

World Fellowship for Schizophrenia and Allied Disorders Q3

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Transcultural Mental Health in a Changing World

The Importance for Families and Carers *By Ellen Mercer*



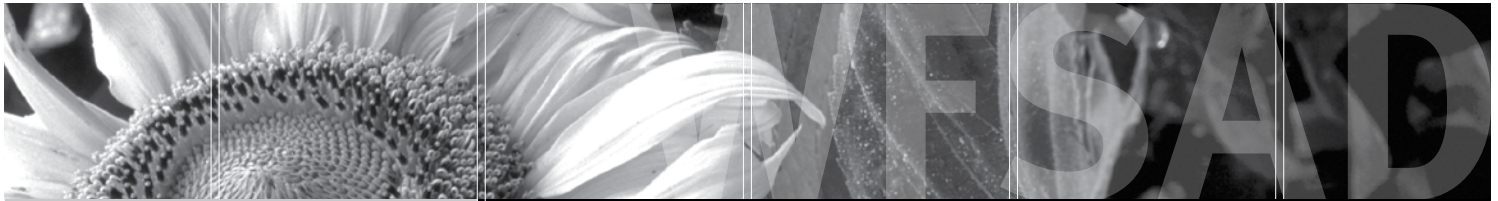
Transcultural mental health is a term used in referring to circumstances created when mental health professionals of one culture work with consumers and caregivers of another. Unfortunately, cultural competence is not often included in mental health training programs even though effective diagnosis and treatment of mental disorders depends heavily on the

ability of the consumer to explain his/her symptoms and to understand treatment possibilities. This is equally important for the families of the mentally ill person. What is spoken by a person of one culture may have an entirely different meaning from the same words said by someone from another culture.

The western model of illness sees mental illness as something that must be cured. These services deal mainly with the person's disorder and often ignore other aspects that may relate to the person's life and well-being. However, in other parts of the world, mental illness is seen in a more holistic way, taking into account the mental and spiritual difficulties experienced by a person with mental illness. If individuals are not engaged on these levels, they are often discouraged from seeking help and, as mentioned earlier, may be poorly diagnosed.

A very effective example is given in the book *The Spirit Catches You and You Fall Down* where Anne Fadiman tells the story of a Hmong child being treated for seizures by western doctors and nurses and the conflict that exists between her parents and the medical establishment in the United States. The doctors prescribe medications for the child but the family, on the other hand, believes that the child is possessed by bad spirits and, thus, doesn't administer the medications. At one point, the child was put into foster care because the actions of her very well-meaning parents were deemed to be dangerous to her health. This is a classic example of misunderstanding – due in part to language but even more importantly, to cultural norms and beliefs.

To be culturally sensitive, an individual must understand his/her own world views and those of other cultures. One should obtain cultural information and apply that knowledge when working and interacting



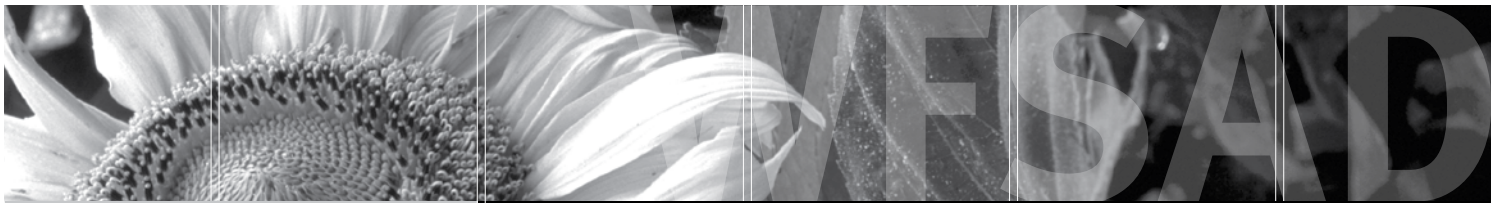
Part of the practitioner's sense of self, and interpersonal skills become an important part of the practitioner's clinical resources.

with others. It requires flexibility and respect for other points of view and an understanding of culturally influenced health behaviors. Culture influences how people seek health care and how they behave toward health care providers. This is often even more pronounced with mental health care. If the mental health care provider possesses the knowledge and ability to communicate and to understand health behaviors influenced by culture, the barriers to the delivery of health care can be diminished or eliminated.

Kleinman and Benson advise that even the busiest clinician should be able to find time to routinely ask clients (and, where appropriate, family members) what matters most to them in the experience of illness and treatment. The clinicians could then use that vital information in thinking through treatment decisions and negotiating with patients. This orientation becomes “part of the practitioner's sense of self, and interpersonal skills become an important part of the practitioner's clinical resources.”

In providing services for diverse cultures, it is important to consider all aspects of verbal and non-verbal communication in order to avoid misunderstandings and conflict. Misunderstandings can exist even among those who speak the same language. Non-verbal communication is learned early in life, mostly by imitation and assimilation and individuals are often unaware of the signals their non-verbal communication are presenting. We only become aware of this when we are misunderstood. Some examples of non-verbal communication with specific meanings are as follows:

- **Space:** Standing closer than the culturally comfortable distance can be understood as aggression or intimacy, depending on the situation. Standing farther away in some cultures may convey disinterest.
- **Touch:** Some cultures are more “touch-oriented” than others and touching one another may be conveyed either as conveying connection or can cause discomfort and negative reactions.
- **Handshakes:** Firm handshakes may be considered sincere and forthright in some cultures but may be seen as aggressive in others. A gentle handshake may be seen as a peaceful gesture or as a lack of commitment or interest. In many cultures, handshakes across gender are not acceptable.
- **Silence:** Individuals of some cultures tend to feel discomfort when a group in which they have joined is silent, whereas others may find this to be most acceptable and to show reflection and respect. Not allowing for silence may be considered rude in some cultures.
- **Eye contact:** Making eye contact may indicate interest and forthrightness in some cultures, whereas in others avoiding eye contact is a sign of respect.



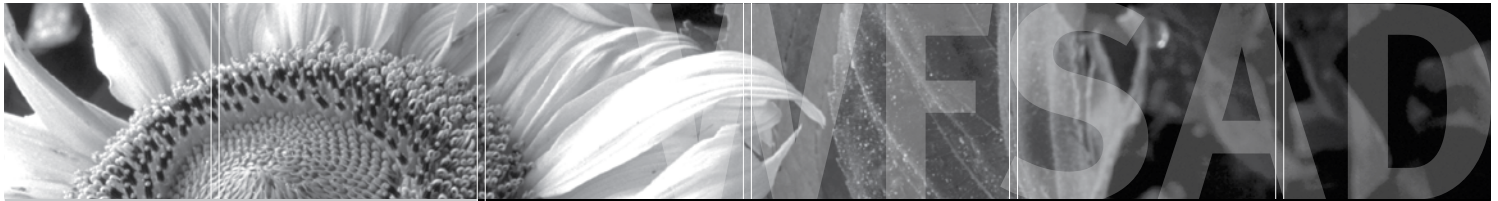
Children are all-too-often called upon to serve as interpreters for their parents and grandparents. This causes a power differential but also puts children in positions of learning more about the medical and psychological issues of their older family members than they would otherwise know.

- **Smiling and laughter:** There are different meanings to smiles and laughter, including pleasure or happiness, surprise, embarrassment, anger, confusion, apology, or even sadness, depending on the culture.
- **Gestures with hands, arms, and feet:** there are many different meanings to such gestures, such as: standing with hands on one's hips may be seen as a very defiant posture; hands in the pockets can be considered impolite; pointing fingers may be considered impolite; showing the sole of the foot or shoe may be highly offensive in some cultures.

It is important for mental health professionals to give special attention to family dynamics when treating a mentally ill person. This is a good rule for any culture but for a transcultural situation, the dynamics can be quite different. There are times when elderly people from other cultures may have dramatically different views than the younger members of the family. Parents have a great responsibility for the well-being of their children and, at times, their elderly parents. This can create an enormous amount of stress in any situation but, particularly, with families who are living in a culture other than their own. Children adjust so much more easily and learn languages more readily. Children are all-too-often called upon to serve as interpreters for their parents and grandparents. This causes a power differential but also puts children in positions of learning more about the medical and psychological issues of their older family members than they would otherwise know. Marital roles change as wives often have to work outside of the home in the new culture whereas in their own culture(s), their primary responsibilities were the home and children. Child rearing and discipline may also be dramatically different. In some cultures, adults hit and spank their children as a form of discipline; in others, this may be considered abusive.

