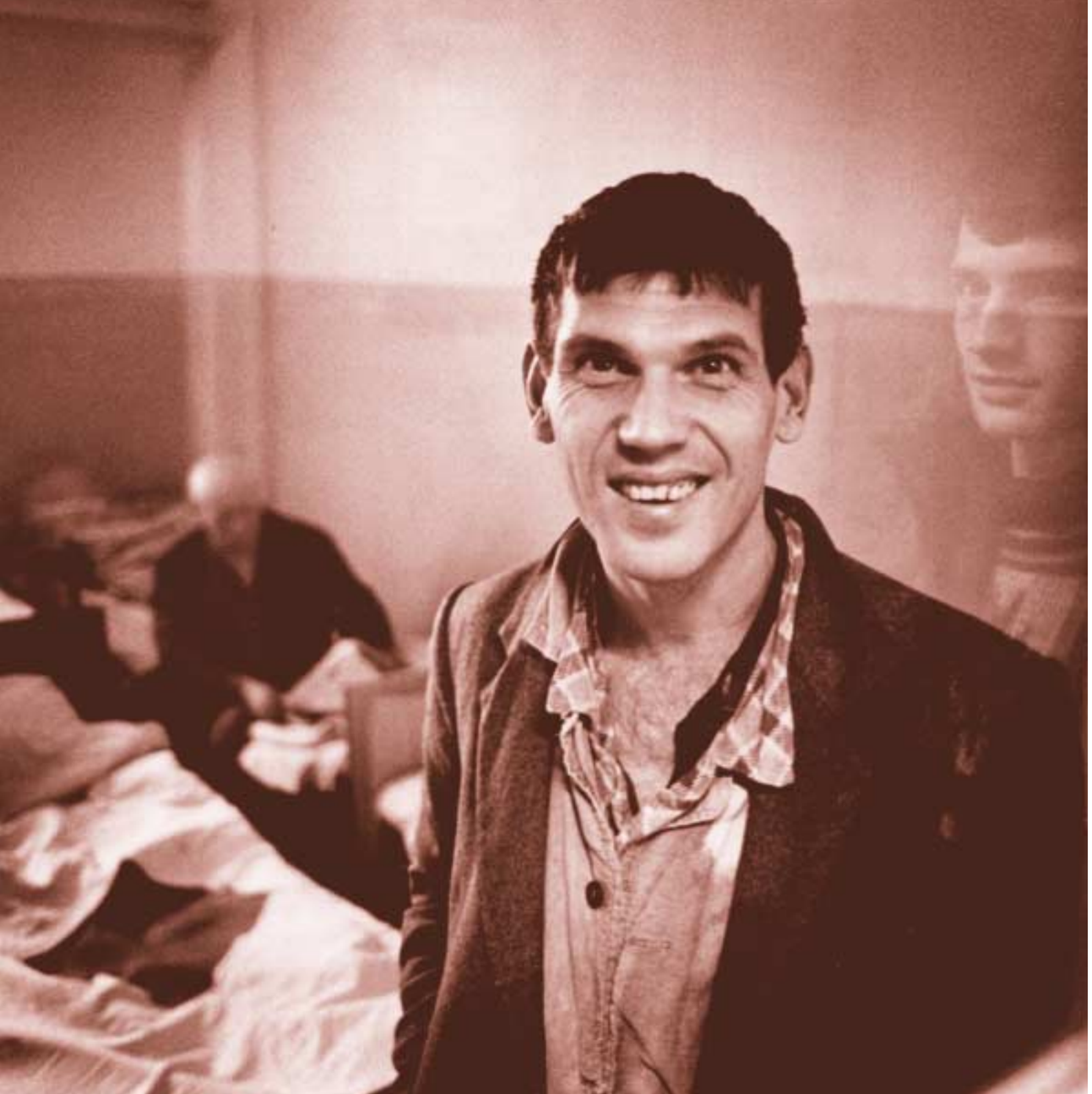


PROMOTING MENTAL HEALTH AND HUMAN RIGHTS IN COUNTRIES IN TRANSITION



FOREWORD

Geneva Initiative on Psychiatry has come to a crossroads. We have been travelling for almost 25 years and now face an important choice – which route to take? We began as a small group of activists determined to oppose the political abuse of psychiatry in the USSR. When it became the *former* USSR and political abuse ceased, we decided to become the Geneva Initiative and to help reform psychiatric practice in the region in a practical and sustainable way.

Under the leadership of the wise Jim Birley and the indefatigable Robert van Voren, GIP sought grants from many sources and turned over millions of dollars. We must also express our deepest thanks to those donors – private foundations, public charities and governmental departments – without whose generosity none of our achievements would have been possible.

Our aim has always been to help those we serve to help themselves, so sustainability of our projects has been indispensable. This having been understood in the region, it was a logical next step to devolve our activities into the region itself. Our three centers in Vilnius, Sofia and Tbilisi will increasingly raise their own funds and run their own projects, with GIP headquarters playing a coordinating and supervisory role.

As we reach our 25th anniversary, and despite the financial constraints of a post-September 11 world, we go from strength to strength. This milestone is being marked with a name change that symbolizes our growth and development. We have now become the *Global Initiative on Psychiatry*: global, not because we are going to be active all round the world, but because we are taking a global approach to mental health in our region. Mental disorders, more than any other illnesses, require an approach that tackles problems not just of patients, but their families and social settings, as well as cultural, political and legal matters. There is no issue related to mental health that we shall not consider our business.

This is what we mean by global, an approach to guide us as we take our first steps into our second 25 years towards the goals set out in our mission statement. This can be summarized as follows: the Global Initiative on Psychiatry will seek radically to improve the lives of those with mental illness and disability and their families. Quite simply, this is what we do.