Adults may be especially hesitant in seeking help for mental health issues as it may be seen as a sign of shame and weakness in the family. The entire extended family may depend on one person who is under tremendous pressure to take care and provide for everyone, even under the most difficult circumstances. These individuals may feel particularly isolated in a new culture, often working below their capabilities, watching their children integrate into a new environment, and feeling shame at needing help.

It is important to remember that language ability, particularly among older people, is not an indication of intellect and all efforts should be made to find a way to ensure that accurate communication takes place. Children should not be in a position of serving as interpreters and all efforts should be made to use professional mental health interpreters if needed and available. If professional interpreters are not readily available, carers should work with the mental health professionals in



Ellen Mercer is the former director of the Transcultural Mental Health Center of the World Federation of Mental Health and the former director of the Office of International Affairs of the American Psychiatric Association.

** References for this article are available upon request to WFSAD.*

finding someone who abides by all ethics of confidentiality, etc. and who could serve in that role. In addition, it is ideal if multilingual providers and literature are available as well as “cultural brokers” where designated representatives mediate between mainstream services and ethnic consumers.

Remarkably, the World Health Organization’s Regional Office in Southeast Asia has found that individuals with schizophrenia seem to have a better outcome in developing countries than in developed countries. This was based on the fact that more patients in the developing world remained symptom-free for longer periods after the initial episode. This fact stresses the importance of psychosocial factors in contrast to medications since the latter are often not in abundance in the developing world. Better extended family and community support and more favorable job opportunities have been noted as possible reasons for these statistics.

Eugene Brody, M.D., former President and Secretary General of the World Federation for Mental Health, has stated: “Empathic collaboration across cultural and class boundaries, with helpers as well as help-seekers, requires that we recognize our interdependence with them. Living with diversity continues to be a work-in-progress. It is time to renew our commitment to inter-cultural understanding in the service of the intertwined goals of promoting mental health and preserving human rights.”



Psychosocial Rehabilitation Across Cultures

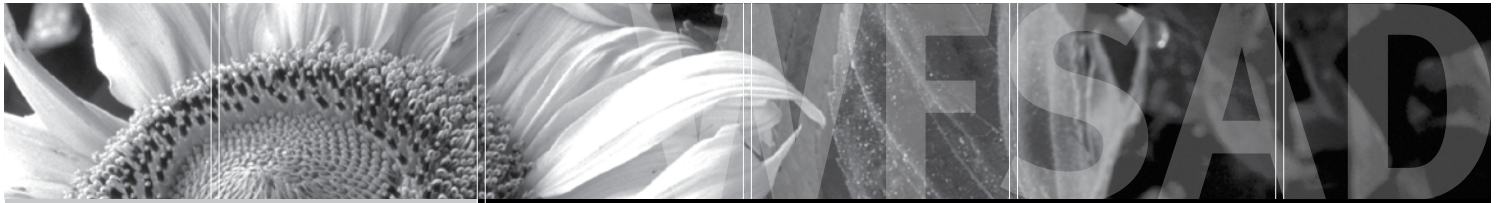
Bangalore Meeting 20th to 22nd November 2008 at Bangalore

The Richmond Fellowship Asia Pacific Forum

We are happy to announce that the Richmond Fellowship Society (India) in association with the National Institute of Mental Health and NeuroSciences (NIMHANS) will be organizing the Richmond Fellowship Asia Pacific Forum (RF ASPAC) Conference to be held at the Convention Centre at NIMHANS.

We look forward to your active participation in this upcoming event. Please block these dates in your diary and plan your trip to Bangalore, India. Visit our conference website at www.rfaspac2008.com for more details.

We look forward to seeing you in Bangalore. Organising Committee: S.Kalyanasundaram, Chairman, Alok Sarin & Mathew Varghese, Co-chairpersons; Dharitri Ramaprasad, Organizing Secretary.



Family/Community-Based Mental Health Care

A Preferred Approach in Ethiopia *By Yezabnesh Tadessezaflu*



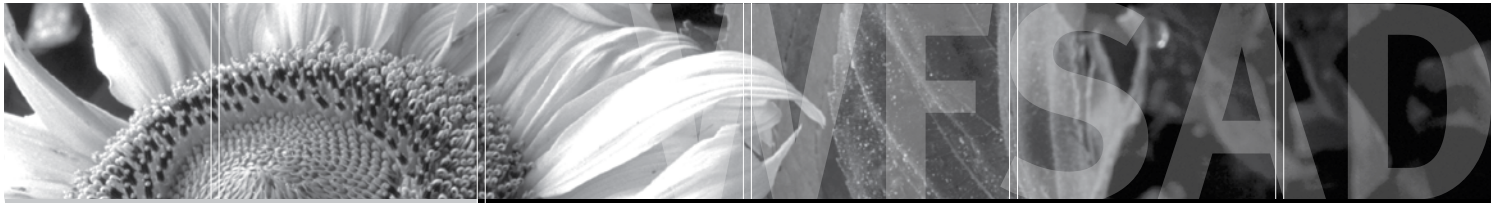
Following my son's diagnosis with schizophrenia, I travelled with him to the USA twice, in 1996 and 2000, seeking better treatment and possibly, cure. Little did I know then that it was an illness that at present had no cure. During those two trips, I learned two lessons: 1) a mental health professional who observed my anxiety to find a cure for my son, advised me to lower my expectations; and 2) another professional suggested that I be involved in assisting, in any way I could, any mental health facility that might exist in my country. Also, during my second visit to the USA, I was referred to the local NAMI (National Alliance for Mental Illness – www.nami.org) support group and participated in their meetings. My terribly disappointing experience during the first trip gave way to some rays of hope because I began to accept as well as educate myself about the illness. I started to devote considerable time to reading and exchanging experiences with the members of the support group. Even before returning home I started thinking and even decided to get involved in mental health activities in my country to help other families by creating opportunities for them to share experiences.

With a per capita income of less than US\$150.00, Ethiopia is still one of the least developed countries in the world. Several factors, including rapid population growth, environmental degradation, recurrent drought and famine, civil war and the world economic recession, have all contributed to making the country one of the poorest on earth.

Most recent estimates put Ethiopia's population at more than 80 million, making it the third most populated country in the African continent, after Nigeria and Egypt.

Not unlike what prevails in most parts of the developing world, mental health services in Ethiopia are insufficient in both quantity and quality. While it is generally believed that the state of psychiatric services has changed considerably during the last few years with an increasing number of Ethiopian psychiatrists and psychiatric nurses, the fact remains that there are no more than 30 psychiatrists in the country for about 80 million Ethiopians. As was the case 50 years ago, there is still only one psychiatric specialized hospital in the country (St. Emmanuel) with a capacity of less than 300 beds, located in the capital city. One additional Hospital, St. Paulos, started to accept and treat mentally ill patients only about 15 years ago. It is also very uncommon to admit a psychiatric patient in a general hospital ward.

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One major change in more recent years is the training of psychiatric nurses and the opening of a post-graduate school for psychiatry residents by the Addis Ababa University. So far there had been two sets of graduates from the Addis Ababa University (2006/7) which is why the number of psychiatrists has increased to 30 from the previous number of less than 20. Another new development in 2008 is the decentralization of psychiatry services - treatments have started to be given in the general hospitals and other community health centres.

Although modern science has classified schizophrenia into so many subgroups, in Ethiopia there is only one derogatory terminology in the local language, i.e. “Ibdet” (meaning insanity). The majority cannot sometimes even differentiate the symptoms of schizophrenia from that of epilepsy, retardation etc. However, when they are told it is “Ibdet” or insanity, then they start to associate it with family curse, possession by the devil, violence, walking about in the streets naked, and the like, and many start to run away while some, especially kids, throw stones at the victims.

This was and still is, by and large, the societal environment in which the first local mental health society, Aemiro Tiena Kibikabie Mahber – Ethiopia (Mental Health Society – Ethiopia) was founded back in 2003 by a group of seven like-minded Ethiopians, some professional psychiatrists and some others like me who happened to have been touched by the illness in one way or the other. Mental Health Society – Ethiopia (Aemiro Tiena Kibikabie Mahber – Ethiopia) is a non-government and not-for-profit organization which aims to provide community-based support service to persons with mental illness especially those affected by schizophrenia.

Mine happens to be a country where mental illness has long been associated with family curses, superstition and shame. No wonder people started to refer to me as “brave”, “courageous”, soon after I initiated the start of a small “Family Support Group”, a group comprising family members touched by the illness of a family member. Although there is still so much more left to be done, I have a strong feeling that the family’s involvement in the mental health activities has helped very much in getting closer to the treatment facility, professionals and more than anything else, it has boosted the moral of the people in the mental health profession, and five years after the establishment of Mental Health Society – Ethiopia, one very much notices, however little they may be, some changes in the mental health environment such as service improvement, medication, etc.

Mental Health Society Ethiopia has so far taken the lead role to promote mental health by educating people in order to change the existing attitudes of the majority, particularly the care givers who are usually the immediate and/or extended family members.

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1) For the mentally ill:

Advocates and struggles on their behalf for quality service and treatment; demands for ample supply of better quality medication (newer or 2nd generation medications); struggles for the integration of mental health services and the establishment of crisis centres in the existing general hospitals; and, fights against the deeply rooted and pervasive stigma associated with mental illness by creating awareness and campaigning for attitude change of society towards the mentally ill.

2) For the families of the mentally ill:

i) Conducts a 2-hour monthly training program for families by professionals in the field. The training program enlightens the family members about the illness and helps them to change their traditional beliefs. They also learn to lower their expectations by understanding that a mental illness such as schizophrenia cannot be cured overnight but can possibly be controlled with appropriate modern treatment and care. Modern treatment is emphasized because most of our people still prefer trying traditional healing methods which diminish their financial resources and time before going to hospitals.

ii) Established a family support group system, which meets from time to time and exchanges information about the illness, the medication and any other concern. The family support group system also helps in identifying and encouraging other families that are in the closet to come out and frankly disclose their unique experiences, which can benefit everyone in the group.

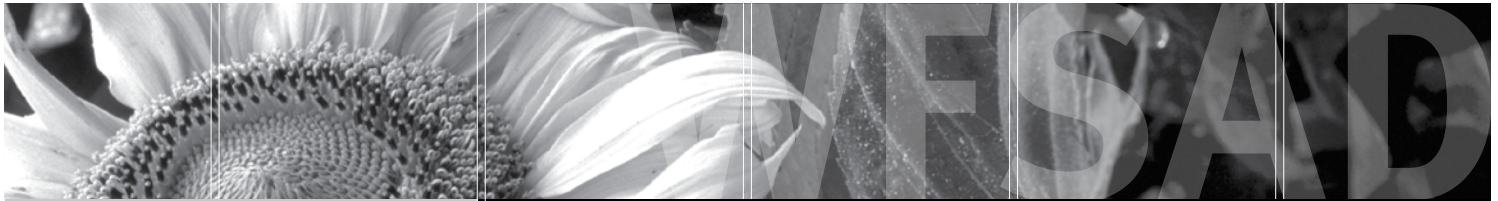
The Society is expected to replicate as many support groups as possible so that the role of the family can be strengthened throughout the entire country. However, little has been achieved in this respect. The major reasons for this have been the weakening of motivation, lack of enough understanding on the part of families, and financial constraints on both sides (Society & family).

The Society's future ambition is to give service nearer to the community i.e. build the capacity of the families and organize them into support groups within their local areas. Patients also should get treatment in community health centres nearer to their homes unless they require long term hospitalization. This way the families do not have to travel long distances to get treatment at one of the two major mental health hospitals, as has been the practice until now. Some families do travel up to 3 days accompanying their mentally ill member to come to Addis Ababa where the two hospitals are located. This could only be accomplished by government intervention.

3) For the service delivery system:

To the extent possible, the Society works side by side with the mental

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health service professionals to create a link between the treatment team and the family members in promoting good practice, giving referral services, and fighting the stigma associated with the profession. In this regard, the Society:

Undertakes intensive campaigns of public education and enlightenment about mental illness in order to reduce stigma via electronic and print media. To accomplish this, it has been conducting a weekly radio program of 20 minutes and a weekly half page newspaper mental health column since 2007.

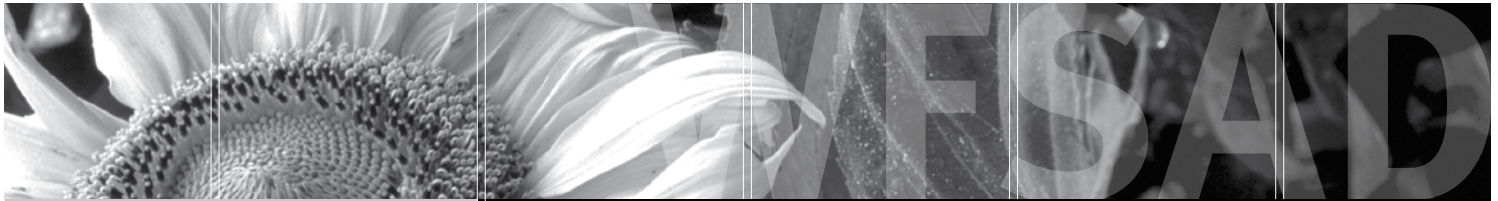
Contributes voluntary services, seeking the support and involvement of the government in the struggle against abuse of illicit drugs by the youth in the country. Education about this particular topic has been covered in both the electronic and print media. In addition, in 2008 a training program was conducted for supervisors and counselors of Addis Ababa high schools under the title “Mental Health in High Schools”.

Training programs that are to be conducted for religious leaders (to correct wrong practices in traditional healing); prison wardens (on how to handle prisoners, particularly those who are already mentally ill); and police officers (to create awareness among the police force so that they can assist families when requested) are still outstanding. However, the Society plans to accomplish them before the end of the year.

Networks with similar international organizations like WFSAD, WFMH, NAMI, etc., gathers relevant information material about mental illness, translates and distributes such materials to families via appropriate treatment facilities throughout the country.

The Society is also engaged in helping to furnish the occupational therapy centres (OTC) of the treatment facilities and seeks volunteers who can go to the facilities and get involved in the activities at the (OTC). In the past, this type of activity did not exist and the recovering patients were kept idle between meals and sleeping times. In a country where there is no rehabilitation facility of any sort, the Society gives it much importance and tries to do its best to mobilize as many resources as it can get to assist and strengthen the OTC.

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News from Germany

BApK Gets Anti-Stigma Prize *By Ursula Brand*

The BApK is the German National Umbrella Family Association, consisting of more than 500 local groups from every federal state in Germany.

In the WFSAD Newsletter (1st Quarter 2006, P.14) we informed you about our main projects, such as the ***'Joint Project with a Federal Association of Corporate Health Insurers'***. The aim of this project is to protect the jobs of people with mental disorders, to prevent unemployment and to assist before critical situations arise or escalate.

We have offered telephone counseling and developed training documents for carers and patients. We have used these documents at in-house training for work committees, employees and even the management. We also developed a brochure: 'Mentally ill in the workplace - What has to be done', which has been ordered 29,000 times. In November 2006, the German Society of Psychiatry awarded BApK its 'Antistigma Prize' in its annual congress in Berlin.

BApK involvement in the G-BA (Federal Joint Committee).

In the German health care system, a special feature of the medical services regulation is the important role that is played by the legislature, together with self-governing bodies of service providers and health insurance funds.

The self-governing bodies (the National Association of Doctors, the German Hospital Federation and the Federal Insurance Funds) formulate in detail which services will be provided and under which conditions.

In 2004, the national groups representing patients received the right to file applications and to participate in the consultations of the G-BA. Three BApK delegates were appointed to represent the aims and needs of patients and families in the field of psychiatry at the following G-BA committees: Psychotherapy, Sociotherapy, and In-house Psychiatric Treatment.

From 1st July this year, there is an executive support unit for the patients' representatives made up of a doctor and a lawyer, from whom the patients' representatives can get guidance to understand their possibilities in the G-BA.

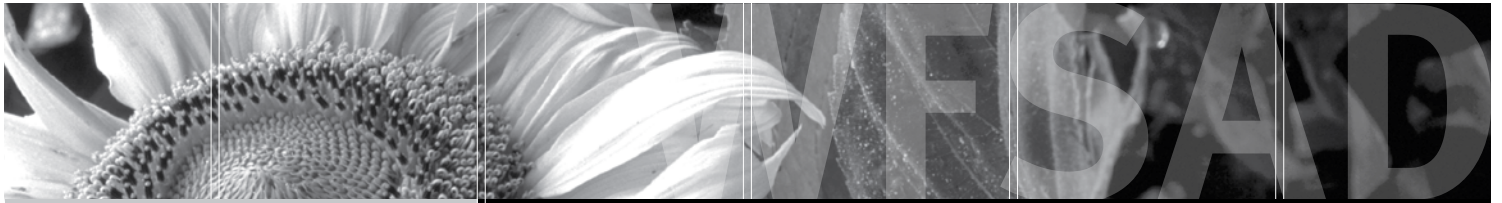
We see this cooperation as limited, but, for the first time, institutionalized participation of the patients in the legislation procedure.