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.

FROM GENEVA INITIATIVE TO GLOBAL INITIATIVE

The history of our organization symbolizes the developments in mental health care in Central and Eastern Europe and the Newly Independent States (CCEE/NIS). It was founded in 1980 as a temporary coalition of national groups fighting the political abuse of psychiatry in the USSR, with the main objective of having the Soviet member society expelled from the World Psychiatric Association. This was achieved but the political abuse of psychiatry continued, so the temporary coalition was transformed into a permanent association. We also decided to tackle the issue globally and have challenged abuse in Western Europe, Africa, Cuba and, most recently, China.

The CCEE/NIS region remained our focal point, however, and the evolving political landscape of Europe in the late 1980s dramatically changed the emphasis of our work. The fall of communism resulted in a shift towards promoting and supporting mental health reform initiatives, so in 1990 we adopted a new name, Geneva Initiative on Psychiatry. This was derived from the founding of the first association against the political use of psychiatry, in Geneva.

Geneva Initiative carried out hundreds of projects throughout the region during the 1990s. These ranged from the publication of modern psychiatric literature to setting up integrative chains of mental health services, from supporting the development of non-governmental organizations (NGOs) to improving mental health services in prisons, from training in child psychiatry to media campaigns. The annual budget rose from $40,000 (US) in 1989 to over two million euros per annum in 2003-2004. We established working relations with many national and international bodies, and developed a vast network of mental health reformers in the region and supporters outside it.

A lot has been accomplished over the past decade. Previously little-known concepts such as user and relative involvement, community-based psychiatry and multidisciplinary teamwork have become widely known, although the thoughts behind them may still differ. Although professional associations are mostly ineffective, the mental health NGO sector in the region is vibrant. Yet it is still very difficult to create a critical mass to defend the interests of the mental health sector – users and caregivers alike – and address such complex issues as corporate sponsorship and the role of pharmaceuticals, or outdated financing mechanisms.

Many donor-assisted initiatives in CCEE/NIS have foundered due to unrealistic assumptions and failures of understanding. Global Initiative, in contrast, has a healthy track record because of its value base and ways of working, and now occupies a unique position bridging the gap in the mental health field. Our fresh, radical approach has repeatedly proven effective – to surmount institutional barriers, to work with people rather than institutions, to support new and challenging initiatives, to use as much local expertise as possible, and to let the reformers themselves determine their needs and their future.

Global Initiative also practises long-term investment, realizing that a hit-and-run approach cannot achieve lasting change and is ultimately detrimental. Many countries need time to dismantle old structures and replace them with ones that are need-driven. This requires us, as supporters, to perform a delicate balancing act. On the one hand, it is their mental health system and their responsibility to change. Yet partnership means we only withdraw when both sides agree the time is ripe, and when the risk of disintegration or collapse of what has been built is absent or at least manageable.

Changing times

Times are changing and we must move with them. Eight countries from CCEE/NIS joined the European Union in 2004, dramatically changing the landscape. Although they operate within a common framework, one-size-fits-all concepts will become less useful as they finally shake off the communist legacy. Although mental health services in Western Europe are much more developed, those in CCEE actually have the potential to overtake them. Their mental health reform is increasingly characterized by flexibility and innovation, meeting patients' needs and involving users and relatives.

Given the right help, these reforms will provide examples from which Western Europe can learn. While the east has something to learn from the west, the west will increasingly have something to learn from the east – and all Europe will benefit. In contrast with this largely optimistic picture, the Russian-speaking part of the region (including the gigantic Russian Federation), the Caucasus and the Central Asian republics continue to lag behind. Mental health reform has barely started in many of them, and they face huge political, social and economic problems with little hope of progress.

Why, with so much still to do, has Geneva Initiative decided to go global?
The problems we tackle are truly global, and not confined to CCEE/NIS. Leaving "Geneva" behind and becoming "Global" is our contemporary reality, reflected in our new name – not a break with the past but a continuation of what was begun 25 years ago.

HOW GLOBAL INITIATIVE WORKS

As our mission and programs evolve, our long-term aim is to develop an independent organizational and intellectual infrastructure in CCEE/NIS that can continue the activities with a high degree of self-sustainability, and is not dependent on support from outside the region, including Global Initiative itself. We adopted this approach to the transfer of ownership in 2000 and the legal structure of the new-look organization was finalized in 2003-4. It allows a step-by-step increase in capacity and confidence, maintains the acquired expertise in decision-making, and avoids such pitfalls as international enmity and exclusive concentration on either a top-down or a bottom-up approach.

This "regionalization" policy involves the continuation of Global Initiative's central office in the Netherlands as a co-ordination point with a supranational and supra-professional view of the situation. GIP-NL makes strategic decisions on funding and policy, and functions as a broker between funding organizations and partners in the region, using its knowledge and experience of the current situation but avoiding local power struggles. Meanwhile our three regional centers are gradually taking over the lion's share of the work formerly done by our Hilversum office, thereby transferring authority to the region. They will be responsible for relating the overall policy to its region of operation; implementing it; and maintaining financial sustainability and transparency of the office. Each has a multinational and multidisciplinary board to which the manager of each office is accountable, and complies with local legislation.

We knew it would take time to establish the regional offices, allow them to mature and transfer tasks and authority. Bridging funds are being sought until they can cover their own office expenses from grants and other donations. We expect the new organization will be in place by the end of 2005.

Neutrality is an important reason for the success of Global Initiative. We are considered to be partners in the network of reformers in different countries that has provided the inspiration and framework for a multitude of multinational projects. We have close and ongoing relationships that span many years with many of them, but we are also considered neutral, without direct national interests, and our decisions are generally seen as fair. Careful management is needed to ensure that the regional offices also develop and maintain this neutrality. It is part of the development of civil society, and civil relations and attitudes between societies, to replace the old tensions.

HIGHLIGHTS FROM THE REGIONAL CENTERS

GIP-Sofia

The GIP-Sofia regional office, opened in 2002, covers the countries of South Eastern Europe and Moldova. Networking and intersectoral collaboration among institutions and care providers will help to establish comprehensive care for people with mental illness. The office therefore focuses on support for NGOs, and organized an inter-country policy forum. An anti-stigma program was developed, including study tours, education of journalists, and the initiation of a coalition in Bulgaria as a model for the region.

Little training is provided in the region on psychosocial rehabilitation or mental health nursing and two initiatives were launched to help tackle this. The development of models of community-based care was also tackled. A tool for piloting models is provided by our small grants program for Albania and Moldova through the project “Mental Health Care in Transition”.

GIP-Tbilisi

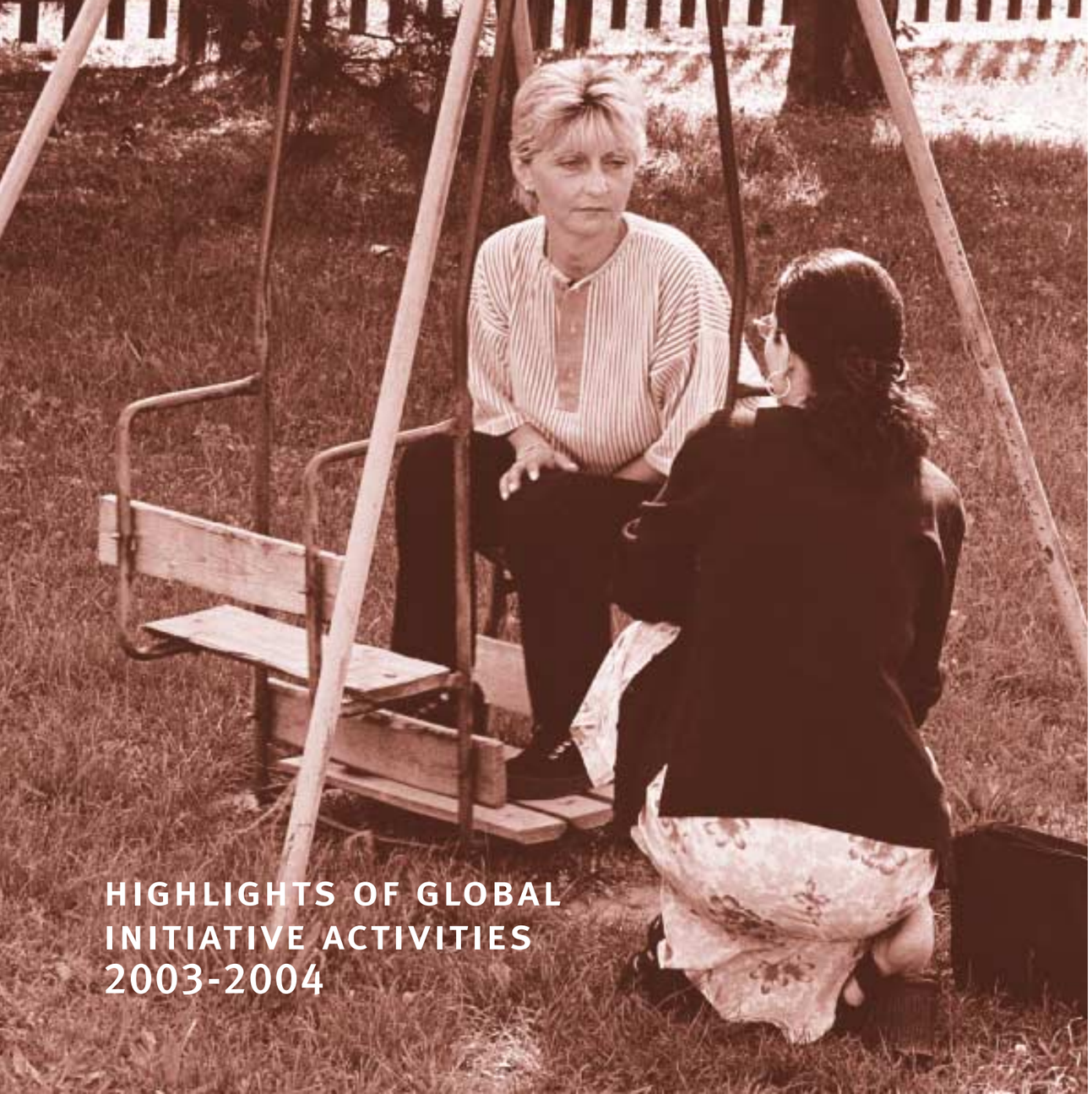
The GIP-Tbilisi regional office, which covers the Caucasus and Central Asia, opened in 2003. Its first year coincided with major political, economic and social changes in Georgia and all activities concentrated on that country. Work in Armenia and Azerbaijan starts in 2005. The office has three major tasks: a small grants scheme for NGOs, provision of training and literature for mental health professionals, and lobbying activities at national level.

NGOs were encouraged to apply for small grants for innovative projects, and seven organizations were given grants. The office provided health professionals and NGOs with journals and textbooks. It also established a national network of reformers and facilitated three groups – one working on policy, one on service improvement and the third on psychosocial rehabilitation and destigmatization.