For the next 2 years our main goals lie in 3 areas:

- Promotion of self-help: e.g. psycho-education seminars for family members, development of training opportunities for group leaders and advisers in the area of self-help.

Joint Project with a Federal Association of Corporate Health Insurers

The aim of this project is to protect the jobs of people with mental disorders, to prevent unemployment and to assist before critical situations arise or escalate.



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- Prevention: e.g. awareness, support and help to children of mentally ill parents and their families through brochures like the award winning 'Mentally ill at the work-place. What has to be done?'
- Discussion, clarification and anti-stigma at work: e.g. hotline for family members and affected persons (focus on depression); creation of a pamphlet with the most frequent questions that families ask about depression.

As a final word, I would say that the BApK has engaged many people in its management and administrative positions who exert themselves indefatigably for patients and affected families at all levels in the area of psychiatry.

BApK- Family Self Help – Psychiatry, Germany



Ethics

WFSAD just received a small booklet inside the Canadian Medical Association Journal. It is entitled "Guidelines for Physicians in Interactions with Industry" and clearly lays out how physicians should behave when involved in industry-sponsored research. There are sections on what seminars and workshops constitute continuing medical education and professional development, as well as responsibilities physicians have when they are offered positions on advisory or consultation boards of industry. Under "Gifts" practising physicians are advised that they "should not accept personal gifts of any significant monetary or other value from industry. Physicians should be aware that acceptance of gifts of any value has been shown to have the potential to influence clinical decision making".

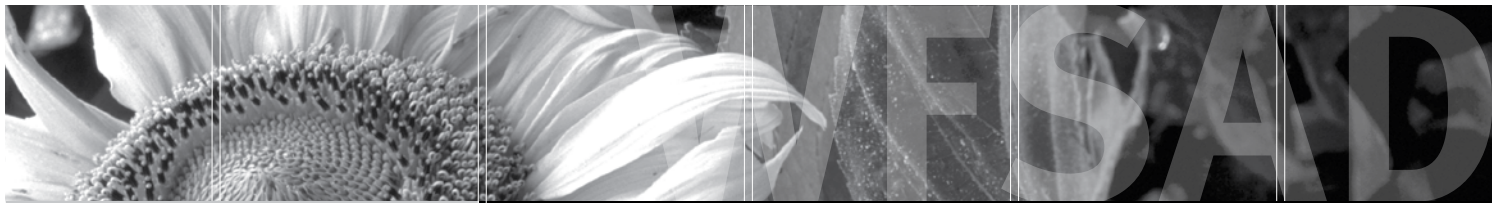
For more information go to:

http://www.cma.ca/index.cfm/ci_id/3289/la_id/1.htm

Policies on receiving gifts, grants or donations are also important for family organizations who depend largely on corporate largesse for their funding. WFSAD's policy is available at:

<http://www.world-schizophrenia.org/wfsad/values.html>

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Visit to WFMH Offices

In June, as our last newsletter went to press, Trish Ruebottom, our Executive Director, and I went to Springfield Virginia where the offices of the World Federation for Mental Health are located, to introduce ourselves to WFMH staff and volunteers.

Preston Garrison, WFMH CEO, met us at Washington Reagan Airport and drove us to meet his staff. Staying overnight gave us an opportunity to meet everyone in a relaxed and friendly atmosphere. It also enabled us to tell more about WFSAD, its programs and people as well as learn about the activities of WFMH. A formal meeting with Preston rounded off the visit.

1. *In Preston Garrison's office. Left to right: Diane Froggatt, WFSAD Corporate Secretary; Deborah Maguire, WFMH Executive Director; Preston Garrison WFMH Chief Executive Officer and Trish Ruebottom, WFSAD Executive Director.*



2. *Diane Tacker, WFMH Financial Assistant and Trish Ruebottom*



Merger Discussions Continue

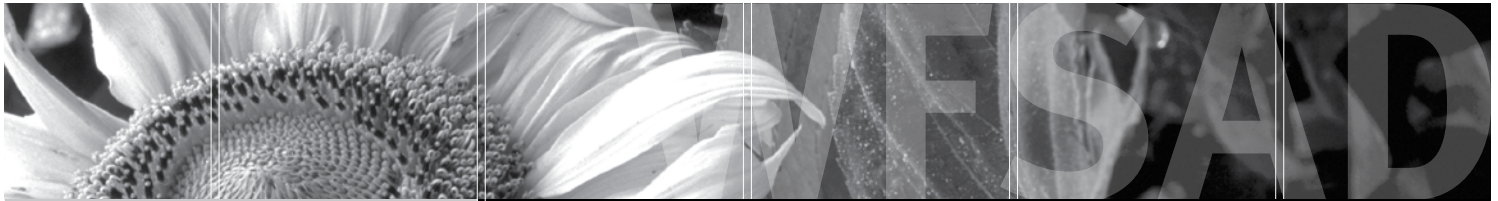
In early July, the principals involved with the preliminary merger discussions met in Toronto. Official representatives were Preston Garrison, Trish Ruebottom, John Copeland (WFMH President), Martha Piatigorsky (WFSAD President) and Diane Froggatt, WFSAD Corporate Secretary. Geraldine Marshall, a former president of WFSAD, audited the discussions.

This meeting was fortuitous as it happened in the same time frame as the international forum which WFSAD hosted (see report elsewhere in this newsletter).

We discussed point by point the merger procedures which were presented. This provided us with a basic road-map to enable us to go forward.

Subsequently both organizations obtained approval for proceeding with the merger from their boards of directors. Following governance procedures WFSAD sought and obtained the necessary approval from a majority of its voting members.

We look forward to continuing to work with WFMH to advance the process in the coming months.



Films & Websites

No such thing as Crazy is a website by psychiatrist Fred Miller who is chair of Behavioural Sciences at Evanston Northwestern Healthcare in Illinois. It is designed to creatively engage teens and young adults to talk about mental illness through face to face discussions and through the website and companion films.

Dr. Miller, who had for years been giving education about mental illness in schools, wanted to find a more dynamic way of getting this information across. Together with local filmmaker John Mossman he produced a short film called "Five Teens' Stories" where teens told their experiences with mental illness (MI) on-camera. The film won an award from SAMHSA (US Substance Abuse & Mental Health Services Administration).

Soon after, the National Institute of Health commissioned Miller to produce a film that also profiled teens with different mental illnesses. It was titled "Any Kid like Me."

Miller then decided to turn to the Internet to broadcast his message to as many young people as possible. This endeavor led to the creation of the interactive web site, No Such Thing as Crazy.

The site features links to stories of teens who have experienced MI, facts about MI and treatment, and a section titled "Living Awesomely," which provides young people with tools for better mental health. Some of these tools include challenging negative thoughts in order to produce positive feelings.

Oil on Water is an award-winning film from South Africa, directed by Peter Matthews, which explores the repercussions of undiagnosed mental illness (MI). The story follows a young woman journalist who meets a talented artist and falls in love with him. When Max, the artist, begins to act strangely and distance himself from her, Anna, the journalist, is struck with confusion and becomes desperate to hold on to a relationship that is quickly falling apart. Watch for this film at your local Film Festival.

See the site at:

<http://www.oilonwater-movie.com/site/custom/oilonwater/home.asp>

Extra Ordinary People

A new feature length documentary by the Canadian film maker Laura Sky, shows in depth portraits of people living with MI. Extra Ordinary People reveals the effects of society's stigma and discrimination against people living with mental illness and addiction and how they have helped themselves towards recovery. The film's subjects include a group of young consumer-group rock 'n rollers, a former Bay Street VP, and a young Aboriginal man adopted into a white family whose path to recovery

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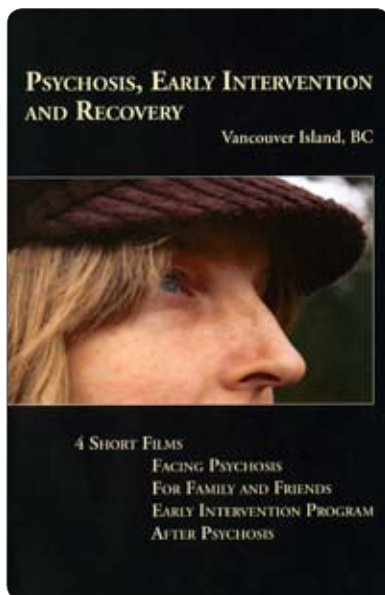
is through reconnection with his native culture. The film is in clear-cut sections. It is designed as a teaching tool and is better used by showing a private audience the desired section of film, perhaps with planned discussion after the showing. To obtain the DVD visit Skyworks Charitable Foundation at:

www.skyworksfoundation.org

Write or phone them at:

401 Richmond Street West, Suite 240, Toronto ON M5V 3A8 Canada

T: +1(416) 536-6581, F: +1(416) 536-7728



Psychosis, Early Intervention and Recovery

A DVD of this title has been produced by the British Columbia Schizophrenia Society (BCSS), Victoria Branch, the Vancouver Island Health Authority and Peace in Mind Media. The DVD contains 4 short films. In *Facing Psychosis* 6 people who have experienced psychosis create a short film with the aim of demystifying MI. In *For Family and Friends* two families share personal stories to provide insight into the family experience. In *Early Intervention Program (EPI)* a distinguished psychiatrist together with other clinicians provides an overview of the EPI program of the Vancouver Island Health Authority. In *After Psychosis* three people who have experienced psychosis talk about the recovery process. The average length of each short film is 10 minutes. Each lends itself to being shown prior to a consumer or family support meeting or at a meeting of clinicians interested in early intervention. For more information contact:

BCSS Victoria Branch, 941 Kings Road, Victoria, BC V8T 1W7 Canada

T: +1(250) 384-4225 F: +1 (250) 388-4391

victoria@bcss.org

The Soloist

This film, directed by Joe Wright, is based on a true story of Nathaniel Ayers, a musician who develops schizophrenia and becomes homeless. Jamie Foxx portrays Nathaniel Ayers, and Robert Downey Jr. portrays Steve Lopez, a columnist who discovers Ayers and writes about him in the newspaper. To be released in November 2008.



Autobiographical Play on Bipolar Disorder Tells a Very Human Story

A report by Beryl Allen, Sabda, South Africa

I have just seen a new play by Charlene Sunkel who runs the Consumer Advocacy Moment (CAM) in Johannesburg. It is called Madness Revealed. Charlene suffers from schizophrenia herself and wrote this play (her first) based on her own experiences of struggling with the illness.

Her second play, called Thandi's Story, is about a young black woman, Thandi, who has bipolar disorder but struggles to find help. First a traditional healer gives her some herbal medicine, then, when that doesn't help, she tries to get help from a priest who suggests prayer. Neither remedy helps and finally just when her and her mother are getting really desperate, a friend gives them a newspaper article on bipolar mood disorder which has a help-line contact number for a mental health service.

When Thandi is stabilized on medication and her life and health improve she decides she is well enough to work again and goes in search of employment but every time she discloses she has a mental illness she doesn't get the job. The play ends on a hopeful note but does not minimise the challenges that she has to face as a person with a mental illness.

I found the play quite moving. The characters were believable and I was not alone in wiping a tear or two from my eyes when Thandi's mother was at her wits end to try and find help for her daughter. Thandi was portrayed as a very normal, happy teenager who bowed to peer pressure to experiment with cannabis which triggers her mental illness. Her recovery is believable as it includes a relapse when she stops taking her medication. She had our full sympathy as she looked for a job and found that the battle she had waged with the illness was just the beginning; she now had to fight the stigma in the community.

The natural up-beat rhythm and musicality of the local cast was infectious. The fluidity of their speech which changed from English to Zulu to Sotho and back, was a feat in itself and the audience was never at a loss as to what was happening. The stage set consisted of a few portable props and most of the small cast played more than one role to keep costs down. It was amazing to see how much they did with so little.

Charlene has managed to get initial funding to take the play to fourteen senior schools and I think this will do a lot to educate adolescents about mental illness and help to break down the stigma associated with it.



1. Poster for "Madness Revealed"



2. In the play the family visits Sangomo, a traditional healer



National Newspaper Takes on Mental Illness

Canada's Globe and Mail has Week-long Mental Illness Series entitled "Breakdown"

Filling the full front page of the Globe and Mail, Canada's national newspaper, are the three inch capitals "BREAKDOWN".

These capital letters are set against 19 rows of inch-high human silhouettes representing statistics for the prevalence of mental illness such as schizophrenia, depression and bipolar disorder as well as the incidence of suicide. Below this graphical representation, in smaller capitals, it proclaims: "FACE IT. FUND IT. FIX IT." The Globe devoted most of June 21st's Weekend Edition as well as the following week to a series of personal interviews, stories and statistics covering mental illness.

The series is still available on the newspaper's website at:

<http://www.theglobeandmail.com/breakdown>

Here are a few excerpts from the various articles:



From an interview with psychiatrist David Goldbloom

By Carolyn Abraham

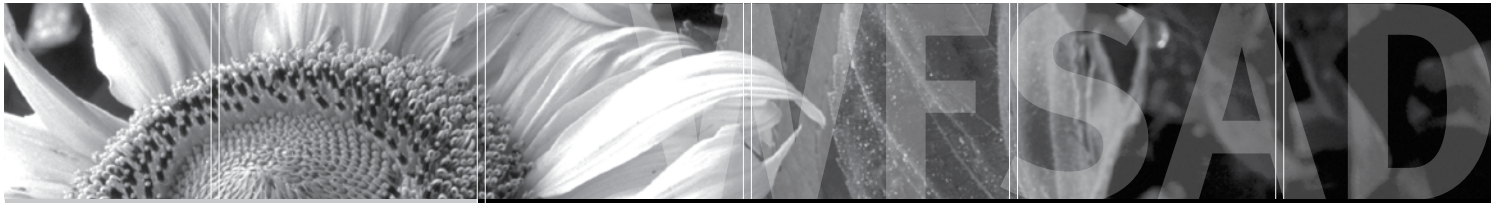
...I was struck by the talk you gave recently at the MaRS Centre, a medical research facility here in Toronto, where a staff member had recently killed herself after battling depression. A lot of people turned out and you began the talk with a very compelling letter.

The letter was written in 1841 by a young lawyer to his law partner and he wrote as follows: "I am now the most miserable man living. If what I feel were equally distributed to the whole human family, there would be not one cheerful face on Earth. Whether I shall ever be better, I cannot tell. I awfully forebode I shall not. To remain as I am is impossible. I must die or be better, it appears to me." Those words were written by Abraham Lincoln in 1841 about 19 years before he assumed the presidency of the United States and changed the face of his nation forever. It's not only an eloquent statement of self-perception, it's a testament to recovery. We must never give up on the potential of people to recover from mental illness...

From "The Son who Vanished" By Erin Anderssen

...Jesse I started hearing voices. I would hear my own voice in my head as my regular thoughts, but then I had additional voices. On my left side, I heard a very disruptive commanding male voice that I thought was the Devil. On the right side, I would hear a very soothing, calming female voice that I thought was the Virgin Mary.

When I was watching TV, particularly the news, I would watch the journalist and it was if I could hear his thoughts in my mind, and I believed it was the Devil.



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If you met Jesse today, more than eight years since his release from the hospital, it would never cross your mind that he had a mental illness. He's tall and clean-shaven; his handshake is friendly, his eyes warm. He makes jokes. He tells his story frankly and with an easy eloquence.

I started fixating on people's hands: I believed that the left hand represented the Devil and the right hand represented God. So I got this notion that when people were doing work with their hands, if they finished with their left hand, they were doing work for the Devil; if they finished on their right hand, they were doing work for God.

I would see a couple of crows in the trees in my backyard and I would believe they were the Devil's birds watching me. . . .

Jesse I was very lonely for a very long time. It was really tough. Because I had never been lonely like that before. There was nobody around except my folks. My parents became my best friends, pretty much.

Susan It was a very long, slow process. But he just started to be less delusional. He started to be more interested in doing a few things. ... He was still not in great shape for quite a long time. But by a year, he was able to go to an interview and get a job at Burger King.

Jay We got to a point where we thought he was probably as good as he'd get, and then he would get better.

Jesse That's the thing about schizophrenia, about a brain disease. It's not like you had a fall, you broke a bone, and you put it back in place and it heals. It's like a work in progress, putting your life back together. You are constantly learning on the way. And you don't know exactly where it came from, so you don't know exactly how to fix it or cure it.

Jay When he started to experience the recovery, it was like having your long-lost son return from someplace, after he had been presumed missing.

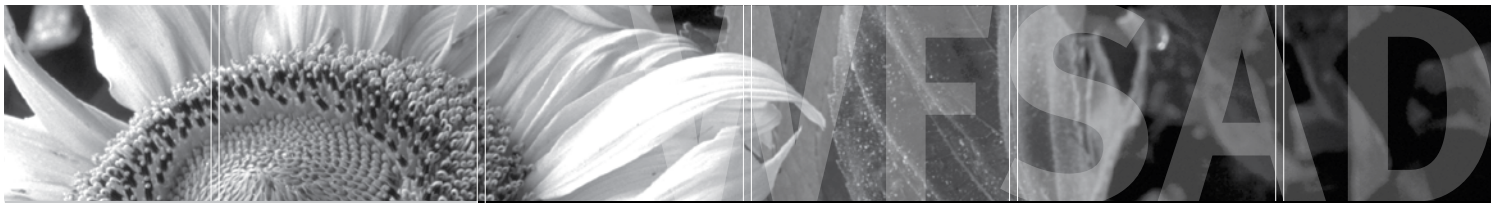
If you met Jesse today, more than eight years since his release from the hospital, it would never cross your mind that he had a mental illness. He's tall and clean-shaven; his handshake is friendly, his eyes warm. He makes jokes. He tells his story frankly and with an easy eloquence.