GIP-Vilnius

The GIP-Vilnius office, opened in 2002, covers Lithuania and the neighboring countries of Belarus, Estonia, Latvia, the Russian Federation and the Ukraine. Most of its projects are driven by a community-based approach that includes involvement of clients, families and local communities, training of professionals and appropriate treatment. Examples of this successful approach include services provided in the Slovak region of Michalovce, where a film workshop, sheltered living and supported employment were developed within the framework of a GIP project.

The office is also working to improve and modernize mental health services in Lithuania and co-operates with NGOs, user organizations and service providers. A consecutive chain of mental health services is being developed at the Vasaros mental hospital in Vilnius.



HIGHLIGHTS OF GLOBAL INITIATIVE ACTIVITIES 2003-2004

COMMUNITY-BASED CARE

The mental health paradigm has shifted in many western countries and in some CCEE/NIS. A belief in human rights and democratic systems of health care that include social dimensions of mental health has gained ground, while new classes of drugs and new forms of psychosocial interventions are being developed. These fundamental changes are leading to deinstitutionalization – a move from custodial, service-driven care to flexible, needs-driven care in the community and psychosocial rehabilitation – although in some places these developments are in their infancy. A successful and comprehensive consumer-based, accessible service comprises treatment and crisis response and emergency services, essential services close to home such as psychosocial rehabilitation, client advocacy and self-help. These local services are coordinated between mental health professionals and community agencies in close collaboration with clients and/or their representatives.

The main objective of community-based mental health care is the empowerment of people with behavioral and mental disorders, always a linchpin of GIP policy. To bring about these fundamental changes, virtually all the projects in which GIP is involved are characterized by a community-based global approach that includes involvement of clients, families and local communities, training of professionals and appropriate treatment provided in various services.

Examples of this approach

- A wide range of services is now provided in the region of Michalovce in Slovakia. A film workshop, sheltered living and supported employment were developed within the framework of a GIP project, and professionals are using the case management model with people with serious and long-term mental disorders. Stakeholders are developing a regional mental health plan inspired by the community-based approach.

- A consecutive chain of mental health services is being developed at the Vasaros hospital in Vilnius, Lithuania. It comprises a modern department of registration, examination and short-term crisis intervention; psychosocial rehabilitation; an assertive community treatment team; a patients' council and a patients' advocate; and a new finance system to involve community agencies and develop links between health and social services.

- An extensive program is being planned in the Blagoevgrad region of Bulgaria. The reform focuses on structural changes, management change and the re-education of professionals to work in a new organizational environment and with new positions and roles in a community setting. The program comprises the establishment of supported housing, psychiatric home care and a day center.

MENTAL HEALTH NURSING

Reform of mental health services is impossible without the active involvement of health workers. Naturally this includes psychiatrists, who dominate the mental health system clinically, managerially and philosophically. The input of other groups of staff is crucial too, ranging from social workers for community support, to hospital nurses who are with patients round the clock, to the people who provide the meals and do the cleaning.

Many donors focus their main activities on doctors and ignore the rest, but Global Initiative promotes a team approach, and projects and training courses increasingly adopt this focus. Some recent activities have focused on nurses, who in most countries receive little or no training in mental health. Multidisciplinary training in Bulgaria, Kyrgyzstan, Lithuania, Russia and elsewhere is proving valuable, but the unequal power relations make it difficult for nurses to feel they are full team members or to be regarded as such by the other members, let alone act as change agents. To complement the multidisciplinary approach, therefore, a stronger focus on nursing was initiated in 2003 with an inaugural conference of nurses from 13 countries – the first international mental health nursing conference ever held in the region.

The nurses described the context and focus of mental health nursing in their own countries and identified a number of common challenges. They reported that a narrow biomedical model dominates the treatment and understanding of mental health problems. Mental health nursing is poorly valued by the health care system and by society and its role is largely restricted to assisting doctors. There are problems with recruitment and retention of nurses owing to stigma, low pay, low status, poor working conditions and lack of training opportunities, as well as inadequate financial and human resources in health systems overall.

From this analysis they identified a range of priorities at country and inter-country levels. While each country had its own unique situation generating country-specific needs, many issues are shared across the region. Priorities for mental health nursing development were agreed, including improving basic and continuing education, establishing professional associations, and introducing standards of care. It was decided to launch the first international network for mental health nurses from CCEE/NIS and a planning group was elected. Its work is supported primarily by GIP-Sofia, which hosts the network. Nurses are on the move!