Out for a walk, he offers to help an elderly man cross the street and waves at his hairdresser through the window of his salon.

Over the years, he has reclaimed his life, piece by piece, and in many ways started fresh. He falls within the lucky percentage of people with schizophrenia who are able, though medication, to control the disease...

From "The Mad and the Bad" By Dawn Walton

Canada's provincial jails and federal prisons are home to a burgeoning number of offenders with mental disorders, many of them repeat offenders – so-called frequent fliers. Many have diagnoses ranging from depression and schizophrenia to anti-social personality disorder and psychosis, and may also be addicted to alcohol or drugs.



“The prison system is the only system in the entire state apparatus that can’t say ‘Sorry, we’re full,’”

“What we’re seeing is a criminalization of the mentally ill,” said Val Villeneuve, director of forensic psychiatry services in southern Alberta, who has been working with offenders for 30 years. “It’s not a sexy topic. People don’t want to hear about these crazies and criminals. It’s a double stigma to be a criminal and mentally ill – the mad and the bad.”

The number of people in federal prisons with mental illness has nearly doubled in the past decade. . . Why the spike in mentally disturbed people behind bars? Experts point to the well-intentioned deinstitutionalization trend in the 1970s aimed at getting the mentally ill back in the community, as well as deficit-reduction strategies of the 1990s, which saw cuts to social programs. “The prison system is the only system in the entire state apparatus that can’t say, ‘Sorry, we’re full,’” said Craig Jones, executive director of the John Howard Society, an advocacy group for male prisoners. “As a consequence, prisons become dumping grounds because other areas of the social-welfare network have either broken down or been downsized or downloaded to the provincial authorities that can’t deal with it.”

From “Treatment is a right – Second Opinion” By André Picard

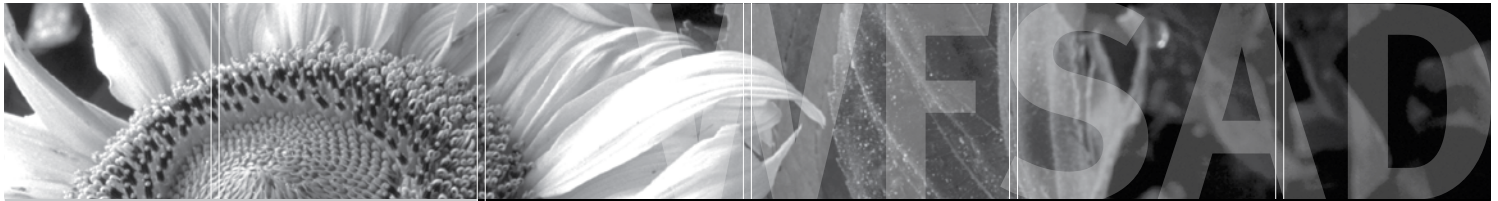
The only medical condition that routinely engages police, the courts and the prison system is mental illness.

Why do our encounters with those suffering from mental illness lead to incarceration instead of provoking compassion? Jailing those who suffer from mental illness has absolutely no dissuasive effect, and no therapeutic benefit. Howard Fluxgold (the father of a man with schizophrenia), a plain-spoken former journalist, says “I told police, you can arrest this guy until the cows come home. He won’t learn his lesson. He’s sick. . . In whose interest is it to treat Jonah like this, to jail him? Not his, not his family’s and not society’s.”

What his son needs is treatment. He needs long-term care; a place to live, stability, a basic income, medication and monitoring. And he needs to be forced into treatment against his will – and so do all people with severe mental illnesses that cause them to be a danger to themselves and others.

Saying so in a society where individual rights rule supreme is heresy. Civil libertarians will scream blue murder at the very suggestion. . .

“The paramount right of a patient should be the right to treatment,” he (Fluxgold) says.” The health system has done a grave disservice to my son and to others. They have let the lawyers take over.”...

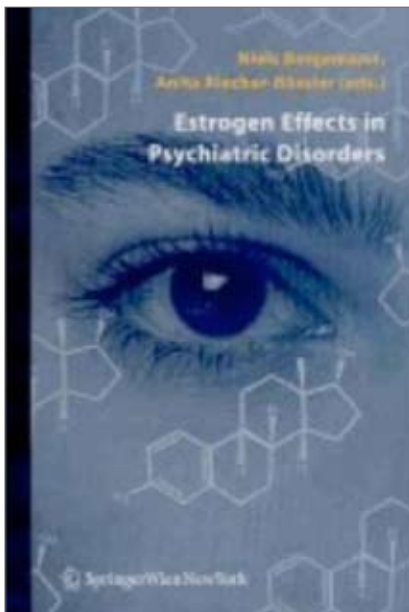


Book: Estrogen effects in psychiatric disorders

By Niels Bergemann, Anita Riecher-Rössler, Springer 2005.

From the blurb online at: <http://books.google.ca/books?id=Hx-AEzaojx4C>

We take note of this publication because one of the chapters by Professor Jayashri Kulkarni, director of the Monash Alfred Psychiatry Research Centre in Melbourne, has been reviewed in the mental health press, often without reference to this publication. The book consists of fourteen chapters, each by separate researchers.



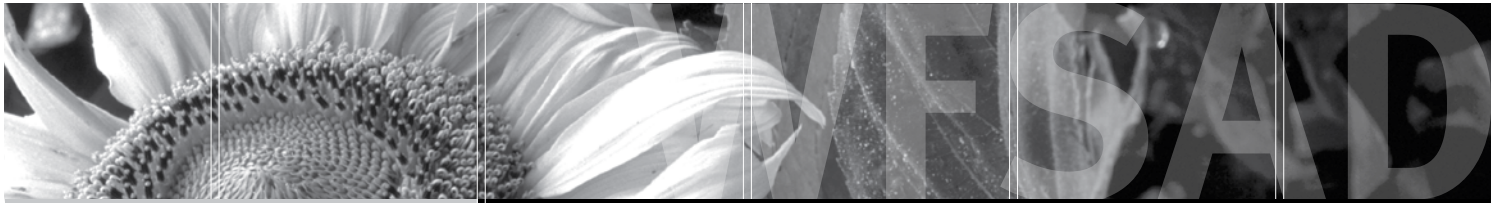
The study of the effects of gonadal hormones in the brain focused mainly on reproductive actions for a long time. Meanwhile, however, it is well known that gonadal hormones, in particular estrogens, also have neuroprotective and psychoprotective properties. They modulate many brain functions such as cognitive functions, pain regulation, motor coordination, and epilepsy, as well as affective and psychotic disorders, to name just a few. In fact, during the past few years we have experienced a major change in our understanding of the endocrinologic aspects of psychiatric disorders. Endocrinologic irregularities in psychiatric patients are no longer viewed as pure epiphenomena but rather discussed as part of the pathomechanism of the disorders. How exactly estrogens affect various disorders is a fascinating and intriguing aspect of this emerging field of non-reproductive brain actions of gonadal hormones. Among the estrogens, especially estradiol appears to play an important and multimodal role in the brain. Which of estradiol's many membrane, intracellular, and genomic actions matters most in psychiatric disorders, remains to be discovered. The aim of this volume is to summarize the role estrogens play in major psychiatric disorders, such as schizophrenia, depression, and dementia, and to provide a state-of-the-art overview of current knowledge, but also of questions that are still open. It is intended to be a resource for clinicians and readers who are interested in contemporary research developments in this field.



WFSAD Meets with Allies in Mental Health

WFSAD hosted the Mental Health Advocacy Leadership Summit this year in Toronto, providing an opportunity for representatives from five leading mental health advocacy organizations from around the world to build relationships, focus on issues for collaboration and ultimately enhance their ability to be heard on important mental health matters. Participating with WFSAD were the European Federation of Family Associations for People with Mental Illness (EUFAMI), the Global Alliance of Mental Illness Advocacy Networks (GAMIAN-Europe), Mental Health Europe (MHE), and the World Federation for Mental Health (WFMH).

A presentation was given from Martin Prince, one of the principal authors of the Lancet Report on Global Mental Health, focusing on



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issues of scaling up services, particularly in low-income countries. The presentation set the stage for a discussion of the cross-cutting issues that are core to all of the organizations. The result of the Forum was a strategic framework that will be used to guide the partnership as we move forward:

Vision

A community where mental health is a human right and all persons affected directly or indirectly by mental illness play their part as full citizens according to their potential so as to enjoy optimal quality of life.

Mission of the Collaboration

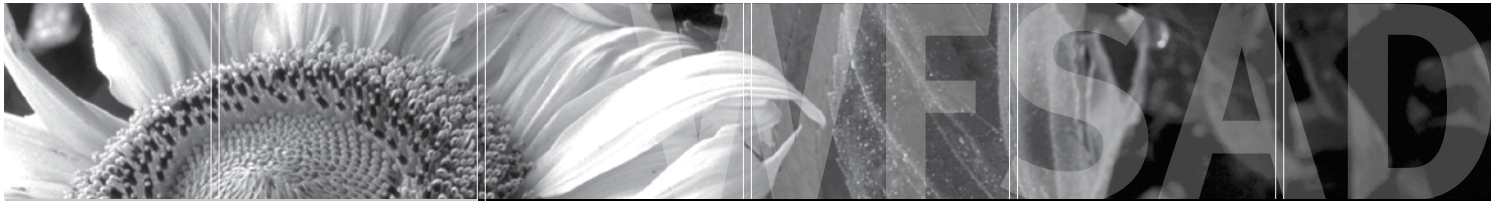
To create the dialogue around a new understanding of the stigma surrounding Mental Illness/Mental Health.

Values of the Collaboration

- *Transparency & openness* - We strive to communicate our successes and challenges.
- *Diversity* - We encourage a variety of opinion and embrace the participation from our unique and varied stakeholders.
- *Integrity* - We act with honesty and professionalism, guided by the highest standards of ethical conduct. We take accountability for all of our decisions and actions.
- *Innovation* (willingness) - We are comfortable with change. We strive to find new methods that will address the needs of our community.
- *Respect* - We treat people with dignity. We are individually accountable for how we act and behave.
- *Accountability* - We are accountable to, and hold a privileged position of trust with, our stakeholders.
- *Equality* - We treat individuals and groups fairly and encourage that all are offered an opportunity to receive a just share in the benefits of society.

In the coming year, the groups will work together to move forward on this strategy, taking a non-traditional approach to understanding stigma that looks through the eyes of those in the community, those who are stigmatizing.

The presentation set the stage for a discussion of the cross-cutting issues that are core to all of the organizations.



Youth Services in Australia

headspace Initiative

Many mental health problems first emerge when people are in their teens or early twenties. Australia's new *headspace* initiative aims to make a difference through services custom-designed for this age group.

Every year, around 14% of young people aged 12 to 17 experience mental health problems serious enough to need treatment. This percentage almost doubles among 18 to 25 year olds, to 27 per cent.

Mental health services have traditionally been divided into "Child an Adolescent" or "Adult" – leaving a potential gulf in this critical "in-between" period, when help is often needed most.

Many young people do not feel comfortable in services which are focused primarily either on children, or on older adults with an established, chronic mental illness. The longer they go without treatment, though, the worse their symptoms and long-term outlook will be, especially if affected by a psychotic condition such as schizophrenia or bipolar disorder.

The pioneering *headspace* initiative aims to change this through new services specifically designed for these Australians, who are most at risk of developing mental illness for the first time or have drug or alcohol problems.

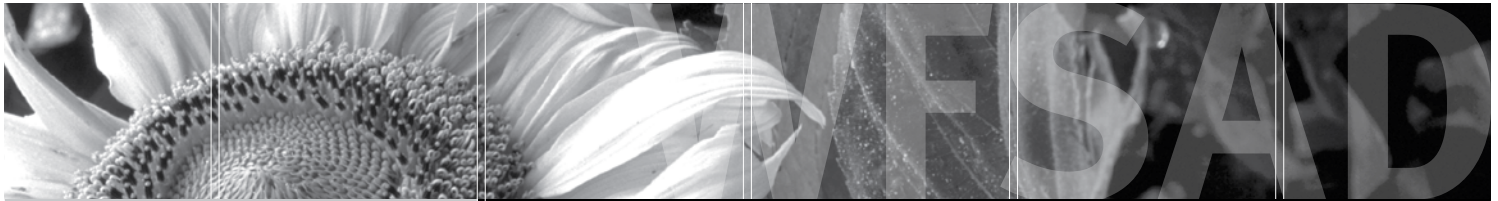
headspace is the public face of the Australian Youth Mental Health Foundation and is setting up 30 centres around the country to provide direct services to Australia's youth. It is also establishing a "Centre of Excellence" to gather and distribute research in the area and will provide training and support to health and other professionals working with this age group (such as school counsellors).

"We need services that young people feel comfortable to access," says Chris Tanti, CEO of *headspace*. "We need to provide different physical environments, different appointment systems, attractive opening times, co-located psychological services and low, or no out-of-pocket, expenses for the young person."

SANE Australia supported the establishment of *headspace* and is providing it with information resources to help family and friends recognise early signs of mental illness, and what can be done to help. For more information visit: www.headspace.org.au.

Our thanks for this article to the August 2008 newsletter of the Schizophrenia Fellowship of Queensland Inc...

Every year, around 14% of young people aged 12 to 17 experience mental health problems serious enough to need treatment. This percentage almost doubles among 18 to 25 year olds, to 27 per cent.



WFSAD Guidebook Reviewed

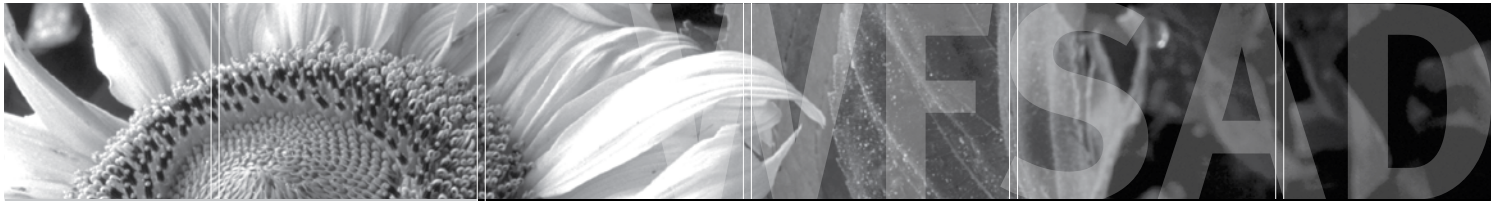
Families as Partners in Mental Health Care: A Guidebook for Implementing Family Work. With Foreword by Norman Sartorius. Editors Dianne Frogatt, Grainne Fadden, Dale L Johnson, Margaret Leggatt, Radha Shankar . World Fellowship for Schizophrenia and Allied Disorders, Toronto, 2007 168pp.

This accessible book is scholarly and practical and a fine example of partnership in itself. It is dedicated to the memory of Ian H.R. Falloon, and edited by international leaders in mental health including our own Margaret Leggatt. The editors have worked with others over many years to promote the inclusion of effective work with families in the core work of mental health services, and to support the activity of family self-help groups in a range of countries. The editors and chapter authors include clinicians, researchers, family members and the leadership of the World Fellowship for Schizophrenia and Allied Disorders (WFSAD). The international flavour of the book is particularly valuable as it illustrates the ways that those working in well and poorly resourced countries can learn from each other.

The book's stated aim is to encourage more people and more mental health services to use family work as a part of core, comprehensive, integrated care for people living with mental illnesses. The early chapters note the extensive evidence base for the effectiveness of family work in improving outcomes for people living with illnesses and for family members. Various models of family education and family psychoeducation are described and the Optimal Treatment Program developed by Ian Falloon, now the subject of an international trial of effectiveness. Some of the program names are deceptive in that the byword of the approach and the book's central message is inclusion. The value of providing information to relatives, having more sessions for greater effectiveness, including the patient in the sessions if the goal is preventing relapse, maintaining medication at an optimal level, and tailoring the programs to suit individuals are noted. The approach is described as flexible and suitable for use by most working clinicians. It can be supplemented by individual or family therapy as required and as available. Examples are given of programs in several countries including low-income settings.

Many practising clinicians are trained in individual work only and many services are not orientated to support family work. Chapters 3 and 4 describe the need for reorientation of services and training and support for clinicians. Later chapters describe how professionals can actively involve carers in different aspects of service development and on the other hand the roles that family members can adopt at local and national levels, including the roles of teacher and 'expert carer' as well as advocate for appropriate service developments. The need for clinicians, patients

The following review, by Professor Helen Herrman, appears in Australasian Psychiatry – a publication of the Royal Australian and New Zealand College of Psychiatrists, Vol 16, No.5 October 2008.