YOUNG PEOPLE

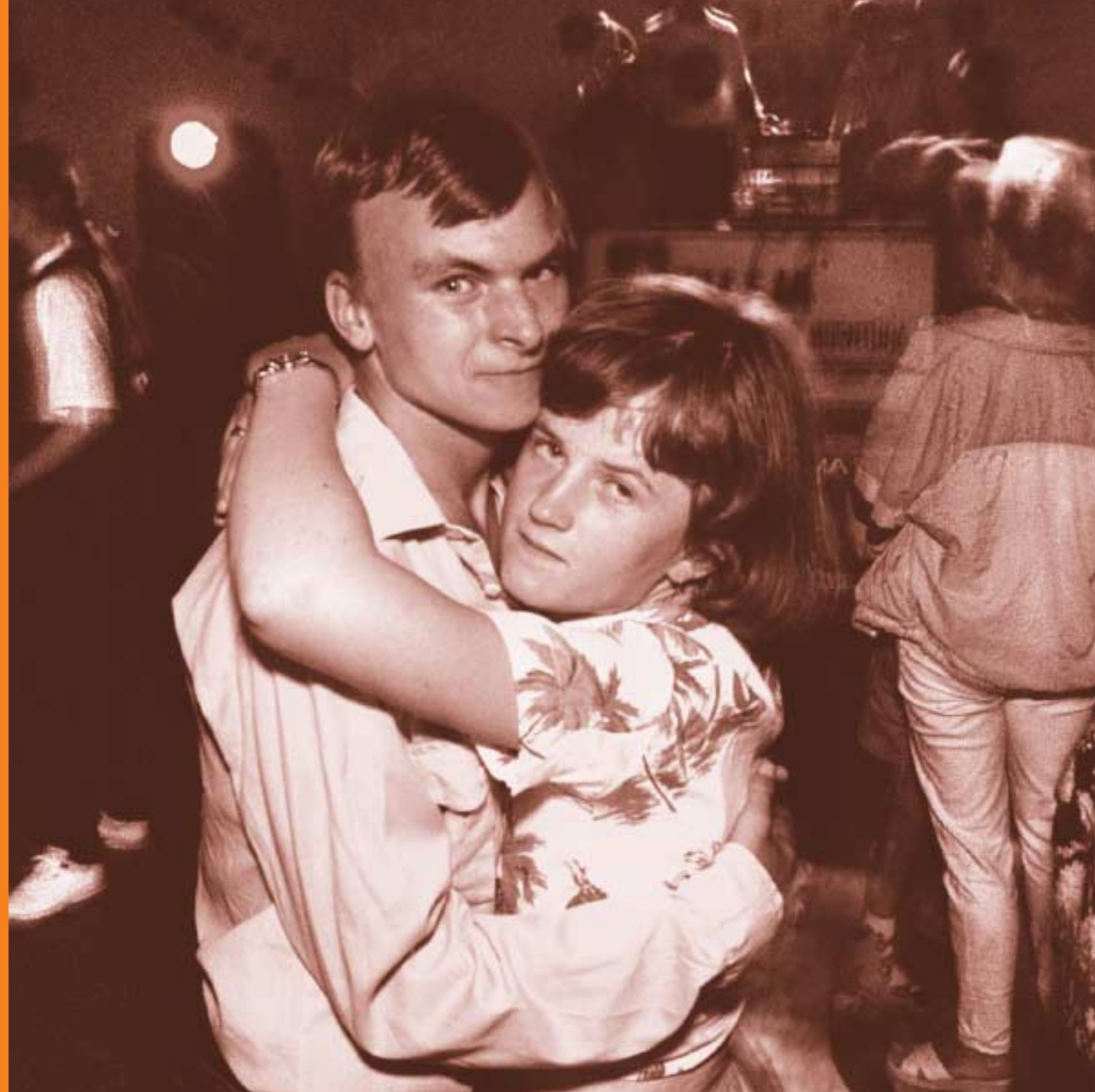
The dramatic social changes that took place in the 1990s in CCEE/NIS unfortunately had little impact in the field of child and adolescent mental health. A number of countries still follow the narrow-minded Soviet model of child psychiatry, paying no attention to the psychosocial causes of the disorders, and treating patients in a centralized system oriented to in-patient treatment with psychotropic drugs. Children with severe developmental, mental or behavioral problems are isolated from other children and society, sometimes placed in long-stay institutions for years, and exposed to violation of their rights. In some countries the concept of the "uneducable child" persists.

All this means children are not getting the help they need even though the mental health of children and adolescents is deteriorating in the region. This is reflected in health statistics and the increasing number of suicides, severe violence and assault against children, and increasing criminality among young people. Global Initiative activities aim to change attitudes, raise awareness and tackle stigmatization and social exclusion of children with mental and developmental disorders. With the help of NGOs and progressive professionals, we initiate reform of traditional institutions where children are isolated, and development of community-based services.

NGOs in this field are strongly supported, especially as state structures in many countries pay little attention to child and adolescent health. There is a particular focus on helping organizations of parents whose children have developmental disorders.

Global Initiative also organizes training. Many professionals in post-communist countries have undergone a narrowly focused biomedical education that impedes provision of reformed services. Our training promotes a broader bio-psychosocial approach to child and adolescence psychiatry, teamwork, psychotherapeutic treatment methods and modern diagnostics. Efforts are made to use not only trainers from western countries, but also eastern experts who have progressed further than their neighbors, and whose cultural affinities and recent experience provide enriched learning. It is crucial to involve the politicians responsible for service development in these training programs, in order to initiate systematic changes.

The mental health of young people is a determinant of the future mental health of the whole of society. Efforts to improve child and adolescent mental health contribute to the creation and reinforcement of democratic societies in the region, because only children who are self-reliant and able to sympathize with and understand each other can create such societies.



INTELLECTUAL DISABILITY

In most CCEE/NIS the scientific discipline concerned with intellectual disability is still called "defectology". Global Initiative takes a different approach based on recognition of the entitlement of each person with an intellectual disability to full citizenship and human rights, focused on individual and social emancipation, decentralization of institutions and community-based care. Major routes to achieving this include the empowerment of people and their relatives, and better standards of care, including interdisciplinary cooperation. The establishment and support of organizations of parents and caregivers, for lobby and advocacy at all levels of society, are also vital. Another important concern is to promote legislation that enshrines the right of intellectually disabled people to a good quality of life. Global Initiative has recently been particularly active in this field in Moldova, Kazakhstan and Ukraine.

Republic of Moldova

This project aims to develop a national organization of parents, so that they can communicate with each other, deal with specialists as social partners, and influence policy decisions to protect and promote the rights of disabled people. Meetings were held with members of parliament. These are important steps in activating the processes of civil society.