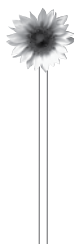
Each day can provide us with different opportunities to learn new things and that includes learning how to deal with your problems.

and families to discuss confidentiality and manage this without creating a barrier to inclusive care is the subject of a fine last chapter by Dianne Froggatt.

Appendices include the Core principles for working with families in comprehensive mental health developed by members of WFSAD in conjunction with Professors Ian Falloon, Julian Leff and William McFarlane, and the WFSAD Guide to professionals doing family work in developing countries. The chapters and appendices are written with unusual clarity and grace.

The book succeeds in its aim to provide a simple and clear guide to family work for all those involved in the care of people with mental illness: psychiatrists, psychologists, mental health nurses, social workers and other mental health professionals along with policy-makers, service managers, families, carers and persons with experience of mental health problems. It provides encouragement as well as a guide. After reading this many will see the value and the possibility of using family work, as well as the possibility of undertaking its adaptation and evaluation in a range of settings. Others will be encouraged by the work of WFSAD in supporting the development of family self-help groups and the role of family members in service development. I recommend it highly to all those working and training in psychiatry and mental health services, and to the managers and policy-makers in our countries and beyond.

To order this book please see last page of this newsletter or order online at: <http://www.world-schizophrenia.org/index.html>



A letter from Russia

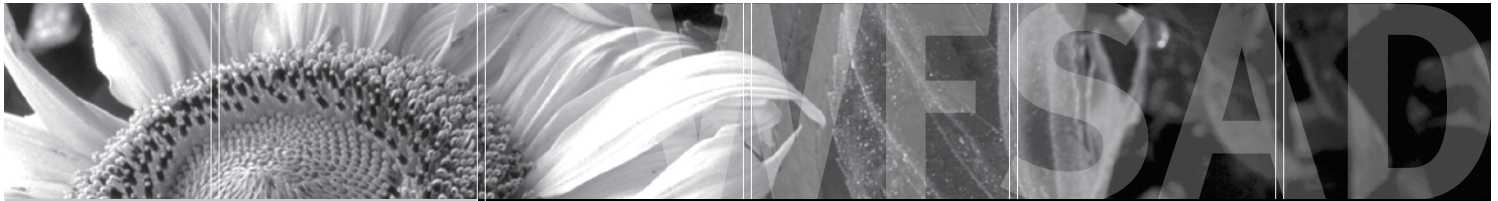
By Nellie Levina

I believe that merging with WFMH, the World Federation for Mental Health, so strong and successful, is a highly significant step made by WFSAD. WFSAD and WFMH have got lots of features in common, and I hope that this cooperation will bear fruit in doing legislative work in the area of protecting families in cooperation with the World Health Organization.

I'd like to express my thanks to you for having sent us the book "Families as Partners in Mental Health Care" for patients and their close ones. In Russia we are going to repeat this piece of experience with issuing such a book, with the help of our friends and partners from the Psychiatry Institute, prof. Isaak Gurovich and prof. Eugeny Lyubov.

A short Report from "New Choices"

We are trying to unite the efforts of all organizations of the disabled people and those that protect mental health. We can not always manage



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this type of activity successfully. On 25th January 2008 the first Moscow Forum united more than 40 organizations working on the protection of psychological health.

From the 7th - 12th April, we held the 6th Regional Meeting for Exchanging Experiences between our regional departments and affiliated structures. This interactive conference united patients and their relatives; the leading and outstanding psychiatrists read their reports on a variety of interesting topics. Three master classes were held, on the theme of psychoeducation, of legislative tasks, of questions of physical ability and of music therapy. We also held an exhibition of non-professional artists from 14 regions at our Moscow Museum. All in all, more than 115 people participated in the conference: 42 of them from 27 regions of Russia, the rest from Moscow.

Two books of poetry were prepared for the regions, "The Gift of the Word" and "Poetry throughout Days", all by our patients and by the head of our literary studio, within our publishing laboratory. We have elaborated also a video course (of 6 DVDs) of psychoeducation with articles from interregional conferences from the leaders of the regional groups.

At present we are trying to put together the proceedings (2008) from the conference as well as a collection of self-descriptions "Getting through the Disease". We are grateful for the help of the pharmaceutical companies, Eli Lilly, AstraZeneca and Janssen Pharmaceutica.

For the fourth time we took the prize of the Committee for Social Links of Moscow for the daily program of rehabilitation for mental patients, along with the patients of the city hospital named after P.B. Gannushkin.

A difficult problem for us still concerns state structures-in-power. We have got very few centers for rehabilitation and protected accommodation for patients. In Moscow we have no structures like that at all. We successfully work with psychiatrists, but state authorities do not often establish business contacts with us. They refuse to and they don't listen to us. Please share your experiences of this with us.

It has been ten years since we met with WFSAD and its members in Jerusalem. We have done quite a lot, but still, we have not achieved all the great results we hoped for in the most basic task of obtaining complete rehabilitation for our disabled people. We can only help a limited number of patients, so we concentrate our efforts on them.

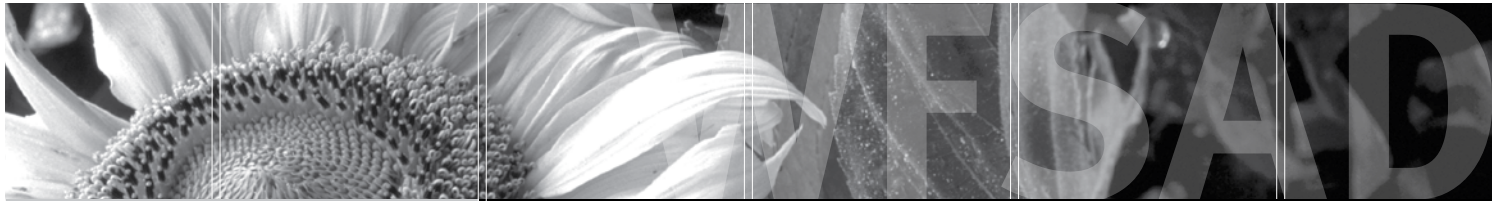
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Nellie Levina is Chairman of "New Choices" and ARSP.



Office location of New Choices

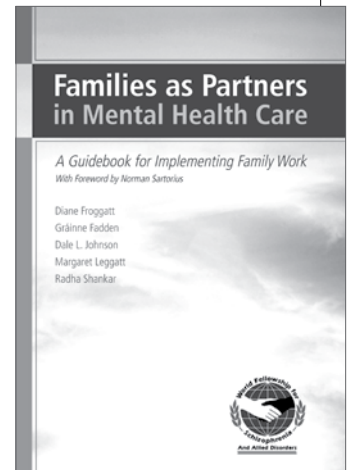


Announcing WFSAD's New Guidebook!

Families as Partners in Mental Health Care

A Guidebook for Implementing Family Work \$29.50 (CAD) + S&H

- A collaborative project by leading experts in family work from around the world
- Based on Ian Falloon's pioneering work on family psychoeducation
- Edited by Diane Froggatt, Gráinne Fadden, Dale L. Johnson, Margaret Leggatt and Radha Shankar



Why? The aim of the book is to inform and motivate more people and mental health services to adopt and implement family work as part of basic care.

How? In a down-to-earth way the guidebook describes how professionals can involve themselves in working with the families/carers of their clients for better relationships and superior outcome.

What? Terms such as psychoeducational, family interventions, etc. are not well understood even in the mental health field, despite decades of positive research. Learn from the experiences gained by family services already in place and from detailed examples from various locations around the world.

Who? The guidebook is for anyone involved in the care of people with serious mental illness: psychiatrists, nurses, social workers, occupational therapists, as well as policy makers, service managers, families/carers and people with mental health problems themselves.

To purchase the Guidebook from WFSAD, fill in this form and mail to:

World Fellowship for Schizophrenia and Allied Disorders

19 MacPherson Avenue, Toronto, ON M5R1W7 Canada

In addition to the price of the book, \$30.00 the cost of shipping and handling is \$5.00 per copy in Canada, \$7.00 in the U.S. and \$14.00 overseas.

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My cheque (U.S., Canadian, Euro or equivalent) money order made payable to WFSAD is enclosed.

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This newsletter is an international bulletin published by the World Fellowship for Schizophrenia and Allied Disorders (WFSAD).

Our goal is to provide information to the world self-help movement for schizophrenia and allied disorders that includes national and local organizations, individuals coping with illness and friends and professionals.

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