Kazakhstan

Developments in Kazakhstan are moving more quickly than in Moldova – the country is much richer, and the civil groups more motivated and numerous. The lively parents' movement has international links. Preparatory meetings have visited services and institutions working in social security, education and health care, and NGO specialists. It is very important to stimulate people to fight against negative stereotypes and prejudices against people living with intellectual disability. Needs identified include:

- Strengthening of NGOs.
- Involvement of parents in all care processes.
- Mental health care for young people using new approaches.
- Training.
- Study visit to another country in the region, involving politicians, local councillors, specialists and NGO representatives.

Ukraine

The Djerela Association celebrated its tenth anniversary in 2004. Its impressive achievements include introduction of complex approaches to the challenges faced by people with intellectual disability in Kiev. These involve the promotion of community-based services and lobbying for financial support from the city budget; further improvement of services for about 100 clients; and training for social workers and students of social work, special education, psychology and physical rehabilitation. An EU project was implemented to create an umbrella organization of over 60 service-providing agencies. A proposal to extend the Kiev model has been approved by the Cabinet of Ministers.

FORENSIC PSYCHIATRY AND PRISONS

Prison mental health and forensic psychiatry were until recently ignored or avoided in CCEE/NIS. A society that simply locks up those who have committed crimes or are suspected of having committed them does not see their mental health as a priority. The prison systems are military-type organizations with a strict hierarchy and a tarnished past. Although some reforms have been introduced, none involved mental health services in the prison system. Forensic psychiatry was closely and directly involved in political abuse and even in the Baltic countries, now members of the European Union, forensic psychiatric practice is still mostly aligned with the old Soviet model.

Global Initiative aims to bring about fundamental change, in systems and in attitudes, to end human rights abuses and create mechanisms that allow victims to seek help. We have developed a wide range of initiatives in prison mental health and forensic psychiatry. In 2003-4, with financial support from the Dutch government, projects were started to upgrade psychiatric services in the Kresti prison in St Petersburg and to reorganize forensic psychiatric services in Lithuania. An assessment of prison mental health services in Bulgaria began and contacts were developed with forensic psychiatric services in Latvia and Kaliningrad. Work started on prison mental health services in Lithuania, and in 2004 the ministry of health of Georgia requested help to reform forensic psychiatric and prison mental health services.

Our approach to prison mental health is two-pronged. We aim to ensure that people with mental health problems receive adequate care, are quickly removed from the prison system if it becomes clear that the problem is long-term, and are returned to normal prison conditions when the problem has been dealt with effectively. We also wish to introduce the concept of mental health into general prison practice. Equally importantly, staff mental health must be addressed.

Fundamental change is needed in forensic psychiatry, from a custodial system to a therapeutic environment in which criminally insane people can be treated and from which, if treatment is successful, they can return to society in such a way that recidivism is limited. Currently there are no therapeutic vision, therapeutic climate or rehabilitation programs, and staff lack training and support. We aim to change the image of the inmates from prisoners to patients, to establish a therapeutic climate, to establish effective and independent complaint mechanisms and to develop a rehabilitation system that helps reintegration into society.

SERVICE USERS AND FAMILIES

Through the 1990s Global Initiative focused increasingly on user and relative involvement in the reform process, in order to create community mental health services that are humane, patient-centered and need-driven. Users and relatives are represented on our boards and among our staff.

We have started work on a strategic plan to expand user and relative initiatives in the region. Activities include empowerment of users and relatives, support to NGO-building, anti-stigma campaigns, provision of consultation and training programs regarding user involvement and influence, self-help initiatives, and advocacy. In order to achieve this, it is also important to empower professionals, who are not used to working in this way and often reluctant to do so. Ongoing debate between professionals, users and relatives, and where possible other stakeholders such as funding bodies, local authorities and educational institutions is vital.

The Tepla conference cycle, held in the monastery in the Czech town of Tepla, is one means to this end. It is a cycle of two three-day training seminars designed to educate users, relatives, professionals, policy-makers, psychiatric managers and clinical leaders about user involvement and influence and related activities like self-help and advocacy. The second series started in 2002 with the Tepla I conference, and Tepla II followed almost a year later.

During Tepla II the participants were charged with developing policies as tools to transform and organize the values and principles driving a mental health system into a set of operating guidelines. These operating guidelines act as a roadmap or reference manual. Through this joint work, remarkable shifts occurred in the attitudes of professionals towards users and vice versa.

In another program, the Bulgarian user NGO Children of Kubrat implemented a project focused on the introduction of art therapy, empowerment of users and anti-stigma activities. Art therapy was introduced first for users in Sofia, followed by a user tour through Bulgaria by bus. Activities and round tables were planned in several psychiatric hospitals and some public events organized. The third stage was an international user tour with similar activities. The tour traveled from Bulgaria through Romania, Hungary, Slovakia and the Czech Republic and picked up users, relatives and professionals in every country to attend the Tepla conference.

HUMAN RIGHTS AND CHANGE PROCESSES

Dealing with mental health reform in CCEE/NIS inevitably means dealing with human rights. All the key issues are linked with what is still a vast human rights problem: living conditions in mental health institutions, outdated treatment methods, abuse of psychiatry for economic reasons (for instance, having relatives declared insane to gain access to their property), old-style practices to deal with difficult people or political opponents. Global Initiative is clear that promoting mental health and human rights means taking a stand, defending the rights of people with mental illness and those whose human rights are violated because they are labeled insane for non-medical purposes.

This concern goes well beyond CCEE/NIS. Consistent reports about political abuse of psychiatry in the People's Republic of China resulted in campaign activities, though these were hampered by a lack of funds and the apparent hesitation of donors to support activities considered hostile by the Chinese government.

Global Initiative bases its work on the premise that mental health systems reform is only possible and viable if the stakeholders agree to reform. However good a plan and however justified an intervention, it will not lead to sustainable success without their active support. Yet resistance to reforms is deeply rooted, often springing from a combination of fear of change (what will a changed environment do to my career?) and uncertainty about the need to change (our system is OK, we know best, who are you to criticize us?). A very careful approach is needed to build a sense of partnership and to find cracks in the wall through which the first seeds of change can sprout. However inhumane living conditions might be, or however obvious the human rights abuses, it is important to find a common language and a basis for trust, to give the partner confidence gradually to acknowledge that reforms might be helpful if not necessary. Only then can realistic plans for improvement be drawn up.

This policy of building bridges does not exclude the possibility of criticism. However, criticism that only leads to the closing of doors has much less long-term effect than carefully measured criticism shared with partners as a basis for discussion on how to improve. Global Initiative frequently operates in silence, without involving the media. We sit down and try to build partnerships, offering ways out of situations that without doubt need improvement, a fact often then acknowledged by the partner.

SUBSTANCE ABUSE

Psychoactive substances such as alcohol, drugs and tobacco are commonly used all over the world. Although most users take them for recreation many develop dependence, and the social and health burdens are immense. Their misuse causes many medical and socio-economic problems – alcohol, for example, is globally responsible for 1.5% of all deaths world-wide. The collapse of the USSR brought many countries to the brink and dragged social and health structures down with it. The ensuing problems are enormous. New social and health problems rapidly undermine social cohesion, often related to the harmful use and abuse of psychoactive substances: the growing use of illicit drugs, the increasing role of injecting drug use in HIV and hepatitis transmission, the increase in newborns with fetal alcohol syndrome, and problems of clients with a dual diagnosis of chemical dependency and mental illness.

Global Initiative promotes policies on harm reduction, the exchange of information and experience, and realistic education aimed at reducing substance-related harm. Two examples of this empowering approach are given here. The Cherkassy project in the Ukraine introduced new approaches to the prevention of psychoactive substance abuse. Financed by the Dutch Ministry of Foreign Affairs, it resulted in the introduction of systematic education in secondary schools and summer camps in the Cherkassy region. This was achieved by international training events; peer-to-peer prevention lessons among pupils, parents and school staff; distribution of manuals, leaflets, brochures and films; development of a regional network of prevention workers; small community prevention projects; performances of social/psychological prevention theatre and the development of a network.

Changes in the approach to prevention at local, regional and national level were important in terms of both the content and teaching methods. The three-year project is now being followed up with a project to develop a comprehensive program on psychoactive substance prevention education, to be incorporated in the curriculum of the Institutes for Postgraduate Education and the Academy for Social Teachers and Social Workers in at least the six target regions.

A second cycle of Kasha conferences on developing community-based substance abuse treatment programs took place in 2003-4 with an expanding Network of Young Reformers in Substance Abuse. About 30 young professionals with backgrounds in mental health, psychiatry and substance abuse care and treatment participated in two training seminars. As well as the group dynamic dimensions such as networking, cooperation, interaction and information exchange, the participants strengthened their skills in drug policy; drug service development; community orientation; and care, treatment and prevention interventions.

IMPRESSIONS OF A GIP-WATCHER

I first became acquainted with GIP in 1996 as a mental health consultant to Dutch relief and development aid organizations. Since then I have roamed from the Baltic states to Central Asia to monitor projects supported by GIP. It is fascinating to witness how mental health care is being developed in the former eastern bloc.

I have based these observations of GIP at work on whether it is fulfilling the four key principles enshrined in its vision and mission statement. These are rooted in a rich tradition of humanity and solidarity, in the European tradition of the welfare state, but they also relate to the struggle against repression and lack of compassion that dominated totalitarian societies. One notion is central: respect for human dignity, including the value of a life that might seem incomprehensible or even pointless because of psychiatric disorder or intellectual disability.

Every member of society has the right to full citizenship, self-development and self-determination

It is extremely difficult to stand up for yourself – or for your disabled son or daughter – after decades of stigmatization, lack of interest and neglect by a system that put the strong on a pedestal and sidelined the unproductive. Yet when users and relatives become active they exert a powerful influence on their surroundings.

From Tartu in Estonia to Kutaisi in Georgia, I have met numerous groups of service users and ex-users who demand recognition of their place in local society, and refuse to be victimized. The Tepla conferences for users, ex-users and relatives provide another important forum for discussing ways of improving the quality of their lives. Most importantly, though, the events create solidarity. Users and ex-users realize they are not alone in their struggle with a conservative care system, a stigmatizing society and sluggish, bureaucratic governments.

The government has a duty to provide care

Does this high-sounding principle have any value in reality in countries whose governments have never given priority to providing care to the weakest? In Georgia GIP recently signed a memorandum of understanding with the ministry of health to reform forensic psychiatry. The next step is to form a task force involving the ministries of health and justice to create a long-term plan for structural reforms. There are similar examples in Lithuania and St Petersburg in Russia.

The social system of the person in need must be a partner in care

The empowerment of parents and relatives is essential for fulfilling this principle. I have met parents who refuse to let their child become an outcast without a future, locked away for life in a large institution far from home. They have to struggle against feelings of shame, guilt and fear of the authorities.

In Lithuania the clients' and parents' association Viltis has become the lead advocate with government on care for the disabled. In the Ukraine, the NGO Djerela is moving in the same direction. Both have turned into umbrella organizations devoted to improving the quality of care for disabled people. This is the result of a long process that begins when parents of children with similar disorders or disabilities meet and join forces. The transformation of institutionalized care into community-based mental health care is another aspect of the empowerment of users and relatives. In Kyrgyzstan, nurses at the Bishkek Mental Health Centre guide patients and their relatives in getting the patients back home and attending day centers.

Mutual respect between carers and users

I have witnessed how a growing number of care providers – nurses, psychologists, doctors and psychiatrists – have had enough of being merely custodians of an institutionalized system. They have moved beyond the traditional professional-client relationship. A good example of this is the Mihalovce experience in Slovakia, where nursing staff and clients are working together to construct the best model of care. They are breaking down the "us versus them" divide well known in totalitarian societies.

Two other important GIP activities contribute to fulfilling this fourth principle. One is training in multi-disciplinary teamwork. In the evaluation of several of these training programs, I saw that trainees had changed their attitudes in a positive way and had developed open cooperation with each other. The other is GIP's investment in the younger generation. Young nurses, psychiatrists, psychologists, social workers and managers meet each other at GIP conferences, where they gain knowledge and skills to approach their clients as unique fellow human beings.

GIP celebrates its 25th anniversary in 2005. My experiences working with and evaluating the organization suggest that its efforts are leading to significant reforms in mental health care in Central and Eastern Europe, the Caucasus and Central Asia.

Wim H. van der Sluijs
Consultant

MONEY TALK

The number of donors interested in mental health projects in CCEE/NIS has diminished considerably in recent years. Many foundations have left the region owing to the expansion of the European Union, arguing that the need to support development of civil society in the accession countries is no longer acute. The reality is unfortunately quite different: most of the new member states still have a long way to go and reform programs are still necessary, especially in the fields in which Global Initiative operates. The donors who left Central and Eastern Europe have not necessarily moved further east. Some have withdrawn from the region altogether, and changed their focus to targets in Africa or elsewhere.

To make matters worse, some of the donors who decided to stay in the region have taken mental health off their agenda. They decided to focus on agriculture, economic development or poverty reduction and support for mental health projects has dwindled, assuming that poor mental health is a problem affecting only a limited sector of society. Few people interested in mental health can be found among the staff of donor organizations, making it even harder to convince funders that it is a priority issue affecting millions of lives, and that tackling mental health problems also tackles poverty reduction.

Some donors fortunately continued to support us in 2003-4, joined by some new ones. The Dutch Ministry of Foreign Affairs remained one of our main donors, financing a number of major projects in Lithuania, the Russian Federation, Slovakia and Ukraine through its MATRA program. It has also agreed to fund a four-year project to develop expert centers on HIV/AIDS and mental health in South Eastern Europe, the Caucasus and Central Asia.

The Dutch development agencies Cordaid and ICCO also continued their support, in particular through our three regional centers in Sofia, Tbilisi and Vilnius. Support was also received from the German development agency Misereor. The Open Society Institute continued to support activities on prison mental health and forensic psychiatry. The Netherlands Collaborative Foundations supported our work, and a number of other private Dutch foundations. We also received support from psychiatric associations in Switzerland and the United Kingdom, a large number of Dutch Catholic congregations and monasteries, and private individuals. The regional centers are increasingly raising funds locally, from both local donors and foreign donors such as the Dutch embassies and the European Union.

PUBLICATIONS AND INFORMATION TOOLS

Giving users, relatives and professionals access to modern literature on mental health in their own languages has always been an important Global Initiative objective. With input from all countries involved, literature is selected that will be of maximum use to the reform process, including basic manuals and standard works. Our four offices have worked together towards this aim with the financial support of, among others, the Open Society Institute, *Nederlands Tijdschrift voor Geneeskunde* (a Dutch health magazine) and the Royal College of Psychiatrists of the United Kingdom.

We have published dozens of books and brochures in Albanian, Armenian, Azeri, Bulgarian, Czech, Lithuanian, Romanian, Slovak, Ukrainian, English and, most of all, Russian. In 2003-4, examples included the publication and distribution of 2000 copies of a Russian version of Warner's *The environment of schizophrenia*, a 600-copy reprint of the popular *Handbook on mental health nursing* by Van Bemmel et al for distribution in Georgia and elsewhere, the translation of *Schizophrenia* by Mai et al, and translation of *Conduct disorders in childhood and adolescence* by Hill et al and *A multidisciplinary handbook of child and adolescent mental health for front-line professionals* by Dogra et al. Publishers such as Jessica Kingsley Publishing provided virtually free copyright. In Lithuania the translation of Rosalynn Carter's book *Someone to talk* to was published and distributed – its launch attended by Alma Adamkienė, another former First Lady.

Meanwhile the publication continued of the *Review of contemporary psychiatry*. This popular Russian-language publication contains translated versions of numerous recent articles on mental health. Four issues were distributed in 2003 and three in 2004, with a print-run of 1000. As well as subscriptions to the paper version, the entire content of each magazine is now available at the website www.psyobsor.org.

The inventory of all available material was updated and a new database created to support distribution and lay the foundation for more specific impact assessment. It is now managed by GIP-Tbilisi, whose following comment indicates the demand for and distribution of literature in languages of the region: "GIP-Tbilisi provided health professionals and NGOs with several publications in the form of psychiatric journals, the magazine *Mental health reforms* and basic texts such as *Community care and psychiatric rehabilitation*, *Work with families* and *Schizophrenia*. On a visit to Katheti region, psychiatric polyclinics were visited and books on rehabilitation distributed, much to the delight of the medical staff, who had gone without books for years."

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